

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottinghamshire	
Completed by:	Naomi.Robinson	
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Contact number:	7816407052	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 05/07/2023	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

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3. National Conditions

Selected Health and Wellbeing Board:

Nottinghamshire

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Metrics

Selected Health and Wellbeing Board:

Nottinghamshire

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	760.0	Not on track to meet target	UCR service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS.	Since 01/04/22 providers across the ICS compliant with national mandate to provide full geographic coverage Urgent Community Response service 8 - 8 7 days per week. Last referral taken at 8pm meaning the service is
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.9%	Not on track to meet target	Challenges around night time provision for P1 - we will be working with system partners to pilot short term night time provision during 23/24 - the learning will inform longer term P1 transformation.	Weekend working in the transfer of care hub in order to ensure that there is the ability to plan discharge home on P1 for all discharges
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	524	Not on track to meet target	Provisional figures indicate a result of 576 admissions per 100,000 popn. This is 1046 people, over the target of 952 people. The average number of new admissions each month has increased this year.	Although numbers of admissions have increased provisional figures show the number of people supported in Long Term Residential/Nursing Care is slightly lower than the same period last year at 2165
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	Not on track to meet target	Provisional figures indicate a result of 83.7%, just missing 85%. If 9 additional people were still at home this indicator would have reached target.	Over the period October to December 2022 613 people were discharged from hospital into reablement type services, this is an improvement on the previous year when the figure for the same period was 504 people.

Checklist
Complete:

Yes

Yes

Yes

Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Nottinghamshire

Income

	2022-23	
Disabled Facilities Grant	£7,886,632	
Improved Better Care Fund	£30,920,338	
NHS Minimum Fund	£64,842,696	
Minimum Sub Total		£103,649,666
	Planned	
NHS Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total		£0
	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£103,649,666	£103,649,666

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£0

	ASC Discharge Fund	
	Planned	
LA Plan Spend	£2,939,000	
ICB Plan Spend	£3,778,085	
ASC Discharge Fund Total		£6,717,085
	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£110,366,751	£110,366,751

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		£6,717,085

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2022-23
Plan	£103,649,666

Do you wish to change your actual BCF expenditure? No

Actual	
--------	--

	ASC Discharge Fund
Plan	£6,717,085

Do you wish to change your actual BCF expenditure? No

Actual	
--------	--

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Yes

Yes

Yes

Yes

Yes

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6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Nottinghamshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to delivery programmes and schemes identified within the BCF plan
2. Our BCF schemes were implemented as planned in 2022-23	Agree	The schemes within the BCF Plan have been delivered as planned.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Our BCF Plan continues to include schemes that drive integration, particularly Discharge to Assess, which has become a well established joint working between care workers and hospital clinicians to deliver Care Act compliant assessments as part of discharge planning.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Collaborative Commissioning Oversight Group (CCOG) well established bringing together ICB, City and County Councils. 'Learning labs' commissioned to take a systematic approach to identifying the conditions for, and barriers to, success in our plans for the greater integration of services. The feedback from these will be used to help shape our ongoing approach to integrated working. A review of the BCF has identified more areas for integrated working and we will be developing more collaborative commissioning plans as a result of the review.
Success 2	9. Joint commissioning of health and social care	We have a joint Carers Strategy, which aims to better support and meet the needs of all carers over the next five years, by working together to make best use of our joint resources. Alongside this we are in the process of joint commissioning carer services and have sign-off to joint procurement of carers support services model, which will reduce duplication for commissioners and providers, enabling increased value in activity and outcomes.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Challenge 1	2. Strong, system-wide governance and systems leadership	Whilst the development of a joint Carers Strategy is a great success for the system, the strategy had to progress through three organisations governance processes for approval which was a lengthy process. The system continues to consider opportunities for joint decision making forums.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Significant recruitment challenges in the Adult Social Care, home care and care home market, inclusive of CHC placements. This is contributing to the system remaining challenges in achieving discharges same day as medically safe.

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

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ASC Discharge Fund

Selected Health and Wellbeing Board:

Nottinghamshire

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
(All) Surge capacity and block hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£300,000	£147,232	18,404	Hours of care	No		Yes	The scheme supported the flow through the services reducing blockages in short term services and enabling timely discharges from hospitals.	
(Countywide) Recruitment Campaign	Local recruitment initiatives	(blank)	£90,000	£46,500	0	N/A	No		Yes	The digital advertising campaign has started and so far we have had over 6000 clicks from people who are searching for jobs to Opps in Notts. This is the website where job vacancies across the	
(LW) Tapered approach to contract extension	Additional or redeployed capacity from current care workers	Costs of agency staff	£30,000			hours worked	Yes	Unable to recruit	No		
Additional capacity in UCR service for the acute community element of the service	Increase hours worked by existing workforce	Overtime for existing staff.	£132,378	£132,378		hours worked					
Additional ERS Capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£85,751	£85,751		hours worked	No		Yes	1371 additional hours of patient transport provided.	
Additional step up/down beds (Bassetlaw)	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£88,000	£88,000	1	Number of beds	No				
Admin	Administration	(blank)	£29,000	£29,000	0	N/A	No	N/A	Yes	This has largely been absorbed by overtime/additional hours for existing staffing	Depending on the monitoring conditions and grant conditions, resources
Administrator to support SFH hub and CHC team to allow for P3 pathway	Residential Placements	Discharge from hospital (with reablement) to long term care	£23,700	£23,700		Number of beds					
County LA Homecare Block	Home Care or Domiciliary Care	Domiciliary care packages	£441,180	£441,180		Hours of care					
In reach services to "pull" patients out of acute trust with dedicated patient transport	Increase hours worked by existing workforce	Overtime for existing staff.	£4,800	£4,800		hours worked					
Increased assessment and reviewing staffing capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£260,000	£47,919	1,615	hours worked	No	Delays in recruitment meant we haven't fully spend the full allocation	Yes	Some staff secured which has helped with flow.	To continue scheme propose to employ staff rather than use
Increased staffing capacity to support flow	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£150,000	£52,781	2,989	hours worked	No	Delays in recruitment meant we haven't fully spend the full allocation	Yes	Use of overtime for NCC staff. Provider-led reviews pilot continues in Mid-Notts	Yes for Provider-led reviews and staff to improve flow
MSK Rehab (Bassetlaw)	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£22,500	£22,500		Hours of care					
New interim beds	Residential Placements	Care home	£400,000	£599,402	220	Number of beds	No		Yes	Increase in reablement capacity meant less spend on interim beds than expected.	Plan to reduce requirement for bed based care by increasing home- based
New package incentives	Improve retention of existing workforce	Incentive payments	£750,000	£312,000	0	number of staff	No		Yes	This has been extremely successful in getting homecare providers to pick up additional packages through winter.	To continue scheme over the winter period only.

[illegible]

