Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will 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 Better Care Exchange) 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.

			Checklist
			Complete:
Health and Wellbeing Board:	Nottinghamshire		Yes
Completed by:	Katy Dunne		Yes
E-mail:	katy.dunne@nhs.net		Yes
Contact number:	via e-mail		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Wed 13/12/2023	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the 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.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Nottinghamshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	**Checklist** Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Nottinghamshire

National data may be unavailable at the time of reporting. As such, please use 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 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	201.3	181.7	194.7	192.6	194.9	On track to meet target	PCN pilots for frailty planned for 2023/24 but still at early stages.	2 hour Urgent Community response in place which is supporting admission avoidance	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.5%	93.0%	94.0%	92.05%	On track to meet target	Pathway 2 transformation is in progress, pathway 3 has been scoped to progress.	Transfer of Care Hubs have recently been established around each acute hospital (NUH, SFHT and Bassetlaw). The hubs provide multi-disciplinary oversight to enable people to be discharged from	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,887.0	455.9	On track to meet target	Further work planned to expand upon direct referrals into UCR from Care Homes and TEC Providers.	Urgent Community response in place for both level one and two falls.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				532		Not on track to meet target	The average number of admissions is 91 per month, this is over the monthly target of 82 per month	Whilst admissions are still above the monthly target the total number of people in residential care is starting to reduce.	Yes
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%		On track to meet target	People entering reablement services have higher acuity needs than previously seen.	Performance at 88.2%	Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Nottinghamshire

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?	
Demand and capacity estimates were taken from our operational plan which had ambitious targets for pathway 1 throughput. During the first six months of the year we have not always matched our planned levels. We have therefore rebased our P1 capacity projections to be more in line with current run rates.	Yes
2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)	
Demand:	
There are plans to reduce the average LoS from 32 days to 21 days over time. It is assumed that this will allow minimal use of interim beds over the winter period.Discharges also seem to be remain fairly consistent on a monthly phasing profile but we have increased demand in December and January by 10% of our normal monthly levels.	Yes
Capacity:	
Although we aim to reduce the length of stay the core capacity is likely to remain the same and this will help us reduce the number of people who do not meet the criteria to reside in an acute hospital bed. By having more capacity than demand we aim to reduce delays in the discharge pathway	Yes
3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?	
We have been successful in reducing delays for medically safe patients waiting at NUH acute hospital. We have also had an impact on reducing delays within reablement services.We therefore continue to look for a capacity surplus to help us minimise our delays across the discharge pathway.	Yes
4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
We still have an ambitious target for the number of pathway 1 discharges that we wish to see through the system. We monitor this figure weekly and haveregualar system catch-up meetings to discuss progress and address challenges.	Yes
5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).	
The most difficult data to capture is pathway 1 capacity. We have a target activity level and assume that capacity will reach reach these levels. We have rebased in this return to be more in line with current run rates	Yes
6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
We have commissioned 2hr urgent community response service to support people who do not require a hospital admission but require urgent care in the community. We have commissioned transfer of care hubs to ensure that people are supported in their discharges from hospital where follow-on care is required in the community.	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below.**Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (nor discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duratio of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Nottinghamshire

Hospital Discharge

Capacity - Demand (positive is Surplus)	Previous plan Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed capacity surplus. Not including spot purchasing Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed capacity surplus (including spot puchasing) Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	300.91167	300.91167	300.91167	300.91167	300.91167	101	46	46	101	101	101	46	46	101	101
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	-1	-1	-1	-1	-1	15	15	15	15	15	15	15	15	15	15
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-2	-2	-2	-2	-2	1	1	1	1	1	1	1	1	1	1

Capacity - Hospital Discharge

Service Area	Metric	Prepopulated from plan: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Refreshed planned capacity (not including spot purchased capacity Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Capacity that you expect to secure through spot purchasing Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist Complete:
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	858	858	858	858	858	658	658	658	658	658	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	161	161	161	161	161	171	171	171	171	171	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	74	74	74	74	74	74	74	74	74	74	0	0	0	0	0	Yes

Demand - Hospital Discharge

Pathway	Trust Referral Source	Prepopulated from plan: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Please enter refreshed expected no. of referrals: Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Checklist
Social support (including VCS) (pathway 0)	**Total**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
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Reablement & Rehabilitation at home (pathway 1)	**Total**	**557.08833**	**557.08833**	**557.08833**	**557.08833**	**557.08833**	**557**	**612**	**612**	**557**	**557**	Yes
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDAT	44.166667	44.166667	44.166667	44.166667	44.166667	44	48	48	44	44	Yes
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	302.04167	302.04167	302.04167	302.04167	302.04167	302	332	332	302	302	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	11.88	11.88	11.88	11.88	11.88	12	13	13	12	12	Yes
	OTHER	29	29	29	29	29	29	32	32	29	29	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	170	170	170	170	170	170	187	187	170	170	Yes
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Short term domiciliary care (pathway 1)	**Total**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	**162**	**162**	**162**	**162**	**162**	**156**	**156**	**156**	**156**	**156**	Yes
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDAT	19	19	19	19	19	19	19	19	19	19	Yes
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	79	79	79	79	79	79	79	79	79	79	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	15	15	15	15	15	15	15	15	15	15	Yes
	OTHER	8	8	8	8	8	2	2	2	2	2	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	41	41	41	41	41	41	41	41	41	41	Yes
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	**76**	**76**	**76**	**76**	**76**	**73**	**73**	**73**	**73**	**73**	Yes
	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDAT	9	9	9	9	9	9	9	9	9	9	Yes
	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	24	24	24	24	24	24	24	24	24	24	Yes
	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	7	7	7	7	7	7	7	7	7	7	Yes
	OTHER	4	4	4	4	4	1	1	1	1	1	Yes
	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	32	32	32	32	32	32	32	32	32	32	Yes
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Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: Nottinghamshire

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	50	50	50	50	50
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:					Checklist
Service Area	**Metric**	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Complete:
Social support (including VCS)	Monthly capacity. Number of new clients.	150	150	150	150	150	0	0	0	0	0	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	50	50	50	50	50	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	139	139	139	139	139	91	91	91	91	91	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	41	41	41	41	41	25	25	25	25	25	Yes
Other short-term social care	Monthly capacity. Number of new clients.	19	19	19	19	19	9	9	9	9	9	Yes

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:					
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Social support (including VCS)	150	150	150	150	150	0	0	0	0	0	Yes
Urgent Community Response	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home	139	139	139	139	139	91	91	91	91	91	Yes
Reablement & Rehabilitation in a bedded setting	41	41	41	41	41	25	25	25	25	25	Yes
Other short-term social care	19	19	19	19	19	9	9	9	9	9	Yes