



## ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

### NOTTINGHAM CITY COUNCIL

### HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

**Date:** Wednesday, 26 September 2018

**Time:** 4.00 pm (or at the rising of the Health and Wellbeing Board if that is later)

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Governance Officer:** Jane Garrard **Direct Dial:** 0115 8764315

### AGENDA

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**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**

**26 SEPTEMBER 2018**

	<b>Report for Resolution</b>
<b>Title:</b>	Better Care Fund (BCF) Financial Plan 2018/2019 – Key Decision
<b>Lead officer(s):</b>	Catherine Underwood, Director of Adult Social Care, Nottingham City Council Michelle Tilling, Locality Director, Greater Nottingham CCG Partnership
<b>Author and contact details for further information:</b>	Clare Gilbert, Lead Commissioning Manager, <a href="mailto:clare.gilbert@nottinghamcity.gov.uk">clare.gilbert@nottinghamcity.gov.uk</a> Tele: 0115 8764811
<b>Brief summary:</b>	This report presents the financial elements of the 2018/19 BCF Plan and the underpinning principles around the operation of the Fund for approval (Appendix 1 and 2). In addition it asks for formal agreement for the year 2 financial plan.
<b>Is any of the report exempt from publication?</b> <i>If yes, include reason</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is this an Executive decision?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Executive decisions are subject to call in unless otherwise stated here.

**Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:**

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

- a) approve the 2018/19 Better Care Fund financial plan as attached in **Appendix 1**;
- b) approve the revised principles for the management of the Fund as set out in **Appendix 2** and agree to their incorporation into a revised Section 75 Agreement; and
- c) approve the year 2 submission for the 2017/19 financial plan as set out in **Appendix 3**.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The BCF financial expenditure plan supports the main objectives of the Better Care Fund Plan which are to: - - Remove false divides between physical, psychological and social needs
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	

Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	- Focus on the whole person, not the condition
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	- Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	Not incur delays, people will be in the best place to meet their need.  The vision is that in five years' time care is integrated so that the citizen has no visibility of the organisations / different parts of the system delivering it.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	By 2020, the aspiration is that: - - People will live longer, be more independent and have better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time.  The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision-making.
<b>How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health</b>	
The BCF financial plan funds a range of services that work towards improving both the physical and mental health of Nottingham's citizens. The revised budget lines incorporate new mental health provision, which better aligns to the metrics.	

<b>Reason for the decision:</b>	The budget lines have been re-profiled to reflect budget efficiencies and savings and more coherently align to the BCF Metrics. A set of principles have been devised to underpin the relationship between the two
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	organisations. The principles seek to strike a balance between organisational autonomy to manage budgets in time of financial challenge and assurance that funds are being utilised to meet the plan's objectives. Formal agreement is required for the annual submission.
<b>Total value of the decision:</b>	£36.290m
<b>Financial implications and comments:</b>	The 2017-19 Nottingham BCF Plan was submitted to NHS England in September 2017 and there is no requirement to resubmit a financial plan as a result of these changes.
<b>Procurement implications and comments (including where relevant social value implications):</b>	Any specific spend relating to the procurement of contracts within the BCF will be subject to separate reports to the Health and Well Being Board Commissioning Sub-Committee.
<b>Other implications and comments, including legal, risk management, crime and disorder:</b>	There is a section 75 agreement in place between the City Council and the CCG for the administration and governance of the BCF and BCF commissioned services. In light of the changes proposed by this paper the section 75 agreement should be reviewed and updated to record the changes – in particular schedule 1 (scheme specifications) and schedule 3 (Financial Contributions and Overspends) should be reviewed and revised as necessary.
<b>Equalities implications and comments:</b> <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	EIAs already in place for schemes as required
<b>Published documents referred to in the report:</b> <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	HWBCSC Report – 26 <sup>th</sup> July 2017 HWBCSC Report – 13 <sup>th</sup> December 2017 HWBCSC Report – 28 <sup>th</sup> March 2018
<b>Background papers relied upon in writing the report:</b> <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	BCF Plan BCF Operational Guidance
<b>Other options considered and rejected:</b>	Do nothing. This option was rejected because some revision of budget lines needs to take place to incorporate the savings that have been made. The better alignment to the current BCF requirements would not be achieved without the proposed revisions.

	<p>If the new principles are not adopted, there will be additional constraints as to how the two organisations manage their services and would maintain high levels of bureaucracy which will be difficult to support given the reductions to the Management Team.</p>
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**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE**

**26 SEPTEMBER 2018**

	<b>Report for Resolution</b>
<b>Title:</b>	Better Care Fund (BCF) Financial Plan 2018/2019
<b>Background:</b> 1). In 2017/18 an agreement was made between Nottingham CCG and Nottingham City Council to deliver savings from the BCF. The agreement was based on a 90/10 split of savings in favour of the City Council after key exclusions had been made for both organisations. The requirement for the City Council was to deliver a recurrent £1.5 million saving to meet the financial requirements laid out within the Medium Term Financial Plan (MTFP). From 2019/20, after additional contributions have been removed, savings will be divided on a 50/50 basis between the organisations.  Some of the budget lines within the BCF are historic and no longer align to the requirement of the original template. Some of the activities do not reflect the key metrics within the BCF.  2). It is recognised that in the context of the wider transformation work that is taking place at STP level, organisations need more flexibility to manage budgets and resources in a more manner that supports them to meet system needs.  3). A two year BCF plan was set for 2017 to 2019. There is no requirement for a fully refreshed submission from the national team despite significant changes to the budget lines. The focus from the national team is on the achievement of the national metrics.	
<b>Reason for the decision:</b> 1). Following the implementation of the savings for 2018/19, agreed reductions need to be profiled in the revised budget lines. This is partly achieved through ending the additional voluntary contribution to the BCF of £716,000 from the NCC and £946,000 from the CCG. However, in order to meet the minimum level of contribution as laid down nationally, new service lines need to be substituted to replace those that have been removed.  A number of budget lines from previous years do not contribute to the BCF Metric and it is therefore proposed to remove these and to substitute them with service lines that are more relevant. The main lines that are being removed are 'Responding to Demographic Pressures', 'ASC Respite line' and the 'Care Act (DWP Policies)' These budget lines relate to general cost pressures within the purchasing budget rather than to any specific activity. The two other services that have been removed are; the commissioned Advocacy service and the Mental Health Resettlement Service. The CCG commissioned schemes are interim home care; this was a part contribution to a wider contract with the Carers Trust and the Dementia Support Service as this service has recently been retendered across a Greater Nottinghamshire footprint.  Rather than focussing on individual team activity, service lines have been re-aligned into high-level schemes. These schemes support: management of demand through effective access and navigation, integrated care through effective assessment and review, supporting independence through reablement and homecare and facilitating discharge for older people and those with mental health needs.  Due to the re-shaping of internal services, it is not possible to directly compare old and new service lines, but the principle additions are: <ul style="list-style-type: none"><li>• Duty Team</li></ul>	

- Planned and Placement Review
- Occupational Therapy Teams
- Mental Health Teams incorporating Drugs and Alcohol and Forensic
- Social Care Reablement – this is part funded via the iBCF
- The Sensory Team
- A contribution to the homecare purchasing budget
- Access and Navigation
- Integrated Care Services
- The Primary Care Offer
- Prostitute Outreach Service

#### **Appendix 1**

2). This high-level scheme approach has been reflected in the new principles that have been drawn up.

The principles set out clear expectations around the management of the BCF. The main change is that there will be greater autonomy for each organisation in managing schemes, which are not jointly commissioned. This will include flexibility around moving funding/staffing between sub-schemes and retaining vacancy and contractual savings in order to manage resources effectively but not to the detriment of BCF outcome measures.

Given that this impacts on the ongoing management of finances, this will need to be incorporated into the Section 75 agreement.

#### **Appendix 2**

3). Although there has been some financial movement between schemes, following guidance from the Regional Lead, the submission for the refreshed BCF for 2018/19 is that the overall 2017 -19 plan remains unchanged. There have been two changes to targets for the BCF metrics, which are for non-elective hospital admissions and for Delayed Transfers of Care. These are both in line with nationally set targets.

#### **Appendix 3**



**APPENDIX 1**

<b>NOTTINGHAM CITY BETTER CARE FUND PLAN</b>		
<b>Better Care Fund</b>	<b>Contributor / Commissioner</b>	<b>2018/19 Annual Budget</b>
<b>Funding into Pool:</b>		
CCG Baseline (Minimum Contribution)	CCG	(22,305,529)
Disabled Facilities Grant (Capital)	LA	(2,261,142)
Improved Better Care Fund	LA	(11,723,369)
<b>Total Income</b>		<b>(36,290,040)</b>
<b>Funding out of Pool:</b>		
<b>Area of Spend (Scheme)</b>		
Access & Navigation	CCG	834,514
Access & Navigation	LA	1,134,692
Integrated Care	CCG	5,096,951
Integrated Care	LA	8,709,320
Facilitating Discharge	LA	2,339,442
Primary Care	CCG	2,302,965
Primary Care Mental Health Service	CCG	421,692
Assistive Technology	Joint	677,507
Carers	Joint	714,040
Capital Grants	LA	2,261,142
Programme Costs	CCG	24,000
Programme Costs	LA	50,406
<b>Sub-Total</b>		<b>24,566,671</b>
Improved Better Care Fund	LA	11,723,369
<b>Total Expenditure</b>		<b>36,290,040</b>
<b>Fund Balance</b>		<b>0</b>

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## Appendix 2

### Principles around the Oversight of Services and Budget Lines within the Better Care Fund 2018/19

- The Better Care Fund (BCF) will report on high level schemes rather than individual service/teams.
- In year financial over and underperformance of schemes (related to changes in staffing or reductions or increases in demand) will be managed by the commissioner responsible for the scheme up to the lower value of 10% of the scheme total or £150k. Where transformation programmes impact on BCF schemes and result in financial savings being made from the identified budget, this will require agreement from each organisation in line with the terms of the Partnership Agreement.
- Where schemes are not jointly commissioned, organisations will have flexibility to move funding/staffing between sub-schemes in order to manage resources effectively but not to the detriment of BCF outcome measures. Shifts of funding/resources across high level schemes will require agreement in line with the terms of the partnership agreement.
- Commissioning organisations will be required to monitor schemes as part of their normal performance management processes regardless of whether the service is contracted for or provided in house (in the case of Adult Social Care). The Commissioning organisation has a duty to highlight any areas of concern to the BCF Delivery Board for discussion.
- Each commissioning organisation has a duty to ensure their schemes meet the national conditions (including contributing to the 4 national metrics and the HICM for managing transfers of care). Commissioners should ensure providers or internal services can evidence their contribution to the national conditions via a robust data set that will support the quarterly returns.

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**Nottingham City Better Care Fund 2018/19**

Nottingham City Clinical Commissioning Group and Nottingham City Council have agreed the following for the refreshed Better Care Fund (BCF) plan for 2018/19:

1. The BCF 2017-19 financial plan remains as agreed.
2. There will be amendments to the schemes within the BCF 2017-19 plan and will be submitted as an appendix to our 2017-19 submission detailing these changes following sign off at the Health and Wellbeing Board Sub Committee on 26<sup>th</sup> September 2018.
3. The non-elective hospital admissions performance target remains as set in the 2017-19 plan:

	<b>2017/18</b>	<b>2018/19</b>
Q1	7299	7410
Q2	7279	7391
Q3	7405	7519
Q4	7167	7276
<b>TOTAL</b>	<b>29,150</b>	<b>29,595</b>

4. The DTOC target is accepted, and refreshed in line with published targets:

	<b>2017/18</b>	<b>2018/19 old</b>	<b>2018/19 new</b>
Q1	913.2	513.2	505.7
Q2	626.2	513.2	505.7
Q3	529.0	513.2	505.7
Q4	505.7	511.8	505.6

5. The residential admissions target remains as set in the 2017-19 plan:

<b>2017/18</b>	<b>2018/19</b>
1008.6	1008.9

6. The reablement target remains as set in the 2017-19 plan:

<b>2017/18</b>	<b>2018/19</b>
79%	80%

**Ciara Stuart**  
Deputy Locality Director – Nottingham City  
21<sup>st</sup> August 2018

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