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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	r, 26 September 2018
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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

Senior Governance Officer: Jane Garrard Direct Dial: 0115 8764315

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE 26 SEPTEMBER 2018

	Report for Resolution
Title:	Better Care Fund (BCF) Savings Proposals 2019/20
Lead officer(s):	Catherine Underwood, Director of Adult Social Care, Nottingham City Council Michelle Tilling, Locality Director, Greater Nottingham CCG Partnership
Author and contact details for further information:	Clare Gilbert, Lead Commissioning Manager, clare.gilbert@nottinghamcity.gov.uk Tele: 0115 8764811
Brief summary:	The report outlines the savings proposals required to maintain the commitment to the Council's Medium Term Financial Plan (MTFP) from the 2019/20 BCF
Is any of the report exempt from publication? If yes, include reason	⊠Yes The appendices are exempt from publication under paragraph 3 of Schedule 12A of the Local Government Act 1972 because they contain financially sensitive data in relation to commissioned services and make specific reference to individual post holders. The public interest in maintaining the exemption outweighs the public interest in disclosing the exemption because disclosure of the information may prejudice contract negotiations with service providers. □No
Is this an Executive decision?	⊠Yes□NoExecutive 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) agree the level of additional savings required to meet the Council's Medium Term Financial Plan Requirements **Exempt Appendix 1**; and
- b) approve the saving schemes that have been identified for delivering the saving. **Exempt Appendix 2**.

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

levels of healthy life expectancy

Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles

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

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

Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing

- Focus on the whole person, not the condition
- Support citizens to thrive, creating independence not dependence
- Services tailored to need hospital will be a place of choice, not a default
- 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.

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 selfcare
- 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 decisionmaking.

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

The BCF financial plan funds a range of both mental and physical services that works 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.

Reason for the decision: In 2017/18 an agreement was made to deliver a £1.5 million saving from the BCF to meet the Council's commitment within the MTFP. The original funding split was set at 90/10 in favour of the Council. From 2019/20 this split has been set at 50/50 between the organisations after additional contributions have been removed. This leaves a shortfall regarding the ongoing

	commitment from the DOE (NATED
	commitment from the BCF to the MTFP. This paper outlines the proposed mechanisms by which these additional savings will be achieved.
Total value of the decision:	£0.442m
Financial implications and comments:	As detailed in the reason for this decision, the outstanding value for the Council to meet the requirements of the MTFP in 2019/20 is £0.354m. These proposals total £0.442m, the proposed allocations being £0.407m / £0.035m to the City Council and Clinical Commissioning Group (CCG) respectively.
	This represents a planned over achievement against the Council's requirement however as detailed in Appendix 2, some of the proposals carry risks which may impact on the full achievement of savings in 2019/20. This will be monitored against the overall BCF Plan through reports to Health and Wellbeing Board Commissioning Sub-Committee. It should be noted that the 2019/20 gap has been quantified based on expected BCF funding allocations and changes resulting from updated national guidance and CCG and Local Authority allocations will be subject to a further report and approval of the 2019/20 BCF Plan.
Procurement implications and comments (including where relevant social value implications):	The proposals in this report do not raise any significant procurement implications. The Older People's Independent Living Support Service will be reduced initially through variation to the existing contract and subsequently through a reduction in the value of the contract to be awarded through the planned re-procurement process. The approval of specific spend relating to the procurement of contracts within the BCF will be subject to separate reports.
Other implications and comments, including legal, risk management, crime and disorder:	This report raises no significant legal issues. The City Council and the CCG should update the section 75 agreement for the BCF where necessary to take account of the changes. Andrew James Team Leader Commercial, Employment and Education.
Equalities implications and comments:	Equality Impact Assessment reports have
(has an Equality Impact Assessment been completed? If not, why?)	been completed for: - The Older People Independent Living

	Support Scheme - Utilisation of the Disabled Facilities Grant - Telecare Provision - Telehealth Provision The relevant draft EIAs are attached Appendix 3
Published documents referred to in the report: e.g. legislation, statutory guidance, previous Sub Committee reports and minutes	Health and Wellbeing Board Commissioning Sub Committee Report – 26 July 2017 Health and Wellbeing Board Commissioning Sub Committee Report – 13 December 2017 Health and Wellbeing Board Commissioning Sub Committee Report –28 March 2018
Background papers relied upon in writing the report: 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.	BCF Plan BCF Operational Guidance
Other options considered and rejected:	To maintain current spend levels within the BCF – This would impact on the Council's ability to deliver the MTFP and any additional shortfall would need to be found from adult social care budgets which would impact on wider health and care systems. Therefore this option was rejected.
	Use the 2019/20 CCG savings to support the Council's cost pressure -The CCG has identified £349,000 of QIPP from the BCF in 2019/20. This would put further pressure on their already challenging financial recovery targets. Therefore this option was rejected.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

26 SEPTEMBER 2018

	Report for Resolution
Title:	Better Care Fund (BCF) Saving Proposals 2019/20

Background:

During 2017-18 senior colleagues from Nottingham City Council and Nottingham City Clinical Commissioning Group (CCG) met, with support from the Regional Better Care Fund Advisor, to take part in facilitated conversations in order both to address an over commitment on the 2017/18 – 2018/19 BCF budget and to find additional savings. The local authority's financial position meant that it needed to identify efficiencies and savings of £1.5m from the BCF in 2018/19. An agreement was reached whereby, rather than the 50-50 split of any savings, the CCG retained the QIPP saving from the Out of Hospital reprocurement and then targeted savings on BCF schemes were split on a 90/10 basis in the local authority's favour with an aim of reaching the £1.5m in 2017-18 and 2018-19. In order to transact the savings it was proposed both organisations remove their additional funding contributions to the BCF. The remaining balance would then be split 90/10 in 2018/19 and 50/50 in 2019/20.

As the £1.5m efficiency and savings target is a recurrent saving in the Council's 2018/19+ Medium Term Financial Plan; the re-profiling of the savings split to a 50/50 basis from 2019/20 onwards, has resulted in a balance of savings still to be achieved of £0.354m. See **Exempt Appendix 1.**

Reason for the decision:

A set of savings proposals have been developed to achieve the £354,000 requirement. **Appendix 2.**

It is proposed that the two organisations will retain in full any savings that they directly provide or commission that can be identified as having a health or social care impact.

A total of £442,000 savings have been identified. Of these, £35,000 has been identified as a health related saving. This leaves £407,000 savings identified to meet the identified shortfall. The over commitment has been put in place in recognition of the risks around achieving the full saving proposed for each budget line.



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