

NOTTINGHAM CITY COUNCIL

EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 October 2014 from 14.05 pm - 14.20 pm

Membership

Present

Councillor David Mellen (Vice-Chair) –
Portfolio Holder for Children’s Services

Councillor Dave Liversidge – Portfolio
Holder for Strategic Regeneration and
Schools

Councillor Dave Trimble – Portfolio
Holder for Leisure and Culture

Absent

Councillor Jon Collins – Portfolio
Holder for Strategic regeneration
and Schools

Councillor Alex Norris (Chair) –
Portfolio Holder for Adults,
Commissioning and Health

Non-voting Members

Present

Helen Kearsley-Cree – Nottingham
Community and Voluntary Service
(NCVS)

Absent

Safdar Azam – Nottingham Equal

Colleagues, partners and others in attendance:

Candida Brudenell	- Strategic Director of Early Intervention) Children and
Antony Dixon	- Strategic Commissioning Manager) Adults
Carol Jackson	- Constitutional Services Officer	- Resources

Call-in

Unless stated otherwise, all decisions are subject to call-in and cannot be implemented until **24 October 2014**.

In the absence of Councillor Alex Norris, the Chair, the meeting was chaired by the Vice Chair, Councillor David Mellen.

36 APOLOGIES FOR ABSENCE

Councillor Jon Collins
Councillor Alex Norris

37 DECLARATIONS OF INTEREST

None

38 MINUTES

The Sub-Committee confirmed the minutes of the meeting held on 10 September 2014 as a correct record and they were signed by the Chair.

39 VOLUNTARY SECTOR UPDATE

Helen Kearsley-Cree of Nottingham Community and Voluntary Services (NCVS) provided an update for the Sub-Committee on the following issues:

- (a) State of the Sector Report. This has been released and presented to full Council. It is available on the NCVS website. NCVS are currently undertaking research into the value of the voluntary/community sector in terms of economic contribution, employment rates, volunteering value etc. This should be available around Christmas 2014;
- (b) NCVS Annual Event. This was held on 14 October and included 2 sessions on commissioning – Public Health and Mental Health Pathways. They showed an increased awareness of public sector contracting within sector delivery and there is significant interest in having a form of provider development programme;
- (c) Looking After Each Other. The sector is getting involved in the design and then the delivery of 2 pilot projects. Consultation on design starts at the end of this month. NCVS have a Looking After Nottingham twitter feed to showcase current activity and encourage sign up;
- (d) D2N2 Local Enterprise Partnership. Thematic Objective 9 will target social inclusion and anti poverty work, resulting in improving economic outcomes. The structure for inputting and accessing funding is being developed through the areas' voluntary sector infrastructure organisations. NCVS is working on behalf of the City's VCS and statutory agendas to provide the conduit for engagement and pitching for the City's fair share of funds. There will be a significant fund available across the geography, for 5-6 years of delivery. The Big Lottery are matching with £16 million.

40 WORK PROGRAMME

Antony Dixon, Strategic Commissioning Manager, presented a work programme for the Sub-Committee, covering the period October 2014 to April 2015.

RESOLVED to note the provisional agenda items shown below:

**12 November 2014: Voluntary Sector Infrastructure Contract Commissioning Intentions;
Revised Terms of Reference**

**10 December: Residential and Nursing Care Non Standard Elements;
Financial Vulnerability Advice and Assistance
Commissioning Intentions;
ICELS Commissioning Model;**

Learning Disability Residential Respite Commissioning;

- 14 January 2015:** Procurement Plan Update
Children & Young Peoples Review Commissioning Intentions
- 11 February 2015:** Better Care Fund Plan 2015/16;
ICELS Commissioning Arrangements;
Early Intervention Directorate Commissioning Intentions;
- 11 March 2015:** (No items planned yet);
- 15 April 2015:** (No items planned yet).

41 BETTER CARE FUND RE-SUBMISSION - KEY DECISION

Antony Dixon, Strategic Commissioning Manager, presented the Corporate Director, Children and Adults' report giving details of the revised Better Care Fund Plan which was originally approved by this Sub-Committee on 12 March 2014. Revisions to the original plan were required as a result of changes in national guidance by NHS England.

The key substantive changes are as follows:

- total emergency admissions replaces the original metric of avoidable emergency admissions;
- of the £1.9bn additional NHS contribution to the Better Care Fund (BCF), £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions (as in Nottingham);
- the intention of this policy change is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated, and Clinical Commissioning Groups (CCGs) are effectively compensated for unplanned non elective activity. This replaces the 'pay for performance' fund linked to the production of a plan and delivery against national and local metrics. No payment will now be linked to these metrics, although Health and Wellbeing Boards will be expected to continue to set levels of ambition for these within their plan;
- all plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act;
- every Health and Wellbeing Board was asked to sign off and resubmit their Better Care Fund Plan by 19 September. Up to and after this date there will be a support and assurance process so that the Chief Executive of NHS England (as the accounting officer of the BCF) and Ministers can be confident that the plans are affordable and deliverable in 2015/16.

The BCF Plan was submitted to NHS England on 19 September in accordance with guidance requirements. The Plan has subsequently been reviewed by a team appointed by NHS England. The feedback from the review was very positive and the plan has been rated as 'high'. In the guidance this is described as a: 'high quality, coherent, comprehensive and credible plan, it is well written and there are no issues with the financial or metric elements'. The NHS England Area Team will now determine whether to accept the Plan as is or whether further conditions or support is required.

Councillors requested that any realignment of the 2014/15 and 2015/16 BCF Plan referred to in recommendation (4) below be reported to the Health and Wellbeing Board.

RESOLVED

- (1) to approve the revised Better Care Fund plan for 2014/15 and 2015/16 as detailed in appendices 1 and 2 of the report as required by the NHS England Regional Team;**
- (2) to approve the risk sharing arrangements for the performance related element of the Better Care Fund as detailed in paragraph 1.1 of the report;**
- (3) to approve the arrangements for apportionment of over-commitment of the Better Care Fund plan as detailed in paragraph 1.2 of the report;**
- (4) to delegate authority to the Director of Early Intervention to agree any realignment of the 2014/15 and 2015/16 BCF Plan as a consequence of the issues referred to in paragraphs 1.2, 1.3 and 4.3 of the report;**
- (5) to approve the allocation of Better Care Fund funding for council schemes in 2015/16 as detailed in Appendix C of the report.**

Reasons for Decision

- (1) In 2014/15, in addition to the £900m (£5.81m for Nottingham City) transfer already planned from the NHS to Adult Social Care (ASC), a further £200m (£1.292m for Nottingham City) will transfer to enable localities to prepare for the BCF in 2015/16. For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to Councils that have jointly agreed and signed off two-year plans for the BCF;
- (2) Council and Health commissioners have proposed a 50/50 split of the risk should the performance related element of the BCF Plan not be delivered. This totals £1.556m annually which will be paid proportionately on a quarterly basis dependent on the extent to which the 3.5% reduction in non-elective emergency admissions to acute care is delivered. BCF planning guidance requires risk sharing arrangements for the performance related element to be detailed within the Plan;

- (3) The BCF Plan is currently over-committed by £2.548m against a total plan value of £25.845m as per Table 1. Mitigation of this issue will be through a review by Nottingham City Council and the Clinical Commissioning Group (CCG) of the programme or the contribution of further funding. The allocation of the over-commitment is £1.832m to the CCG and £0.716m to Nottingham City Council;
- (4) Changes to schemes within the BCF Plan may be required in order to deliver performance objectives;
- (5) The report presented to Executive Board Commissioning Sub-Committee on 12 March 2014 contained approval of allocation of funds for 2014/15 only.

Other Options Considered

In developing the Nottingham Better Care Fund commissioners had regard to the national guidance and expectations issued by NHS England and the agreed outcomes contained within the Nottingham Health and Well-being Strategy and the Integrated Care Programme. These criteria were used to inform how the additive elements of the Fund should be allocated recognising that the Fund is predominantly comprised of existing allocated funding. As such, alternative options for use of the fund were not considered.