

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 8 March 2017

Time: 3.00 pm

Place: LH2.11 Loxley House, Station Street, Nottingham NG2 3NG

Contact: Jane Garrard **Direct Dial:** 0115 8764315

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTEREST**
- 3 MINUTES** 3 - 8
To confirm the public minutes of the meeting held on 14 December 2016
- 4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TIER 2 SECTION 75 AGREEMENT** 9 - 20
- 5 BETTER CARE FUND 2016/17 QUARTER 3 BUDGET MONITORING REPORT** 21 - 26
- 6 EXCLUSION OF THE PUBLIC**
To consider excluding the public from the meeting during consideration of the remaining item(s) in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 7 EXEMPT MINUTES**
To confirm the exempt minutes of the meeting held on 14 December 2016

The Nottingham City Health and Wellbeing Board Commissioning Sub Committee is a partnership body whose role includes providing advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund and domestic violence pooled budgets.

Members:Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Alex Norris	City Council Portfolio Holder with a remit covering health
Maria Principe	NHS Nottingham City Clinical Commissioning Group Director of Cluster Development and Performance
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Colin Monckton	City Council Director of Commissioning, Policy and Insight
Lucy Anderson	NHS Nottingham City Clinical Commissioning Group Assistant Director – Mental Health and Community Services
Martin Gawith	Healthwatch Nottingham representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 14 December 2016 from 15.00 - 16.10

Membership

Voting Members

Present

Dr Marcus Bicknell
Councillor Alex Norris

Absent

Katy Ball
Maria Principe

Non-Voting Members

Present

Christine Oliver (substitute for Katy Ball)

Absent

Lucy Anderson
Alison Challenger
Martin Gawith
Colin Monckton

Colleagues, partners and others in attendance:

Rasool Gore	- Lead Commissioning Manager, Nottingham City Council
Erica Fletcher	- Business Support, Strategy and Commissioning Nottingham City Council
Darren Revill	- Finance Analyst, Nottingham City Council
Jo Williams	- Assistant Director Health and Social Care Integration, NHS Nottingham Clinical Commissioning Group
Jane Garrard	- Senior Governance Officer

83 APOLOGIES FOR ABSENCE

Lucy Anderson
Katy Ball
Alison Challenger
Martin Gawith
Maria Principe

84 DECLARATIONS OF INTERESTS

At the time of consideration, Marcus Bicknell declared an interest in agenda item 4 Better Care Fund Quarterly Performance Report by virtue of Beechdale Medical Group, of which he is a senior partner, holding a contract to provide an enhanced service to care home providers.

85 MINUTES

The minutes of the meeting held on 9 November 2016 were agreed as an accurate record and signed by the Chair.

86 BETTER CARE FUND QUARTERLY PERFORMANCE REPORTS

Jo Williams, Assistant Director Health and Care Integration, introduced the report outlining information in relation to the Better Care Fund (BCF) performance metrics for Quarter 1 and Quarter 2 2016/17. She highlighted the following information:

- a) As of the end of Quarter 2 all of the national conditions were being met.
- b) The metric relating to avoiding permanent residential admissions is meeting the target but a deep dive review had been carried out because there are still too many people being admitted to residential care. An action plan in response to the deep dive review was being developed.
- c) Performance in increasing the effectiveness of reablement was good but it was anticipated that performance would dip initially when the integrated reablement service was introduced.
- d) There is consistent underperformance on reducing delayed transfers of care. A deep dive review had been carried out to try and better understand the issues and an action plan was being produced. One of the challenges had been identifying responsibility for managing the action plan as many of the actions related to the A&E Delivery Board. Lead officers had been identified for each action.
- e) Performance in increasing the uptake of Assistive Technology had improved in Quarter 3. It was expected that performance would further improve as planned new projects were launched.
- f) A fourth wave of patient satisfaction surveys had been sent out.
- g) There was a downward trajectory for non-elective admissions.

During discussion the following comments were made:

- h) The downward trajectory in non-elective admissions was positive. This was in line with performance in other areas in the East Midlands.
- i) It would be useful to tell GPs and care co-ordinators who the people are with a delayed transfer of care. The information could then be discussed locally to identify the issues and potential options available. This information is available on a daily basis but is currently not being fed back.
- j) Challenges impacting on delayed transfers of care included the availability of homecare and the availability of appropriate equipment for bariatric patients. However there was a risk that focusing on issues with homecare meant that the impact of other factors, such as social care assessment, weren't fully addressed.
- k) There are current restrictions on using a step down to residential care, with differing thoughts on the benefits in terms of patient outcomes and cost in increasing use of a step down to residential care.
- l) It would be helpful to better understand the use of Lings Bar by City residents.
- m) The City Council Insight Team is analysing data on homecare to give a better understanding of issues such as cost and clinical need and this will support improved management of homecare provision during the winter period. In addition long term plans for homecare are being developed. In developing these plans consideration will be given to every element of getting people out of hospital in timely manner.

RESOLVED to

- (1) note the performance in relation to the Better Care Fund metrics for Quarter 1 and Quarter 2 2016/17;**
- (2) note the quarterly returns which were submitted to NHS England on 26 August 2016 and 24 November 2016 respectively, both of which were authorised virtually by the Health and Wellbeing Board Chair;**
- (3) identify how Nottingham University Hospitals NHS Trust could share patient level information about delays in transfer of care with care co-ordinators;**
- (4) review performance against the residential home target and consider whether it should be flexed; and**
- (5) request information about the proportional uptake of beds at Lings Bar by City residents over the last four quarters.**

87 BETTER CARE FUND 2016/17 QUARTER 2 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, introduced the report outlining the 2016/17 Quarter 2 budget monitoring information for the Better Care Fund (BCF). He highlighted that:

- a) The total expenditure for the BCF Annual Plan 2016/17 is £25,857,401. At the end of Quarter 2 the cash flow was approximately half of that total at £12,583,603.
- b) The forecast position at Quarter 2 was an underspend of £559,000, which was mainly due to delays in starting seven day working and lower levels of activity in carer schemes. A new carer service is due to start next year.
- c) There was some slippage in money carried forward from the pooled fund due to recruitment delays.
- d) The overall underspend against the pooled fund is £748,000.

RESOLVED to

- (1) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 2 of 2016/17 as set out in Table 1 of the report; and**
- (2) note the forecast position of the Better Care Fund Pooled Fund as set out in Tables 2 and 3 of the report.**

88 BETTER CARE FUND 2018-2020 PLANNING

Jo Williams, Assistant Director Health and Care Integration gave a verbal update on Better Care Fund (BCF) planning for 2018-2020. She highlighted the following information:

- a) The guidance and policy framework had not yet been published but planning is already underway.

- b) Information shared at a recent regional meeting included that:
 - i. it was expected that there would be a reduction in the number of national conditions;
 - ii. it was expected that there would be a reduction in metrics but key metrics, such as delayed transfers of care would remain;
 - iii. the format is likely to be similar to the current format;
 - iv. it is anticipated that guidance will be more explicit about allocations to protect social care.
- c) There is an opportunity to express interest in 'graduating' from the Better Care Fund. It is understood that 5-6 areas will be selected and they will be exempt from completing the BCF planning and will have support to graduate.
- d) Under the Improved BCF money will be transferred to the local authority via a Section 31 grant with conditions. One of the conditions will be that it has to be put into a pooled fund but health organisations will not have a voice in how the money is spent. The current Section 75 Agreement says that health and social care will have an equal voice in spending the pooled fund and this might need to be amended to reflect new requirements. It is expected that the allocation will be approximately £1,300,000 next year and it will then increase.

During discussion it was suggested that health and social care hubs be established in each of the care delivery group areas.

RESOLVED to submit an expression of interest to graduate from the Better Care Fund.

89 UTILISATION OF DISABLED FACILITIES GRANT

Rasool Gore, Lead Commissioning Manager Nottingham City Council, presented the report about utilisation of the Disabled Facilities Grant. She highlighted the following information:

- a) The level of Disabled Facilities Grant allocation had now been confirmed as £1,889,000 and it was proposed to spend it all on Major Adaptations.
- b) The Social Care Capital Grant had been discontinued and this had resulted in pressure for the Council. This pressure will be managed through the Council's Capital Fund.

During discussion it was reported that regionally there were examples of delivering efficiencies through the Disabled Facilities Grant. This hadn't yet been looked at in Nottingham.

RESOLVED to

- (1) approve the utilisation of the Disabled Facilities Grant (DFG) totalling £1,889,000 for Major Adaptations;**
- (2) note the Council's proposed contributions towards spend on Major Adaptations and the Integrated Community Equipment and Loans Service; and**

- (3) explore opportunities to deliver efficiencies through the Disabled Facilities Grant.**

90 EXCLUSION OF PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

91 BETTER CARE FUND UNDERSPEND PROPOSAL

The Sub-Committee considered the information set out in the exempt report, the details of which can be found in the exempt minute.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
8 MARCH 2017

	Report for Resolution
Title:	Child and Adolescent Mental Health Services (CAMHS) Tier 2 Section 75 Agreement
Lead officer(s):	Katy Ball: Director of Procurement and Commissioning Helen Blackman: Director of Children's Integrated Services
Author and contact details for further information:	Chris Wallbanks: Strategic Commissioning Manager chris.wallbanks@nottinghamcity.gov.uk 0115 8764801 Sarah Quilty: Public Health Insight Specialist and Commissioning Lead for Children sarah.quilty@nottinghamcity.gov.uk 0115 8762743
Brief summary:	<p>The Nottingham Tier 2 CAMHS has been managed by Nottingham City Council for a number of years. The funding for this service has been from mainstream Nottingham City Council (NCC) funding and Nottingham City Clinical Commissioning Group (CCG). The service is fully integrated and has performed well over many years.</p> <p>As part of discussions about the future funding of this service and with integration of other children's services in mind, the CCG and NCC have been considering options for a future model. It has been decided to fund this service through a Section 75 Agreement until the wider integration is completed.</p> <p>The Section 75 Agreement should provide a robust framework for managing the service including performance management.</p>
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) note the decisions made by the Nottingham City Council Commissioning and Procurement Sub-Committee on 15 February 2017, which were to:
 1. Approve the development of a Section 75 Agreement with Nottingham City CCG for the commissioning of Tier 2 Children and Adolescent Mental Health Services (CAMHS) from 1 April 2017, at a cost not exceeding the current expenditure on this service;
 2. Approve the budget to support the Section 75 Agreement and the scope of the service included as set out in Exempt Appendix 1. If the future value for the Section 75 Agreement changes to being above the current indicative value, a separate report will be presented for approval;
 3. Approve the Governance arrangements for the oversight and management of the Section 75 Agreement to be via the Health and Wellbeing Board Commissioning Sub

Committee;

4. Delegate authority to the Director of Commissioning and Procurement in consultation with the Director of Children's Integrated Services to agree the final value for the Section 75 Agreement for Tier 2 CAMHS as listed in Exempt Appendix 1, providing this does not exceed the current expenditure on this service; and

5. Delegate authority to the Head of Contracting and Procurement to sign the Section 75 Agreement, following approval by the Director of Procurement and Commissioning and the Director of Children's Integrated Services

b) agree to undertaking the management and oversight of the Section 75 Agreement for Tier 2 Child and Adolescent Mental Health Services (CAMHS), subject to approval by the Health and Wellbeing Board.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes

Summary of contribution to the Strategy

Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities

Outcome 2

Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy

Tier 2 CAMHS supports our Strategy by providing support to children and young people with mental health needs.

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

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 'Future in Mind' strategy sets out the vision for children and young people's mental health across the country and recommends the development of Local Transformation Plans for every area detailing how localities will work towards the vision. The Tier 2 CAMH Service supports our local plan by providing support to children and young people with mental health needs.

Reason for the decision:

In February 2017 the Nottingham City Council Commissioning and Procurement Sub Committee agreed arrangements for development of a Section 75 Agreement with Nottingham City Clinical

	<p>Commissioning Group for Child and Adolescent Mental Health Services. This included a proposal that oversight and management of the Section 75 Agreement is undertaken by the Health and Wellbeing Board Commissioning Sub Committee. The reason for the report is to inform the Sub Committee of this.</p> <p>The Sub Committee is being asked to take on the role in order to provide robust, cross-organisational oversight of the Section 75 Agreement.</p>
Total value of the decision:	Nil
Financial implications and comments:	<p>For information:</p> <p>The annual budget for 2016/17 is £1,304,322. 56% is funded by the Nottingham City Council (£728,322) and 44% by Nottingham City CCG (£576,000). From 2017/18, there will be uplift from the CCG of a further £150,000, bringing the contributions of each organisation more in line with each other.</p> <p>A 'Section 75 agreement' is an established arrangement with regard to pooled budget commissioning arrangements. It gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds from which payment may be made towards expenditure incurred in the exercise of prescribed local authority and NHS functions.</p> <p>The Section 75 will need to include robust governance and risk share arrangements. In particular any agreements in relation to the treatment of any over or under spends, including the risks associated with inflation / efficiency savings targets that may result in net deflator targets to contract values.</p> <p>Consideration will also need to be given to the additional 'in year' reporting requirements of both financial and non-financial information.</p> <p>Financial information will be consolidated, resulting in an additional memorandum to the accounts - CCG deadline is usually early April. Discussion with the audit team is recommended prior to proceeding with any agreement to ensure there is an efficient</p>

	<p>arrangement in place in order to sign off the accounts.</p> <p>The host will be responsible for ensuring the VAT arrangements are compliant for both the local authority and CCG. Discussions with the VAT specialists will be required once development is completed.</p> <p>Further advice to be provided once the Section 75 has been developed.</p>
Procurement implications and comments (including where relevant social value implications):	<p>There are no procurement implications as the Section 75 Agreement relates to a joint budget to continue existing services.</p> <p>The Section 75 Agreement is an essential service to improve children and young people's emotional health. However the possibility for creating additional social value (for example generating employment and training opportunities) will be considered as part of the development of the Tier 2 Service.</p>
Other implications and comments, including legal, risk management, crime and disorder:	<p>None</p>
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	<p>An EIA is not required because there are no new services being delivered or changes in policy.</p>
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	<p>Future In Mind (2015) Department of Health</p> <p>Report to and minutes of the Nottingham City Council Commissioning and Procurement Sub Committee meeting held on 15 February 2017</p>
Background papers relied upon in writing the report: <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>	<p>None</p>
Other options considered and rejected:	<p>No other options were considered as the Section 75 Agreement will be jointly owned and jointly funded by the CCG and NCC, it was deemed appropriate that the oversight of the Agreement should be through the Health and Wellbeing Board Commissioning Sub Committee along with other jointly funded programmes.</p>

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE – 8th
March 2017

Title: Child and Adolescent Mental Health Services (CAMHS) Tier 2 Section 75 Agreement

Summary of issues

The Nottingham Tier 2 CAMHS has been managed by Nottingham City Council for a number of years. The funding for this service has been from mainstream Nottingham City Council (NCC) funding and Nottingham City Clinical Commissioning Group (CCG). The service is fully integrated and has performed well over many years.

As part of discussions about the future funding of this service and with integration of other children's services in mind, the CCG and NCC have been considering options for a future model. This report provides the rationale for funding this service through a Section 75 agreement until the wider integration is completed.

The Section 75 agreement should provide a robust framework for managing the service including performance management.

Recommendations:

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

a) Note the recommendations agreed by the Nottingham City Council Commissioning and Procurement Sub-Committee, which are:-

1. Approve the development of a Section 75 Agreement with Nottingham City CCG for the commissioning of Tier 2 Children and Adolescent Mental Health Services (CAMHS) from 1 April 2017, at a cost not exceeding the current expenditure on this service.
2. Approve the budget to support the Section 75 Agreement and the scope of the service included as set out in Exempt Appendix 1. If the future value for the Section 75 Agreement changes to being above the current indicative value, a separate report will be presented for approval
3. Approve the Governance arrangements for the oversight and management of the Section 75 Agreement to be via the Health and Wellbeing Board Commissioning Sub Committee
4. Delegate authority to the Director of Commissioning and Procurement in consultation with the Director of Children's Integrated Services to agree the final value for the Section 75 Agreement for Tier 2 CAMHS as listed in Exempt Appendix 1, providing this does not exceed the current expenditure on this service.
5. Delegate authority to the Head of Contracting and Procurement to sign the Section 75 Agreement, following approval by the Director of Procurement and Commissioning and the Director of Children's Integrated Services

b) Agree to undertake the management and oversight of the Section 75 Agreement once developed, subject to approval by the Health and Wellbeing Board.

1 Reasons for the Recommendations:

- 1.1 The development of a Section 75 Agreement will ensure the Tier 2 CAMHS provides a quality provision to the young people of Nottingham within one service, thus allowing for both health and social care needs to be met through one team.
- 1.2 Nottingham City Council is going to continue to provide the social care element of the Tier 2 CAMHS and will not be out-sourcing this in the near future. Therefore to ensure an integrated service remains in place the NHS funding will need to continue to fund the City Council service.
- 1.3 Management costs have been minimised through integration of the management across health and social care type provision.
- 1.4 By utilising Health Act flexibilities through a Section 75 Agreement, the City Council can commission the service on behalf of the CCG. It would be inappropriate for the City Council to undertake a formal tender in order to award the contract directly to its own internal service, therefore benchmarking should be used to determine best value to assure the CCG. The NHS and Local Authority can delegate responsibility for commissioning services through a Section 75 Agreement.
- 1.5 Contract performance will be monitored closely throughout the year to ensure that the services are delivered effectively and best value is obtained.

2 Background:

- 2.1 The importance of child and adolescent emotional and mental health
 - 2.1.1 Good mental and emotional health is essential to enable children and young people to fulfil their potential. Mental and emotional health problems are an important and common group of disorders affecting about 1 in 10 children and young people living in the UK. Mental health is best seen as a continuum, ranging from mental wellbeing, to severe and enduring mental disorders that cause considerable distress and interfere with relationships and daily functioning. Mental health problems in childhood and adolescence are particularly important due to the far reaching consequences on health, social and educational outcomes. Mental health problems, unlike other health problems, tend to start early and persist into and throughout adulthood. It is recognised that by the age of 14 about half of all lifetime mental health problems start.
 - 2.1.2 The Future in Mind document sets out the vision for children and young people's mental health and recommends the development of Local Transformation Plans for every local area detailing how localities will work towards the vision.

2.2. Future in Mind priorities:

- Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
- Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
- Care for the most vulnerable: developing a flexible, integrated system without barriers.
- Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
- Developing the workforce: ensuring everyone who works with children, young people and their families adopts excellent practice and delivers evidence-based care.
- The Nottingham Tier 2 CAMHS has been managed by Nottingham City Council for a number of years. The funding for this service has been from mainstream Nottingham City Council funding and Nottingham City CCG. The service is a fully integrated Tier 2 CAMHS which has performed well over many years.

2.3 The Vision for Nottingham City

2.3.1 The vision is to develop a simplified, responsive and efficient pathway of services that supports and improves the emotional wellbeing and mental health needs of children and young people in Nottingham.

2.3.2 By delivering these priorities, the aim by 2020 is for:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and young people to experience stigma and discrimination

2.4 The Values

- Actively involve children, young people, parents and carers, community groups, clinicians, and partners in everything that we do
- Understand and respond fairly to the changing needs of our diverse population, and will promote equality and address health inequalities
- Continually improve the quality of services through collaborative, innovative and clinically-led commissioning
- Support and encourage the education, training and development of the local workforce
- Secure high quality, cost-effective and integrated services within available resources

2.5 Present Position - In Nottingham City, Children and Adolescent Mental Health Services (CAMHS) are commissioned and provided by a range of organisations.

Currently both Nottingham City Council and Nottingham City Clinical Commissioning Group (CCG) fund the Tier 2 CAMHS and the associated Single Point of Access (the gateway for all CAMH Services in the city) with Nottingham City Council hosting the service.

2.6 Rationale

- 2.6.1 Nottingham City Council is going to continue to provide the social care element of the Tier 2 CAMHS and will not be out-sourcing this in the near future. Therefore to ensure an integrated Tier 2 CAMHS remains in place the NHS funding will need to continue to fund the City Council service.
- 2.6.2 Maintaining the current arrangement ensures quality services are provided to the young people of Nottingham within one service. This allows for both health and social care needs to be met through one team, reducing the need for transfer to alternative and often costly provision. This can also improve the performance of the service as they are wholly responsible for the delivery of agreed targets.
- 2.6.3 Management costs have been minimised through integration of the management across health and social care type provision.
- 2.6.4 By utilising health act flexibilities through a Section 75 agreement the City Council can commission the service on behalf of the CCG. It would be inappropriate for the City Council to undertake a formal tender in order to award the contract directly to its own internal service, therefore benchmarking should be used to determine best value to assure the CCG.
- 2.6.5 The NHS and local authority can delegate responsibility for commissioning services through a Section 75 agreement.

2.7 Monitoring and Governance

- 2.7.1 Currently monitoring is limited, but as this service would be managed as part of a Section 75 Agreement, the monitoring will be improved in line with the requirements laid out in the details of the agreement.
- 2.7.2 It is proposed that the CCG with local authority commissioners develop and agree a set of outcome and performance measures that can be included in the Section 75 Agreement.
- 2.7.3 Performance in relation to the indicators will be reported to the Commissioning Sub-Committee of the CAMHS Executive Board as this is a joint committee involving representation from both commissioning partners.
- 2.7.4 It is proposed that strategic oversight and decision making in relation to the Agreement itself will be through the Health and Wellbeing Board Commissioning Sub Committee. Any failure to provide monitoring information would be a breach of the agreement and relevant sanctions could be imposed upon the provider. These would need to be included in the details of the agreement. This will require a change to the terms of reference for the Health and Wellbeing Board

Commissioning Sub Committee. As a sub-committee of the Health and Wellbeing Board, the changes to the terms of reference will need to be made by the Board.

- 2.8 Risk Sharing - The Section 75 Agreement will include appropriate risk sharing arrangements around issues such as budget pressures and reductions.

3 Other Options Considered:

- 3.1 Do Nothing: There is a risk that as a direct result of not formally joining the Tier 2 CAMHS through a Section 75 Agreement, Nottingham City CCG will withdraw the funding for and go out for re-procurement. There is also a risk that the current Tier 2 CAMHS is only performance- managed from the CCG perspective, even though it is a jointly funded service. This would therefore mean that the local authority would not have oversight of the effectiveness of the service in order to improve outcomes for children and young people. For these reason, this option was rejected.

4 Finance Comments:

- 4.1 The annual budget for 2016/17 is £1,304,322. 56% is funded by the Nottingham City Council (£728,322) and 44% by Nottingham City CCG (£576,000). From 2017/18, there will be uplift from the CCG of a further £150,000, bringing the contributions of each organisation more in line with each other.
- 4.2 A 'Section 75 agreement' is an established arrangement with regard to pooled budget commissioning arrangements. It gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds from which payment may be made towards expenditure incurred in the exercise of prescribed local authority and NHS functions.
- 4.3 The Section 75 will need to include robust governance and risk share arrangements. In particular any agreements in relation to the treatment of any over or under spends, including the risks associated with inflation / efficiency savings targets that may result in net deflator targets to contract values.
- 4.4 Consideration will also need to be given to the additional 'in year' reporting requirements of both financial and non-financial information.
- 4.5 Financial information will be consolidated, resulting in an additional memorandum to the accounts - CCG deadline is usually early April (10th 16/17). Discussion with the audit team is recommended prior to proceeding with any agreement to ensure there is an efficient arrangement in place in order to sign off the accounts.
- 4.6 The host will be responsible for ensuring the VAT arrangements are compliant for both the local authority and CCG. Discussions with the VAT specialists will be required once development is completed.
- 4.7 Further advice to be provided once the Section 75 has been developed.

- 4.8 Advice from Legal would be welcomed in terms of any additional legal requirements over and above points 4.1 - 4.7.

5 Legal and Procurement Comments:

- 5.1 A s75 agreement should be used where the CCG and the City Council wish to establish a pooled fund out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

6 Social Value Considerations:

- 6.1 The Section 75 Agreement is an essential service to improve children and young people's emotional health. However the possibility for creating additional social value (for example generating employment and training opportunities) will be considered as part of the development of the Tier 2 Service.

7 Regard to the Constitution:

- 7.1 Local authorities have a statutory duty to have regard to the NHS Constitution. In making this decision relating to children's mental health, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission and support services to improve the health of the local community.

8 Equality Impact Assessment (EIA):

- 8.1 An EIA is not required because there are no new services being delivered or changes in policy.

9 List of Background Papers:

- 9.1 None.

10 Published Documents Referred to in this Report:

- 10.1 Future in Mind (2015) Department of Health
- 10.2 Report to and minutes of the Nottingham City Council Commissioning and Procurement Sub Committee meeting held on 15 February 2017

11 Other Colleagues who have provided input:

11.1 Steve Oakley: Head of Contracting and Procurement – 0115 8762836

11.2 Katy Ball: Director of Commissioning and Procurement – 0115 8764814

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

8 MARCH 2017

	Report for Information
Title:	Better Care Fund 2016/17 Quarter 3 Budget Monitoring Report
Lead officer(s):	Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults
Author and contact details for further information:	Darren Revill darren.revill@nottinghamcity.gov.uk
Brief summary:	This report presents the cash flow and forecast position of the Better Care Fund (BCF) Pooled Budget as at Quarter 3 of 2016/17.
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) note the cash flow position of the Better Care Fund Pooled Fund as at Quarter 3 of 2016/17 as per **Table 1** (paragraph 2.3) in the main report; and
- b) note the forecast position of the Better Care Fund Pooled Fund as detailed in **Tables 2 and 3** (paragraphs 2.4.1 and 2.4.2) in the main report.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The effective use of resources will support the achievement of the Joint Health and Wellbeing Strategy.
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	
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	
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	

Reason for the decision:	Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2016/17 BCF pooled budget and to support decision making on the use and effectiveness of the pooled fund.
Total value of the decision:	Nil.
Financial implications and comments:	Financial information is detailed in the body of this report.
Procurement implications and comments (including where relevant social value implications):	None.
Other implications and comments, including legal, risk management, crime and disorder:	None.
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	Not applicable.
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	None.
Background papers relied upon in writing the report: <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>	None.
Other options considered and rejected:	This report provides an update to Commissioning Sub-Committee and therefore no recommendations or options require approval.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
8 March 2017

Better Care Fund (BCF) 2016/17 Quarter 3 Budget Monitoring Report

1. REASONS FOR RECOMMENDATIONS

- 1.1 Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2016/17 BCF budget and to support decision making on the use and effectiveness of the pooled fund.
- 1.2 This report also meets the requirements of the Section 75 Partnership Agreement to prepare quarterly reports showing the income and expenditure of the Pooled Fund.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 Following the requirement to establish a pooled fund to support the integration of health and social care, quarterly budget monitoring reports are presented to Commissioning Sub-Committee to note the position of the pooled fund.
- 2.2 The 2016/17 Nottingham City BCF Plan was approved by the Health and Wellbeing Board Commissioning Sub-Committee on 16 March 2016 and the Health and Wellbeing Board on 25 April 2016.
- 2.3 **Table 1** below shows the cash flows of the 2016/17 pooled fund and the fund balance at the end of quarter 3 against the approved BCF plan. The cash flow represented in Table 1 reflects both slippage in scheme spend and the phasing of expenditure to date.

TABLE 1 – 2016/17 NOTTINGHAM BCF CASH FLOWS		
Better Care Fund	BCF Annual Plan £	Cash Flow at end of Qtr 3 £
Funding into Pool:		
CCG		
CCG Baseline (Minimum Contribution)	(21,504,692)	(16,128,516)
Other CCG Allocation	(1,748,000)	(1,311,000)
Sub-Total	(23,252,692)	(17,439,516)
City Council		
Disabled Facilities Grant	(1,888,709)	(1,416,531)
Social Care Contribution	(716,000)	(537,000)
Sub-Total	(2,604,709)	(1,953,531)
Total Income	(25,857,401)	(19,393,047)
Funding out of Pool:		
CCG	11,137,901	8,280,198
City Council	14,719,500	10,908,909
Total Expenditure	25,857,401	19,189,107
Fund Balance	0	(203,940)

2.4 Forecast

2.4.1 **Table 2** below shows the forecast position of the pooled fund at quarter 3. The information is represented at an area of spend level of detail and includes approvals by Commissioning Sub-Committee throughout the financial year to date.

The forecast represented in Table 2 shows a balanced position for 2016/17. This reflects the decision taken at Commissioning Sub-Committee on 14 December 2016.

TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING STATEMENT (QUARTER 3)				
Area of Spend (Scheme)	2016/17 (£000)			
	Original S75 Annual Budget	Revised S75 Annual Budget	Annual Forecast	Forecast Variance
Access & Navigation	1,698	1,627	1,599	(28)
Assistive Technology	1,335	1,335	1,288	(47)
Carers	1,527	1,527	1,417	(110)
Co-ordinated Care	7,854	7,786	8,089	303
Capital Grants	1,889	1,889	1,889	0
Independence Pathway	11,249	11,269	11,215	(54)
Programme Costs	305	424	360	(64)
Total	25,857	25,857	25,857	0

2.4.2 The BCF Pre-Audit Outturn Report presented to Commissioning Sub-Committee on 20 July 2016 reflected a 2015/16 pooled fund balance at year end of £2.324m.

Table 3 below shows the updated forecast spend on schemes against the 2015/16 pooled fund balance. This again reflects the decision taken at Commissioning Sub-Committee on 14 December 2016.

TABLE 3 – 2015/16 POOLED FUND BALANCE			
Fund Position	Plan £000	Forecast £000	Variance £000
Funds Carried Forward	2,324	2,324	0
Total	2,324	2,324	0

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 This report provides an update to Commissioning Sub-Committee and therefore no recommendations require approval.

4. FINANCE COMMENTS (INCLUDING VALUE FOR MONEY/VAT)

4.1 See cover sheet.

5. **LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES AND, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

5.1 See cover sheet.

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