

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.