

HEALTH AND WELLBEING BOARD - 25 February 2015

Title of paper:	Better Care Fund – Proposal to review the level of ambition for the reduction in non elective admissions linked to the BCF plan.	
Director(s)/ Corporate Director(s):	Maria Principe – Director of Primary Care Development and Service Integration Candida Brudenell, Director Quality and Commissioning, NCC	Wards affected: All
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Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		√
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>This paper proposes a change to the Better Care Fund target on non elective admissions in line with NHS planning guidance for 15/16.</p>		
Recommendation(s):		
1	<u>To agree to a reduction in the BCF target for non elective admissions from 3.5% to 1.6%</u>	
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): Mental health services are included in the BCF plan.</p>	

1. REASONS FOR RECOMMENDATIONS

The Better Care Fund plan was approved in October 2014; it includes a target to reduce non elective admissions by 3.5% in 2015/16. The non elective admissions reduction ambition linked to payment for performance in BCF plans was for the period Q4 14/15 – Q3 15/16, compared to a baseline of actual outturn in Q4 13/14 and forecast outturn for Q1-3 14/15 (taken from operational plans). The technical guidance explained that the level of ambition would be adjusted once actual outturn for Q1-3 14/15 was known. Since then the NHS planning guidance for 15/16 indicated that local areas can revisit their non-elective admissions plan through 15/16 operational planning to take into account actual performance in the year to date (particularly through winter), likely outturn for 14/15 full year, and progress with contract negotiations with providers – with any proposed changes to be signed off by the Health and Wellbeing Board.

The proposal is to reduce the BCF target (stated in the plan at 3.5%) to 1.6%. This target reflects the expected impact of the BCF schemes and does not include schemes outside of the BCF plan. Nationally non- elective admissions have increased by 6% on average, Nottingham City has bucked this trend with a reduction of 1% (in the period April – December 2014 compared to the same period in 2013). The challenging target of 3.5% will remain through QIPP plans in 15/16. However reducing the BCF target will protect community services by making the pay for performance element of the plan more realistic.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

The Better Care Fund provides for £3.8 billion worth of funding nationally (23.297m Nottingham City) in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

All Better Care Fund plans had to be re-submitted to NHS England and the Local Government Association by 19th September 2014. Since then, the plans have been subject to a National Consistent Assurance Review with each plan receiving an approval level based on the quality of the plan and the risk to delivery due to the local context facing each local health economy. The Nottingham City plan is classified as ‘approved’ and is one of only six plans out of the total 151 awarded this classification.

Planning for implementation is underway, this includes:

1. The minimum BCF funding is conditional upon pooling the money via a section 75 pooled budget arrangement. The signatories to this legally binding partnership agreement are Nottingham City CCG and Nottingham City Council who will approve the agreement prior to implementation on April 1st 2015.
2. A public consultation on the pooled budget arrangement is planned for March 2015 in line with legislative requirements.
3. Monitoring and reporting on performance and finance has been agreed, risks will be managed through the agreed governance arrangements.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Maintain the BCF target at 3.5% and rely on schemes outside of the plan to deliver the target. This would potentially place the 'pay for performance' element of the plan at risk and result in the need to reduce the schemes delivering a reduction in non elective admissions.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

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 £1,556,052 annually which will be paid proportionately on a quarterly basis dependent on the extent to which the 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.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Both parties to the agreement have instructed legal advice to ensure that the partnership agreement meets the requirements under section 75 of the NHS act 2000.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Wellbeing Board paper 'Better Care Fund Update' October 2014.