

HEALTH AND WELLBEING BOARD - 30 March 2016

Title of paper:	2016/17 Better Care Fund Plan	
Director(s)/ Corporate Director(s):	Colin Monkton - Director Strategy and Commissioning, Nottingham City Council Maria Principe - Director of Contracting and Transformation, NHS Nottingham City CCG	Wards affected: All
Report author(s) and contact details:	Joanne Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council Joanne.Williams@nottinghamcity.nhs.uk	
Other colleagues who have provided input:	Clare.Gilbert@nottinghamcity.gov.uk	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		x
Children, Early Intervention and Early Years		<input type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham - Preventing alcohol misuse		<input type="checkbox"/>
Integrated care - Supporting older people		x
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):		
This report presents the draft 16/17 Better Care Fund (BCF) Plan submitted to NHS England on 21 March 2016. The plan will be amended following feedback with final submission due on the 25 April 2016.		
Recommendation(s):		
1	HWB reviews the draft submission for the 2016/17 BCF planning return and agrees amendments for inclusion in the final version for submission on 25 April 2016.	
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'):		

Integration of mental health services is planned for 2016/17

1. REASONS FOR RECOMMENDATIONS

- 1.1 In developing BCF plans for 2016-17 local partners are required to develop, and agree, through the Health and Wellbeing Board (HWB):
- i. A short, jointly agreed narrative plan including details of how they are addressing the national conditions;
 - ii. Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - iii. A scheme level spending plan demonstrating how the fund will be spent;
 - iv. Quarterly plan figures for the national metrics.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Better Care Fund requires Clinical Commissioning Groups and local authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation to support the integration of health and social care. The legal framework for the Better Care Fund derives from the amended NHS Act 2006, which requires that in each area the Fund is transferred into one or more pooled budgets, established under section 75, and that plans are approved by NHS England in consultation with DH and DCLG.
- 2.2 The below table sets out where the information to fulfil the above planning requirements will be collected and how it will be assured:

Narrative Plan	Submitted to NHS England regional / local Directors of Commissioning Operations (DCO) teams in an agreed format	Assured by DCO teams, with regional moderation involving the LGA and ADASS
Confirmation of funding contributions	Submitted through CCG Finance Template and through a nationally developed high level BCF planning return (spreadsheet)	Collated and analysed nationally, with feedback provided to DCO teams for regional moderation and assurance process
National Conditions	Detail submitted to NHS England regional / DCO teams through narrative plans (as above), with further confirmations submitted through a nationally developed high level BCF planning return (spreadsheet)	Assured by DCO teams, with regional moderation involving the LGA and ADASS
Scheme level spending plan	Submitted to NHS England regional / DCO teams through a nationally developed high level BCF planning return (spreadsheet)	Collated and analysed nationally, with feedback provided to DCO teams for regional moderation and assurance process
National metrics	Submitted through UNIFY and through a nationally	Collated and analysed nationally, with feedback

	developed high level BCF template return (spreadsheet)	provided to DCO teams for regional moderation and assurance process
--	--	---

2.3 Narrative Plan

The Narrative Plan is a high level plan designed to show the changes that have been made to last year's plan to reflect the progress seen over the first year. The guidance sets out five areas that the Narrative Plan must demonstrate have been agreed by the partners:

- i. The local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016-17 plays in that context;
- ii. An evidence base supporting the case for change;
- iii. A coordinated and integrated plan of action for delivering that change;
- iv. A clear articulation of how they plan to meet each national condition; and
- v. An agreed approach to financial risk sharing and contingency.

Narrative plans are also expected to show the partners arrangements in relation to data sharing and in particular digital or information technology including reference to local digital roadmaps.

2.4 Confirmation of funding contributions

Nottingham City Better Care Fund contributions are as follows :-

	Gross Contribution
Total Local Authority Contribution	£2,604,709
Total Minimum CCG Contribution	£21,504,692
Total Additional CCG Contribution	£1,748,000
Total BCF pooled budget for 2016-17	£25,857,401

2.5 National Conditions

NHS England requires that Better Care Fund plans demonstrate how areas will meet the following national conditions:

- i. Plans to be jointly agreed;
- ii. Maintain provision of social care services;
- iii. Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- iv. Better data sharing between health and social care, based on the NHS number;
- v. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- vii. Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- viii. Agreement on local action plan to reduce delayed transfers of care.

Conditions i - vi were included in the 2015-16 BCF framework. They have been updated to reflect further policy developments and the 2015 Spending Review. New condition vii replaces the national payment-for-performance element of the Fund, linked to delivering a reduction in non-elective activity that was a condition in 2015-16. Guidance states that areas can agree on the use of this funding in 2016/17 based on achievement of the target in 2015/16. The Nottingham City plan therefore does not include a risk share arrangement following achievement of a reduction in non-elective activity in 2015/16.

Condition viii is also a new national condition for 2016-17. A system wide resilience plan has been developed which includes our approach to improving DTOCs. Providers in our system have produced a self-assessment of their progress to implement the high impact change model for reducing DTOCs. Work is also underway to develop a framework for measuring 'transfer of care' activity and performance, DTOCs will be a key feature of this. To support this work further we plan to:

- Conduct a local deep dive analysis into reasons for the recent increase in DTOCs across all providers, NUH, CityCare, Nottinghamshire Healthcare Trust and Community Health Partnerships recognising that the issues for individual providers may vary.
- Produce a local situation analysis which will include a review of interventions against national best practice.
- Co-produce with providers a local DTOC action plan for 2016/17 which supports the system wide action plan.

2.6 Scheme level spending plan

Schemes remain unchanged from the 2015/16 BCF plan, scheme descriptions have been updated. Service level amendments have been included in the narrative plan.

2.7 National Metrics

The four national metrics and the two locally determined metrics are described below with a rationale for the target in the 2016/17 plan based on national guidance.

Metric	Target and rationale
Non-Elective Admissions (General and Acute)	0.5% reduction in line with CCG operating plan (1% overall reduction)
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	8.6% reduction Level of ambition remains the same as 2015/16, although this target was not achieved mitigating actions have been agreed.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Additional 4% increase Stretch target following consistent improvement in 2015/16
Delayed transfers of care from hospital per 100,000 population	0.5 reduction Target based on consistent poor performance in 2015/16. Local action plan to be developed as described above
Proportion of the population supported by	Additional 1800 citizens supported by AT

assistive technology	
Proportion of citizens who have long term conditions (including the frail elderly) reporting improved experience of health and social care services.	Maintain or improve from current position (84% of citizens reporting improved experience of health and social care services)

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 A wholesale review of BCF schemes: This option has been rejected as, in general, good progress is being made in delivery BCF objectives and the delivery of the Integrated Adult Care programme. Evolution of current schemes is viewed as the more appropriate and proportionate option.

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

- 4.1 N/A

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

- 5.1 N/A

6. EQUALITY IMPACT ASSESSMENT

- 6.1 Has the equality impact of the proposals in this report been assessed?

No

x

An EIA is not required because:

- The schemes identified do not significantly differ from those identified in 2015/16.
- The new schemes that are identified have been previously funded from other sources
- The extended services will provide continuation of provision

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

- 7.1 N/A

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 8.1 BCF Technical Guidance
Draft 2016/17 Better Care Fund Plan HWBCSC 20th January 2016