

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

26 SEPTEMBER 2018

	Report for Resolution
Title:	Better Care Fund (BCF) Financial Plan 2018/2019
Background: <p>1). In 2017/18 an agreement was made between Nottingham CCG and Nottingham City Council to deliver savings from the BCF. The agreement was based on a 90/10 split of savings in favour of the City Council after key exclusions had been made for both organisations. The requirement for the City Council was to deliver a recurrent £1.5 million saving to meet the financial requirements laid out within the Medium Term Financial Plan (MTFP). From 2019/20, after additional contributions have been removed, savings will be divided on a 50/50 basis between the organisations.</p> <p>Some of the budget lines within the BCF are historic and no longer align to the requirement of the original template. Some of the activities do not reflect the key metrics within the BCF.</p> <p>2). It is recognised that in the context of the wider transformation work that is taking place at STP level, organisations need more flexibility to manage budgets and resources in a more manner that supports them to meet system needs.</p> <p>3). A two year BCF plan was set for 2017 to 2019. There is no requirement for a fully refreshed submission from the national team despite significant changes to the budget lines. The focus from the national team is on the achievement of the national metrics.</p>	
Reason for the decision: <p>1). Following the implementation of the savings for 2018/19, agreed reductions need to be profiled in the revised budget lines. This is partly achieved through ending the additional voluntary contribution to the BCF of £716,000 from the NCC and £946,000 from the CCG. However, in order to meet the minimum level of contribution as laid down nationally, new service lines need to be substituted to replace those that have been removed.</p> <p>A number of budget lines from previous years do not contribute to the BCF Metric and it is therefore proposed to remove these and to substitute them with service lines that are more relevant. The main lines that are being removed are 'Responding to Demographic Pressures', 'ASC Respite line' and the 'Care Act (DWP Policies)' These budget lines relate to general cost pressures within the purchasing budget rather than to any specific activity. The two other services that have been removed are; the commissioned Advocacy service and the Mental Health Resettlement Service. The CCG commissioned schemes are interim home care; this was a part contribution to a wider contract with the Carers Trust and the Dementia Support Service as this service has recently been retendered across a Greater Nottinghamshire footprint.</p> <p>Rather than focussing on individual team activity, service lines have been re-aligned into high-level schemes. These schemes support: management of demand through effective access and navigation, integrated care through effective assessment and review, supporting independence through reablement and homecare and facilitating discharge for older people and those with mental health needs.</p> <p>Due to the re-shaping of internal services, it is not possible to directly compare old and new service lines, but the principle additions are:</p> <ul style="list-style-type: none">• Duty Team	

- Planned and Placement Review
- Occupational Therapy Teams
- Mental Health Teams incorporating Drugs and Alcohol and Forensic
- Social Care Reablement – this is part funded via the iBCF
- The Sensory Team
- A contribution to the homecare purchasing budget
- Access and Navigation
- Integrated Care Services
- The Primary Care Offer
- Prostitute Outreach Service

Appendix 1

2). This high-level scheme approach has been reflected in the new principles that have been drawn up.

The principles set out clear expectations around the management of the BCF. The main change is that there will be greater autonomy for each organisation in managing schemes, which are not jointly commissioned. This will include flexibility around moving funding/staffing between sub-schemes and retaining vacancy and contractual savings in order to manage resources effectively but not to the detriment of BCF outcome measures.

Given that this impacts on the ongoing management of finances, this will need to be incorporated into the Section 75 agreement.

Appendix 2

3). Although there has been some financial movement between schemes, following guidance from the Regional Lead, the submission for the refreshed BCF for 2018/19 is that the overall 2017 -19 plan remains unchanged. There have been two changes to targets for the BCF metrics, which are for non-elective hospital admissions and for Delayed Transfers of Care. These are both in line with nationally set targets.

Appendix 3