



Nottingham and Nottinghamshire



Nottingham
City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Date: Wednesday, 26 July 2023

Time: 3.30 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Phil Wye, Governance Officer **Direct Dial:** 0115 8764637

The Nottingham City Health and Wellbeing Board's Commissioning Sub-Committee is a partnership body whose role includes providing advice and guidance to the 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.

Agenda	Pages
1 Apologies for Absence	
2 Declarations of Interests	
3 Minutes Minutes of the meeting held on 29 March 2023, for confirmation	3 - 4
4 Occupational Therapy and Adaptations business case	5 - 10
5 Better Care Fund 22-23 Year-end Template Report	11 - 14
6 Future Meeting Dates To agree to meet on the following Wednesdays at 3.30pm at Loxley House, Station Street, Nottingham: 27 September 2023 29 November 2023 24 January 2024 27 March 2024	

Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.

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Nottingham City Council

Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held at Loxley House, Nottingham on 29 March 2023
from 3.45 pm - 4.01 pm

Voting Membership

Present

Katy Ball
Sarah Fleming (Chair)
Councillor Adele Williams
Councillor Linda Woodings

Absent

Dr Dave Briggs

Non Voting Membership

Present

Sara Storey

Absent

Ailsa Barr
Sarah Collis
Lucy Hubber
Ceri Walters

Colleagues, partners and others in attendance:

Karla Banfield - Head of Commissioning, Nottingham City Council
Naomi Robinson - Joint Commissioning Manager, NHS Nottingham and
Nottinghamshire Integrated Care Board
Phil Wye - Governance Officer

18 Apologies for Absence

Dr Dave Briggs
Lucy Hubber
Hayley Mason

19 Declarations of Interests

None.

20 Minutes

The Committee confirmed the minutes of the meeting held on the 25th January 2022 as a correct record and they were signed by the Chair.

In reference to the short timeframe given to spend the Adult Social Discharge Fund, the Sub-Committee discussed having more strategic discussions around spend of the Better Care Fund.

Resolved to organise a strategic working group for the Better Care Fund

21 2022/23 Better Care Fund (BCF) Reconciliation + BCF Updates

Karla Banfield, Head of Commissioning, presented the report which provides the Sub-Committee with the reconciliation of the pooled Better Care Fund (BCF) budget as part of the 2022-23 financial accounts closure process, and changes to the Section 75 agreement. The following was highlighted:

- (a) reconciliation against the planning template for the Nottingham City Council (NCC) schemes were required due to number of budgetary changes which were planned but not completed at the time of submission. There is no change to the ICB BCF schemes, which are forecast to end the year with no financial variance against the 22/23 plan;
- (b) a root and branch review of the BCF has been undertaken to make sure that it is fit for purpose, accurately recorded and fit for the future. There has been a lot of work to increase transparency and avoid confusion, and to show a direct line from budgeting to positive outcomes.

Resolved to

- (1) note and approve the financial end of year reconciliation to the 2022-23 Better Care Fund (BCF) Planning Template;**
- (2) note the work being undertaken on the Section 75 agreement.**

22 Future Meeting Dates

The proposed meeting dates for the 2023-24 municipal year were noted.

**Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
26 July 2023**

Report Title:	Occupational Therapy and Adaptations business case
Lead Officer(s) / Board Member(s):	Richard Groves, Head of Access and Prevention
Report author and contact details:	Richard Groves, Head of Access and Prevention Richard.groves@nottinghamcity.gov.uk
Other colleagues who have provided input:	
Subject to call-in: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Key Decision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Criteria for a Key Decision:	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more, taking account of the overall impact of the decision and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Capital	
Total value of the decision:	£449,895.00
Executive Summary:	
<p>Capitalisation of the Disabled facilities grant (DFG) to secure funding of £449,895 to create additional posts in Occupational Therapy, equivalent to the current proportion of work undertaken on adaptations by Occupational Therapists supporting use of the DFG.</p> <p>This decision aims to establish a case to increase the number of full time equivalent (FTE) posts within Occupational Therapy for the creation of:</p> <ul style="list-style-type: none"> • 1 Principal Occupational Therapist. • 1 Team Manager. • 4 Occupational Therapists. • 3.5 Occupational Therapy Advisors. <p>Citizen benefits</p> <ul style="list-style-type: none"> • People will spend less time waiting for preventative equipment. • People are supported to improve their health and wellbeing in the short term, and 	

- plan for maintaining these improvements in the long term
- People live in homes that meet their needs, with access to equipment for managing their day to day activities more independently.
- People are less reliant on formal social care services, with the least restrictive support provided.

Community benefits

- People can engage with their local communities for longer, providing and accessing community support where they choose to.

The proposed new structure will create clarity and evenness in the responsibilities of Managers as well as providing an opportunity to develop multi agency vision and strategy through the creation of the Principal Occupational Therapist as a joint opportunity with Nottingham City Care. The creation of a Principle OT to work alongside the Principal Social Workers, and across community health services as well as the local authority, will also create practice leadership capacity that will enable more focus on joint working, contributing towards the priorities agreed by the Place Based Partnership.

In Nov 22 the waiting list for Adults Occupational Therapy stood at 690 cases with 555 waiting over 28 days and non-urgent referrals waiting up to 6 months for review by an Occupational Therapist.

In Nov 22 the number of people waiting for adaptations was 367 with the oldest wait being 18 months. Additional resource is required to reduce the waiting list and manage waiting times going forward.

There would continue to be reviews of staff capacity, demand, and inflation to ensure best value and most effective use of the DFG with any underspends on staffing being available for adaptations and associated costs. It is unlikely that all posts will be recruited to quickly allowing for interim reviews of the approach. The service will also be able to utilise vacancies across Adult Social Care should for example the need for OT's directly working on DFG/adaptations work reduce; for example, the service is currently commissioning an external supplier of OT's to deliver strengths based reviews.

The Disabled facilities Grant has continued to see underspend each year allowing for the potential to capitalise the grant to reduce waiting lists.

Does this report contain any information that is exempt from publication?

State 'No' or complete the following

No.

Recommendation(s): The Sub-Committee is asked to:

Consider endorsement of the decision to capitalise on the Disabled Facilities Grant to increase Occupational Therapy capacity prior to Portfolio Holder decision.

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	This proposal supports aims 1 and 2 through timely occupational therapy assessment that supports the ability to reduce, delay and prevent the need for health and social care input.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	The creation of a Principal Occupational Therapist to work across services supports the ambition of the BCF to deliver integrated approaches to health and social care.
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:	

1. Reasons for the decision

The waiting list for Occupational Therapy Assessment is currently at 690 adults and 45 children with an average waiting time of 6 months and 555 citizens having had to wait over 28 days for an assessment.

The resource requested is based upon the number of staff/equivalent cost per locum or per assessment it will take to reduce the waiting list and hold it within acceptable tolerances (less than 28 days).

The waiting list is equivalent to 393 citizens waiting for an assessment for Adaptations. The number of unallocated pieces of work continues to be a concern with most referrals into the service waiting over 28 days. This impacts on the experience of citizens as well as the risk of deterioration during the waiting period.

2. Other options considered and rejected

1. Do nothing

Capacity continues to outweigh demand with considerable pressure on the existing Management structure to deliver from within limited confines. Occupational Therapy is a key preventative measure and a failure to meet further demand will create additional pressure on Social work team as well as financial burden on the council.

2. Create an Interim capacity to reduce the waiting list

There is every likelihood that once the interim facility came to its natural end then demand for the service would increase. An interim facility only goes as far as to address the short term solution and does not create the foresight needed to safeguard the council's future financial position through preventative action. There is also no guarantee that we would be able to recruit to temporary positions and the continued use of agencies remains questionable in light of the current financial climate. This solution also does not address issues around accountability amongst appropriate numbers of Managers within the team.

3. Risk implications

This decision proposes a temporarily higher than national average fee drawn from the Disabled Facilities Grant, when considering combined fees from OT assessment and adaptations. The Disabled Facilities Grant is a finite resource, increased demand, inflation and future pay awards could limit availability for adaptations without proper management. Continuous review and audit will be required to demonstrate best value and efficiency. The Adults Transformation programme will begin this work, moving to business as usual upon completion of the programme. Biannual audits will be carried out to demonstrate effective and proportionate use of the Disabled Facilities Grant.

4. Financial implications

Finance partner (Hayley Mason, Strategic finance Business Partner) has been consulted as part of the business case and will be asked to provide full narrative prior to decision.

The DFG is a recurring capital grant in the Better Care Fund. Unspent fund is carried forward each year. The business case outlines usual spend and subsequent unused grant.

5. Legal implications

Any use of HRA funding, or change in use of HRA funding, needs to be in accordance with any requirements or restrictions imposed by the Council and be an appropriate use of HRA funding.

This Business Case sets out an initial way of using the DFG in order to fund staff working on DFG funded cases. The potential use of funding in this manner is subject to complying with various statutory requirements in the use of DFG funding, primarily the Housing

Grants, Construction and Regeneration Act 1996 and the Housing Renewal Grants (Services and Charges) Order 1996. Unlike the 1996 Order, which specifies that reasonable and necessary fees can be charged for prescribed activities (including technical and structural surveys, planning and design, etc), this proposal is to top-slice the DFG. It is, therefore, not as easy to show that the proposed use of funding is in accordance with the statutory requirements.

Foundations are the National Body for Disabled Facilities Grants and Home Improvement Agencies. They are contracted by the Department of Levelling Up, Housing and Communities to oversee the national network of HIAs. In discussions with Foundations, this proposal has been challenged in how it complies with the requirements imposed on the use of the DFG fund. Foundations have accepted that this proposed use of the DFG is the start of a process that is part of a Transformational Programme. As such, the approach and figures will be subject to ongoing review and analysis, throughout the programme, to ensure that the Council can evidence that this is an appropriate use of DFG funding. Foundations noted that charges made by HIAs, in the main, range from 9% - 15% of the DFG funding. Foundations also accepted, however, that at the start of a Transformational Programme, higher funding is often required and can frequently lead to enhanced efficiencies in due course.

Foundations have also offered to support the Council in the journey it is on in relation to this work, and so will remain an informed critical friend throughout the process.

On the basis of the information in the report, and the discussions with Foundations, this appears to be an appropriate use of DFG funding, subject to the ongoing review and analysis mentioned above, and will support the Council in meeting its statutory obligations.

Legal Services will continue to support the team and this programme.

Anthony Heath, Senior Solicitor, Contracts and Commercial, 2nd March 2023

6. Procurement implications

N/A

7. Equalities implications

No new EDI is required as the proposal is to increase capacity for existing roles; and/or, interim locum/agency use could be accessed while recruitment is underway as per usual cover arrangements.

8. Any further implications

9. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

N/A

10. Published documents referred to in this report

N/A

**Nottingham City Health and Wellbeing Board
Commissioning Sub-Committee
26th July 2023**

Report Title:	Better Care Fund 22-23 Year-end Template Report
Lead Officer(s) / Board Member(s):	Sarah Fleming, Director of System Development, Nottingham and Nottinghamshire ICB.
Report author and contact details:	Katy Dunne katy.dunne@nhs.net
Other colleagues who have provided input:	Naomi Robinson, naomi.robinson2@nhs.net Karla Banfield, karla.banfield@nottinghamcity.gov.uk
Subject to call-in:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Decision:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criteria for a Key Decision:	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more, taking account of the overall impact of the decision and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of expenditure:	<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
Total value of the decision:	N/A
Executive Summary:	
<p>The purpose of this report is to approve the Nottingham City Better Care Fund 2022 - 23 Year-end reporting template that was submitted to NHS England & Improvement on 23rd May 2023.</p> <p>The template confirms the status of continued compliance against the requirements of the fund, including the final end of year spending position and provides information about challenges, achievements and support needs in progressing delivery.</p>	
Metrics (tab 4)	
<p>The 2022-23 Better Care Fund performance metrics are:</p> <ul style="list-style-type: none"> • Unplanned hospitalisation for chronic ambulatory care sensitive conditions • Percentage of people who are discharged from hospital to their normal place of residence • Rate of permanent admissions to residential care per 100,000 population (65+) • Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services 	
<p>The 2022 -23 Better Care Fund Year-end reporting template requires assessment against progress for each of these metrics and to highlight challenges, support needs and achievements. None of the metrics were on track to meet the target at the year end point,</p>	

however the challenges in meeting the targets set have been identified and mitigating actions for moving forwards identified.

The following system challenges in meeting the metric targets for 2022-23 have been highlighted:

- Urgent Community Response service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS, despite full geographic coverage being in place.
- Challenges around night time provision for Pathway 1 services – we will be working with system partners to pilot short term night time provision during 2023/24 and the learning will inform longer term Pathway 1 transformation.
- Figures indicate a result of 687.5 admissions per 100,000 population. This is 77.5 people, over the target of 610 people. The average number of new admissions each month has increased this year.
- Figures for the proportion of older people still at home 91 days after discharge indicate a result of 78.1% against a target of 80%. A further 10.2% of citizens could not be traced (47), some of whom may still be at home.

The report noted the following achievements:

- Weekend working in the transfer of care hub in order to ensure that there is the ability to plan discharge home on P1 for all discharges.
- Whilst there were workforce challenges within the external homecare market in the earlier part of 2022/23 work undertaken with the market increased capacity in the later part of the year.

Year End Feedback (tab 6)

The 2022 -23 Better Care Fund Year-end template requires us to highlight our success and challenges in driving the enablers of integration. Successes highlighted included progress towards strong system-wide governance and systems leadership through the establishment of a Collaborative Commissioning Oversight Group, and the development of a joint Carer's Strategy which aims to better support and meet the needs of carers across County and City by making the best use of joint resources.

Challenges in the system-wide governance were noted as the lengthy process for approvals as the strategy had to progress through three organisations governance processes. There continue to be significant challenges in the recruitment of staff into Adult Social Care, home care and the care home market.

ASC Discharge Fund (tab 7)

The 2022-23 Better Care Fund Year-end template requires us to give an overview of the expenditure, impact and learning from the Adult Social Care Discharge funding which was made available to systems during the winter period. The report notes some of the successes of the scheme as the ability to increase capacity in the home care and reablement capacity meant that less interim beds had to be used, whilst recruitment was a challenge to the success of some schemes.

National conditions declaration and additional requirements

The 2022-23 Better Care Fund Year-end template includes the following additional tabs:

Tab 3: National Conditions, which are:

- Agree plan and section 75 pooled fund

- Integrated Care Board (ICB) minimum contribution to social care is in line with BCF policy
- Agreed investment in NHS commissioned out of hospital services
- Plan for improving outcomes for people being discharged from hospital

Tab 5: I&E Actual – income and expenditure: confirming the BCF allocation has been invested according to the BCF planning template

The BCF 2022-23 Year -end report template was submitted to NHSE, subject to formal ratification at the Nottingham City Health and Wellbeing Board Commissioning Sub-Committee on 26th July 2023.

Better Care Fund Planning Requirements 2023-25

A two year forward plan for the BCF was submitted to NHS England on 28th June 2023, and we are awaiting feedback from the assurance process. Once this has been received the report will come to the Health and Wellbeing Board for retrospective approval.

Does this report contain any information that is exempt from publication?

No.

Recommendation(s): The Committee is asked to:
Approve the 2022-23 Better Care Fund Year-end template

The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	<p>The priorities for 2022-23 build on our progress to date, and reflect system transformation priorities.</p> <p>The BCF continues to support a joined-up approach to integration across health, care, housing and other agencies such as the voluntary sector to support people to live independently at home.</p> <p>The BCF funding has been used to deliver a wide range of services and new functionality that support integrated approaches e.g. integrated care teams, sharing data across organisational boundaries, integrated approaches to hospital discharge.</p> <p>The development of joint commissioning and the Collaborative Commissioning and Planning Framework have underpinned the view that the BCF will become a key driver for transformation and integration. This will support the developing approach to enable Place Based Partnerships to develop and deliver community-facing integrated care,</p>
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	

	joining up community services across sectors and working with community leaders.
<p>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</p> <p>The schemes and services that form the Better Care Fund plan include care coordination and multi-disciplinary health and care planning. This should include meeting mental health needs as part of proactive care pathways and hospital discharge planning.</p> <p>This has been strengthened by the maturing Place Based Partnership (PBP) in its ability to build further integration and joined up system working and delivery of holistic health and care.</p>	

1. Reasons for the decision

1.1 To seek formal approval of the 2022-23 Better Care Fund Year-end Template

2. Other options considered and rejected

2.1 N/A

3. Risk implications

3.1 N/A

4. Financial implications

4.1 N/A

5. Procurement implications

5.1 N/A

6. Equalities implications

6.1 N/A

7. Any further implications

7.1 N/A

8. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

8.1 N/A

9. Published documents referred to in this report

9.1 N/A