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NOTTINGHAM CITY COUNCIL
EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE

Date: Wednesday, 12 March 2014

Time: 2.00 pm

Place: LB31 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Deputy Chief Executive/Corporate Director for Resources

Constitutional Services Officer: Zena West, Constitutional Services Officer, Tel: 01158764305 **Direct Dial:** 01158764305

AGENDA **Pages**

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

NOTTINGHAM CITY COUNCIL

EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 January 2014 from 14.00 - 14.17

Voting members:

✓	Councillor Dave Liversidge (Chair)	Portfolio Holder for Commissioning and Voluntary Sector
	Councillor David Mellen (Vice Chair)	Portfolio Holder for Children's Services
✓	Councillor Jon Collins	Portfolio Holder for Strategic Regeneration and Community Safety
✓	Councillor Nicola Heaton	Portfolio Holder for Community Services
✓	Councillor Dave Trimble	Portfolio Holder for Leisure and Culture

Non-voting members:

	Safdar Azam	Nottingham Equal
✓	Helen Kearsley-Cree	Nottingham Community and Voluntary Service (NCVS)
✓	Councillor Alex Norris	Chair of Health and Wellbeing Board
✓	Shamsher Chohan	Nottingham Equal (Substitute for Safdar Azam)

✓ indicates present at meeting

Colleagues, partners and others in attendance:

Zena West	-	Constitutional Services Officer
Irene Andrews	-	Market Development Programme Manager
Katy Ball	-	Head of Early Intervention and Market Development
Anna Coltman	-	Policy Officer
Antony Dixon	-	Strategic Commissioning Manager
Rachel Doherty	-	Partnership Manager
Liz Jones	-	Head of Corporate Policy
Jo Pettifor	-	Strategic Procurement Manager

Call-in
Unless stated otherwise, all decisions are subject to call-in and cannot be implemented until 27 January 2014.

70 APOLOGIES FOR ABSENCE

Councillor David Mellen – attending the Education Partnership Conference
Alison Michalska – attending the Education Partnership Conference
Candida Brudenell – attending the Education Partnership Conference

71 DECLARATIONS OF INTEREST

None.

72 MINUTES

The Committee confirmed the minutes of the meeting held on 11 December as a correct record and they were signed by the Chair.

73 VOLUNTARY SECTOR UPDATE

Helen Kearsley-Cree presented an update to the Committee, including the following information:

(a) NCVS would soon be starting work on refreshing the Compact, which Commissioning and Procurement will play a big part of.

(b) NCVS has two established forums, which can be linked in with upcoming Strategic Commissioning Reviews: The Children and Young People's Provider Network and the Vulnerable Adults Provider Network. Currently, the Community Partnership Forum helps to drive BME (Black and Minority Ethnic) Service delivery, so the forums can be very useful tools.

74 WORK PROGRAMME

Antony Dixon, Strategic Commissioning Manger, presented the work programme for the Committee for the period February 2014 – April 2014.

RESOLVED to note the provisional agenda items shown below:

12 February 2014	**2014/15 Strategic Commissioning Intentions** **Health Improvement Strategic Commissioning Review** **Communities of Identity Commissioning (Established Communities)**
12 March 2014	**Better Care Fund 2014/15 Plan (Integration Transformation Fund)** **Residential Care Commissioning Proposals and Pricing**
9 April 2014	**Child Development Strategic Commissioning Review**

75 DISCRETIONARY EMERGENCY HARDSHIP SCHEME

Liz Jones, Head of Corporate Policy, presented the report to the Committee, highlighting the following points:

(a) The Discretionary Emergency Hardship Scheme was introduced in April 2013, with very tight criteria with a focus on responding to emergencies.

(b) The scheme was amended in September and October 2013, to increase flexibility and increase demand.

(c) The changes to the scheme recommended in the report involve including hardship in the focus, increasing the frequency that people are allowed to apply for the scheme, making individual awards more generous, widening the criteria for items required to set up a new home, and allowing those on "in work" benefits to apply for the scheme,

(d) Access to the scheme will be widened, to mirror the way food banks operate. In addition to the current access routes, referral agencies such as Advice Nottinghamshire and Welfare Rights will be able to issue vouchers to citizens. Referrals will be monitored for appropriateness, and there is an expectation that any citizen referred will also be provided with more long term help by the referral organisation.

(e) The next stage is to look at how the scheme can be extended, as funding is for a set period until March 2014. The government has confirmed that this funding will not be continued in 2015/16.

Further information was provided following questions and comments from the Board:

(f) Any monitoring of referrals would not impact the individuals referred, or add extra steps to the process, The monitoring would be of the referral agencies. Inappropriate referrals will be considered as part of the forthcoming review of advice provision.

(g) The original report and recommendation stated that this decision is not subject to call-in. This was an error, the decision and resolution are subject to call-in and as such cannot be enacted until 27 January 2014.

RESOLVED to approve the following amendments to the Discretionary Emergency Hardship Scheme for the City of Nottingham:

(1) Up to 3 awards for hardship support in a 12 month period, and 1 award of household support (household goods), with discretion for a further household support award in exceptional circumstances, can be made;

(2) Awards for financial support can be extended up to 7 days for both food and utility supplies (gas and electricity);

(3) Financial support levels for gas and electric will increase during winter months to reflect increased need;

(4) A wider range of household items will be available for household support based on need and discretion (i.e. to include table and chairs, sofa etc.);

(5) Remove the emphasis in the scheme on emergency/crisis, and focus the scheme on responding to hardship;

(6) Open the eligibility to include households that are in receipt of "in work" benefits such as working tax credit;

(7) Expand how people access the scheme, enabling direct referrals from recognised agencies and professionals.

Reasons for decision

The level of demand for the Scheme during 2013 has not matched the anticipated levels. The original eligibility criteria have been reviewed and it is proposed that the scheme is amended to ensure that is responds more flexibly to hardship and places less emphasis on the need to demonstrate emergency and/or crisis in order to better meet the needs of households experiencing hardship in Nottingham.

Other options considered

Not to amend the scheme. This would result in access to the scheme remaining low, and would risk: the use of disreputable door step lenders by vulnerable citizens, the health and wellbeing of citizens, an increased demand for other City Council services such as homelessness services and family support and advice services, increased reliance on already stretched voluntary services such as food banks. For this reason, this option was rejected.

76 STREAMLINING INVESTMENT TO THE VOLUNTARY AND COMMUNITY SECTOR: GRANT FUNDING PROGRESS SO FAR

Irene Andrews, Market Development Programme Manager, presented the report to the Committee. The draft Funding Document has been approved at a previous meeting of the Executive Board Commissioning Sub-Committee, and has been out for consultation since July 2013. The final version has now come back to the Executive Board Commissioning Sub-Committee for approval.

RESOLVED to agree the "VCS Grant Funding Progress So Far…" funding document, in order to formally record the streamlined model of Grant Funding.

Reasons for decision

To continue to build on the relationship between Nottingham City Council and the VCS, and to document the progress so far to Streamlining Investment to the VCS.

Other options considered

Not to present progress. The absence of a documented progress may result in inconsistent Grant processes developing. For this reason, this option was rejected.

77 QUALITY AND COMMISSIONING PROCUREMENT PLAN 2013-2016

Jo Pettifor, Strategic Procurement Manager, presented the report to the Committee, highlighting the following points:

(a) This is a six-monthly update, and the 4th report to come to the Executive Board Commissioning Sub-Committee since May 2012.

(b) Some major projects have been included since the last report, including the addition of Public Health procurement intentions.

(c) A lot of the themes in the Procurement Plan are aligned with previous Strategic Commissioning Intention (SCI) Reviews from the last 4 years.

RESOLVED to note:

(1) the Quality and Commissioning Procurement Plan 2013-16;

(2) that the Plan is indicative of planned procurement activity and timescales, which may be subject to change dependent on the findings of Strategic Commissioning Intention Reviews, and that there will be full consideration of the procurement options for each service during this process.

Reasons for decision

The need for a robust plan of procurement activity across all contract areas was highlighted during the process of planning the Quality and Commissioning SCI programme and aligning existing contracts with these reviews. The Procurement Plan provides a tool for joint planning and working between the Strategic Commissioning and Procurement Teams and ensuring procurement activity is embedded with the SCI programme.

The Procurement Plan assists compliance with the Public Procurement Regulations and the Contract Procedure Rules of the Council's Financial Regulations by enabling procurement activity to be planned and undertaken within the duration of existing contracts.

The Plan provides information for internal and external stakeholders about planned procurement activity, and facilitates joint working on these projects. It allows other service departments (such as Legal Services) to include support activities for this process in their work plans and will present to stakeholders a clear, transparent and robust process of procurement planning aligned with the Strategic Commissioning cycle.

The Plan provides a tool for Strategic Procurement and Public Health Contracts Teams to plan procurement activity alongside other work priorities, which include contract management across a range of contract categories.

Other options considered

Do nothing. This would impact on the alignment of procurement activity within the programme of SCI Reviews within the Quality and Commissioning Directorate. It would risk non-compliance with the Council's Contract Procedure Rules and Financial Regulations through contracts needing to be extended beyond their expiry date, due to SCI Reviews and tendering activity not being undertaken. For this reason, this option was rejected.

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Issue *(Insert the likely title of report – ensure that this title makes it clear, to the public, what is being decided)*	**Who will decide and date of decision?** (*Insert Executive Board Sub-Committee meeting)*	**Documents to be considered** *(usually report to Board and / or Council)*	**Who will be consulted and how?** *(Clarify consultation undertaken and planned and HOW this has / will be done. Include any consideration by Overview and Scrutiny Committee or Select Committees)*	**From whom can further information be obtained and representations made / deadline for representations?** *(Insert FULL contact details – name, title, department, full address, full telephone number and e-mail address of Contact Person – ideally one officer)*
APRIL MEETING				
Residential Care Commissioning Proposals & Pricing	16 April	Report	Portfolio Holder	Steve Oakley Head of Quality & Efficiency Nottingham City Council 0115 8762836 steve.oakley@nottinghamcity.gov.uk

Issue *(Insert the likely title of report – ensure that this title makes it clear, to the public, what is being decided)*	**Who will decide and date of decision?** (*Insert Executive Board Sub-Committee meeting)*	**Documents to be considered** *(usually report to Board and / or Council)*	**Who will be consulted and how?** *(Clarify consultation undertaken and planned and HOW this has / will be done. Include any consideration by Overview and Scrutiny Committee or Select Committees)*	**From whom can further information be obtained and representations made / deadline for representations?** *(Insert FULL contact details – name, title, department, full address, full telephone number and e-mail address of Contact Person – ideally one officer)*
JUNE MEETING				
Financial Vulnerability Advice & Assistance Progress Update	11 June	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk
Public Health Procurement Plan	11 June	Report	Portfolio Holder	Alison Challenger Deputy Director Public Health Nottingham City Council 0115 8765105
Child Development SCR	11 June	Report	Portfolio Holder	Colin Monckton Head of Commissioning & Insight Nottingham City Council 0115 8764832 colin.monckton@nottinghamcity.gov.uk
Health Improvement SCR Progress Update	11 June	Report	Portfolio Holder	Alison Challenger Deputy Director Public Health Nottingham City Council 0115 8765105

Issue *(Insert the likely title of report – ensure that this title makes it clear, to the public, what is being decided)*	**Who will decide and date of decision?** (*Insert Executive Board Sub-Committee meeting)*	**Documents to be considered** *(usually report to Board and / or Council)*	**Who will be consulted and how?** *(Clarify consultation undertaken and planned and HOW this has / will be done. Include any consideration by Overview and Scrutiny Committee or Select Committees)*	**From whom can further information be obtained and representations made / deadline for representations?** *(Insert FULL contact details – name, title, department, full address, full telephone number and e-mail address of Contact Person – ideally one officer)*
JULY MEETING				
Voluntary Sector Infrastructure Contract Progress Update	16 July	Report	Portfolio Holder	Katy Ball Head of Market Development & Early Intervention Nottingham City Council 0115 8764814 Katy.ball@nottinghamcity.gov.uk
Health Improvement Review Commissioning Progress Update	16 July	Report	Portfolio Holder	Alison Challenger Deputy Director Public Health Nottingham City Council 0115 8765105 Alison.challenger@nottinghamcity.gov.uk
Youth Provision Progress Update	16 July	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk

Issue *(Insert the likely title of report – ensure that this title makes it clear, to the public, what is being decided)*	**Who will decide and date of decision?** (*Insert Executive Board Sub-Committee meeting)*	**Documents to be considered** *(usually report to Board and / or Council)*	**Who will be consulted and how?** *(Clarify consultation undertaken and planned and HOW this has / will be done. Include any consideration by Overview and Scrutiny Committee or Select Committees)*	**From whom can further information be obtained and representations made / deadline for representations?** *(Insert FULL contact details – name, title, department, full address, full telephone number and e-mail address of Contact Person – ideally one officer)*
SEPT MEETING				
Children In Care Contracts Commissioning	Sept	Report	Portfolio Holder	Katy Ball Head of Market Development & Early Intervention Nottingham City Council 0115 8764814 Katy.ball@nottinghamcity.gov.uk
Financial Vulnerability Advice & Assistance Commissioning Intentions	Sept	Report	Portfolio Holder	Antony Dixon Strategic Commissioning Manager Nottingham City Council 0115 8763491 antony.dixon@nottinghamcity.gov.uk

Issue *(Insert the likely title of report – ensure that this title makes it clear, to the public, what is being decided)*	**Who will decide and date of decision?** (*Insert Executive Board Sub-Committee meeting)*	**Documents to be considered** *(usually report to Board and / or Council)*	**Who will be consulted and how?** *(Clarify consultation undertaken and planned and HOW this has / will be done. Include any consideration by Overview and Scrutiny Committee or Select Committees)*	**From whom can further information be obtained and representations made / deadline for representations?** *(Insert FULL contact details – name, title, department, full address, full telephone number and e-mail address of Contact Person – ideally one officer)*
OCT MEETING				
Voluntary Sector Infrastructure Contract Commissioning Intentions	Oct	Report	Portfolio Holder	Katy Ball Head of Market Development & Early Intervention Nottingham City Council 0115 8764814 Katy.ball@nottinghamcity.gov.uk

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EXECUTIVE BOARD – COMMISSIONING SUB-COMMITTEE
12 MARCH 2014

Subject:	Communities of Identity Commissioning (Established Communities)		
Director(s):	Candida Brudenell - Director Quality and Commissioning		
Portfolio Holder(s):	Councillor Liversidge, Portfolio Holder for Commissioning and the Voluntary Sector		
Report author and contact details:	Louise Graham – Programme Manager, Resources, Tel: 0115 876 2177 Karla Kerr – Market Development Project Officer, Tel: 0115 876 4796		
Key Decision ☒ **Yes** ☐ **No**			
Reasons: Expenditure ☐ Income ☐ Savings ☐ of £1,000,000 or more taking account of the overall impact of the decision		Revenue ☐ Capital ☐	
Significant in terms of its effects on communities living or working in an area consisting of two or more wards in the City		Yes ☒ No ☐	
Subject to call-in ☒Yes No ☐		**Total value of the decision: £0**	
Relevant Council Plan Strategic Priority:		**Wards affected: All**	
World Class Nottingham	☐		
Work in Nottingham	☒	**Date of consultation with Portfolio Holder(s):** 5 November 2013 16 December 2013 21 January 2014 25 February 2014	
Safer Nottingham	☐		
Neighbourhood Nottingham	☒		
Family Nottingham	☒		
Healthy Nottingham	☒		
Leading Nottingham	☐		

Summary of issues (including benefits to citizens/service users):
On 10 July 2013 the Executive Board Commissioning Sub-Committee agreed to move to a more streamlined model of grant funding for Communities of Identity (COI) and agreed to commission lead organisations to deliver outcomes for each of the priority groups. The benefits of this include greater transparency and accessibility for the COI, an outcomes-based system that clearly demonstrates impact and the opportunity to respond to the diversity of Nottingham City.
This reports recommends:

- Nottingham Equal and the Pakistan Centre as joint Lead Organisations for the Established City Wide Communities priority.

Recommendation(s):

1. Agree Nottingham Equal and the Pakistan Centre to be the joint Lead Organisations for the priority group Established Communities

1 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

1.1 Historically, a number of different grant programmes to COI were administered by Nottingham City Council. The grant programmes had been run in a range of different ways and had been in place for up to 20 years in some cases. During that time, there have been a number of new and emerging communities who have not been able to access this support.

1.2 Five applications were received against the three priority groups. After initial assessment and scoring of applications Gender and Sexual Orientation and New and Emerging / Refugee and Asylum Seeker priorities were able to be considered by the Grant Panel and recommendations made in December 2013. However, the applications for the priority of Established Communities were not. A re-submission under the priority of Established Communities was requested and new applications received.

1.3 The Grant Funding process was agreed by Executive Board Commissioning Sub-Committee in July 2013. The Grant Panel met on February 25 2014 to evaluate applications and recommend the Lead Organisation to Executive Board Commissioning Sub-Committee. Using feedback from the VCS and learning from previous grant panels the Panel included the Director for Quality and Commissioning at Nottingham City Council; a VCS Grant Team representative from Nottingham City Council, a Community Cohesion representative from Nottingham City Council, two black, Asian and minority ethnic VCS Advocates and the Portfolio Holder for Commissioning and Voluntary Sector.

2 REASONS FOR RECOMMENDATIONS

2.1 The Grant Panel considered two applications. Both applications presented different offers and supported different organisations and communities. Both applications scored identically in a fair and transparent assessment process against the priority outcomes, value for money and community cohesion.

2.2 Due to the different offers and the scoring it is recommended that both organisations act as Leads for their partnerships for a period of 12 months only, until 31 March 2015. During this time, the Leads will be supported to work together in readiness for 2015-2016.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 To fund only one organisation was not appropriate in this instance as the assessment process resulted in both organisations scoring identically.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 This report has no financial implications as funding was agreed at Executive Board Commissioning Sub-committee on 11 December 2013. This is financed from existing budget provision.

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

5.1 Based on the information provided in the report there are no significant legal issues however to ensure grant recipients are accountable to the Council for the funding provided appropriate grant conditions must be put in place to include monitoring, reporting and claw back provisions.

5.2 It is envisaged that the new funding arrangements will promote community cohesion and therefore have a positive impact on crime and disorder.

6 SOCIAL VALUE CONSIDERATIONS

6.1 These proposals support Nottingham City Council's approach to social and environmental well-being in connection with public service contracts for the VCS by requiring community groups to share space and work in partnership or to form consortia. This work will contribute to an increase and improvement in social and community cohesion and will help to foster a greater understanding and respect between communities and cultures.

7 REGARD TO THE NHS CONSTITUTION

7.1 Not applicable.

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 An EIA has been produced and updated to reflect the recommendations within this report.

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

9.1 None.

10 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

10.1 Executive Board Commissioning Sub-Committee Report July 2013 – Communities of Identity Grant Funding

10.2 Executive Board Commissioning Sub-Committee Report December 2013 - Communities of Identity Commissioning

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Geoff Walker – Head of Departmental Finance Support

11.2 Andrew James - Team Leader Contracts and Commercial

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EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE
12 March 2014

Subject:	**Better Care Fund**		
Corporate Director(s)/ Director(s):	Alison Michalska Corporate Director Children & Families		
Portfolio Holder(s):	**Councillor Norris**		
Report author and contact details:	Antony Dixon, Strategic Commissioning Manager – 0115 8763491 antony.dixon@nottinghamcity.gov.uk		
Key Decision	☒ Yes ☐ No	**Subject to call-in**	☒ Yes ☐ No
Reasons: ☒ Expenditure ☐ Income ☐ Savings of £1,000,000 or more taking account of the overall impact of the decision		☒ Revenue ☐ Capital	
Significant impact on communities living or working in two or more wards in the City		☐ Yes ☐ No	
Total value of the decision: £1.292m			
Wards affected: All		**Date of consultation with Portfolio Holder(s): 13 February**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒

Summary of issues (including benefits to citizens/service users):
This paper provides Committee with context in relation to the establishment of the Better Care Fund (BCF) as an enabler to deliver the integration agenda at scale and paste. It sets out national guidance and performance expectations in relation to the Fund and associated sign-off and governance requirements

Exempt information:
None

Recommendation(s):

1 To approve the Better Care Fund plan for 2014/15 and 2015/16 as detailed in appendix 1 and 2 as required by the NHS England Regional Team.

2 To approve the allocation of the additional £1.292m BCF funding in 2014/15 to be transferred from Nottingham Clinical Commissioning Group (CCG) via a Section 256 agreement as detailed in Appendix 3.

3 To approve external spend to the value of £0.447m as detailed in Appendix 3.

4 To approve the re-allocation of BCF funding (previously known as NHS Transferred Funding) totalling £0.840m against the services detailed in Appendix 4

1 REASONS FOR RECOMMENDATIONS

1.1 The Fund provides for £3.8 billion worth of funding nationally (£23.2m 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. In 2014/15, in addition to the £900m (£5.81m Nottingham City) transfer already planned from the NHS to adult social care, a further £200m (£1.292m Nottingham City) will transfer to enable localities to prepare for the Better Care Fund in 2015/16. For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to Councils that have jointly agreed and signed off two-year plans for the Better Care Fund (BCF).

1.1.1 Appendix 1 and 2 details the Nottingham BCF in the template format that is required by NHS England. This document is required to be formally signed off by the Health and Well-being Board

1.1.2 The additive elements of the Nottingham BCF are as follows:

- Care Coordination Service to support the Care Deliver Groups
- Expansion of Health and Care Point
- Support 7 Day working across primary care
- Development of the Tele-health programme
- Mental Health In-reach Discharge Coordinators

1.2 It is a stipulation of the fund that Councils should use the additional £200m (£1.292m for Nottingham City) to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan. This is important, since some of the performance-related money is linked to performance in 2014/15.

1.3 Approval is required to spend an element of the £1.292m additional funding on external provision. Contracts are already in place for these elements.

1.4 An internal budget transfer is required to ensure continuation of funding for previously NHS funded services which are still strategically relevant but do not directly contribute to delivery of BCF priorities. These services have been substituted by other areas of provision not previously funded via this route

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Over the past four years, funding from the Department of Health has been passed, via local NHS commissioners (previously the Primary Care Trust, now, following NHS Reform, a combination of the Clinical Commissioning Group and NHS England Area Team). Funding streams have included: additional support funding for social care; improving and sustaining performance on access (primarily to hospital services); and reablement support. Each funding stream has typically come with guidance about use of the funding, which has informed the development of local agreements between the NHS and Local Authority about use of the funding. These agreements are termed “Section 256” Agreements as they are made under the terms of Section 256 of the National Health Service Act 2006.

2.2 Following NHS Reform, a proportion of the funding for 2013/14 is covered by a Section 256 Agreement between the Clinical Commissioning Group (CCG) and Council. In the June 2013 spending round covering 2015/16 a national £3.8 billion "Integration Transformation Fund" was announced. This fund, established by the Department of Health, is to be held by local authorities and will include funding previously transferred by local NHS commissioners to the Council under Section 256 Agreements.

2.3 Guidance on developing plans for the Better Care Fund (formerly the Integration Transformation Fund) were published by both NHS England and the Department of Communities and Local Government on 20th December 2013 along with local allocations of the first full year of the fund in 2015/16.

2.3 What is the Better Care Fund? The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

2.4 The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing.

2.5 Nottingham City's approach to implementing the Better Care Fund Principles. A sub group made up of CCG and LA members has been meeting on a weekly basis to agree principles that will ensure a consistent and transparent approach to the allocation of the better care funds. It was agreed that the overarching principles of the BCF should:

- Support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others;
- Acknowledge the extent of integrated commissioning and service delivery already in place, and where applicable use the Fund to formalise what is already in place;
- Acknowledge that the Fund does not represent "new" money flowing into the local health and social care system;
- Utilise the Integrated Programme Board for operational systems and processes to ensure engagement and consistent feed through.
- Utilise The Health and Wellbeing Commissioning Executive Group to strategically oversee performance and outcomes of the fund.
- Work towards achieving the national metrics to:-
    - Reduce Length of Stay
    - Improve Delayed Transfers of Care
    - Reduce emergency admissions
    - Remain at home after 90 days after re-ablement

2.6 National Conditions. The Spending Round established six national conditions for access to the Fund:

National Condition	Definition
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups.
Protection for social care services (not spending)	Local areas must include an explanation of how local adult social care services will be protected within their plans.
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends.
Better data sharing between health and social care, based on the NHS number	Local areas should confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to.
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	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals.

2.7 The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with the following conditions:

- "The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.
- A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between NHS England, clinical commissioning groups and councils on how the funding should be spent,

as part of their wider discussions on the use of their total health and care resources.

- In line with our responsibilities under the Health and Social Care Act, an additional condition of the transfer is that councils and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
- A further condition of the transfer is that local authorities councils and clinical commissioning groups demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer"

2.8 From 2015/16 it is anticipated that Nottingham City Council will have responsibility for administering the pooled BCF budget. Funding for Nottingham City Council elements of the BCF (not already paid directly to the Council) in 2014/15 will be required to be transferred from the CCG to the Council by means of a Section 256 Agreement (as in previous years).

2.9 The BCF Plan was presented to the Health & Well-being Board on February 25 2014. Board approved submission of the Plan

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 In developing the Nottingham Better Care Fund commissioners had regard to the national guidance and expectations issued by NHS England and the agreed outcomes contained within the Nottingham Health and Well-being Strategy and the Integrated Care Programme. These criteria were used to inform how the additive elements of the Fund should be allocated recognising that the Fund is predominantly comprised of existing allocated funding. As such alternative options for use of the fund were not considered. Despite the 'new' element of the Fund comprising only 5% the commissioners will deliver efficiencies to enable the additive elements of the Nottingham BCF to total 18% of available funding.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 For the 2015/16 BCF allocation, proposals were submitted and approved by Health and Wellbeing Board on 26 February 2014. Within these proposals the confirmed allocation of funding is £23.2m however, the total value of schemes was valued at £24.04m. The report identified that further negotiation is required by partners to meet the 2015/16 BCF allocation of £23.2m. Finalisation of the 2015/16 BCF allocation and schemes will need to be aligned to the MTFP and presented back to EBCSC for further approval.

4.2 Table 1 below details the elements that form the BCF allocation for Nottingham City for 2014/15 and 2015/16. The financial implications requiring approval within this report relate to items 1 and 2 of Table 1 below.

TABLE 1 - NOTTINGHAM CITY BETTER CARE FUND ALLOCATION					
		2014/15		2015/16	
		Revenue (£m)	Capital (£m)	Revenue (£m)	Capital (£m)
1	Existing Agreed Value of Transfer from Health to Social Care	5.812		5.812	
2	Additional Transfer from Health to Social Care	1.292		1.292	
3	Carers' Break Funding Allocation	0.819		0.819	
4	Reablement Funding Allocation	1.891		1.891	
5	Additional Allocation of Health Funding			11.600	
6	Disabled Facilities Grant and Social Care Capital Grant		1.876		1.876
	Sub-Total	**9.814**	**1.876**	**21.414**	**1.876**
	Total	**11.690***		**23.290***	

***** Figures align to latest NHS England funding allocations.

4.3 Table 1 Item 2 - £1.292m in 2014/15
Appendix 3 details the proposed allocation of the additional £1.292m transferred funds. The elements within this are:

- Total allocation and approval of schemes to the value of £1.292m.
- Approve spend on external contracts to the value of £0.447m.
- Staffing expenditure is a non executive decision and therefore will be subject to the appropriate officer approval process.
- Spend associated with 'Maintaining Eligibility Criteria' will be approved through the council's scheme of delegation for adults care packages.

4.4 Table 1 Item 1 - £5.812m in 2014/15.
The allocation and use of the £5.812m was approved at Executive Board Commissioning Sub-Committee on 27 March 2013 and 16 October 2013. A summary of this is set out in Appendix 4 (that supports recommendation 4) and shows the element of the proposed reallocation of schemes to be supported by the BCF.

4.5 The reason for the realignment is to due to schemes previously funded under the Health Transferred Funding, do not now align to the priorities of the BCF. This requires the BCF to be allocated against existing service provision funded from within the Council's Medium Term Financial Plan (MTFP) and the release of the Council's budget to support the previously Health Transfer Funded schemes.

4.6 This funding arrangement will be reviewed and actioned on an annual basis to ensure alignment to the BCF, the Council's priorities and the MTFP.

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

5.1 **Performance Related Pay**
The Spending Round indicated that £1bn of the £3.8bn would be linked to achieving outcomes. For Nottingham City this equates to approximately £6m. Ministers have agreed the basis on which this payment-for- performance element of the Fund will operate.

5.1.1 Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and locally determined metrics.

5.1.2 The (national) performance payment arrangements are summarised in the table below:

When:	**Payment for performance amount**	**Paid for:**
April 2015	£250m	• Progress against four of the national conditions: • protection for adult social care services • providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends • agreement on the consequential impact of changes in the acute sector; • ensuring that where funding is used for integrated packages of care there will be an accountable lead professional
	£250m	Progress against the local metric and two of the national metrics: • delayed transfers of care; • avoidable emergency admissions; and
When:	**Payment for performance amount**	**Paid for:**
October 2015	£500m	Further progress against all of the national and local metrics.

5.2 **Nottingham City Better Care Fund metrics**
The following table details the performance aspirations for Nottingham against each of the agreed national metrics. These targets have been developed based on guidance issued by NHS England and are subject to approval by the Regional Team

NHS Outcomes Framework	
Metrics	**How we will measure this**
• 4% increase of people feeling supported to manage their (long term)condition • 13% Reduction in admissions to residential and care homes; • 6% increase in the effectiveness of reablement; • 5% Reduction in delayed transfers of care; • 10% Reduction in avoidable emergency admissions • Patient Experience metric (TBA).	• Non-elective admissions aged 65+ per 1,000 pop 65+ • Non-elective bed days aged 65+ per head of 1,000 pop 65+ • Non-elective re-admission rate within 30 days • Non-elective re-admission rate within 90 days • Excess winter deaths for over 65s • No of delayed transfer of care days aged 18+ per 100,000 pop • Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation • Proportion of people aged 65+ discharged direct to residential care • Outcome of short-term support to maximise independence for new and existing clients (STS002a/b) • Permanent admissions to residential / nursing care aged 65+ per 100,000 pop 65+ • Count of clients receiving long-term services (LTS001a)

5.3 To ensure that the performance expectations are delivered a performance dashboard will be created and monitored via the Health and Wellbeing Commissioning Executive Group (HWBCEG). A joint programme Manager post will have the responsibility for ensuring the necessary performance and outcomes are delivering against the agreed metrics, with the HWBCEG providing oversight and guidance, feeding into the Health and Wellbeing Board through quarterly reports. Joint service specifications with clear performance expectations will also be developed for all BCF funded service areas.

5.4 Legal services will assist the commissioning team as required to finalise the Section 256 agreement which is the legal mechanism for the transfer of Health funds to the Council. To mitigate the risk of the performance related payments being withheld the Council must ensure that appropriate provisions are included in its commissioning contracts.

6 SOCIAL VALUE CONSIDERATIONS

6.1 Consideration will be given to how new BCF funded provision could improve the economic social and environmental well-being in Nottingham. By virtue of the integrated nature of services being developed, social improvements are expected to be delivered, particularly for those receiving services. Supporting local communities to better care for their residents is a cornerstone of the

Integrated Adult Care Programme. It is anticipated that a proportion of efficiencies generated from closer integration will in future be made available to pump prime an expansion of community provision.

7 REGARD TO THE NHS CONSTITUTION

7.1 Not applicable

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 Due regard has been given to the equality implications identified in the attached EIA. (appendix 5)

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

9.1 None

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

10.1 None

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Jo Williams – Integrated Adult Care Programme Manager, Nottingham CCG

11.2 Maria Principe – Director Primary Care & Service Integration, Nottingham CCG

11.3 Andrew James – Team Leader, Legal, Nottingham City Council

11.4 Darren Revill – Finance Analyst, Nottingham City Council

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Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Nottingham City**
Clinical Commissioning Groups	**NHS Nottingham City**
Boundary Differences	**Boundary is coterminous with the City Council**
Date agreed at Health and Well-Being Board:	**26th February 2014**
Date submitted:	**14th February 2014**
Minimum required value of ITF pooled budget: 2014/15	**£10.01**
2015/16	**£24.0**
Total agreed value of pooled budget: 2014/15	**£24.0**
2015/16	**£24.0**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Dawn Smith
Position	Chief Operating Officer
Date	

Signed on behalf of the Council	
By	Alison Michalska
Position	Corporate Director of Children and Adult Services
Date	

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Alex Norris
Date	

c) Service provider engagement
Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

BCF funds now form part of the Integrated Care Programme which has senior sponsorship from Ian Curryer Chief Executive Nottingham City Council, and Dawn Smith, Chief Operating Officer NHS Nottingham City CCG. To ensure operational compliance health and social care providers are involved with this programme via the following groups:-

- The Health and Wellbeing Board
- Health and Wellbeing Commissioning Executive Group (CEG)
- Weekly Better Care Funding sub groups
- The Strategy and Implementation Group for Nottinghamshire South (SIGNS)
- The Urgent Care Board
- The Collaborative Commissioning Congress
- The Integrated Care Programme Board

The Integrated Care Programme aligns with the national agenda for integrating health and social care in which Nottingham City stakeholders and citizens have come together to develop a local vision and programme structure, overseen by a joint board comprising of executive leads from both provider and commissioning organisations under the scrutiny and oversight of the Health and Wellbeing board.

d) Patient, service user and public engagement
Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

During the analysis phase of the Programme detailed engagement with citizens and carers took place to understand the issues, concerns and strengths of the current health and social care system. This information was used to shape the integrated care model which is now being implemented with on-going newsletters and documentation keeping stakeholders updated with progress.

An engagement plan to ensure that citizens are involved in decision making throughout implementation of the programme is now in place with discussions underway with 'Healthwatch' Re: mechanisms to support the on-going planning processes.

Discussions have been held with HWB3 – the VCS engagement mechanism of the Health & Well-being Board – in relation to the objectives of the Nottingham BCF, the additive elements and how the VCS can be better involved in the Integrated Care programme moving forward

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Integrated Care Programme Plan	**Detailed Programme plan describing the new model of integrated care and the projects established to deliver the vision.**
Health and Wellbeing Strategy	**Priority 2 describes Integrated Care and how the Health and Wellbeing Board will monitor outcomes of the planned changes to the health and social care system**
BCF Reconciliation Plan	**Provides detailed breakdown of projects.**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our Vision is to improve the experience of and access to health and social care services for citizens. More citizens will report that their quality of life has improved as a result of integrated health and care services. The number of citizens remaining independent in the community, including after hospital admission will increase with improved and seamless transfers of care.

To deliver this vision we will undertake an extensive system wide Programme of change that will see local services reshaped to deliver joined up care. The emphasis will be on a more generic model of care across the health and social community rather than single-disease specific care pathways. In approaching care in this way we are able to ensure patients are managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.

The changes will involve the following:-

- Agree the configuration of Care Delivery Groups which incorporates groups of GP practices.
- Reconfigure community services to establish neighborhood care teams that work within the care delivery groups.
- Reconfigure primary care services to share clinical and back office functions
- Reconfigure social care assessment to support the Care Delivery Groups.
- Reconfigure intermediate care services, crisis response and LA reablement and emergency home care services to support independence pathways.
- Align specialist LTC support services to support Care Delivery Groups as appropriate
- Support general practice to provide an early intervention and proactive approach to the management of people with LTCs (including the frail elderly)
- Increase operational delivery to 7 days a week
- Utilize assistive and information Technology

Our vision is shaped by, and continues to be shaped by our citizens and our staff. As an integrated programme of work our citizens will find that:-

- Access to services will be less complex through single points of access and use of web based information allowing self-access
- People will only tell their story once as assessment functions are joined up and information is shared across health and social care
- Citizens will have greater choice and control over their lives and greater support in self care.
- People will have greater self-awareness of how to improve their own health and wellbeing through prevention and healthy lifestyles

- Local communities and individuals will be healthier, live longer and more independently. They will be supported to live with risk and will be less reliant on statutory services
- Hospitals and long term care will be last resorts and only when there is an absolute need that cannot be met outside of these environments
- Organisations will be joined up and will work together to share resources and learning

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The long term aim of Nottingham City CCG and Nottingham City Council is that through integrated strategies citizens will see a transformed health and social care system. This will be achieved by:

- removing false divides between physical, psychological and social needs
- focussing on the whole person not the condition
- supporting citizens to thrive, creating independence not dependence;
- being tailored to overall need - hospital will be a place of choice, not a default; and
- not incuring delays, people will be in the best place to meet their needs

These aims will be delivered by the following objectives:-

- Develop community health services with social care support linked to groups of GP practices working in geographically proximate areas
- The right care delivered at the right time through Primary care, community services and social care working together in localities; accessing secondary care appropriately.
- Coordinated care through services being delivered by multi-disciplinary teams holding regular MDT meetings.
- Ensure that there is a single person responsible for coordinating the care of citizens with complex needs
- Early identification and intervention of on-going health and social care needs building on risk stratification, risk registers and data held by relevant agencies
- A proactive approach to identify citizens at risk of needing an increased level of care to ensure appropriate support is in place before a crisis situation occurs.
- Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time
- Personalised care planning with access to appropriate specialist support in the community.
- Support to ensure that citizens are empowered to manage their own condition/s
- Support citizens maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services

- Improved transition of care between hospital and community setting.

A performance dashboard will be created and monitored via the Health and Wellbeing Commissioning Executive Group (HWBCEG). The HWBCEG will monitor the following indicators

- Non-elective admissions aged 65+ per 1,000 pop 65+
- Non-elective bed days aged 65+ per head of 1,000 pop 65+
- Non-elective re-admission rate within 30 days
- Non-elective re-admission rate within 90 days
- Excess winter deaths for over 65s
- No of delayed transfer of care days aged 18+ per 100,000 pop
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation
- Proportion of people aged 65+ discharged direct to residential care
- Outcome of short-term support to maximise independence for new and existing clients (STS002a/b)
- Permanent admissions to residential / nursing care aged 65+ per 100,000 pop 65+
- Count of clients receiving long-term services (LTS001a)

The following health gains will be seen across the City:-

- Citizens will report that their quality of life has improved as a result of integrated health and social care services
- Reduction of re-admissions <90 days
- Reduction in Length of Stay for General Medical conditions (Frail elderly, LTC)
- Reduction in avoidable emergency admissions
- Increase of earlier diagnosis of dementia
- An increase of older citizens remaining independent after hospital admission
- An increase in citizens who are satisfied with their care and support

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

This plan fits with the wider approach to improving health and wellbeing in the city and is a key enabler of the Nottingham Plan (Local Authority strategy for wellbeing) and the Clinical Commissioning Groups 3 year commissioning strategy. The key objective of the Better Care Fund proposal is to improve citizens' experience of care through the delivery of more integrated primary, secondary health and social care services.

Integrating care presents significant transitional and operational challenges. In order to realise our overarching benefit of an Integrated Nottinghamshire, there will be a number

of key success factors:

Strong and Deliberative Engagement - Engagement with all our stakeholders is key to making sure that there is a strong sense of ownership of the change. We will have dedicated groups in place to facilitate this, including our Citizens' Panels and engagement workstreams. We will commission an independent communications team that will work with all parties to ensure engagement and communication is carried out effectively for all stakeholders.

Clinical and Organisational Leadership - Leadership is the single biggest contributory factor to the success or failure of a complex change programme. We will ensure our clinicians and leaders are involved. This programme of change will be led by the Health and Wellbeing Board to ensure the integrity of the programme and drive benefits for citizens.

Programme Management - We understand the necessity of rigorous programme management and will ensure this is identified via the ITF plans so we can assure ourselves on the delivery of our plans, management and escalation of our risks and evaluation of our outcomes.

An Integrated Delivery Team - Our delivery teams will include representation from major stakeholder groups, programme management, design, clinical leadership, information, estates and workforce transformation.

Innovative Finance and Contracting - We are considering how to use contracting mechanisms to promote provider collaboration to ensure optimum outcomes for citizens that are also good value for money. We aim to explore new commissioning models such as Capitated and Outcome-Based Incentivised Contracts (COBIC).

Timely access to Data and Systems - All of the interventions proposed require technology enablement. Our organisations are committed to working on sharing data and providing single records for health and social care through Connected Nottinghamshire.

Workforce and Culture - We are committed to delivering a workforce that meets the needs of patients through innovation, inclusiveness and engagement. Strategic direction is provided by the East Midlands Local Education and Training Board (LETB) and Training Council (LETC). Our culture is also one that is hungry for change. Our staff and our citizens see the value of what we are doing and are proud to be a part of such an important transformation.

The delivery of this project will be carried out in the following 3 phases:

Phase One:-
By end January 2014

Workforce

- The following teams will be reconfigured to support the eight Care Delivery Groups:
  - Community Matrons
  - Community Nursing and rehabilitation including support staff
  - Social care assessment (named link)

- The **care coordinator role** will be established an operational from 8am – 8pm, Monday – Friday.
- Champion roles will be established to support teams implementing new ways of working.
- Workforce engagement plan will be in place

Contractual requirements

- Service specification for the care coordinator service will be agreed.
- Service specification for neighbourhood teams will be agreed.
- Agreement re: approach to the 'alignment' of the services supporting the independence pathway model.

Operational processes

Minimum requirements for Operational processes will be in place for the following:

- MDT team meetings (NB this is supported through the risk stratification DES)
- Access to services in scope of the programme including the care coordinator
- Secondary care interface 'choose to admit' and 'transfer to assess'

Access and navigation

- Proposal to simplify access to services and navigation around the health and social care system will be agreed and a detailed implantation plan in place.

IT and estates

- Information sharing agreements across health and social care will be in place**.**
- Relevant health and social care staff will have access to SystmOne and Care First.
- 8 bases for care delivery coordinators will be confirmed.

Secondary Care interface

- Services will be redesigned to support 'choose to admit' and 'transfer to assess'.

By April 2014

Workforce

- The following services will be aligned to support the independence pathway model:

Reablement pathway	Urgent Response Pathway
Intermediate care at home mainstream (CityCare)	Crisis Response service (CityCare)
Intermediate care at home mental health (CityCare)	Nottingham Emergency Homecare Service NEHCS (NCC)
Intake service (NCC)	Through The Night service (NCC)

Contractual requirements

- Assistive technology: A new telehealth service will have been procured and be operational. Telecare expansion to targeted groups will be in place.
- Service specifications to support independence pathway will be agreed.
- The joint venture will be explored as a mechanism to support the independence

pathway model.
- Agreement re: FAQs eligibility and independence pathway processes.

Operational processes
Minimum requirements for Operational processes will be in place for the following with local implementation developed in the CDGs:
  - Case management
  - Key worker role
- Agreement re: criteria for reablement and community beds to support signposting to appropriate pathway.
- Implementation of the self care pathway to support early intervention.
- Agreement re: how social care assessment process will support the independence pathways.
- Plans for the implementation of comprehensive geriatric assessment will be developed.

Access and navigation
- Nottingham Health and care Point will be integrated to support access to integrated services.

IT and estates
- Shared platform for information sharing to be implemented by 'Connecting Nottinghamshire'

Secondary Care interface
- All referrals from the hospital care coordination team will be transferring patients with a description of care needs, appropriate support will be sourced by the community care coordinators.

Phase Two:-

From April 2014
Workforce
- CDG teams will be supported with additional staff to up skill in Long Term Condition management
- Review of specialist services and integration into neighbourhood teams as appropriate
- Review of social care assessment in pathways including the development of trusted assessors.
- Development of shared roles / holistic worker.
- Reconfigure independence pathway teams to support CDGs as appropriate.

Contractual requirements
- Implementation of joint venture to support independence pathway if agreed.

Operational processes
- Formalise processes to support links to housing and the community and voluntary sector, including workforce opportunities.
- The integrated AT service will be established.
- Support for primary care to work in natural communities.

Access and navigation

- Further development to ensure coordinated support with services out of scope of the programme, for example mental health services.

IT and Estates

- Services supporting CDGs will be collocated where possible.

Phase Three:-

- Continued transfer of specialist support as appropriate into CDGs.
- Continued roll out of IT to support integrated care.
- Continued development of holistic worker role
- Continued development of primary care role in CDGs
- Explore the roll out of integration to other service areas, e.g. mental health services.

Complexity - The model incorporates different levels of complexity to ensure a targeted approach and an appropriate response as citizens move between levels requiring different types of support.

- Complex needs requiring an intensive case management approach, citizens at high risk of unplanned hospital admission.
- Complex LTC and/or care needs deterioration can be managed by a low intensity case management/ monitoring approach, moderate risk of hospital admission.
- Complex LTC (1 or multiple), require enhance support from GP as well as supported self-care.

Secondary Care interface • All referrals from the hospital care coordination team will be transferring patients with a description of care needs; appropriate support will be sourced by the community care coordinators.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The biggest risk to the savings not being realised, is a failure of the integrated care programme to achieve a sufficient magnitude of reduction in demand for acute care. If the required demand reductions are not achieved, then one of 3 situations is likely to occur

- Acute services will not be able to be reduced; There will consequently be a financial shortfall where these were anticipated to be delivering the NHS savings
- Acute services that had already been reduced to achieve the required savings will require putting back in at short notice to deal with the unplanned level of demand. History suggests that having to rapidly put in additional/temporary services is more

costly and provides lower quality than if they were planned.
- Acute services that had already been reduced are unable to be increased to cope with the unplanned demand (either due to inability to recruit necessary staff, or lack of funding in the system to fund the increase in services), resulting in impacts on quality and experience to patients, increased risk of harm, non-achievement of access targets/service standards, and a significant risk to organisational reputations.

The integrated programme aims to mitigate the risks of additional activity in the acute setting by:-

- Enabling, promoting and developing care into the community. This will involve increasing capacity in provision and workforce and working with the local authority to identify gaps and analysis in current provision.
- Prevent additional acute activity by targeting and managing conditions prior to escalation in a holistic way, thus reducing avoidable admissions and ED attendances.
- The plans will be underpinned by data obtained from the Utilisation Review of un-scheduled medical in-patient admissions at NUH, in-patient admissions to Lings Bar Hospital and the Intermediate Care Utilisation Review of bed based and home based services. The 2010 review identified the following reason for admission reviews not meeting the criteria for admission were:
- (one third) External factors e.g. availabilty of Nursing Home Care, community provision, assessment
- (Two-thirds) Internal Trust factors e.g. waits for clinical assessment.
- Appropriately 28.4% did not have a continued need for an acute stay. In most cases, the failure to pass admitted patients from acute to a more appropriate level of care was due to external processes such as capacity constraints in existing services or incomplete discharge planning. Those patients who did not meet the continued stay criteria could have been managed at a lower level of acute care or Home Care or at home with a returning out patient appointment.

Further analysis through the SIGNS group in 2013 concluded that 2,596 patients could have been discharged earlier freeing up 14,090 bed days, over one year. These patients required a range of services in the community including therapy and assessment, 24 hour intensive nursing/therapy assessment, complex sub acute nursing and therapy, nursing and therapy needs which could be managed in the home or low level Reablement services.

The integrated Programme work will see an impact in the acute sector from November 2014

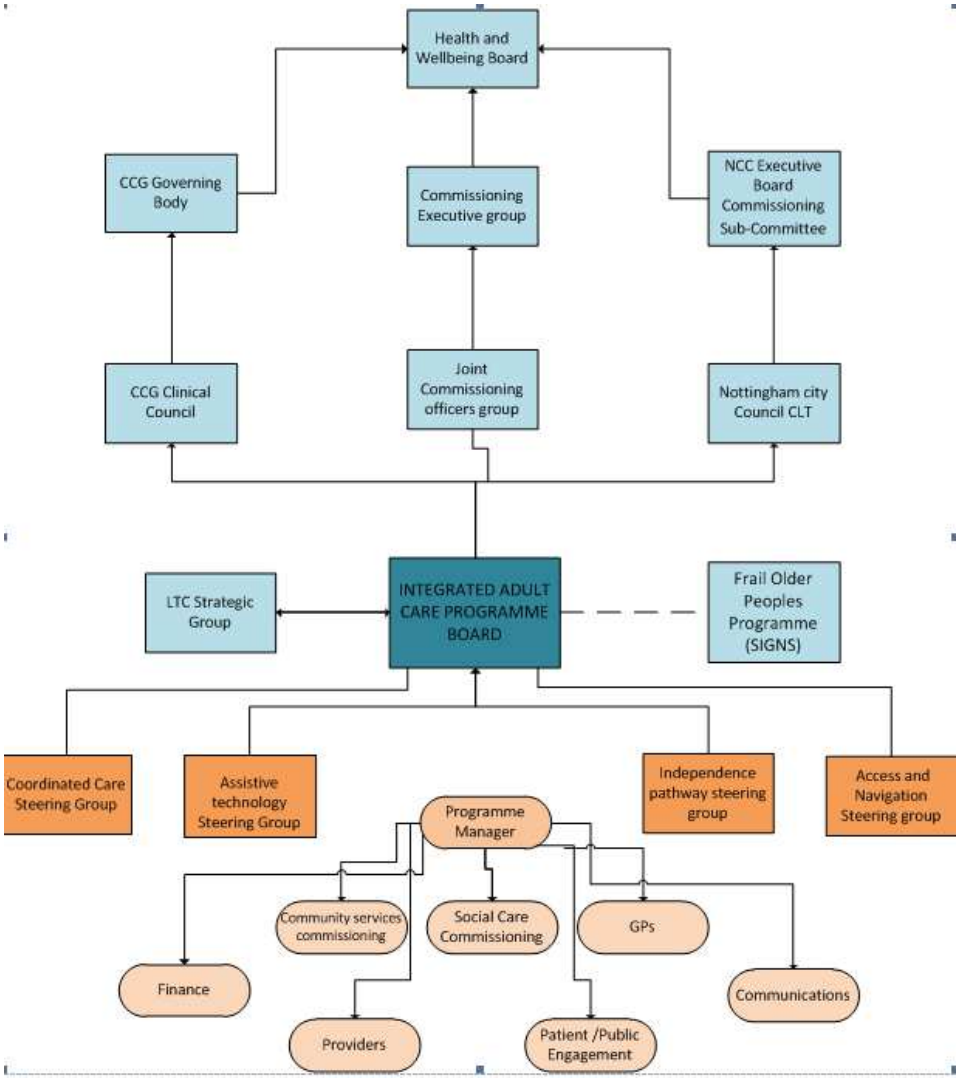
e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The Commissioning Executive Group (a commissioning sub group of the Health and Wellbeing Board) will hold this transformation to account under the Integrated Care Programme in which clinicians, providers and the Local Authority are key members. Through monthly meetings the HWBCEG will regularly evaluate programme delivery and

financial benefits realisation, ensuring that there are high levels of satisfaction with services through patient, carer and staff feedback, via a performance dashboard of integrated care metrics. An Annual Report will be presented to the Health and Wellbeing Board and subsequent Governing bodies each year. (please see governance map below).

The operational management of the Integrated Transfer Funds will be the responsibility of the ITF programme Manager. This will be incorporated within the ITF plan, and will be a shared position between health and the local authority.



NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

The core commissioning Stakeholders can confirm that the eligibility criteria for accessing adult social care will remain the same. In Nottingham City the eligibility threshold is High Moderate.

In addition to maintaining the current eligibility criteria the local definition of protection for social care services includes the following:

- Ensuring that we can respond to demographic pressures/increasing levels of need in particular; dementia, long-term conditions and younger adults with complex care needs
- Promoting innovation in social care and integration with Health in line with transformation plans to improve social care outcomes and realise savings and efficiencies in both health and social care budgets
- Future proofing – capacity for Care Bill implementation
- Maintaining (not compromising) existing social care model – essential core services, enhancing personalisation, focus on support for carers, promoting enablement, building community capacity

Please explain how local social care services will be protected within your plans

Schemes identified in the plan support the model of integrated care currently being implemented and will therefore support delivery of objectives.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Nottingham City sees 7 day working as a critical component for its planning assumptions to support hospital discharge and avoid admissions to both hospital and care homes.

A crisis coordination team has already been commissioned to support discharge over 7 days with a number of seven day services already in place, such as Rapid Response Teams and Intermediate Care Teams, new services are outlined in the BCF plan that will require further development to ensure that services are in place to meet the identified needs of patients through established working groups while working within the strategic direction of the Adult Integrated agenda.

All relevant providers have been informed of plans to further expand 7 day working

through the 2014/15 contract negotiations.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

The core commissioning Stakeholders can confirm that they are not using the NHS Number as the primary identifier across all health and care services

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

NHS Nottingham City and Nottingham City Local Health Authority are signed up to the Productive Notts IT Programme. A recent IT summit has been held in which all key provider organisations within Nottinghamshire have signed up to IT principles. These principles include shared information and data and the use of the NHS Number as the primary identifier. A rollout of shared data (including single use of the NHS Number) is now planned for summer 2014.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK)

The stakeholders are committed to sourcing systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Nottingham City is a member of the newly formed Record Sharing Group. This group comprising of clinical, and governance/ Caulidcott leads works together as a health and social care community to develop and implement system-wide best-practice information policies that support the sharing of citizen information. This group works within best practice guidance to ensure the appropriate level of information is available to support the delivery of this programme, safely, securely and in line with legal requirements.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to

risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Multi-disciplinary teams comprising of both health and social care staff will be working with primary care to identify patients at high risk using the Devon risk stratification tool. Joint decisions re: management of patients will be made at multi-disciplinary meetings. Plans to identify a key worker (lead professional) supported by a joint assessment and care management process are currently underway and will be implemented in April 2014.

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Acute provider already has significant Cost reduction targets which could impact on quality and delivery if not managed prior to money being removed.	High	Ensure a proposal is discussed around phased activity and finance, to ensure core services are not significantly affected
Increase in ED and admissions capacity	High	Ongoing monitoring of activity with close links to community provision to scale up and down as required
Insufficient skilled resources to manage increased complexity within the community	High	Collaboration with community providers to ensure training and development programmes are in place to manage influx and increase of skills needed.
Implementation of NHS Number	High	Working collaboratively with productive IT to develop Data sharing protocols and systems requirements
Existing contract not fit for purpose to meet shared responsibility	High	Work with stakeholders to understand implications and scope opportunity of developing shared responsibility.
Impact on workforce in regards to remit, responsibility and job description	Medium	Work with HR to ensure staff are engaged with during the process and undertake a training needs analysis.
Insufficient internal resource to streamline discharge of care from acute to community	Medium	Work with NUH to monitor performance of discharge to transfer to assess workgroups.
Confusing access and navigation points	Medium	Collate and migrate existing access points to streamline and remove fragmentation.
Sign up and cultural changes required to enable whole scale change from all partners, including changes to ways of working is not achieved within the timescale	High	On-going leadership from the Integrated Programme Board Early engagement of partners with work programmes agreed in partnership at a senior level

		Planned change management approach for all organisations involved to engage and communicate these changes to the front line
There is a risk that as performance related funding is reliant on outcomes these may not be evidenced in the short to medium term	High	On-going monitoring of outcomes at a senior level through the Integrated Programme Board and Commissioning Executive Group with a robust approach to performance management On-going monitoring and evaluation of programmes to ensure that services/projects within the programmes are fit for purpose and meeting expected outcomes within timescales Services to be procured on an outcomes basis with funding linked to outcomes therefore a shared risk between commissioners and providers
Future changes to national policy in respect of Urgent and Emergency Care (primary care, A&E and OOH) and changes to the primary care contract may impact on delivery of the plan	High	Maintain and sustain strong links and communication channels with Area Team, NHS England
There is a risk that implementation of the changes will impact on the financial stability of providers	High	On-going leadership from the Integrated Programme Board Early engagement of partners with work programmes agreed in partnership at a senior level through Commissioning Executive group Ensure individual projects and overall programme subject to robust analysis and modelling to ensure any financial impact on providers is clear
There is a risk that staff moving from existing services to care delivery groups will destabilise existing services leading to overall loss of performance	High	Reduce scale of services and / or phase delivery to accommodate extended recruitment timescales Use of agency staff to bridge gaps

		Early discussions with regional workforce development teams to facilitate long term recruitment and development planning
Access to Risk profiling Data. Legalities around access.	High	Work collaboratively with information governance team to identify impact, risk and outcomes in a bid to produce a legally appropriate response.
Monitoring data for Delayed transfer of care may not be as accurate as required due to process of 'calling off' section 5 requests to local authority.	High	Working with NUH and LA to ensure accurate process is in place in regards to use of Section 2 and 5.
There is a risk that there is public resistance to the proposed changes and that population behaviour change will not materialise	Medium	Plan to be supported by the on-going development and implementation of a communication and engagement strategy
There is a risk that implementation of the changes will result in an increase in admissions to care homes	Medium	On-going leadership from the Commissioning Executive Group to monitor Bed availably in care home Intermediate Care / Assessment Beds to be used flexibly when necessary
There is a risk that social care funding challenges result in a reduction of available care packages to support long term care resulting in a shift in cost of long term care	High	Ensure individual projects and overall programme are subject to robust analysis and modelling to ensure that the impact of funding cuts is identified and included
There is a risk that implementation of the changes will impact on the financial stability of providers		Early engagement of partners Via Integrated Programme Board. Ensure individual projects and overall programme subject to robust analysis and modelling to ensure any financial
There is a risk that as performance related funding is reliant on outcomes these may not be evidenced in the short to medium term	High	On-going monitoring of outcomes at a senior level through the CEG with a robust approach to performance management On-going monitoring and evaluation of programmes to ensure that services/projects within the programmes are fit for purpose and meeting expected outcomes within timescales Services to be procured on an outcomes basis with funding

		linked to outcomes therefore a shared risk between commissioners and providers
There is a risk that if the existing contractual arrangements with Nottingham University Hospitals NHS Trust remain unchanged this will have a negative impact on delivery of the plan	High	Early engagement of partners with work programmes agreed in partnership at a senior level
There is a risk that the sign up and cultural changes required to enable whole scale change from all partner organisations, including changes to ways of working is not achieved	Medium	Early engagement of partners with work programmes agreed in partnership at a senior level Planned change management approach for all organisations involved to communicate these changes to the front line

Finance - Summary

Appendix 2a

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Nottingham City Local Authority	N		£1.9m	£1.9m
Nottingham City CCG	Y	£9.8m	£22.1m	£22.1m
BCF Total		£9.8m	£24.0m	£24.0m

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

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Appendix 2b

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Independence Pathway		3.03		0.5		6.87		0.5	
Coordinated Care		5.42		0.4		2.70		0.4	
Assistive Technology		0.32		0.1		0.83		0.1	
Access & Navigation		0.00		0.4		1.82		0.4	
Scheme Management		0.00				0.16			
Carers		1.04		0.07		0.00		0.07	
Disabled Facilities Grant		1.86				0.00			
Total		11.67		1.50		12.38		1.50	

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Appendix 2c

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

The following outcomes and benefits will be seen across the City :-

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

A performance dashboard will be created and monitored via the Health and Wellbeing Commissioning Executive Group (HWBCEG). A joint programme Manager post will have the

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	10.2	9.9	9.5
	Numerator	27	26.1	25.2
	Denominator	245725	245,725	245,725
		Apr 12-Sept 13	**(April - December 2014)**	**(January - June 2015)**
Avoidable emergency admissions (composite measure)	*Metric Value*	3.34	3.12	2.90
	Numerator	601	561	521
	Denominator	308,735	308,735	308,735
		Apr 12-Aug 13	**(April - September 2014)**	**(October 2014 - March 2015)**
Patient / service user experience [for local measure, please list actual measure to be used. This does not need to be completed if the national		*(insert time period)*	N/A	*(insert time period)*
Health related quality of life for people with long-term conditions. Weighted EQ-5DTM scores for all responses from people identified as having a long-term condition.	*Metric Value*	69.8	71.5	73.3
	Numerator			
	Denominator			
		(April 2012 - March 2013)	**(April - September 2014)**	**(October 2014 - March 2015)**

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Appendix 3 - Allocation of Additional Funding Transfer 2014/15

Description / Scheme	Proposed 2014/15 Allocation (£m)	Approval Process	Approval Requested (£m)	Comments / Notes
Dispersed Alarm Provision	0.184	External Spend	**0.184**	Provided to citizens in their own home. Fundin pays for ongoing monitoring and response to alarm calls including rapid response call out 7 days per week including out of hours. Approx. 2,700 (older) citizens benefit from this service. This would result in totality of service being funded from ITF as evidenced to reduce hospital admissions and 7 day out of hours service.
Intake Reablement	0.114	Staffing		Commissioning of new integrated reablement service currently in progress.
Maintaining Eligibility Criteria	0.319	Within Council's Scheme of Delegation for Adults Care Packages		Supporting the delivery of the strategic priority of the Council to support the most vulnerable. Negative health outcomes likely to arise if individuals fall out of eligibility.
Intermediate Care Posts	0.263	External Spend	**0.263**	CitiCare posts previously funded by Nottingham City Council - Approval for 1 year funding only. Subsequently funded from 2015/16 additional funding of 11.6m.
Support for Integrated Working	0.301	Staffing		Social Work posts to support roll out of integrated working through care delivery groups (8 posts)
In Reach Discharge Co-ordinators	0.111	Staffing		3 x 'G' grade social; work posts working across (MH) rehab and acute wards to proactively identify delayed discharges and co-ordinate early discharge plans.
Total	**1.292**		**0.447**	

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Appendix 4: Proposed Realignment of former Health Transferred Funding Schemes

Service	Approved 2014/15 Allocation (£m)	Proposed 2014/15 Allocation (£m)	Notes
Men Complex Needs	0.210		Social Exclusion Strategic Commissioning Review
Women Complex Needs	0.237		Social Exclusion Strategic Commissioning Review
Crisis ILSS	0.125		ILSS Strategic Commissioning Review
LD ILSS	0.050		ILSS Strategic Commissioning Review
HIV ILSS	0.029		ILSS Strategic Commissioning Review
Stroke	0.019		Under Review
Ashiana Basera	0.170		Under Review
Contribution towards Hospital Based Social Care Services		0.455	
Contribution towards Access and Rapid Response Services		0.356	
Contribution towards the Intake Reablement Service		0.029	
Total	**0.840**	**0.840**	
Other Approved Schemes	**4.972**		
TOTAL	**5.812**		

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Appendix 5 Equality Impact Assessment Form

Name and brief description of proposal / policy / service being assessed

Better Care Fund

The Better Care Fund (BCF) (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The Health & Well-being Board will be responsible for determining utilisation of the Fund

The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and Councils are already doing. It should be noted that only 5% of the funding available through the BCF is new funding – the remainder is an pooling of existing funding streams including:

- Section 256 funding transfer from Health to Social Care
- Reablement Funding
- Carers Breaks Funding
- Disabled Facilities Grant
- Social Care Capital Funding
- Transfer from Acute Health budget

Up to 25% of the BCF budget will be performance related and released on attainment of aspirational targets against the following metrics:

- Residential and Nursing Care Admissions
- Delayed Transfers of Care
- Emergency Hospital Admissions
- More Effective Reablement Services
- Patient & Service User Experience
- Local Measure (to be determined)

The additive elements of the Nottingham BCF plan amounts 18% of the total funding available and will be utilised to develop the following:

- Care Coordination Service to support the Care Deliver Groups
- Expansion of Health and Care Point
- Support 7 Day working across primary care
- Development of the Tele-health programme
- Mental Health In-reach Discharge Coordinators

Information used to analyse the effects on equality

A variety of qualitative and quantitative data has been used to inform this EIA. This includes:

- Statutory Health and Social Care data returns
- JSNA in relation to older people and those with long-term conditions.
- Integrated Adult Care engagement events with Health and Social Care professionals
- Specific engagement with Patient Participation mechanisms and recipients of social care services

Appendix 5 Equality Impact Assessment Form

	Could particularly benefit (X)	**May adversely impact (X)**	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups			The objective of the Integrated Adult Care programme is to streamline and integrate Health and Social Care service delivery models and systems, positively transforming citizen experience of how their needs are met. The development of an integrated care pathway will be of benefit to all those with long-term conditions (including older people with complex needs) will be based on, and responsive to, the aspirations of the citizen and predicated on early intervention, prevention, maximising independence and optimising citizen choice and control. Citizens contacting Health and Care Point will benefit from an integrated and expanded service. This will mean that they are more likely to be routed to the appropriate function to meet their needs (enablement, reablement, crisis) and in a shorter timeframe. The care coordination service will result in a more streamlined service for the frail elderly and those with long-term conditions. The aim of a care coordinator is to complete administration tasks to release clinicians to focus on direct patient contact and support. The role of the care coordinator will be to:- • Navigate and coordinate services to meet individual's needs across the CDG. • Act as a point of contact for professionals, citizens and carers. • Monitor service capacity to assist the CDG to manage demand. • Complete relevant referral documentation and chase referrals as required. • Gather information to support assessment and intervention. • Order and follow up equipment orders. All citizens will benefit from 7 day access to primary care services. BCF funding is concerned with ensuring that there are routes into community health and social care provision and assessment over the weekend. This will in turn facilitate discharge from hospital.	Performance against BCF performance objectives will be monitored across Health and Social Care and reported to the Health & Well-being Board on a bi-annual basis and to the Health & Well-being Board Commissioning Executive Group on a quarterly basis. A particular focus of this will be the value of the additive elements in meeting overall BCF and Integrated Adult Care objectives An evaluation framewrok has been commissioned as part of the Integrated Adult Care programme. A key focus of evaluation will be qualitative data from citizens and health and social care professionals as to the ongoing benefits accrued as a result of the programme. Regular evaluation reports will be provided. to the Integrated Adult Care Programme Board and modifications will be made to the programme as approipriate.
Men, women (including maternity/pregnancy impact), transgender people				
Disabled people or carers	x			
People from different faith groups				
Lesbian, gay or bisexual people				
Older or younger people	x			
Other – please specify				

			People with a long-term condition will benefit from the roll-out of tele-health. By 2018 200 patients will be able to have their vital signs monitored remotely in a home rather than hospital environment. This will facilitate prevention and enable nurses to focus resources on those with critical care needs The expansion of the Mental Health In-reach Discharge service will benefit those with acute mental health needs by reducing the amount of time taken to facilitate discharge from a hospital to community setting	

Outcome(s) of equality impact assessment:
No major change needed ☒ Adjust the policy/proposal ☐ Adverse impact but continue ☐ Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:
Health and Well-being Board Commissioning Executive Group – quarterly monitoring reports

Approved by (manager signature): Antony Dixon – Strategic Commissioning Manager	Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk

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EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE
12 MARCH 2014

Subject:	2014/15 Strategic Commissioning Intentions
Corporate Director(s)/ Director(s):	Alison Michalska Children & Families
Portfolio Holder(s):	**Cllr Liversidge** **Commissioning**
Report author and contact details:	Antony Dixon Strategic Commissioning Manager 0115 8476391 Antony.dixon@nottinghamcity.gov.uk

Key Decision	☐ Yes ☒ No	**Subject to call-in**	☒ Yes ☐ No
Reasons: ☐ Expenditure ☐ Income ☐ Savings of £1,000,000 or more taking account of the overall impact of the decision		☐ Revenue ☐ Capital	
Significant impact on communities living or working in two or more wards in the City		☐ Yes ☒ No	
Total value of the decision: Nil			
Wards affected: All		**Date of consultation with Portfolio Holder(s): 26 February 2014**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☒
Cut crime and anti-social behaviour	☒
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒

Summary of issues (including benefits to citizens/service users):

This report outlines a set of Strategic Commissioning Intentions (SCIs) for 2014/15 which establish a commissioning plan for the Council and which will provide an important catalyst for:

- improving outcomes and choice for citizens in key areas;
- reducing costs;
- increasing focus on early intervention and prevention;

Delivery of these benefits will enable the Council and its partners to take a more strategic, outcome focussed approach to undertaking commissioning through application of the city's approved Corporate Commissioning Framework.

The set of Strategic Commissioning Reviews proposed will also have the advantage of delivering key priorities contained within the Health & Well-being Strategy, Public Health, Adult Social Care and Children's Big ticket programmes

Exempt information:
None

Recommendation(s):
1 To approve the Strategic Commissioning Intentions for 2014/15. These will be: Learning Disability; Financial Vulnerability Advice and Information; Youth Provision

1 REASONS FOR RECOMMENDATIONS

1.1 Priorities within key partnership strategic and commissioning agendas have been assessed. These include the Children and Young Persons Plan, the Vulnerable Adults Plan, the Health and Well-being Strategy, the Council Plan, the CCG 5 Year Commissioning Plan, Public Health Commissioning, the Adult Social Care Big Ticket and the Children's Big Ticket.

1.2 These priorities were collated, grouped into primary and sub-outcomes and assessed against a number of metrics. These metrics were: financial or other demand pressures, degree of link to Council and wider city priorities, quality of outcomes for citizens currently achieved, and areas yet to be subject of a strategic commissioning review programme.

1.3 The recommendation from this assessment is that the following areas are agreed as Strategic Commissioning Intentions for 2014/15 to be progressed through application of the commissioning pathway.

Proposed Review Area	Areas of Activity	Rationale
Learning Disability	Residential Placements Transitions Levels of Care Supported Living Carers/Respite	Area of high spend across health and social care, significant policy change, demand pressures and need for further transformation of provision
Financial Vulnerability Advice and Information	Welfare Rights Provision Access to Employment Housing/Debt Advice Housing Options	NCC welfare reform task and finish group indicated that advice sector needs restructuring, contracts are due for renewal and area of increasing demand
Youth Provision	Youth provision	Politically sensitive, disparity of provision across City and need to commission new provision

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Corporate Commissioning Framework was approved in 2009 to provide a clear and consistent approach to commissioning, improve outcomes for citizens and make the most effective use of the city's resources.

2.2 In 2010, the Council brought together its previously separate Adults and Children's commissioning functions into one Directorate in order to drive forward improved commissioning in the Council and the City through the application and embedding of the Corporate Commissioning Framework. The Strategic Commissioning Intentions (SCI's) outlined in this report represent a

continuation of this improvement journey and will be the main focus of work for the Quality & Commissioning Directorate during 2013/14.

2.3 Delivery of the SCI's has been the mechanism by which one of the strategic risks facing the Council i.e. "The failure to deliver improved outcomes through the implementation and embedding of the Commissioning Framework within the directorate, the Council and with partners" has been mitigated. As a result of implementation of the Commissioning Framework and the Strategic Commissioning Review process this risk has now been significantly reduced in the strategic risk register.

2.4 There is increasing demand in the city for a range of services for children and adults. These demand implications are set out in the Children and Young People Plan (CYPP) and the Vulnerable Adults Plan (VAP). The requirement to drive efficiencies in costs whilst meeting this demand necessitates a different more transformational approach to commissioning, namely:

- taking a radically changed approach - underpinned by greater investment in prevention and early intervention, particularly where needs and costs are already increasing significantly;
- focusing on building community capacity, personalisation and citizen choice;
- joint working to drive collaboration, integration and efficiencies between providers, citizens and partners.

2.5 The background of successful partnership working will be built on and developed further through the way the reviews are led and delivered. More involvement of all stakeholders (Councillors, partners, citizens, providers and service users) will be sought as appropriate.

2.6 A detailed "Commissioning Pathway" has been developed to translate the Corporate Commissioning Framework into a timed, step-by programme approach which will underpin each strategic review. The commissioning pathway is currently under-review to ensure that appropriate timeframes are accorded to each stage of the cycle in order to facilitate rigorous analysis, co-productive activity and evaluation.

2.7 The following programme of Strategic Commissioning Reviews were commenced in 2013/14: Health Improvement, Child Development and Integrated Adult Care. They will continue to be progressed during 2014/15 in accordance with the commissioning pathway.

2.8 The Health & Well-being Board Commissioning Executive were consulted on 14/15 Strategic Commissioning Review priorities on 4th February and their views will be reported to Committee on the day

2.9 In addition to the proposed SCR's detailed in the recommendations, during 2014/15 the Quality and Commissioning Directorate will also be leading a number of major programmes of commissioning activity which are detailed in the table below.

Major Work Programmes	Reason for Priority
Looking After Each Other (Building Community Capacity)	Key priority contained within Vulnerable Adults Plan
Child Development SCR	Continuation of delayed 13/14 priority
Integrated Adult Care	Phase 2 of the Integrated Adult Care Programme

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 A number of other areas of provision were considered for review:

- Adults and Children's Non-statutory Provision (high/medium priority). Further cuts to provision are likely to be required, however, difficulties are likely in conducting a broad brush review. For this reason, this option was rejected.
- Mental Health provision (medium priority). Despite high demand and significant policy development, transformational change programmes are being implemented and will need to bed in prior to further review. For this reason, this option was rejected.
- Whole Life Disability provision (low priority). Children's Big Ticket and proposed Learning Disability Strategic Commissioning Reviews will deliver priority areas for development. For this reason, this option was rejected.
- Older People provision (low priority). Despite being a high cost area, work to address priority areas (residential care and care at home) was recently completed. The Integrated Adult Care Strategic Commissioning Review (which has an older persons focus) is also still in progress. For these reasons, this option was rejected.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Further analysis of spend contained within each proposed Strategic Commissioning Review and major Work Programme area will be undertaken and, where appropriate financial efficiency targets will be proposed and agreed at a future Committee meeting.

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

5.1 This report does not raise any significant legal issues. To ensure the effective delivery of the services which are subject to the strategic reviews it will be necessary to ensure appropriate consultation is undertaken with stakeholders. The impact of the new EU procurement directives on commissioning of the services (in particular the abolition of Part B) will need to be assessed and Legal Services can help with this.'

5.2 It is considered that any Crime and Disorder Act implications arising from the recommendations in this report are positive.

6 SOCIAL VALUE CONSIDERATIONS

6.1 As part of the co-productive engagement process integral to each SCR consideration will be given to how the services being commissioned could

improve the economic social and environmental well-being in Nottingham. By virtue of the type of services being commissioned, social improvements are expected to be delivered, particularly for those receiving services, but also economic improvements are expected with regard to the terms under which service providers employ their staff. Such considerations will support compliance with the Public Services (Social Value) Act 2012 and this will be embedded in any procurement process.

7 REGARD TO THE NHS CONSTITUTION

7.1 Not applicable.

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 An EIA is not needed, as the report does not contain proposals for new or changing policies, services or functions. Individual Strategic Commissioning Reviews and specific work programmes arising from them will separately be subject to equality impact assessment (and this is specifically built into in the Commissioning Pathway process).

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

9.1 None.

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

10.1 None

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Andrew James, Team Leader Commercial & Contracts

11.2 Ceri Walters, Finance Business Partner

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EXECUTIVE BOARD COMMISSIONING SUB COMMITTEE
12 MARCH 2014

Subject:	Amendments to the Emergency Loan Scheme
Corporate Director(s)/ Director(s):	Carole Mills – Deputy Chief Executive & Corporate Director of Resources Tony Kirkham – Director of Strategic Finance
Portfolio Holder(s):	Cllr Chapman – Resources and Neighbourhood Generation Cllr Liversidge – Commissioning and Voluntary Sector
Report author and contact details:	Liz Jones – Interim Head of Corporate Policy 0115 876 3367, liz.jones@nottinghamcity.gov.uk Lisa Black – Head of Revenues, Benefits and Welfare Rights 0115 876 3930, lisa.black@nottinghamcity.gov.uk

Key Decision	☐ Yes ☒ No	**Subject to call-in**	☒ Yes ☐ No
Reasons: ☐ Expenditure ☐ Income ☐ Savings of £1,000,000 or more taking account of the overall impact of the decision		☒ Revenue ☐ Capital	
Significant impact on communities living or working in two or more wards in the City		☐ Yes ☒ No	
Total value of the decision: £86,000			
Wards affected: All		**Date of consultation with Portfolio Holder(s): 26 February 2014**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☐
Deliver effective, value for money services to our citizens	☒

Summary of issues (including benefits to citizens/service users):
This report sets out changes to the current Emergency Loan Scheme (ELS) to transform it into a Small Loan Scheme for the City of Nottingham and seeks approval to amend this Scheme.

Exempt information:
Exempt Appendix: Legal advice and information.

Recommendation(s):

1. To approve the proposed amendments to the ELS to transform it into a Small Loan Scheme for the City of Nottingham as outlined in section 1 of this report.
2. To grant dispensation from paragraph 5.1.2 of the Contract Procedure Rules in accordance with Financial Regulation 3.29 to enter into an agreement with the Nottingham Credit Union for the administration of the Small Loan Scheme in 2014/15.
3. To approve the allocation of £200k of the Emergency Hardship Fund for the provision of small loans until such time the allocation is fully utilised.

1 REASONS FOR RECOMMENDATIONS

1.1 The Emergency Loan Scheme was established as a pilot scheme with an initial contract with Nottingham Credit Union for 1 year only. The pilot scheme was intended to operate for 1 year only, however after 6 months of operation the Scheme was reviewed by Council Officers and it was found that the numbers of loans provided had not met original expectations and that there was a need to operate a further different pilot scheme that is more accessible to all citizens in financial hardship.

1.2 Amendments to the Discretionary Emergency Hardship Support Scheme were approved in January 2014. The amendments mean that the Scheme (Hardship Support Scheme) can respond more flexibility to households experiencing hardship in Nottingham by placing less emphasis on the need to demonstrate emergency and/or crisis.

1.3 It is proposed to operate a Small Loan Scheme as a further pilot scheme which will reflect the principles of the Hardship Support Scheme. The key elements of the Small Loan Scheme are to enable lending based on affordability, to focus the scheme on responding to hardship by providing small affordable loans, and to create an alternative to short term high street loans (payday lenders) and door step lenders

1.4 The Small Loan Scheme will operate as a further pilot scheme, to run until the £200k administration funding allocated to Nottingham Credit Union has been fully used.

1.5 The Small Loan Scheme has been developed in partnership with Nottingham Credit Union (NCU). NCU have a proven financial model to administer and recover loans from more financially vulnerable customers and they are authorised and regulated by the Financial Conduct Authority. NCC has a policy commitment to support and promote Nottingham Credit Union as an affordable and responsible alternative to high-cost pay day lending and illegal loan sharks in Nottingham. The NCU can also assist with NCCs strategic priorities to promote financial inclusion and support citizens with access to affordable banking services. NCU will be responsible for providing the loans.

1.6 The Nottingham City Council Hardship Support Scheme team will carry out an initial assessment of eligibility for the Small Loan Scheme and will refer applications to the Credit Union who will apply further criteria before a decision to award a Small Loan is made. The Credit Union will provide Small Loans.

1.7 Loans will be managed during the year to stay within the funding amount available for the scheme. The NCU spend against their capital will be monitored on a monthly basis to ensure financial support throughout the year and spend will also be reviewed quarterly.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Welfare Reform Act 2012 abolished the Discretionary Social Fund. From April 2013 funding for Crisis Loans (CLs) and Community Care Grants (CCGs) were devolved to top tier or unitary authorities. There was no new statutory duty on local authorities to recreate CCGs and CLs but there was a

strong expectation from Government that councils would implement locally appropriate solutions.

2.2 At their meeting on 20 November 2012, Nottingham City Council Executive Board approved the establishment and implementation of a Local Discretionary Emergency Hardship Support Scheme (DEHS) and an Emergency Loan Scheme from 1 April 2013, when the Department for Work and Pensions (DWP) Social Fund arrangements (CCGs and CLs) ended.

2.3 The Council developed an Emergency Loan Scheme in order to help those who do not meet the eligibility criteria for the DEHS and who are experiencing financial vulnerability/difficulty.

2.4 The grant allocation received for the administration of both the Hardship Support Scheme and Small Loan Scheme is £0.354m in 2014/15. This will fund the administration of both schemes including the payment to Nottingham Credit Union of £86.5k for the administration costs of the Small Loan Scheme in 2014/15.

2.5 Demand for the Emergency Loan Scheme in 2013/14 has been low. Spend has been monitored on a regular basis throughout 2013/14 and the proposed changes to the pilot Scheme outlined in section 1.3 of this report are intended to ensure the pilot Scheme operates more effectively in 2014/15 to help people in financial hardship.

2.6 This report presents the changes to the current Emergency Loan Scheme to transform it into a Small Loan Scheme for approval.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 To fully implement the existing Emergency Loan Scheme as it is currently designed following the pilot. This option was rejected as it would fail to recognise the learnings from the pilot since it is clear that the ELS has not been sufficiently flexible to benefit our citizens in the way originally intended.

3.2 To end the Emergency Loan Scheme pilot and do nothing in its place. This option was rejected having taken account of both the intelligence and insight gathered since the DEHS and the Emergency Loan Scheme were implemented on 1 April 2013 and the potential issues and impacts that could arise if appropriate provision is not made available for citizens facing hardship. The key reasons for rejection are:

- Risk to health and wellbeing of citizens
- Risk of use of disreputable or door step lenders by citizens
- Risk of increased demand on other services such as homelessness services, advice services, and family support services
- Increased risk of reliance on already stretched voluntary services such as food banks.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 The value of the contract with NCU for the administration of the scheme is £86.5k in 2014/15 which can be funded from the administration grant allocation received from DWP for 2014/15 of £354k.

4.2 A dispensation from financial regulation 3.29 is supported in this instance due to the partnership approach that has been developed in delivering this project, the integrated approach to the delivery of the service with other services provided by NCU and the fact that NCU already has the governance in place (accredited by FSA) to deliver the revised project from 1 April 2014.

4.3 The £200k fund for the pilot Small Loan Scheme is allocated from the funds received from DWP for a Local Emergency Hardship Fund (£1.8m per annum for 2013/14 and 2014/15) in accordance with the principles set out in the Executive Board report of 20 November 2012.

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

5.1 It is not possible to identify an accurate measure of the Crime and Disorder Act implications from the recommendations in this report but considering the nature of the services it entails; it is likely the impacts will be beneficial.

5.2 Please see exempt appendix.

6 SOCIAL VALUE CONSIDERATIONS

6.1 Not applicable

7 REGARD TO THE NHS CONSTITUTION

7.1 Not applicable

8 EQUALITY IMPACT ASSESSMENT (EIA)

8.1 A full EIA was carried out in respect of the original Scheme in March 2013. Advice from the Equalities and Community Relations team recognises the likely benefits to citizens of the proposed amendments to the Scheme and that overall the Scheme will contribute to relieving short-term financial hardship faced by citizens. NCC and Councillors, as decision makers, have a legal responsibility to pay due regard to the equalities implications of decisions to change, limit or remove aspects of our services.

9 LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)

9.1 None

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

10.1 Executive Board report, 20 November 2012: Local Emergency Hardship Support Scheme.

10.2 Executive Board Commissioning Sub Committee report, 27 March 2013: Discretionary Emergency Hardship Scheme.

10.3 Discretionary Emergency Hardship Scheme September 2013

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Lisa Black – Head of Revenues and Benefits

11.2 Liz Jones – Head of Corporate Policy

11.3 Dionne Hickling – Solicitor, Legal Services

11.4 Geoff Walker – Head of Departmental Finance

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