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NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 28 March 2018

Time: 4.00 pm (or at the rising of the Health and Wellbeing Board if that is later)

Place: Board Room, Nottingham City Clinical Commissioning Group, Standard Court, Park Row, Nottingham, NG1 6GN

Contact: Jane Garrard **Direct Dial:** 0115 8764315

The Nottingham City Health and Wellbeing Board Commissioning Sub Committee is a partnership body whose role includes providing advice and guidance to the Health and Wellbeing Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund and domestic violence pooled budgets.

Members:

Voting members

Katy Ball	City Council Director of Commissioning and Procurement
Councillor Nick McDonald	City Council Portfolio Holder with a remit covering health
Gary Thompson	Greater Nottingham Clinical Commissioning Groups Chief Operating Officer
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative

Non-voting members

Christine Oliver	City Council Head of Commissioning
Alison Challenger	City Council Director of Public Health
Colin Monckton	City Council Director of Strategy and Policy
Lucy Anderson	NHS Nottingham City Clinical Commissioning Group Assistant Director – Mental Health and Community Services
Martin Gawith	Healthwatch Nottingham representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE 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

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 31 January 2018 from 4.05 pm - 4.35 pm

Membership
Voting Members

Present	Absent
Katy Ball (Chair)	Councillor Nick McDonald
Dr Marcus Bicknell	Gary Thompson
Ciara Stuart (substitute for Gary Thompson)	

Non Voting Members
Present
Christine Oliver

Colleagues, partners and others in attendance:

Rasool Gore - Lead Commissioning Manager, Nottingham City Council
Jane Garrard - Senior Governance Officer

122 MEMBERSHIP CHANGE

RESOLVED to note that Gary Thompson, Chief Operating Officer, had replaced Maria Principe as an NHS Nottingham City Clinical Commissioning Group voting member and joint chair of the Health and Wellbeing Board Commissioning Sub Committee.

123 APOLOGIES FOR ABSENCE

Councillor Nick McDonald - personal
Gary Thompson

Martin Gawith

124 DECLARATIONS OF INTERESTS

None

125 MINUTES

The public minutes of the meeting held on 13 December 2017 were agreed as an accurate record and signed by the Chair.

126 BETTER CARE FUND 2017/18 QUARTER 3 PERFORMANCE

Ciara Stuart, Assistant Director for Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report setting out performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18. She highlighted the following information:

(a) Performance is on track in relation to residential admissions and reablement metrics.

(b) The full quarter's data on delayed transfers of care was not available for reporting but it was anticipated that the target would not be met. This will not be a surprise because it was expected that improvements would not be achieved until December but does mean that it is unlikely that the target for the year will be met. Challenges relate to home care capacity and community beds waits, including loss of capacity from Connect House. Plans to address these challenges are being put into place but flow has been disrupted.

(c) Progress against the Plan for Quarter 3 was positive, with implementation of Discharge to Assess, the Out of Hospital Community Services procurement and work looking at population health.

RESOLVED to

(1) note the performance in relation to the Better Care Fund performance metrics for Quarter 3 2017/18; and

(2) note the quarterly return which was submitted to NHS England on 15 January 2018 and was authorised virtually by the Health and Wellbeing Board Chair.

127 EXTENSION TO MENTAL HEALTH SUPPORT AND ACCOMMODATION BASED CONTRACT - STEPHANIE LODGE

Rasool Gore, Lead Commissioning Manager Nottingham City Council, introduced the report setting out a proposal to extend the contract for Stephanie Lodge, which provides a service to vulnerable adults who are experiencing a severe episode of mental illness. She highlighted the following information:

(a) It is proposed to extend the current contract to allow time for wider work to deliver the Better Lives, Better Outcomes Programme to take place. Once this work has concluded procurement may be required and therefore it is not proposed to go out to tender for the service at this time.

(b) The current service provided at Stephanie Lodge is very successful in dealing with a challenging cohort. Most individuals only then require low level support and some are living completely independently.

(c) The current contract is very good value for money compared to other services available.

(d) As required by the Council's Financial Regulations, the Chief Finance Officer supports the proposal to dispense with Contract Procedure Rule 5.1.2 and award the contract directly to Nottingham Community Housing Association.

The Sub-Committee requested that, following the meeting, Rasool Gore provide members with information about the number of people receiving treatment at Stephanie Lodge.

RESOLVED to:

(1) approve extension of the Stephanie Lodge contract from 1 October 2017 – 31 March 2019 at a cost of £340,500; and

(2) grant dispensation from Contract Procedure Rule 5.1.2, in accordance with Financial Regulation 3.29 and award the contract directly to Nottingham Community Housing Association.

128 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

129 EXEMPT MINUTES

The exempt minutes of the meeting held on 13 December 2017 were agreed as an accurate record and signed by the Chair.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

28 MARCH 2018

	Report for Resolution/ Report for Information
Title:	Better Care Fund (BCF) Financial Plan 2017-2018 – Key Decision
Lead officer(s):	Helen Jones, Director of Adult Social Care, Nottingham City Council Ciara Stuart, Assistant Director for Out of Hospital Care
Author and contact details for further information:	Rasool Gore, Lead Commissioning Manager, rasool.gore@nottinghamcity.gov.uk Tel: 01158762299
Brief summary:	This report presents the financial elements of the 2017/18 BCF Plan for approval (Appendix 1) and the current forecast financial position for 2017/18 (Appendix 2).
Is any of the report exempt from publication? *If yes, include reason*	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

a) approve the 2017/18 Better Care Fund financial plan as attached in **Appendix 1**;

b) note the savings included within the 2017-2018 plan that have been agreed through the Health and Wellbeing Board Commissioning Sub-Committee as set out in **Table 2**, **paragraph 1.2** of the finance comments;

c) note the current forecast underspend within the BCF 2017-2018 plan as detailed in **Appendix 2** and recognise the 90/10 percentage split of efficiencies and underspends between Nottingham City Council and NHS City Clinical Commissioning Group as agreed by this Committee on 13 December 2017;

d) delegate authority to the Head of Commissioning (Nottingham City Council) to agree the City Council schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund; and

e) delegate authority to the Assistant Director of Out Of Hospital Care (NHS City Clinical Commissioning Group (CCG)) to agree the CCG schemes that will be identified to utilise the underspend in the 2017/18 Better Care Fund ensuring these align to the objectives of the Better Care Fund.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**

Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The BCF financial expenditure plan supports the main objectives of the Better Care Fund Plan which are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence - Services tailored to need - hospital will be a place of choice, not a default - Not incur delays, people will be in the best place to meet their need The vision is that in five years' time care is integrated so that the citizen has no visibility of the organisations / different parts of the system delivering it. By 2020, the aspiration is that: - - People will live longer, be more independent and have better quality lives, remaining at home for as long as possible - People will only be in hospital if that is the best place – not because there is nowhere else to go - Services in the community will allow patients to be rapidly discharged from hospital - New technologies will help people to self-care - The workforce will be trained to offer more flexible care - People will understand and access the right services in the right place at the right time. The most fundamental changes that citizens will experience will result from the adoption of models of integration that make a person's journey through the system of care as simple as possible, and encourage shared decision making.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
The BCF financial plan funds a range of both mental and physical services that works towards improving both the physical and mental health of Nottingham's citizens.	

Reason for the decision:	A review of all schemes within the BCF has taken place in order to balance the 2017/18

	BCF Plan. There is a requirement that this Committee: • Approves the plan as detailed in Appendix 1. • Notes the current forecast position against the agreed plan. • Agrees the approach to utilise BCF funds at financial year end.
Total value of the decision:	£34.614m
Financial implications and comments:	See attached finance comments detailing the 2017/18 BCF Plan, in year monitoring position and proposed approach to utilise efficiencies and underspends in the current financial year.
Procurement implications and comments (including where relevant social value implications):	Any specific spend relating to the procurement of contracts within the BCF will be subject to separate reports to the Health and Well Being Board Commissioning Sub-Committee.
Other implications and comments, including legal, risk management, crime and disorder:	N/A
Equalities implications and comments: *(has an Equality Impact Assessment been completed? If not, why?)*	EIAs already in place for schemes that have been subject to substantial changes
Published documents referred to in the report: *e.g. legislation, statutory guidance, previous Sub Committee reports and minutes*	Health and Wellbeing Board Commissioning Sub Committee Report – 26th July 2017 Health and Wellbeing Board Commissioning Sub Committee Report – 13th December 2017
Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	None
Other options considered and rejected:	None considered as conditions of the programme require an expenditure plan to be developed and implemented.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE
28 MARCH 2018

BETTER CARE FUND PLAN 2017/18

1. FINANCE COMMENTS

1.1 A 2017-2019 Nottingham BCF Plan was submitted to NHS England in September 2017 and **Appendix 1** is an extract of the 2017/18 Expenditure Plan requiring approval by Commissioning Sub-Committee and details the values of schemes totalling £34.614m. **Table 1** below shows a summary of the funding sources supporting the 2017/18 BCF Plan.

TABLE 1 – 2017/18 BCF FUNDING SOURCES	
Better Care Fund	**Value £**
CCG	
CCG Baseline (Minimum Contribution)	21,889,626
Additional CCG Allocation	1,363,066
Sub-Total	**23,252,692**
City Council	
Disabled Facilities Grant (Capital Grant)	2,074,926
Social Care Contribution	716,000
Improved Better Care Fund	8,570,472
Sub-Total	**11,361,398**
Total Funding	**34,614,090**

1.2 To submit a balanced plan for 2017/18, efficiencies and savings were required to manage an overcommitment within the fund. **Table 2** below details the changes that were agreed through this Commissioning Sub-Committee in July 2017 to balance the overall pooled fund.

TABLE 2 – 2017/18 APPROVED CHANGES			
Scheme	**Service**	**Commissioner**	**Value £**
Access & Navigation	Nottingham Health & Care Point	Local Authority	36,000
Independence Pathway	Health Reablement Service	CCG	46,000
Co-ordinated Care	Hospital Discharge Team	Local Authority	32,000
Access & Navigation	Care Co-ordination	CCG	69,000
Independence Pathway	Older People Living Support Service	Local Authority	30,000
Total			**213,000**

1.3 **Appendix 2** shows a current forecast underspend position of £0.752m that has arisen through a range of targeted programmes to manage spend along with activity based underspends across various schemes that will support wider Nottingham City Council (NCC) and Clinical Commissioning Group (CCG) recovery programmes.

1.4 Proposals for the treatment of underspends within the 2017/18 BCF Pooled Fund on a 90/10 split, NCC / CCG respectively were agreed at Commissioning Sub-Committee on 13 December 2017 and the arrangements to support this agreement have been actioned. Recommendations d) and e) will facilitate the year end requirements of the pooled fund.

1.5 A final 2017/18 BCF out-turn report will be presented to Commissioning Sub-Committee following the completion of the Council and CCG accounts.

HEALTH & WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

APPENDIX 1 - BCF EXPENDITURE PLAN 2017/18

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)
17	Access & Navigation	2. Care navigation / coordination	2. Single Point of Access		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£299,760
17	Access & Navigation	2. Care navigation / coordination	1. Care coordination		Social Care	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£227,221
18	Access & Navigation	2. Care navigation / coordination	1. Care coordination		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,131,810
19	Access & Navigation	2. Care navigation / coordination	2. Single Point of Access		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£671,840
23	Assistive Technology	1. Assistive Technologies	4. Other	Telecare, Telehealth & Integrated jointly commissioned response service	Community Health	Joint	46.0%	54.0%	Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£891,337
26	Assistive Technology	1. Assistive Technologies	4. Other	Dispersed Alarm Service	Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£318,945
33	Carers	3. Carers services	4. Other	Alzheimer's Diagnostic & Support Service	Community Health	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£142,302
33	Carers	3. Carers services	1. Carer advice and support		Community Health	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£25,149
36	Carers	3. Carers services	3. Respite services		Social Care	Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£10,587
37	Carers	3. Carers services	2. Implementation of Care Act		Social Care	Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£373,000
39	Carers	3. Carers services	1. Carer advice and support		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£58,230
1	Carers	3. Carers services	1. Carer advice and support		Community Health	Joint	59.0%	41.0%	Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£275,000
1	Carers	3. Carers services	3. Respite services		Community Health	Joint	59.0%	41.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£420,000
1	Carers	3. Carers services	1. Carer advice and support		Community Health	Joint	59.0%	41.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£122,406
40	Co-ordinated Care	16. Other		Mental Health Resettlement Service	Social Care	Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£7,000
43	Co-ordinated Care	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£186,180
46	Co-ordinated Care	13. Primary prevention / Early Intervention	2. Other - Mental health /wellbeing		Mental Health	CCG			NHS Mental Health Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£496,596

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)
48	Co-ordinated Care	10. Integrated care planning	1. Care planning		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£314,656
49	Co-ordinated Care	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge Teams		Mental Health	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£116,639
50	Co-ordinated Care	16. Other		Adult Social Care	Social Care	Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£4,635,490
52	Co-ordinated Care	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/ Multi-Agency Discharge Teams		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£757,470
54	Capital Grants	4. DFG - Adaptations			Social Care	Local Authority			Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£1,638,926
54	Capital Grants	5. DFG - Other Housing			Social Care	Local Authority			Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£336,000
54	Capital Grants	5. DFG - Other Housing			Social Care	Local Authority			Local Authority	Local Authority Contribution	2017/18 Only	£100,000
56	Independence Pathway	11. Intermediate care services	4. Reablement/ Rehabilitation services		Community Health	CCG			NHS Community Provider	Additional CCG Contribution	Both 2017/18 and 2018/19	£1,363,066
57	Independence Pathway	11. Intermediate care services	4. Reablement/ Rehabilitation services		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,318,401
58	Independence Pathway	11. Intermediate care services	3. Rapid/Crisis Response		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£979,047
60	Independence Pathway	11. Intermediate care services	1. Step down		Community Health	CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,279,336
61	Independence Pathway	11. Intermediate care services	3. Rapid/Crisis Response		Social Care	CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£333,000
21	Independence Pathway	11. Intermediate care services	5. Other	Through the Night Homecare Service	Social Care	Local Authority			Local Authority	CCG Minimum Contribution	2017/18 Only	£113,120
62	Independence Pathway	11. Intermediate care services	4. Reablement/ Rehabilitation services		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,628,495
63	Independence Pathway	11. Intermediate care services	4. Reablement/ Rehabilitation services		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£307,669
64	Independence Pathway	11. Intermediate care services	3. Rapid/Crisis Response		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,102,743
1	Independence Pathway	11. Intermediate care services	4. Reablement/ Rehabilitation services		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£21,000
67	Independence Pathway	11. Intermediate care services	1. Step down		Social Care	Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£118,484
72	Independence Pathway	2. Care navigation / coordination	1. Care coordination		Social Care	Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£437,987

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)
70	Programme Management	7. Enablers for integration	3. Programme management		Other	CCG			CCG	CCG Minimum Contribution	Both 2017/18 and 2018/19	£196,726
71	Programme Management	7. Enablers for integration	3. Programme management		Other	Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£50,406
40	Co-ordinated Care	16. Other		Mental Health Resettlement Service	Mental Health	Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£220,000
1	Carers	3. Carers services	1. Carer advice and support		Community Health	Joint	59.0%	41.0%	Charity / Voluntary Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£17,594
73	Co-ordinated Care	16. Other		Supporting the local care provider market	Social Care	Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£2,845,000
74	Co-ordinated Care	16. Other		Supporting the local care provider market	Social Care	Local Authority			Private Sector	Improved Better Care Fund	2018/19 Only	£0
75	Co-ordinated Care	6. Domiciliary care at home	3. Other	Meeting adult social care needs (demand and complexity)	Social Care	Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,347,673
76	Co-ordinated Care	6. Domiciliary care at home	3. Other	Complex needs homecare service (JackDawe)	Social Care	Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,655,000
77	Co-ordinated Care	6. Domiciliary care at home	1. Dom care packages		Social Care	Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£738,000
78	Co-ordinated Care	6. Domiciliary care at home	2. Dom care workforce development		Social Care	Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£61,000
79	Co-ordinated Care	6. Domiciliary care at home	3. Other	Meeting adult social care needs (demand and complexity)	Social Care	Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,923,799
											TOTAL:	**£34,614,090**

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

APPENDIX 2 - 2017/18 QTR 3 BCF MONITORING STATEMENT

NOTTINGHAM CITY BETTER CARE FUND - MONITORING STATEMENT (QUARTER 3)			
Area of Spend (Scheme)	**2017/18 (£000)**		
	S75 Annual Budget (Plan)	**Annual Forecast**	**Forecast Variance Over / (Under) Spend**
Access & Navigation	2,331	2,294	(37)
Assistive Technology	1,210	1,083	(127)
Carers	1,444	1,376	(68)
Co-ordinated Care	6,734	6,669	(65)
Co-ordinated Care - Improved BCF	8,570	8,570	0
Capital Grants	2,075	1,985	(90)
Independence Pathway	12,002	11,992	(10)
Programme Costs	247	(108)	(355)
Total	**34,613**	**33,861**	**(752)**

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

28 MARCH 2018

	Report for Resolution/ Report for Information
Title:	Better Care Fund Programme 2017/18 -2018/19
Lead officer(s):	Ciara Stuart, Assistant Director for Out of Hospital Care Helen Jones, Director of Adult Social Care, Nottingham City Council
Author and contact details for further information:	Rasool Gore, Lead Commissioning Manager, rasool.gore@nottinghamcity.gov.uk Telephone: 0115 8762299
Brief summary:	The Better Care Fund (BCF) is a programme spanning both the NHS and local government, which seeks to join up health and care services so that people can manage their own health and wellbeing, and live independently in their own homes and communities for as long as possible. The BCF supports integration by encouraging Clinical Commissioning Groups (CCGs) and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. The pooled budget arrangements agreed under the Better Care Fund Programme have helped local health and social care services to prioritise spending in a way that makes the most of funding available from central government and achieve better, more integrated services for patients and citizens, with less strain on our health and social care systems. Early in 2017 it was identified that there was an over commitment within the BCF and savings were required to bring the schemes back down into the cost envelope. A paper was submitted to the December 2017 Health and Wellbeing Board Commissioning Sub Committee to agree the majority of savings to enable the submission of a balanced budget and BCF plan to NHS England. Since then two further services have been reviewed - the LION directory and the utilisation of the Disabled Facilities Grant (DFG). Appendix 1 sets out the level of savings against the LION directory and it sets out the utilisation of the DFG grant to support the delivery of the Assistive Technology (AT) service.
Is any of the report exempt from publication? *If yes, include reason*	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:
The Health and Wellbeing Board Commissioning Sub-Committee is requested to: a) ratify the proposed savings for the LION Directory outlined in Appendix 1; and b) approve the utilisation of the Disabled Facilities Grant grant to support the delivery of the Assistive Technology service in 2017-2018 outlined in Appendix 1.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The savings and utilisation proposals do not detract from the main objectives of our Better Care Fund Plan which are to: - - Remove false divides between physical, psychological and social needs - Focus on the whole person, not the condition - Support citizens to thrive, creating independence - not dependence
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
All schemes, both mental and physical health have followed the same review process.	

Reason for the decision:	Health and social care have continued to work in partnership to deliver efficiencies to manage the overall budgetary pressures within Health and Council budgets. This commitment has resulted in a review of these two services and efficiencies / utilisation have been identified as outlined in Appendix 1.
Total value of the decision:	£100,000 in 2017/18 £29,000 in 2018/19
Financial implications and comments:	The proposals contained in this report and

	detailed in Appendix 1 will support the delivery of a balanced BCF Pooled Budget and mitigate service pressures within the Local Authority and CCG. Prioritisation of the Disabled Facilities Grant to support capital spend within the Assistive Technology Service aligns to conditions of the grant and will realise efficiencies of £100,000 2017-2018 within the overall BCF programme.
Procurement implications and comments (including where relevant social value implications):	N/A
Other implications and comments, including legal, risk management, crime and disorder:	N/A
Equalities implications and comments: *(has an Equality Impact Assessment been completed? If not, why?)*	Equality Impact Assessments were not required for both these proposals due to there being no direct impact on citizens. DFG –The agreed funding allocation reduction to Major Adaptations was in line with the team's ability to spend the budget given staffing and occupational therapy capacity. LION – It will not result in any reduction of services that directly affect citizens.
Published documents referred to in the report: *e.g. legislation, statutory guidance, previous Sub Committee reports and minutes*	Health and Wellbeing Board Commissioning Sub Committee 27th July 2017 (Better Care Fund Update Report) Health and Wellbeing Board Commissioning Sub Committee 13th December 2017 (Better Care Fund Savings 2017/18 -2018/19)
Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	N/A
Other options considered and rejected:	No reduction in budget. This was rejected, on the basis that there is a continuing need to identify efficiencies due to the budgetary and demand pressures within health and social care.

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Appendix 1: Better Care Fund Savings 2017/18 -2018/19

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

WEDNESDAY 28TH MARCH 2018

Scheme	Reference	Detail	Recommendations for HWBSC
Disabled Facilities Grant (DFG)	B54	Capital funding for adaptations and AT to promote continuation of residents in an independent setting.	To approve £100,000 of the DFG allocation for the period 1 April 2017 to 31 March 2018 is utilised to meet capital costs within the Assistive Technology service.
Information & Advice (Directory) LiON (Local Information Online Nottingham)		Web based directory bringing together information on local and national services that helps and enables citizens to manage a range of needs and empowering them with choices. Directory delivers against the statutory requirement of the Care Act 2014.	To approve a saving of £29,000 for the period 1 April 2018 to 31 March 2019.

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

28 MARCH 2018

	Report for Resolution/ Report for Information
Title:	Assistive Technology (AT) Eligibility Consultation and Finance Report
Lead officer(s):	Helen Jones, Director of Adult Social Care, Nottingham City Council Ciara Stuart, Assistant Director for Out of Hospital Care
Author and contact details for further information:	Dave Miles, Assistive Technology Specialist dave.miles@nottinghamcity.gov.uk Telephone: 0115 8764789
Brief summary:	This report presents the findings from the citizen consultation on proposed revised eligibility criteria (and stakeholder engagement), sets out the revised budget breakdown for AT services in 2018/19 and seeks approval for an options appraisal to be undertaken to consider how identified risks can be mitigated.
Is any of the report exempt from publication? *If yes, include reason*	No

Recommendation to the Health and Wellbeing Board Commissioning Sub-Committee:

The Health and Wellbeing Board Commissioning Sub-Committee is asked to:

a) note the findings and conclusion of the citizen consultation regarding the proposal to revise eligibility to receive a subsidised alarm service (Section 1.0);

b) approve the proposed eligibility criteria for the Dispersed (subsidised) Alarm service and Telecare equipment as part of the Assistive Technology Service with effect from 1st May 2018;

c) approve the budget breakdown and savings level for Assistive Technology services in 2018/19 (Section 2.0);

d) sanction an options appraisal to consider how the risks identified through the citizen consultation and stakeholder engagement can be mitigated, potentially through some additional flexibility in the service eligibility criteria (Section 3.0).

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Assistive Technology plays an important contributing role to supporting the aims of the Health and Wellbeing Strategy by helping to support citizens to live more safely and independently in their homes. This can be through providing reassurance for the citizen and peace of mind for carers, or through the provision of an alarm / alert system which
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy	

lifestyles	enables the citizen to get the right support quickly in an emergency. The range of equipment and service provision enables the AT Service to provide options to address citizen risks and needs. This includes equipment to help citizens with long term conditions to self-manage their condition. The Service supports citizens of all ages from disabled children through to the frail elderly. A key aim of the Service is providing citizens with support to enable them to live healthier lives – whether through the funded service element or where citizens self-fund.
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	
How mental health and wellbeing is being championed in line with the Health and Wellbeing Board's aspiration to give equal value to mental and physical health	
The use of Assistive Technology enables those with mental health issues to be supported as well as those with a physical condition. It has been reported that patients suffering with a long term condition are more likely to also have mental ill-health. Managing the long term condition through Assistive Technology can contribute to reducing anxiety about the condition and therefore improving mental health and wellbeing. Connection to a monitoring centre can provide reassurance and help a citizen to feel less lonely and isolated, thereby contributing to their mental well-being.	

Reason for the decision:	Health and Wellbeing Board Commissioning Sub-Committee 13/12/17 approved a citizen consultation on new subsidised alarm eligibility and approved a budget for Telecare / Telehealth. The citizen consultation has now concluded and there are some proposed revisions to the Telecare / Telehealth budget.
Total value of the decision:	£0.471m reduction in budget in 2018/19.
Financial implications and comments:	The revised AT services budgets are set out in section 2 (and Appendix C) of the report. Financial comments are at section 4.0.
Procurement implications and comments (including where relevant social value implications):	The AT services are the subject of 2 contracts with Nottingham City Homes. The outcome of the revised eligibility for the alarm / Telecare services as well as agreed budgets for the services will be managed through appropriate contract variations. Procurement comments are at section 5.0.
Other implications and comments, including legal, risk management, crime and disorder:	The citizen consultation was conducted within a framework set out by the Research, Engagement and Consultation Manager, and legal services. Legal comments are at section 6.0.
Equalities implications and comments: *(has an Equality Impact Assessment been completed? If not, why?)*	EIA's were in place and have been refreshed following the alarm consultation and alarm / Telecare engagement.

	EIA - Revised Dispersed (subsidised EIA - Revised Telecare Eligibility V4
Published documents referred to in the report: *e.g. legislation, statutory guidance, previous Sub Committee reports and minutes*	Health and Wellbeing Board Commissioning Sub Committee Report – 13th December 2017
Background papers relied upon in writing the report: *Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*	Subsidised Alarm Eligibility Citizen Consultation findings (Appendix A) and Alarm / Telecare Eligibility Stakeholder Engagement findings (Appendix B)
Other options considered and rejected:	None

1.0 Key findings - Consultation on proposed subsidised alarm revised eligibility

1.1 Background and methodology

The Health and Wellbeing Board Commissioning Sub-Committee approved a consultation exercise around proposals to amend the eligibility for citizens to receive a subsidised alarm service. The proposed change in eligibility was from "aged 75+ and in receipt of a disability benefit" to "in receipt of a social care package".

The consultation was carried out from 15th December 2017 to 26th February 2018 using the following methods:-

- A letter and questionnaire was sent to the 2500 current subsidised alarm users - approx. 1800 of whom would no longer be eligible if the new criteria was approved. This asked for feedback on the proposals for a change in eligibility and about the impact on the respondents.
- An engagement process with stakeholders into the proposed subsidised alarm eligibility as well as revised eligibility for citizens to receive funded Telecare equipment. With a previously wide eligibility criteria the proposed new criteria is "in receipt of a social care package", or "referral by adult social care for care to be provided in a cost effective way".

1073 citizens responded to the consultation which asked questions about alarm usage, impact, willingness to pay a charge and how citizens would keep themselves independent if they no longer had an alarm. A summary of the consultation findings are at Appendix A.

10 stakeholder responses were received. A summary of the engagement findings are at Appendix B.

1.2 Feedback

The main areas of citizen feedback were:-

- Those citizens in receipt of a long term social care service are those most at risk, used their alarm more often in an emergency and would perhaps be less able to keep themselves independent without an alarm. Targeted resources at this cohort of citizens is therefore appropriate.
- Evidence through the consultation also highlighted that many citizens – approx. 40% - 750 people – would not be willing / able to pay to retain their alarm. This will potentially leave these at risk including increasing the need for ambulances, hospital admissions and lengths of stay. Section 3.0 covers potential mitigations which might need to be considered.

The main areas of stakeholder feedback were:-

- There is in general an understanding from the stakeholders of the proposal to target support at citizens in receipt of adult social care but highlighted concerns about those who would be excluded as a result of this. This includes citizens eligible for social care but decline / refuse to engage, those without carers able to support and citizens with long term conditions.

- The consensus from the stakeholders was that they were unsure whether citizens would self-fund an alarm however that they would not self-fund Telecare equipment.
- There was an overwhelming view that the restricted eligibility would lead to additional demands on social care as well as health costs through additional hospital admissions / stays, especially for citizens who would be found after a fall and long lay. The impact on housing providers was highlighted.
- It was also noted that evaluation evidence proved that AT was cost effective and avoided costs within the health and care system.

The conclusion from the citizen consultation and stakeholder engagement is that targeting funded support at citizens in receipt of social care is an appropriate way to target those most in need, and is therefore an appropriate eligibility criteria for subsidised alarms and Telecare.

However there are identified risks and concerns raised which are addressed at Section 3.0.

2.0 Revised budget / savings for AT services – Subsidised alarms and Telecare / Telehealth

The Health and Wellbeing Board Commissioning Sub-Committee approved a reduction of the Telecare / Telehealth budget for 2018/19 by £395,400 annually as well as seeking the citizen alarm consultation. Liaison with Nottingham City Homes on revising service delivery to implement the new budget position has been on-going. This has raised some issues which make the deliverability of the savings target very challenging. Especially given the short notice period from being formally notified of eligibility decisions.

A proposed revised budget position is set out in Appendix C. In summary (a minimum of) £471,437 in deliverable savings will be achievable in 2018/19 - £365,401 for Telecare / Telehealth and £106,036 for alarms. This takes account of:-

- ➔ Revised eligibility taking effect from May 2018;
- ➔ Redundancy indemnity for the Nottingham City Council staff transferring to Nottingham City Homes (further indemnity to be provided in 2019/20 and 2020/21 up to a total of £97,000 if needed);
- ➔ Transitional payment of up to £68,000 to offset potential difficulties in securing a maximum number of citizens self-funding (payment anticipated to be circa £40,000).

Savings in 2019/20 anticipated to be £538,877, but will be higher if no further redundancy indemnity is required.

3.0 Consideration of potential mitigations in eligibility for services to take account of identified risks

As highlighted in Section 1.0 the citizen consultation and the stakeholder engagement broadly concluded that those in receipt of social care were those most in need to target funded service provision. However the consultation and stakeholder responses also highlighted many risks associated with this:-

- ➔ 51% of citizens who would not be eligible under the new eligibility criteria have indicated they will not be willing or able to self-fund to retain their alarm, or are unsure if they would be. On the assumption that a proportion can be persuaded to pay this is anticipated to leave 750 citizens who would have their alarm removed

putting them potentially at risk. The consultation responses clearly show that many of these citizens use their alarm in emergencies which do or could result in ambulances and hospital admissions;

- ➔ The stakeholder responses indicate that some citizens do not engage with social care despite being eligible or have no family / carer support;
- ➔ Stakeholders were unanimous that demand for social care services are likely to increase as citizens know this is the route into funded alarms / equipment, or where assessments are required for citizens deemed at risk;
- ➔ Focussing social care eligibility as the criteria for a funded alarm for those on the current alarm contract fails to take account of the 100's of citizens receiving social care but are already self-funding their alarm charge. There would be little scope within the proposed contract for additional users;
- ➔ There is inconsistency between eligibility for a funded alarm service and funded Telecare equipment which may cause confusion / create inequity.

It is recommended that an options appraisal is carried out to consider how the risks identified through the citizen consultation and stakeholder engagement can be mitigated. Potentially this would be through providing some scope within the funded alarm contract and Telecare referral pathway to take account of these identified risks. It is recognised that this will have an impact on service budgets as follows:-

- ➔ The annual funded alarm cost is £161.20 per user. An additional 50 users on the contract would cost £8,060, and an additional 100 would cost £16,120.
- ➔ An average Telecare equipment package is £200 per user. An additional 50 packages would cost £10,000, and an additional 100 packages would cost £20,000.

4.0 Financial comments

Proposals were presented to this Committee in December 2017 to approve a reduction in the Telecare / Telehealth budget of £395,400 in 2018/19. **Paragraph 2.0** and **Appendix C** present updated proposals for a revised budget reduction of £471,437 for the Assistive Technology Service including the Dispersed Alarm Service and it is this revised value that has been recognised in this decision. These savings will support the delivery of a balanced Better Care Fund Pooled Budget and support wider service pressures across the health and social care sectors.

Recommendation d) of this report may impact on the value of this decision and if agreed, further analysis will be required to quantify the financial implications. Changes to the financial envelope for this service will be subject to a further decision to Committee.

(Darren Revill, Senior Commercial Business Partner)

5.0 Procurement comments

There are no procurement implications arising from the recommendations of this report.

Contracts are in place with Nottingham City Homes to deliver both the Assistive Technology Service and the Dispersed Alarms Service. The Assistive Technology contract is due to end on 31/03/2019 and has an existing option to extend for a further 2 years. The Dispersed Alarm contract is due to end on 20/9/2018, and has an existing option to extend for a further 3 years.

(Rachel Doherty, Lead Contract Manager)

6.0 Legal comments

The proposals in this report seek to reflect the findings of the citizen consultation and stakeholder engagement on the proposal to revise the eligibility criteria for receipt of subsidised alarms.

It is understood from the report that the outcome of the consultation and engagement process in relation to the process has concluded that targeting funded support at those in receipt of social care is the most appropriate criteria to be used.

However, consultation and engagement has also identified a number of outstanding risks and it is prudent for the Council to analyse such risks in further detail to ensure sufficient consideration has been taken of the impact of the decision to justify and support the Council's position in line with its requirements to consult and take account of the findings of such in decisions being made.

It is therefore understood that whilst a recommendation in the report is to implement the revised criteria from 1st May 2018 on the basis that this is deemed the appropriate mechanism for assessment, approval is also requested for an options appraisal to be carried out. This proposal will help to ensure that a wide range of options and the impacts of such have been considered by the Council in making its decision in terms of the criteria to be used going forward and it is therefore recommended that such appraisal is undertaken. The Council must ensure that the results of such appraisal are carefully considered to evidence decisions taken.

(Dionne Screaton, Solicitor)

Dave Miles
Assistive Technology Specialist
Nottingham City Council / NHS Nottingham City CCG

07/03/2018

Appendix A

Dispersed Alarm Revised Eligibility - Citizen Consultation

Findings Summary

1.0 Overview

The proposals consulted on are to change the eligibility criteria to receive a subsidised (free) alarm service from:-

- ➔ Aged 75+ and in receipt of a disability benefit; to
- ➔ In receipt of a long term social care service.

Currently there are 2,500 citizens who receive a subsidised alarm service through the contract with NCH (out of a contract level of 2702 citizens). It is estimated that 1800 (72%) of current users would not be eligible if the proposal becomes a decision.

A consultation process started on 15/12/17 with a letter and consultation questionnaire being sent to the 2,500 current users. This consultation closed on 25/2/18 (9 week period). A total of 1073 completed questionnaires have been returned – a 43% return rate. Alongside the consultation process an engagement process with stakeholder organisations who refer citizens for the service was undertaken. A separate analysis and report from the stakeholder engagement has been compiled.

2.0 Findings

The 1073 responses have been received and analysed - 243 (23%) would be eligible to retain their free alarm under the proposals whereas 830 (77%) would not be eligible. Of those not eligible 427 (51%) have stated they will not pay to retain their alarm service or are unsure if they will pay. This analysis has been undertaken based on responses given in the completed questionnaires – any questions where no response has been received have been discounted from the analysis.

2.1 Use of alarm service

Category	Would be eligible	Would not be eligible
Used alarm in an emergency in past 12 months	51%	33%
Used 3 or more times in an emergency	49%	41%
Emergency has resulted in an ambulance and or hospital admission	48%	38%
Used alarm not in an emergency	17%	13%
Have additional sensors / detectors added	46%	39%
Only smoke detector as additional sensor	45%	54%

Table 1.0

Table 1.0 shows that responses received highlight that those citizens who are in receipt of social care (i.e. would be eligible to retain the free alarm) are more in need of the alarm service than those who are not. They use the alarm more often in emergencies and have more ambulance call outs / hospital admissions as a result. In addition those in receipt of social care are more likely to have additional equipment added to their care alarm and this is more likely to be more than just a smoke detector, that those who are not. Finally those in receipt of social care are more likely to use their alarm in non-emergency situations that those who are not – possibly as they are more used to using the alarm, may not have live in

Examples of citizens responses to the reason why they used their alarm in an emergency – two would be eligible, two would not:-

"Had a fall in lounge and could not get up. Sent out paramedic who helped me up and checked me over".

"I have arthritis in my spine and trapped nerves resulting in intense pain. I have collapsed on the floor in pain and could not move. I had to use the pendant for the ambulance. If I did not have the pendant for the ambulance i do not think i would be here today".

"Woken from sleep with breathing difficulties along with chest pain and pain to one arm. This led to panic attacks. I then had a fall and hit my head. I was checked by the paramedics and was admitted to hospital"

"I was seeing someone and asking me to harm myself. I was suffering, terrible pain. I was very upset emotional and I wanted to end my life but the guy named Tony stayed

carers, etc.

2.2 Impact of eligibility proposal

Category	Would be eligible	Would not be eligible
Proposal will have no impact	7%	5%
Can't pay / Won't Pay / Impact on finances	18%	27%
Willing to / have to pay	9%	10%
Am disabled / impact on health	5%	12%
Feel unsafe / left at risk / needed for safety	6%	9%
Helps when alone / provides reassurance	7%	11%

Table 2.0

2.3 Willingness to pay

Category	Would be eligible	Would not be eligible
Willing / able to pay £4.15 per week (Standard charge)	28%	30%
Willing / able to pay £3 per week (Possible	40%	42%

lower charge)		

Table 3.0

Example citizen responses on the impact of the proposal, some people are eligible, some are not:-

"I am registered blind. Not having this service would put me in danger. I live alone and only get carers in the morning. This service allows me to get help in an emergency and is a reliable service"

"Devastating"

"My peace of mind would be shattered"

"I need alarm as I am unstable on my feet, I live alone and am 88. My daughter is my carer but she lives in her own home. I rely on alarm as a precautionary measure and would feel unsafe without it. £4.15 is a lot of money to me. I do not have the assistance from social care as my daughter is my carer. I feel it is unfair that as my family and I do not put a strain on social care I am being penalised. I think in all fairness this service should be based on peoples disabilities rather than if they use social care services".

"To have the alarm makes me feel secure. I do not know what I would do without this peace of mind. So if I have to pay for this service I do not mind at all, it is there for my safety and peace of mind".

"In the event of another fall (and I am unable to get myself up) how would I be able to raise the alarm for help. This would be a cruel and very unfair system, if I were to pay. Shame on the managers for inventing the charge"

2.4 What would you do to maintain independence without alarm?

Category	Would be eligible	Would not be eligible
Hope there are no emergencies / feel worried	9%	6%
Call an ambulance / 999 / 111	9%	6%
Rely on relatives / neighbours / carers	17%	23%
Would lose independence / can't stay at home	12%	5%
Would use phone to summon help	3%	8%

Table 4.0

There is an overwhelming agreement that the proposal to revise the free alarm eligibility will have a huge impact – with only 5% of those would who no longer be eligible stating their would be no impact. The biggest stated impact in on finances with only 42% of citizens who

would not be eligible stating that they would be willing / able to pay the reduced alarm charge of £3 (and a further 21% being unsure if they would be able / willing).

However when analysing the responses around what the citizen would do to maintain independence if not willing / able to pay there is a bigger impact on those who would be eligible i.e. if they had to pay but were not willing or able to do so. More citizens state they would call an ambulance, dial 999 / 111, more citizens state they would lose their independence, not be able to stay at home, would need to go into care, hope there would be no emergencies / feel worried. In addition those who would be eligible would less be able to rely on relatives / neighbours / carers and be able to use a phone to summon help.

Example citizen responses on what they would do to keep themselves independent and other comments / suggestions, some people are eligible, some are not:-

"My son requires a care package but i am prepared to take the role on as his carer and save the city council this cost. My son no longer receives a carer's allowance. It seems unfair that twice he is not getting financial support - saving you money and now must find extra money for the emergency call for peace of mind."

"The vast majority of elderly people will never use the support service but is there if needed. A cruise ship carries emergency life belts for its passengers which are never used in most cases but it would be disastrous not to carry them".

"I will have to cancel my alarms and if an emergency happens i do not know what will happen".

"I realise budgets are tight and your resources are being tested to the limit. I applaud you trying to work in a positive manner to address this matter".

"Nottingham On Call is an excellent service and a lifeline. I live alone and could not do without it".

"Maybe I should be asking what comments / suggestions you have for me when I fall / unable to raise myself / cannot get help / on the floor seriously hurt – I could be dead by the time I have been discovered. (Tell this to the person who invented this charge)".

2.5 Equality Impact

Category	Would be eligible	Would not be eligible
Aged 65+	69%	80%
Consider yourself disabled	91%	83%

Are White British	82%	88%
Did not have help to complete form	23%	49%

Table 5.0

The demographic *responses indicate that a greater proportion of those who would not be eligible under the proposals are aged over 65 than those who* would be eligible. This is not surprising as those who would be eligible include adults with learning disabilities, mental health issues and physical disabilities. A greater proportion of those considering themselves to be disabled would be eligible under the proposals as well as a greater proportion of ethnic minority citizens. Finally nearly half of those who would not be eligible under the proposals needed help to complete the questionnaire whereas this was over 75% of those who would be eligible needed help another indication perhaps that those who are in receipt of social care have greater need.

3.0 Impact on those who would not be eligible and who have stated they are not able or willing to pay to retain the alarm service

One key consideration when looking at the impact of the proposed new eligibility criteria is to understand the impact on those citizens who would no longer be eligible to continue to have their alarm service subsidised and are stating they are not willing or able to pay to retain it.

123 citizens or 30% of those who have said they won't (be able to) pay have used their alarm in an emergency in the past 12 months. 48% of these citizens have used their alarm in an emergency three times or more. Calculating the number of times those 123 citizens stated they have used their alarm this results in 386 emergency alarms calls being made.

When considering the responses as to the outcome of the emergency 50 citizens have stated the outcome included an ambulance being called and / or a hospital admission. With an average of 3 emergency calls per citizens this is potentially 150 instances of ambulances required / hospital admissions as a result of falls, chest pains, breathing difficulties or other health conditions.

A perhaps more concerning factor is the number of citizens pressing their alarm in an emergency for falls, chest pains, breathing difficulties and other health conditions which didn't result in an ambulance and or a hospital admission. 49 citizens presses their alarm in an emergency 139 times. Without the ability to press an emergency alarm in these situations would these falls, chest pains, breathing difficulties and other health conditions end up requiring an ambulance and or hospital admission as there may be a delay in the citizen in getting help without the ability to raise an emergency alarm?

When the citizens were asked how they would retain their independence without an alarm the responses were as follows:-

- ➔ 25% would rely on family, neighbours or carers
- ➔ 19% are unsure / have no idea

- ➔ 7% would do nothing
- ➔ 7% would hope there were no emergencies
- ➔ 6% feel they would lose their independence
- ➔ 6% would call an ambulance / 999 / 111

6% of respondents said they still need the alarm / would pay despite having stated that they wouldn't be able / willing to.

75% of those who have stated they are not willing or able to pay to retain their alarm service are aged over 65, with 85% of them describing themselves as disabled.

Only 3% of those citizens not being eligible stated there would be no impact on them if they are prepared to pay to retain the alarm service. The main impact would be on their finances. However the major impact will be on those citizens who have stated that they are unwilling or able to pay to retain the alarm service so will be left without its support. As can be seen above about a third of these citizens are using their alarm in emergency situations, often on many occasions. So how will these citizens keep themselves safe and independent when a third have no idea, would do nothing or would hope these are no emergencies?

There were 128 instances where an alarm call resulted in an ambulance being called and or an admission to hospital. Responses suggest that there needs to be consideration on what would happen to these citizens if there was limited means to call for help in an emergency – longer stays in hospital, even fatalities? Similarly there were 139 alarm calls for health related issues including falls which did not result in an ambulance being called or a hospital admission. These responses suggest that with a delay in getting help, due to not being able to press their emergency alarm, this may result in ambulances being required or hospital admissions for these citizens.

In conclusion if these % and numbers were calculated against all citizens involved not just those who responded to the consultation this has the potential to result in many increased ambulance call outs, hospital admissions, increased length of hospital stay or even fatalities. The promotion of a basic alarm service for these citizens may provide some form of cover but is unlikely to eliminate the risks outlined above.

4.0 Conclusions

The alarm service provided by Nottingham on Call is clearly valued by citizens as indicated by the level of responses. Over 1,000 completed questionnaires were returned – a 43% response rate – and over 100 citizens or their family members were spoken to in phone calls.

The proposal to revise the eligibility criteria to citizens in receipt of a social care service will mean approx. 1,800 of the current 2,500 citizens who benefit from the subsidised alarm service. Comparing the citizen responses between those who would be eligible with those who would not be eligible it is clear that citizens in receipt of social care are those most in need of the alarm service and so the proposal to target limited resources at these appears

correct. This is based on use of the alarm in an emergency, number of resulting ambulance call outs and hospital admissions and additional alarms attached. It also takes account of the evidence that citizens in receipt of social care are less able to rely on family / carers, use a phone to summons help and consider they would lose their independence without the alarm.

Many citizens who would not be eligible have stated a willingness to pay to continue to receive the service – either willingly or begrudgingly in order to remain supported. However a real concern is the high levels of citizens who have stated they are unwilling or are unable to pay a charge, even at the lower rate announced by Nottingham on Call. The evidence is that these citizens are currently using the alarm service to summon help in an emergency and are having ambulances / hospital admissions and so will be potentially left at risk without an alarm. Consideration needs to take place as to whether some flexibility in the new eligibility criteria can be provided to include citizens deemed at risk without an alarm. Nottingham on Call also need to actively promote and encourage citizens to self-fund to retain their alarm, including contacting carers. It is hoped that the prospect of the alarm equipment being removed will persuade some citizens to pay. In addition citizens who maintain that they are unwilling or unable to pay the £3.10 reduced weekly fee are signposted to the range of private alarm providers. Being supported by a basic alarm service, albeit with a largely inferior service, is better than not having any alarm service.

Dave Miles
Assistive Technology Specialist
Nottingham City Council / NHS Nottingham City CCG

8/3/18

Appendix B

Dispersed Alarm / Telecare Revised Eligibility – Stakeholder Engagement

Findings Summary

1.0 Overview

As part of the service review of Assistive Technology provision revised eligibility criteria have been proposed for the subsidised alarm service and for Telecare equipment. The existing eligibility criteria are proposed to change as follows:-

Eligibility criteria	Dispersed Alarms	Telecare equipment
Current	Aged 75+ and in receipt of a disability benefit	Is vulnerable and would benefit from equipment to address needs and risks.
Proposed	In receipt of a long term social care service.	In receipt of a long term social care service; and Referral by social care to ensure the citizen is supported in the most cost effective way.

Citizen consultation was undertaken with the 2500 existing subsidised alarm users for the period 15/12/17 to 25/2/18. Over 1000 completed questionnaires were returned. At the same time an engagement process was undertaken with stakeholder organisations who refer citizens for alarms and Telecare over the same period. 2 stakeholder meetings were held although poorly attended. A stakeholder letter and questionnaire was sent to 10 organisations who had made referrals in the past 2 years. Completed questionnaires were returned from 5 organisations (including 5 responses from various teams in one organisation) and a further organisation responded by letter.

2.0 Findings

The findings from the responding organisations have been collated onto one document – Summary stakeholder responses. A summary of their responses are set out in this Findings document.

2.1 Dispersed Alarms

2.1.1 Impact

Most stakeholder stated that cost will be a barrier, concerned that citizens will not be able to afford even the cheaper option. There were various other concerns about impact on citizens including those with no family or support network, people with long term conditions, those at high risk of fire, those who decline social care assessments and carers. It was highlighted

that many citizens avoid social care costs by being supported informally and that an inevitable knock on effect would be higher demand for social care assessments and people being left at risk which could lead to increase hospital admissions.

Provision of a care alarm is stated to be a low cost / cost effective service to help people live more independently, including supporting carers. A carer testimony was provided – "their equipment has improved my life – no doubt. Before I was tired and couldn't leave them, go on holiday. It's had a big positive impact on me, my family and my marriage". One organisation suggested it would be counter-productive to remove support for citizens and would load further strain in the system.

Finally one organisation suggested that the eligibility criteria for alarms and Telecare should be the same.

2.1.2 Alternative options

Several alternative options were put forwards by the organisations:-

- those with a long term condition with regular medical intervention by a nurse of GP;
- those in receipt of disability benefits;
- where a clinician has completed an assessment that indicates an individual is at significant risk;
- those who are in receipt of a short term reablement service or who have been discharged from hospital;
- those referred by the Fire Service as being at risk of harm as a result of fire.

Other suggestions were made including making savings from areas that have a less direct impact on citizens, and those who have been assessed as eligible but declined a social care package.

2.1.3 Would users pay £3.10 per week to retain their alarm?

6 organisations ticked the boxes – 5 were unsure if citizens would be willing / able to pay the charge whereas one organisation said citizens wouldn't.

Several comments were made, including *"those not needing a care package being penalised for needing a care alarm"* and *"many of our mental health or dementia patients may be reluctant to accept an identified risk mitigation recommendation if compelled to pay for it".*

2.2 Telecare

2.2.1 Impact

There were overlapping response for the Telecare proposal to the dispersed alarm responses. One organisation said *"we are encouraged to find alternatives to social care…with Telecare being one of the services we refer citizens to who are just coping. A small number may be at risk of being unattended following a fall / illness without this service".* The potentially high cost of self-funding was raised by several organisations – "such a high cost for equipment is very likely to put people off having equipment and therefore leave them very vulnerable".

Some organisations indicated the need to establish whether social care was in place or needing to refer citizens to social care for an assessment would be a barrier. The time delay in an assessment to discover if a citizen could get free equipment was raised by one, and another said that needing to know if a person would have to pay for equipment could affect how they approach the citizen.

The inability of health teams to refer citizens is an issue. One suggested they could become "approved social care referrers" whilst another said "*patients would receive unnecessary and potentially unsafe delay where health colleagues are unable to refer for equipment".*

One organisation stated that the restricted eligibility would limit the reach of AT and this appeared out of sync with the Council Plan, STP and Health and Wellbeing Strategy.

2.2.2 Alternative options

Most organisations re-stated their response for the dispersed alarm eligibility proposals. Two specific additional options were raised:-

- ➔ clinicians who were already involved with the service user to make an appropriate assessment of need to save time and the cost of involving social care;
- ➔ produce an assessment document whereby people are assessed according to identified risk, or where actual incidents have occurred would be a better was to target those who need Telecare most.

2.2.3 Would users pay £7 per week package charge or £110 equipment costs?

6 organisations ticked the boxes – 5 thought citizens would not be willing / able to pay the charge whereas one organisation said they were unsure.

Several comments were made including "*such a high cost of equipment is very likely to put people off having equipment and therefore leaving them very vulnerable",* and "*This may result in more frequent accidents and incidents which may lead to hospital admissions with more severe consequences, such as those associated with undiscovered falls resulting in more severe illness or injury".*

2.3 General

When asked to consider the likely knock on effects of the proposed eligibility change the responses included:-

- a lot less people would use the service, and it may encourage more people to contact / refer to Adult Services;
- the pressure will increase on social services – with increased demand for social care assessments driving referrals to Health and Care Point;
- knock on effects for patient safety and quality of life;
- impact on efficiency of teams;
- inevitable need for either care home placements or hospital inpatient stays which is a considerable higher cost;
- increases in tenancy failures and / or requests for other forms of housing assistance;
- Impact on Fire Service.

The AT evaluation summarised on the CCG website was cited as delivering a £3.51 per user return on investment through the avoidance of hospital admissions, A&E attendances and GP appointments.

2.4 Specific considerations

The following considerations were suggested to be taken account of:-

- Those without mobile phones or able to call help in an emergency;
- Patient safety risk if they fail to take their medication or take incorrectly;
- Patients who are at risk or falls or who have had a fall. Someone who has had a long lie would lead to hospital admission and surgery, followed by community social care;
- Consideration for those who meet the criteria for social care but choose to receive support from their relatives or informal care networks;
- Implement the changed eligibility for new subsidised alarm users as well as for Telecare users;
- The need to communicate this effectively e.g. in GP surgeries outlining the eligibility and charges clearly;
- A pro-active approach from the service provider to ensure that all service users, particularly those affected by dementia, have understood the proposed changes. Where citizens have dementia and no longer want the equipment this needs to be removed quickly as they may believe the equipment is still working.

3.0 Conclusions

Many of the organisations understand the rationale behind the eligibility change and why those in receipt of social care are considered those most at risk. However there is broad consensus that many citizens will find the charges unaffordable or not be willing to pay them. Many concerns have been raised about the impact of citizens being left vulnerable and at risk without needed alarms and equipment and this will inevitably lead to additional system costs including demand for social care assessments and hospital admissions. Other identified risks were around fire safety, as well as on housing. Several options have been put forwards to mitigate these risks by widening the eligibility inclusion criteria and effective communication around the changes.

Dave Miles
Assistive Technology Specialist
Nottingham City Council / NHS Nottingham City CCG

7/3/18

Appendix C

AT Services budget break and savings 2018/19

	Telecare / Telehealth (AT Contract)	Dispersed Alarms (Alarms Contract)	AT Services (Total BCF Funded)
17/18 Budget	£930,000	£318,945	£1,248,945
Staffing Saving	£189,584		£189,584
Equipment Saving	£251,016		£251,016
Service Contract		£198,045	£198,045
Proposed savings 18/19	£440,600	£198,045	£638,645
Proposed budget 18/19	£489,400	£120,900	£610,300
Approved factors affecting savings target			
less Redundancy indemnity (out of £97,000)	£42,232		£42,232
less Agreed 11/12th savings level	£32,967	£18,709	£51,676
Revised proposed savings 18/19	£365,401	£179,336	£544,737
Further factors affecting deliverability of savings target			
less Woodvale / Glenstone		£5,300	£5,300
less Transitional buffer payment (up to)		£68,000	£68,000
less Transitional staffing payments	£0		£0
Projected deliverable savings 18/19	**£365,401**	**£106,036**	**£471,437**
Projected budget 18/19	**£564,599**	**£212,909**	**£777,508**

Equality Impact Assessment Form (Page 1 of 8)

Title of EIA/ DDM: Revised Dispersed (Subsidised) Alarm Eligibility **Name of Author: Dave Miles**
Department: Strategy and Resources **Director: Katy Ball**
Service Area: Strategic Commissioning **Strategic Budget EIA Y/N (please underline)**
Author (assigned to Covalent): Clare Gilbert

Brief description of proposal / policy / service being assessed:

It is proposed to revise eligibility so that recipients of the subsidised alarm service are those in receipt of a long term social care service. Citizens who are no longer eligible to receive a subsidised alarm service will be invited to continue to receive the service and be supported by the alarms by paying an alarm charge to Nottingham on Call. Those citizens who do not wish to continue to receive the service at the new charge will be signposted to a basic alarm service to maximise the number of citizens who remain supported by an alarm service.

Nottingham City Council has commissioned a Dispersed (Subsidised) Alarm service through Nottingham City Homes since 2012. This service is provided by Nottingham on Call, the emergency alarm and monitoring service. Citizens are provided with a care alarm (also known as a lifeline) and pendant alarm connected to Nottingham on Call. Instead of being charged the standard alarm service charge by Nottingham on Call (currently £4.15 per week excluding VAT) the citizen is not charged. Nottingham City Homes receive a payment from Nottingham City Council in lieu of the charge for the citizen. An overview of the Nottingham on Call service is provided here http://nottinghamoncall.org.uk/

If the citizen presses their pendant alarm or care alarm an alert is raised at Nottingham on Call. Many citizens also have additional sensors and detectors, such as a smoke detector, falls detector, bed occupancy sensor, linked to their care alarm so that if any of these trigger then an alert is also raised at Nottingham on Call. (Circa 61% of citizens who have a subsidised alarm also have additional sensors and detectors – known as Telecare). When an alert is raised at Nottingham on Call their staff assess the nature of the emergency and initiate an appropriate response including contacting next of kin, sending one of their response team around or contacting emergency services.

Eligibility for the subsidised alarm service is currently – aged 75+ and in receipt of a disability benefit.

The proposals aim to:

- Focus the Dispersed (Subsidised) Alarm service on those most in need i.e. citizens needing to be supported by long term social care;
- Ensure that those with a long term social care service who need an alarm service to meet need and manage risks are not prevented from having one due to cost;
- Minimise the number of citizens who decline to be supported by an alarm service due to cost;
- Reduce the overall budget for the provision of subsidised alarms in order to contribute towards social care budget pressures.

There are currently 2500 citizens who are supported by the Dispersed (Subsidised) Alarm service. Approximately 28% of these citizens (700) are currently in receipt of a long term social care service.

The proposal to focus the subsidised alarm service onto social care users and introducing a self-funding element was discussed with the NHS Nottingham City CCG Assistive Technology clinical lead alongside wider Assistive Technology service revision options. The proposal was supported with no clinical concerns raised.

Information used to analyse the effects on equality:

A full consultation process has been undertaken with the 2500 current service users to seek their views on the proposal to revise the eligibility criteria and the impact it may have on them. 1073 completed questionnaires were returned and have been logged and analysed. (Engagement has also been undertaken with stakeholder organisations who refer citizens to the service). The Equality Impact Assessment has been updated at the conclusion of these two consultation processes.

Analysis of the 1073 completed citizen questionnaires has been undertaken. The results have been analysed to show all response, comparing between those who would be or would not be eligible, as well those indicating they would not be willing or able to pay to retain their alarm service so perhaps those most affected. The responses are as follows:-

Gender

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
			"Not stated" responses excluded					
	Number	%	Number	%	Number	%	Number	%
Please tick the gender which best describes you								
Male	324	32	76	33	248	32	134	32
Female	684	68	155	67	529	68	277	67
Prefer not to say	5	0	0	0	5	1	4	1
	1013		231		782		415	

Gender identity

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
			"Not stated" responses excluded					
	Number	%	Number	%	Number	%	Number	%
Is your gender identity the same gender you were assigned at birth?								
Yes	962	98	220	96	742	99	393	98
No	8	1	5	2	3	0	1	0

Prefer not to say	10	1	3	1	7	1	6	2
	980		228		752		400	

Age

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
			"Not stated" responses excluded					
	Number	%	Number	%	Number	%	Number	%
Please tick your age								
Under 16	0	0	0	0	0	0	0	0
16-24	2	0	1	0	1	0	0	0
25-34	14	1	5	2	9	1	6	1
35-44	17	2	10	4	7	1	6	1
45-54	59	6	23	10	36	5	24	6
55-64	133	13	32	14	101	13	63	15
65-74	211	20	38	16	173	22	94	23
75+	586	57	126	53	460	58	212	52
Prefer not to say	8	1	2	1	6	1	4	1
	1030		237		793		409	

Disability

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
			"Not stated" responses excluded					
	Number	%	Number	%	Number	%	Number	%
Do you consider yourself disabled?								
I consider myself to be disabled	801	85	200	91	601	83	320	85
I consider myself not to be disabled	99	10	10	5	89	12	38	10
Prefer not to say	47	5	9	4	38	5	19	5
	947		219		728		377	

Ethnicity

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
	"Not stated" responses excluded							
	Number	%	Number	%	Number	%	Number	%
Please tick which ethnicity which best describes you								
White British	886	87	190	82	696	88	345	86
White Other	35	3	6	3	29	4	17	4
Mixed	10	1	6	3	4	1	2	0
Asian	26	3	15	6	11	1	8	2
Black	50	5	12	5	38	5	24	6
Prefer not to say	14	1	3	1	11	1	6	1
	1021		232		789		402	

Sexuality

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
	"Not stated" responses excluded							
	Number	%	Number	%	Number	%	Number	%
Please tick which sexuality best describes you								
Bisexual	14	2	3	1	11	2	4	1
Gay Man	6	1	3	1	3	0	1	0
Gay Woman / Lesbian	7	1	2	1	5	1	5	1
Heterosexual or Straight	826	90	193	89	633	91	338	91
Prefer not to say	64	7	17	8	47	7	23	6
	917		218		699		371	

Religion

	All Responses		Proposed Eligible		Proposed Not Eligible		Proposed Not Eligible. Not willing / unsure to pay	
Responses	1073		243		830		427	
			"Not stated" responses excluded					
	Number	%	Number	%	Number	%	Number	%
Please tick which religion best describes you								
Agnostic	13	1	5	2	8	1	4	1
Atheist	22	2	5	2	17	2	11	3
Buddhist	3	0	0	0	3	0	3	1
Christian	751	79	149	70	602	81	297	78
Hindu	7	1	6	3	1	0	1	0
Jewish	1	0	0	0	1	0	1	0
Muslim	9	1	5	2	4	1	4	1
None	70	7	19	9	51	7	30	8
Pagan	5	1	1	0	4	1	3	1
Sikh	8	1	2	1	6	1	3	1
Prefer not to say	62	7	20	9	42	6	23	6
	951		212		739		380	

	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 isn't possible)
People from different ethnic groups.	☐	X	Analysis of the equality responses of the citizens who completed a consultation questionnaire indicates that having an eligibility criteria of "being in receipt of long term social care" will not adversely affect citizens from protected groups. For example gender, gender identity, sexuality levels are broadly the	The concluded consultation process has given a very real understanding of the needs and circumstances of citizens in relation to their need for and usage of an alarm service. In recognition of the fact that large numbers of citizens may not be willing /
Men	☐	X		
Women	☐	X		
Trans	☐	☐		
Disabled people or carers.	☐	X		

Pregnancy/ Maternity	☐	☐	same for those proposed to be eligible and non-eligible. There are higher levels of those considering themselves to be disabled, ethnic minorities, and non-Christian religion within those proposed to be eligible. The one group potentially disadvantaged are the elderly with higher levels of those aged 65+ who would not be eligible than those who would. This is accounted by the number of adults aged between 18 – 64 who receive social care. Citizens who are proposed not to be eligible to receive a funded alarm are able to purchase this service directly from NCH for a reduced rate of £3.10 per week. Evidence from the consultation indicates that only 42% of citizens who would not be eligible are willing / able to pay this charge. (It is estimated this will increase to between 50% - 60% once the potential for the alarm to be removed is real). There is a concern that not being supported by a subsidised alarm service (i.e. those who decline to self-fund) could have potential negative impacts for older people, disabled people, BAME people and men (who are more likely to be at risk of heart failure, diabetes and some other long term conditions, and who may manage their condition/s via the support of the alarm service). Particular impact on those who are frail and in poor health.	able to pay the standard alarm charge Nottingham on Call have introduced a reduced rate of £3.10 per week. This is solely on offer for those affected citizens and is for a 2 year period. It is hoped that this lower rate will persuade many citizens to self-fund to retain the support of the alarm service. Nottingham on Call have developed an action plan to promote the reduced rate to citizens and their carers to maximise take up. This will involve letters, telephone calls and visits where necessary. Nottingham on Call will employ their usual methods to ensure equality of access in this process e.g. use of translators, literature available in different languages. However it is recognised that some citizens will not be persuaded. To mitigate the fact that some citizens could be left at risk without their service Nottingham on Call will:- ➔ refer citizens deemed at risk to Nottingham Health and Care Point for an assessment of risk / need; ➔ signpost citizens to the range of basic alarm providers so citizens have the choice to have a basic alarm service – at a lower cost but reduced service level and cover. In addition Nottingham City Council will liaise with stakeholder groups, including those who responded to the engagement, to ensure they are informed of the eligibility decision and are able to support their service users
People of different faiths/ beliefs and those with none.	☐	☐		
Lesbian, gay or bisexual people.	☐	☐		
Older	☐	X		
Younger	☐	☐		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). ***Please underline the group(s) /issue more adversely affected or which benefits.***	☐	☐		

			Citizens who decline to self-fund the Nottingham on Call Service could mean new citizens requiring support from a basic alarm service. Citizens would need designated family members/carers who are able to respond. This would leave isolated vulnerable citizens without suitable response, and particularly disadvantages the financially poorest citizens. It's likely that this would result in gradually increased emergency hospital admissions, A&E attendances and GP appointments. It's also likely that this would result in increased additional requests for social care, and that some citizens would no longer be able to maintain independence, leading to increased residential care admissions. There is also the potential of increased pressure on Nottingham Health and Care Point as citizens (and stakeholder organisations) seek clarity on existing receipt of social care or for seeking to receive social care in order to continue to receive a subsidised alarm service.	understand the new eligibility criteria and what their options are to retain alarm support. The citizen consultation supported the proposal to target funded alarm support at those in receipt of a social care service as those most in need of support. However the consultation and stakeholder engagement evidenced that many vulnerable citizens could be excluded / left at risk by the new eligibility focus. A request to provide some scope within the alarm contract to support citizens not eligible but at risk / in need is being made to the Health and Wellbeing Board Commissioning Sub-Committee in the report which seeks to endorse the eligibility criteria. If agreed an inclusion process would need to be established. The financial impact of these proposals could affect the level of income Nottingham on Call receives in order to remain a sustainable service. Nottingham on Call will be encouraged to promote the benefits of retaining the service the citizen already has (albeit on a self-funding level), partly to maintain their level of funding. In order for NCH to continue to manage the On Call service which includes other services such as out of hours support this service would still require significant funding. The level of funding required has not yet been modelled however this will be included as part of liaison with NCH.

Outcome(s) of equality impact assessment:

•No major change needed ☐ •Adjust the policy/proposal ☐ •Adverse impact but continue X

•Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / service:

The equalities impact assessment will be reviewed quarterly based in light of monitoring information supplied by the commissioned service providers, including take up levels for those self-funding to retain their alarm service.

Approved by (manager signature):	**Date sent to equality team for publishing:**
Clare Gilbert Commissioning Lead 0115 876 4811 clare.gilbert@nottinghamcity.gov.uk	**Date:-**

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
   http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.

Equality Impact Assessment Form (Page 1 of 6)

Title of EIA/ DDM: Telecare Service - Revised Eligibility
Department: Strategy and Resources
Service Area: Strategic Commissioning
Author (assigned to Covalent): Clare Gilbert

Name of Author: Dave Miles
Director: Katy Ball
Strategic Budget EIA Y/N (please underline)

Brief description of proposal / policy / service being assessed:

It is proposed to revise eligibility so that recipients of equipment / service through the Telecare Service are those "in receipt of a long term social care service" or "those where social care refer to the Service to enable citizens to be supported in the most cost effective way". Citizens who are no longer eligible to receive a service will be invited to self-fund any equipment assessed as being required / wanted through the commercial service operated by Nottingham on Call. **These proposals do not affect citizens who already have equipment supporting them. New referrals to the Telecare Service from the agreed date will be subject to the proposed new eligibility criteria.**

Nottingham City Council has provided a Telecare Service in partnership with Nottingham on Call, Nottingham City Homes since 2007. In January 2017 this service was transferred wholly to Nottingham City Homes as part of the Assistive Technology Service. The Assistive Technology Service is commissioned by Nottingham City Council and funded through the Better Care Fund, joint Nottingham City Council and NHS Nottingham City CCG funding. An overview of the Assistive Technology Service is provided here http://nottinghamoncall.org.uk/wp-content/uploads/2017/01/Assistive-technology-service-booklet_A4_Jan-2017_WEB.pdf

The Telecare service is now provided by Nottingham on Call, the emergency alarm and monitoring service. Telecare is defined as "remote care". Citizens are provided with an equipment package based on assessed need and risk. Examples of the types of equipment which are provided are smoke detectors, falls detectors, medication prompts, motion sensing lights and keysafes. Approximately 70% of packages of equipment are linked to the Nottingham on Call monitoring centre. When an alert is raised at Nottingham on Call, for example a sensor or detector triggers, their staff assess the nature of the emergency and initiate an appropriate response including contacting next of kin, sending one of their response team around or contacting emergency services. The remaining 30% of equipment packages are standalone – this means that the equipment is not linked to Nottingham on Call. The equipment will either send an alert to a carer via a pager or mobile phone or simply prompt the citizen for example to take medication. The equipment is provided (loaned) to the citizen at no cost for the duration of need. Where the equipment is linked to Nottingham on Call their standard alarm charge is levied - currently £4.15 per week excluding VAT. The exception to this being where the citizen is also eligible for the Dispersed (Subsidised) Alarm service where no charge is made to the citizen.

Eligibility for the Telecare Service is currently broad and is "that the citizen has a condition which increases their vulnerability and can be supported by equipment / service". The service aims to support specific priority groups to ensure those most at risk are supported – citizens at risk of hospital or residential care admission, adults with a long term condition, dementia or learning disability and disabled children.

The proposals aim to:

- Focus the Telecare Service on those most in need i.e. citizens needing to be supported by long term social care or at risk of needing long term social care;
- Increase the number of citizens who self-fund for equipment which they want for reassurance;
- Reduce the overall budget for the provision of subsidised alarms in order to contribute towards social care budget pressures.

There are currently 7300 citizens who are supported by the Telecare Service with approximately 20% of these citizens (1500) currently in receipt of a long term social care service. These proposals do not affect citizens who already have equipment supporting them. Approximately 1500 referrals to the Telecare Service are received per annum from a variety of sectors and organisations including social care, health, housing, emergency services and the voluntary sector. New referrals to the Telecare Service from the agreed date will be subject to the proposed new eligibility criteria.

Information used to analyse the effects on equality:

The provision of equipment / service through the Telecare Service can support a citizen in many ways. For some citizens who are worried about the impact of aging and / or health conditions, for example of falling in the home, the equipment / service can provide a level of reassurance. In addition there can be a reduction in potential anxiety levels or carers knowing their loved one is able to summon assistance if needed. For many citizens the Telecare Service is a vital support service against risks assessed by a social care or health professional, for example the risk of falling at night. The Telecare Service can also mean some citizens assessed as needing on-going social care, for example home care, can be supported without unnecessary intrusion into their home.

Analysis of the Telecare Service and the citizens who receive the service has been undertaken. This is based information provided from the Telecare Referral System through which referrals for Telecare are made by stakeholder organisations. This is based on the two year period between 1/11/15 and 31/10/17. (NB. Within this period one citizen may have been referred more than once so the data is based on referrals not individual citizens). Key findings in relation to equalities impacts are as follows:

<u>Age</u>

- There were 5620 referrals completed in the 2 year period to 31/10/17;
- The age profile of the referred citizens where the age is known is as follows:-
  - With 1256 of the referrals the citizen was aged under 65 (22.5%)
  - With 919 of the referrals the citizen was aged between 65 and 74 (16.5%)
  - With 793 of the referrals the citizen was aged between 75 and 79 (14%)
  - With 1090 of the referrals the citizen was aged between 80 and 84 (19.5%)
  - With 1562 of the referrals the citizen was aged over 85 (27.5%)

<u>Ethnicity</u>

- There were 5620 referrals completed in the 2 year period to 31/10/17. With 558 referrals the ethnicity of the citizen was unknown so the number where ethnicity is known is 5062;
- The ethnicity profile of the referred citizens where the ethnicity is known is as follows:-
  - With 4218 of the referrals the citizen was White British (83.5%)
  - With 229 of the referrals the citizen was Asian (Bangladeshi, Indian or Pakistani) (4.5%)
  - With 283 of the referrals the citizen was Black (African, Caribbean or other black) (5.5%)
  - With 62 of the referrals the citizen was of mixed ethnicity (1%)
  - With 270 of the referrals the citizen was of an other racial group (5.5%)

Gender

- There were 5620 referrals completed in the 2 year period to 31/10/17. With 59 referrals the gender of the citizen was not specified so the number where gender is known is 5561;
- The gender profile of the referred citizens where the gender is known is as follows:-
  - With 2148 of the referrals the citizen was male (39%)
  - With 3413 of the referrals the citizen was female (61%)

Lesbian, gay or bisexual people

- There is no information held on the Telecare Referral System of the sexual orientation of citizens so it is not known how many referrals for Telecare were made for citizens who are lesbian, gay or bisexual.

Trans

- There is no information on the Telecare Referral System of referrals made for citizens who are trans.

Disability

- There were 5620 referrals completed in the two year period to 31/10/17. There is no specific information on whether individual citizens have a disability however the diagnosis or condition of the citizen is known. The diagnosis or condition of the 5620 referrals is as follows:-
  - With 1358 of the referrals the citizen has a long term health condition (24%);
  - With 1189 of the referrals the citizen has dementia or memory difficulties (21%);
  - With 691 of the referrals the citizen has a physical disability (12.5%);
  - With 334 of the referrals the citizen has a sensory impairment (6%);
  - With 103 of the referrals the citizen has a learning disability (2%);
  - With 142 of the referrals the citizen has a mental health issue (2.5%);
  - With 1000 of the referrals the citizen was deemed at risk of falls (17.5%);
  - With 73 of the referrals the citizen was a disabled child (1.5%);
  - With 706 of the referrals the citizen had an other condition or diagnosis (12.5%);
  - With 24 of the referrals the citizen had no stated condition or diagnosis (0.5%).

	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 isn't possible)
People from different ethnic groups.	☐	X	Revised eligibility to the Telecare Service could have potential negative impacts for older people, disabled	An engagement process has been undertaken with the stakeholder organisations who
Men	☐	X		

Women	☐	X	people, BAME people and men (who are more likely to be at risk of heart failure, diabetes and some other long term conditions, and who may manage their condition/s via Telecare). Particular impact on those who are frail and in poor health. Revised eligibility to the Telecare Service could dramatically reduce income of NCH. It's likely that this could destabilise the viability of the Nottingham on Call service – 73% of Nottingham On Call's activity is from Assistive Technology and Dispersed Alarms contracts. This would mean citizens requiring linked equipment would need designated family members/carers who are able to respond. This leaves isolated vulnerable citizens without suitable response. It's likely that this would result in increased emergency hospital admissions, A&E attendances and GP appointments. It's also likely that this would result in increased additional requests for social care, and that some citizens would no longer be able to maintain independence, leading to increased residential care admissions. Evidence from an external evaluation of the Assistive Technology services showed that being supported by the equipment / service can reduce emergency hospital admissions by 46%, A&E attendances by 35% and GP appointments by 10% for users. This	currently refer citizens into the Telecare Service. 10 organisations or teams responded giving their views on potential impact, affordability, potential alternative options for eligibility within the reduced budget availability. This was in conjunction with a citizen consultation on similar eligibility changes to receive a subsidised alarm. The citizen consultation analysis concluded that citizens in receipt of social care are the most in need of support of an alarm service – as they use their alarm more often in an emergency, would perhaps be less able to keep themselves independent without an alarm for example as less likely to be able to rely on family / carers. The response of stakeholder understood and broadly supported the focus of eligibility on social care users however were concerned about those who would be excluded and at risk. These included those who refused or hadn't engaged with social care but had support needs, including fire risk. The stakeholders highlighted that the result was
Trans	☐	☐		
Disabled people or carers.	☐	X		
Pregnancy/ Maternity	☐	☐		
People of different faiths/ beliefs and those with none.	☐	☐		
Lesbian, gay or bisexual people.	☐	☐		
Older	☐	X		
Younger	☐	☐		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). ***Please underline the group(s) /issue more adversely affected or which benefits.***	☐	☐		

			results in a £3.51 return on investment for every £1 spent on the service. The executive summary of the evaluation report is here http://www.nottinghamcity.nhs.uk/images/stories/docs/News_projects/Integrated_care/AT_evaluation_exec_summary.pdf In order to ensure that citizens are safe if no longer eligible for the Telecare Service and are unable to self-fund the citizens may need a social care assessment. Approximately 20% of the current 7300 citizens who are supported by Telecare have a long term social care package. This indicates that a large % of citizens referred into Telecare will not be eligible under the proposed new rules. Should a high % of these citizens not self-fund and be potentially at risk this level of assessments would put significant additional pressure on Adult Social Care.	likely to see additional demand on social care as well as more admissions to hospital. Impact on specific protected groups were not highlighted in the engagement. Citizens who do not meet the new eligibility criteria in future could self-fund to access Telecare equipment through the Nottingham On-Call service (if it was still viable). This could be either linked equipment or standalone e.g. to another family member – this would require citizens to have a designated family members/carers to link to and who are able to respond. This is the position in many other areas. In response to the expected increase in self-funding levels Nottingham on Call have developed a range of equipment / support packages. These range from the basic alarm charge at £4.15 per week, a Secure at Homes package at £5.75 per week, through to a Support for Independence package at £7.50 per week. Bespoke packages are also available. It is hoped that range of packages on offer will enable citizens to choose a package which meets their need and affordability. These packages will be widely marketed by Nottingham on Call. However it is recognised that the new restricted eligibility criteria for funded equipment will leave some citizens at risk who will not be able to self-fund. A request to provide some scope within

				the Telecare contract to support citizens not eligible but at risk / in need is being made to the Health and Wellbeing Board Commissioning Sub-Committee in a report which seeks to endorse the eligibility criteria. If agreed an inclusion criteria would need to be established. Communication and liaison will be made with all stakeholder organisations on the finalised eligibility criteria when decided. This will include options citizens may have if not eligible for funded equipment and deciding a self-funded package is not affordable. This would include signposting citizens to basic alarm providers so the citizen has some level of emergency support.

Outcome(s) of equality impact assessment:

•No major change needed ☐ •Adjust the policy/proposal ☐ •Adverse impact but continue X

•Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / service:

The equalities impact assessment will be reviewed quarterly based in light of monitoring information supplied by the commissioned service providers, including take up levels of those self-funding an equipment package compared to those assessed as needing a package but are not eligible to have this funded.

Approved by (manager signature):	**Date sent to equality team for publishing:**
Clare Gilbert Commissioning Lead 0115 876 4811	**Date**

Clare.gilbert@nottinghamcity.gov.uk	

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
   http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.