



ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 9 November 2016

Time: 4.30 pm

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

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA

Pages

4 BETTER CARE FUND UNDERSPEND PROPOSALS

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE

9 NOVEMBER 2016

	Report for Resolution
Title:	Better Care Fund Underspend Paper November 2016
Lead officer(s):	Katy Ball Maria Principe
Author and contact details for further information:	Clare Gilbert clare.gilbert@nottinghamcity.gov.uk
Brief summary:	Proposals for the use of the Better Care Fund (BCF) Underspend
Is any of the report exempt from publication? <i>If yes, include reason</i>	No

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

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

- a) determine the mechanism for the utilisation of the Better Care Fund underspend; and
- b) agree the allocation of the Better Care Fund underspend in line with the agreed mechanism.

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	Through supporting citizens to leave hospital in an appropriate and timely manner, citizens are supported to have increased life expectancy.
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

Not applicable

Reason for the decision:	<p>There is currently an underspend relating to the BCF due to delays in recruitment or project start up.</p> <p>Under the terms of the BCF it is not possible to carry forward an underspend so this will need to be fully allocated before year end.</p>
Total value of the decision:	£234,452
Financial implications and comments:	<p>The recommendations and subsequent decision arising from this report will determine the approach to utilise the remaining underspend currently forecast at £0.457m.</p> <p>The approach agreed should also consider and incorporate any further underspends that may arise across the various BCF initiatives.</p>
Procurement implications and comments (including where relevant social value implications):	No procurement activity is required in relation to the identified projects.
Other implications and comments, including legal, risk management, crime and disorder:	<p><u>Legal comment</u></p> <p>This report raises no significant legal issues. There is a s.75 Agreement between the CCG and the City Council which governs the commissioning arrangements for the Better Care Fund pooled budget. The appendices set out the justification for the services in this report being commissioned within the terms of the Better Care Fund.</p>
Equalities implications and comments: <i>(has an Equality Impact Assessment been completed? If not, why?)</i>	Not applicable
Published documents referred to in the report: <i>e.g. legislation, statutory guidance, previous Sub Committee reports and minutes</i>	Report to and minutes of Health and Wellbeing Board Commissioning Sub Committee meeting on 14 September 2016.
Background papers relied upon in writing the report: <i>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.</i>	None

Other options considered and rejected:	To carry forward the BCF underspend for utilisation in 2017/18. This option has been rejected because the CCG are not able to carry forward underspend and this principle has been applied to the BCF.

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Health and Wellbeing Board Commissioning Sub Committee Underspend Paper 9th November 2016

1. REASONS FOR RECOMMENDATIONS

- 1.1 There is identified underspend in relation to funding released from 2016/17 services which will no longer be progressed or where there have been delays in recruitment.
- 1.2 Under the conditions of the BCF it is not possible to carry forward an underspend, so this money will need to be fully allocated before year end.
- 1.3 The identified proposals will support delivery of BCF metrics, further integration of Health and Social Care provision in the City and improve outcomes for vulnerable older citizens and those with long-term conditions.

2. PROPOSALS FOR THE USE OF THE UNDERSPEND

- 2.1 In order to ensure that all of the underspend is utilised, three different options are proposed:
 - 1. To continue to fund pilots or short term non recurrent projects that support the BCF metrics.
 - 2. To return any under-utilised underspend back to the two organisations. A decision will be required on the proportion of the underspend that will be returned to each organisation.
 - 3. To utilise the underspend to temporarily fund substantive services that are already funded by the CCG and the NCC. Again, the basis of how this spend is divided between the two organisations will need to be determined.

A combination of all of these approaches could also be considered.

- 2.2 In line with Option 1, there are two proposals for consideration
 - A. Building on Transfer to Assess £194,452
 - B. Project Manager to oversee transformational activity related to integrated savings plan £40,000

See attachment A.

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

- 4.1 Following the Commissioning Sub-Committee BCF Underspend Report of 14 September 2016, the proposals contained within paragraph 2.1 will determine the approach to utilise the remaining underspend currently forecast at £0.457m.
- 4.2 The approach to utilise in year underspends should also consider and incorporate any further underspends that may arise across the various BCF initiatives.

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

- 5.1 See cover sheet

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None

Appendix 1

Better Care Fund Underspend Proposals Template

Report Author	Linda Sellars	Organisation	NCC
Proposal Name	Building on “Transfer to Assess Model”		
Which BCF Targets does the scheme support?	Promotes integration between health and social care		x
	Improves effectiveness of reablement services		
	Prevents or delays referral to residential care		x
	Reduces unplanned admissions		
	Reduces Delayed Transfers of Care		x
	Increases the uptake of Assistive Technology		
	Improves citizen health & social care outcomes		x
Description of Scheme	<p><u>Building on Transfer to Assess Model</u></p> <p>Significant work is underway within Nottingham City Council and City Care to create the Integrated Community Triage Hub and aligning Health and Social Care Reablement services.</p> <p>Through this work currently 30% of citizens requiring a social care assessment are able to leave hospital without this assessment taking place in hospital and receive a reablement service either in the community or within a community bed. The social care assessment takes place during this period for those citizens who require long term support.</p> <p>This approach has significant benefits, citizens are able to transfer out of the hospital in a significantly improved timescale and receive an assessment within a community environment ensuring over prescription of support does not occur. This approach also reduces the need for 2 social care assessments to take place with the citizen (one within the hospital for short term services, one within the community for long term services) thereby releasing capacity to assess more citizens by creating efficiencies.</p> <p>There is now an ambition, based on models used in Leicester, Derby and Leicestershire to enhance this pathway so that 70% of citizens leave hospital through this simplified pathway.</p> <p>The intention is to use the Integrated Community Triage hub to make decisions about which short term service would be most beneficial for the citizen to access. Community Bed, Reablement in the Home or the new Nottingham City in-house generic homecare service. The in-house generic homecare service has recently received funding to extend capacity by an additional 25 packages and recruitment is now under way.</p> <p>To support the above initiative provision of Community Beds also needs to expand. Nottingham City's Older People's home The Oaks has recently been refurbished with a new wing due to open at the beginning of November. This facility can offer 8 additional beds which with a small amount of additional staffing can offer a reablement focus. In addition, to supporting the beds for the above purpose, using this facility will begin to prevent citizens who are leaving hospital being placed in short term residential care as no external homecare provision is available.</p>		

	<p>The suggestion is to pilot this approach for 5 months from November to the 31st March to evaluate the effectiveness and outcomes for citizens.</p> <p>Pressures continue in finding third sector homecare for citizens who require long term homecare support. Analysis has been completed with the Lead Providers and Support Providers which has shown inefficiency concerning the compiling of rotas. Efficient rotas will create additional homecare capacity within these organisations. Nottingham City in house provision has made significant process in this area and has the expertise to support the third sector with this initiative. In order for management capacity to be released to complete this, a deputy post needs to be established so efficient management of in –house services can continue. An analysis of the work will be undertaken to inform future commissioning models.</p> <p>If the bed aspect of this scheme is not supported, consideration should be given to use the £123,208 to fund additional homecare. This would then enable citizens to be Transferred to Assess to their own homes. This would supplement the amount of available capacity in the city throughout winter and help to mitigate the risks associated with the lack of sufficient capacity. Gemma Poulter (Head of Integration, NCC) to gather relevant details for discussion at CEG.</p>																
Outcomes the service will achieve	<ul style="list-style-type: none">• Streamlined pathways for citizens leaving hospital• Reduction in delayed transfers of Care• Reduction of numbers of citizens from hospital entering short term residential care and then transferring to long term residential care• Increase in availability of homecare support from the lead providers																
Break down of costings Total Proposed	<p>Additional Staffing required – 5 months only</p> <table><tr><td>• 1 Deputy Manager Post (band I)</td><td>£18,488</td></tr><tr><td>• 3 fte CWL2 (inc. enhancements)</td><td>£33,140</td></tr><tr><td>• 2 fte CWL1 (inc. enhancements)</td><td>£19,616</td></tr><tr><td>• Funding for 8 beds at the Oaks</td><td></td></tr><tr><td>£714 per bed per week (21.57 wks)</td><td>£123,208</td></tr><tr><td>Or additional homecare capacity</td><td></td></tr><tr><td>Total Cost</td><td>£194,452</td></tr></table>			• 1 Deputy Manager Post (band I)	£18,488	• 3 fte CWL2 (inc. enhancements)	£33,140	• 2 fte CWL1 (inc. enhancements)	£19,616	• Funding for 8 beds at the Oaks		£714 per bed per week (21.57 wks)	£123,208	Or additional homecare capacity		Total Cost	£194,452
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Scheme Alignment	<table><tr><td>Access and Navigation</td></tr><tr><td>Assistive Technology</td></tr><tr><td>Co-ordinated care</td></tr><tr><td>Carers</td></tr><tr><td>Independence Pathway</td></tr></table>		Access and Navigation	Assistive Technology	Co-ordinated care	Carers	Independence Pathway										
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Independence Pathway																	
Timelines including start and end date and recruitment	November 2016 – 31 st March 2017																
Will the service be required beyond funding period?	Pilot																

Report Author	Jo Williams	Organisation	CCG
Proposal Name	Transformational Savings Project Officer		
Which BCF Targets does the scheme support?	Promotes integration between health and social care	X	
	Improves effectiveness of reablement services	X	
	Prevents or delays referral to residential care		
	Reduces unplanned admissions		
	Reduces Delayed Transfers of Care		
	Increases the uptake of Assistive Technology		
	Improves citizen health & social care outcomes		
Description of Scheme	The post will be placed within the Integrated Care Team and will work closely with the commissioning teams within Nottingham City Council and Nottingham City Clinical Commissioning Group to develop and oversee the implementation of transformational proposals. These proposals will address the joint savings targets which have been identified across both adult health and social provision		
Outcomes the service will achieve	<ul style="list-style-type: none">Increased efficiencyBetter integration of servicesDelivery of savings		
Break down of costings	Agency worker -£400 per day for 20 weeks = £40,000		
Total Proposed			
Scheme Alignment	Access and Navigation	ALL	
	Assistive Technology		
	Co-ordinated care		
	Carers		
	Independence Pathway		

Timelines including start and end date and recruitment	November 2016 – October 17
Will the service be required beyond funding period?	Temporary Post