NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Wednesday, 18 May 2016

Time: 2.00 pm

Place: LH 2.13 - Loxley House, Station Street, Nottingham, NG2 3NG

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

Corporate Director for Resilience

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

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 LH 2.11 - Loxley House, Station Street, Nottingham, NG2 3NG on 16 March 2016 from 14.06 - 14.30

Membership

Present	Absent
Candida Brudenell	Maria Principe
Councillor Alex Norris	
Dr Ian Trimble	

Non-Voting Members

Present	Absent
Katy Ball	Helene Denness
Colin Monckton	Martin Gawith
Lucy Davidson	Alison Michalska

Colleagues, partners and others in attendance:

Clare Gilbert	-	Lead Commissioning Manager
Darren Revill	-	Finance Analyst
Helen Jones	-	Director of Adult Social Care
Rav Kalsi	-	Senior Governance Officer

40 APOLOGIES FOR ABSENCE

Maria Principe.

41 DECLARATIONS OF INTEREST

None.

42 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 20 January 2016 were confirmed and signed by the Chair.

43 BETTER CARE FUND QUARTER 3 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, presented the report of the Corporate Director for Children and Adults outlining the third quarter Better Care Fund (BCF) Monitoring Report, updating members on the pay for performance elements of the fund. Darren Revill highlighted the following information:

(a) the cash flows of the pooled funds and the fund balance at the end of quarter 3 against the original BCF plan shows a £1.665 million surplus;

(b) the forecast position of the BCF is an underspend in 2015/16 of £1.005 million. Having applied the agreed approach to meet any pay for performance shortfall

in 2015/16 from underspends within the pooled fund, the forecast position is reduced to £0.672 million;

(c) the phasing of the underspend approvals is being reviewed to support the year end out-turn position. It should be noted that funding supporting the continuation of schemes into 2016/17 has been agreed from 2015/16 BCF funds and therefore, the carry forward position of the BCF is currently estimated to be between £1.496 million to £1.676 million.

RESOLVED to

(1) note the cash flow position of the Better Care Fund (BCF) Pooled Fund as at Quarter 3 of 2015/16 as detailed in table 1 of the report;

(2) note the forecast position of the BCF Pooled Fund as at Quarter 3 of 2015/16 as detailed in Table 2 of the report;

(3) note the updated position in relation to the Pay for Performance element of the fund as detailed in Table 4 of the report.

44 BETTER CARE FUND - QUARTER 3 PERFORMANCE REPORT

Clare Gilbert, Lead Commissioning Manager, presented the report of the Assistant Chief Executive outlining the current performance of the Better Care Fund (BCF) pooled budget, highlighting the following:

(a) there have been 194 permanent residential admissions since April 2015 against the target figure of 166, which represents an over performance of 16%. There were 16 admissions in during December 2015 against the monthly BCF target of 18;

(b) the effectiveness of reablement has improved where 73.1% of citizens are still at home 91 days after discharge against the year to date target of 66.7%;

(c) the proportion of citizens aged 65 and over with Assistive Technology continues to increase with 5,621 users against the year to date BCF target of 5,700;

(d) surveys into improved health and social care outcomes have reported an improved experiences, with the second round of surveys analysed reporting that, of the 242 responses, 84% of citizens reported an improved experience;

(e) the number of non-elective admissions throughout the year is still below the year to date BCF target, with 19,517 admissions against a planned 19,990.

RESOLVED to

(1) submit the Better Care Fund (BCF) quarterly return (Q3) to NHS England;

(2) note the current performance in relation to the BCF metrics as detailed in the report.

45 BCF UNDERSPEND PROPOSALS 2016/17

Clare Gilbert, Lead Commissioning Manager, presented the report of the Assistant Chief Executive, outlining proposals in relation to new schemes within the 2016/17 Better Care Fund (BCF) and set out the proposed schemes in relation to the carry forward money from 2015/16 BCF. The following information was provided:

(a) there are a number of new schemes listed for inclusion within the 2016/17 BCF and have been identified based on on-going analysis of the delivery of key BCF performance indicators. These schemes include the following:

- Older person Home Safety and Improvement Service;
- Seven Day Services in Rapid Response and Hospital Discharge;
- CDG Assessor posts;
- Primary Carers Services;
- Information and Advice support posts;
- Access and Navigation Pilot;
- Look After Each Other Pilot.

(b) there are also proposals to use the BCF underspend that is being carried forward from the 2015/16 fund. These include proposals targeted to support the performance metrics and to promote integration;

(c) the Sixty Plus Homeless Independent Living Support Service supports older people to live independently in their own homes. Although there is an ongoing need for this service, the future funding of this service will need to be reviewed alongside all other services to identify resources required in future years;

(d) the Mental Health Resettlement Service contract is due to expire on 31 March 2016. The service provides a total of 13 bed spaces and designed to support vulnerable adults around their discharge and safe return to more independent living. Permission is sought to extend the existing contract for a further 18 months in order to allow for the wider consideration of services available to adults with mental health difficulties living in the city. In order to extend the contract, dispensation from Contract Procedure Rule 5.1.2 in accordance with Financial Regulation 3.29 is required for this direct award to take place. In accordance with the Constitution, the Chief Finance Officer has been consulted and has approved the dispensation.

RESOLVED to

(1) approve the inclusion of the additional schemes in the 2016/17 Better Care Fund (BCF) as detailed in Exempt Appendix 2 and commit £903,565 for this purpose;

(2) approve proposals for the extension of the Mental Health Resettlement Service for up to 18 months. To dispense with Contract Procedure Rule 5.1.2 in accordance with Financial Regulation (3.29) (Operational Issues) and to enable a direct award in order to allow for a joint review of mental

health pathways to take place between Nottingham City Council and the Clinical Commissioning Group;

(3) approve proposals for the extension of the Sixty Plus Independent Living Support Service for up to 3 years.

46 2016/17 BETTER CARE FUND PLAN

Clare Gilbert, Lead Commissioning Manager presented the report of the Assistant Chief Executive, detailing the financial elements of the 2016/17 Better Care Fund (BCF) Plan, highlighting the following:

(a) the technical guidance for the 2016/17 BCF has now been issued. The final submission is due at the Health and Wellbeing Board on 25 April 2016.

RESOLVED to approve the draft submission for the 2016/17 Better Care Fund Planning Return for Submission to NHS England which will be presented for formal approval by the Health and Wellbeing Board

47 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item(s) in accordance with Section 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 in the public interest in disclosing the information.

48 BETTER CARE FUND NEW SCHEMES AND UNDERSPEND PROPOSALS - EXEMPT APPENDICES

The Committee considered the exempt appendices for the Assistant Chief Executives report on Better Care Fund New Schemes and Underspend Proposals.

RESOLVED to note the information contained within the exempt appendix.

49 2016/17 BETTER CARE FUND PLAN - EXEMPT APPENDICES

The Committee considered the exempt appendices for the Assistant Chief Executives report on 2016/17 Better Care Fund Plan.

RESOLVED to note the information contained within the exempt appendix.

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - May 18th 2016

Title of paper:	**Better Care Fund Underspend Proposals**	
Director(s)/ Corporate Director(s):	Candida Brudenell Marie Principe	**Wards affected:**
Report author(s) and contact details:	**Clare Gilbert Interim Strategic Commissioning Manager** **Clare.gilbert@nottinghamcity.gov.uk**	
Other colleagues who have provided input:	**Colin Monckton, Linda Sellars, Gemma Poulter, Jo Williams**	
Date of consultation with Portfolio Holder(s) (if relevant)	**16th May 2016**	
Total value of the decision:	**£643,120**	

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	☐
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	☒
Children, Early Intervention and Early Years	☐
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	☒
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):
Proposals around the utilisation of the 2015/16 underspend.

Recommendation(s):	
1	That the Better Care Fund allocation for CityCare contracts is increased by £111,000
2	Commissioning Sub-committee agree the transfer of the funding for the Looking After Each Other (LAEO) Project from the main Better Care Fund submission to the underspend budget
3	Commissioning Sub-committee consider the suitability of proposals presented for utilisation of the underspend and approve proposals for utilisation of 2015/16 BCF underspend as detailed in 1.3 and approve spend for this purpose up to a total of £643,120
4	Commissioning Sub-committee require that proposals agreed are subject to robust performance management arrangements which will be reported to the Integrated Care Board

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem')

1. REASONS FOR RECOMMENDATIONS

1.1 Following the submission of the Better Care Fund Plan to the Commissioning Executive Group on the 16th March there has been a slight re-alignment of the projects which sit within the fund to meet the additional cost of the contracts for a range of CityCare services including community triage, the Care Co-ordination Team and the Care Co-ordinators, which totals £111,000. The shortfall will be met by an equivalent reduction to the Access and Navigation spend. In order to meet this additional pressure and to retain the overall level of spend at the agreed level of £25,857,401 the LAEO Pilot scheme is being taken out of the BCF submission and instead will be included alongside the other underspend proposals. This means that the LAEO Pilot will not be subject to national reporting requirements. However, it will be monitored through the Integrated Care Board.

1.2 There is a £0.672m unallocated underspend identified against agreed 2015-16 BCF funding. A further £0.4m underspend may become available once the Better Care Fund receives final sign off. The underspend 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. The proposals are as follows:

1.3 Looking After Each Other Pilot – as approved by the CEG on the 16th March for inclusion within the BCF Plan £95,000

One to One Care	£50,838
Integration of CityCare and NCC Reablement and Urgent Care Services	£108,282
Creation of NCC Generic Homecare Team	£303,000
Hospital Discharge Service Proposal by CityCare	£152,370
Total	**£709,490**

The need to continue hospital discharge follow up is acknowledged and it is therefore proposed that opportunities are explored with Citycare to ensure a cost effective approach. It is therefore recommend that an allocation of a maximum of £70,000 is allocated. This would bring the revised total to **£627,120** which bring the proposals within the level of underspend currently available.

1.4 Further proposals for utilisation of the underspend will be submitted later in the year to meet evidenced based transformation projects and address pressures which best support the BCF targets.

1.5 Performance management data is required to evaluate the effectiveness of all projects within the BCF, including those funded from the underspend, in order to inform most effective use of resources and to guide future commissioning intentions.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Nottingham City BCF Plan 2015/16 was approved by the Health and Well-Being Board on 25 February 2014. The plan was subsequently revised in accordance with NHS England requirements and approved by HWB on 29 October 2014.

2.2 The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose. The pooled budget for 2015/16 totals £25.845m.

2.3 Financial monitoring has identified a substantial projected in-year underspend. This is predominantly due to delay in implementing seven day service provision.

2.4 The final submission date for the 2016/17 BCF was on the 3rd May 2016. The narrative proposals have been submitted and have received formal assurance through the regional process which means that it is subject to no significant alterations or changes.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 The option to utilise the underspend to form part of a payment by results budget in relation to the Delayed Transfer of Care has been rejected and does not form part of the BCF submission. It was agreed that the funds would be more effectively used to directly address DTOC.

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

4.1 As detailed in paragraph 1.2, the value of unallocated underspends within the 2015/16 Better Care Fund is £0.672m. Further underspends may be available through the local approach adopted in 2016/17 addressing the suggested payment by results for Delayed Transfers of Care, however the final submission of the 2016/17 BCF Plan is still subject to formal approval by NHS England. The 2015/16 BCF out-turn report will be presented at the next Commissioning Sub-Committee meeting.

4.2 The financial value of the underspend recommendations contained within this report is detailed in **Table 1** below.

TABLE 1 – FINANCIAL SUMMARY OF UNDERSPEND RECOMMENDATIONS

Scheme	**Lead Partner**	**2016/17 Value £**
Looking After Each Other Pilot	City Council	95,000
One to One Care	City Council	50,838
Integration of CityCare and NCC Reablement and Urgent Care Services	Joint	108,282
Generic Homecare Team	City Council	303,000
Hospital Discharge Service	City CCG	70,000
Total		**627,120**

*The increase in contract values of CityCare services of £111,000 will be partially offset by the reallocation of the Looking After Each Other Pilot from the 2016/17 BCF Plan to the underspend funds. The balance of £16,000 will be met from the a reduction to the Access and Navigation funding, however the full cost will need to be managed within the 2017/18 BCF allocation.

4.3 It should be noted that underspend funds are non-recurrent and the proposals contained in Table 1 above are pilot schemes with the exception of the Integration of CityCare and NCC Reablement and Urgent Care Services. This scheme is a mix of non-recurrent and ongoing costs although it is detailed in the supporting attachment to this report that any ongoing costs will be met through the delivery of efficiencies from the integrated service. Continuation of any of these initiatives beyond the scope of these recommendations will be subject to further appropriate approval.

4.4 Performance management information will be required to evaluate the effectiveness of these schemes and demonstrate outcomes delivered in supporting cost efficiencies and demand management for health and social care services.

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

5.1 This report does not raise any significant legal issues. The agreement governing the BCF pooled budget specifies that underspends will be agreed by the partners through the sub-committee.

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No ☒
An EIA is not required because:
The underspend proposals do not present a significant change in delivery to the citizen

Yes ☐
Attached as Appendix x, and due regard will be given to any implications identified in it.

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

7.1 Not applicable

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 BCF Underspend Proposals 2016/17 March 2016 CEG Report
BCF Plan Submission 2016/17 CEG Report

Better Care Fund Underspend Proposals May 2016

1. Looking After Each Other Pilot

Funding is sought to support delivery of the next phase of the joint NCC. CCG and NCVS sponsored LAEO programme, targeted at enabling citizens and communities to do more to look after each other and themselves, and by doing so significantly reduce the cost of, and demand for, health and social care services.

The main focus of LAEO to date has been piloting specific projects aimed at helping to tackle loneliness and reduce the flow of children into care. A number of these, including Befriending, Social Prescribing, Community Navigators and Safe Families for Children are showing very clear signs of having a positive impact and are now being considered for wider roll-out. These have however been largely "bottom-up" approaches. The plan now (as agreed through CEG) is to shift LAEO to focus at a more strategic level, including implementing a city-wide volunteering plan and linked communications strategy. This in turn will support delivery of related city-level priorities, for example, reducing loneliness and isolation (one of the key priorities in the revised HWBB strategy). LAEO activity will align with the objectives of the BCF.

The LAEO will deliver a volunteering strategy and a communications strategy. A draft volunteering strategy has already been approved by Programme Sponsors, including the Lead Executive councillor. This includes targeted activity to: increase levels of informal volunteering; drive behaviour change so people help each other more as the norm; much better align volunteering efforts of businesses around city priorities; break down the barriers which stop people helping others. If successful, this has the potential to significantly reduce the demand for formal health and social care support. Linked to this, and central to success, we are requesting an amount of funding to develop and deliver an overall communications strategy, including targeted social marketing activity, designed specifically to drive a change in behaviour so that people's default behaviour going forward is to look after each other and themselves more, and to access formal health and social care support much less.

Outcomes

- Reduction in demand for health and social care services
- Reduced costs
- Reduction in levels of loneliness and social isolation
- Increase in informal volunteering levels

Costs

Resources to support and drive delivery of agreed Volunteering Strategy over next 12 months	£45k
Resources to fund overall LAEO Communications strategy/social marketing campaign	£50k
Total	£95,000

2. Hospital Discharge Service Proposal – CityCare

1. Background and context

The Hospital Discharge Service (HDS) is a proactive telephone-based follow up service aiming to reduce emergency readmission to hospital within 28 days of discharge. Launched in February 2013 the service was originally a winter pressures initiative funded through Transformation Funding aimed at identifying and supporting frail/ elderly citizens at risk of readmission to following discharge from hospital. This funding has now ended and therefore the service is currently not commissioned and therefore unsustainability within further investment.

In 2015 it was announced that the Hospital Discharge Service had been shortlisted in the 'Care of Older People' category of the 2015 'Patient Safety' awards and the 'HSJ Awards' in recognition of the demonstrable service outcomes.

2. Executive summary

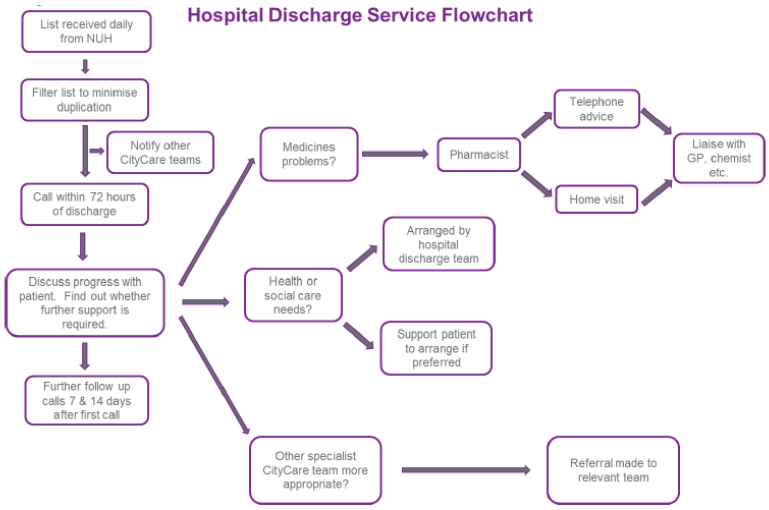
The hospital discharge service continues to support large numbers of patients: proactive post-discharge telephone follow up has helped 292 patients this quarter.

The service also supports a number of other CityCare teams by case finding and discharge notification. An additional 246 patients have been helped indirectly through notification by the hospital discharge service to other CityCare teams. Some details from this quarter:

- 27 new patients referred to the care homes specialist nurses.
- 28 new referrals for falls assessments (falls and bone health or CNRT).
- 23 referrals to the CityCare compliance review service.

Patients, relatives and carers continue to indicate a high level of satisfaction with the service, with 98 % saying they would be likely or extremely likely to recommend it to their friends or family.

3. Service model



Every week day the HDS receives a list detailing patients aged ≥ 60 discharged from NUH. This list is filtered:

- To remove patients outside our area of coverage (those with a non-City GP).
- To enable targeting those at greatest risk of readmission to hospital:
- Emergency admissions
- Admitted to certain wards (assessment wards)
- Discharged from certain specialties

The list is also cross matched with SystmOne to identify citizens known to CityCare teams, to alert the team of the need to contact and potentially review the citizen, supporting the delivery of co-ordinated care as well as minimising duplication. In Q3 15/16 246 patients (41 % of those not suitable for a call) were helped by notifying other teams. Examples include:

Community Matrons
Notifying CityCare community matrons of their patients' discharge from hospital enables the matrons to reinstate their visits to patients promptly. This improves patient care and could reduce the risk of readmission to hospital. There were 197 such notifications made this quarter.

Care Homes Specialist Nurses
CityCare care homes specialist nurses are informed of patients discharged to a care home. This benefits patients by ensuring they have a holistic assessment when they move to a care home. There have been 27 notifications of first time transfers to a care home this quarter. These are patients that the care home specialist nurses would not otherwise have known about.

Primary Care Cardiac Service
This quarter saw the introduction of discharge notifications to the primary care cardiac service. This enables the service to get back in contact with their patients promptly after discharge. An average of 11 notifications are made per month.

If not know to an appropriate community service citizens are identified as eligible for the service then go on to receive up to three telephone follow ups, the first within 72 hours of discharge (an average of 56 % of patients contacted in Q3 received their first call within 24 hours of discharge) at 7 days intervals after the first. During these calls service advisors use an algorithm to identify on going needs with a specific focus on medication compliance. Citizens identified as at risk are then referred for a formal medication review (tel or face to face). All other needs identified are referred/ signposted as appropriate.

During Q3 15/16 telephone follow up was offered to 530 eligible citizens. Over the same period, 292 (55 %) received our full package of 3 follow up calls.

4. Outcomes

Medicines management
- 219 citizens were identified as in need of a medication review in 14/15. Of these:
- 29% (63) resulted in a reduction in medicines-related risk that could have required a hospital admission if allowed to continue.
- 19% (41) resulted in a reduction in medicines-related risk that could have required a GP appointment or home visit if allowed to continue.

The most common cause of medicines-related risk identified by this service appears to be breakdowns in communication (about medicines) between the hospital, GP, community pharmacist and patient. Based on these figures, this service has avoided 63 medicines-related hospital admissions and 41 medicines-related GP consultations. These figures above can be used to attribute a potential cost saving from pharmacist intervention.

Supporting Independence
In addition on average each month 45 patients receive care referrals and 68 patients receive signposting as a result of this service.

5. Cost analysis

Comprehensive analysis of costs saved and revenue generated by the hospital discharge service is challenging. For some areas of activity within the service, it is possible to detail estimated & potential costs saved.

Item	**Number/year**	**Estimated costs saved per year with justification**
Referral and signposting for falls assessment	112	£59360 2 % of people falling each year suffer a hip fracture (data from Marie Ward, CityCare Falls and Bone Health service). We are referring people who were admitted as a direct result of a fall and/or have had more than 1 fall in the last year. Multidisciplinary falls assessment and intervention by the CityCare falls and bone health service reduces falls, fracture rates, ED attendance, hospital admissions and GP appointments. Data from the service show a baseline fracture rate of 0.4 per patient per year [1]. This is reduced to 0 at 6 months after patient discharge from the falls and bone health service. Medical and social care costs around £26,500 in the year following a hip fracture [2]. Assuming referral and signposting these 112 patients for a falls assessment prevents 112 x 2 % = 2.24 hip fractures per year, this is a potential cost of £59360 saved.
Pharmacist referral reduces risk that would otherwise	12	£546 Pharmacist interventions with a

have required allied healthcare professional involvement		consequence score of 2 are deemed to have an average cost of £45.54 based on costs of ambulance, district nurse, pharmacist costs.
Pharmacist referral reduces risk that would otherwise have required GP appointment or home visit.	41	£4,018 Pharmacist interventions with a consequence score of 3 are deemed to cost £98 on average, based on the costs of GP appointments and home visits [3] and assuming ⅓ of consultations would be at the surgery and ⅔ would require a home visit.
Pharmacist referral reduces risk that would otherwise have required hospital admission	63	£92,894 Based on 50 % of these interventions preventing medicines-related hospital admissions, using a cost of £2949 per hospital admission, this being the average cost from 2014 for ambulance treatment plus long stay non-elective admission [3].
Total predicted savings: £156,818		

Please note these figures do not include any estimations of potential health or social care savings attached to signposting/ referrals to any services other than falls and medicines management.

Proposed cost **£152,370**

based on an establishment of:

- 4 WTE x B3 Administrators
- 0.5 WTE x B2 Support Administrator
- 0.5 WTE x Team Manager

2. System Wide Approach Adult Social Care

Aim: Appropriate management of flow in and out of the acute hospital by providing sustainable homecare support services in the community

2a. Embedding "Is one to One Care Right for You"

Within Nottingham City a significant number of citizens receiving homecare support are perceived to require more than a single carer to support them with personal care

and daily tasks of living. National research has indicated that citizens can be enabled to have single handed care in 43%- 52% situations The aim of this approach was not only to reduce ongoing cost but also to improve outcomes for citizens by promoting independency, choice and dignity. The average cost of installing the new specialist equipment was approximately £700 per citizen and cashable savings were accrued six weeks after the reduction of the homecare support.

A pilot run by Nottingham City Council in 2014/2015 supported the above research with the same outcomes achieved. (3 Occupational Therapists within Nottingham City were upskilled to complete this work with 40 citizens).

A key learning factor from the pilot was the earlier the introduction of this approach i.e. when a citizen had only been receiving care from 2 care workers for a short time, the more successful the move was to single handed care. A further small pilot run by Nottingham City in 2016 linked one of NCC Occupational Therapist trained in this approach with a small number of Occupational Therapists within the hospital setting. 8 citizens were involved in the pilot and 2 citizens are now receiving single handed care instead of care from 2 care workers.

Given the current pressures on the homecare market, this approach would create additional capacity for other citizens requiring homecare support.

The aim now is to upskill all Occupational Therapists across the Health and Social Care system to use this approach with a one day training course. Further it is suggested that an agency Occupational Therapist be employed to release capacity within Nottingham City's Occupational Therapists so a colleague can be released to work with the private homecare sector to screen, identify and work with citizens who would benefit from this approach.

<u>Outcomes</u>

- Increased dignity and privacy of care for citizens
- Additional capacity created to meet increasing demand for homecare services in the Community

<u>Costs</u>

- 1 Agency Occupational Therapist
- 1 day training for all Occupational Therapists across the system
- Equipment

<u>Cost:</u>

Total: £50, 838k

2b. Creation of NCC Generic Homecare Team

Within Nottingham City the demand for homecare support continues to grow, not only from demographic pressures but also the recognition that citizens are better cared for within their own homes where ever possible rather than the acute hospital sector. Third sector providers continue to struggle to meet demand and find responding to either requests for urgent homecare support in the community or hospital discharges problematic. Currently in the ReAblement service is responding to these requests but again has insufficient capacity to meet demand. At any one time 45 citizens are inappropriately placed within the system. The market over a 2 year period has been unable to expand to sufficiently to meet this demand. The proposal is to create a NCC generic homecare team to care for 50 citizens at any one time to meet this demand. Recruitment will be at Care Level 1 with existing management structures being used to run the services.

Outcomes:

- Citizens supported within the right place
- Additional capacity created in the community by increased homecare support

Cost:

Total: £303, 000

2c. Integration of the Council's and CityCare's Reablement and Urgent Care Services

Nottingham City Council and CityCare have been asked to integrate their services in order to deliver an enhanced offer for all citizens requiring support at home to maintain their independence both at times of health and social care crisis and also following hospital discharge. There are a number of costs associated with this integration and it has been agreed that all recurrent costs will be met through the delivery of efficiencies in the integrated service following a review and service redesign in 2017/2018, however the costs for 2016/2017 cannot be delivered in this financial year and this proposal recommends funding of these costs for one year.

CityCare's Community Triage Hub will integrate with Nottingham City Council's Care Bureau in order to deliver a responsive triage to all referrers and to co-ordinate all visits completed by care workers. This measure will provide increased capacity for triage, the demand for which has increased significantly due to a number of discharge schemes being delivered in partnership by CityCare, Adult Social Care and NUH. There appears to be a significant delay currently from citizens being identified as needing long term support by CityCare to the point at which their packages are passed to the Care Bureau for processing out to external providers. This integration will prevent this from happening as citizens' packages will be added on a daily basis to the spreadsheet which is submitted to all external providers as soon as a long term need is identified. The is currently no capacity in the care bureau to process these additional packages in a more timely way and, therefore, funding for one additional advisor is proposed for a 12 month period.

Co-ordination of all care worker visits will maximise the number of face to face care hours available to citizens through the use of CM2000 to geographically patch runs thereby reducing travelling time and distance. Currently, CityCare does not use any software to co-ordinate visits and individual colleagues book visits into their diaries which can lead to inefficiencies. CM2000 also enables the service to be responsive to new demand and add additional care calls into existing programmes. There is no capacity within the current funding of the care bureau to take on this additional function for the 80 CityCare staff in the integrated service and funding for additional posts to deliver this is requested for one year. Mobile telephones compatible with CM2000 are required for a number of CityCare colleagues in addition to CM2000 licenses, RFDI tags & 2 days of project support to establish the 80 additional staff on CM2000.

Systm1 will be used as a clinical record for all citizens in the new service with relevant information also copied and saved to Liquid Logic. This will enhance communication between the service and referring clinicians and social care colleagues who will be able to access relevant information without unnecessarily contacting the integrated service. Currently, Nottingham City Council colleagues cannot access Systm1 from their PCs and, therefore, several laptops with this function, licenses and NHIS RA smartcards are required to enable the use of Systm1 as a clinical record.

Currently, CityCare and Nottingham City Council care workers wear different uniforms; a single uniform for all care and clinical staff in the integrated service is recommended in order to avoid any confusion for citizens and carers using the service.

Outcomes

- Maximise the availability of triage function available to the health and social care system
- Maximise the number of face to face care hours available to citizens
- Reduction in travelling time & distance
- Improved responsiveness of service to meet new demand
- Improved offer for all citizens requiring a reablement or urgent care service as all citizens will have access to a clinician should they need this
- Enhanced communication with health and social care partners
- Consistent visible image for integrated service

Costs

Item	Individual cost	Number required	Duration	Cost
Uniforms	£62.51	315	Non-recurrent	£19,691.25
Handsets compatible with CM2000	£102	10	Non-recurrent	£1020

Monthly cost of new handsets (minus existing monthly rental paid by CityCare)	£330	N/A	12 months	£3960
Advisor	£19,742	1	12 months	£19,742
Co-ordinator	£23,109	2	12 months	£46,218
Reconditioned laptops	£253	5	Non-recurrent	£1265
NHIS RA smartcard	£25	22	12 months	£550.01
Systm1 license	£106	22	12 months	£2332
CM2000 project fee	£742	2	Non-recurrent	£1,484
RFDI Tag	£1.03	150	Non-recurrent	£154.50
CM2000 license	£61.80	16	12 months	£11,865.60
Total cost				**£108,282.36**

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank