



NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Tuesday, 13 October 2015

Time: 2.00 pm

Place: LH 2.32 - Loxley House, Station Street, Nottingham, NG2 3NG

Sub-Committee Members are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

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

AGENDA

Pages

- | | | |
|----------|---|---------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES OF THE LAST MEETING Minutes of the last meeting held on 8 September 2015 (for confirmation) | 3 - 6 |
| 4 | BETTER CARE FUND QUARTER 2 BUDGET MONITORING REPORT Joint report of the Director of Finance and the Corporate Director for Children and Adults | 7 - 12 |
| 5 | BETTER CARE FUND (BCF) 15-16 UNDERSPEND PROPOSALS Report of the Corporate Director for Children and Adults | 13 - 20 |
| 6 | EXCLUSION OF THE PUBLIC To consider excluding the public from the meeting during consideration of the remaining item in accordance with section 110a(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. | |
| 7 | BETTER CARE FUND (BCF) 15-16 UNDERSPEND PROPOSALS - PROCUREMENT AND LEGAL COMMENTS | 21 - 22 |

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 8 September 2015 from 14.04 - 14.32

Membership

Present

Maria Principe (Chair)
Candida Brudenell (NCC)
Colin Monckton (NCC)
Martin Gawith (Healthwatch)

Absent

Councillor Alex Norris
Dr Ian Trimble (CCG)
Alison Michalska (NCC)
Katy Ball (NCC)
Alison Challenger (NCC)
Lucy Davidson (CCG)

Colleagues, partners and others in attendance:

Antony Dixon - Strategic Commissioning Manager, Nottingham City Council
Michelle Forbes - Business Support Officer, Nottingham City Council
Lynne McNiven - Public Health
Jo Williams - Assistant Director Health and Social Care Integration, CCG
Peter Blackburn - Nottingham Evening Post
Phil Wye - Constitutional Services Officer

12 APOLOGIES FOR ABSENCE

Dr Ian Trimble (CCG)

13 DECLARATIONS OF INTEREST

None

14 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 14 July 2015 were confirmed and signed by the chair.

15 PROPOSALS FOR THE DEVELOPMENT OF SEVEN DAY COMMUNITY HEALTH & SOCIAL CARE SERVICES

Jo Williams, Assistant Director Health and Social Care Integration, CCG presented her report seeking approval to implement a number of seven day working proposals and agree to release funding from the Better Care Fund (BCF) budget for seven day services in year in accordance with BCF planning requirements.

Jo highlighted the following points:

- (a) extension of the Community Matrons service and the Care Homes Nursing Team to seven days per week has been given priority as these services manage complex, vulnerable patients and have high admissions over the weekend;
- (b) the Care Co-Ordinator service releases clinicians from administrative work which has proved invaluable;
- (c) Adult Assessment require a manager to help them to implement 7 day working by April 2016;

RESOLVED to

- (1) extend the Community Matrons service to operate seven days per week at a cost of £24,704;**
- (2) extend the Care Homes Nursing Team service to seven days per week at a cost of £85,488;**
- (3) extend the Care Co-Ordinator Service to operate seven days per week at a cost of £422,186;**
- (4) extend opening hours for the Integrated Community Equipment Loan Service (ICELS) at a cost of £45,357;**
- (5) approve project management to facilitate delivery of 7 day working within Adult Assessment at a cost of £11,500;**
- (6) consider the wider use of the budget for developing seven day services to support other integration projects which promote early intervention.**

16 BETTER CARE FUND - PERFORMANCE REPORT

Jo Williams, Assistant Director, Health and Social Care Integration, Nottingham CCG presented the joint report of the Director of Primary Care Development and Service Integration and the Director of Quality and Commissioning which provided information on the performance of the Better Care Fund (BCF).

Jo highlighted the following to the sub-committee:

- (a) the return is positive in comparison to regional peers, the Section 75 agreement is now in place and Nottingham is on track for all 7 national conditions;
- (b) the targets vary over time as they are sensitive to small changes;
- (c) the outcomes of Quarter 2 are currently not looking as positive as Quarter 1 after one month.

RESOLVED to

- (1) approve the quarterly return (Q1) submitted to NHS England on 28 August 2015;**
- (2) note current performance in relation to BCF metrics;**
- (3) investigate the reasons why Quarter 2 outcomes are looking poorer with the aim to steer towards an improvement.**

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE – 13th October 2015

| | | |
|--|--|--------------------------------------|
| Title of paper: | Better Care Fund Quarter 2 Budget Monitoring Report | |
| Director(s)/ Corporate Director(s): | Geoff Walker, Director of Finance and Chief Finance Officer Alison Michalska, Corporate Director for Children and Adults | Wards affected: All |
| Report author(s) and contact details: | Darren Revill Darren.revill@nottinghamcity.gov.uk | |
| Other colleagues who have provided input: | | |
| Date of consultation with Portfolio Holder(s) (if relevant) | | |
| Total value of the decision: | Nil | |
| Relevant Council Plan Strategic Priority: | | |
| Cutting unemployment by a quarter | | <input type="checkbox"/> |
| Cut crime and anti-social behaviour | | <input type="checkbox"/> |
| Ensure more school leavers get a job, training or further education than any other City | | <input type="checkbox"/> |
| Your neighbourhood as clean as the City Centre | | <input type="checkbox"/> |
| Help keep your energy bills down | | <input type="checkbox"/> |
| Good access to public transport | | <input type="checkbox"/> |
| Nottingham has a good mix of housing | | <input type="checkbox"/> |
| Nottingham is a good place to do business, invest and create jobs | | <input type="checkbox"/> |
| Nottingham offers a wide range of leisure activities, parks and sporting events | | <input type="checkbox"/> |
| Support early intervention activities | | <input type="checkbox"/> |
| Deliver effective, value for money services to our citizens | | <input checked="" type="checkbox"/> |
| Relevant Health and Wellbeing Strategy Priority: | | |
| Healthy Nottingham: Preventing alcohol misuse | | <input type="checkbox"/> |
| Integrated care: Supporting older people | | <input checked="" type="checkbox"/> |
| Early Intervention: Improving Mental Health | | <input type="checkbox"/> |
| Changing culture and systems: Priority Families | | <input type="checkbox"/> |
| Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities): This paper presents the second quarter Better Care Fund (BCF) Monitoring Report and updates Commissioning Sub-Committee on the pay for performance element of the fund. | | |
| Recommendation(s): | | |
| 1 | Commissioning Sub-Committee <u>note</u> the cash flow position of the BCF Pooled Fund as at Quarter 2 of 2015/16 as per Table 1 in paragraph 2.2. | |
| 2 | Commissioning Sub-Committee <u>note</u> the forecast position of the BCF Pooled Budget as at Quarter 2 of 2015/16 as per Table 2 . | |

| | |
|---|--|
| 3 | Commissioning Sub-Committee <u>note</u> the updated position in relation to the Pay for Performance element of the fund as per Table 3 in paragraph 2.6. |
| | 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 Quarterly budget monitoring information is provided to Commissioning Sub-Committee to enable the formal monitoring of the 2015/16 BCF budget and to support decision making on the use and effectiveness of the pooled fund.
- 1.2 This report also meets the requirements of the Section 75 Partnership Agreement to prepare quarterly reports showing the income and expenditure of the Pooled Fund.
- 1.3 The approach to meet the non-achievement of the pay for performance element of funding within the BCF in 2015/16 was approved by Commissioning Sub-Committee in July 2015. A data validation exercise was undertaken with NHS England that has confirmed the basis on the Non-Elective Admissions (NEL) calculations.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The first BCF budget monitoring report following the requirement to establish a pooled fund to support the integration of health and social care was presented to Commissioning Sub-committee on 14 July 2015.
- 2.2 **Table 1** below shows the cash flows of the pooled fund and the fund balance at the end of quarter 2 against the original BCF plan.

| TABLE 1 – 2015/16 NOTTINGHAM BCF CASH FLOWS | | |
|--|---------------------------------|---|
| Better Care Fund | BCF Annual Plan £000 | Cash Flow at end of Qtr 2 £000 |
| Funding into Pool: | | |
| CCG | | |
| CCG Baseline (Minimum Contribution) | (21,421) | (10,711) |
| Other CCG Allocation | (1,832) | (916) |
| NEL Adjustment | | 153 |
| Sub-Total | (23,253) | (11,474) |
| City Council | | |
| Disabled Facilities Grant | (1,013) | (507) |
| Social Care Capital Grant | (863) | (432) |
| Social Care Contribution | (716) | (358) |
| Sub-Total | (2,592) | (1,296) |
| Total Income | (25,845) | (12,770) |
| | | |
| Funding out of Pool: | | |
| CCG | 12,302 | 4,916 |
| City Council | 13,543 | 6,772 |
| Total Expenditure | 25,845 | 11,688 |
| | | |
| Fund Balance | 0 | (1,082) |

2.3 Forecast

2.3.1 The forecast underspend at quarter 1 was £1.235m. Commissioning Sub-Committee approved the use of underspends in 2015/16 to meet the non-achievement of the pay for performance element of funding within the BCF in accordance with provisions of the Section 75 Partnership Agreement which resulted in a revised projected underspend of £0.550m.

2.3.2 **Table 2** below shows the updated forecast at quarter 2. The information is represented at an area of spend level of detail and includes decisions made by Commissioning Sub-Committee to date:

- Realignment and allocations of funding - 14 July 2015
- Approval to use underspends to meet the non-achievement of the Pay for Performance element of funding in 2015/16 – 14 July 2015
- Approval of use of the Social Care Capital Grant included within the BCF – 14 July 2015
- Allocations to implement seven day community health and social care services – 8 September 2015

The forecast position of the BCF as represented in Table 2 is an underspend in 2015/16 of **£2.348m**. Applying the agreed approach to meet any pay for performance shortfall in 2015/16 from underspends within the pooled fund, this figure is reduced by £0.514m to **£1.834m**. However, it should be noted that the £0.361m estimated provision for the Qtr 3 and Qtr 4 performance element will only be required should the NEL target not be met.

| TABLE 2 - NOTTINGHAM CITY BETTER CARE FUND MONITORING STATEMENT (QUARTER 2) | | | | |
|--|-----------------------------------|----------------------------------|------------------------|--------------------------|
| Area of Spend | 2015/16 (£000) | | | |
| | Original S75 Annual Budget | Revised S75 Annual Budget | Annual Forecast | Forecast Variance |
| Access & Navigation | 1,610 | 1,583 | 1,402 | (181) |
| Assistive Technology | 1,185 | 1,185 | 1,185 | 0 |
| Carers | 1,352 | 1,410 | 1,335 | (75) |
| Co-ordinated Care | 8,381 | 8,381 | 6,289 | (2,092) |
| Capital Grants | 1,876 | 1,876 | 1,876 | 0 |
| Independence Pathway | 11,281 | 11,244 | 11,244 | 0 |
| Programme Costs | 160 | 166 | 166 | 0 |
| Total | 25,845 | 25,845 | 23,497 | (2,348) |
| Non Achievement Element of Qtr1 (Qtr 4 2014/15) Pay for Performance | | (153) | 0 | 153 |
| Qtr 2 Pay for Performance | | 0 | 0 | 0 |
| Current Forecast | 25,845 | 25,692 | 23,497 | (2,195) |
| Estimated Provision for Pay for Performance element (Q3 & Q4) | | (361) | 0 | 361 |
| Estimated Forecast | 25,845 | 25,331 | 23,497 | (1,834) |

2.4 Proposals to utilise underspends within the pooled fund in 2015/16 will be subject to further reports for consideration by Commissioning Sub-Committee.

2.5 The Better Care Fund plan approved in October 2014 included a target to reduce non elective admissions by 3.5% in 2015/16. Subsequently, in February 2015 Health and Wellbeing Board approved the reduction in this target to 1.6% in line with NHS Guidance to reflect the actual performance in the preceding year which is the basis for the measurement of the pay for performance element of the fund.

2.6 **Table 3** below details the value of the pay for performance funding reflecting the target reduction in non-elective admissions and the achievement against this target to date.

| TABLE 3 – PAY FOR PERFORMANCE SUMMARY | | | | | |
|--|---------------------------|-------------------|--|--------------------------|---------------------------|
| BCF Period | Measurement Period | NEL Target | Value of Pay for Performance £000 | Achieved £000 | Shortfall £000 |
| Qtr 1 | January to March 2015 | -3.5% | 361 | 208 | (153) |
| Qtr 2 | April to June 2015 | -1.6% | 184 | 184 | 0 |
| Qtr 3 | July to September 2015 | -1.6% | 180 | | |
| Qtr 4 | October to December 2015 | -1.6% | 180 | | |
| Total | | | 905 | 392 | (153) |

2.7 A data validation exercise was recently undertaken with NHS England and, for the first time, the basis for the calculations of the NEL activity for Nottingham at the Health and Wellbeing Board level was provided. This has resulted in a small variance in the reported Qtr 1 performance (from a shortfall of £140k to £153k). This methodology will now be used for future reporting.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 This report provides an update to Commissioning Sub-Committee and therefore no recommendations require approval.

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

4.1 Financial information is detailed in the body of this report.

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

5.1 None.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) X

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

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

Not applicable.

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

None

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 13th October 2015

| | | |
|--|--|-------------------------------------|
| Title of paper: | Better Care Fund (BCF) 2015-16 Underspend Proposals | |
| Director(s)/ Corporate Director(s): | Alison Michalska, Corporate Director for Children and Adults | Wards affected: All |
| Report author(s) and contact details: | Antony Dixon: antony.dixon@nottinghamcity.gov.uk, 8763491 | |
| Other colleagues who have provided input: | Darren Revill, Andrew James, Kate Lowman | |
| Date of consultation with Portfolio Holder(s) (if relevant) | | |
| Total value of the decision: | Not exceeding £1,013,906 (re-allocation of existing allocated funding) | |
| Relevant Council Plan Strategic Priority: | | |
| Cutting unemployment by a quarter | | <input type="checkbox"/> |
| Cut crime and anti-social behaviour | | <input type="checkbox"/> |
| Ensure more school leavers get a job, training or further education than any other City | | <input type="checkbox"/> |
| Your neighbourhood as clean as the City Centre | | <input type="checkbox"/> |
| Help keep your energy bills down | | <input type="checkbox"/> |
| Good access to public transport | | <input type="checkbox"/> |
| Nottingham has a good mix of housing | | <input type="checkbox"/> |
| Nottingham is a good place to do business, invest and create jobs | | <input type="checkbox"/> |
| Nottingham offers a wide range of leisure activities, parks and sporting events | | <input type="checkbox"/> |
| Support early intervention activities | | <input type="checkbox"/> |
| Deliver effective, value for money services to our citizens | | <input checked="" type="checkbox"/> |
| Relevant Health and Wellbeing Strategy Priority: | | |
| Healthy Nottingham: Preventing alcohol misuse | | <input type="checkbox"/> |
| Integrated care: Supporting older people | | <input checked="" type="checkbox"/> |
| Early Intervention: Improving Mental Health | | <input type="checkbox"/> |
| Changing culture and systems: Priority Families | | <input type="checkbox"/> |
| Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities): | | |
| This report details proposals for utilisation of in-year Better Care Fund (BCF) underspend which will support deliver of BCF metrics, support further integration of Health and Social Care provision in the City and improve outcomes for vulnerable older citizens and those with long-term conditions | | |
| Recommendation(s): | | |
| 1 | Commissioning Sub-committee approve proposals for utilisation of 2015/16 BCF underspend as detailed in 2.4 and approve spend to the value of £1,013,906 | |
| 2 | Commissioning Sub-committee approve dispensation from section 5.1.1 of the Council's Contract Procedure Rules in accordance with section 3.29 of the Council's Financial Regulations in relation to the award of contracts for 24 Hour Care at Home Urgent Pick up pilots as detailed in 2.4.4 | |
| 3 | Commissioning Sub-committee approve dispensation from section 5.1.1 of the Council's Contract Procedure Rules in accordance with section 3.29 of the Council's Financial Regulations in relation to the extension of the contract for the Community Navigator Pilot as | |

| | |
|----------|---|
| | detailed in 2.4.6 |
| 4 | Commissioning Sub-committee approve carry forward of BCF underspend to meet the cost of these proposals as detailed in 4.2 (Current estimated value of £0.537m) |

1. REASONS FOR RECOMMENDATIONS

There is identified underspend against agreed 2015-16 BCF funding. These 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. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 The Nottingham City BCF Plan 2015/16 was approved by the Health & Well-Being Board (HWB) 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 BCF 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 Clinical Commissioning Group 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 In order to ensure continued delivery against BCF metrics and improved citizen outcomes it is proposed to allocate BCF underspend for the following purposes:

2.4.1 BCF Contingency Fund

Establishment of a contingency fund within the 2016/17 BCF to militate against any failure to deliver pay for performance targets. A fund of **£400,000** is suggested which is based on a failure to deliver 50% of the current pay for performance risk. Guidance in relation to future pay for performance elements of the BCF is not yet available; if there is no future pay for performance element of the BCF this figure will be released back into underspend.

2.4.2 Care & Home Framework Winter Minimum Wage Uplift

It is proposed to uplift the hourly rate of Care at Home Framework providers to enable them to pay national minimum wage during the period Nov 15-March 16. Care @ Home framework providers would be offered a flat rate £0.60p uplift based on a guarantee that each worker would receive a minimum £0.45p per hour extra – this would align with the move to National Minimum Wage in April based on intelligence of current hourly rates of pay of the workforce. The uplift will assist with attracting new workers into the care sector at a time when there is increased competition from retail and service sectors and projected increased demand

Outcomes

The primary outcome that will be delivered by the pilot is expedited discharge from hospital into a long-term care package (where a reablement package is not deemed appropriate). This will be delivered by improved ability of providers to

recruit and retain staff during this period and consequent increase in capacity. The outcome of the pilot will be measured in the following ways: increased recruitment and retention of staff – Nottingham City Council currently collects data from framework providers in this regard as part of the performance management process; increase in packages picked up (as measured against ongoing and 2014/15 baseline); increase in speed at which packages are picked up (as measured against ongoing baseline).

Cost

Based on current hours of delivery of homecare by framework providers (plus 3% growth) the projected spend will be **£140,000**

2.4.3 RUD (Reducing Un-necessary Delays)

This proposal is for a six month project to test whether applying the psychiatric social care operating model in acute care can reduce length of stay and costs to the NHS. The pilot will apply the principles enshrined in the Mental Health Act 1983 relating to the least restrictive option for care to the acute setting and look for all possible alternatives to hospital during pre-discharge planning and consistently throughout the post-operative period to reduce length of stay. Workers will be linked with wards/ consultants or disciplines targeting patients and staying with them throughout the patient journey tenaciously challenging perceived inactivity or risk averse practice in relation to discharge from a human rights perspective. In doing so the intention is not only that people will be discharged sooner, but that risk adverse practice will be unearthed. A Senior Practitioner and CCO will be employed to deliver the pilot

Outcomes

- Save precious NHS resources;
- Support patient participation;
- Enable surgeons to complete more operations;
- Reduce pressures on Emergency Department at peak times when bed space is at a premium;
- Allow people to die at home with dignity;
- Speed recovery and prevent re-admission.

Cost

Cost of 6 month pilot will be **£37,850** (note this does not include any evaluation cost)

2.4.4 Care @ Home Framework 24 Hour Pick Up

To ensure that urgent hospital and community packages are picked up within a 24 hour timeframe of notification to the lead provider and that these packages are then absorbed into the standard caseload in a timely manner Nottingham City Council will block contract with the lead provider to pick up 60 hours urgent homecare delivery per week within their lead zone. The packages to be picked up will be selected by Nottingham City Council Care Bureau based on an understanding of availability within the block and the hours that contracted staff work. Providers must be able to commence packages 7 days per week subject to there being availability within the block contract. Packages will need to be absorbed within normal caseload within 2 weeks and providers must maintain current rates of performance with regard to non-urgent cases. Additional resource will be required by the Care Bureau to administer and performance monitor the scheme

Outcomes

- Reduced delayed discharge from hospital;
- Reduced waits for pick-up of urgent community packages;
- Supporting implementation of 7 day working;
- Increased capacity within Care @ Home framework;
- Testing different model of contracting to inform future commissioning of Care @ Home.

Costs

It is proposed to contract with the following organisations within each zone of the City for a five month pilot at the following maximum cost (as a result of offset of the standard rate of delivering care provided in the block contract the anticipated real cost to the BCF is represented in brackets):

- North: Comfort Call - **£47,779** (*anticipated cost £19,811*);
- East: Mears - **£40,118** (*anticipated cost £10,593*);
- South: Nationwide **£48,762** (*anticipated cost £19,436*)
- West: Human Support Group - **£46,872** (*anticipated cost £17,303*);
- Two dedicated D grade officers will also be required within the Care Bureau to administer the scheme – the cost of this will be **£18,010**.

2.4.5 Care @ Home Reviewer Pilot

A social worker will be embedded within two Care at Home providers to undertake a review of packages where it is suspected that needs have changed and, specifically to review the level of care required by a citizen after placement where the citizen has not been through reablement provision prior to placement. This has resulted in many citizens placed in long-term care without being assessed for a personal budget. The spend for Care @ Home is predicted to increase by 25% during 2015/16. This pilot will test out whether long-term support is being over commissioned due to earlier discharge from hospital and will also reduce waits for social care reassessment and consequent risk of increasing need. The pilot will last for a year during which a cost benefit evaluation will be undertaken. During this period, if approved, the post will also train provider staff to undertake a trusted reviewer function in the future. The pilot will also link in with the 'Front Loading Assessment' project to enable the setting of tolerances within support packages that can be enacted by trusted reviewers

Outcomes

- Reduction in commissioned hours of care;
- Reduction in assessment waits;
- Improved capacity in Care @ Home framework;
- Supporting trusted reviewer implementation.

Costs

Cost of the one year pilot would be £34,407 per annum for each social worker employed (**£68,814**).

2.4.6 Community Navigator Pilot

The Community Navigators Pilot is grant funded by Nottingham City Council until April 2016. The project is run by Bestwood Directions. The project is a volunteer model and focuses on asset based assessments of citizen's support needs.

Since the pilot began 17 volunteers have been recruited and accredited and over 65 citizens have received support. The Community Navigators forms part of the Self Care Pilot, it is an additional resource offered to Care Delivery Coordinators and the MDT amongst others. It is proposed to extend the Community Navigators

Pilot until January 2017, to allow time for the benefits realisation to be captured into the overall Bulwell Pilot. It is a crucial element of the Self-Care system pilot and it would be detrimental to the overall outcome of the pilot if this element was to finish before the rest of the initiatives.

Outcomes

The minimum number of volunteers we would increase from 30 to 45 for the lifetime of the pilot;

The minimum number of beneficiaries would increase from 300 to 450 for the lifetime of the pilot.

Cost

The cost of extending this pilot to coincide with the end of the Self-Care pilot which is due to end in January 2017 is **£35,000**.

2.4.7 Extension Of Nottingham City Council Healthy Child Programme (HCP)

Increased demand for service in Nottingham City HCP has led to a situation where currently only between 50-55% of calls are answered due to lack of staff capacity and poor staff retention. This situation is an impediment to further integration of HCP. It is proposed to improve capacity, staff retention and quality of service by increasing the number of staff from 9 to 13 and introducing split grading with 8 staff being employed at Band E and 5 staff being employed at Band C (currently all are paid at Band D).

Outcomes

It is anticipated that additional staff resourcing will incrementally improve performance to 75% of calls answered with a target of 95% answered following integration with CityCare

Cost

It is proposed to fund the proposed changes to staff structure for one year at a cost of **£94,820**. Future costs of HCP will be determined through the joint venture within the financial envelope available for the integrated HCP service

2.4.8 Extension of Urgent Care Interim Homecare

This proposal is to extend the current arrangement to provide interim homecare by the CityCare Urgent Response service. The service provides interim homecare support to people discharged by the Urgent Response service and identified as requiring on-going support in the community until the appropriate care package is in place for up to 8 weeks.

The service currently on a monthly basis:

- Supports an average of 37 patients
- Has an average length of stay of 6 days

Delays in transfer occur due to an inability of other services to take these patients within the 48 hours required by the Urgent Care Service as per their specification.

Outcomes

- People are more independent and able to have increased level of choice and control over their lives;
- Improved health and wellbeing; people feel safe and secure;
- More people to remain in their own home;
- Reduction in admission to acute settings;

Cost

The cost of the 6 month extension is **£35,881**

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Proposals for utilisation of underspend have been developed by commissioners in partnership with Health and Social Care providers based on an understanding of remedial measures required to assist in the delivery of BCF metrics and improved outcomes for citizens.

The option to roll-over the totality of BCF underspend into the 2016/17 budget has been considered and rejected as this is non-recurrent funding and there are short-term measures that require funding in-year that will improve outcomes for citizens and further aid integration

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

4.1 **Table 1** below shows a summary of the cost and estimated profile of these proposals.

| TABLE 1 – SUMMARY OF PROPOSALS | | | | |
|--|-------------------------|--------------------------|----------------|--------------------------------|
| Proposal | Lead Partner | Estimated Profile | | Total Value of Proposal |
| | | 2015/16 | 2016/17 | |
| | | £ | £ | £ |
| Contingency Fund for 2016/17 Pay for Performance | City Council / City CCG | 0 | 400,000 | 400,000 |
| Care at Home Framework - Winter Wage Uplift | City Council | 140,000 | 0 | 140,000 |
| Reducing Unnecessary Delays | City Council | 31,490 | 6,360 | 37,850 |
| Care at Home Framework - 24 Hour Pick Up –(Estimated Value to BCF) | City Council | 85,153 | 0 | 85,153 |
| Care at Home Reviewer Pilot | City Council | 28,672 | 40,142 | 68,814 |
| Community Navigator Pilot | City Council | 0 | 35,000 | 35,000 |
| Extension of Nottingham Health & Care Point | City Council | 39,508 | 55,312 | 94,820 |
| Extension of Urgent Care Interim Homecare | City CCG | 35,881 | 0 | 35,881 |
| Total | | 360,704 | 536,814 | 897,518 |

It should be noted that the value of the decision of **£1.014m** includes the full contract value of proposal 2.4.4, however the estimated additional cost to the pooled fund as detailed in the table above is **£0.898m**.

4.2 The cost of these proposals will be met from underspends within the Better Care Fund Pooled Budget. The funding of these initiatives will come from slippage within schemes in 2015/16 and therefore there will be a requirement for these funds to be carried forward within the pooled budget as per recommendation 4. The current estimated value of this carry forward is £0.537m. Formal approval in

relation to all carry forwards of the pooled fund will be presented to Commissioning Sub-Committee at a later date.

- 4.3 The proposals relating to paragraphs 2.4.2 and 2.4.4 will seek to increase capacity in the external homecare market to meet projected increased demand over the winter period. If this initiative to increase capacity is successful, there could be an increase in the level of homecare provided during and after the winter period, as there is already unmet demand. This will become a further budget pressure in year and into 2016/17.
- 4.4 Dispensation from Contract Procedure Rule 5.1.1 in accordance with Financial Regulation 3.29 for proposals 2.4.5 and 2.4.7 is supported from a financial perspective for the reasons detailed in this report.

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

The legal and procurement comments are exempt from publication in accordance with section 110a(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.

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

Proposals relate to extension of existing internal Nottingham City Council staff teams or commissioned provision

Due regard should be given to the equality implications identified in the EIA.

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

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

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