



**NOTTINGHAM CITY COUNCIL**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE**

**Date:** Tuesday, 8 December 2015

**Time:** 2.00 pm

**Place:** LH 2.11 - 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**

- |          |   |               |
|----------|---|---------------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>  |               |
| <b>2</b> | <b>DECLARATIONS OF INTEREST</b>   |               |
| <b>3</b> | <b>MINUTES OF THE LAST MEETING</b><br>Minutes of the last meeting held on 10 November 2015 (for confirmation) | <b>3 - 4</b>  |
| <b>4</b> | <b>BETTER CARE FUND 2015/16 SCHEME REALLOCATION</b>   | <b>5 - 14</b> |

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](http://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 Loxley House, Nottingham on 10 November 2015 from 2.03pm - 2.12pm**

**Voting Members**

Present

Maria Principe (Chair)  
Colin Monckton (Substitute)  
Dr Ian Trimble

Absent

Councillor Alex Norris (NCC)  
Candida Brudenell (NCC)

**Non-Voting Members**

Present

Martin Gawith (Healthwatch Nottingham)

Absent

Katy Ball (NCC)  
Alison Challenger (NCC)  
Alison Michalska (NCC)

**Colleagues, partners and others in attendance:**

Antony Dixon - Strategic Commissioning manager (NCC)  
Jo Williams - Assistant Director Health and Social Care Integration (CCG)  
Phil Wye - Constitutional Services Officer

**24 APOLOGIES FOR ABSENCE**

Candida Brudenell  
Councillor Alex Norris (work commitments)

**25 DECLARATIONS OF INTEREST**

None.

**26 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 13 October 2015 were confirmed and signed by the Chair.

**27 BCF 2015-16 UNDERSPEND PROPOSALS**

Antony Dixon, Strategic Commissioning Manager, presented the report of the Corporate Director for Children and Adults, updating the Sub-Committee on proposals for utilisation of the Better Care Fund (BCF) underspend. The six

proposals will support the 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.

As identified at the meeting of the Sub-Committee held on 13 October 2015, there is an underspend of the BCF pooled budget against agreed funding, predominantly due to seven day service provision. These six proposals are all short-term measures which require funding in-year.

In answer to a question from the Committee, Antony explained that the third proposal (CPNs within Care Delivery Groups – Non recurrent pilot) is only for limited time-limited activity, and a further report will be presented around other, longer-term initiatives for mental health services.

**RESOLVED to**

**(1) approve proposals for utilisation of 2015/16 BCF underspend as detailed below, committing funds for this purpose totalling £414,450:**

| <b>Proposal</b>                                      | <b>Value of proposal</b> |
|--|--------------------------|
| Expansion of self-care hubs                          | £19,689                  |
| Hospital to Home facilitator post                    | £66,761                  |
| CPNs within Care Delivery Groups                     | £200,000                 |
| Hospital Discharge Team – additional winter capacity | £49,000                  |
| Reducing residential care strategy resource          | £20,000                  |
| Joint venture implementation post                    | £59,000                  |
| <b>Total</b>   | <b>£414,450</b>          |

**(2) approve carry forward of BCF underspend to meet the cost of these proposals, at a current estimated value of £288,000.**

**28 CHANGE OF MEETING DATES**

**RESOLVED to note the revised meeting dates for the remainder of the 2015/16 municipal year**

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE -**  
**8 December 2015**

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Title of paper:</b>   | <b>Better Care Fund 2015/16 Scheme Re-allocation</b>   |                                     |
| <b>Director(s)/<br/>Corporate Director(s):</b>   | Candida Brudenell, Assistant Chief Executive   | <b>Wards affected:All</b>           |
| <b>Report author(s) and contact details:</b>   | <b>Antony Dixon</b><br><a href="mailto:Antony.dixon@nottinghamcity.gov.uk">Antony.dixon@nottinghamcity.gov.uk</a><br>(0115 8763491)  |                                     |
| <b>Other colleagues who have provided input:</b>   | Jo Williams  |                                     |
| <b>Date of consultation with Portfolio Holder(s) (if relevant)</b>   |  |                                     |
| <b>Total value of the decision:</b>  | Estimated value of £553,977  |                                     |
| <b>Relevant Council Plan Key Theme:</b>  |  |                                     |
| Strategic Regeneration and Development   |  | <input type="checkbox"/>            |
| Schools  |  | <input type="checkbox"/>            |
| Planning and Housing   |  | <input type="checkbox"/>            |
| Community Services   |  | <input type="checkbox"/>            |
| Energy, Sustainability and Customer  |  | <input type="checkbox"/>            |
| Jobs, Growth and Transport   |  | <input type="checkbox"/>            |
| Adults, Health and Community Sector  |  | <input checked="" type="checkbox"/> |
| Children, Early Intervention and Early Years   |  | <input type="checkbox"/>            |
| Leisure and Culture  |  | <input type="checkbox"/>            |
| Resources and Neighbourhood Regeneration   |  | <input type="checkbox"/>            |
| <b>Relevant Health and Wellbeing Strategy Priority:</b>  |  |                                     |
| 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"/>            |
| <b>Summary of issues (including benefits to citizens/service users and contribution to improving health &amp; wellbeing and reducing inequalities):</b>  |  |                                     |
| This report seeks approval for an in year reallocation of 2015/16 Better Care Fund (BCF) funding in order to better ensure delivery of key BCF metrics and further the delivery of integrated care in the City |  |                                     |
| <b>Recommendation(s):</b>  |  |                                     |
| <b>1</b>   | To approve the realignment of NHS Nottingham City Clinical Commissioning Group (CCG) and Nottingham City Council schemes to reflect 2015/16 finalised contract values and activity levels as detailed in 2.5 |                                     |

## **1. REASONS FOR RECOMMENDATIONS**

- 1.1 A reallocation of resources between current BCF schemes is required to better assure delivery of BCF metrics in year, further the development of integrated adult care in Nottingham and to respond to emerging pressures and needs within the system

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 The Nottingham City BCF Plan was approved by the Health & Wellbeing Board on 25 February 2014. The plan was subsequently revised in accordance with NHS England requirements and approved on 29 October 2014.
- 2.2 It is a requirement (under s.223GA of the NHS Act 2006, as amended by the Care Act 2014) that the CCG and Council establish a pooled fund to support the integration of health and social care to achieve the national conditions and local objectives; the Better Care Fund (BCF).
- 2.3 The Section 75 (S75) Better Care Fund Partnership Agreement details the governance arrangements, funding allocations for schemes aligning to the Better Care Fund Plan that have been agreed by NHS England and risk sharing arrangements for the pay for performance related element.
- 2.4 At a national level, in 2015/16 the funding comprises;
- £3.46bn that will pass through NHS England to CCGs.
  - £134m Adult Social Care Capital Grant from the Department of Health to Local Authorities.
  - £220m Disabled Facilities Grant from the Department for Communities and Local Government.
- 2.5 Ongoing monitoring of BCF performance and further developments within the Integrated Adult Care Programme has resulted in the requirement to realign funds as detailed below:

### **2.5.1 NCC Reablement:**

There is a need to realign an estimated £0.486m from the Independence Pathway NCC Re-ablement scheme and move to the Co-ordinating Care scheme NCC Maintaining Eligibility and Meeting Demand Pressures service.

This situation has arisen as a result in agreed changes to re-ablement eligibility criteria and a subsequent diversion of demand into long-term homecare. This realignment is for 15/16 only. The budget for these services will be rebased as part of the 2016/17 BCF Planning process.

### **2.5.2 BCF Programme Costs:**

There is a need to realign £27,644 from the Coordinated Care scheme, 7 Day Working Service and move this to the Programme Management

The successful implementation of complex change requires senior level support, high level co-ordination and oversight and programme and project management resource.

To date there are 3 posts jointly funded through the BCF, the assistant director of integration is responsible for leading on the strategic direction of adult health and social care services to ensure delivery of the BCF plan which incorporates the integration agenda. There are also 2 project managers in post; a BCF project manager and an assistive technology project manager.

To ensure implementation of integrated care and successful delivery of the BCF plan additional project support has been secured with non-recurrent funds and fixed term

contracts; this results in a high staff turnover and a lack of consistency in project management.

The proposal is to secure substantive project management resource to support the implementation of the BCF plan at scale and pace. This will include an expansion of the roll out plan for assistive technology.

It is proposed to fund two x Band 7 CityCare Project Manager posts from the BCF for the last quarter of the year (the in-year cost of this will be £27,644) and a further post from the beginning of 2016/17. Full year funding for these posts will need to be included in the 2016/17 BCF Plan Programme Management Scheme and will require re-alignment of funding from other schemes. In the interim, further work will be undertaken to understand which organisation the posts will sit which may in turn influence the level of funding required in 2016/17.

### **2.5.3 Community Psychiatric Nurses in Neighbourhood Teams:**

There is a need to realign £40,333 (representing a single months funding) from the Coordinated Care scheme, 7 Day Working Service and move this to a new 'Community Psychiatric Nurse in Neighbourhood Teams service within the Co-ordinated Care scheme. Full year funding for this service will need to be included in the 2016/17 BCF Plan Co-ordinated Care Scheme and will require re-alignment of funding from other schemes.

This service will meet the existing unmet need within Primary Care. There is a cohort of patients within Primary Care who would benefit from dedicated mental health support. These patients are often intensive users of GP appointments, social care and will also use the Emergency Department. This cohort is either not willing to engage with secondary mental health services or they do not meet the criteria for secondary mental health services.

This cohort can be defined by:

- numbers of patients referred to secondary services and not accepted
- patients where secondary care has requested advice on management
- numbers of patients referred to community mental health teams who did not engage or disengaged

A review of data from community mental health teams for people in the codes above for 14/15 indicates that the number of individuals in these categories is 652 per year. It is suggested a further piece of analysis should be done with practices to identify the numbers of people on their registers with Serious Mental Illness who are currently not under the care of secondary services.

## **3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

- 3.1 Not to realign 2015/16 funding. This option is not recommended as it may impact on ability to deliver BCF metrics and to further progress the implementation of integrated adult care.

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

4.1 **Table 1** below summarises the estimated value of this decision.

| <b>TABLE 1 – SUMMARY OF PROPOSALS</b>               |                                       |   |                     |                           |
|---|---------------------------------------|---|---------------------|---------------------------|
| <b>Proposal</b>                                     | <b>Funding Allocation From:</b>       | <b>Funding Allocation To:</b>                 | <b>Lead Partner</b> | <b>2015/16 Cost<br/>£</b> |
| NCC Reablement Service                              | Independence Pathway - NCC Reablement | Coordinated Care                              | City Council        | 486,000                   |
| BCF Programme Costs                                 | Coordinated Care - 7 Day Working      | Programme Management                          | City CCG            | 27,644                    |
| Community Psychiatric Nurses in Neighbourhood Teams | Coordinated Care - 7 Day Working      | Coordinated Care - CPN in Neighbourhood Teams | City CCG            | 40,333                    |
| <b>Total</b>  |                                       |   |                     | <b>553,977</b>            |

4.2 It should be noted that the above figures for the re-allocation of funds from the Re-ablement Service is estimated based on current and predicted staffing levels within the council managed service. Any variation to this proposal will be presented to Commissioning Sub-Committee at a later date within the final 2015/16 BCF report.

4.3 These proposals are a re-allocation of funds with the 2015/16 BCF and therefore no additional cost above the current level of forecast spend will be incurred as a result of these proposals.

4.4 As detailed by the report author, ongoing allocations from 2016/17 for the proposed schemes will form part of the 2016/17 BCF Planning process.

#### 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

#### 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:  
(Please explain why an EIA is not necessary)

Yes



Attached as Appendix 1, 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

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

8.1

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

**Better Care Fund**

The Primary Care Mental Health Service (PCMHS) will increase the capacity to support people with mental health problems within a primary care setting. As part of the Neighbourhood Teams and aligned to the eight Nottingham City Care Delivery Groups (CDG), the aim of the service is to work in partnership with primary and social care professionals within their allocated CDG to offer patient' access to mental health support and care.

The service will support adults over the age of 18. The geographical location of the practice and the needs of the local population will shape the exact focus of the PCMHS role. In some CDG areas the focus will be on older adults rather than adult mental health services and the skill set of the staffing group will need to be aligned accordingly. The service will support people identified in primary care and also those stepping down from secondary services.

In summer Nottinghamshire Healthcare Trust announced they are conducting a review of their Adult Mental Health Community Services. Areas of focus are:

- Waiting times: all services would aim to see patients within 2 weeks of referral
- Simplify services; over complication of services: multiple service teams can appear complicated and confusing for referrers and patients
- Avoid repetition of assessment: patients are often assessed by numerous services before a service is offered. This means that patients have to tell their story several times.
- Improve discharge pathways to Primary Care: there is not a clear pathway for referral back to primary care
- Reduce debates, duplication and hand offs between teams: time and energy can be taken up debating which team the patient fits into. This is frustrating and can result in poor relationships between teams.
- Improved use of consultant time; medical time taken up with large out-patient clinics. Teams work more effectively with consultants embedded within the leadership of the team. A full review of medical Out-patient clinics needs to be undertaken
- 

The PCMHS will support the aims of the Community Service Review by providing a clear pathway for chronic patients to be discharged back to their GPs once they are stable. The patient would be referred back to the GP but with support from a Primary Care Mental Health Service.

Key functions of the service include:

- Regular monitoring of mental and physical wellbeing, recovery goals and outcomes
- Management of physical and mental health co-morbidity
- Medicines management, including regular planned reviews
- Liaison with other services as necessary for more complex presenting needs, for example in relation to co-morbid conditions, age related issues etc.
- Family and carer liaison
- Expert advice and support for Primary Care

The PCMHS will also support unmet need identified and referred by the Practice. This cohort does not meet the secondary care referral criteria but is often resource intensive and a high user of primary care time.

This service will work closely with the Nottingham City Integrated Care Programme. Mental Health Commissioning Managers recently attended the CDG Network events and there was overwhelming support for mental health to be included within the remit of the Care Delivery Groups. The PCMHS will provide opportunities for information sharing and the creation of more joined up services for people with both mental health needs and long term conditions.

## Appendix 1 Equality Impact Assessment Form

### Information used to analyse the effects on equality

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

- JSNA in relation to mental health
- Specific engagement with service users via two engagement events
- Engagement with professionals via CDG Network events
- Evidence from national policy documents and peer reviewed journals

|  | Could particularly benefit (X) | May adversely impact (X) | How different groups could be affected: Summary of impacts | Details of actions to reduce negative or increase positive impact (or why action not possible) |
|--|--------------------------------|--------------------------|--|--|
|--|--------------------------------|--------------------------|--|--|

|                        |   |   |   |   |
|------------------------|---|---|---|---|
| Not a sub              | People from different ethnic groups                                   | X | <p>The objective of the PCMHS is to provide people with support for their mental health closer to home and in a less stigmatised environment. There is evidence to suggest that people from BME communities are less likely to access mental health services until they are in a crisis. Delivering a service in a less stigmatised environment will support early intervention and potentially reduce those who present in a crisis<sup>1</sup>.</p> <p>The service will also work closely with the new Mental Health and Wellbeing and the Education and Self-care Services which are currently out to tender to increase support into non-medicalised models of care that promote wellbeing.</p> <p>The PCMHS will identify unmet need in practices and support people who are below the referral criteria or are not engaging with secondary care mental health services. This will be of particular benefit to vulnerable groups such as people with complex needs or those with chronic, enduring mental health needs.</p> <p>The PCMHS will help with early identification and intervention. Early intervention is vital to improve people's life chances and reduce health care costs. Primary care plays a key role in primary, secondary (early identification and treatment) and tertiary intervention (promotion of recovery and prevention of relapse). Early intervention</p> | <p>Performance against BCF performance objectives will be monitored and reported to the Health &amp; Well-being Board on a bi-annual basis and to the Health &amp; Well-being Board Commissioning Executive Group on a quarterly basis.</p> <p>Robust equality monitoring measures will be put into place to support the evaluation of the service and ensure the most vulnerable groups are benefiting.</p> <p>Regular evaluation reports will be required which will evaluate the service against the evaluation framework. This will include qualitative data from service users. Commissioners will also monitor any reduced impact a responsive, 7 day service will have on other services such as ED, GP appointments, secondary mental health appointments and admissions.</p> |
|                        | Men, women (including maternity/pregnancy impact), transgender people | X |   |   |
|                        | Disabled people or carers   | X |   |   |
|                        | People from different faith groups                                    |   |   |   |
|                        | Lesbian, gay or bisexual people                                       |   |   |   |
|                        | Older or younger people   | X |   |   |
| Other – please specify |   |   |   |   |

<sup>1</sup> BME Health Forum and the Migrant & Refugee Communities' Forum (2005), *Caught Between Stigma and Equality*.

Appendix 1 Equality Impact Assessment Form

can help target support towards particular groups that are at higher risk.  
 Higher risk groups include:

- Carers (33% said caring made them depressed some of the time)<sup>2</sup>
- Black and minority ethnic groups (2-3 times more at risk of suicide and 4 times more likely to suffer psychosis)<sup>3</sup>
- People with chronic physical illness (2-3 times more likely to suffer from depression)<sup>4</sup>
- Older adults (they are at an increased risk of depression particularly if living alone)
- Men aged 35-64 are the most at risk group of committing suicide; in 2012 suicide was the leading cause of death amongst men in this age group, making up 13% of all deaths<sup>5</sup>

The service will be responsive to the needs of the population of the CDG area. For example CDGs with an older population will be able to use the PCMHS to support service users with dementia or old age depression. CDG who have a younger population may use the resource to improve support for people with mental health and drug and alcohol problems.

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

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

**Approved by (manager signature):**  
 Ciara Stuart – Head of Mental Health Commissioning

Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk

<sup>2</sup> Office for National Statistics (2002). *The mental health of carers*. London: ONS.  
<sup>3</sup> Kirkbride, J, Fearon, P, Morgan, C et al (2006). Heterogeneity in incidence rates of schizophrenia and other psychotic syndromes. *Archives of General Psychiatry* 63, pp-250-58  
<sup>4</sup> NICE (2009). Depression with a chronic physical health problem: the treatment and management of depression in adults with chronic physical health problems (partial update of CG23). *Clinical guidance* 91. London: NICE.  
<sup>5</sup> Office of National Statistics (2012). Suicides in the United Kingdom, 2012 Registrations. <http://www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2012/stb-uk-suicides-2012.html#tab-Age-specific-Suicide-Rates-in-the-United-Kingdom>

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