

# Achieving financial sustainability in the NHS

## Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

July 2024

### 1. Introduction

The purpose of this paper is to provide an update on the current financial position of the NHS in Nottingham and Nottinghamshire and plans to achieve financial stability over the next two years.

### 2. Context

The NHS is increasing spend in Nottingham and Nottinghamshire for 2024/25, but the demands on health and care services are rising. This means all partners in the Nottingham and Nottinghamshire Integrated Care System need to work together to transform the way that health and care services are delivered across our geographical area.

As part of this approach, Nottingham and Nottinghamshire Integrated Care Board (ICB) need to make decisions about how spending is prioritised to achieve the best value.

The pressures on budgets are being experienced nationally and are caused by:

- Increased demand: Across Nottingham and Nottinghamshire, the population is growing and numbers of people suffering more serious ill health for longer periods are increasing.
- Increased staffing: There has been an increase of 24% in permanent staff at Nottingham University Hospitals Trust, Sherwood Forest Hospitals Trust and Nottinghamshire Healthcare Trust since April 2019, higher use of agency staff and meeting the costs of the staff pay rises.
- Inflationary costs: The cost of prescribed medicine and of providing care in peoples' homes and other settings have increased.
- Industrial action: There has been an ongoing requirement to pay for additional staff to cover urgent and emergency care.

There is also a requirement to deliver in line with guidance set out by NHS England<sup>1</sup>, which includes:

- Focusing on quality and safety of services and reduction in inequalities.
- Improving access to community and primary care, particularly general practice and dentistry.
- Improving access to mental health services.
- Improving ambulance response and A&E waiting times.
- Reducing elective long waits and improve performance against cancer and diagnostic standards.
- Improving staff experience, retention and attendance.

Nottingham and Nottinghamshire ICB is focussed on the three Principles of our Integrated Care Strategy<sup>2</sup>: integration, equity and prevention and on the four Aims<sup>3</sup>: Improve outcomes in population health and healthcare; Tackle inequalities in outcomes, experience and access; Enhance productivity and value for money, and; Help the NHS support broader social and economic

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<sup>1</sup> [2024/25 priorities and operational planning guidance \(england.nhs.uk\)](https://www.england.nhs.uk/priorities/)

<sup>2</sup> [Integrated Care Strategy - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/integrated-care-strategy/)

<sup>3</sup> <https://www.healthandcarenotts.co.uk/integrated-care-strategy/our-key-aims-and-principles/>

development. However, as financial spend is adjusted to align with allocated budgets, some services will inevitably be impacted.

Nottingham and Nottinghamshire ICB is striving to strike the balance between the need to achieve financial sustainability with the ambition to provide the best possible health and wellbeing for our communities, creating a health and care system that is fit for the future.

### **3. Our approach**

As part of the work to ensure that NHS organisations across Nottingham and Nottinghamshire operate within their budgets by the end of March 2026, all services are being reviewed to check that they are having the desired impact and are affordable. In some instances, the focus is on increasing productivity and efficiencies in the way that services are provided. This ensure that we make the best use of our facilities and workforce. The ICB has also considered services under six overall domains to ensure that the cumulative impact on services and populations is minimised. These domains are;

1. Standardisation and Consolidation: Is there an opportunity to standardise the service offer across the system?
2. Benchmarking: Is there an opportunity based on financial benchmarking against national reference costs and expected volume for our population demographics?
3. Amending Service Offer: Is there an opportunity to reduce amend the service offer in line with clinical best practice?
4. Service Improvement: Are there any opportunities to deliver service improvement that would deliver savings within the contract?
5. Provider Delivery: Are there any opportunities for providers to deliver at a reduced cost?
6. Decommissioning: Is the health intervention also offered through another service and therefore an opportunity to decommission some provision across the ICB, i.e. “delaying”?

This will be done working with clinicians to check that there is no duplication of services and that services offered are evidence-based and demonstrably beneficial to patients. If services are identified that do not provide improved health outcomes or value for money or don't impact effectively on health outcomes, then it is proposed they will be changed, removed or expenditure reduced accordingly.

There is commitment from all system partners to work more collaboratively to transform the way citizens are supported. Specifically, there is an intention to review how services can be organised in a more joined up and efficient way that works better for people who use them, while also reducing operational costs. An example of this is the frailty pathway and a cross-system workstream has already been set up to review and improve services.

Efforts will also be directed towards the amount of money spent on prescription drugs and support healthcare professionals in selecting the most appropriate medications, particularly as more affordable generic versions become available.

### **4. Summary of proposed changes to services**

A summary of the proposed changes can be found in the table below. Further details on each scheme within the Programmes described can be found in the sections referenced.

<b>Programme</b>	<b>Summary</b>	<b>Anticipated savings 2024/25 (£'000)</b>	<b>Identified savings 2025/26 (£'000)</b>	<b>Further information</b>
Acute, Planned Care and Non-Acute – Service Redesign	Application of existing Value Based Commissioning Policy to a range of services including MSK, Gynaecology, Ophthalmology, Vasectomy and Dermatology. Consolidate contracts where appropriate to be more efficient. Reshape Bassetlaw hospice care provision. Take benefit from slippage of investment into CDC.	£2,499	£375	Appendix 2 Table 1
Acute, Planned Care and Non-Acute - Transactional	Review of transactional actions related to contract management. Application of existing Value Based Commissioning Policy to a range of areas. Make sure activity is being counted and coded correctly to maximise income. Ensure follow-up appointments in Independent Sector are clinically appropriate and in line with peers.	£6,314	£-	Appendix 2 Table 2
Continuing Healthcare (CHC)	Review of care packages (health and social care) for citizens with long-term complex health needs.	£16,474	£-	Appendix 2 Table 8
Corporate	Review of assets and tools critical to business function, e.g. software, mobile phones etc.	£10	£-	Management of mobile phone contract including data bundles. Centralisation of procurement of hardware and software assets.
Digital	Review of digital national allocations.	£1,600	£-	Review national digital allocations to ascertain best investment profile, including taking into account slippage and alignment to other programmes

Estates	Review of our administrative office facilities to ensure that space is used appropriately and we are only paying for what we need and use.	£1,272	£-	Possible closure of some administrative bases, removal of duplication and appropriate allocation of back-office costs
Mental health social prescribing	Savings from slippage in implementation of model in Nottingham West and Mid Notts.	£159	£-	Appendix 2 Table 3
Mental Health – S117	Clinically led review of process and policy care delivered under S117 of the Mental Health Act	£278	£503	Appendix 2 Table 7
Mental Health Investments review	Review of two year Mental Health Investments with Nottinghamshire Healthcare Trust	£3,100	£-	Appendix 2 Table 4
Prescribing	Review to maximise the cost-effectiveness of prescribed products, ensuring value for money in NHS expenditure.	£12,768	£-	Appendix 2 Table 5
Preventative	Review of training for healthcare staff.	£-	£1.5	Appendix 2 Table 10
Primary Care	Review of a number of schemes to ensure that only activity delivered is paid for.	£2,252	£189	Appendix 2 Table 6
Proposed Better Care Fund (BCF) efficiencies	Reduction in investment into BCF.	£2,700	£-	Reduce overall spend into the BCF whilst protecting existing discharge arrangements
Service Development Funding (SDF)	Annual non-recurrent funding received by the ICB to support specific transformation areas including primary care and prevention. This represents a savings opportunity to not provide additional investment. It is not a reduction in business as usual spend.	£6,800	£-	Appendix 2 Table 11
Urgent and Emergency Care (UEC)	Review of a mixture of transformational and transactional proposals including discharge from hospital and frailty.	£5,129	£1,594	Appendix 2 Table 9
	Total	£61,355	£2662.5	

Although the financial situation is extremely challenging, efforts continue to deliver on positive developments including:

- Health Inequalities Innovation and Investment Fund: Providing more personalised and targeted support to our most disadvantaged people and communities.
- Integrated Neighbourhood Teams: Collaborating with local authorities, health and social care providers, community, voluntary and social enterprise organisations, and citizens to enhance the health and wellbeing of local communities.
- Sharing and analysing data: Using data from various organisations to ensure services and support are directed where they are most needed.
- Improving primary care access: Continuing to recruit for additional roles in primary care, implementing new digital solutions and systems, and expanding services offered by pharmacists.
- Improving urgent and emergency care: Expanding virtual ward beds to support patients who would otherwise be in hospital (216 virtual ward beds for 18 conditions as of April 2024), creating an Urgent Care Coordination Hub to streamline care packages between the NHS and local authorities, and developing home support for individuals with new or additional health and social care needs.
- Significantly reducing waiting times for treatment. Achieving significant reductions in waiting times, with 78-week waits down by 70% and 65-week waits down by 21% (from April 2023 to February 2024).

## **5. Recommendations**

Nottingham Health and Adult Social Care Scrutiny Committee is asked to:

- Note the contents of this report.
- Indicate which proposed changes (as set out in Section 4) require further information.
- Discuss how the Committee would like to receive further updates.

## **6. Appendices**

**Appendix 1: Glossary of terms**

**Appendix 2: ICB Saving and Efficiency schemes and opportunities – (Values - £000k)**

## Appendix 1: Glossary of Terms

Term	Definition
<b>Discharge to Assess</b>	<p>Nottingham City Council has a joint strategy and policy with partners in the Nottingham and Nottinghamshire Integrated Care System (ICS) in line with national NHS England Discharge to Assess (D2A) Policy and Guidance<sup>4</sup>. Under this model there are four routes out of hospital for people as follows:</p> <ul style="list-style-type: none"> <li>• P0 – No additional support required on discharge at home from Adult Social Care but could include District Nursing input. The patient will return to their usual place of residence (including care homes).</li> <li>• P1 – Reablement or rehabilitation at home - in Nottinghamshire this is provided by the Local Authority (LA) and NHS Community Health Provider. Patient returns to usual place of residence with interim support.</li> <li>• P2 – Residential rehabilitation or further assessment - this is provided by the NHS. Patient is transferred to a non-acute (i.e. not in hospital) bed and received a rehab/reablement assessment until able to safely return to place of residence.</li> <li>• P3 – Complex discharge planning, often including assessment for Funded Nursing Care or NHS Continuing Healthcare – this is also an NHS provision on discharge from hospital. Patient is transferred to a new long-term bed, assessment bed, or usual residence and received the complex support and/or assessment for their needs.</li> </ul>
<b>Service Development Fund (SDF)</b>	<p>Service Development Funding (SDF) supports the delivery of the NHS Long Term Plan commitments. Funding is made available via additional allocations to local systems. Local system allocations of SDF are for specific, identified programmes of work in line with national ambitions and priorities. For 2024/25 the ICB has identified some areas where the SDF activity can be paused or delayed and so represent a saving. These are pilots or enhancements to core services that will be reviewed for their effectiveness before further investment is planned. These will not affect core services that residents will be used to receiving.</p>
<b>Slippage</b>	<p>In the context of the NHS, "slippage" refers to the delay in the implementation, progress, or completion of planned projects, initiatives, or targets. This can occur due to various factors such as resource constraints, unforeseen challenges, staffing issues, changes in policy, or other operational difficulties. When slippage occurs, it can lead to the reallocation of the budget to other areas, creating potential savings from the unspent balance.</p>
<b>Value Based Clinical Commissioning Policy<sup>5</sup></b>	<p>The purpose of this policy is to ensure that Nottingham and Nottinghamshire Integrated Care Board (the Commissioners) fund treatment only for clinically effective interventions delivered to the right patients. It sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget. This policy lists a number of procedures and services that the Commissioners restrict funding for. Patients should only be referred for the procedures and services listed if they meet the eligibility criteria set out in the policy. The onus is on the clinician to ensure that appropriate authorisation from the commissioner is achieved, authorisation will be achieved either by prior approval or, where there are significant numbers of procedures, by retrospective audit (as agreed by individual ICBs per provider) to assure compliance with criteria. The clinician must provide sufficient information to evidence how the patient meets the criteria</p>

<sup>4</sup> [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-and-community-support-guidance)

<sup>5</sup> [Value Based Commissioning Policy \(icb.nhs.uk\)](https://www.icb.nhs.uk/value-based-clinical-commissioning-policy)

## Appendix 2: ICB Saving and Efficiency schemes and opportunities – (Values - £000k)

**Table 1: Acute, Planned Care, Non-Acute - Service Redesign & Change**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
ACUPS-S01	End of Life Care	Redesign existing provision in Bassetlaw to provide more hospice at home and hospice at night services. Change use of Specialist Palliative Care beds to Community bed model.	£125	£375	£500
ACUPS-S02	MSK	Consolidation of contracts for muscular skeletal and pain to deliver efficiency on administration costs. Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided.	£370	£-	£370
ACUPS-S03	Gynaecology	Consolidation of contracts for gynaecology to deliver efficiency on administration costs. Review pathway to reduce unnecessary steps and increase use of Advice and Guidance. Implementation of new tariff for Termination of Pregnancy services with no change for service provided to patients.	£134	£-	£134
ACUPS-S05	Vasectomy	Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided. Reporting of activity to achieve Elective Recovery Fund payment.	£1,078	£-	£1,078
ACUPS-S06	Dermatology	Reporting of activity to achieve Elective Recovery Fund payment. Reviewing opportunity for lead provider model.	£292		£292
ACUPS-S07	CDC	Slippage in funding for Community Diagnostic Centre due to delays in staff recruitment for both Mansfield and Nottingham locations	£500		£500
<b>Total:</b>			<b>£2,499</b>	<b>£375</b>	<b>£2,874</b>

**Table 2: Planned Care, Non-Acute Contracts - Transactional**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
ACU-S01	Activity recording	Reporting of activity to achieve Elective Recovery Fund payment for community gynaecology services. Accurate coding of ophthalmology services to ensure correct tariff payment.	£684	£-	£684
ACU-S02	First to follow up outpatient ratio	Reduction in number of follow up appointments at Independent Sector Providers in line with national standards to reduce appointments that are not clinically necessary.	£1,368	£-	£1,368
ACU-S03	Contract Negotiations and	Review of locally defined services at Nottingham University Hospitals to ensure they are required and being delivered.	£1,200	£-	£1,200

	controls - NUH Local Prices				
ACU-S10	Contract Negotiations and controls - ISP	<b>Review of contract terms and conditions with Independent Sector Providers.</b>	£456	£-	£456
ACU-S04	Value based Commissioning Policy	<b>Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided.</b>	£570	£-	£570
ACU-S05	Primary Care Psychological Medicine	<b>PCPM was an NHS Vanguard pilot project, provided only in the former Rushcliffe Clinical Commissioning Group (CCG) geography. Following detailed consideration of value for money and population level outcomes, the Rushcliffe Service has been superseded from 2024/25 by an equitable offer of other services to all patients in Nottingham and Nottinghamshire who may benefit from dedicated psychological medicine input in primary care settings to improve physical health outcomes.</b>	£416	£-	£416
ACU-S06	Oxygen rebate	<b>Rebate on VAT for home oxygen supplies.</b>	£920	£-	£920
ACU-S07	Renal transport - Bassetlaw	<b>Reduction in contact value following reprocurement. ICB is an associate to the contract tendered by South Yorkshire.</b>	£140	£-	£140
ACU-S08	Inter facility transfers Bassetlaw	<b>Change in contractual responsibility from ICB to Doncaster and Bassetlaw Hospitals Trust. Contract in place to transport inpatients between hospital sites - no change for patients.</b>	£410	£-	£410
ACU-S09	SpaMedica rebate	<b>Rebate from provider for procedures undertaken outside of Value Based Commissioning policy.</b>	£150	£-	£150
<b>Total:</b>			<b>£6,314</b>	<b>£-</b>	<b>£6,314</b>

**Table 3: Mental Health**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
HC/23/76	Mental Health Social Prescribing	<b>Savings from slippage in implementation of model in Nottingham West and Mid Notts.</b>	£159	TBC	TBC

**Table 4: Mental Health Investment Review**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
MHIR-ALL	Mental Health Investment Review	<b>Review of 2-year Mental Health Investments with NHFT.</b>	£3,100	£-	£3,100



**Table 5: Prescribing**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
PSC-S01	Optimise Rx - Notts	<b>Improved software to support prescribers with point of prescribing decision making. This will improve patient care and cost-effective prescribing. Messages are authored / tailored by the ICB medicines optimisation team according to national and local guidelines, policies and priorities.</b>	£2,220	£-	£2,220
PSC-S02	Optimise Rx - Bassetlaw	<b>Improved software to support prescribers with point of prescribing decision making. This will improve patient care and cost-effective prescribing. Messages are authored / tailored according to national and local guidelines, policies and priorities.</b>	£228	£-	£228
PSC-S04	Triple Inhalers (COPD & Asthma)	<b>Proposal to swap patients who currently use two inhalers for COPD to a single inhaler which is easier to manage and creates less waste and fewer harmful emissions.</b>	£360	£-	£360
PSC-S05	ICB Meds op Team Ad hoc Savings	<b>General efficiencies identified by the ICB Prescribing Informatics Team.</b>	£500	£-	£500
PSC-S06	Vitamin D	<b>Proposal to switch vitamin D prescribing to a more cost-effective equivalent product. Provide guidance for care homes around providing prevention doses to residents.</b>	£150	£-	£150
PSC-S07	Insulin Biosimilars	<b>Proposal to change prescribed insulin to a more cost-effective similar brand where clinically appropriate (“biosimilars”).</b>	£12	£-	£12
PSC-S08	Blood Glucose Testing Strips (BGTS)	<b>To encourage prescribing of cost-effective blood glucose test strips, which are in line with nationally recommended choices, and to ensure patients are prescribed appropriate quantities for their condition.</b>	£100	£-	£100
PSC-S09	Fostair to Luforbec	<b>The proposal is to switch patients from Fostair Metered Dose Inhaler (MDI) to Luforbec MDI which contains the same ingredients at a lower cost. This proposal is in line with the Nottinghamshire Joint Formulary and respiratory guideline as Luforbec is the first choice of MDI for combination steroid and long-acting beta agonist.</b>	£540	£-	£540
PSC-S10	Generic prescribing	<b>Increase amount of generic prescribing for medicines where there is a significant saving by prescribing generically (i.e. not by brand name). Generic prescribing prices are governed by the Drug Tariff, rather than being set by manufacturers. Generic prescribing also helps to reduce the impact of medicines shortages on prescribers, community pharmacies and patients.</b>	£166	£-	£166

PSC-S11	Oral Glucose	<b>No longer prescribe glucose treatment for hypoglycaemia (low blood sugar) in diabetic patients. Position statement for primary care was produced in April 2024, and patient leaflet about using sweets, juice etc. as alternative ways to manage low blood sugar.</b>	£12	£-	£12
PSC-S12	Safety Needles	<b>Work with community service providers to inform them that staff should access safety needles, if they are needed for employee protection, through their employer rather than through prescribing to patients.</b>	£100	£-	£100
PSC-S13	Enoxaparin	<b>Increased use of Arovi, a more cost-effective brand of the blood thinning injection, enoxaparin.</b>	£24	£-	£24
PSC-S15	Direct supply wound care	<b>Proposal for Bassetlaw residents to receive wound care supplies directly from their community nurse rather than by prescription if the patient is under the care of the community nursing team. This will provide patients with a faster service, in line with the service delivered in other areas.</b>	£75	£-	£75
PSC-S16	High-Cost medicines	<b>Use of biosimilar (similar medicine) at NUH and SFHT for specific products. Switching from the original reference medicine to a biosimilar does not appear to impact efficacy, safety or immunogenicity. Using best value biological medicines in line with NHSE England commissioning recommendations.</b>	£207	£-	£207
PSC-S18	Rebate	<b>Rebates received when specific drugs are prescribed. Contracts negotiated by ICB medicines optimisation team.</b>	£1,911	£-	£1,911
PSC-S03	Patent Expiries - Apixaban	<b>Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.</b>	£3,982	£-	£3,982
PSC-S20	Patent Expiries from 23/24	<b>Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.</b>	£118	£-	£118
PSC-S19	Patent Expiries new 24/25	<b>Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.</b>	£827	£-	£827
PSC-S17	Patent Expiries - Rivaroxaban	<b>Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.</b>	£1,176	£-	£1,176
PSC-S21	Soprobecc	<b>Encouraging prescribers to change prescribing from Soprobecc to a more cost-effective brand.</b>	£60	£-	£60
<b>Total:</b>			<b>£12,768</b>	<b>£-</b>	<b>£12,768</b>

**Table 6: Primary care**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
PRC-S01	PC IT Contracts	<b>Savings on software licences and cost of SMS messaging by practices. Management of IT equipment spend.</b>	£123	£25	£148
PRC-S02	Protected learning time/PCDC	<b>Greater use of virtual methods to deliver GP protected learning time, reducing overhead costs compared to face to face training.</b>	£13	£50	£63
PRC-S04	PCARP Flexibility	<b>Savings from anticipated underspend due to reduced uptake of national support programme for General Practice relating to access to primary care.</b>	£350	£-	£350
PRC-S05	Primary Care Delegated	<b>Efficiencies in contract management for: additional staff/staff relief support; business rates rebates; slippage in achievement of QoF scheme; slippage on premises development schemes; clinical effectiveness audit of minor surgery; accrual of Additional Roles Reimbursement Scheme.</b>	£1,767	£114	£1,881
<b>Total:</b>			<b>£2,252</b>	<b>£189</b>	<b>£2,441</b>

**Table 7: S117**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
S117-01	Review of Section 117 aftercare process and policies.	<b>Review of process and policy for s117 mental health aftercare.</b>	£278	£503	£781

**Table 8: Continuing Health Care**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
CHCJF-S01	JF - New Cases and Direct commissioning of HCC	<b>A new Joint Funding Policy has been developed to determine what are health needs and should receive a health care contribution and what are social care needs.</b>	£559	£-	£559
CHCJF-S02	JF - Review existing packages	<b>Proposal to assess everyone who currently receives care which is part-funded by the NHS to check the support they are receiving is in line with their health needs. A new policy has been approved which determines what are health needs and what are social care needs. People who are assessed as having no health needs will no longer be jointly funded by the NHS. People who are assessed as having health needs will still be funded.</b>	£9,000	£-	£9,000

CHCJF-S05	JF - Liaison reviews	<b>Full year effect of previous review of continuing health care packages where people did not have a health need.</b>	£1,475	£-	£1,475
CHC-S01	One to One in Care Homes	<b>Continuing to review all existing and new requests for one-to-one care in standard nursing home placements. One-to-one care can be very restrictive for residents, so it should only be provided in cases where there is need. This reviewing process has already been in place for a year.</b>	£816	£-	£816
CHC-S02	Eligibility review	<b>Proposal to review existing packages of care to ensure equitable and in line with policy.</b>	£1,536	£-	£1,536
CHC-S03	Childrens	<b>Proposal to reviewed children's care packages to ensure care is equitable, appropriate for the child and offers value for money.</b>	£500	£-	£500
CHC-S04	Fast track	<b>Proposal to reduce inappropriate referrals for Fast Track care packages. Proposal for Fast Track services in North Notts to be provided by the Mid Notts end of Life Better Together Alliance. Fast Track is the funding received in the final 12 weeks of life.</b>	£350	£-	£350
CHC-S05	High-cost packages	<b>Proposal to review high-cost packages to see if they can be delivered more efficiently and ensure robust case management</b>	£200	£-	£200
CHC-S07	Roving service	<b>Proposal to end contract for roving service in Bassetlaw and buy services on an ad hoc basis. Patients will still receive a service.</b>	£118	£-	£118
CHC-S08	Notice period 28 to 14 day	<b>Proposal to reduce the notice period from 28 days to 14 days when a person is no longer eligible for health care funding.</b>	£521	£-	£521
CHC-S09	4-week backdating	<b>Proposal that providers who request refunds for changes in care packages will only receive these backdated for a four-week period.</b>	£500	£-	£500
CHC-S10	Transport	<b>Proposal that transport for people with continuing health care to day services and respite care will no longer be available as part of their care package.</b>	£900	£-	£900
<b>Total:</b>			<b>£16,474</b>	<b>£-</b>	<b>£16,474</b>

**Table 9: Urgent Emergency Care**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
UEC-S01	Virtual ward budget	<b>The proposal is to defer the procurement of a long-term IT solution and reduce the overall budget for virtual wards by a total of £1.4m. Further expansion of virtual wards will be deferred.</b>	£1,400	£-	£1,400
UEC-S03	BCF Discharge fund	<b>An additional £4m of government funding has been received as part of the Better Care Fund to support discharge from hospital. This has been partly utilised to meet the costs of previously approved P1 costs, releasing the budget created to support these costs to value of £2.3m</b>	£2,300	£-	£2,300

UEC-S04	Patient Transport Services (PTS)	<b>It is proposed that by improving the way transport is booked and utilised across the ICS, savings/efficiencies can be made on total spend on PTS across the ICS.</b>	£38	£-	£38
UEC-S05	P1 reduced funding	<b>Consolidation of number of providers delivering Pathway 1 packages of care following discharge from hospital. A reduction in total P1 budget by £2m (the current NWB pathway would be included within this saving - see below).</b>	£400	£1,200	£1,600
UEC-S16	P1 NWB	<b>Ensure adherence to contract terms with all providers delivering Pathway 1 packages of care for non-weight bearing patients. This would allow us to cease the additional NWB spend.</b>	£400	£-	£400
UEC-S06	P2 financial envelope	<b>Review of Pathway 2 community bed base and model with proposal to recommission and top slice the financial envelope by approx 380k with 80k in 24/25.</b>	£80	£300	£380
UEC-S07	FLS contract savings	<b>The ICB has approved a phased exit from the South Notts Fracture Liaison Service infusion service at East Bridgford Medical Centre. Work is underway to secure an equitable, affordable and consistent standard of service for all ICB citizens.</b>	£300	£-	£300
UEC-S09	Urgent Community Response (UCR)	<b>Proposal is to mobilise an integrated UCR offer between providers to release efficiencies of around 70k which represents 2% of the budget.</b>	£-	£70	£70
UEC-S11	Bassetlaw Urgent Care Service (BUCS)	<b>The proposal is to novate the contract we hold with Nottinghamshire Healthcare Trust who commission DHU to provide the BUCS service and to contract directly with DHU.</b>	£-*	£-*	£-*
UEC-S12	Directory of Services (DoS)	<b>Serve notice on Bassetlaw DOS and bring in house so ICB DOS team cover Bassetlaw work - saving £5k.</b>	£5	£-	£5
UEC-S13	Discharge to Assess (D2A)	<b>We are reviewing all D2A BCF funded posts and have identified at least 9k of savings from posts that are currently within the TOCHs etc</b>	£9	£-	£9
UEC-S14	BCF	<b>Review of funding for discharge support including housing adaptations and assistive technology.</b>	£45	£-	£45
HC/22/22	Local Area Coordination (LAC)	<b>Review ICB contribution to year two allocation of funding for Local Area Coordination roles in Nottingham City.</b>	£140	£-	£140
HC/23/18	Recurrent Funding Agreement for the 'Reducing Conveyance Lead' Post	<b>Cease ICB funding of EMAS posts recruited to reduce ambulance conveyances to hospital.</b>	£12	£24	£36
<b>Total:</b>			<b>£5,129**</b>	<b>£1,594**</b>	<b>£6,723**</b>

\* Note that the savings are commercial in confidence information about a third party.

\*\* Does not include the savings from UEC-S11 (Bassetlaw Urgent Care Service)

**Table 10: Preventative**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
HC/23/79	LGBT+ Network	Review of training for healthcare staff.	£-	£1.5	£1.5

**Table 11: Service Development Funding**

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
SDF	Mental Health - MH CYP	ICB is undertaking review of Mental Health Investment Standard (MHIS) and SDF investment to ensure VFM and targeted impact, before proposing any additional investment	£765	£-	£765
SDF	Mental Health - MH Adult Community	ICB is undertaking review of Mental Health Investment Standard (MHIS) and SDF investment to ensure VFM and targeted impact, before proposing any additional investment	£1,095	£-	£1,095
SDF	Mental Health - IPS additional funding (New 24/25)	Services already meeting standards – no further implementation in-year.	£337	£-	£337
SDF	Mental Health - MHLDA Inpatient Quality (New 24/25)	Three-year Inpatient Plan published end of July 2024; investment plans are being finalised.	£855	£-	£855
SDF	LDA	Review of funding commitments and phasing of full year plan	£506	£-	£506
SDF	Women's health hubs	Savings from slippage in Service Development Fund to support Women's Health Hub.	£251	£-	£251
SDF	Prevention & Long-Term conditions - Prevention & LTC Universal Allocation	Savings from reduced investment of recurrent Service Development Fund to support CVD, stroke and diabetes.	£253	£-	£253
SDF	Prevention & Long-Term conditions - Prevention & LTC Targeted Allocation	Savings from reduced investment of non-recurrent Service Development Fund to support CVD, stroke and diabetes.	£423	£-	£423
PRC-S03	PC Workforce	Reduction in training for non-clinical General Practice staff through multi-professional support unit.	£25	£-	£25
SDF	Primary Care - Primary Care Transformation	Savings from reduced investment of non-recurrent Service Development Fund to support primary care transformation.	£990	£-	£990

UEC-S02	Proactive care	<b>Cease the temporary Proactive Care pilots and embed learning within core service offers. Frail older people will continue to receive support for medication reviews, assessment for carer support and advice and nutrition via other roles in primary care teams.</b>	£1,300	£-	£1,300
<b>Total:</b>			<b>£6,800</b>	<b>£-</b>	<b>£6,800</b>