

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE - 8<sup>th</sup>  
September 2015**

<b>Title of paper:</b>	Proposals for the development of seven day community health & social care services	
<b>Director(s)/ Corporate Director(s):</b>	Maria Principe – Director of Primary Care Development and Service Integration Candida Brudenell, Director Quality and Commissioning, NCC	<b>Wards affected:</b> All
<b>Report author(s) and contact details:</b>	Jo Williams – Assistant Director Health and Social Care Integration, Nottingham City CCG and Nottingham City Council. <a href="mailto:Joanne.Williams@nottinghamcity.nhs.uk">Joanne.Williams@nottinghamcity.nhs.uk</a>	
<b>Other colleagues who have provided input:</b>	Charlotte Harris – Project Manager Nottingham City CCG and Nottingham City Council Claire Kent – Commissioning Manager – Community Services & Integration Nottingham City CCG Dave Miles – Assistive Technology Project Manager – Nottingham City Council	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Total Value of the decisions</b>	£588,235 Detailed separately below.	
<b>Relevant Council Plan Strategic Priority:</b>		
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		√
Deliver effective, value for money services to our citizens		√
<b>Relevant Health and Wellbeing Strategy Priority:</b>		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		√
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>		
<p>The purpose of this report is to seek approval from the Health and Wellbeing Board Commissioning Sub Committee to implement a number of seven day working proposals and agree to release funding from the Better Care Fund budget for seven day services, totalling £0.589m in year in accordance with BCF planning requirements.</p> <p>Each of the recommendations made to the Health and Wellbeing Board Commissioning Sub</p>		

Committee within this report will improve the experience of access to health and social care services for citizens who are elderly or who have long term conditions. They will also increase the number of citizens remaining independent in the community, including after hospital admission with improved and seamless transfers of care by providing timely access to health and social care services within the community which promote independence.

**Recommendation(s):**

The Health and Wellbeing Board Commissioning Sub Committee are asked to support the following proposals and respective funding requests:-

<b>1</b>	Extension of the Community Matrons service to operate seven days per week - £24,704.
<b>2</b>	Extension of the Care Homes Nursing Team service to seven days per week - £85,488.
<b>3</b>	Extension of the Care Co-ordinator Service to operate seven days per week – £422,186
<b>4</b>	Extended opening hours for Integrated Community Equipment Loan Service (ICELS) - £45,357
<b>5</b>	Project management to facilitate delivery of 7 day working within Adult Assessment - £11,500
<b>6</b>	The Health and Wellbeing Board Commissioning Sub Committee are asked to consider the wider use of the budget for developing seven day services to support other integration projects which promote early intervention.

**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'):**

Not applicable.

**1. REASONS FOR RECOMMENDATIONS**

- 1.1 From 2015/16 the budget for developing seven day community health and social care services in Nottingham is contained within the Better Care Fund (BCF) to ensure that joint commissioning decisions are made about the use of this funding stream.
- 1.2 To manage the development of this work stream a Task and Finish group has been established with multi-partner representation from across acute, primary, community and social care. This group has reviewed the existing seven day community service provision and based on demand and evidence developed these proposals to support admission prevention and effective transfers into the community.
- 1.3 Utilisation of the funding for seven day services for the proposals identified below has a good fit with BCF objectives and metrics as they will: assist with a reduction of non-elective admissions and delayed transfers of care, and improve the experience of citizens within Nottingham.

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

- 2.1 The development of seven day services to support citizens being discharged and prevent unnecessary hospital admissions at weekends is a national condition of the BCF planning guidance. This is also a national requirement within the latest NHS England planning guidance *Everyone Counts: Planning for Patients 2014/15 to 2018/19* and– *The forward view into action*.
- 2.2 Provision of seven day services will also support the priorities outlined within the Health & Wellbeing Board Strategy 13-16:
  - Improve the experience of access to health and social care services for citizens who are elderly or who have long term conditions

- Increase the number of citizens remaining independent in the community, including after hospital admission with improved and seamless transfers of care

### 2.3 Proposal - Community Matrons

Expansion of the current Community Matron service across the City to provide access to Community Matrons seven days per week. Currently there is no weekend working or cover arrangements for citizens on the community Matron caseload. Recent analysis of multiple ED attendances and emergency admissions has highlighted that there is a potential need for these citizens to have a Matron available for advice, or to see & treat over the weekend. The scale of demand is not fully known, therefore the recommendation is to phase in weekend cover to understand the true need and review via the Neighbourhood Team development meetings which are held monthly.

#### Expected outcomes:

- Reduction in ED attendances and non-elective admissions, measured via Care Co-ordinators monthly analysis.

Proposed implementation: From October 2015

An allocation of £49,408 will be required to phase in for one year. ***Part year effect costs of £24,704 will be spent within 15/16.***

### 2.4 Proposal - Care Homes Nursing Team

This service provides specialist nursing support, treatment and access to primary and community care to citizens with complex needs in residential and nursing homes, Monday to Friday. Expansion of the core operating hours to include weekends will provide continuity of care at weekends and support implementation of the Care Homes Vanguard Programme.

#### Expected outcomes:

- Standardisation of care within residential homes to help achieve and maintain quality
- Reduction in unplanned admissions to acute providers from residential homes
- Improvement in the knowledge and skill base of staff in residential homes.

Proposed implementation: From October 2015

Based on current activity a rota of 5 nurses per day on duty is recommended. An allocation of 170,975 is required to fund this for one year. ***Part year effect costs of £85,487.50 will be spent within 15/16.***

### 2.5 Proposal - Care Co-ordinators

Since the introduction of the Care Co-ordinators significant amounts of clinical time have been released, monthly MDT meetings are effectively supported at each practice and care has been co-ordinated more effectively behind the scenes for citizens across Nottingham City.

This service is a central point of contact for health and social care professionals within the CDG and therefore with the expansion of seven day working this team are integral to the success of the expansion of services as well as enhancing current seven day services such as the District Nurses and Urgent Care.

The recommendation is to expand the service capacity by 16.7WTE. This will provide enough capacity within the team to work seven days per week, enable the co-

ordinators to become patient facing and complete pro-active in-reach work into the acute trust to facilitate timely discharges. A specific role will also be developed to support the co-ordination of care for residents within residential and nursing care homes across the City.

Expected outcomes:

- Reduced risk of unnecessary ED attendance and acute admission/re-admission achieved by a more co-ordinated approach to citizen care
- More timely access to care achieved through improved co-ordination
- Better health and social care outcomes for citizens achieved through improved co-ordination between GPs, Social Care, community healthcare professionals, secondary care and the third sector.
- A more efficient workforce, reducing administrative duties for clinicians and releasing clinical time to spend on providing clinical care.

Proposed implementation – Phased to support recruitment and training.

An allocation of £422,186 will be required annually to fund this service extension.

## **2.6 Proposal – ICELS**

The ICELS service is currently in receipt of pilot funding from County CCG's to operate weekend working. A further £182,000 is required to extend this pilot for the whole of 2015/16 of which City partner contributions will be £45,357.

The ICELS service is currently out to tender and bidders are being invited to submit plans as to how they will deliver a seven day service from 2016/17.

- Expected Outcomes Facilitating discharge from hospital during weekend
- Preventing avoidable admissions
- Improved service for citizens and carers

## **2.7 Proposal – Adult Assessment & Day Working**

The proposal is to fund project management to facilitate the implementation of 7 day working in the Adult Hospital Discharge & Assessment Rapid Response and Adult Safeguarding services in April 2016. The project manager will be responsible for developing sample rotas in order to fully cost seven day working in these areas, develop and participate in a duty management rota and undertake full staff engagement and consultation that will be required to implement these changes. A permanent J grade post will be recruited who will deliver the implementation plan and form part of the extended management team post implementation

Expected Outcomes

- Facilitating Discharge from hospital during the weekend
- Reduction in unplanned admissions over the weekend

Proposed Implementation – from January 2016

An in year allocation of £11,500 will be required. The full year cost will be £46,060 which will form part of the overall cost of delivering & day services in Adult Assessment

*Note – this proposal will not be implemented should it not be approved by the 7 Day Working Task and Finish Group at their meeting on 10<sup>th</sup> Sept 2015*

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

- 3.1 This paper includes the first set of recommendations from the seven day services task and finish group. These proposals have been made first based upon the service review evidence, and will support a phased implementation of seven day working. During the next six months further services developments will be considered and other options for expanding services to operate seven days per week will be proposed to the Health and Wellbeing Board Sub Committee.

**4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)**

- 4.1 A total allocation of £2.47million was included within the Nottingham City 2015/16 BCF Plan. The total allocation requested within this paper is £0.589m million from this existing allocation within the BCF.

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

N/A.

**6. EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report is concerned with extension to current commissioned provision on basis of citizen/patient or system need)

√

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**

N/A.

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

None