

**HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE - 13<sup>th</sup> October 2015**

<b>Title of paper:</b>	<b>Better Care Fund (BCF) 2015-16 Underspend Proposals</b>	
<b>Director(s)/ Corporate Director(s):</b>	Alison Michalska, Corporate Director for Children and Adults	<b>Wards affected: All</b>
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<b>Other colleagues who have provided input:</b>	<b>Darren Revill, Andrew James, Kate Lowman</b>	
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>		
<b>Total value of the decision:</b>	<b>Not exceeding £1,013,906 (re-allocation of existing allocated funding)</b>	
<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		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" 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 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		
<b>Recommendation(s):</b>		
<b>1</b>	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	
<b>2</b>	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	
<b>3</b>	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 contract for the Community Navigator Pilot as	

	detailed in 2.4.6
<b>4</b>	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.

<b>TABLE 1 – SUMMARY OF PROPOSALS</b>				
<b>Proposal</b>	<b>Lead Partner</b>	<b>Estimated Profile</b>		<b>Total Value of Proposal</b>
		<b>2015/16</b>	<b>2016/17</b>	
		<b>£</b>	<b>£</b>	<b>£</b>
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
<b>Total</b>		<b>360,704</b>	<b>536,814</b>	<b>897,518</b>

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**