

HEALTH AND WELLBEING BOARD COMMISSIONING SUB-COMMITTEE -
10 November 2015

Title of paper:	BCF 2015-16 Underspend Proposals	
Director(s)/ Corporate Director(s):	Alison Michalska – Corporate Director, Children & Adults	Wards affected: All
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Other colleagues who have provided input:	Darren Revill, Andrew James, Jo Williams	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health		<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>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.</p>		
Recommendation(s):		
1	Commissioning Sub-committee approve proposals for utilisation of 2015/16 BCF underspend as detailed in 2.4 and commit funds for this purpose totalling £414,450	
2	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 £287,631)	

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 & Wellbeing Board 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 Better Care Fund 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 CCG 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 On 13th October 2015 Commissioning Sub-committee approved BCF Underspend proposals not exceeding £1.014m with a total call on the BCF not exceeding £0.898m
- 2.5 In order to ensure continued delivery against BCF metrics and improved citizen outcomes it is proposed to allocate BCF underspend for the following purposes:

2.5.1 Expansion of Self-Care Hubs

As part of the self-care system pilot in Bulwell, we are implementing self-care hubs. These will house the self-care directory that will be launched in November 2015. The aim of the hubs is to provide citizens with the opportunity to access the directory even if they do not have access to their own IT. For the purpose of the pilot the hubs will be based in the library at Bulwell Riverside and Boots the Chemist. The pilot will also trial the use of 2 mobile tablets that can be taken to a range of venues for citizens to use with the support of the Community Navigators. The pilot has already covered the cost of the design, configuration and publishing of the self-help web application.

It is envisaged that the hubs will be rolled out across all CDG's as part of the self-care developments across the city. Costings per individual hub are detailed below:

3 hubs per CDG (for this purpose we are combining CDG 2 and 5 due to their size)

Total of 18 hubs = per hub £913.25 (screen and wall mount) = **£16,439**

Installation and set up costs (NHIS) £325 per day (10 units 4-5 days), Signage £1,000. Total for 8-10 days = **£3,250**

Total Funding Allocation required - £19,689

2.5.2 Hospital to Home Facilitator Pilot

To pilot a dedicated community 'in reach' into the acute ward setting providing clinical leadership to facilitate the culture change required to deliver a true model of 'Transfer to Assess'. Acting as a conduit between community and hospital teams the Hospital to Home Facilitator will have an in depth knowledge of available community pathways of care and will work across the hospital and community boundaries with the aim of facilitating appropriate and timely discharge of citizens to the care of Nottingham City's MDT Care Delivery Groups and specialist teams, reducing inappropriate length

of stay within the acute setting to maximise independence and optimising bed capacity. The nurse led service will be responsible for:

- Identifying patients that can be discharged home early with minimum risks, to be monitored and supported in the community but whom would not currently be classed as eligible for 'Supported Discharge',
- Looking at the available options, with patients, to meet their health care needs when they go home
- Meeting with patients admitted into hospital to plan for their return home
- Facilitating a smooth patient discharge from hospital support to home telehealth support which could include trialling technologies within the hospital prior to discharge
- agreeing with patients how the service can help keep them well and manage their condition when they get back home through integration back into Care Delivery Groups and self-care pathways

The pilot will run for 6 months, over the winter and spring period and will operate 7 days per week from 8am-4pm and require a staff resource of 2.1 WTE

Total funding allocation required - £66,761

2.5.3 CPN's Within Care Delivery Groups – Non Recurrent Pilot

This proposal relates to chronic stable patients that are currently managed within secondary care services and a linked element to a Primary Care Mental Health approach which will require recurrent funding. A key aspect of the proposed NHFT Community Service Review is the ability to free capacity for increased and quicker assessment by moving people on who are able to be managed in Primary Care.

The provision of a Primary Care Mental Health Service to support those patients is essential. Liaison with NHT has identified that approximately 20% of the adult community mental health team could be stepped down to a Primary Care Mental Health Service. This equates to 280 patients in Nottingham City, the stepping down would be done in phased manner. Analysis will be undertaken to see which CDGs that patients are aligned to as capacity will be determined on the basis of need. The model will work on a 7 day a week basis, 365 days a year on the hours 08.30-17.00. The pilot will run for 1 year with an evaluation report available after 9 months to determine the rationale for a permanent allocation.

Total funding allocation required - £200,000

2.5.4 Hospital Discharge Team – Additional Winter Capacity

Additional capacity to meet projected number of assessments required during winter 2015/16 taking account of performance improvement trajectory. Temporary measure until performance of 4 assessments per week per assessor is attained. Four additional assessors will be recruited for a five month period.

Total funding allocation required - £49,000

2.5.5 Reducing Residential Care Strategy Resource

A strategy to reduce demand for residential and nursing care is required. This will be founded on comprehensive analysis as to reasons for admission to residential provision and measures that could have prevented admission. The work will link to and support the work of the Residential Vanguard programme and seek to improve performance against the Reducing Residential Care BCF metrics. An 'H' Grade post will be required for 6 months to conduct analysis, write the strategy and action plan.

Total funding allocation required - £20,000.

2.5.6 Joint Venture Implementation Post

Recently agreement has been reached to enact the joint venture agreement between the City Council and Citycare. There is an opportunity to remove duplication of effort and move at greater pace with this initiative and others through the temporary creation of a system implementation role. It is proposed that a temporary 12 month post should be established to work jointly across the two organisations to move forward integrated initiatives at greater pace and test the benefits of having a system integrator role. The post will lead on the strategic design and implementation of 7 day working across the two organisations and will also line a manage a number of services relevant to the change process

Total funding allocation required - £59,000

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

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

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

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

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

TABLE 1 – SUMMARY OF PROPOSALS					
Proposal	BCF Scheme	Lead Partner	Estimated Phasing		Total Value of Proposal
			2015/16	2016/17	
			£	£	£
Expansion of Self Care Hubs	Independence Pathway	City CCG	19,689	0	19,689
Hospital to Home Facilitator Post	Co-ordinated Care	City CCG	33,381	33,381	66,761
CPN's Within Care Delivery Groups	Co-ordinated Care	City CCG	0	200,000	200,000
Hospital Discharge Team - Additional Winter Capacity	Co-ordinated Care	City Council	49,000	0	49,000
Reducing Residential Care Strategy Resource	Programme	City Council	10,000	10,000	20,000

Joint Venture Implementation Post		City Council	14,750	44,250	59,000
Total			126,820	287,631	414,450

- 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 2. The current estimated value of this carry forward request is £0.288m. 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 financial position of the Better Care Fund in 2015/16 was reported to Commissioning Sub-Committee on 13 October 2015 within the Quarter 2 Budget Monitoring Report. A summary of this position including agreed use of underspends to date and the proposals contained within this report are detailed in **Table 2**.

TABLE 2 – NOTTINGHAM CITY BETTER CARE FUND POSITION				
	Date of Approval / Proposal	Estimated Phasing		Total Value £000
		2015/16 £000	2016/17 £000	
Qtr 2 Budget Monitoring Forecast Position (U/Spend)		(1,834)		(1,834)
Agreed BCF Underspends	13 October 2015	361	537	898
Underspend Proposals	10 November 2015	127	287	414
Sub-total		488	824	1,312
Balance of Underspend				(522)

- 4.4 Any continuation of the pilot schemes contained within this report will be subject to a further report to Commissioning Sub-Committee for approval.

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

This report does not raise any significant legal issues.

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed



Proposals relate to extension of current provision or establishment of posts. An EIA will be conducted in relation to 2.5.3 and will be presented at the December 2015 HWB CSc meeting which will consider the establishment of the recurrent element of this service

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