

Through The Night Service (TTN) - Options Appraisal

Project Name:	Jointly Funded Through The Night Homecare
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Background:

Nottingham City Council currently provides a Through The Night homecare service which is funded partly by BCF and partly by Nottingham City Council. This service operates from 9pm until 7am daily and responds to short term and urgent referrals from Nottingham On Call, EMAS, district nursing teams and variety of other sources. Visits are provided to respond to emergency one off calls preventing admission to hospital or residential care, or to provide emergency support following hospital discharge. The service is normally offered for a maximum of 3 days.

The annual cost of the service is £220.198 which represents a team of Care Worker Level 2 staff (3.57 FTE funded by BCF and 3.69 FTE funded by NCC).

Referrals to this service are low, resulting in approximately 5 hours of contact time per night out of 20 hours of available staff time. Data from September 2015 to September 2016 reports contact time for this service at 13% compared to 50-60% contact time recorded for wider homecare services.

As budgetary pressures continue, it is critical to ensure services provide value for money whilst meeting essential demand.

The following referral data for March and April 2017 provides some additional context that may be drawn upon whilst considering the options available to this service.

- Fig. 1 shows the sources of referrals and highlights Nottingham On Call as the main referrer, and therefore the most affected by any changes made to the service.
- Fig. 2 provides the average number of referrals received per day
- Fig. 3 shows a breakdown of referrals by postcode – these highlight the NG8 and NG11 zones, closely followed by NG2 as the areas creating the majority of demand on the service.
- Fig. 4 shows the number of citizens referred by month – the lower number (than the total number of referrals received) reflects the number of repeat referrals

Fig. 1 – Sources of referrals

Referral source	Health urgent	Care Bureau	GP	District Nurse	Hospice	Family (self)	Nottingham On Call	Carer	EMAS	Internal homecare
March	2	1	1	3	5	1	36	1	1	5
April	0	6	1	1	2	3 (1)	45	0	0	1

Fig. 2 – Average no. of referrals per day:

- March = 1.8
- April = 2

Fig. 3 – Referral breakdown by area

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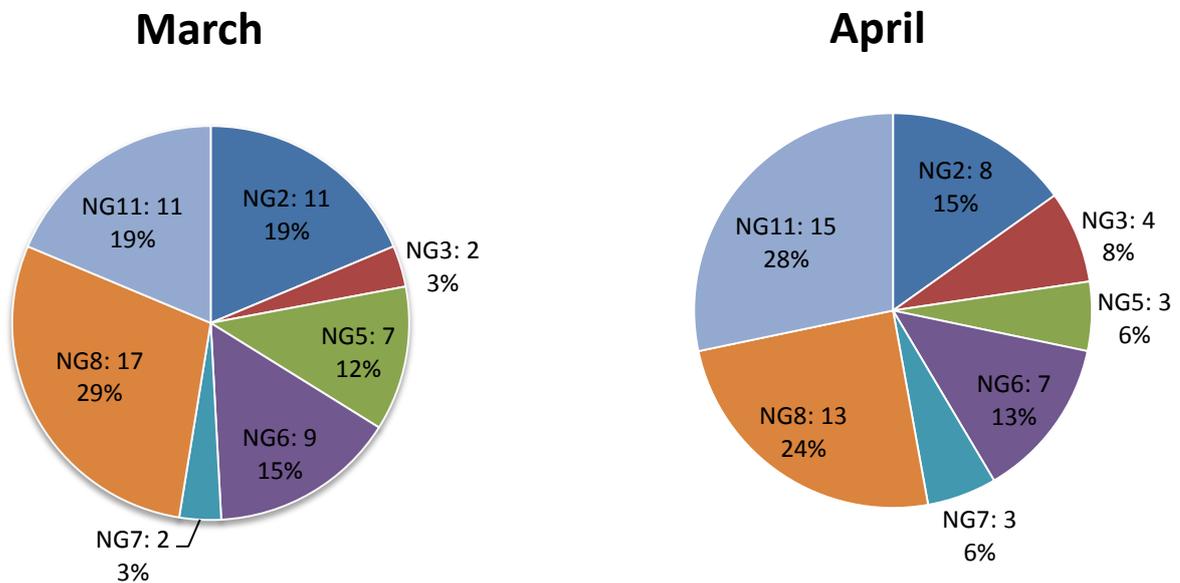


Fig. 4 – Number of citizens referred:

- March = 37
- April = 35

Option 1: Do Nothing

Details	Retain the existing service provision.
Pros	No impact to existing stakeholders
Cons	Continuing high cost for inefficient service
Risks and mitigation	Financial risk to NCC and BCF future funding, The only mitigation for this would be to secure additional funding.
Timescale	Immediate – no change required

Option 2: Develop the service to improve performance and efficiency

Details	Review existing service criteria with the view to expanding services offered and increasing the service profile through marketing to increase contact time
Pros	Maintains the service to meet existing demand and improved efficiency through growth
Cons	Increased financial pressure, referral data suggests that the actual current demand is low and does not warrant a bigger service.
Risks and	Possible increased cost associated with developing the service and current demand not dictating an expansion is required. The mitigation would be that existing needs continue to be met with an

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mitigation	uninterrupted service and there is the potential for future growth if broadening the service was successful.
Timescale	This could begin immediately, but would require clear goals and timescales for review in order to measure growth and future viability.

Option 3: Merge service with District Nursing (DN) services	
Details	Redesign both TTN and DN services so that duty staff can work in pairs (1x TTN carer and 1x DN) reducing the need to have 2x carers and 2x DNs available at all times.
Pros	Increased capacity in both services through increased flexibility to respond to calls, potential financial efficiencies as the team could be trimmed by 50% from both organisations and still enable a nurse and care worker response and deliver current capacity and possibly more.
Cons	Not compatible with existing CityCare business/recruitment plans due to current recruitment of Assistant Practitioners to fulfil this role.
Risks and mitigation	Possible conflict of policy and process relating to medication and anticipatory drugs. Mitigation would be through a review of policies and possible integrated policies for affected services.
Timescale	Subject to agreement on shared policy and processes and any HR consultation that may be required: 2-4 months

Option 4: Disestablish the service	
Details	Close the Through The Night service
Pros	Financial saving of £220,198 Stakeholders could use other services for activity planned in advance such as sitting services that could respond during the night i.e. Sevacare and Comfort call provide night sitting services.
Cons	Impact on stakeholders (e.g. Nottingham On Call) who use the service to respond to out of hours situations such as citizens who pull their emergency "pull cords" requesting assistance
Risks and mitigation	Risk of redundancy costs associated for affected staff (in the event of redeployment not being available) Increased demand on emergency services who may be summoned to respond to citizens triggering personal alarms / assistive technology equipment if alternative providers cannot pick up the calls.
Timescale	This would be subject to HR consultation and therefore 2-3 months.

Option 5: Interim/respice care beds in Independent Living Schemes -This option has come from Nottingham City Homes (NCH) via the Public consultation process	
Details	Creation of interim/respice beds within an independent living scheme.
Pros	This would have the benefit of delivering interim/respice care in an independent living setting reducing drag into residential care (and reducing costs where such provision is delivered in the private sector). Through the Night Staff could continue to be utilised to deliver the existing valued service and provide the night-time cover within the interim/respice beds, substantially improving the value for money of the service as part of the costs can be offset against the savings associated with delivering care in this manner.

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Cons	Discussion with commissioners and social care about delivering such provision in the new Winwood Extra Care scheme have taken place, but this provision will not be available until Dec 2018.
Risks and mitigation	Possible increased cost associated with developing this service current demand (2 referrals per night) do not dictate this type of service is required. Unsure where additional funding source would come from.
Timescale	This service could not begin until December 2018.

Recommendation:

The recommendation is to support option 4 – Disestablish the Through The Night Service for the following reason:-

1. Given the very low referral rates and the current financial climate it does not make economic business sense to continue with this service.
2. The CCG have provided a list of alternative pathways for referrals.