

1. Section 117 Hybrid Team

Mental Health, LD & Autism: Reduced cost of Out of Area LD, Acute, PICU and Locked Rehabilitation packages:

- Successful return from a OOA placement
- Successful mitigation against the use of an OOA placement

Mental Health, LD & Autism: Reduce nursing/residential care packages for LD and Autism

- Reduction of 1:1 hours within residential / nursing home settings
- Relocation from Nursing / Residential settings to alternate independent options

Business case reference:	To be allocated by PMO	Date:	Date submitted to PMO
Business Case title	Section 117 Hybrid Team (including Care Cubed Implementation)		
Author & job title	Kath Williams Strategic Commissioning Manager		
Outcome: <i>To be signed once approval is granted</i>	Approval/requirement for further information Section to be completed by finance/business planning following decision by 'sign off' authority		
Funding Source	Section 256		
Financial summary	Y1 in year spend¹	Y2 in year spend	Recurrent cost implications
Cost of delivery – Non -recurrent revenue requirement (£):	Total: £448,000 Bristol £248,000 North Somerset: £100,000 South Glos: £100,000*	Total: £448,000 Bristol £248,000 North Somerset: £100,000 South Glos: £100,000*	
Financial Benefits	Total: £1,100,000 Based on Bristol assumption of £660,000 (2.5% reduction of 6 months of ASC S117 placement costs)	Total: £2,200,000 Based on Bristol assumption of Bristol £1.3m (5% reduction of ASC S117)	

¹ Note STR funding should have Y1 in year spend only

	Investment of 248k saves 660k, every £1 spent saves 2.6 $448k * 2.6 = 1.1m$	placement full year effect) Investment of 248k saves 1.3m, every £1 spent saves 5.2 $448k * 5.2 = 2.2m$	
Non-Financial Benefits	Personalised care and maximising independence LA and CCG collaboration and market management Reduced admissions/crisis provision Alignment to LD and Autism Long Term Plan		

BRIEF SCHEME OVERVIEW	<p>Establish S117 Hybrid Team encompassing Care Management/Commissioning Roles</p> <p>Bristol: Funding for team: Quality assurance Senior (0.5) QA officer (x1) Hybrid commissioner/care mgt role (x1), Social Care Roles (OT, SCP or SW) (x3) admin support (x1) Broker (0.5). Plus oncosts at 30% on top.</p> <p>North Somerset: Committed to taking a similar approach, exact staffing structure and joint opportunities TBC.</p> <p>South Glos: Discussions needed, assumptions made for the purposes of this paper.</p> <p>These roles will provide advice, guidance and coordination of S117 eligible citizens (approx 626 people in Bristol, 310 NS, 324 SG), which includes people with LD and Autism support needs. Building on previous experience and challenges encountered when Bristol established a separate S117 review team these roles will focus on wider practice change as opposed to case management. We recognise that a joint LA approach will be far more effective in managing the market. Focus would include:</p> <p>Tightening our grip on S117 eligible citizens and commissioned support:</p> <ul style="list-style-type: none"> • Recognising full year effect of current Bristol S117 eligible citizens care packages of £26.4m. (add in NS and SG spend) • Informing quality discharge planning: enabling a multi-disciplinary / multi agency approach with a focus on recovery and outcomes • Support Planning: ensuring the persons voice is central, a focus on recovery and prevention of individuals relapse and deterioration of mental health. Enabling a joint approach to care planning and risk enablement to address over prescribing of care. • Strengthening connections with AWP at an individual level and maintaining oversight of overall S117 eligible citizens engagement with secondary MH provision. • Lead on bespoke commissioning where existing commissioned resources are not able to meet the requested needs of an individual.
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	<ul style="list-style-type: none"> • Feeding into potential block contract models as part of the strategic commissioning team • Care Plan Reviews: maintaining an oversight of reviews, supporting teams to undertake reviews in a timely manner, carry out an audit of reviews to consider multi-disciplinary approach, person centred and evidence of resources required to enable recovery and prevent relapse. • Following up on progress and potential reductions in care packages where time limited interventions have been put in place, proactively tracking reviews for people with potential for their care to step down once settled in a more targeted way. • Take a more preventative approach by also including the needs of people who are: <ul style="list-style-type: none"> o detained under S2 as if these placements continue to fail and result in an admission for a more prolonged period people will end up on S3 eligible for S117 aftercare. o At risk of repeated placement break down and working as a MDT to see what can be done to prevent break down. A new approach for a segmented cohort. <p>Accelerate Care Cubed implementation for all Bristol S117 eligible placements</p> <ul style="list-style-type: none"> • CC is designed to give a consistent approach to costing residential, nursing and supported living services that are purchased by both the CCG and the local authority. • The licence has already been purchased for BCC and the CCG, training is underway and will lead to better management and a reduction of unnecessary spend. • During implementation there has been an observable resource gap in applying the tool to existing services where the individual need has not been quantified within the assessment at placement. Subsequently any negotiation undertaken will usually require a Care Act review using the C3 system. This pressure can delay or prevent negotiation of costs that are above where the placing commissioning organisation would expect them to be. The system would also highlight where appropriate funding streams should be delivered as part of a jointly commissioned POC. This team will provide a small amount of reviewing capacity for S117 packages and provider negotiations. • Consideration will be given to Care Cubed for NS and SG costings.
<p>SYSTEM TRANSFORMATION BENEFITS</p>	<p>Roles would influence a standard of best practice across BNSSG and develop our evidence base to lead into a strategic commissioning approach/opportunities for block commissioning with formal contract management arrangements. Regular formalised feedback to Strategic Commissioning intentions and Adults with Long Term conditions transformation objectives.</p> <p>The implementation of C3 should provide standardised, consistent and transparent application of costs to a market that accounts for the largest</p>

	<p>significant areas of spend for the CCG and BCC. The position the project will need to get to is that every service that the CCG/BCC place with has a cost template that is within fair market tolerance and that all new and reviewed placements are quantified and managed appropriately.</p> <p>This approach supports both the drive for savings and a shared approach that is a key part of the health and social care integration agenda which is supported by both CCG and BCC.</p> <p>This means that jointly commissioned POC will be better understood, and the implementation team would like to prioritise Mental Health services where SU receive S117 funding. The evidence suggests that those placements cost more than the market guide price with additional 1:1 support often funded to manage risk rather than any direct correlation to support needs. This is something the Social Work resource would be able to explore during the C3 process to support subsequent cost negotiation.</p>	
IMPLICATIONS ON OTHER FUNCTIONS	<p>The potential impacts for this will include:</p> <ul style="list-style-type: none"> - Workforce – There will need to be recruitment/secondment/backfill for the posts and supervision impacts. - IT requirements, data entry needed, if new roles additional laptops and phones - Provider Market – Messaging to the market and clarity of expectation as to the model that will affect supply - Establishing a collaborative LA commissioning group 	
PRIORITISATION ASSESSMENT:	<p>Please score each facet below and provide a narrative justification for the score. These will be used to prioritise spending.</p>	
	Score	Narrative
Alignment with system priorities	1 Strong alignment	<p>This bid is a joint bid across the three Local Authorities within BNSSG.</p> <p>The need for this approach has strong agreement and the specifics will be developed in partnership with key agencies.</p> <p>This work has been designed to ensure delivery against the Long Term Plan for people with MH, LD and / or Autism, and this is embedded within the approach. Developing the MH provider market is a well established priority and this presents a real opportunity for collaborative market management and price control.</p>
Risk of recurrent/capital costs	3	<p>Recurrent staffing costs are a potential risk which can be mitigated with fixed term posts.</p> <p>The impact of this approach will be closely monitored and considered in future service design and locality approaches.</p>
Impact on health inequalities	1 Significant positive impact	<p>Our S117 eligible citizens face multiple disadvantages, data shows over representation of BAME communities, poverty, unemployment, unstable housing, multiple placement</p>

		breakdowns and out of area placements. Improving our system offer for this cohort will have a positive impact on the experiences on a wider group of citizens affected by MH, LA and Autism
Measure of project risk/ maturity/ uncertainty	2	We are building on learning from previous S117 reviews, the role of the Strategic MH Commissioner at BCC, other areas use of Care Cubed, the Better Lives at Home capital programme and the cohort specific approach the Preparing for Adulthood team have taken in Bristol.
TOTAL	7	
VALUE ASSESSMENT	<p>Mental Health, LD & Autism: Reduced cost of Out of Area LD, Acute, PICU and Locked Rehabilitation packages:</p> <ul style="list-style-type: none"> - Successful return from a OOA placement - Successful mitigation against the use of an OOA placement <p>Mental Health, LD & Autism: Reduce nursing/residential care packages for LD and Autism</p> <ul style="list-style-type: none"> - Reduction of 1:1 hours within residential / nursing home settings - Relocation from Nursing / Residential settings to alternate independent options <p>Collective reduction on 117 spend – projecting 2.5% reduction in yr 1 and 5% in year 2. Collaboration being key. Resource included to focus on quality and value for money to ensure we are getting the best outcomes for people and managing the market effectively.</p>	

Table 3

This table is only required for Section 256 funding applications.

NHS FUNDING AREA	S117 Mental health		
Financial Impacts of scheme to:	Costs		Savings
NHS	£896k from s256		£3.3m shared (NHS and LA) see examples below
Local Authority	£		£
VALUE FOR MONEY TO NHS	<p>Where funding is to be committed to non-NHS commissioned Local Authority Services, describe and quantify the saving in NHS expenditure:</p> <ul style="list-style-type: none"> • These are indicative examples only and all S117 costs, both NHS and ASC will see benefits from this approach. Actual savings will need to be carefully monitored as part of any benefits realisation approach for both parties. <p>For example</p> <p>Year 1 Total: £1,100,000</p> <p>Based on Bristol assumption of £660,000 (2.5% reduction of 6 months of ASC S117 placement costs) Investment of 248k saves 660k, every £1 spent saves 2.6 $448k * 2.6 = 1.1m$</p> <p>Year 2 Total: £2,200,000</p> <p>Based on Bristol assumption of Bristol £1.3m (5% reduction of ASC S117 placement full year effect) Investment of 248k saves 1.3m, every £1 spent saves 5.2 $448k * 5.2 = 2.2m$</p>		
	Year 1	Year 2	Year 3
	£1.1m	£2.2m	£
			Total
			£

