

**12 September 2016**

**Agenda Item: 5**

## **REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE**

### **BETTER CARE FUND – PROPOSED ALLOCATION OF CARE ACT FUNDING**

#### **Purpose of the Report**

1. To inform Committee of the use of the Care Act funding allocation contained within the Better Care Fund during 2015/16 and to advise on the amount that has remained as an underspend and has subsequently been carried over to 2016/17.
2. To inform Committee of the allocation of the recurrent Care Act funding within the BCF of £1.983m and to advise of the projects and schemes to be funded.
3. To seek approval for the establishment of the posts required in order to enable the delivery of the projects and schemes.

#### **Information and Advice**

4. The Better Care Fund (BCF) is a means by which NHS organisations and local authorities work together and invest in a range of health and social care services which support people to remain living independently. The focus of the BCF is to reduce avoidable hospital admissions, provide responsive services which enable people to return home from hospital in a timely way and which support people to remain at home with the right care and support. The BCF aims to respond to service user and carer feedback, thereby improving the quality and effectiveness of services.

#### **Care Act 2014 Funding Allocation in the BCF**

5. At the start of 2015/16, central government allocated, via the BCF, an element of funding specifically for the implementation of the Care Act, 2014. Nottinghamshire's allocation of the BCF Care Act funding was £1.983m. At this time, the funding was only secured for a one year period.
6. Throughout 2015/16 whilst monitoring the Care Act spend it was clear that there would be an underspend of the allocated funding. This was, in the main, due to the government's postponement of Part 2 of the Care Act which meant that some of the services and staffing resources previously expected were no longer required. At the time, it was not known whether the Department of Health would require this element of the funding to be returned to central government. In addition to this, there have been a number of other factors including a period of very high number of staff vacancies which are now being recruited into.

7. As such, the underspend from the Care Act allocation was £1.6m and having ascertained that the funding allocated in relation to implementation of Part 2 of the Care Act would not have to be returned, it was agreed at the BCF Programme Board that this underspend would be carried forward.
8. As part of the spending review in December 2015, it emerged that the Care Act funding allocated in 2014/15 would continue to be funded via local authorities' base budgets and the amount allocated within the BCF for Care Act responsibilities would also continue to be funded – for Nottinghamshire, this amounts to £1.9m which will be recurrent whilst the BCF remains in place.
9. Detailed consideration has been given to the best use of this recurrent funding to ensure it is targeted at services which meet both Care Act responsibilities and BCF objectives, with a particular focus on statutory duties relating to the development of prevention and early intervention services. The process has involved the development of detailed business cases, some of which are proposing increasing the investment in existing services where there is evidence of a return on investment by preventing needs from escalating or the development of new preventative services and schemes.
10. The proposed schemes and services include the provision of support to carers, independent advocacy and a range of new services that promote and enable independence thereby preventing the need for more costly health and social care interventions. Each of the schemes is expected to contribute to the savings and efficiencies required within the Council but also more widely meeting the priority of the local Sustainability and Transformation Plan through the development of innovative new service delivery models. The business cases have been robustly scrutinised by the Senior Leadership Team and were subsequently agreed at the BCF Board in July 2016.

#### **Allocation of £1.983m recurrent annual funding – overview of schemes and services**

11. The table below provides an overview of the schemes and services to be funded from the recurrent £1.983m. These schemes will be subject to continuous evaluation and review. The Better Care Fund is reported to the Health and Wellbeing Board, and this Committee will continue to receive reports on the evaluation of social care spend.
12. The schemes and services to be funded by the recurrent funding are focused on supporting more independent living in communities, improved advocacy services and increased capacity for supporting carers. This is supporting the Council to meet its statutory duties and embed the spirit of the Care Act, as detailed in the separate report on progress with the Care Act, which is also on the agenda of today's Committee meeting. Some of the funding will support the continuation of existing support and services. Table one below indicates the funding allocations and whether the services are an extension or continuation of an existing service or scheme, or a new service. A summary table of all the posts requested for approval within the recommendations of the report is included at paragraph 16. All the new posts identified have been given indicative grades and are subject to job evaluation.

**Table 1**

<b>Service or scheme (recurrent funding)</b>	<b>New or existing</b>	<b>Funding to be allocated</b>
Independent Advocacy Services – to meet increased demand including Deprivation of Liberty Safeguards	Existing	£550,000
Carers’ Services – increased assessment capacity and support	Existing	£500,000
Mental Health Crisis Link Workers – to support hospital discharge and community living	Existing	£200,000
Community Independence Workers – see below	New	£298,000
Enable Notts Promoting Independence Workers – see below	New	£224,000
Younger Adults’ Project Team – further support to transition from long stay hospitals and residential care to community living	Existing	£173,000
<b>TOTAL</b>		<b>£1,945,000</b>

13. A separate report on the Adult Social Care Strategy, which is also on the agenda of today’s Committee meeting, describes how the Council intends to further refine and embed phase two of the Strategy over the next two years. Phase two is based on maximising opportunities for independence and looks to avoid the use of long term paid support where it is safe and help can be offered in different ways. In this model, the Council has further developed its approach to promoting independence. It ranges from support to local communities for preventative actions through to new specialist services to help people maximise opportunities to gain skills and independence.
14. For people who have long-term social care needs, the Council needs to support them to achieve outcomes that help people to live more independent lives. Wherever possible the Council needs to look to where help can be offered in different ways, outside of formal and paid for social care. To support this approach, it is intended to test out a new social care role called Community Independence Workers. The focus of this role is to find and arrange suitable alternatives to paid for support. Where this is not possible, the Community Independence Worker will work alongside the person to develop an enablement plan to maximise opportunities for independence through setting short term goals in the support plan.
15. For some people, specialist services are needed to help gain skills and opportunities for independent living. It is proposed that the re-ablement approach that has been successfully used with older people and the recovery model in mental health are developed to apply to people with learning disabilities to become more independent.

This project would develop a specialist service for people with learning disabilities (Enable Notts) using Promoting Independence Workers to improve outcomes for independent living, whether people are living in residential care or in the community. This project will also seek to support managers and staff to promote targeted reablement, in order to promote independence and safely enable reductions in the size of care and support packages.

### Allocation of non-recurrent £1.6m 2015/16 underspend – overview of schemes and services

16. The table below provides an overview of the support and services to be funded from the non-recurrent £1.6m underspend carried forward from 2015/16. These can be categorised by support to transform health and social care services, increasing community safety and support for a significant council-wide initiative on developing community empowerment and resilience. The schemes are listed below in table two, with more detail provided on the Age-Friendly Nottinghamshire project that sits under the corporate programme. As stated previously, all the new posts identified have been given indicative grades and are subject to job evaluation.

**Table 2**

<b>Schemes and services</b>	<b>New or existing</b>	<b>Non-recurrent funding</b>
Temporary project management posts to develop the Sustainability and Transformation Plan (funding being contributed from all partner organisations)	New	£200,000
Integration posts – Bassetlaw and South – 2 years up to September 2018 as approved by ASCH Committee in July 2016	New	£223,311
Extension of existing temporary integration / workforce posts for Mid Notts and South of County to end of March 2018	Existing	£176,441
Community Empowerment and resilience programme – Age Friendly Nottinghamshire project – see below	New	£244,411
Mass marketing scams prevention work – additional Trading Standards Officer capacity (posts to be approved by Community Safety Committee)	Existing	£76,786
Falls Prevention – education and communication support	New	£74,000

Integrated Technology Programme Manager to support systems across health and social care	New	£120,000
Health and Social Care referral / access points education – capacity to provide social care expertise within health access points	New	£28,000
Care Homes Discharge Facilitation – support for care home providers to enable safe and early hospital discharge	New	£48,000
Optimum Workforce Leadership team – training and support to social care providers	Existing	£230,000
BCF Co-ordinator – to monitor and report on projects and their progress	New	£51,018
Extra Care Commissioning Officer – to support review and monitoring of all existing schemes	New	£105,516
<b>TOTAL</b>		<b>£1,577,463</b>

17. In the approach to promoting independence highlighted in **paragraph 13**, the Council alongside its partners, needs to support local communities to reach out to people who could be at risk of entering social care and health services. This project is called Age Friendly Nottinghamshire and it will pro-actively reach out to people to access community support at an early stage.
18. There is a particular focus on building local relationships to help people experiencing loneliness and social isolation to make connections in their community. Unlike other preventative interventions, this project does not rely on a referral pathway, which means that people do not have to be in touch with services or present with a problem. This project will be located in communities taking proactive action to find people who would benefit from community support.
19. The project will also build on local resources in communities and will facilitate activity that is resident led. This project complements the Connect service, which provides a more targeted preventative intervention for people who present with a need for short term help to avoid the need for long term health or social care support.
20. The Council's programme is supported by recruitment to Neighbourhood Co-ordinator posts across the County. Approval to establish these posts is being sought from the Community Safety Committee on 27<sup>th</sup> September.

## **Financial Overview**

21. There is expected to be a small underspend on the £1.9m allocation for 2016/17 due to getting projects and schemes set up and people into posts, but it is expected that this will be fully committed in future years.
22. Any underspend from 2016/17 will be carried for use in future years. Business cases are being developed and further recommendations will be brought to future committee meetings for approval on use of any funding carried forward.

## **Other Options Considered**

23. The Council has given detailed consideration on the best use of the Care Act funding allocated within the BCF. This funding has been made available to councils by central government to support the implementation of the Care Act whilst also ensuring they meet local proprieties and the objectives of the health and social care system, including consideration of the housing needs of local citizens.
24. All of the above proposals have been ratified and agreed by robust business cases and scrutiny by the Adult Social Care and Health Senior Leadership Team, prior to submission to the BCF Board. Plans are in place to ensure that robust monitoring and review of the schemes is in place, in order to monitor that the key deliverables, savings and efficiencies are being achieved. All options have been confirmed as delivering the national conditions for the Care Act responsibilities as well as delivering on savings and efficiencies in the short to longer term.

## **Statutory and Policy Implications**

25. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

26. The financial implications are contained within the body of the report.

## **Human Resources Implications**

27. All the new posts identified have been given indicative grades and are subject to job evaluation. All staff costings outlined are costed at the top of the salary scale point and include on-costs.

## RECOMMENDATION/S

That the Committee:

- 1) notes the use of the Care Act funding allocation contained within the Better Care Fund during 2015/16 and the amount that has remained as an underspend and subsequently been carried over to 2016/17.
- 2) notes the allocation of the recurrent Care Act funding within the Better Care Fund of £1.983m and the projects and schemes to be funded.
- 3) approves the establishment of the following posts on a permanent basis required in order to enable the delivery of the projects and schemes as set out in the table below:

Service	Post	FTE	Grade	Length of establishment from date of appointment	Cost p.a
<b>Younger Adults Project Team</b>	Advanced Social Work Practitioner	1	C	Permanent	£51,018
	Social Worker	1	B	Permanent	£44,882
	Occupational Therapist	1	B	Permanent	£44,882
	Community Care Officer	1	5	Permanent	£44,882

- 4) approves the establishment of the following posts on a temporary basis required in order to enable the delivery of the projects and schemes as set out in the table below:

Service	Post	FTE	Grade	Length of establishment from date of appointment	Cost p.a
<b>Community Independence Workers</b>	Team Manager	1	D	18 months	£54,709
	Co-Production Worker	2	A	18 months	£78,162
	Community Independence Workers	5.5	3/4	18 months	£126,000
<b>Enable Notts</b>	Team Leader	1	A	18 months	£39,081
	Promoting Independence Workers	8	3	18 months	£184,792
<b>ICT Integration</b>	Project Manager	1	D	2 years	£54,709
<b>Access point</b>	Community Care Officer	1	5	1 year	£32,218

<b>education</b>					
<b>Falls Prevention</b>	Commissioning Officer	1	C	1 year	£52,758
<b>BCF Co-Ordinator</b>	Project Co-Ordinator	1	C	1 year	£51,018
<b>Extra Care</b>	Commissioning Officer	1	C	2 years	£52,758
<b>Integration Posts</b>	Transformation Manager – Integration Bassetlaw	1	E	2 years	£60,866

- 5) approves the extension of the existing temporary posts required in order to enable the delivery of the projects and schemes as set out in the table below:

<b>Service</b>	<b>Post</b>	<b>FTE</b>	<b>Grade</b>	<b>Length of establishment from date of appointment</b>	<b>Cost p.a</b>
<b>Integration Posts</b>	Transformation Manager – Mid and South	2	E	12 months to end of March 2018	£121,732
	HR Manager – Transformation Team	1	D	12 months to end of March 2018	£54,709
<b>Optimum Workforce</b>	Team Manager	1	D	2 years	£54,709
	Workforce Planning Officer	1	A	2 years	£39,081
	Administration Officer	1	3	2 years	£23,099

**Sue Batty**  
**Service Director, Mid-Nottinghamshire**

**For any enquiries about this report please contact:**

Sue Turner  
Transformation Manager  
T: 0115 9774825  
E: [susan.turner@nottsc.gov.uk](mailto:susan.turner@nottsc.gov.uk)

#### **Constitutional Comments (SLB 16/08/16)**

28. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require reports regarding changes to staffing structures to include HR comments and for the recognised trade unions to be consulted.

#### **Financial Comments (MM 16/08/16)**

29. The financial implications are contained within the body of the report. They are summarised in tables one and two in the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Transformation Programme – integration in South and North Nottinghamshire – report to Adult Social Care and Health Committee on 11 July 2016

### **Electoral Division(s) and Member(s) Affected**

All.

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