

13th November 2017**Agenda Item: 10****REPORT OF SERVICE DIRECTOR, MID NOTTINGHAMSHIRE, ADULT
SOCIAL CARE AND HEALTH****APPROVAL FOR USE OF IN-YEAR IMPROVED BETTER CARE FUND
TEMPORARY FUNDING****Purpose of the Report**

1. This report presents how the Council intends to spend an amount of one-off funding arising during the implementation stage of the plan to utilise the additional Improved Better Care Fund money announced in the Chancellor's budget statement on 8th March 2017. The proposal meets the associated funding conditions and are to be delivered within the current financial year.
2. The report requests approval from the Committee for the specific establishment of posts where required and for progressing these within the financial year.

Information and Advice**Background**

3. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the Improved Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the original Improved Better Care Fund and the additional Improved Better Care Fund will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary up to March 2020.
4. The additional funding was announced by the Chancellor of the Exchequer in his budget statement of 8th March 2017 in response to national widespread concerns and calls for action about the lack of sustainable funding for adult social care. The grant conditions for the additional funding to be paid to a local authority under this determination were confirmed on 27th April. The conditions are that the funding is to be spent on:
 - adult social care and used for the purposes of meeting adult social care needs
 - reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and
 - stabilising the social care provider market, such as home care, residential and nursing care. This will include the availability of care services, attracting and retaining the workforce and the quality of services provided.

5. The additional funding is provided through the Better Care Fund (BCF), which is a pooled budget arrangement overseen locally by the Health and Wellbeing Board. In 2017/18 the total pooled budget for Nottinghamshire is £72.752 million. This Fund requires agreement between the Council and local Clinical Commissioning Groups (CCGs) through the Health and Wellbeing Board. Following this, a summary of the proposals and the approach to allocating the funding was approved by the Nottinghamshire Health and Wellbeing Board on 28th June 2017 and a report setting out the plan and requesting approval to establish any associated posts within Nottinghamshire County Council was approved by the Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017.
6. Quarterly national progress reports are required against the plan for the 2017 Improved Better Care Fund. These are submitted to the Department of Communities and Local Government (DCLG) to show how councils are using the funding based on the conditions attached to it. Two progress reports have been submitted to date; an example of the latest submission is available as a background paper. Nottinghamshire has made good progress implementing the plan which has included recruiting to a number of new posts. Due to the high proportion of new posts that required establishing, especially in order to provide extra re-ablement capacity to promote both older and younger adults to (re)gain independent living skills, a recruitment campaign started immediately. The initial round of recruitment has now been completed and therefore it is possible to predict more accurately the amount of funding that will not be required until all posts are filled. This accounts for costs associated with using the Department's supply register and externally provided agency staff where these can be appropriately used to cover vacant posts.
7. Of the total £16,059,934 Improved Better Care Fund, it is forecast that £15,499,646 is on track to be spent against the plan by March 2018. £560,287 has therefore been identified as one-off funding available to be spent during the remainder of 2017/2018. The funding lends itself well therefore to short term provision that will support the additional pressures and demands across the system during the winter months. Priorities are therefore being recommended based on how they can support hospital discharge and avoidance and have been developed in discussion with health staff across the County who are engaged in relevant work on Urgent and Proactive Care. Formal approval from the Clinical Commissioning Groups has been sought.

Proposals for use of the one-off funding in 2017/18

Supporting Hospital Discharge to manage additional winter pressures

8. A small number of proposals and establishment of associated posts were approved in the Planning for Hospital Discharge report presented to ASC&PH Committee on 9th October 2017 as part of plans to manage the predicted additional demand over winter. These were the establishment of 3 FTE temporary Social Worker and 1 FTE temporary Community Care Officer posts across mid and north Nottinghamshire to manage increased demand arising from hospital admissions over the winter, from November 2017 to 30th April 2018 at a cost of £83,710 to be met from the Improved Better Care Fund. In addition the CCGs in the south of the County agreed to fund 1 FTE Social Worker and 1 FTE Community Care Officer for eighteen months to be based at Queen's

Medical Centre to help manage additional winter pressures and support the review of integrated discharge arrangements.

9. Having one or two Social Workers working weekends is now standard practice at King's Mill and Queen's Medical Centre Hospitals with plans underway to put this in place at Bassetlaw Hospital. It is beneficial both for supporting a good flow of timely hospital discharges as well as work in Accident and Emergency Departments to avoid admissions. Staff volunteer to work at weekends and Bank Holidays and are paid at time and a half for doing this. The aim is to increase the number of staff who work at weekends in hospitals across the County over winter and it is proposed to allocate £15,000 for this which will be made available until end of March 2018.

Occupational therapists to support hospital discharge and manage winter pressures

10. Evidence from SCIE¹ and others shows that the enhanced assessment and goal setting skills of Occupational Therapists (OTs), coupled with their ability to remove environmental barriers and help people to regain practical skills and confidence are key to re-abling people and minimising reliance on long term care and support services such as a homecare. Any homecare packages that can be reduced in size releases more homecare capacity for others to use, which in turn will help with the pressures homecare providers face in meeting demand.
11. Whilst hospitals provide OTs to support hospital discharge their focus is primarily to maximise people's functioning to enable this. This is different to the role that social care OTs have in maximising people's long term independence. There are, however, currently no social care OTs working in integrated discharge functions in hospitals. On 9th October 2017 Committee approved a project that will start in April 2018 to train staff who are involved in hospital discharge across the County in therapy led approaches to promoting independence. To support the above project It is proposed that the following temporary post is recruited to at a cost of £15,259.
 - 1 FTE Occupational Therapy post (Band B) – King's Mill Hospital up to March 2018
12. The Short Term Independence Service (STIS) and Reablement (START) teams support hospital discharges, minimise delayed transfers of care and help reduce homecare packages. Since the Committee approval of use of IBCF within the START service local research has been conducted, based on national evidence and thinking, which shows that there are better outcomes for people and improved productivity from having a therapy led service. The service has therefore taken the opportunity to revise the organisational structure detailed in July's Committee paper 'Proposals for the use of the Improved Better Care Fund'. It is proposed that the following temporary posts are established/disestablished. The posts proposed to be disestablished are vacant, were temporary until 2020 and funded from the IBCF.
 - Establish 3.5 FTE Occupational Therapy posts (Band B) - up until March 2020 at an annual cost of £160,216

¹ Social Care Institute for Excellence (2010) Reablement: Emerging practice messages. London:SCIE

- Disestablish 7.5 Temporary FTE Reablement Support Workers (Grade 2) at an annual cost reduction of £159,150

The difference can be accommodated within the annual allocations of IBCF.

13. At Bassetlaw Hospital Integrated Discharge Team, instead of a qualified OT it is planned to trial a model that has been successful in Doncaster Hospital Discharge Team in creating additional capacity through use of a temporary FTE Therapy Assistant, at Grade 5 for four months over the winter period (December 2017 to end of March 2018) at a cost of £10,222.
This will be established as an NHS post and recharged to the Improved Better Care Fund.
14. In addition to this, there is a request to provide Occupational Therapy capacity at HMP Whatton, through employment of an agency worker until the end of the financial year (£14,000), to enhance the offer of reablement for older prisoners. Under the Care Act 2014 the Council has a duty to assess and meet the care and support needs of people detained in prisons in the County. The Council already provides support with personal care needs within the prisons subject to an assessment.

Voluntary sector services to support hospital discharge and manage winter pressures

15. The Age UK Notts Patients' Representative Service worker funded by and based at Sherwood Forest Hospital Trust (SFHT) provides independent advocacy, representation, information and support for older people and their carers during their stay at King's Mill hospital. The service also provides short term post-discharge support and is able to offer sign-posting to a wide range of services within the community that can provide further ongoing support to patients, enhancing both safe and efficient discharges. The worker can get involved in resolving situations where delays are being caused by waiting for home care packages to be set up or care home placements for people who fund their own care and have advised the Hospital Social Work Team that they wish to arrange this themselves. The worker will guide a relative on the tasks needed to organise these services and, for example, call providers and see which are available and when. Some delays are caused due to there being a delay in the availability of a service that a patient has chosen and the patient not being willing to leave hospital into an interim placement. The Age UK worker can work with the family to help them accept an interim offer or alternative arrangements. In mid Nottinghamshire in July, delays with setting up home care packages was the second biggest reason for delays to health and patient choice delays were the fourth highest reason. It is proposed to use £14,600 to fund an additional temporary worker for five months over the winter period to support self-funders arranging their own care promptly.
16. Age UK provide the Connect Service in mid Nottinghamshire. Connect offers short term support focusing on helping people to self-manage their independence. They offer information, advice, signposting and practical support around physical and mental health, housing, finances and accessing social activities. The service is at full capacity in mid Nottinghamshire. Connect has strong links with staff at King's Mill Hospital and referrals are rising. It is therefore proposed to fund additional capacity in the service over the winter at a cost of £8,000.

Intensive community services to support hospital discharge and manage winter pressures

17. Intensive Home Support (IHS) is a new care model funded in Mansfield and Ashfield by the Mid Nottinghamshire Alliance Better Together Vanguard to provide community based intensive clinical support and therapy to people with complex needs, to either a) help them stay at home and avoid a hospital admission when they have a health crisis or b) be discharged directly back home safely after a hospital stay. The team is made up of Advanced Nurse Practitioners and support workers to help with personal care. The service has medical oversight from a Consultant Geriatrician. The service is working closely with the Council's Short Term Independence Service (STIS) which is made up of Social Workers, Community Care Workers, Occupational Therapists and Re-ablement Workers. The teams are aligning in order to maximise joint resources to enable as many people as possible to remain/return directly home with a re-ablement plan. Due to its success, there is a plan in place to expand IHS into Newark and Sherwood District from April 2018. The clinical element is already being provided by Community Health Partnerships and from April 2018, and the support worker element will be funded by the CCG. It is proposed to allocate one-off funding of £60,000 to enable this service to start earlier and be operational from January to March 2018 over the winter period. Avoiding using short term beds to re-able people where possible supports the Adult Social Care Strategy, because people are far less likely to return and remain home if they move to a bed first, rather than going directly home from hospital.

Housing support for hospital discharge

18. In South Nottinghamshire it is proposed to allocate £67,500 to support implementation of a scheme similar to the housing input to Integrated Discharge ASSIST scheme in Mansfield. The main objective of the Hospital to Home Prevention and Discharge Service is to reduce the impact and demand on health and care services and ensure that people who are deemed medically fit for discharge, but who have a specific housing issue that may be preventing them from being discharged, have arrangements made promptly. This may include rapid installation of adaptations and equipment, or finding alternative temporary accommodation. In addition to the above, case workers will also work in the community to support people prior to reaching a crisis point with a view to avoiding hospital admission where appropriate.
19. The scheme is being piloted on a 12 month basis across the south of the County. The proposal is to jointly fund the scheme by both Social Care and Health. The Council will allocate £67,500 from IBCF which has to be used by March 2018 and the Multi-speciality Community Provider for Health will continue to fund for a further six months with the scheme ending in October 2018.

Falls prevention

20. In September 2016, Committee approved a Falls Prevention project, 'Education and Communication support'. Since January 2017, a Commissioning Officer has been working with Public Health colleagues and a range of partners to raise awareness of the impact of falls and how to prevent them, stimulate the development of age appropriate exercise activities across the County, as well as develop simple tools for staff and partner agencies to embed and use in their day to day work. Analysis of local data and research

by the Institute of Public Care² has identified falls as one of the key factors that lead to admission to residential care and are influential in setting older people on a pathway to increasing social care support needs. The research cited the potential benefits to social care of increasing the numbers of older people to engage in exercise. There is currently a temporary FTE Falls Prevention Commissioning Officer post with a contract due to end at the beginning of January 2018. It is proposed that the contract is extended until the end of March 2018 at a cost of £12,055.

- Three month extension of 1 FTE Falls Prevention Commissioning Officer post (Band C)

Meeting adult social care needs

21. Evaluation is underway of the seven Local Integrated Care Teams (LICTs) linked to GP clusters that pro-actively identify people at risk of hospital admission for interventions. The seven Social Worker posts in the teams have been funded for the past two years by the CCGs, however, in order to deliver savings and ensure the most cost effective future model, the teams are being reviewed. The Local Government Association have funded a review of the impact on packages of social care across the three different version of LICITs in place across the three Transformation Planning areas in the County. This will not be completed until the end of November. The CCG savings, however, have to be made in the current financial year. In order to maintain the existing posts whilst the evaluation is completed and decisions are made about the future model and funding arrangements, it is therefore proposed to temporarily fund 2 FTE Social Workers (Band B) in the Local Integrated Care Teams in mid Nottinghamshire until the end of March 2018. The posts are already permanently established.
22. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether that is at home, in supported living or in a care home. It is requested that 3 FTE Reviewing Officers (Grade 5) are established to focus on undertaking reviews for people in residential and nursing home care. These posts would be funded from the IBCF until the end of March 2018 at a cost of £24,500, and £73,500 will funded from departmental reserves in 2018/19.
 - establish 3 FTE temporary 12 month Care Homes Reviewing Officers (Grade 5)
23. The countywide Aspergers Team is a small team which has been experiencing an increase in demand for assessments for some time. As part of a wider plan to address the current level of need, which includes use of resources in the Notts Enabling Service and the existing Reviewing Teams, it is proposed that temporary staffing resources are also established to increase the team's capacity at a cost of £19,638 to March 2018 from the IBCF and the remaining nine months of 2018/19 from reserves:
 - 1 temporary 12 month FTE Social Worker (Band B)
 - 1 temporary 12 month FTE Community Care Officer (Grade 5).
24. The development of Technology Enabled Care is one of Nottinghamshire's Sustainability and Transformation Plans work streams and a high level strategy and approach has

² 2013 Institute of Public Care 'Research for Preventative Approaches to Reducing Older People's Need for Care'

been approved. Concurrently, there is local interest in a Leicestershire scheme called 'Lightbulb,' which consolidates housing work to maximise the opportunities to support health and social care in enabling residents to stay independent, have timely access to a range of housing and preventative services such as Assistive Technology and adaptations. A business case on how the benefits of the Lightbulb scheme could potentially be delivered in Nottinghamshire is now required. The business case will sit within the overall strategic approach of the Technology Enabled Care work stream. The Programme Manager cost is £15,000 and if it is not possible to source from an agency, approval is sought to establish a three day a week Project Manager post for three months.

25. The Council has contributed to the cost of sexual violence counselling and therapy services since early 2016 to provide support for victims/survivors of historical sexual abuse in Nottinghamshire. It was agreed to extend this contribution from Council reserves until the end of March 2018 whilst a review took place to consider and identify the specific and medium to long term support required by survivors of sexual abuse. It is now proposed that the IBCF be used for this purpose.
26. The Debt Recovery Finance Officer post commenced in 2015 to support the Debt Collection strategy when changes in the legislation were implemented as a part of the Care Act. Prior to April 2015, the Council was able to apply a charge against a service user's property if their care was being funded by the Council. This meant that the Council was informed where there were any changes in the ownership of the property. As a result of the change the Council does not hold security over any debts which have accrued. The amount of unsecured debt has risen from £739,000 in December 2015 in respect of 59 service users to £1.36m as at December 2016. The value of unsecured debt as at 31st May 2017 stands at £1.98m in respect of 115 service users. The Debt Recovery Finance Officer undertakes constant monitoring of records relating to properties to ensure that funds relating to these properties are not misappropriated as the funds are required to repay the accrued sum of charges for people's care. The cost of the full time post per annum is £27,055. It is proposed that funding from the IBCF is used for the post until the end of the financial year.
 - Extension of 1 FTE Debt Recovery Finance Officer (Grade 4) to end of March 2020

Other Options Considered

27. The funding needs to be allocated and used this year to meet the national criteria of the improved Better Care Fund and to provide appropriate support for people with health and social care needs in Nottinghamshire.

Reason/s for Recommendation/s

28. The proposals for using the one-off funding have been discussed and reviewed by senior managers in the department to ensure that they meet the BCF criteria and are realistic within the timescales available for using this funding.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance 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, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Service User Implications

30. The proposals will provide additional capacity and service provision for people who need care and support in a variety of settings, with a particular focus on the anticipated increase in demand during the upcoming winter period.

Financial Implications

31. The above proposals all meet the requirements of the Improved Better Care Fund and will utilise the in year slippage of £560,287
32. The costs for 2018/19 will be funded from the BCF Care Act.

RECOMMENDATION/S

- 1) That Committee approves the establishment and extension of the posts and use of the available one-off funding in the Improved Better Care Fund for 2017/18 as detailed in the report in **paragraphs 8 to 26**, and summarised in the table below:

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
Support for discharge from hospital and avoiding admission to hospital	3 FTE Social Workers (Band B) 1 FTE Community Care Officer (Grade 5) Trusted Assessor work with residential care providers (NB. Posts and activity above approved by the Committee on 9 th October 2017)	£70,875 £10,000	£14,176
	Social Work cover at weekends across the County	£15,000	
	2 FTE Social Workers (Band B) – Local Integrated Care Teams (these posts are already permanently established)	£45,776	
	Newark and Sherwood Intensive Home Support service	£60,000	
	Hospital to Home prevention and discharge service (South Notts)	£67,500	

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
	Age UK support and advocacy (hospital discharge) (Mid Notts)	£14,600	
	Additional Connect Services funding	£8,000	
Occupational Therapy capacity	1 FTE Therapy Assistant (Bassetlaw Hospital) (Grade 5) (4 months December 2017- March 2018)	£10,222	
	1 FTE Occupational Therapist (King's Mill Hospital) (Band B) (4 months December 2017- March 2018)	£15,259	
	3.5 FTE Occupational Therapists (START) (Band B) (6 months October 2017 - March 2020)	£80,108	
	Disestablish 7.5 FTE Reablement Support Worker posts (Grade 2).		
	Occupational Therapy capacity at HMP Whatton	£14,000	
Social care posts	3 FTE Care Homes Reviewing Officers (Grade 5) 12 months	£24,500	£73,500
	1 FTE Falls Prevention Commissioning Officer (Band C) (post extension until March 2018)	£12,055	
	1 FTE Debt Recovery Finance Officer (Grade 4) (post extension until March 2018)	£27,755	
	Asperger's Team: 1 FTE Social Worker (Band B) 12 months 1 FTE Community Care Officer (Grade 5) 12 months	£19,637	£58,913
Meeting adult social care needs	Expansion of Assistive Technology	£15,000	
	Sexual violence support services	£50,000	
	Total cost	£560,287	£146,589

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Constitutional Comments (LM 02/11/17)

33. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

Financial Comments (KAS 02/11/17)

34. The financial implications are contained within paragraphs 31 and 32 of the report.

HR Comments (SJJ 02/11/17)

35. HR implications are contained within the report where appropriate.

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.

Proposed allocation of Better Care Fund (Care Act) funding -report to Adult Social Care and Health Committee on 12 September 2016

Planning for Hospital Discharge – report to Adult Social Care and Public Health Committee on 9th October 2017

Proposals for the use of the Improved Better Care Fund 2017/18 – report to Adult Social Care and Public Health Committee on 10 July 2017

Improved Better Care Fund temporary funding Quarter 2 return to DCLG

Electoral Division(s) and Member(s) Affected

All.

ASCPH502