

**7th March 2018****Agenda Item:****REPORT OF THE CORPORATE DIRECTOR , ADULT SOCIAL CARE AND  
PUBLIC HEALTH****BETTER CARE FUND: 2017/18 PROGRESS UPDATE AND APPROVAL FOR  
THE USE OF THE BCF CARE ACT ALLOCATION AND THE IMPROVED BCF  
2018/19****Purpose of the Report**

1. To advise the Health and Wellbeing (HWB) Board on overall progress with the projects and schemes supported to date by the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF in 2017/18.
2. For the HWB to approve the proposed plan for the uncommitted 2018/19 allocation of the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF.
3. The final revised 2018/19 national planning guidance for the Care Act BCF and Improved BCF has not yet been published so the proposed plan is based on last years guidance. If the revised guidance requires an adjustment to the plan, we are seeking approval from the HWB Board to respond appropriately with delegated authority for the Corporate Director of Adult Social Care and Public Health in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

**Information**

4. This report focusses on the BCF Care Act Allocation and Improved BCF elements of the broader Better Care Fund programme.
5. In 2015 central government allocated an element of funding specifically for the implementation of the Care Act, 2014. The BCF Care Act Allocation is currently only known until 31<sup>st</sup> March 2019.
6. In response to national widespread concerns and calls for action about the funding of adult social care the Spending Reviews of 2015 and 2017 identified additional temporary money for adult social care in the form of the Improved BCF.
7. The grant conditions for the Improved BCF are that it is to be spent on: (i) adult social care and used for the purposes of meeting adult social care needs, (ii) reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are

ready, and (iii) stabilising the social care provider market (including residential homes, care homes and home care).

8. The funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage (NLW). The NLW uplift along with a 'Fair Price for Care' uplift in 2017/18 amounted to £5.645m and is expected to benefit up to 900,000 social care workers.
9. The funds can also be used for adult social care services which could not otherwise be maintained in the context of national funding reductions, as well as investing in new services such as those which support prevention and best practice in managing transfers of care.
10. Planning for use of the additional temporary money also took into account the principles of the Council's Adult Social Care Strategy, as well as supporting current programmes focused on the transformation of social care provision and the delivery of a savings target of £100 million from the adult social care budget (from 2011/12 - 2019/20). The Adult Social Care Strategy seeks to manage demand and cost by: promoting independence and wellbeing, ensuring value for money, and promoting choice and control.
11. The majority of the funding has already been approved and committed to services and schemes in previous year's plans. Some of the commitments were for ongoing schemes up to March 2020 and some were temporary until March 2018 or 2019.
12. The Chief Officers of the three Clinical Commissioning Groups (CCGs) covering Nottinghamshire have been consulted with in the development of this plan. The plan has also been discussed and supported by Nottinghamshire's BCF Finance and Performance Board. If the plan is approved by the Health and Wellbeing Board, the request to approve to the extension and establishment of posts required to deliver the plan will be presented to ASC&PH Committee on 12<sup>th</sup> March 2018. The Council submits quarterly monitoring reports to the BCF Steering Group and to the Department for Communities and Local Government.

### **2017/18 Progress Update**

13. All of the recurrent BCF Care Act Allocation for 2017/18 and all of the 2017/18 Improved BCF is forecast to be spent in this financial year. All of the BCF Care Act Allocation reserve has also been committed with the remaining amount allocated over 2018/2020 and approved as one-off transition funding to enable the re-provision of short term assessment and re-ablement apartments and residential care beds.
14. All schemes report regularly against agreed targets and outcomes. This has formed the basis for a quarter three progress and evaluation report. This indicates good progress in delivering outcomes and also shows that projects are on track overall. Some key successes and challenges are described in paragraphs **15 to 18** below.
15. Nottinghamshire County Council adult social care has continued to meet and improve on its national target for reducing delayed transfers of care (DToCs). The target forms part of the Improved BCF conditions. Several BCF funded projects and schemes have contributed to this success, including the Short Term Assessment & Reablement Team

(START) and the additional social workers working in hospitals within integrated discharge arrangements.

16. As an example of the scale of the positive outcomes being achieved, the START service is on course to help an extra 323 service users in 2017/18. It is projected that by the end of March 2018, 1,187 people will have been 'reabled' and require no or less care after having the service.
17. The Nottinghamshire health and social care community is also recognised as being at the forefront of developments in the automation of information exchange between providers, enabling integrated working practices and seamless pathways for service users. The BCF-supported Interoperability programme is working closely with Connected Notts to develop and implement a range of projects that will reduce delays, improve decision making and realise efficiencies.
18. A tight employment market in the care sector has been a factor across a number of projects where delays in recruitment has reduced the pace of implementation. This has been recognised at Adult Social Care and Public Health Committee and a recruitment campaign was agreed by Committee on 8<sup>th</sup> January 2018 to address this.

#### **2018/19 Posts and Schemes Already Established**

19. Plans have already been approved in previous years for fully utilising the recurrent BCF Care Act Allocation and £1,190,919 of the BCF Care Act reserve in 2018/19.
20. Within the BCF Care Act reserve there is £1,183,579 allocated for one-off transition funding to enable the reprovision of short term assessment and re-ablement apartments and residential care beds up to 2020. This will leave an expected balance of £144,772 in the reserve which is requested in **paragraphs 26 to 32** of this report.

<b>BCF Care Act</b>	<b>Budget</b>	<b>Committed</b>	<b>Allocated for future years</b>	<b>Requested in this report</b>	<b>Remaining</b>
Recurrent Allocation	£2,060,996	£2,060,996		£0	£0
Allocation Reserves	£2,519,270	£1,190,919	£1,183,579	£144,772	£0
<b>Total BCF 2018/19</b>	<b>£4,580,266</b>	<b>£2,964,046</b>	<b>£1,183,579</b>	<b>£432,641</b>	<b>£0</b>

21. Plans have already been approved in previous years for utilising the use of £14.788m of the Improved BCF. There is therefore £6.802m remaining of the £21.59m allocation for 2018/19. The proposed use of the remaining allocation is contained in **paragraphs 32 to 53** of this report.

<b>Improved BCF</b>	<b>Budget</b>	<b>Committed</b>	<b>Requested in this report</b>	<b>Remaining</b>
Total Allocation 2018/19	£21,590,000	£14,788,815	£6,801,185	£0

22. The relevant previous reports are listed in the Background Papers and Published Documents section at the end of this report. For ease of reference, summary tables of previously approved projects and services are included in **Appendix 1**.

## **Extension of Existing Schemes & Posts**

### **BCF Care Act Allocation – Reserve**

#### **Community Empowerment**

26. The Community Empowerment project is testing ways to work with volunteers to develop community activities that engage and involve isolated older adults, increasing their resilience and wellbeing, and reducing their reliance on public services.
27. The team is established to June 2018 from the BCF Care Act Reserve with an approved allocation of £61,000 for 2018/19, however a Nottingham Trent University evaluation of the impact of their work had an elongated planning phase and is consequently not due to report until the beginning of September 2018.
28. To allow the evaluation to be received and considered whilst the team is in place, a 6 month extension of £30,582 funding for the 3FTE posts that deliver the project is requested to 31<sup>st</sup> December 2018. This is on the basis of being joint funded by BCF Care Act Reserves and other Council departments.

#### **Sustainability and Transformation Partnership**

29. The Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) has a resident population of 1,001,600 citizens and a total place-based spend across health and social care of £3.7 billion. The STP is not a public body but a partnership of the six Clinical Commissioning Groups (CCGs), three NHS Trusts and eight local authorities in Nottingham and Nottinghamshire who are now coming together to plan and deliver services across a wider geography and as an integrated health and care system. Each statutory body is required to contribute to the running costs of the Partnership to ensure that the delivery of the plan is well lead and coordinated across the system. BCF Care Act Allocation funding in 2017/18 has contributed to the provision of staff to lead the implementation of the STP plan. Successful implementation of the plan will bring benefits to Nottinghamshire citizens and the constituent organisations in terms of health and wellbeing, care and quality, finance and efficiency.
30. The total cost of the STP for 2017/18 was £1.4m, which includes £1.1m of salary costs. Funding of £0.8m of these costs is shared by the STP member organisations with an annual charge for each member of £80,000. Approval is requested for the allocation of £80,000 funding from the BCF Care Act Reserve to support the STP in 2018/19.
31. The Nottinghamshire BCF Programme Manager facilitates the partnerships and governance of the BCF, as well as providing the overarching financial and performance monitoring and reporting. The post has historically been joint funded across partner organisations, and hosted by the Council as the employer. Approval is therefore

requested for the allocation of £9,015 from the BCF Care Act Reserve to fund the Council's contribution for 2018/19 which is 1/7<sup>th</sup> of the total salary at a cost of £9,015.

### **Reviewing Officers in care homes**

32. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether at home, in supported living or in a care home. 3 Reviewing Officer posts were previously funded from departmental reserves and established up to December 2018 to focus on undertaking reviews for the 2,300 (approx. p.a.) older adults that it supports in residential and nursing care homes. The posts were established because the priority for other similar posts is to review care and support arrangements where people have regained their health and/or independence, which means that their support can now appropriately be reduced to release both savings and capacity in the care market. Approval of £25,174 is requested to extend the 3 posts for 3 months to March 2019 in order to enable more of the reviews to be completed and to align these posts with the corporate budget planning cycle for future decisions.

### **Improved Better Care Fund**

#### **Home First Response Service (HFRS)**

33. This service, which is procured by the Council from independent sector providers, provides a rapid response short term package of home and helps to avoid hospital discharges being delayed whilst an ongoing package of care is arranged. The service has an emphasis on enablement, so that independence is increased and the ongoing package is reduced. The service also provides rapid response short term support for people living in the community who would otherwise be at risk of admission to hospital or residential care.
34. The HFRS commenced on 11<sup>th</sup> December 2017 and is expected to deliver the service to a minimum of 2,271 people p.a., which equates to approximately 190 per month. In December (21 days at 75% capacity) the service was expected to work with 98 people and exceeded this with actual delivery to 137 people. The maximum value of the contract will be £1,622,000 for year 1, rising due to increasing demand to £1,750,000 in year 2.
35. The contract for this service is currently part-funded from a mixture of the Council budget, the BCF Care Act Allocation and the BCF Care Act Allocation reserve. From 2018/19 the required Improved BCF amounts are £663,182 for 2018/19, and then £504,545 for April to October 2019.

#### **BCF Programme Coordinator**

36. This post has been funded from the BCF Care Act Allocation reserve and was recruited to in May 2017 for one year. The post co-ordinates the BCF Care Act programme of funded projects, monitors effective delivery, evaluates impact and progress and reports to the Senior Leadership Team, BCF Programme Board and others. The role has been extended to include oversight of the Improved BCF. Approval is requested for £33,980 funding to extend this post to March 2019.

## **Debt Recovery Finance Officer**

37. The Debt Recovery Finance Officer post started in 2015 to support the Debt Collection strategy when changes in legislation were implemented as a part of the Care Act 2014. Nationally, all local authorities are able to apply for a contribution towards care costs upon the sale of a service user's property. Prior to the implementation of the Care Act, people wishing to delay making payments until their home was sold had to apply to the Council (the Deferred Payment Scheme). People joining the Deferred Payment Scheme had to agree to tell the Council when a property was sold and arrange for the money to be paid. The Care Act 2014 brought a change which meant that people wishing to delay payment could now choose to do this without entering the Deferred Payment Scheme. For people opting out of the scheme, the Council does not/cannot hold any security against their property and has to proactively seek information about an individual's property. Additional resources were therefore required to undertake this work.
38. When the post commenced there were 59 people that had not joined the Deferred Payment Scheme, with an associated £739,000 of contributions towards the cost of their care requiring work to recover. As at December 2017 numbers have increased and there is now £2m of contributions that require additional work to recover. The Debt Recovery Officer checks land registries and other records to determine the ownership of properties and then liaises with service users' families, social workers, and legal representatives to obtain outstanding funds. They also instigate legal proceedings when required to recover the debt if necessary. This proactive approach was not necessary prior to the implementation of the Care Act so has therefore had to be resourced each year since then, in addition to existing staff in the Council's Debt Recovery team.
39. Funding of the post from the Improved BCF was agreed until March 2018 and approval is now requested for £28,430 funding to continue this arrangement until March 2019.

## **Closure of Woods Court Care and Support Centre**

40. It is requested that two posts supporting the closure of Woods Court in May 2018 are extended to the end of May 2018. Currently both the Social Worker and Community Care Officer posts supporting this work are only funded to 31<sup>st</sup> March 2018. Approval is requested for £13,406 to enable this.

## **New Schemes and Posts in 2018/19 from the Improved BCF**

### **Integrated Care Teams**

41. Integrated Care Teams (ICTs) are multi-disciplinary teams of staff who were established with the aim of testing the approach of providing proactive care and support to prioritised service users in the community who have a range of complex health conditions, often also with social care needs. The teams work holistically to maintain the person living at home for as long as possible and avoid hospital or residential care admission. Usually they cover a geographical patch defined by a set of GP practices. Typically an ICT is made up of:
- District nurses

- Specialist nursing staff e.g. Mental Health, Diabetes, Falls
  - Social Workers
  - Therapies (Occupational Therapy & Physiotherapy)
  - Voluntary sector representatives.
42. It is now proposed to develop a vision and plans with health colleagues so that integrated working across all the health community teams and the Council's District Social Work Teams can deliver the potential benefits that the ICT "embedded" level of joint working has shown could be achieved for more of Nottinghamshire residents with complex health and social care needs. This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through the specific Integrated Care Teams currently in operation.
43. Approval is requested for funding for the following posts from the Improved BCF to support this approach during 2018/19. This will enable the exploration of more sustainable long term models of integrated teams across the county between district Social Work teams and community health. This work will include capacity assessment to see if these additional SW posts are required in the long term:
- £140,613 to fund 3 existing permanently established Social Worker posts for Mid-Nottinghamshire (2018/19 only). These posts are part of a total of six Local Integrated Care Team (LICT) Social Worker posts originally all funded by the mid Notts Clinical Commissioning Groups who will continue to match fund the other three posts for 2018/19. This will enable the service to retain these experienced workers and redeploy them during 2018/19 into the more integrated community team model. They will also help the Project Manager to prepare for greater integration from 2019/20.
  - £46,871 to fund 1 new temporary Social Worker post for Bassetlaw (2018/19 only) because there is no social work input into Integrated Neighbourhood Teams at the moment. This post-holder will provide operational and professional support over the period but also help the Project Manager to prepare for greater integration from 2019/20.
  - £57,195 to fund 1 new temporary Project Manager post for work countywide from April 2018 to March 2019. This post-holder will develop and implement a plan to achieve more effective integration by 2019/20. Phase one rollout of the integrated model will include one locality within each planning unit (i.e. Bassetlaw, Mid Nottinghamshire and South).

### **Mansfield & Ashfield Occupational Therapist (OT)**

44. A combination of high demand and an expanded role for OTs in supporting people to be more independent has led to increasing waiting times for OT assessments in Mansfield & Ashfield. This has been addressed by using agencies to provide extra capacity, however a more stable solutions now required and £46,871 funding is requested for an additional FTE OT in the Physical and Sensory Disabilities team.

### **Strategic change programmes - £2.556m**

45. There are a number of posts that support the implementation of current savings programmes and transformation plans in adult social care. In 2018/19 Adult Social Care have to deliver £7.8m of recurrent permanent savings; the current overall recurrent permanent savings agreed up to 2020/21 is £16.1m. These posts are essential to delivery of the savings and closing the Council's long term funding gap. The posts include frontline social work practitioners, finance officers and project and programme management capacity supporting the transformation of adult social care.
46. The total funding required for all the current posts and schemes is £3.7m. It is proposed to utilise £2.556m of the Improved BCF to fund these posts in 2018/19, with the ability to increase this amount should any other schemes underspend, for example due to having staffing vacancies. The posts are temporary, subject to review and are aligned to the delivery of a range of savings projects.
47. In addition to posts, this funding will cover some infrastructure funding required to support savings and transformation in adult social care, including the system review to align the Council's information systems.

#### **Demand in younger adults services for 2018/19 - £2.76m**

48. Improved BCF funding was approved in 2017 for this pressure within 2017/18. Approval is now sought to increase the amount to contribute to some of the new pressure in 2018/19 so that further care packages and service users can be supported. Increasing costs are resulting from rising demographic demand for care and support services for younger adults with learning disabilities, mental health needs and autism spectrum disorders. Many of these adults have complex health and social care needs, are living longer and are reliant on ageing carers.
49. The national policy under the Transforming Care Programme to move people with complex needs relating to learning disabilities and autism out of long stay hospitals into smaller scale community provision has also meant more people require bespoke community provision to meet their needs. Changes to national policy in relation to housing benefit has affected the development of supported living facilities and the level of demand for appropriate residential care has made it more difficult to manage costs in the care market. Some of the funding will be used to secure the appropriate care and support services for 34 people, in their communities wherever possible.
50. It is proposed that a contribution of £2.76m is made towards the total cost pressure in 2018/19 of £3.132m. The pressure includes the care costs of 47 known service users who will transition from Children's Services into Adult Services during 2018/19, 34 service users who will come out of hospital under the Transforming Care Programme and the expected increased costs from an average of 120 service users who will require either new or increased packages in 2018/19 as a result of either increased needs or a loss of informal care.

#### **Demand in older adults services - £0.455m**

51. For the last 3 years the ASCPH department has not requested additional increase in the care and support budget for older adults. This is despite the fact that there have been annual increases in the population who are aged over 65 of approximately 1.8% per year.



Over this time the department has seen increases in demand for funded packages of 1.0% per year, and has managed to contain the cost pressure for these through mitigating actions such as re-abling more people and offering alternatives to residential care.

52. The national success story of improved technology and health interventions leading to people living longer resulting in an increasingly ageing population has been well documented. In addition to increasing numbers of people living into older age, there is also an increase in the number of years that older adults spend living with complex needs. The prevalence of people diagnosed with dementia is set to increase by 35% by 2025.
53. Over the next 4 years the population aged over 65 is expected to grow by a total of 7.3% broken down as follows:

	2017	2018	2019	2020	2021
Population over 65	168,000	171,100	174,300	177,200	180,300
Percentage increase	1.94%	1.85%	1.87%	1.66%	1.75%

54. £0.455m is therefore requested to help fund increasing demand for Older Adults care packages, in order to ensure that care packages can continue to be offered to those with eligible needs.

### Other Options Considered

55. Each proposal has had a robust business case completed which included consideration of options.

### Reason/s for Recommendation/s

56. All business cases have been scrutinised by the Adult Social Care Senior Leadership Team to prioritise selection of only those that evidence that they best meet both the grant criteria and deliver the Department's core strategic objectives and savings requirements.

### Statutory and Policy Implications

57. 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.

### Financial Implications

59. The costs of extending the schemes and posts requested in **paragraphs 26-32** is £144,772 and can be funded from the BCF Care Act Allocation Reserve.

60. The costs of extending the schemes and posts and services requested in **paragraphs 33-40** is £738,998 and can be funded from the Improved Better Care Fund for 2018/19.
61. The costs of the new schemes and posts requested in **paragraphs 41-54** is £6,062,187 and can be funded from the Improved Better Care Fund in 2018/19. This utilises the full allocation of the Improved Better Care Fund for 2018/19.

### Human Resources Implications

62. Subject to approval by Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018, extensions to current fixed term contracts will be actioned and new posts will be recruited to on fixed term contracts. The Project Manager for the Integrated Care Teams will require an indicative grade or an evaluation. All other HR implications are contained within the report.

## RECOMMENDATIONS

That the Health and Wellbeing Board:

- Notes overall progress with the projects and schemes supported to date by the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF in 2017/18.
- For the HWB to approve the proposed plan summarised in the table below for the uncommitted 2018/19 allocation of the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF.

<b>Service or scheme to be funded by BCF Care Act Reserve Allocation</b>	<b>New or existing</b>	<b>Funding to be allocated</b>
Community Empowerment Project	Existing	£30,582
Sustainability and Transformation Programme Team (NCC contribution)	Existing	£80,000
Better Care Fund Programme Manager (NCC contribution)	Existing	£9,015
Reviewing Officers in Care Homes	Existing	£25,174
<b>TOTAL – BCF Care Act Reserve Allocation</b>		<b>£144,771</b>
<b>Service or scheme to be funded by the Improved BCF Allocation</b>	<b>New or existing</b>	<b>Funding to be allocated</b>
Home First – rapid response homecare service. (Plus £504,545 commitment from April to Oct 2019 to cover	Existing	£663,182

length of current contract)		
Better Care Fund (Care Act/IBCF) Programme Co-ordinator	Existing	£33,980
Debt Recovery Officer	Existing	£28,430
Social Worker and Community Care Officer to support closure of Woods Court	Existing	£13,406
Integrated Care Teams	New	£244,679
Occupational Therapist – Mansfield and Ashfield	New	£46,871
Strategic Change Programmes	Existing	£2,555,637
Younger Adults – increasing demand for new care packages	Existing	£2,760,000
Older Adults – increasing demand for new care packages	Existing	£455,000
<b>TOTAL – Improved BCF allocation</b>		<b>£6,801,185</b>

3. The final revised 2018/19 national planning guidance for the Care Act BCF and Improved BCF has not yet been published so the proposed plan is based on last years guidance. If the revised guidance requires an adjustment to the plan, we are seeking approval from the HWB Board to respond appropriately with delegated authority for the Corporate Director of Adult Social Care and Public Health in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

**David Pearson**  
**Corporate Director, Adult Social Care and Public Health**

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**Constitutional Comments (LMcC 01/03/18)**

63. The Health and Well Being Board is the appropriate body to consider the contents of the report

### **Financial Comments (KS 28/02/18)**

64. The financial implications are contained in the body of this report and are summarised in paragraphs 59 to 61.

### **HR Comments (SJ 28/02/18)**

65. Subject to approval by ASC&PH Committee on 12<sup>th</sup> March, extensions to current fixed term contracts will be actioned and new posts will be recruited to on fixed term contracts. The Project Manager for the Integrated Care Teams will require an indicative grade or an evaluation. All other HR implications are contained within 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.

Care Act 2014: update on the first 6 months – report to Health and Wellbeing Board on 6<sup>th</sup> January 2016

Better Care Fund Performance and 2017/19 Plan – report to Health and Wellbeing Board on 28<sup>th</sup> June 2017

Better Care Fund – Proposed Allocation of Care Act Funding - report to Adult Social Care and Health Committee on 12 September 2016

Proposals for the Use of the Improved Better Care Fund - report to Adult Social Care and Public Health Committee on 10 July 2017

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding - report to Adult Social Care and Public Health Committee on 13 November 2017

Key Areas of Service Improvement and Change - report to Adult Social Care and Public Health Committee on 11 December 2017

The Health and Development of Adult Social Care and Public Health Workforce - report to Adult Social Care and Public Health Committee on 8 January 2018

Quarterly Reporting from Local Authorities to DCLG in Relation to the Improved Better Care Fund, Quarter 3 return - 19 January 2018.

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

All.