



16 May 2016

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

EXTENSION OF BETTER CARE FUND AND INTERMEDIATE CARE POSTS

Purpose of the Report

1. The purpose of the report is to request an extension to the funding of 24.2 full-time equivalent (fte) posts currently funded temporarily by Nottinghamshire's Better Care Fund and the Council's Intermediate Care budget. These posts were due to end at the end of the financial year 2015-16 but have been extended by three months.
2. The report requests that out of 24.2 fte posts, 4.5 fte are made permanent as these posts have been assessed as essential and appropriate for meeting lasting statutory and core duties.

Information and Advice

Background

3. A number of operational and direct service provision posts have in the past been funded by grants which have since ceased, such as the Re-ablement Grant and NHS funding for Social Care. Following each grant reduction, reviews were completed and subsequently any temporary posts that could be ended were ceased. The reviews also identified the posts which needed to continue as they formed part of the Council's joint strategies with health to support effective hospital discharge arrangements, avoid hospital and residential care admissions and support carers.
4. These posts have continued to be funded temporarily through various arrangements, primarily the Better Care Fund (BCF) and Nottinghamshire County Council's Intermediate Care budget. The need for the posts was reviewed in 2015 as part of establishing 2016/17 Council budget requirements and the revised Better Care Fund Plan. Based on these, this report now requests Committee approval to extend contracts for the relevant posts.

Better Care Fund

5. Detailed below are the 12.9 fte posts for approval to extend up to 31st March 2017. The BCF funding allocation is currently reviewed annually, hence all these posts remain temporary. The 2016/17 BCF plan for South Nottinghamshire has agreed continued funding for posts which provide social care assessment and care management at the Queen's Medical Centre (QMC) and Lings Bar, as well as for the Council's directly provided Short Term Assessment and Re-ablement Team (START) service.

- 2 fte Advanced Social Work Practitioners – ASWP (Grade B), (1 within the Queens Medical Centre QMC Hospital Social Care Team and 1 within the Lings Bar Intermediate Care Team for South Nottinghamshire)
- 6.4 fte Community Care Officers – CCO (Grade 5), (2.4 within the QMC Hospital Social Care Team, 2 within the START assessment team for Broxtowe, Gedling and Rushcliffe and 2 within the Carers Support Service)
- 0.5 fte START Project Manager (Grade D), Nottinghamshire
- 2 fte Service Co-Ordinators (Grade 4) within the START provider team for Broxtowe, Gedling and Rushcliffe.

Social care assessment and care management posts

6. Social care assessors work with the Health teams at the QMC and Lings Bar to provide timely assessment in order to provide urgent care in a person's home, avoiding admission to hospital and / or care and to facilitate discharge home. It is recognised within these areas that there is a very high level of demand and the posts help to achieve this work. The QMC social care team alone facilitated 1,796 discharges within 2015/16: 600 care packages, 102 transfers into long term nursing care, 231 discharges to START and 135 placements to assessment beds.

START Re-ablement Service

7. START is a multidisciplinary team comprising Front Line Support services, Occupational Therapists and Community Care Officers who work with older adults to regain the skills and confidence to live as independently as possible. It can help people with tasks such as getting dressed, using the bathroom, getting around their homes and cooking. A goal focussed support plan is agreed and frequently reviewed to monitor progress. Where longer term needs are identified, the START team will complete community care assessments.
8. The additional START assessment resources provide extra capacity to enable early planning for when the re-ablement is complete, reviewing individual goals, outcomes and needs. This supports the predicted dates of discharge being met.
9. Additional START service co-ordination staff linked to the hospital discharge process enables a rapid transfer for individuals leaving hospital and going into START and interim care provision. The wards can place direct referrals to START who can respond on the same day. A service co-ordinator can facilitate between 70-90 discharges per month. This resource has assisted in preventing unnecessary delays in hospital.
10. The additional capacity is also using a brokerage role to source timely packages of care after the re-ablement support has been completed. The role highlights at an early point where there may be difficulties in providing a longer term care package in a given area, sources alternatives and monitors trends and patterns of demand. Having one worker undertaking this task across a large geographical area saves time for the team in duplication of effort and achieving timely outcomes. Learning will be shared with mid Nottinghamshire and Bassetlaw teams.
11. In January 2016 the Council was successful in securing a one-off £26,000 BCF Innovation Award in order to promote integrated roles between the Community Intermediate Care Health Providers and START reablement support services. This work is countywide and

enables the Council to extend a temporary contract for six months for a project manager up to the end of 2017.

Carers Support Service (Community Care Officer posts)

12. The countywide Carers Support Service is core to Nottinghamshire's joint Carers Strategy and as such, all the Clinical Commissioning Groups have approved BCF funding (formerly NHS Carers Grant) for two of the team's posts. Carers Support Workers based in the Adult Access Service provide information, advice and carry out carers' assessments over the telephone. The new service is a more effective way of being able to support the growing numbers of carers being identified in Nottinghamshire. The service is popular with carers as it has reduced the length of time it takes to start and complete a carer's assessment, as well as offering timely access to services such as NHS Carers' breaks, carers' emergency cards, music oasis workshops and information packs.
13. Many referrals to the service are made by GPs and the Carers Support workers are linked to each Clinical Commissioning Group to support GP Carers Champions and members of the Primary Healthcare team in their pro-active work with carers.

Intermediate Care

14. National definitions of Intermediate Care describe "a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living". Intermediate Care is not new, it was first introduced in 2001 under the National Service Framework for Older People. It includes the concept of reablement and any short-term service aimed at maximising people's independence and minimising their reliance on long-term social care services. The Council's START Reablement is an example of such a service.
15. Intermediate Care can be delivered in people's own homes, within a care facility such as a care home or a specialist unit. In Nottinghamshire services include community 'at home' teams, bed based services (such as assessment beds), rapid response teams and specialist services for older people with mental health problems and/or dementia.
16. The Council jointly commissions, funds and delivers the broad range of services which come under the umbrella of Intermediate Care with the six local Clinical Commissioning Groups. The Council has two main relevant budgets: the START Reablement budget and the Intermediate Care budget. A project was implemented in 2014/15 which delivered £750,000 savings in the START service and the Council has no current further planned reductions in this service. The Intermediate Care budget has previously contributed to joint bed based and community Intermediate Care provision with health. In order to deliver savings, the Intermediate Care budget has been reduced as part of two projects implemented in 2013-15 and 2015-2017. The priority has been to retain funding for the core social care elements of a joint set of services and reduce the amount that the Council had previously contributed to joint fund Intermediate Care services for people who continued to have significant levels of health input required as part of their care. By 2017/18 all funding contributions to health Intermediate Care services will have ceased.
17. To achieve the savings, the Council has worked with Health colleagues to gradually purchase fewer of the previously joint funded independent sector beds for Intermediate

Care and instead put in place short term social care assessment beds in the Care and Support Centres.

18. The Council will utilise the remaining budget to fund the social care assessment workers who work with people who require it when they are ready to leave Intermediate Care and the short term assessment beds within the Council's own Care and Support Centres. These posts are key to ensuring that people have a timely assessment for an appropriate care package which maximises their independence and thinks 'home first'.
19. The three local area Transformation Plans are all seeking to implement Transfer to Assess models. These aim to move people out of hospital as quickly as is appropriate and undertake any further assessment (for example for Continuing Healthcare needs) ideally in their own home, or alternatively in short term accommodation. This, accompanied by the reduction in Council funding for Intermediate Care and the savings planned for Care and Support Centres, requires a full joint review of the future model for all the short term services required to promote independence and support older people to return home quickly from hospital/avoid hospital residential care admissions. This needs to cover both the provider services and also the associated social care and therapy assessment function required to support a larger, more geographically dispersed service.
20. In the development of the new joint plan, the emerging priorities and principles for social care are:
 - ensuring services are provided that can evidence they promote independence and reduce long term residential care admissions, particularly those made direct from hospital, for example, short term assessment beds
 - ensuring services are provided that can evidence that they reduce the need for social care packages, such as START Re-ablement
 - maximising service capacity across the system through:
 - a. streamlined pathways for Re-ablement and Intermediate Care
 - b. alignment of the of START Re-ablement with community health services where this is of benefit.
 - c. ensuring that social care assessment teams, beds and START services form part of integrated models of care in the three transformation areas (north, mid and south Nottinghamshire).
21. The aim is to complete the plan by August 2016. It will include what type and volume of social care and therapy assessment capacity is required and where from April 2017 onwards.
22. Approval is therefore requested to extend the following Intermediate Care posts on a temporary basis:

A total of 6.8 fte assessment and care management posts associated with Intermediate Care on a temporary basis. The resource will be required in the future, however, there may be changes required to the type of role and geographic location arising from the review and new joint model.

- 0.8 fte Community Care Officers – CCO (Grade 5), Broxtowe, Gedling & Rushcliffe (BGR) Intermediate Care Team
 - 4 fte Social Workers (Grade B) (1 in Ashfield and Mansfield, 2 in BGR Intermediate Care Teams and 1 in Bassetlaw Intermediate Care)
 - 1 fte Advanced Social Work Practitioner (Grade C), Bassetlaw Intermediate Care Team
 - 1 fte Community Care Officer CCO (Grade 5), Bassetlaw Intermediate Care.
23. Approval is also requested to establish the following 4.5 fte Intermediate Care posts on a permanent basis and to be funded from the remaining substantive Intermediate Care budget:
- 4 FTE Social Workers (Grade B), IRIS Service
 - 0.5 FTE Team Manager (Grade D), Bassetlaw Intermediate Care Team.
24. The Intensive Recovery Intervention Service (IRIS) is a recovery service for people with mental ill health problems and/or dementia. This multi-agency specialist service operates across the County. It forms a key part of Nottinghamshire’s dementia strategy, contributing to meeting requirements set out in the Prime Minister’s challenge on dementia 2020¹. Evaluation evidenced very positive outcomes for people. The service supports reducing the use of residential care and the avoidance of delayed discharges. Six social workers are attached to the IRIS teams across the County, however, only two of these are funded on a permanent basis. There is evidence to show that the model works and that having social workers in the teams is fundamental to the approach.
25. The workload at Bassetlaw Intermediate Care Team requires a permanent full-time manager. The current post-holder works full-time, but only half of this post has permanent funding.

Funding Arrangements

26. The total cost of the temporary posts funded by BCF up to the end of March 2017 is £441,310. The total costs of posts proposed to be funded by the Intermediate Care budget is £455,147. A full financial breakdown for the posts outlined is detailed in **Appendix 1**. The intention is to fund the 4 IRIS Social Work posts and the 0.5 Team Manager in Bassetlaw from the remaining permanent Intermediate Care budget.
27. All of these costs include on costs, but exclude travel costs.
28. It is important to note that the BCF funding allocation is reviewed annually, based upon evaluation and outcomes, and therefore there is no guarantee of continued funding for the posts outlined beyond March 2017.

Other Options Considered

29. The above case outlines the minimum required staffing to deliver the programmes for 2016/17, in particular for Intermediate Care. This forms the baseline in commencing the work with Health partners on further alignment which could then change the modelling of the workforce moving forward.

¹ <https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>

Reason/s for Recommendation/s

30. It is recommended for the BCF posts to be extended to the end of March 2017 for the reasons outlined in **paragraphs 4-13**.
31. For the Intermediate Care posts, reasons for the recommendations are set out in **paragraphs 14-25** of the report.

Statutory and Policy Implications

32. 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

33. The financial implications are contained within the body of the report, within **paragraphs 26-28** and **Appendix 1**.

Human Resources Implications

34. In most circumstances this represents the extension of existing contracts for staff already in post. Where posts are vacant they will be recruited to using the corporate recruitment scheme.

RECOMMENDATION/S

That the Committee:

- 1) Approves the extension of 12.9 fte temporary posts funded from the Better Care Fund to the end of March 2017:
 - 2 fte Advanced Social Work Practitioners, South (Band C)
 - 2 fte Social Workers South (Band B)
 - 6.4 fte Community Care Officers (4.4 fte South, 2 fte Central Carers Support Team) (Grade 5)
 - 2 fte START South Service Co-ordinators (Grade 4)
 - 0.5 fte Project Manager countywide START (Band D).
- 2) Approves the temporary extension of 6.8 fte temporary Intermediate Care posts to the end of March 2017:
 - 1 fte Advanced Social Work Practitioner, Newark and Bassetlaw (Band C)
 - 4 fte Social Workers (Band B)
 - 0.8 fte Community Care Officer, South (Grade 5)
 - 1 fte Community Care Officer, Bassetlaw (Grade 5).

- 3) Approves the establishment of 4.5 fte existing temporary posts on a permanent basis:
- 4 fte Social Workers, IRIS Team (Band B)
 - 0.5 fte Team Manager, Intermediate Care, Newark and Bassetlaw (Band D).

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Constitutional Comments (SLB 22/04/16)

35. 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 (KS 04/05/16)

36. The financial implications are contained within paragraphs 26-28 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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