

BETTER CARE FUND - UPDATE

Report of the Head of Integrated Adult Social Care Commissioning (Interim)

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation:

That the Health & Wellbeing Board:

- (a) Notes the progress on the BCF in 2022/23
- (b) Endorses the plan for the use of the Adult Social Care Discharge Fund in 2022/23.

2) Background / Introduction

The Better Care Fund (BCF) is the mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant and voluntary contributions from local government budgets. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report:

1. Provides an update on BCF planning requirements for 2022/23
2. Summarises the planning requirements submitted in respect of the Adult Social Care (ASC) Discharge Fund
3. Provides an update on progress on both the main planning requirements and ASC Discharge Fund
4. Provides a case study for information, on the Community Catalysts scheme, which is funded by the BCF in Devon (Appendix 1)

3)

3.1 Planning Update 2022/23

The Devon BCF Annual Plan, submitted in September 2022, has just been approved nationally and the focus for January will be the completion of the s.75 (NHS Act 2006) agreement for the current year.

On the 18 November, further national planning requirements were published regarding the allocation of an Adult Social Care Discharge Fund to local authorities and Integrated Care Boards for 2022/23. Devon submitted the required planning

documents by the deadline of the 16 December. To allow the inclusion of this funding, the deadline for the signing of the s.75 Agreement by DCC and the ICB has been pushed back to the end of January 2023 and is currently in the final stages of completion.

3.2 ASC Discharge Fund 2022/23

Planning requirements were defined in a template and the elements submitted for Devon are as follows:

Source	Contribution £	Contribution %
Local Authority allocation	2,979,610	100
NHS Devon ICB allocation (Devon HWB footprint)	3,796,982	64
Total	6,776,592	

The allocation by the ICB mirrors the national formula dividing 25% on a weighted population basis with 75% weighted in relation to the number of beds occupied by those that are awaiting discharge. Devon County Council and the ICB have agreed to spend the total available as follows:

Scheme Name	Sub type	ICB £m	DCC £m	Total £m	Volumes
Hospital discharge residential/nursing	Pathway 2; Step down	1.834		1.834	480 packages
Hospital discharge residential/nursing	Pathway 3; Discharge to assess beds	1.963	0.571	2.534	480 packages
Hospital discharge agency	Pathway 1; Additional personal care		2.409	2.409	83484 hours
Totals (rounded)		3.797	2.98	6.777	

3.3 Progress Reports

The metrics used in the Annual Plan are as follows together with latest available progress, where data is available.

3.3.1 Avoidable Admissions

The NHSE figure used for avoidable admissions is based on a complex weighting formula using an apportionment based on full year activity, so it is not possible to provide an accurate current position at this time.

3.3.2 Discharge to Normal Place of Residence

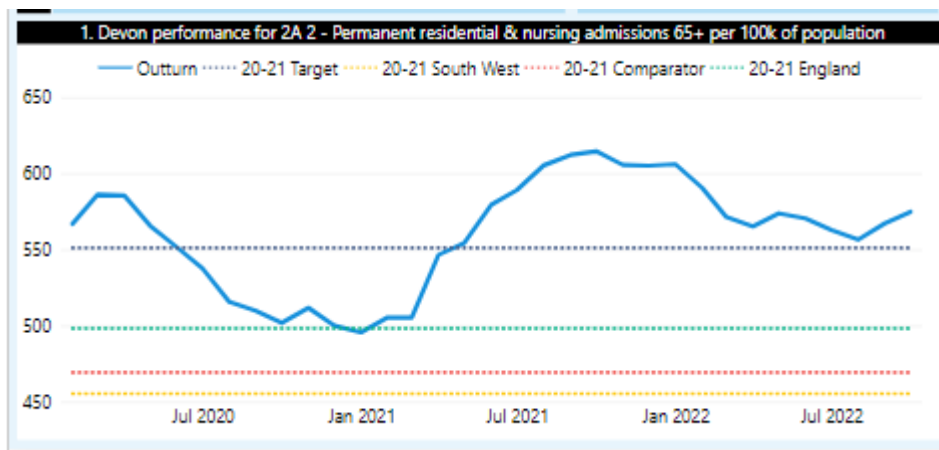
Performance from April to October 2022 (inclusive) 92% (plan target 91.9%).

3.3.3 ASCOF 2A2 – Residential Admissions (65 and over)

The pandemic resulted in the numbers of older people with long term support needs being met in care home settings falling. This was mainly the result of changes in family, friends and personal choice reducing demand. In 2021-22, we supported 462.9 per 100,000 population (65 and over) which was marginally in excess of forecasts.

In 2022-23, the numbers of older people supported in care home settings is starting to increase. This is in part due to the use of care homes to support discharge from hospital with more short-term support then converting to long term placements. Personal care market sufficiency challenges are also impacting on placement patterns.

At the end of October 2022, we were supporting 574.8 per 100,000 population (65 and over) which is significantly above target (500.3).

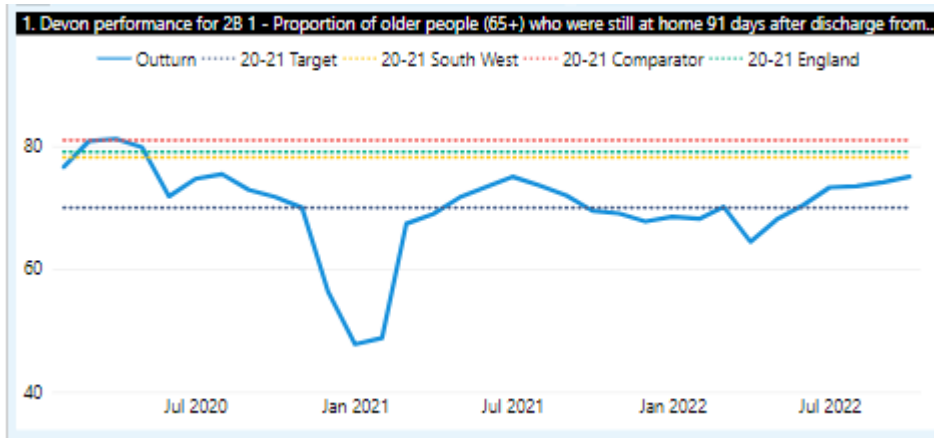


3.3.4 ASCOF 2B1 - Reablement

This is a very specific indicator tracking the outcomes for older people discharged from hospital in the period October to December into reablement/rehabilitation services, with outcomes measured between January and March.

Performance for the last 2 years has been adversely impacted by the pandemic with more unwell people being discharged from hospital into services where capacity had been reduced to support personal care sufficiency. Consequently, length of stay in short term services reduced and final performance was 67.1% against a target of 79.3%.

However, as at the end of October 2022, the rolling 12-month average is back on target at 75.0%



3.3.5 There is a requirement to report twice monthly on the spend and impact of the ASC Discharge Fund from 06/01/23, the first submission is in development, and we will report this at the next meeting.

3.4 Case Study: Community Micro-enterprise market development

A case study on this scheme funded by the BCF in Devon is shown in Appendix A, for information.

4) Options/Alternatives

Options on the use of the ASC Discharge Fund were considered by Devon County Council and agreed by the Integrated Care Board.

5) Consultations/Representations/Technical Data

None.

6) Strategic Plans

Plans for the BCF in Devon align with both DCC and ICB strategic intentions in respect of services to vulnerable adults.

7) Financial Considerations

Further details on the use of the BCF for 2022/23 were detailed in the Annual Plan, as endorsed by the Board at its October meeting. The planned use of the ASC Discharge Fund in 2022/23 is summarised above.

8) Legal Considerations

The lawful implications/consequences of the planned use of the BCF in Devon have been considered in the preparation of this report. Legal agreement governing the use of the pooled financial resources is detailed in the s.75 Agreement to be finalised by the end of January 2023, in accordance with national requirements.

9) Environmental Impact Considerations (Including Climate Change)

There are no impacts on environment and environmental related issues. The majority of the BCF spend in Devon, has a socio-economic impact through the provision of services to vulnerable people and employment of those providing those services.

10) Equality Considerations

The national planning requirements for the use of the BCF provide specific requirements for the delivery of the Public Sector Equality Duty. Regional and national moderation and approval of plans provides assurance regarding the proposals articulated in the plans.

11) Risk Management Considerations

This report has been assessed and all necessary safeguards or action have been taken / included to safeguard the Council's position

12) Summary

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

Head of Service: Solveig Wright
Head of Integrated Adult Social Care Commissioning (Interim)

Electoral Divisions: All

Local Government Act 1972: List of background papers

Background Paper: Nil

Date: Nil

File Reference: Nil

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**Devon Health and Wellbeing Board 19 January 2023
Better Care Fund Case Study**

Title: Community Micro-enterprise market development

HWB Area / Location: Devon

Organisation: Community Catalysts

Date: 4th November 2022

Scheme type(s): Domiciliary care at home, Community based schemes, avoidable admissions.

Brief description of the case study, including how it is linked to either full or partial Better Care Fund (BCF) funding:

Community Catalysts are a national social enterprise who help people and communities across the country to use their talents to start and run small enterprises and community businesses that support and care for other local people. This grass-roots approach to increasing workforce capacity helps local communities to find people who want to deliver care in their local area. They have worked extensively in Somerset where they now have a sizeable micro-provider market delivering care (around 3,500 hours of care are delivered by micro-enterprises each week in Somerset - [Releasing Somerset's Capacity to Care | Community Catalysts](#)).

Please briefly describe how this work has a positive impact on patient/service user outcomes or experience:

Community micro-enterprises deliver personalised care within their local communities. They offer a valuable, alternative option to care agencies for people who need care and support in their own home. Decisions are made where it matters most – between the person receiving support and the person providing it, which is one of the reasons why they can often be more flexible than care agencies in how they support and care for individuals. Self-employment or running your own business attracts people to the social care workforce who may not otherwise have considered a career in care.

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Overview

Community Micro-enterprises (CMEs) are often employed by people who choose to take a Direct Payment, enabling them to have more choice and control over how their care and support is delivered. Many people running community micro-enterprises work as sole traders providing personal care, and most of these are exempt from CQC registration. However, some community micro-enterprises choose to set up as a registered domiciliary care agency.

Traditional domiciliary care agencies are struggling to recruit and retain care workers. As a result, there is an intention to grow and develop the community micro-enterprise (CME) market further to create a more 'mixed market' approach to the delivery of care and support provided in people's homes across Devon.

Aims and objectives

The expected outcomes are:

- Increased choice for people in need of care and support
- Increased Market Sufficiency, particularly in relation to personal care but also enabling, replacement care.
- Improved quality in the CME market
- Stronger relationships between Devon County Council and the network of community micro-enterprises
- Stronger relationships between community micro-enterprises in the networks
- Better understanding of approaches to attract prospective enterprise leaders to engage with the programme
- A boosted local economy, where local people support local people, resulting in increased opportunities for work

There is also an intention to build relationships between CME's and the wider community and voluntary sector as a subsequent piece of work following on from this project.

Method and approach

The Community Catalyst will:

- Identify and develop CME's from within communities, capable of providing care and support to local people- impact on local jobs/ local economy/community wealth building

- Support them to understand regulation/ legislation and meet agreed quality standards
- Link them together in a local network so they can support each other and coordinate their resources.
- Help them to establish links with referrers and customers so they can market their business.
- Provide a network as a vehicle to attract and support other enterprises who may emerge in the future.

Key milestones include:

- A diagnostic of the local area identified local needs, barriers, opportunities and partners
- Project aims and objectives were agreed
- The Community Catalyst was recruited and inducted
- The project plan and communication strategies were agreed
- A network of support organisations for community micro-enterprises was formed
- The project is continuously promoted by Devon County Council and Community Catalysts
- The Catalyst supports people through the micro-enterprise development programme
- Community micro-enterprises who have completed the programme are linked with referrers and customers
- A community micro-enterprise peer support network will be formed
- Once operational, community micro-enterprises receive informal support from the Catalyst as and when required

Successes

Earlier this year, Devon County Council began working with a national social enterprise called [Community Catalysts](#) to support the development of community micro-enterprises (under 8 staff/volunteers) offering care to older and disabled people. This work will take place over the next two years and seeks to increase the number of people offering care and support in their local communities by offering a free development programme where people can gain the knowledge and skills required to offer quality care and support safely and legally. Community Catalysts also offer support to existing community micro-enterprises to expand and diversify the service which they offer and to help them understand legal and regulatory requirements.

The lead for the project, is currently supporting over 25 people to set up new enterprises.

‘The significant level of interest in starting a care micro-enterprise amongst the population in Devon is becoming increasingly clear. This is a positive indication of the enthusiasm that people have to offer care in their local communities, when given the flexibility and control which setting up as a sole-trader provides’.

In addition to working with people to understand legal requirements to ensure the service which they offer is safe, the project lead provides mentorship around the steps enterprises need to take to provide high quality and person-centred care.

‘Very often people approach me with lots of great ideas and a clear passion for helping people but without a background in care or experience of running their own business, they aren’t sure on how to put their ideas into practice. Our development programme covers important areas, such as accessing training and understanding HMRC, CQC and GDPR requirements. It is vitally important that enterprises have robust systems in place regarding safeguarding, data protection and person-centred care, and that is why we also work with them to not only be equipped with a portfolio of policies and procedures (such as safeguarding, confidentiality, complaints, privacy and assessment), but to also be confident in how and why to implement these’.

The project lead has also worked with 31 existing providers so far and has found that often sole-traders require guidance around CQC and HMRC requirements as well as contracts of service. This support is an ongoing feature of the development programme for both new and existing PAs/micro-enterprises.

The project is now entering a stage where enterprises are beginning to complete the development programme. One such person, was considering leaving the care sector and has now successfully launched her own enterprise offering home care to older people in Exeter. They are passionate about person-centred care and feels having control over the service she offers will enable her to offer this. As the mother of a young child, having control over the hours she works is also essential and operating as a sole-trader has enabled her to attain this.

Another, from Dawlish, was offering some practical help to people with things like shopping and cleaning. For them, the development programme was about increasing her knowledge and confidence around personal care, CQC exemptions, risk assessment and contracts. They are now up and running offering personal care to people in and around Teignmouth.

Other enterprises from across the Devon County Council footprint are also nearing completion of the development programme. Each enterprise will be encouraged to list on the Pinpoint website as well as Community Catalysts ‘Small Good Stuff’ online directory. Community Service Managers will be notified of these enterprises when they complete the programme.

Challenges

Relationships with the market, market intelligence and market shaping - Prior to COVID, our opportunities for market shaping of the micro-provider and personal assistant market were limited. During COVID, we started to build a stronger relationship using several difference mechanisms, but there is still further work we need to do to be able to understand, support and influence this marketplace. We need better systems and contracts to support Direct payments recipients, PAs/micro-enterprises and market managers who have oversight of this sector. This is being explored as part of the Community services work programme.

Harnessing the capacity of the PA and micro-enterprise market – One of the key pieces of work we need to do is formalise our route to the PA's and micro-enterprise market to ensure we continue to make best use of their capacity. It is also essential that, having grown the PA and micro-enterprise market, we help them to remain sustainable by assisting them to find new business opportunities (customers). (It is also vital that we can offer people who are taking a Direct payment help to find a PA or micro-enterprise who can support them). We have an interim 'PA shout out' process in place which helps people to find a PA or micro-enterprise in a quick and efficient way, but we need a longer-term business solution. Furthermore, evidence from this sector suggests that, if we do not intervene and provide the route to market, other organisations will do it for us (and in so doing, will control other aspects of the market, such as price).

Cost of living is having a noticeable impact on price. Whereas Community Catalysts would normally suggest to (unregulated) micro-enterprises that they charge around £16 per hour, cost of living increases is meaning this figure is now more like £17-£19.50 per hour.

Other measurable impact

Please see appendix 1

Key learning points

Recruitment of Devon Community Catalyst using short-term funding means the role is a fixed term position hosted for two years by Community Catalysts. This presents the successful applicant with potential job insecurity at a time when cost of living is high. This has already resulted in the loss of a Devon Catalyst 8 months into the programme. Ideally, we would host the role within DCC, but the current financial situation makes that difficult. Also, the current employment route means there is the potential for skills loss to DCC at the end of the 2-year programme.

Use of DCC corporate comms and social media to advertise the programme has boosted applications from potential, new CME's to record highs, according to Community Catalysts.

Next steps

Look at join up between this market and the voluntary and community sector to add value and infrastructure for micro-enterprise and PA networks.

Consider how we can ensure that skills for developing this market are retained internally to DCC.

Appendix 1 -Community Catalysts Devon - KPI monitoring

	<u>Year 1 targets</u>	<u>Quarter 1</u>		<u>Quarter 2</u>
	year 1	01/07/2022	22/08/2022	26/10/2022
Number of enterprise leaders				
Engaged with the programme	50	9	35	60
Who have left the programme			7	35
Currently engaged in the programme			28	25
Currently engaged, looking to diversify/develop			15	15
Currently engaged, setting up a new enterprise			13	10
Have come from a recent care background			4	5
Working towards completing the programme			28	17
Number of enterprises				
Set up and actively taking customers	30	0	0	8
Set up, delivering personal care			0	8
Set up, delivering other support (e.g. companionship & practical)			0	0
Set up, working within the target area (Exeter and Teignmouth)			0	2

Set up, working elsewhere in Devon

0	6
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Number of

Additional customers supported by enterprises

150	0	0	32
500	0	0	205

Additional hours provided by enterprises

Number of

Enterprises supported via surgeries on regulatory framework

na	4		31
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