

# North Yorkshire Council

## Health and Adult Services

### Executive Member Meeting

12 January 2024

Report to Corporate Director Health and Adult Services and Executive Member for Health and Adult Services

#### Expression of Interest for the Accelerated Reform Fund

##### 1.0 PURPOSE OF REPORT

1.1 To request approval for the submission of an expression of interest to the Accelerated Reform Fund of up to £42.6m nationally for local authorities working in partnership with other local authorities within an Integrated Care System.

##### 2.0 BACKGROUND

2.1 The Department of Health and Social Care is launching an Accelerating Reform Fund (ARF) over two years to support innovation in adult social care. The intention is that the funding will support the growth of services that make person-centred care a reality for those who draw on it, support unpaid carers to live healthy and fulfilling lives alongside their caring role and respond to rising demand and the changing needs of local populations.

The ARF is designed to promote partnership working across local areas, as well as sharing of learning and best practice nationally.

2.2 In order to participate, local authorities in England are asked to form consortia with other local authorities in their integrated care system (ICS) geography. Then, working together with the NHS and other partners, consortia should select two or more projects, with at least one project focused on an unpaid carer option to scale using this funding.

2.3 The aim of the grant is to kick-start development of projects that can be further supported through existing local authority funding. Expressions of interest must evidence the delivery and scaling up of projects to deliver 12 key priorities linked to DHSC 10-year vision for adult social care reform. The priorities are:

Priority 1: community-based care models such as shared living arrangements

Priority 2: supporting people to have greater control over their care options, such as by using digital tools to self-direct support or communicate needs and preferences

Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities

Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs

Priority 5: digital tools to support workforce recruitment and retention, for example through referral schemes

Priority 6: develop and expand the impact of local volunteer-supported pathways for people drawing on care and support

Priority 7 (focusses on unpaid carers): ways to conduct effective carer's assessments with a focus on measuring outcomes and collaboration

Priority 8 (focusses on unpaid carers): services that reach out to, and involve, unpaid carers through the discharge process

Priority 9: digital workforce development and market shaping tools with capability to map, strengthen and grow local workforce capacity relative to system demand

Priority 10: social prescribing to connect people with information, advice, activities and services in the community

Priority 11 (focusses on unpaid carers): ways to better identify unpaid carers in local areas

Priority 12 (focusses on unpaid carers): ways to encourage people to recognise themselves as carers and promote access to carer services

### **3.0 DETAILS OF THE EXPRESSION OF INTEREST**

3.1 The expression of interest includes three projects and covers four of the priority areas set out above

3.2 **Priority 1:** community-based care models such as shared living arrangements

The project aims to explore the options available for shared lives provision across the consortium including: considering internal/external delivery options; alignment of timescales; possible procurement process across the area for some local authorities within the consortium; shared developments of specifications and contract monitoring; and taking the opportunity to share learning and best practice.

Shared Lives has a track record of offering personalised, cost-effective care and support options that supported housing and residential support cannot provide. It is a viable, cost-effective alternative to traditional residential and home-based care support.

A measurable aim is to increase the numbers of people and their carers supported through shared lives provision across the ICB footprint as a consortium. This should reduce the number of people placed within residential care, support more people to reside within their own communities, and support people to take control of their own lives. The project will align with the carers breaks project and ensure there are opportunities for carers to take breaks through shorter term shared lives offers.

3.3 **Priority 4** (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs.

If successful, the Consortia will involve a broad range of carers in exploring opportunities to have a break and shaping provision going forward. The project will

focus on meeting the needs of carers who are self-financing, those accessing a carers Direct Payment and those who support someone with their own Direct Payment to promote carer choice and control. In delivering this project we aim to:

- Engage with carer to understand what a good break looks like.
- Develop a Guide to Carer Breaks which encourages carers to take a break to prevent carer breakdown and promote creative opportunities for taking a break. The guide would encourage carers to consider drawing upon their existing networks taking a community first approach, ensuring support at the right place and at the right time, whilst ensuring they recognise their responsibilities for the person they are caring for.
- Facilitate choice and control through exploring existing mechanisms to facilitate breaks building on an approach to promoting offers and discounts specifically to carers as demonstrated in local examples such as [Restology](#), scaling up this work to offer opportunities on a wider scale with a range of providers.
- We will work with our third sector partners to develop a resource which connects carers to these wider offers and promotes the benefits to our partners in getting involved through wider promotion and higher audience numbers. Work alongside existing accommodation-based breaks providers to develop further opportunities for Carers to access a break.
- We will explore opportunities to adopt or mirror national schemes such as the [CareFree](#) to connect carers to accommodation-based breaks throughout the consortia.
- We will explore opportunities to influence and shape local markets to meet replacement care needs in offering bookable and reliable support which promotes choice and control, whilst driving quality and value for money through an online resource to better connect carers to replacement care.
- We will link the priorities into the Shared Lives project to offer community based and sustainable solutions for people.

3.4 **Priority 11:** ways to better identify unpaid carers in local areas.

**Priority 12:** ways to encourage people to recognise themselves as carers and promote access to carer services.

The aim of the project is to deliver opportunities to better identify carers in local areas, whilst encouraging people to recognise themselves as carers and improve access to carer services.

We will develop improved identification, and recognition of support for carers through the delivery of a consortia wide projects which builds upon existing examples of good and effective practices, whilst creating innovative solutions to increase the number of carers identifying and being identified; in creating an environment where carers are identified and recognised, we will reduce the time it takes for a carer to recognise themselves as a carer.

Of the Local Authorities in our consortia who have established Carer Strategies, identification and recognition is a key priority to connect carers with support and reduce, prevent and delay the need for further support for the person they are caring for, whilst preventing carer breakdown.

In focusing on this area, we will share our carer priorities and strategies at a consortia level enabling an area wide approach and carer friendly movement.

Recognising that some of our Local Authorities have been developing initiatives to support identification and recognition, we will build upon existing work, whilst coproducing new opportunities with carers and voluntary and statutory carer services.

- 3.5 DHSC will collect mid and end grant reports which will include grant expenditure. The end grant report will include a post-grant sustainability plan identifying how projects and innovations will be supported, further scaled or learned from in future.

#### **4.0 CONSULTATION UNDERTAKEN AND RESPONSES**

- 4.1 Proposals have been co-developed through Consortia, if the expression of interest is successful, the project team will further develop the proposals in partnership with stakeholders and people with lived experience of caring and living in/caring for people in Shared Lives services.

#### **5.0 CONTRIBUTION TO COUNCIL PRIORITIES**

- 5.1 The proposals within the expression of interest are linked to key improvement areas identified in HAS and also support the development of the recently commissioned shared lives scheme. We would expect significant further improvements as a result of this investment.

#### **6.0 ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 It is felt that it is beneficial to go through that process to bring in extra resources to the area.

#### **7.0 IMPACT ON OTHER SERVICES/ORGANISATIONS**

- 7.1 If successful, we anticipate benefits to unpaid carers through better identification and more widespread support, and in turn will benefit those organisations whom we commission to support unpaid carers.

#### **8.0 FINANCIAL IMPLICATIONS**

- 8.1 Should we be successful in being granted the funding, the grant will be paid under section 31 of the Local Government Act 2003 to the lead local authority chosen to receive the grant on behalf of their consortium of local authorities in each ICS area. This will be North-East Lincolnshire Council

The fund is not competitive, and each consortium will receive an allocation of funding if the EOI form is submitted on time complete with the necessary information.

A £300,000 'floor' per ICS consortium is intended to cover some core project start-up costs and will be provided in full in the first year.

Top-up funding, totalling £30 million for all local authorities in England, is intended to cover some programme costs and will be calculated based on the adult social care Relative Needs Formula (RNF) at a local authority level and summed to the ICS at a consortium level. This will be calculated based on the total number of local authorities opting into the consortium.

## **9.0 LEGAL IMPLICATIONS**

- 9.1 Once expression of interests have been approved; a Memorandum of Understanding (MOU) will be agreed with the lead local authority of each consortium. The MOU will include the final funding allocation for the consortium and set out expectations for how the consortium will work with DHSC, the evaluation partner and the support partner (SCIE).

Some of the key expectations will include:

- grant funding should only be used towards the projects described at EOI. Any changes to proposals should be aligned to the criteria for accessing the grant and DHSC should be notified
- consortia will work with DHSC and any other third parties (for example, the support or evaluation partner) to provide the necessary information and data to enable monitoring and evaluation
- consortia will work with the evaluation partner to support the evaluation
- consortia will report to DHSC and/or an evaluation partner. This will include evidence of how successfully the project has been delivered and a summary of the impact of this implementation
- consortia will be expected to co-operate with DHSC and/or third parties (for example, the support or evaluation partner) to share necessary information, data and/or learnings with other consortia regarding the delivery of the project and lessons learned
- DHSC will monitor grant expenditure through mid and end grant reporting
- payment of the second tranche of funding will be conditional on completion of mid grant reporting
- consortia shall provide DHSC with a royalty-free, non-exclusive, perpetual, irrevocable licence to use the background intellectual property rights where it is used for the purposes of the project

The MOU will need to be agreed with each lead local authority before funding is received.

## **10.0 EQUALITIES IMPLICATIONS**

- 10.1 It is not anticipated that the EOI will have any notable equality impact.

## **11.0 CLIMATE CHANGE IMPLICATIONS**

- 11.1 It is not anticipated that the EOI will have any notable climate impact.

## **12.0 POLICY IMPLICATIONS**

- 12.1 There are no policy implications for submitting the grant application.

## **13.0 HUMAN RESOURCES IMPLICATIONS**

- 13.1 No additional HR implications arising from this EOI

## **14.0 ICT IMPLICATIONS**

14.1 No additional ICT implications arising from this EOI.

## **15.0 REASONS FOR RECOMMENDATIONS**

15.1 To enable the Council to work as part of a consortia to submit an expression of interest to the DHSC Accelerated Reform Fund.

### **16.0 RECOMMENDATION**

To request approval from the Assistant Director Resources (sub-delegated authority from the Corporate Director Strategic Resources), in consultation with the Corporate Director and Executive Member for Health & Adult Services to authorise the submission of an expression of interest to the Accelerated Reform Fund of up to £42.6m nationally for local authorities working in partnership with other local authorities within an Integrated Care System.

Report Author –

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