



**Executive**  
16<sup>th</sup> January 2006

**Report from the Director of  
Housing and Community Care**

For Action/

Wards Affected:  
ALL

**Department of Health Partnerships for Older People Projects  
(POPP)**

Forward Plan Ref: HSG&CC-05/06-17

## 1.0 Summary

This report advises members that Brent Council, as lead organisation for the health and social care community in Brent, has been successful in its bid for funding from Partnerships for Older People Projects (POPP) grant. The intention of the proposed Brent POPP project is to extend the existing Care Co-ordination Service in order to develop services with a number of statutory and voluntary partners to promote whole system change between health and social care to improve outcomes for older people. This report seeks members' approval to proceed with the project. A similar report is going to Brent Teaching Primary Care Trust (Brent tPCT) for final approval

## 2.0 Recommendations

- 2.1 That approval is given to the Director of Housing and Community Care to proceed with the arrangements to accept the POPP grant subject to Department of Health conditions.
- 2.2 That approval is given to the Director of Housing and Community Care to agree appropriate arrangements for the establishment of a pooled budget with Brent tPCT using powers under section 31 of the Health Act 1999..
- 2.3 That approval is given to enter into appropriate contract and monitoring arrangements with relevant partners in the POPP project in order to deliver the service.

- 2.4 That approval is given to the Director of Housing and Community Care to negotiate with Brent tPCT on the management arrangements for the new service
- 2.5 That the Director of Housing and Community Care reports back to the Executive before completion of the project with recommendations as to the continuation of the project.

### **3.0 Detail**

#### ***Background to DOH POPP Bids***

- 3.1 In 2005 the Department of Health (DOH) announced a new £60 million grant allocation for 2 year projects to promote whole system change between health and social care. The scheme, entitled Partnership for Older People Projects (POPP), focuses on service re-design to reduce hospital admissions for older people and action to promote well being and independence of older people and their family carers leading to increasing the number of people living at home.
- 3.2 The DOH's Guidance states that the POPP programme is an experimental programme designed to stimulate innovation with the key aim of improving 'outcomes' for older people. The ability to identify distinct outcome improvements achieved as a result of POPP pilots and their specific interventions is important for both local and national evaluation. Within this context and to enable some comparative analysis between POPP pilots, the strategic framework for measuring POPP headline performance is based around the key PSA targets as set out below.
- Long Term Conditions PSA target - To reduce emergency bed days by 5% by 2008.
  - Older people's PSA target - To improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:
    - increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
    - increasing by 2008 the proportion of those supported to live at home intensively to 34% of the total of those being supported to live at home or in residential care.
- 3.3 Brent tPCT and the Council's then Social Services department along with a wide range of partners agreed to submit a joint bid, building on an award winning scheme, the Care Co-ordination Service. This Service was originally set up by the Brent tPCT to work with older people at high risk of hospital admissions.
- 3.4 The Council's bid for funding from the POPP grant was as lead organisation for the health and social community of Brent. This was approved by the Chief Executive and Director of Finance. It was also supported by the Chief

Executives of Brent tPCT, the Central and North West London Mental Health Trust and the North West London Hospitals Trust. Each authority had a maximum amount it could bid for and the Council bid for the maximum permitted.

- 3.5 On 8<sup>th</sup> November 2005 the Secretary of State for Health announced that Brent was one of 19 councils across England that had won a share of the two-year POPP scheme. As a pilot site it was awarded £825,000 per year for two years, the first payment commencing on 1<sup>st</sup> April 2006. This will be a time-limited, ring-fenced grant and is subject to significant DOH performance monitoring and evaluation.
- 3.6 Brent POPP proposal has three main aims, namely to:
- improve the ability of the whole health and care system to promote independence and prevent unnecessary hospital attendances and admissions;
  - improve outcomes for socially excluded older people from hard-to-reach black and minority ethnic communities;
  - use a new “preventive” pooled budget to create a virtuous cycle of reinvestment.
- 3.7 The intention of the Brent POPP project is to extend the existing Care Co-ordination Service (currently managed by Brent Primary Care Trust) to become an Integrated Care Co-ordination Service (ICCS) by increasing the number of care co-ordinators and developing the service with a number of statutory and voluntary partners to address current weaknesses in the local health and social care system and achieve the aims set out in paragraph 3.2. This will provide more robust assessment, case management and ‘case finding’, together with time-limited interventions using a flexible ‘pooled budget’ under an agreement pursuant to Section 31 Health Act 1999. The bid proposed the POPP grant be placed into this pooled budget which would have 2 parts, revenue for the increased staff and revenue for purchasing a range of social care and health services, and to stimulate new low level services such support groups for black and minority ethnic older people. Details of the proposed POPP budget are set out at Appendix 1. It should be noted that Brent tPCT will continue to contribute its existing funding for the manager and the team of 5 care co-ordinators and the Council will contribute through its existing assessment and care management service.
- 3.8 In the longer term – over the two years of the pilot – the purpose of the POPP project is to enable service redesign that will enable the ICCS extended team to be funded from efficiencies: from reductions in A& E attendances, and reductions in the numbers of hospital admissions and residential care admissions. The details of the scheme are at Appendix 2.
- 3.9 As a successful POPP site, Brent is required to submit a revised final Implementation Plan for the local POPP project to the DOH by 5pm on Friday 13th January 2006. The main purpose of the Implementation Plan is to inform the DOH about what the pilot will deliver, by when and at what cost. The DOH will consider the detail of the Implementation Plan during January 2006 with a

view to checking that they continue to meet the aims and objectives of POPP and represent value for money. Individual pilot sites will then be contacted in early February to discuss their plans, raise any issues of concern and to seek clarification on any points.

- 3.10 The DOH's intention is to approve Implementation Plans by early February 2006.
- 3.11 The Council intends to use the information presented within the Implementation Plan to inform our work with the evaluation team who will be undertaking the national evaluation of POPP.
- 3.12 The Health and Social Care Change Agent Team (part of the Care Services Improvement Partnership) will work with POPP pilots through the Project Leader's Network (PLN) to support the delivery of implementation plans.
- 3.13 A joint Brent POPP Board is being set up with the first meeting taking place on 15<sup>th</sup> December 2005, chaired by the Service Unit Manager for Older People. This Board will formally report to the Older People's Local Implementation Team, a sub-group of the Health and Social Care Partnership. This Board will ensure that the community of interests including representatives of the voluntary sector and of older people in Brent are represented in the ongoing development of this pilot project.

### ***Partnership and Consultation***

- 3.14 A fundamental requirement of the grant is to demonstrate effective partnerships with a wide range of organisations. The current partners and individuals involved are detailed in Appendix 3 and range from the statutory services, including the ambulance service, to voluntary providers such as Elders Voice, and the independent sector, such as Willow Housing. These groups have been involved in formulating and supporting the POPP bid and form the POPP Reference Group which has had several meetings. It will continue and will expand as more partners are involved. It is chaired by the Assistant Director Community Care.
- 3.15 The POPP bid was also agreed by the Pensioners Users Consultative Forum and the Health and Social Care Partnership.

### ***Impact on Older People***

- 3.16 A summary of the scheme is provided at Appendix 2. Older people at risk of hospital admission, with significant health needs who require a preventative service, will be targeted. This will involve partnership working and could, for example, involve closer health monitoring for a stroke patient by Brent tPCT, environmental advice from Elders Voice to prevent falls, and linking with a new volunteer service from a DOH funded 'Timebank Scheme' in conjunction with Age Concern. All users will have a 'discovery' interview, completed by the Carers Centre, which identifies personal and social aspirations, to promote well being.

3.17 The Timebank Befriending Service, which will be partly funded through the POPP Scheme, is targeted at connecting BME communities with wider society and building friendships between older people from different ethnic backgrounds. The development of the Diverse Chums Befriending Scheme

will work well with new carers' 'buddy' scheme being developed by the Mental Health Trust and with local Supporting People and Expert Patient initiatives. This service will also improve liaison services for older people who have mental health needs, including dementia, who present at A&E or who are admitted to hospital as an emergency because the carer feels desperate.

3.18 The Pensions Service is keen to work with health and social care partners to ensure that holistic welfare benefits advice is provided to Brent's BME communities, since they are aware that there is likely to be a shortfall in uptake of benefits in 'hard to reach' communities.

#### **4.0 Financial Implications**

4.1 Funding for the financial year 2006/07 will be made available by the DOH's Older People and Disability Division during April 2006 and respectively funding for the financial year 2007/08 will be made available during April 2007. As explained in the POPP Prospectus for Grant Applications, POPP pilots are able to carry a proportion (up to 25%) of the funding granted for the financial year 2006/07 over in to the financial year 2007/08 and up to 25% of the funding granted for the financial year 2007/08 in to the financial year 2008/09.

4.2 The DOH will ensure that POPP grants are paid to councils for any expenditure incurred by councils on their POPP pilots in line with implementation plans. The DOH therefore advises that pilot sites may wish to make local arrangements with their finance departments to ensure that finance officers are content with any plans for local spend in advance of the council receiving it's POPP grant.

4.3 It is anticipated that a pooled budget will need to be set up between Brent Council and Brent tPCT (under an agreement pursuant to Section 31 Health Act 1999). This will need to include arrangements for monitoring changes in activity levels of both Council and Brent tPCT services so when a shift/reduction in previous activity levels is identified, the related cost savings of the Council and Brent tPCT can be used to reflect their relevant future contributions to the pooled budget.

4.4 In the POPP Stage 2 bid both the Council and Brent tPCT indicated their commitment to provide continued investment, if the ICCS demonstrates its worth. This may have implications for organisational structures in due course. The Brent tPCT will need to agree arrangements for aligning this with changes in the financial arrangements for Practice Based Commissioning and Payment by Results.

4.5 The current Care Co-ordination Service, managed by Brent tPCT, consists of 6.4 WTE staff (1 Team Leader, 4.4 Care Co-ordinators and 1 Administration

post). It has an annual staffing budget of approximately £231K and a revenue budget of £103K, excluding overheads and expenses related to rent of office accommodation. A decision will need to be taken about the future management of this team and how this team's budget will relate to overall POPP budget, since it is this team the POPP bid seeks to expand. One possibility is that the care Co-Ordination Service is managed by the Council's Older People Services following the two year POPP project (see Staffing Implications Section 7 below).

- 4.6 The budget for the Brent POPP bid to the DOH was £825,688 for 2 years i.e. a total of £1,651,376. The total amount awarded by the DOH was £825,000 per annum for two year. It is therefore proposed that the set up costs are reduced by a total of £1,376 to bring the proposed budget in line with the amount awarded. This will not affect the overall proposal. This slightly reduced sum will be included in the final Implementation Project Plan required by the DOH on 13<sup>th</sup> January 2006. See Appendix 1 for details.

## **5. Legal Implications**

- 5.1 The POPP grant is awarded at the discretion of the Secretary of State under section 31 of the Local Government Act 2003. The grant is ring fenced funding made available to local partnerships consisting of at least a council with social services responsibilities and a Primary Care Trust. It is expected however that partnerships will involve partners from other bodies including the voluntary and independent sectors.
- 5.2 Standard Conditions for award of the POPP grant have been set by the DOH although it has been indicated that these are not comprehensive and by 31<sup>st</sup> March 2006 each pilot site will be issued with full grant determination conditions that will apply to the use of the grant. The Standard Conditions detail that the Council retains financial responsibility for the grant and that it is recoverable to the extent that it is not used for the purposes for which it is given as detailed in the Implementation Plan. The Standard Conditions indicate that pilots must generate usable data to enable future projects to generate projected costs and savings. Pilots are also expected to have a clear exit strategy in place to ensure continuing sustainability after POPP granting funding is withdrawn.
- 5.3 The Implementation Plan to be provided by the Council will set targets for the project which will be agreed with the DOH. There is therefore a possibility of claw back of grant monies if the project fails or outputs are not met although in guidance the DOH has indicated that as projects are designed to be experimental "we would be concerned if single indeed pursuit of targets stifled innovation". The full grant determination conditions, which are not yet available, may provide further information.
- 5.4 The Council will need to enter into various arrangements with partners to ensure that services are delivered in accordance with the Implementation Plan. It is anticipated the Council will enter into an agreement with the Brent tPCT pursuant to Section 31 of the Health Act 1999 to establish a joint pooled budget to be used to fund the ICCS. A Section 31 Agreement will provide

flexibility enabling the Council and Brent tPCT to delegate certain of their functions to the other and enabling the pooled fund to pay for services covered by the partnership arrangements irrespective of which body contributed to the pooled fund. Regulations have been made in relation to the use of such flexibilities. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 specify which local authority and NHS functions can be subject to such an arrangement and specify requirements that must be complied with in respect of such arrangements. These include the following:

- The consent of each Health Authority which has an NHS contract for the provision of services for persons in respect of whom the functions subject to the arrangement may be exercised;
- There must be an agreement in writing between the partners covering prescribed matters including aims of the arrangements, the contributions/payments of the partners including accommodation staff and goods, the functions, services and potential service recipients covered, the duration of the agreement and how the operation of any pooled fund that is established is to be monitored and managed.
- One partner must be designated the host partner responsible for accounts and audit of any pooled funds and this must be reflected in the written agreement.

- 5.5 It will be necessary to enter into arrangements with other partners to ensure their agreed contribution to the ICCS and provide services in accordance with the Implementation Plan
- 5.6 The Council will need to enter into discussions with Brent tPCT over management arrangements for the ICCS as detailed at paragraph 7.
- 5.7 Formal service level agreements/legal agreements will be needed with the partners to the POPP bid to ensure their portion of the POPP grant is spent in accordance with DoH grant conditions. The partners are Brent PCT; Timebank Befriending Service; Elders Voice; Willow Housing and Care; Central and North West London Mental Health Trust, Brent Carers Centre and the Disease Management Pilot Project.
- 5.8 It would be advisable for the Council and the Brent tPCT well in advance of May 2006 to come to a final view concerning whether TUPE applies to PCT employees, and if it would, whether they should transfer at that time, and then enter into discussions with the affected employees and recognised trade unions concerning the implications for the PCT employees of the new service.

## **6. Diversity Implications**

- 6.1. The Brent POPP bid is targeted at two groups traditionally called 'hard to reach': older people from black and minority ethnic communities and people with mental health difficulties. All will have a range of health needs and disabilities.
- 6.2. A number of BME groups have been identified as requiring additional support from the statutory services, specifically Somali, Muslim, Eastern European (Bosnia and Herzegovina) and Asian communities. Many of these groups do not have English as their first language and many elders speak no English at all. The intention of the POPP bid is to work closely with BME community organisations to develop their awareness of the ICCS service and it is hoped to encourage recruitment of care co-ordinators with specific language skills to help enrich the team and help it to meet the needs of these communities. It is felt that the ICCS team will be best placed to outreach and work with these communities and provide a co-ordinated response that will help to prevent unnecessary hospital admission.

## **7.0 Staffing/Accommodation Implications**

- 7.1 An options appraisal will be undertaken to consider management arrangements of the ICCS team over the course of the project. The arrangements for the project to become 'mainstreamed' after the POPP funding ceases will be presented to the Council Executive and Brent tPCT board during 2007/2008 for approval.
- 7.2 The current Care Co-ordination Service is managed by Brent tPCT and is staffed by its employees. Brent's POPP bid provides for the employment of up to 6 extra Case Managers and a Manager in an expanded ICCS. These extra staff will be Council employees. As the new ICCS team will offer a single assessment process and take on social care assessment and care management functions alongside its current health functions, it is anticipated the manager will provide 'integrated' management and be employed in the Older People's Community Care Service, with accountability also to the Brent tPCT. Future options for the total integration of the service will be considered as part of the pilot, depending on how well its outcomes and targets are met.
- 7.3 The new posts will be created according to Brent Council HR procedures and advertised accordingly. In view of the need to urgently commence the new service from May 2006 it is likely short-term contracts/secondments across both agencies will be needed to fill the new posts.

### **Background Papers**

Brent's POPP Stage 1 bid (12<sup>th</sup> May 2005)

Brent's POPP Stage 2 bid (8<sup>th</sup> September 2005)

Partnerships of Older People Projects A Prospectus for Grant Applications (Gateway Reference 4556, 3<sup>rd</sup> March 2005)

Guidance note for POPP pilots: Implementation Plans (2<sup>nd</sup> December 2005)

Brent POPP Implementation Plan (available 13<sup>th</sup> January 2006)



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