

MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	22 October 2013
TITLE OF REPORT:	NHS transfer to Social Care and Reablement Monies
REPORT BY:	Director of Adult Well Being: Helen Coombes

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To inform the Board as the forum which provides assurance, on behalf of NHS England, how the local health and social care system is applying NHS funding for social care locally and to confirm that:

- The Joint Strategic Needs Assessment for the local population has been taken into account
- The outcomes reflect shared health and social care objectives
- Local monitoring of performance arrangements are in place for 2013/2014 and will be submitted to NHS England Area Team.

Recommendations

THAT:

- a) The Board notes and confirms to the NHS England Area team that the spending plans and monitoring arrangements set out in this paper meet the conditions set out in Gateway Letter 00186 – funding transfer to social care enabling the transfer to take place from the NHS England Area Team to Herefordshire Council (the Local Authority)**
- b) The Board notes the transfer of reablement funding from the Clinical Commissioning Group (CCG) to the local authority as the NHS element of the Herefordshire reablement investment.**

Alternative Options

- 1 There are no alternative options.

Reasons for Recommendations

- 2 The Health and Wellbeing Board on behalf of NHS England has a responsibility for ensuring that discussion and agreement on the proposals between the CCG and the Local Authority has taken place, that due regard has been taken of the Joint Strategic Needs Assessment and that outcomes and measures are in place which will be reported to the NHS England Area Team.

Background

- 3 Since 2011/12 annual payments have been made by the Department of Health to Primary Care Trusts, these payments were then transferred to the Local Authority responsible for social services (i.e. Herefordshire Council). The aim of this money has been to support the local health and social care economy.
- 4 There was recognition that it would be necessary to provide additional money to social care in order to protect eligibility, investment in critical preventative services, meet demographic changes and mitigate the negative impact on health as a result of local government funding reductions.
- 5 On the 19th June 2013 NHS England issued a letter to the CCG confirming the allocation for 2013/2014, which for Herefordshire is £3,151,863. During 2013/14 the responsibility for transferring this funding from the NHS to Local Authorities lays with NHS England, but the arrangements should be agreed locally with the CCG and the Local Area Team of NHS England. The transfer will be through a formal "Section 256 agreement" of the 2006 NHS Act.
- 6 There is an additional transfer to the Local Authority requiring a Section 256 agreement, as detailed in *Everyone Counts: Planning for Patients 2013/14* in which it states that CCG's "will assume responsibility (from the PCT's) for the management and administration of the £300 million a year reablement provision". CCG's are expected to spend a prescribed amount, jointly agreed with the Local Authorities. The proportion for Herefordshire is expected to be £968k of which £484k will be transferred to the Local Authority as the NHS element of the Herefordshire reablement investment. Appendix 2 sets out how this investment will be spent within the NHS and the Local Authority during 2013/14.
- 7 The Local Authority and the CCG have considered the proposed priorities, expected outcomes and monitoring arrangements, and formally agreed these within the CCG Service Transformation and Innovation Group (STIG). These arrangements will be submitted to the CCG Board for final approval.
- 8 The Local Authority and the CCG are currently starting to develop, in addition to their own organisational commissioning intentions, a set of agreed health and social care integrated commissioning priorities in preparation for the implementation of the Care and Support Bill in 2015 and its focus on integrated care. This process that includes NHS providers in Herefordshire, will include discussions and agreement about priorities for funding for 2014/15.
- 9 There is recognition that planning and approvals should take place at an early stage in the financial year, however like the majority of local authorities the change from

PCT's to CCG's, the late confirmation from DoH as to how Section 256 funding would be awarded and confirmation of the need for Health and Well Being Board oversight has contributed to a delay in the current financial year. The involvement of and discussion with service users/patients, carers, professionals and a wide range of providers will be essential before formal implementation plans decisions are confirmed

Funding Transfer from NHS England to Social Care Gateway Letter 00186

- 10 The allocation for NHS England to pay Herefordshire Council in 2013/14 is £ 3,151,863.
- 11 As in previous years, the criteria state that the NHS funding must be used to support Adult Social Care services in each local authority, and must also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in Adult Social Care is best used.
- 12 It should be noted that the criteria has been explicit with regard to using local flexibility and to allow funds to be used to support existing services that might otherwise not be available because of budget pressures.
- 13 NHS England requires that the Local Authority agrees with its local health partners how the NHS funding is best used within social care, and the outcomes expected from this investment.

Conditions of the funding

- 14 The following conditions are to be in place prior to the transfer of funds from NHS England to the Local Authority;
 - Local Authorities and CCG's must have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used
 - Local Authorities must demonstrate how the funding will transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer
 - The funding can be used to support existing services or transformation programmes, such where such services or programmes are of benefit to the wider health and social care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment
 - The funding can also support new services or transformation programme, again where joint benefit with the health system and positive outcomes for service users have been identified
 - The *Caring for Our Future* White Paper also sets out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

Governance

- 15 The Area Teams will ensure that the CCG/s and local authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any

measurable outcomes and the agreed monitoring arrangements in each local authority area.

- 16 The Health & Wellbeing Board then approves the report which has appended to it the agreed Section 256 agreement between the local authority and NHS England. The agreement is signed by both parties.
- 17 A copy of each signed agreement should be sent to NHS England Finance Allocations Team at england.finance@nhs.net so that a national review of the transfer can be undertaken.
- 18 Purchase Orders should then be set up by the Area Teams with each Local Authority that will confirm the precise financial arrangements.

Reporting

- 19 Area Teams will be supplied with specific budget codes to enable them to set up Purchase Orders, monitor the expenditure on this allocation and to drawdown the necessary cash required to pay local authorities on the agreed basis. Area Teams should use their specific cost centre (Annex B) and the local authority sub analysis 2 code (Annex C) to generate their purchase orders (using the non-catalogue request category 'XXX').
- 20 NHS England will require expenditure plans by local authority to be categorised into the following service areas (Table 1) as agreed with the Department of Health. This will also ensure that we can report on a consolidated NHS England position on adult social care expenditure.

Table 1: Analysis of the adult social care funding in 2013-14 for transfer to local authorities	
<i>Service Areas- 'Purchase of social care'</i>	<i>Subjective code</i>
Community equipment and adaptations	52131015
Telecare	52131016
Integrated crisis and rapid response services	52131017
Maintaining eligibility criteria	52131018
Re-ablement services	52131019
Bed-based intermediate care services	52131020
Early supported hospital discharge schemes	52131021
Mental health services	52131022
Other preventative services	52131023
Other social care (please specify)	52131024
Total	

Herefordshire Council Proposal for Funding Use

- 21 The proposal is that the funding is used in Herefordshire in a similar way to previous years. In previous years this funding has been essential funding to support the council to maintain existing eligibility criteria, and existing programmes which support people to remain independent and in their own homes. The investment is focused on

the following specific areas that specifically support the flow through acute and community health care pathways, including

- Maintaining performance in delayed transfers of care by removing blockages in discharge
- Additional reablement ,
- Increasing funding to carers breaks,
- Provision of handy person, equipment, increased occupational therapy
- Maintaining investment in some specific vulnerable groups such as Learning Disability and Safeguarding Adults.

22 Appendix 1 sets out the specific funding proposals, links to NHS and Adult Social Care Outcomes frameworks and where relevant the spend change from the previous year. The figures shown do not represent the full spend in a specific area that the council makes, for example the spend on carers was in excess of 1.2m during 12/13.

23 It is important to recognise that despite this funding in previous years, the council Adult Social Care budget has continued to overspend significantly, which has required use of council reserves. At the end of 2012/2013 the over spend position for adult care was 5,190m. During the last three years demand and cost of care has increased dramatically, and is continuing to rise despite increases in preventative activity. For example in 12/13 738 safeguarding investigations were completed, based on the first quarter of 13/14 the forecast is for 1204.

24 An ambitious ASC transformation programme is underway to shift towards a prevention based approach, which does manage demand effectively, is responsive, integrated across health, housing and social care and of lower cost. However this requires time to implement and a culture change across the system not just within the council and social care. Shared integrated commissioning and priorities across the health and social care system and the right delivery vehicle to make sure change happens are now being discussed and will require the support of the Health and Well Being Board. It does need to be noted that the challenges faced in Herefordshire in adult social care are replicated across the country, but that even with this additional funding, local budgets will continue to be under pressure and are requiring additional support from the broader council budgets.

Monitoring Arrangements

25 The CCG and the Local Authority have in place a formal s75 agreement with a bi monthly monitoring meeting on a range of shared investments outcomes. This formal shared governance structure will also consider the performance against the measures as set out in the Adult Social Care Outcomes framework and the NHS Outcomes framework. In addition of more locally sensitive measures may be developed to aid future investment planning and integrated commissioning. Performance monitoring and data collection requires development as the information collected presently, is often difficult to collect or does not give a real indicator of quality, clinical and cost effectiveness or provide the basis to accurately plan for future commissioning. For example locally collected data has shown that during quarter 1 the directly provided reablement service activity was

Referrals	Number of Contacts	Number of Client Hours	Travel Time Hours
201	9406	5858	3391

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Helen Coombes Director for Adults Well Being on Tel (01432) 260339

- 26 Using the national outcomes framework we can measure levels of independence and re admission rates for example, but we do not have sufficiently sensitive indicators and or data collection to evaluate outcomes and where improved effectiveness could be achieved through targeted activity. Improving performance management is a key activity for 13/14 and 14/15 across the health and social care system.
- 27 The Health and Well Being Board and NHS England will receive performance data as set out in the guidance letter on a quarterly basis, and on a yearly basis where that information is currently obtained through annual satisfaction surveys.

How will your report meet the vision and guiding principles of the HWBB?

Health & Well Being, Clinical Commissioning and Adult Social Care Priorities and Outcomes

- 28 The priorities and plans support the delivery of key priorities identified within the Health and Wellbeing Board strategy these include
- A funding system that supports integrated care and the prevention of the use of acute/secondary care
 - Maintaining a good quality health and social care system where personal safety, dignity and independence is ensured and delivered as much as possible in Herefordshire
- 29 The plans also reflect the objectives in the CCG and Local Authority 13/14 Section 75 Partnership Agreement:
- promote the independence of people through a strategic shift to health promotion, prevention, early intervention and supported self-management to produce better outcomes and greater efficiency for the health and social care system;
 - focus on helping people who may be at risk of needing health and social care support to remain independent for as long as possible;
 - Prioritise the development of services that support people's recovery after an injury or episode of ill-health (including reablement, intermediate care, crisis response and telecare).

Key Considerations

- 30 This work is a vital component of health and social care to deliver better outcomes for the residents of Herefordshire and to maintain current services. HWBB members need to assure themselves that the Section 256 funds support and align to its priorities.

Community Impact

- 31 Engagement events with service users, carers and staff consistently highlight that people wish to remain in their own homes for as long as possible. Appropriate support enables people to remain healthy for longer, with a greater emphasis on self-managed care to sustain longer term well-being. Alongside, the shift to self-responsibility robust community engagement over the coming years will access the assets, strengthens and resources available within neighbourhoods.

Financial Implications

- 32 The financial challenges faced by the system and are well known. Best use of resources is highlighted by the deployment of the Section 256 funds, which will reduce demand and financial pressures across the health and social care economy.
- 33 This activity benefits Herefordshire's patients and public in an ever challenging financial climate, to this end it is designed to support the delivery of the HWBB vision, as well as aligning to national and regional priorities.

Appendices

- None identified.

Background Papers

- None identified.

Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
<p>Delayed Transfer of Care from Hospital N131 Rehabilitation and Intermediate Care users 3 months after discharge NI 125</p>	<p>Helping people to recover from episodes of ill health or following injury</p> <p>Enhancing quality of life for people with long term conditions</p>	<p>Dedicated support to virtual wards – hospital at home (admission avoidance and early supported discharge). See bullet points for detail</p> <p>Dedicated support to virtual wards – risk stratification. See bullet points for detail</p> <ul style="list-style-type: none"> • Social workers • Domiciliary care • Community equipment <p>health and social care hub approach to be further discussed and any development for 13/14 to be delivered through existing resource re design</p>	<p>To enable primary and secondary care health services to be provided to patients in their own homes, preventing the need for hospital admission and/or enabling early supported discharge to usual place of residence. This will maximise return to usual place of residence and promotion of self-care and independence.</p> <p>To identify those at high-risk of hospital admission and loss of independence, in order to provide targeted multi-disciplinary medical, therapist and social assessment and care through an anticipatory care plan. This will maximise opportunities for self-care, reduce emergency admissions to hospital, and promote return to usual place of care and independence.</p> <p>Single point of access to an integrated service that provides timely direction to the most appropriate care. It will maximise opportunities for self care, reduce emergency admissions to hospital, and promote return to usual place of care and independence.</p>	<p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p> <p>1 Enhancing quality of life for people with care and support needs</p> <p>1A Social care – related quality of life</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>1D Carer - reported quality of life</p> <p>1L Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p> <p>3 Ensuring that people have a positive experience of care and support</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p>3C The proportion of carers who report that they have been included or consulted in</p>

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Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
				discussions about the person they care for 3D The proportion of people who use services and carers who find it easy to find information about support
Delayed Transfer of Care from Hospital N131 Rehabilitation and Intermediate Care users 3 months after discharge NI 125	Helping people to recover from episodes of ill health or following injury	<ul style="list-style-type: none"> • Contribution to social care demographic pressure inc increased growth in domiciliary care • Maintain eligibility criteria for social care services at “critical” and “Substantial” • Maintain and increase Capacity for assessments and case management • Mental Health Reablement/Intermediate care provision • Emergency Respite and Interim Residential and Nursing Capacity 	<p>Ensure continued level of service across all service users groups with specific growth in frail older people, dementia, complex disability and transitions. This will help ensure an adequate supply of care and avoid an increase in delayed discharges.</p> <p>By continuing to meet “substantial” needs this will prevent crisis situations, which often result in an NHS intervention and hospital admission</p> <p>Ensuring sufficient social work assessment capacity to deal with increased numbers of social care cases.</p> <p>Contributing to maintaining patient flow through the specialist mental health services and prevention of admissions by offering alternatives</p> <p>Contributing to maintaining patient flow through the acute care sector to the community and preventions of admission by offering alternatives</p>	<p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p>

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Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
	Treating and Caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> Maintain advocacy, personalised budget advice and brokerage investment levels Increased Safeguarding Adults screening and investigation capacity Rapid Access to Assessment and Care 	<p>By maintaining a level of additional investment in information and advice for people who wish to take a direct payment, whilst the current system is transformed will reduce the risk of recruitment of Personal Assistants without adequate checks, and making them more vulnerable to abuse</p> <p>Ensuring sufficient capacity to respond to Safeguarding activity across the sector with specific reference to care homes and minimising pressure in capacity as a result of suspensions on placements. Also contributing to assessment and case management capacity including those placed by CHC</p> <p>To provide temporary safe environments for people who would otherwise be admitted to, or remain in hospital, where:</p> <ul style="list-style-type: none"> ongoing health and care needs can be assessed targeted interventions can be provided return to normal place of residence is maximised – with any alternative onward placement based upon the principal of maximised independence 	<p>4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p> <p>4A The proportion of people who use services who feel safe</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>2 Delaying and reducing the need for care and support</p> <p>2A Permanent admissions to residential and nursing care homes, per 1,000 population</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C Delayed transfers of care from hospital , and those which are attributable to adult social care</p>
	Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> Maintain and increase Housing Prevention/Low level equipment Maintain Community Equipment investment levels Maintain capacity in Learning Disability assessment, case management and increase 	Facilitate hospital discharge, prevention of admission and contribution to a reduction in falls, continence related issues, use of pharmaceutical interventions, management of symptoms of dementia enabling people to live at home longer Maintenance and increased capacity in current housing prevention schemes including handy person and healthy home schemes contributing to prevention of hospital admissions, GP attendances and flow through	<p>1 Enhancing quality of life for people with care and support needs</p> <p>1A Social care – related quality of life</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>1D Carer - reported quality of life</p> <p>1E Proportion of adults with a learning</p>

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Former Measure	NHS Outcome Framework Domain	Proposal	Aim/Health Benefit	Current Adult Social Care Outcomes Framework Measures 13/14 Applicable
		<p>review capacity</p> <ul style="list-style-type: none"> Increased investment in Carers Breaks and Carer Support 	<p>acute hospital</p> <p>Maintenance of investment in community equipment which includes non eligible adult social care people allowing for a service redesign process to take place, reducing and preventing delays in the health acute and community system</p> <p>Ensuring sufficient social work assessment and review capacity to deal with increased numbers of Learning Disability social care cases due to increased demand with improved care packages that prevent crisis requiring admission/ and or require out of area high cost placements</p> <p>Supporting carers through carer breaks prevents breakdown and reduces risk of admission to hospital.</p>	<p>disability in paid employment</p> <p>1F Proportion of adults in contact with secondary mental health services in paid employment</p> <p>1G Proportion of adults with a learning disability who live in their own home or with their family</p> <p>1H Proportion of adults in contact with secondary mental health services living independently without support</p> <p>1L Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p> <p>3 Ensuring that people have a positive experience of care and support</p> <p>3A Overall satisfaction of people who use services with their care and support</p> <p>3B Overall satisfaction of carers with social services</p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p>

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