

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> May 2013

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**WARD(S):** All

### **PART I**

### **FOR INFORMATION**

#### **PCT FUNDING TRANSFER TO SOCIAL CARE**

1. **Purpose of Report**

This report is to advise the Wellbeing Board of the NHS allocation of funds to be transferred to local authorities and the agreement which has been reached over the application of them.

2. **Recommendation(s)/Proposed Action**

The Wellbeing Board is requested to note the report

3. **Slough Joint Wellbeing Strategy (SJWS) Priorities**

The report addresses a range of activities which improve health and wellbeing outcomes for people in Slough and addresses key priorities within the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4. **Other Implications**

(a) **Financial**

The funding associated with the activity contained within the report is met entirely through a specific funding stream

5. **Supporting Information**

**Background**

- 5.1 Department of Health (DH) issued a letter during January 2011, Gateway Reference 15434, which described *Specific PCT Allocations for Social Care* for 2011/12 and 2012/13. It explained that:

- 'It is the Department's clear intention that this funding is used for social care purposes';
- that PCTs 'will need to transfer to local authorities to invest in social care services to benefit health'; and
- 'PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment'.

5.2 The Slough allocation was: 2011/12 £1.37m and 2012/13 £1.31m.

5.3 A further DH letter of December 2012, Gateway Reference 18568, identifies funds for transfer to local authorities for 2013/14. For 2013/14, the funding transfer to local authorities will be carried out by the NHS Commissioning Board and the letter referred to provides provisional information on the transfer, how it should be made, and the allocations due to each local authority. This is to help the Board and local authorities prepare for the coming year [2013/2014]. The amount for Slough LA in 2013/14 is £1.84m. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. The Board will enter into an agreement with each local authority subject to the following conditions:

- The funding **must be used to support adult social care services** in each local authority, which also has a health benefit. However, beyond this broad condition, the Department wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- Local authorities demonstrate how the funding 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 Board may use the funding transfer to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.

### **Funding Programme 2011 / 2013**

5.4 Agreement for the original commitment was made at a Slough Collaborative Commissioning Board; the focus of the allocation was in the following areas:

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

5.5 Taken together the areas agreed address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. This is within a context of increased demand and changes in resource configuration, with balances of responsibility shifting between different

organisations in the Slough Health and Social Care economy; the work associated with Tomorrow's Community Health and Shaping the Future are examples of the shift to community based solutions, a reduction in lengths of stay and increased dependency on primary and community healthcare services and social care.

5.6 The 2011/2013 commitments were agreed as follows:

<b>Detail</b>	<b>Budget £s</b>
<p><b>Enhanced Intermediate Care &amp; End of Life Care</b>  Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services.  An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home.</p>	624,760
<p><b>Telecare Equipment &amp; Careline</b>  The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs.</p>	47,676
<p><b>Nursing Home Placements</b>  The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million.</p>	200,000
<p><b>Reablement</b>  Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support.</p>	436,800
<p><b>Project management &amp; Support</b>  This funding has supported the commissioning and contracting activity involved in supporting the resource deployment.</p>	60,000
<b>Total</b>	<b>1,369,236</b>

5.7 The project management and support presented in the table was originally to support a joint commissioning post. Structures have now changed and agreement has been reached to refocus these funds on the employment of a stroke coordinator from 2013/2014.

5.8 The stroke coordinator provides advice, information and support for patients and their families throughout their care pathway, including diagnostic investigations, diagnosis and treatment. The stroke coordinator works as part of a multidisciplinary team and will strive to act as patient advocate.

## 2013/2014 Funding Allocation

- 5.9 Discussion with the PCT has resulted in the continuation of existing areas of activity identified above, given their impact on improving levels of admission avoidance and maintaining performance in relation to transfers from hospital and; the continuation of an increase in capacity emerging from an agreement related to the application Supporting Local Resilience one off funds announced in a letter 30<sup>th</sup> January 2013 from NHS South of England
- 5.10 The full application is presented over the page, the shaded area represents continuation of the previous two years, the rest application of the 2013/2014 increase and any realignment from the previous two years. The apparent over commitment will be managed down through lead time implementation and then balanced over the year, it emerges from a reduction to the allocation in year two.
- 5.11 Further nursing home placements have been added given the following analysis. Due to changes in lengths of stay, the bed base and the associated profile of nursing home placements, pressure on the latter was seen as sufficient a concern to be an area of investment in order to maintain provision and performance particularly in relation to placements from hospital. The original funding made provision for 5 additional placements to meet the demands of a changed bed base and throughput. The actual difference from the funding agreement to date (2011-2013) is 28, creating a gross pressure of £1m and £800k net of the investment. This represents over 100% increase in the numbers admitted from hospital: 24 in 2010/2011 and 50 in 2012/2013.
- 5.12 Work is underway to track the application of funding over 2012/2013, if there is identified under spend this will be considered along with any under spend in 2013/2014 and contingency investment agreed. Work is also underway to determine a fair cost of the LA administering and managing the grant and the HR, finance, commissioning and contracting overheads involved. Once arrived at this sum will also draw on remaining capacity.

## 2013/2014 Funding Allocation

Detail	Budget £s
<b>Enhanced Intermediate Care &amp; End of Life Care</b> Detail in previous table	624,760
<b>Telecare Equipment &amp; Careline</b> Detail in previous table	47,676
<b>Nursing Home Placements</b> Detail in previous table	200,000
<b>Reablement</b> Detail in previous table	436,800
<b>Stroke Coordinator</b> Information and support for patients and their families throughout their care pathway	50,000
<b>Joint Equipment</b> Increased funding for joint equipment	20,00
<b>Social care packages</b> Required to support the integrated care teams implementation	20,000
<b>End of Life Care</b> Additional Capacity for extending beyond 6 weeks	80,000
<b>Domiciliary Care</b> to prior to reablement to expedite discharge and avoidance	30,000
<b>Reablement</b> 2 additional assistants to enhance the current cluster model	40,000
<b>Therapy and Social Work</b> Additional therapist and social work capacity (Cluster model)	50,000
<b>Nursing Home Placements</b> 5 further nursing placements due to increased pressure as discussed in Para 5.11	200,000
<b>Programme and Integration Support</b> Health investment/integration project officer	50,000
<b>Telecare</b> Responder service	20,000
<b>Telecare/Telehealth</b> Implementation lead, 1 yr ( <b>alternative funding identified for this role</b> )	50,000
<b>Total</b>	<b>1,840,000</b> <b>1,869,236</b>

## Performance

5.13 The application of funds across the whole time frame is to maintain and improve current performance activity against timescales and volumes, examples of this being the number of social care delayed transfers, numbers of people receiving intermediate care or reablement, numbers of unplanned admissions and the timeliness of responses to these areas. Beyond the information presented within this report and the performance frameworks of each organisation there is not as yet an agreed dashboard or scorecard which more holistically tracks investment and system change; work is underway within the Slough Integrated Care Delivery Group to develop such a framework.

## **Governance**

5.14 It has been agreed with PCT/CCG colleagues that the governance for monitoring the investment and activity is undertaken in detail at the Slough Integrated Care Delivery Group which will report a summary to the Health PDG which can in turn report in to the Wellbeing Board as required

### **6. Comments of Other Committees / Priority Delivery Groups (PDGs)**

Due to the timing of the meetings this will be presented to the Health PDG following the Wellbeing Board, though the contents are agreed by the CCG Commissioners and the Director of Development.

### **7. Conclusion**

Agreement for the original commitments for the funds were made at a Slough Collaborative Commissioning Board and the agreed investment programme for 2013/2014 provides a continuation of the existing programme along with further investment in the priority areas which support the agreed key priority areas of :

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

Taken together the areas agreed address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. The additional funds have also enabled opportunities for development of greater partnership working between Health and Social Care; an example being the newly formed Integrated Care Cluster meetings. These meetings target a joined up approach to prevent hospital admissions of those individuals most at risk and support them to manage conditions in the community.

### **8. Appendices Attached**

None

### **9. Background Papers *(This is compulsory)***

'1' Department of Health, Gateway Reference 15434, 2011

'2' Department of Health, Gateway Reference 18568, 2012