Agenda Item 14

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 3 March 2015
Report for: Approval
Report of: Deborah Brownlee, Corporate Director, CFW, Trafford Council
Ian Duncan, Director of Finance, Trafford Council

Report Title

NHS Support for Social Care 2014/15

Purpose

The report outlines the monies allocated from the NHS to Trafford Social Care for the period of 2014/15. The report indicates where the additional monies are allocated and what the funds will be used for, the resultant increased activity and outcomes as well as the monitoring and reporting arrangements for these monies.

The formal agreement of the Health & Wellbeing Board to this report is required to allow the release of the grant monies.

Recommendation(s)

That the Health and Wellbeing Board agrees:

- the allocation of the NHS Support for Social Care monies 2014/15
- the outlined monitoring arrangements

Contact person for access to background paper and further information:

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1. Background – Funding Transfer

For 2014/15, the Department of Health has transferred funding to support adult social care to NHS England as part of the Mandate.

For the 2014/15 financial year, NHS England will transfer £1.1 billion nationally to local authorities for social care. The 2013 spending review increased the amount the NHS would transfer to adult social care from £900m to £1.1bn, providing £200m to prepare for introduction of the full £3.8bn Better Care Fund (BCF) in 2015/16. This is intended to help local authorities and clinical commissioning groups prepare for the implementation of the full BCF pooled budget in 2015/16. The 2014/15 element of the Better Care Fund does not have to be held in a pooled budget.

Locally, this translates to £3.5m plus £0.8m as the first part of the BCF, totalling £4.3m in 2014/15.

The payments are made via an agreement under Section 256 of the 2006 NHS Act. NHS England will enter into an agreement with each local authority and this will be administered by the NHS England Area Teams (and not Clinical Commissioning Groups). Funding from NHS England will only pass over to local authorities once the Section 256 agreement has been signed by both parties.

Before each agreement is made, certain conditions must be satisfied as set out below.

BCF payment

- The Health and Wellbeing Board must have agreed the BCF plan in order to access to our share of the £200m BCF allocated in 2014/15. This condition has now been satisfied.

Remaining s256 transfer - The remaining £900m will be subject to the same arrangements as the s.256 transfer was in 2013/14. These are summarised below.

- The funding must be used to support adult social care services which also have a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- NHS England will ensure that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and Wellbeing Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent.
- In line with their responsibilities under the Health and Social Care Act, NHS England will make it a condition of the transfer that local authorities and CCGs 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 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, 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. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

2. Governance Arrangements

Trafford CCG and Trafford Council must 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 local monitoring arrangements. The agreed Section 256 agreement between the local authority and NHS England must be appended. This is the purpose of this report.

The report must be approved by the Health & Wellbeing Board and a copy of each signed agreement will need to be sent to NHS England Finance Allocations Team so that a national review of the transfer can be undertaken.

Furthermore, NHS England will require access to timely information (via Health & Wellbeing Boards) on how the funding is being used locally against the overall programme of adult social care expenditure and the overall outcomes against the plan

To monitor the on-going direction, implementation and successful delivery of the 2014/15 transfer and the BCF in 2015/16 a BCF Steering Group has been established. This is responsible for joint decisions on the spend and subsequent monitoring in addition to overseeing the programmes of work identified. The Steering Group is accountable to the Health and Wellbeing Board. The BCF Steering Group includes members from Trafford Council and Trafford CCG.

The delivery of the BCF is overseen by senior representative from the CCG and Trafford Council, namely the Associate Director of Commissioning and Deputy Corporate Director, Children, Families and Wellbeing Directorate, Director of Adults (Social Care) Director of Service Development, Adult and Community Services. The CCG governing Body receives an update as part of the regular reporting.

3. Expenditure Plan & Funding Allocations

The vision

Trafford's model of integration is founded on a whole system transformation which will result in significant changes across the health and social care economy. Trafford's commissioners are committed to working together with health and social care providers across the economy to develop different ways of working. There is strong commitment to do this on a collaborative and co-produced basis, working with all key stakeholders, including GP's, clinicians, health and social care providers, patients, service users, carers and local communities.

Much work has already taken place within the Trafford health and social care economy to develop both horizontal and vertical integration of services and support Healthier Together's strategic change across Greater Manchester.

The emphasis is now shifting to reshaping community provision of health and social care, developing primary care with a focus on frail older people, end of life care and promotion of self-care. As part of these changes, Trafford will deliver the community standards across both health and social care and this will as a consequence reduce the pressure on acute Trusts.

In developing the community standards, the CCG and Council will utilise the partnership working across Trafford Council and Pennine Care Foundation Trust to deliver reshaped community health and social care services. This will put service users/ patients at its heart and embed joint provision in local communities to improve outcomes for the local populations. This is based on a neighbourhood footprint across Trafford which will align primary care, community health and social care into four neighbourhoods that actively support admission avoidance into the acute health sector, expediting early discharge and delivering care closer to home.

The future model for health and social care will be delivered in Trafford based on a locality model where there is seamless delivery of primary and community services which are proactive in the management of patients. This model will deliver high quality services which are accessible over seven days and will in the majority of cases meet the demands of our patients. A consequence of this is a change in the type of patients requiring and using secondary care. The ambition is that only patients needing surgical and medical interventions in a hospital setting will be admitted. The integrated care model in Trafford will be all-age and will be both proactive and reactive in its delivery, with a greater emphasis on prevention to ensure that individuals retain good health for as long as possible. Social care and community health will be integrated as part of this model where there will be seamless joint working between professionals to meet the needs of individuals, with close links into community and voluntary sector. This new model will have a workforce that has the skills and competencies to treat and care for these patients. Within Trafford, clinical information will be available to health and social care

professionals working across the economy and care plans will be easily accessible to these teams and primary care.

Expenditure Plan

The Adult Social Care Grant to date has been invested in assessment and reablement services to manage escalating demand, which was significantly impacted by the reconfiguration of acute healthcare provision in Trafford in November 2013. The shared vision for Trafford CCG and Council promotes and enables people to live at home and remain as independent as possible. This has enabled the Council to protect and sustain the current level of eligibility criteria and to provide robust assessment and care management services based on a model of integrated care and support with Pennine Care.

The NHS transfer for social care in 2014/15 for Trafford is £3,546,480. A further sum of £788,000 is available for schemes ahead of the commencement of the Better Care Fund (BCF). This will be used to support the vision outlined within the BCF submission.

In the face of the council's financial challenges and budget reductions these funds are essential to manage the demographic pressures and increased demand adult social care faces in 2014/15.

The table below details of how these funds will be allocated. The table lists all the defined categories of spend, as described by NHS England, that we are required to report against.

Table 1: 2014/15 allocation

Service Area	**Amount (£)**
Community equipment and adaptations	150,000
Telecare	
Integrated crisis and rapid response services	324,000
Maintaining eligibility criteria	407,000
Reablement services	400,000
Bed-based intermediate care services(Ascot)	783,000
Early supported hospital discharge schemes	440,480
Mental health services	
Housing projects	
Employment support	
Learning disabilities services	
Dementia services	
Support to primary care	
Integrated care assessments	300,000 (non-recurrent)
Integrated records	488,000 (non-recurrent)
Joint health and care teams/working	342,000
Other preventative services	
Other social care residential and nursing placements	700,000
Total	**4,334,480**

4. Activity & Outcomes

The NHS transfer to social care will support the delivery of changes to the population of Trafford and deliver;

- Enhanced local health and social care services
- Safe and high quality health and social care services with a skilled workforce
- Alternatives to secondary care through community health and social care services
- Reduction to unscheduled and scheduled activity at the 3 acute Trusts, SRFT, UHSM, and CMFT
- Improved co-ordination of patient care
- A coordinated and supported network of community organisations providing preventative services

The following changes to patients and service user outcomes will be seen;

- Trafford residents will receive the right care, by the right person, when they need it, in the right place as patients will benefit from increased resilience and capacity in the community
- Residents and communities will be empowered to be more resilient and proactive about their wellbeing

- Locality services will meet the needs of patients and will better equipped to respond to their needs
- Through a proactive model, patients will be able to access support at an early stage which will reduce the need for more acute services
- Emergency and unplanned admissions will be reduced
- Re-admissions will be reduced
- Delayed transfers of care will be reduced for Trafford residents, regardless of which hospital they are using
- Length of stay at hospital will be appropriate to the clinical need of the patient and no longer
- Patients will benefit from early care planning by multidisciplinary teams
- Patient and service users will have a positive experience of care
- Reducing duplication for people using services
- Improved support to carers and families

We expect the NHS transfer to social care to impact on the following indicators, these are categorised under the areas of allocation in table 1.

Community equipment and adaptations

Ref	Indicator	13/14 outturn	14/15 target
1	Total Number of equipment / minor adaptations provided	18,592	To maintain or increase
2	Waiting times for assessment for equipment: • Urgent (within 7 days) • Non Urgent (within 8 weeks)	 100% 100%	To maintain or increase

Integrated crisis and rapid response services

Ref	Indicator	13/14 outturn	14/15 target
3	Number of episodes of Rapid Response provided	732	To maintain or increase

Maintaining Eligibility Criteria

Ref	Indicator	13/14 outturn	14/15 target
4	Number of people in receipt of long term services (local measure)	2,130 (Snapshot on 31st March 2014)	To maintain or increase

Reablement services

Ref	Indicator	13/14 outturn	14/15 target
5	Total Number of Community reablement episodes provided in year	1,907	To maintain or increase
6	Total Number of days Community reablement provided in year	68,744	To maintain or increase
7	Average % reduction in service hours following reablement intervention	64%	60%
8	% people receiving no on-going service following Community reablement intervention	49.2%	48%
9	Potential Costs avoided by community reablement	£3,106,783	To maintain or increase
10	% of older people who received reablement following hospital discharge still at home 91 days after reablement start **[BCF]**	85.5%	86%

Bed-based intermediate care services (Ascot)

Ref	Indicator	13/14 outturn	14/15 target
11	Number of episodes of residential reablement provided	147	To maintain or increase
12	% of people returning home following assessment unit intervention	44.7%	40%
13	% Occupancy of Residential Assessment Unit	85%	85%
14	Potential Costs avoided by residential reablement	£412,022	To maintain or increase

Early supported hospital discharge schemes

Ref	Indicator	13/14 outturn	14/15 target
15	Delayed Transfers of Care (Snapshot) / 100,000 population	9.6	7.4
16	Delayed Transfers of Care (Bed Days) **[BCF]**	419 / month (5025 / year)	402 / Month (4824 / year)

Integrated assessments & Joint health and care teams/working

Ref	Indicator	13/14 outturn	14/15 target
17	Non-elective admissions aged 65+ per 1000 population 65+	273	Health measure
18	Non-elective bed delays aged 65+ per head 1000 population 65+	3037	Health measure
19	Non-elective readmission rate within 30 days aged 65 and over	17.9%	Health measure
20	Non-elective readmission rate within 90 days aged 65 and over	28.3%	Health measure
21	Deaths in usual place of residence **[BCF]**	34.7% (12/13)	36%
22	Do care and support services help you have a better quality of life? (Patient / Service User experience metric from annual Adult Social Care survey) **[BCF]**	86.1%	86.5%

Integrated records or IT

Ref	Milestones	Date
23	LiquidLogic system implemented (phase 1)	December 2014
24	Use of NHS number on social care system	December 2014
25	Use of NHS number as the primary identifier	March 2016
26	Engage partners on specifications for integration, including discussions on Open APIs and Open Standards (phase 2)	March 2015
27	Care Act upgrade	March 2015

Other social care residential and nursing placements

Ref	Indicator	13/14 outturn	14/15 target
28	Permanent admissions of older people to residential / nursing care / 100,000 population **[BCF]**	698	670
29	Permanent admissions of younger adults to residential / nursing care	7.9	7.9