

HAMPSHIRE COUNTY COUNCIL**REPORT**

Committee/Panel:	Health and Wellbeing Board
Date:	1 May 2014
Title:	Proposal for the use of NHS Funding for Social Care 2014 / 2015
Reference:	5813
Report From:	Dr Hugh Freeman – Chair NHS North Hampshire CCG Gill Duncan – Director Adult Services, Hampshire County Council

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1. Summary

1.1. This paper outlines the proposed approach to allocating funds associated with the 2014/15 “NHS Support for Social Care” (Section 256) funding from NHS England to Hampshire County Council. Hampshire Health and Wellbeing Board is asked to:

- Consider the use of NHS Funding for Social Care” as set out in the paper and confirm agreement with the approach.
- Note that a Section 256 agreement between NHS England and Hampshire County Council is required to transact the funding transfer.

2. Contextual information

2.1. The “NHS Support for Social Care” announced in the Comprehensive Spending Review (CSR)¹ covering period 2011 to 2015 requires the NHS to transfer funds to Local Authorities responsible for social care i.e. Hampshire County Council, for social care that addresses health outcomes.

2.2. When this was originally announced local discussions identified the following priorities for spend:

- To mitigate the impact of the CSR on social care budgets to secure services which impact health services;
- Reduce avoidable admissions and promote effective, timely discharge; and
- To develop targeted services designed to reduce demand by preventing or reducing the need for more intensive health and social care input.

2.3. To achieve this overall aim, service developments or investments aim to achieve the following objectives:

- To promote integrated and joint working across health and social care

¹ http://cdn.hm-treasury.gov.uk/sr2012_complereport

- To enable people to retain their independence for as long as possible and avoid /delay their need for social care support
- To meet increasing complexity of need of older people
- To reduce the need for on going support through reablement activity
- To facilitate safe and timely discharge from hospital in order to reduce unnecessary delay

2.4. It was anticipated that the services will also achieve the following outcomes:

- Reduction in the number of excess bed days
- Sustained low level of delayed transfers of care
- 65% of service users return home after a period of reablement
- Reduced permanent admissions to care homes
- Reduced numbers and levels of social care packages following a period of reablement
- Increased numbers of older people having their health and care needs met closer to or within their own home
- Increased numbers of people dying in their preferred place of death
- Reduced emergency hospital admissions
- Reduced emergency hospital re-admissions within 30 days.

2.5. Directions issued in March 2014² confirm the payments are to be made under section 256 of the 2006 NHS Act. NHS England should enter into an agreement with each local authority setting out the payments to be made and any conditions which apply. However, these Directions impose certain conditions including those relating to financial probity and audit, which must be met in relation to each payment.

2.6. The Directions make it a condition of the transfer that the local authority agrees with its local clinical commissioning groups how the funding is best used within social care, and the outcomes expected from this investment (see Direction 4(2)). Health and Wellbeing boards are considered the natural place for discussions between NHS England, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

3. Context for the proposal for 2014 / 15

3.1. The value of Hampshire County Council's share of the national allocation of "NHS Support for Social Care" in and 2012/13 was £12,200,000. In 2013/14 this increased to £17,017,137. These funds were committed to promoting independence, crisis care and discharge, demography and complexity. Within these broad areas the following sums were committed on an on-going basis for 2013/14:

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300807/NHS_transfer_Directions_-_Explanatory_note.pdf

Investment areas	£'s
Community Independence Teams	500,000
Carers Support	179,000
End of Life support for carers	80,000
Falls support	50,000
Reablement	7,000,000
Hospital Discharge capacity	550,000
Long term care	8,118,137
Total	16,477,137

- 3.2. The Local Authority has maintained funding from within its core budget for reablement (£5,000,000) that was deployed on non-chargeable health and social care services. This approach was endorsed by the Executives from all agencies.
- 3.3. For 2014/15 the total sum allocation is £21,758,380 leaving £5,281,243 available for additional spend. This allocation is intended to support investment to protect social care services as well as the implementation of the Better Care Fund including the implications of the Care Bill.
- 3.4. The proposals for 2014/15 set out below have been presented and considered by the five Hampshire Clinical Commissioning Groups in March 2014.

4. S256 specific Service Developments for 2014/15 (see financial summary at Appendix 1)

4.1. Promoting Independence

4.1.1 Community Independence Support. Total £1,000,000

- The on going agreed level of investment is £500,000. Given our out of hospital care strategy that anticipates greater prevention and early intervention the proposal is to double the current level of investment to expand coverage and scope of the Community Independence Team. The HCC service will continue to partner with the third sector to provide more short term early interventions to maintain and develop confidence and capability. This service is being integrated into local ICTs and will also be extended to cover people with mental health needs. Referrals come from community teams, integrated care teams GPs as well as direct referrals.

4.1.2 Carers Support. £179,000

- To continue the investment made jointly in carers support. Hampshire County Council already provides a number of carer specific services. Identifying carers and ensuring access to services continues to be problematic. This investment contributes to the resource for third sector involvement to support increasing demand from carers to enable them to maintain their caring role.

4.1.3 End of Life support for carers £80,000

- Continuing the support of carers for people at the end of life by providing small grants (£10,000 per Hospice) via eight hospices to enable carers to maintain their caring role.

4.1.4 Falls £90,000

- Continuation of Better Balance Safe and Strong falls programmes in centres across each CCG area. The following map shows the distribution of centres:



Steady and Strong
Classes - SJ - Feb-14.

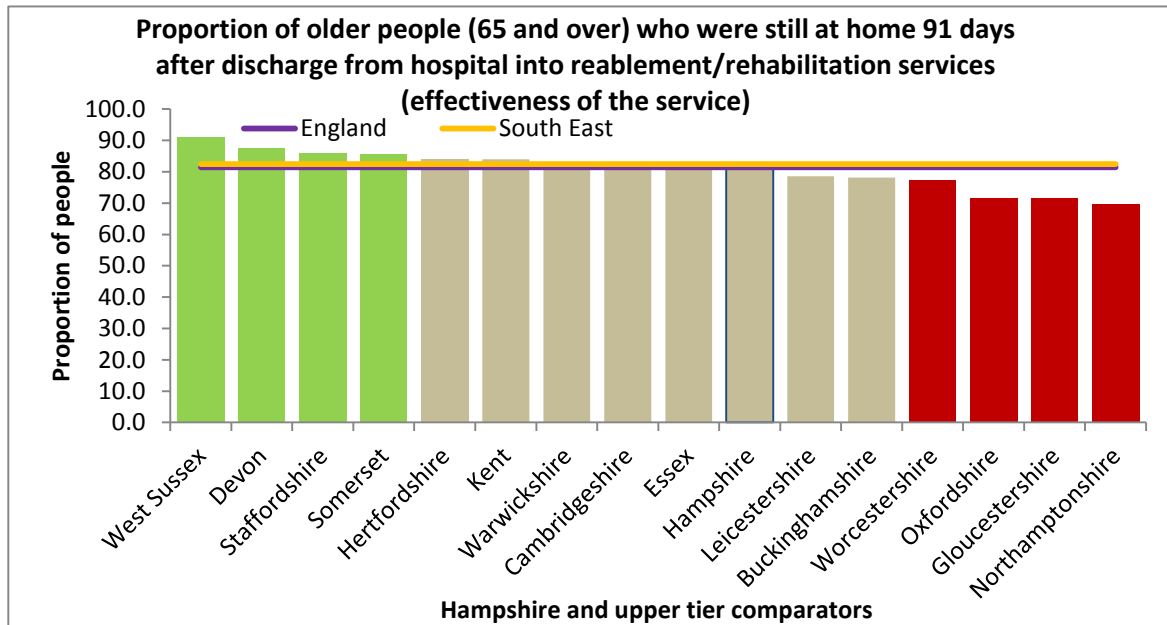
- Around 15,000 people aged over 65 years have benefited from the programme over the last year, maintaining their independence, maintaining and improving their mobility and reducing avoidable hospital admissions. The service has concentrated on:-
 - Developing falls prevention work programmes in partnership with Southern Health NHS Foundation Trust and HCC ASD to respond to individual CCGs
 - Increasing the number of community Steady and Strong exercise classes and increase referrals from primary care, adult services and older people themselves
 - Continuing the better balance for life exercises for everyone facilitator workshops, talks and promotions within the community
 - Implementing the evaluation framework across the whole project, but prioritising the outcomes for the pre fallers through the better balance for life community groups.
 - Developing the ageing well programme, concentrating working with Sport Hampshire on the ping pong campaign.
- With the introduction of the HCC telecare “offer” links between people at high risk has become more obvious. The additional investment will support service expansion and stronger links as part of a strengthened prevention and early intervention.

4.2. Crisis Care and Discharge Support

4.2.1. Reablement £7,000,000 NHS Contribution

- Continuing the NHS investment in this short term non-chargeable service contributes to the assessment beds and other non-bed based services which support timely hospital discharges and provide an opportunity for recuperation.
- This includes beds which have been used for people being discharged from hospital to an alternative environment for people who are unable to return home and so are at risk of being admitted into long-term residential care.

- In the last twelve month 2946 people have accessed CRT and 1372 people have benefited from the Welcome Home Service. The outcomes achieved through these services has contributed to this low level of delayed transfers outcome and reablement has been included as the local metric for the Better Care Fund. Table 1 below demonstrates the position of Hampshire County Council relative to national comparators for people agreed over 65 years still at home after discharge from hospital into reablement / rehabilitation services (effectiveness of the service).



4.2.2 Hospital Discharge Team Capacity £550,000

- HCC invests £2,369,092 from core budgets in manpower in discharge teams. In addition HCC part funds 3 staff employed by Southampton City Council based at University Hospital Southampton. Additional expenditure has been required to cover overtime costs. The table below sets out the budgeted establishment.

Location	Budgeted Cost	7 day working yes / no	Comments
QA Portsmouth 17.5 FTE	£632,000	Yes Increasing to 4 at weekends	Core staff includes 2 senior practitioner / 1 TM and dedicated brokerage. Work in partnership with PCC CQUIN in reach bid will add 2 more staff weekends and 2 more during the week
UHS Southampton 13 FTE	£544,800	Locums cover weekend. Can flex core staffing	13 includes 2 admin FTE. 1 TM, 2x Seniors, 4 unqual and 4 qual staff. Also plans for 1x additional locum to support with self funders over winter. Work in partnership with SCC. Also HCC part fund 3 x A&E/ED workers and they will be covering 7 days employed by SCC
RHCH Winchester 15.73 FTE	£447,800	Bank holidays. Can flex core staff	1 Team Manager, 2 Senior Pracs, 5.91 (shared among 6 members of staff) FTE Qualified and 3.82FTE (5 members of staff) Unqualified. 2 FTE assistants and 1 FTE Admin.
NHH Basingstoke 15.68 FTE	£611,100	Bank holidays	1 TM, 2 FTE Senior Pracs. 6 Qualified (5.5FTE) and 8 Unqualified (7.18FTE)
Frimley Park Hospital, Frimley 5.96 FTE	£302,100	Bank holidays. Can flex core staffing	Team Manager post currently vacant (being covered by Peripatetic team manager). Work in partnership with SCC 1 Senior Prac, 4 Qualified (3.96FTE) and 2 Unqualified (1.76FTE)
New Forest population: Lymington, Salisbury Fordingbridge Bournemouth, Poole Christchurch, St. Leonards, Reablement bed access 10 FTE	£297,360	Not at present	1 FTE Senior Prac 1 FTE Qual Social Worker 6 FTE Unqualified Care Managers 2 FTE Team Assistants (one of whom is 22½ hours but this has been increased to 37 hours until end of March)
Serving Basingstoke & NEH; Royal Surrey, Guildford Alton CH, Royal Berkshire West Berkshire Duchess of Kent	£141,178		Temporary funding for qual SW until 31.03.14 Qual SW

Hospice/ Sue Ryder Reading Parkland Hospital MH 4.1FTE			Qual SW
Serving Hart & Rushmoor population: Fleet Hospital 0.64FTE	£24,754		

- During the last year HCC has continued to demonstrate upper quartile performance at 2.336:100,000 for Hampshire Adult Services delays and 3.949:100,000 for Adult Services and joint delays (ASCOF measure).
- The NHS contribution has been invested in additional capacity to support safe and timely discharge, responding to a sustained increase in demand for services. All the NHS trusts have been engaged in transformational projects to implement new ways of working including weekend access and rapid response to domiciliary care services. The drive to align services with developing community based Integrated Care Teams will improve outcomes for patients. In addition to the details above, a further £75,000 has been deployed to fund a project with the third sector to give self funders advice and signposting support. The continued investment in this area is needed to sustain local services.

4.3. Demography and Complexity - Long Term Care £8,118,137

- Following the CSR announcement in 2010 local government was anticipating an average 28% reduction in Government funding across the Country. Whilst there has been a small increase in the overall amount, the distribution of the reductions has meant that the County Council has experienced Revenue Support Grant reductions of 43% during this period.
- Details of the CSR for 2015/16, published in June, included a 10% real terms cut in the Departmental Expenditure Limit (DEL) for local government. The impact on the County Council may not be known until December 2014, but a 10% cash cut in all grant funding has been assumed for planning purposes.
- 'Transforming the Council to 2015' programme that has been developed is expected to deliver the savings required to close the budget gap by 2015/16. The Adult Services department has been developing its service plans and budgets for 2014/15 and future years in keeping with the 'Shaping Hampshire' priorities and the key issues, challenges and priorities for the department are set out below.
- 2013/14 has been a challenging year with a substantial transformation programme, significant demand pressures and a health system which is still embedding following the transition to its new structure. The coincidence of the inexorable increase in demand and reduction in resources presents substantial difficulties in balancing the budget. Steps have to be taken in year and on-going to ensure that resources are targeted at those with the greatest needs and on meeting statutory duties.

- Demand continues to be the primary issue in adult services. The trend for the growth in the complexity of care needs continues. This is driven by a number of factors, including the increasing success of health interventions which sustain life, but leave people with on-going ill-health and disability. Younger people with profound disabilities are happily surviving into adulthood and need significant and on-going support. Older people are living longer, but with more years of ill-health requiring significant care interventions. This is creating an annual additional pressure of around £10-12m. This challenge has to be met by managing down demand and controlling access to services, whilst trying to ensure the maintenance of quality.
- Hampshire continues to learn and develop its understanding of how to support people to maximise their independence and has been undertaking fundamental reviews of how we support people in the community. These reviews will start to be implemented in 2014, and will focus on continual enablement as a fundamental principle. Working with health and our care providers to manage demand and continually promote independence will be fundamental to a sustainable system.
- Closer working with Public Health has developed during the year since they joined Hampshire County Council. The public health and wellbeing agenda is fundamental to the long term sustainability of services. Helping people improve their health and wellbeing as they move into later life is ultimately the only way to tackle an otherwise inexorable growth in demand. Whilst medical breakthroughs, for example on dementia, may make a major contribution, helping people make the lifestyle choices that will reduce their propensity to loss of independence is equally important.
- The demand from people with more moderate needs is being better managed through shorter term interventions that re-establish independence. Adult services has therefore maintained its investment in its Older People's Wellbeing programme and the Community Independence Team, which is now also financially supported by the five Clinical Commissioning Groups (CCGs).
- The health landscape has become more complex with the abolition of the Primary Care Trust (PCT) and creation of five CCGs. Foundation Trust status and the incentive and reward (tariff) system has contributed to system pressures. The pressure on hospital discharge is at its most intense. However, Hampshire County Council has a very good record on local authority caused delays, certainly when compared to our region. Whole system delays are more variable. We continue to invest in and develop our reablement services, with a major procurement exercise underway to add to our internal provision.
- The increased throughput through hospitals and the growth in underlying demand has put pressure on care delivery. The main growth is in care at home, supported by domiciliary care. Demand has outstripped supply at times in some parts of the county. Hampshire County Council has undertaken a fundamental review of the domiciliary care market and will be seeking to re-commission care at home in 2014. The aim will be to address quality, labour market issues and the need to ensure that all interventions (short or long term) are aimed at enabling people to their maximum capacity. To achieve this, providers will need to be given sufficient activity to be able to

affordably cover their training and supervision costs and be rewarded for helping Hampshire County Council manage demand.

- There has rightly been a strong focus on quality across all care settings.
- Hampshire County Council continues to develop its quality systems as we learn from experience. The Care Quality Commission (CQC) has increased its inspection activity, particularly in relation to residential and nursing homes. Hampshire County Council has continued its commitment to supporting providers through the Partnership in Care Training (PaCT), and is developing a process to accredit the training that providers undertake themselves.
- There continues to be a significant increase in demand for adult social care services. These pressures have been tracked carefully over the last two years and have shown a clear trend in the growth in the complexity of the care needs of all care groups. For people with Learning Disabilities the growth in demand has been budgeted for. However, in Older People & Physical Disability Services the demand has outstripped the forecasts, particularly in care at home and residential care. Our recent snapshot showed that for individuals known to Adult Services, package of care costs increased on average by £45 per week following discharge. For those people new to Adult Services their package of care costs were on average £302 per week. 69% of people required more care due to a deterioration in their mobility.
- The growth in the level of need that social care are meeting is also shown in other indicators. There has been further increase in the number of older people receiving more than three visits per day. Meanwhile, there has been an increase in the number of people requiring double up care despite careful control over its usage. This reflects a number of trends, including shorter hospital stays and earlier discharges for older people and increasing physical frailty at point of discharge. The growing complexity of care needs is also a major factor, with providers reporting that people are less well at the point of entry into their care. This is reflected in the average weekly cost of an Older Persons residential placement increasing in year.

4.4. Integration

4.4.1 Hampshire Health Record £40,000

- Having previously invested in permission to share, this investment is required to support the integration of social care data into the Hampshire Health Record, supporting real time information sharing, a key element of a “joined up” approach, addressing information governance requirements

4.4.2 Transformation / Better Care Fund £1,892,243

- The announcement of the Better Care Fund (previously the Integration Transformation Fund) for 2015/16 has focussed collective minds on pushing forward on the integration agenda at some speed. Work with the five CCGs has been very positive and informal soundings suggest that Hampshire is in a strong position compared with some other areas. The pressures on the social care systems are increasingly understood within the health system and collectively there is growing evidence of whole system thinking. For Hampshire the value of the better care fund is circa £80m by 2015/16, of this

£20m is already within the Adult Services budget and needs to be maintained, a further £20m is required to protect social care services. As a minimum this must be achieved by 1 April 2015. The remaining £35m needs to be addressed within that same timescale and plans for the whole of the fund are due to be completed by April 2014.

- At the same time the five CCGs are dealing with a financial challenge of around £50m. Over the coming year the success regarding delivery of the Better Care Fund initiative with CCG's is critical to the budget stability for the entire health and social care economy.

4.4.3 Care Bill 2,849,000

- The Care Bill has been making its way through Parliament. If enacted as currently drafted it will mark a fundamental change in the care system. It will also involve major changes in the way Hampshire County Council operates and presents significant financial risks. Hampshire County Council continues to actively engage in the consultation process and with the Association of Directors of Adult Social Services (ADASS), to try to influence the implementation and funding of the Bill.
- It was announced as part of the Spending Round that from 2015/16 the Better Care Fund would include funding for costs to councils resulting from care and support reform³. The burden of this is calculated at £6.65m. This money is not ring-fenced, but local plans should show how the new duties are being met. For 2014/15 work nationally has determined Hampshire will need to invest £2,849,000 in the set up arrangements.

5. Recommendations

- Hampshire Health and Well Being Board is asked to consider the use of NHS Funding for Social Care” as set out in the paper and confirm agreement with the approach.
- Note that a Section 256 agreement between NHS England and Hampshire County Council is required to transact the funding transfer.

³ <http://www.local.gov.uk/documents/10180/12193/Developing+plans+for+better+care+fund+guidance.pdf/734c155e-7820-4761-976a-6c56053c0e78>

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

None has been carried out on this briefing as it details information provided by central government

1. Impact on Crime and Disorder:

None has been carried out on this briefing as it details information provided by central government

2. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

None has been carried out on this briefing as it details information provided by central government

2014 – 2015 s256 social care for benefit of health

CCG per capita proportion	F&G 15% £	SE 16% £	N 16% £	NE 12% £	W 41% £	Total £
Promoting independence						
Community independence support	75,000	80,000	80,000	60,000	205,000	500,000
Expansion Community Independence Support	75,000	80,000	80,000	60,000	205,000	500,000
Carers	26,850	28,640	28,640	21,480	73,390	179,000
EOLC	12,000	12,800	12,800	9,600	32,800	80,000
Falls	7,500	8,000	8,000	6,000	20,500	50,000
Crisis Care & discharge support						
Re-ablement	1,050,000	1,120,000	1,120,000	840,000	2,870,000	7,000,000
Hospital discharge team capacity	82,500	88,000	88,000	66,000	225,500	550,000
Demography & Complexity						
Long Term care	1,217,721	1,298,902	1,298,902	974,176	3,328,436	8,118,137
Integration						
Hampshire health record – sc integration	6,000	6,400	6,400	4,800	16,400	40,000
Transformation/BCF	283,836	302,759	302,759	227,069	775,820	1,892,243
Care Bill	427,350	455,840	455,840	341,880	1,168,090	2,849,000
TOTAL BY CCG	3,263,757	3,481,341	3,481,341	2,611,006	8,920,936	21,758,380