

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	PROPOSALS FOR USE OF FUNDING TRANSFER FROM NHS TO SOCIAL CARE IN 2013/14		
<b>DATE OF DECISION:</b>	WEDNESDAY 27 <sup>TH</sup> MARCH 2013		
<b>REPORT OF:</b>	CHAIR, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP AND DIRECTOR ADULT HEALTH AND SOCIAL CARE		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

### **BRIEF SUMMARY**

- Since 2010/11 the Department of Health has allocated funding to Primary Care Trusts to transfer to local authorities to support health and social care joint working. This has been a time limited investment to act as a catalyst for change to increase sustainability in the system and improve the quality of patient outcomes. This is in addition to the funding for reablement services.
- From 2013/14, the funding transfer to local authorities will be carried out by the NHS Commissioning Board. The funding must be used to support adult social care services in each local authority, which also has a health benefit. The amount for Southampton is £3,970,677.
- The guidance states that the NHS Commissioning Board must make it a condition of the transfer that the local authority and health partners agree how the funding is best used within social care and the outcomes expected from this investment. It is proposed that this should be done via the Health and Wellbeing board.
- Proposals for the criteria and priorities for the use of the 2013/14 spend have been developed by SCC Adult Health and Social Care and the Clinical Commissioning group. The Health and Wellbeing Board is asked to consider these.

## **RECOMMENDATIONS:**

- (i) That the Health and Wellbeing Board ensure that the proposed use of the funding transfer from NHS to Social care (NHS Transfer) outlined below is based on priorities within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care;
- (ii) That the Health and Wellbeing Board approve the criteria outlined in 5.1 used to decide priorities for 2013/14 spend;
- (iii) That the Board approve the proposed priorities outlined in 5.2 after ensuring that they achieve the funding requirements as outlined in 3.1;
- (iv) Recommend to NHS Commissioning Board Wessex Local Area Team (LAT) that the Health and Wellbeing Board is assured that the proposed priority areas will support adult social care services and also have a health benefit.
- (v) That the final detailed list of investments should be approved and monitored by the Southampton Integrated Commissioning Board.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. The proposed use of the NHS Transfer monies is based on priorities identified in the Joint health and Wellbeing Strategy to meet key social care and health priorities within the City.
2. The Local Area Team (LAT) of the NHS Commissioning Board will make the payment of the funding. The LAT needs assurance that the local authority and health partners have agreed how the funding should be used to support adult social care services which also have a health benefit.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3. None. The details of the transfer funding proposals need to be referred to the Health and Wellbeing Board.

## **DETAIL (Including consultation carried out)**

### **1. Requirements for the use of 2013/14 funding**

#### **3.1 The funding must :**

- support adult social care services in each local authority, which also has a health benefit.
- meet priorities identified within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care
- 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 NHS Commissioning Board (The Board) can 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. The Board may also use the funding transfer to support new services or transformation programmes, 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 set 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).

## 2. **Outcomes of 2010/11 – 2012/13 NHS Transfer**

- 3.2 The aim of the 2010/11 – 2012/13 NHS Transfer funding was to pilot models to inform longer term planning and investment as well as supporting work to improve the efficiency of current systems and processes that would then be self-sustaining.

The main focus of the initiatives supported were:

- System transformation to support admission avoidance and maximise independence through investment in re-ablement services, to help people regain their independence and reduce the need for ongoing care.
- Increased prevention and education, especially to residential /nursing homes
- Increase pace of roll out of personalisation and direct payments – including market management and peer support development
- Improve efficiency and effectiveness through increased capacity of social workers/care managers in Hospital discharge team ,community hospitals and complex case teams to facilitate discharge and prevent avoidable readmissions
- Carers support and respite

### 3.3 Outcomes achieved with the investment have included :

- Social care packages that are the right size to support individuals to be as independent as possible
- Improved use of re-ablement and equipment services to support appropriate discharge and admission avoidance
- Increase in numbers accessing telecare/telehealth
- Reduction in number of individuals who require additional care as a result of a fall
- Widening of peer and community/voluntary sector support availability
- Increased number of carers assessed & supported.
- Increase in percentage of people who reduce their alcohol consumption to recommended levels

### 3.4 Learning from the use of the past funding has been used to inform proposals for 2013/14 spend. Criteria and proposals have been developed by Adult Health and Social Care, Southampton City Council, Public Health and Clinical Commissioning Group.

There have been issues with the spend for 2010- 2013 that need to be avoided for the future investment. These have included delay in the commencement of projects due to recruitment difficulties.

### 3. **Proposals for use of 2013/14 NHS transfer**

#### 3.5 The criteria identified to identify the 2013/14 spend are that the initiatives must:

- Support achievement of a priority within the Joint Health and Wellbeing Strategy: Theme 1 – Building resilience and prevention to achieve better health and wellbeing and Theme 3 – Ageing and Living Well
- Support reablement and prevention
- Support appropriate discharge and recovery
- Reduce demand on residential placements

- Support implementation of personalised approaches
- Build on initiatives already shown to be effective
- Improve, or maintain, Joint NHS and SCC outcomes

3.6 The proposed priorities are:

<b>Priority</b>	<b>Outcomes</b>
Continuation of schemes with contractual agreements in place	
Peer support – to develop focus on self management and reduce incidence of relapse	Decreased risk of relapse Decreased symptoms Increased self esteem Reduced stigma Increased control over their future Increased community involvement Improved quality of life Increased social support and networks Increased independence Feeling safe in the community
Increasing access to psychological therapies	Increase in people feeling supported to manage their condition Improving functional ability in people with long term conditions - employment of people with long terms conditions Reducing time spent in hospital by people with long term conditions - unplanned hospitalisation for chronic ambulatory care sensitive conditions Enhance quality of life for carers - health related quality of life for carers Increased quality of life, ability to self care, compliance with treatment and satisfaction with services received Decreased service utilisation, resulting in potential cost saving
Alcohol prevention and early treatment	Tier 1 and Tier 2 - Individual outcomes (via accredited monitoring tool outcome we or star) Tier 1 and Tier 2 - Service outcomes (via accredited monitoring tool outcome we or

	<p>star)</p> <p>Increase in number of screening and BI undertaken, based on agreed penetration, and year on year improved rate across drinking population</p> <p>Achievement of standard of 1 in 8 people reducing alcohol consumption as a result of BI</p> <p>Increase in % of people who reduce their alcohol consumption to recommended levels</p> <p>Improved efficiency , reduction in DNA, increased volume at Tier 1</p> <p>Service take-up reflects population profile of Southampton and demonstrates equality of access (including age, gender, ethnicity, city ward, GP practice)</p>
Initiatives to support increase uptake and use of direct payments	Increase in direct payments
Newly identified schemes that meet the criteria	
<p>Reablement – specific initiatives to support speedier implementation including medicines management</p> <p>Increase access to equipment, including further development of telecare and telehealth and specialist advisory service to Joint Equipment store to ensure effective use of equipment</p>	<p>Increase widely held professional awareness of the use of telecare</p> <p>Reduction in care packages due to use of telecare/telehealth</p> <p>Reduce delayed transfer of care from hospital, attributable to equipment shortage/availability</p> <p>Increase proportion of people who were offered telecare/telehealth services following discharge</p> <p>Increased number of clients enabled to stay in their place of choice</p> <p>Reduction in admissions to residential and nursing care homes</p> <p>Increased proportion of community to bed based funded packages of care</p> <p>Reduce emergency readmissions within 30 days of discharge</p>
Prevention/raising quality in residential and nursing homes	<p>Appropriately skilled workforce across commissioned sector</p> <p>Improved quality standards across commissioned sector</p> <p>Evidence of more personalised care within care homes</p>

	<p>More choice being exercised by residents</p> <p>Improved activity programmes within residential homes</p> <p>Fewer medication related incidents</p> <p>Reduce avoidable and/or inappropriate ambulance conveyances.</p> <p>Reduce avoidable and/or inappropriate A&amp;E activity</p> <p>Reduce avoidable and/or inappropriate acute admissions</p>
Support to carers and focus on self-management	<p>Reduced loneliness and isolation</p> <p>Improving health and wellbeing</p> <p>Improving education skills</p> <p>Increasing community spirit</p>
Improving hospital discharge	<p>Implementation of 7 day discharge service from acute hospital (unsure if this has been achieved)</p> <p>Increased proportion of older people who were offered rehabilitation services following discharge from acute or community hospital</p> <p>Increased proportion of older people 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>Reduce delayed transfer of care from hospital</p> <p>Reduce emergency readmissions within 30 days of discharge</p>
Development of extra care services for those with dementia and complex health needs	<p>Improved levels of independence</p> <p>Admission avoidance improved</p> <p>Reduced isolation</p> <p>Reduction in emergency admissions for acute conditions that should not usually require hospital admissions</p>
Schemes to support maintaining eligibility criteria (funding to support existing adult social care services)	

### 3.7 Process to agree and monitor investments

If the Health and Wellbeing board are in agreement with the priorities identified then agreement will be sought from the NHS Commissioning board and detailed funding split and outcome measures will be developed

The agreed list of investment would be approved and monitored by the

Southampton Integrated Commissioning Board.

The investments will not be solely within SCC Adult Health and Social care services. Where appropriate proposals will be sought from other providers.

## RESOURCE IMPLICATIONS

### Capital/Revenue

4. There is some minimal carry forward of underspend from 2012/13 in addition to the £3,970,677.

### Property/Other

5. None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

6. Payments will be made via an agreement under Section 256 of the 2006 NHS Act.
7. **Other Legal Implications:**  
None.

## POLICY FRAMEWORK IMPLICATIONS

9. The Operating Framework for the NHS in England specifies the requirement for this funding to support adult social care.
10. Requirements for 2013/14 have been outlined in a letter from the Director General, Social care, Local government and care partnerships Gateway reference 18568

## KEY DECISION Yes

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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## SUPPORTING DOCUMENTATION

### Appendices

1.	None.
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### Documents In Members' Rooms

1.	None.
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### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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### Other Background Documents

#### Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule
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None

12A allowing document to be  
Exempt/Confidential (if applicable)

Report Tracking

VERSION NUMBER:

2
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DATE LAST AMENDED:

19.3.13
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AMENDED BY:

Claire Heather
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