

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	UPDATE ON USE OF FUNDING TRANSFER FROM NHS TO SOCIAL CARE IN 2013/14		
DATE OF DECISION:	23 RD OCTOBER 2013		
REPORT OF:	CHIEF EXECUTIVE, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP AND DIRECTOR OF PEOPLE, SOUTHAMPTON CITY COUNCIL		
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STATEMENT OF CONFIDENTIALITY

NONE.

BRIEF SUMMARY

Since 2010/11 the Department of Health has allocated funding to Primary Care Trusts, and subsequently the NHS Commissioning Board, 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. . The funding must be used to support adult social care services in each local authority, which also has a health benefit. For 2013/14 the amount for Southampton is £3,970,677.

The Health and Wellbeing Board agreed in March 2013 that the proposed priorities for the use of the funding transfer from NHS to Social care (NHS Transfer) were based on priorities within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care and these were used to inform the allocation of the funding.

A proportion of the initiatives were a continuation of schemes with contractual agreements in place from the previous year's Transfer monies and some new investments. This report is a resume of interim progress and outcomes of the work supported via the Social Care Transfer Funding from NHS for 2013/14.

RECOMMENDATIONS:

- (i) That the expenditure plans for the Social Care Transfer Fund 2013/14 be noted.

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.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. All initiatives were assessed against agreed priorities.

DETAIL (Including consultation carried out

3. 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. From 2013/14, the funding transfer to local authorities has been carried out by the NHS Commissioning Board with close involvement of the CCG. The funding requirement is that it must be used to support adult social care services in each local authority, which also has a health benefit.
4. 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 was agreed that this should be done via the Health and Wellbeing board.
5. Proposals for the criteria and priorities for the use of the 2013/14 spend were developed by SCC Adult Health and Social Care and the Clinical Commissioning group.

Requirements for the use of 2013/14 funding

6. 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.

7. The funding transfer 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. In addition it can support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.
8. 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).

9. Proposals for use of 2013/14 NHS transfer

The criteria identified by SCC and the CCG and agreed by the Health and Wellbeing Board to identify the 2013/14 spend were 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 recover
- 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

10. The aim is 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:

11. Agreed Priorities

Priority	
Continuation of schemes with contractual agreements in place	
Peer support and development of Timebanking – to develop focus on self management and reduce incidence of relapse	75,000
Further increasing access to psychological therapies to support those with long term conditions	170,000
Alcohol prevention and early treatment	95,200
Initiatives to support increase uptake and use of direct payments	37,400
Vulnerable Adult team in Emergency Department	55,000

Minimise assessment waits and targeted reviews	130,600
Social workers/care managers hospital discharge team to further improve assessments and planning from when date of discharge set	346,100
Newly identified schemes that meet the criteria	
Reablement – specific initiatives to support speedier implementation including medicines management 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	61,500
Prevention/raising quality in residential and nursing homes	351,700
Support to carers, including respite, and focus on self-management	87,900
Improving hospital discharge	198,300
Development of extra care services for those with dementia and complex health needs	89,000
IT infrastructure (PARIS)	48,600
Project management	14,000
Schemes to support maintaining eligibility criteria (funding to support existing adult social care services)	
	2,380,000

12. Outcomes achieved with the investment

Details of the outcomes are shown in Appendix 1. These have included some areas of system change as well as specific measurable outcomes such as:

- Ongoing 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.
- Increase pace of roll out of personalisation and direct payments – including market management and peer support development
- Improved 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
- 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
- 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

Examples of specific initiatives

13. Time Banking is detailed in Appendix 2.

14. Future use of funding

The schemes are all due to cease from end of March 2014. The Social care Transfer funds will be incorporated into the recently announced Integration transformation Fund. Ongoing evaluation of the schemes outlined above will be used to consider their effectiveness to be included in any future integration work.

RESOURCE IMPLICATIONS

Capital/Revenue

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

Property/Other

16. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

17. Payments will be made via an agreement under Section 256 of the 2006 NHS Act.

Other Legal Implications:

18. None.

POLICY FRAMEWORK IMPLICATIONS

21. The Operating Framework for the NHS in England specifies the requirement for this funding to support adult social care.

22. 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

WARDS/COMMUNITIES AFFECTED:

All

SUPPORTING DOCUMENTATION

Appendices

1.	Priority Outcomes
2.	Specific Initiatives – Time Banking

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 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None.	
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Report Tracking

VERSION NUMBER:	2
DATE LAST AMENDED:	14/10/13
AMENDED BY:	KW