

HEALTH AND WELLBEING BOARD

WEDNESDAY 26 JUNE 2013 at 1.30PM

Agreement on Spending Plans for Health 'Re-ablement' Monies and NHS Allocation to Social Care

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1. Purpose of Report

- 1.1. To seek agreement from the Health and Wellbeing Board on spending plans for two separate allocations of money from the NHS Commissioning Board for 'health reablement monies' and 'NHS allocation to social care' which total £6m and £14.2m respectively for Hertfordshire in 2013/14.

2. Summary

- 2.1. The spending review and 2011/12 NHS Operating Framework announced additional funding to PCTs in the financial years 2011/12 and 2012/13 to develop local reablement services. The funding totalled £150m nationally in 2011/12 and £300m in 2012/13. The accompanying letter (Gateway Number 15434) stated that this money was to develop post-discharge support and reablement services and PCTs should work with their local authorities to develop reablement capacity and that funding may be transferred to local partners or pooled budgets at local discretion.
- 2.2. The framework also set out that PCTs would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care. The guidance stated that this money was to be transferred to local authorities to invest in social care services to benefit health. PCTs and local authorities were asked to work together to agree jointly on appropriate areas for spend. For Hertfordshire this equated to £11.02m and £10.58 over the two years.
- 2.3. A plan was agreed with the PCT to use this money in its entirety to avoid the need for further cuts in adult social care budgets which would have impacted adversely on the local NHS.
- 2.4. From 2013/14, the funding transfer to CCGs and local authorities for their respective allocations will be carried out via the NHS Commissioning Board. Plans must still be agreed locally and it is suggested in guidance that the Health and Wellbeing Board should agree the plan. The allocation to adult social care is higher than anticipated at £859m nationally (£14.8m for Hertfordshire and £4.2m higher than the previous year). 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 DoH wants to provide flexibility for local areas to determine how this investment in social care services is best used.

- 2.5. In addition to the above stipulations, the guidance allows that the HWB Board may use the funding transfer to support existing adult social care 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.
- 2.6. The attached plan at Appendix A represents the proposal for the additional £4.2m and has been shared with CCG officers.
- 2.7. The plan includes £405k of proposed new schemes to cope with health demand which will benefit both the health and social care economy, £1m of invest to save schemes with associated business cases (some of which are already being piloted using one-off monies) and £1.3m to provide for adult social care budgets which overspent in 2012/13 due to winter pressures.
- 2.8. The plan also includes £1.4m of schemes currently funded through one-off winter pressures grants which are not expected to be provided again this winter. These schemes have been evaluated as providing financial and qualitative benefits to both the adult social care and health economy.
- 2.9. The attached plan at Appendix B represents the proposal for the health reablement monies and has been shared with county council officers.
- 2.10. Across Hertfordshire the CCGs have received reablement funding of £5.7m. This has been utilised to support services in the community, making recurrent previously non-recurrent support and by funding demographic growth across a range of providers. Smaller amounts, as shown in Appendix B, are targeted at community equipment and spot purchasing placements for complex patients in the community.

3. Recommendations

- 3.1. That the Hertfordshire Health and Wellbeing Board comment on and approve the respective spending plans for the two grant allocations.
- 3.2. That the monitoring of both spending plans is delegated to the appropriate governance structures between health and social care for each Clinical Commissioning Group, detailed within the spending plans.
- 3.3. That the Board delegates authority to change these spending plans mid-year where there is mutual agreement between the Accountable Officer of the CCG and the Director of Health and Community Services.

APPENDIX ONE – SPENDING PLAN FOR ADDITIONAL NHS ALLOCATION FOR SOCIAL CARE

New Items	Item Name	Item Description	Outcomes	Indicative Timescale	Monitoring Arrangements	Amount (000s)
1	Enablement Bed Provision	Provision of the 24 enablement beds annually @£630 per bed	Reduction in delayed transfers of care, residential placements and better health and social care outcomes for people.	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	788
2	Additional capacity enablement beds for winter	Provision of an additional 10 beds for 13 weeks of winter annually @£630 per bed	Reduction in delayed transfers of care, residential placements and better health and social care outcomes for people	Dec - Feb annually	Monitored through E&N Intermediate Care Board and HV QIPP Board	82
3	Social care staffing on Saturdays and Sundays to effect hospital discharges	2 social workers, 2 community care officers and 2 service finders working from Apsley and Stevenage bases and attend hospital sites as required.	Continuation of successful scheme	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	124
4	Additional social care staffing for acute integrated discharge and discharges from community beds	10 staff to increase capacity for social care assessments	Reduction in delayed transfers of care, residential placements and better health and social care outcomes for people.	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	337
5	Staff working on project managing health and social care integrated programmes.	Programme manager, project support officer, care practice advisor, project manager and CareTrak business analyst. Also includes a Health and Wellbeing Board Manager.	Successful implementation and benefits realisation of integration projects with health including Home First, Bed Bureau, IPA, Clinical Navigators and CareTrak.	From April 2013 onwards	Monitored through HCC management arrangements	306
6	Permanent funding of the social care element of the Falls Response Car with EoEAT	Fund falls response car social workers in E&N and HV permanently.	Significant reductions in conveyance to A&E and subsequent admission for older people who fall at home	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	68
7	Additional capacity within the Flexi-Hospital Team for out of county acute discharge of Herts residents	3 additional social workers to be deployed alongside existing workers to respond to red and black alerts in out of county acute hospitals.	Reduction in delayed transfer of care, residential placements and better health and social care outcomes	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	101

8	Two new palliative care social workers	Two social workers serving hospices and hospitals to expedite acute discharge to people's desired place to die	Reduction in delayed transfer of care in line with end of life strategy	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	68
9	Funding for independent brokerage and financial advice for people leaving hospital	A market for independent brokers to assist people (self-funders and those needed council funding) has developed which is responsive and holistic and can reduce waiting times for a hospital social worker	Reduction in delayed transfer of care, residential placements and better health and social care outcomes	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	75
10	Implementation of Carer Friendly Communities and Carer Friendly Hospitals in Hertfordshire	Funding for financial business case to support family carers to sustain them in their caring role	Prevention of admission, management of long-term conditions in the home, sustainability of family caring relationships, reduction in care home admissions	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	900
11	Bed bureau	Funding for social care posts within the new health and social care bed bureau	Reduction in delayed transfer of care from acute and community beds	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	40
12	Increase in HES capacity (additional van crew and Friday crew) and investment in HES equipment budget	Additional staff to react to fast deliveries for hospital discharge (Friday only crew) and £200k investment in more equipment provision (social care element)	Delivering beds and complex equipment packages for people being discharged from hospital within HES KPIs	From April 2013 onwards	Monitored through HES Strategic Commissioning Group and Adult Care and Health Panel	287
13	Learning and development activity for health staff including GPs	Raising awareness of social care with GPs, practice managers and hospital consultants to inform better decision making about social care and health services	Prevention of admission, management of long-term conditions in the home, sustainability of family caring relationships, reduction in care home admissions	From April 2013 onwards	Monitored through E&N Intermediate Care Board and HV QIPP Board	85
14	Additional spend on social care packages for people leaving hospital early who need more intensive support initially	Additional homecare capacity for people with long-term conditions / on specific care pathways who are discharged earlier and need longer to rehabilitate	Early discharge from acute and community beds and prevention of readmission through close management in the community	From April 2013 onwards	Monitored through HCC Policy and Resources Cabinet Panel and Adult Care and Health Cabinet Panel	1,000
Total						4,261

