



# Health and Wellbeing Board

## 4 March 2015

<b>Report title</b>	Funding Transfer from NHS England to Social Care 2014/15	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Steve Evans Adult Services	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders	
<b>Originating service</b>	People	
<b>Accountable employee(s)</b>	Steve Brotherton Tel 01902 555318 Email <a href="mailto:Steve.brotherton@wolverhampton.gov.uk">Steve.brotherton@wolverhampton.gov.uk</a>	Head Of Commissioning Older People
	Helen Rowney Officer Tel 01902 555495 Email <a href="mailto:Helen.rowney@wolverhampton.gov.uk">Helen.rowney@wolverhampton.gov.uk</a>	Commissioning
<b>Report has been considered by</b>	Cabinet Resources Panel Wolverhampton Clinical Commissioning Group Governing Board	21 October 2014 9 December 2014

### Recommendation for decision:

The Health and Wellbeing Board is recommended to:

To approve the allocation of the funding transfer from NHS England to Social Care 2014/15

Authority is delegated to the Cabinet Member for Adult Services in consultation with the Strategic Director of People and Assistant Director Finance, to approve the detailed allocation of this funding to services

To approve the Council entering into an agreement under Section 256 of the NHS Act 2006 to document the transfer of the funds to the Council.

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide information and to seek approval for the allocation of the funding transfer from NHS England to Social Care 2014/15.

## **2.0 Background**

- 2.1 For the last three financial years, NHS Support for social care funding has been transferred from the Wolverhampton Primary Care Trust to the Council in order to support adult social care services, delivering health benefits in the process. These funding transfers had been agreed under Section 256 of the NHS Act 2006.
- 2.2 For 2014/15 this funding transfer for Wolverhampton will be £6.3 million and will be transferred from NHS England to the local authority again via an agreement under Section 256. This funding transfer consists of an integration payment and main allocation.
- 2.3 There are a number of national conditions within the agreement for the integration payment and the main allocation.
- The payments are to be made under section 256 of the 2006 NHS Act
  - The funding must be used to support adult social care which also has a health benefit
  - The funding may be used to support existing services or transformation programmes, where such services or programmes are of benefit to a wider health and care system, provide good outcomes for service users, or would be reduced due to budget pressures in local authorities without this investment
  - There must be a local agreement between health and social care partners about the use of the funding and the outcomes to be delivered – this will be mandated through the Health and Wellbeing Board
  - It is a condition that the local authority and the clinical commissioning group must have regard to the Joint Strategic Needs Assessment for their local population and existing commissioning plans for health and social care in how the funding is used
  - As part of its agreement with local authorities, NHS England must ensure that it has access to timely information on how the funding is being used locally, in order to be able to account for this expenditure and assure itself that the conditions for each funding transfer are being met

- In relation to the integration payment a condition of the transfer is that the local authority must agree with its partner clinical commissioning group a plan for establishing and maintaining a Better Care Fund (BCF) pooled budget in the financial year 2015/16 and that the integration payment must be used for purposes related to preparing for implementing BCF .

2.4 Within the local context for Wolverhampton this funding will focus on the delivery of an integrated approach to reablement; rehabilitation; prevention and early intervention, ensuring a joined up all-encompassing philosophy and approach, which delivers greater independence and choice for all customers. The table below includes current metrics

Service Area
<b>Bed Based Intermediate Care</b>
There are 49 beds across the City which equates to 17,885 bed nights available
<b>Integrated Domiciliary Based intermediate Care HARP/CICT</b>
There have been 302 unique people from 1 April 2014 that have benefited from the HARP service
<b>Independent Living Service</b>
This service currently supports approx 27,000 people
<b>Assistive Technology (Telecare )</b>
This service currently supports approx. 942 people
<b>Supporting Hospital Discharge (Hospital Team)</b>

### 3.0 Current Situation

- 3.1 The Joint Wolverhampton Reablement and Intermediate Care Strategy 2014 - 2016 was approved by Wolverhampton City Council's Cabinet in June and approved at Health and WellBeing Board in July 2014.
- 3.2 In October 2014 Cabinet Resources gave approval to enter into an agreement under S 256 of the NHS Act 2006 for the transfer of this funding.
- 3.3 The governance arrangements for this funding will be through the Health and Wellbeing Board – see appendix one.
- 3.4 Through the BCF, the Intermediate Care and Reablement work stream is in the process of redesigning the model and pathways. The strategic objective of this work stream is the development and delivery of Wolverhampton's approach to effective alternatives to admission, effective discharge, and early discharge programmes.

3.5 The design principles that underpin the modelling include;

- Building on the current approach to discharge planning and delivery, enhanced community facing discharge liaison function, risk stratification and planning approaches
- An integrated approach to asset based community development, and building community capacity to improve health and reduce social isolation around the person as part of the whole person approach to reablement and intermediate care
- A material shift from care and support being delivered on an episodic basis to support and interventions being wrapped around the individual to maximise the potential for independence
- Fully integrated approach to intermediate and reablement care which is community facing and supports person centred care, providing both alternatives to admission that are community facing and accelerated discharge with intensive, needs based support. This support will be delivered and coordinated on an integrated basis in the community
- Effective support in a crisis
- Robust support to residential and nursing care

3.6 This funding will deliver the following short, medium and long term priorities:

- Addressing additional pressures that would impact on the health and social care community
- Through early intervention within communities;
- Supporting integrated hospital discharge
- The delivery of bed based intermediate care
- The delivery of an integrated approach to domiciliary reablement

3.7 This funding will contribute towards the delivery of the outcomes detailed in appendix two but will focus on the following priority outcomes and measures:

National Metric	Impact measure
Reduction in non-elective admissions:	180
Reduction in permanent residential admissions	8
Reduction in delayed transfers of care:	46
Increased effectiveness of reablement:	9

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- 3.8 In addition NHS support for social care funding for this year will focus on the delivery of an integrated approach to the on-going development of reablement and rehabilitation, better preparing the health and social care market to deliver a value for money response to the increasing demographic pressures that have already emerged.
- 3.9 These services outlined in 2.4 are described below:

### **Bed Based Intermediate Care**

Residential rehabilitation is provided from two Wolverhampton City Council resource centre's and delivers the following:

- Up to a six week residential rehabilitation intervention with input from both occupational and physio therapy in order to maximise and maintain independent living

### **Integrated Domiciliary Based Intermediate Care**

This service delivers the following:

- A six week intervention with patients in their own home either following discharge from hospital or to prevent hospital admission as an alternative or extension to inpatient rehabilitation
- A range of health and social care support to patients including nursing support (e.g. pressure ulcer management, wound care management, monitoring of medication, continence)
- A range of support activities that include exercise, posture, balance re-education, mobility, enable meal preparation, support with personal care, sign posting to other agencies for on-going support on discharge and support to carers as part of the reablement element

**Home Assisted Reablement Programme** is Wolverhampton City Council service and delivers the following:

- A planned six week intervention to customers in their own home either following discharge from hospital, review of care packages or where there is potential for the customers situation to improve through reablement
- A range of support activities that include mobility, meal preparation, support with personal care, sign posting to other agencies for on-going support on discharge (Age UK, church groups bereavement support) and support to carers

**Assistive technology** – Telecare service delivers the following :

- The provision of an alarm and equipment system. It supports vulnerable people who may need help in a crisis situation

Telecare equipment can provide:

- smoke and flooding alarms
- temperature control detectors
- Inactivity monitors or fall detectors that monitor a fall or no movement for a long time
- automated pill dispensers a reminder to take medication
- alarms that alert relatives or the control centre that help is required

### **Independent Living Service**

This service delivers the following:

- The provision of social care and health equipment to people in the community in order to maximise independent living

Both the independent living service and telecare service enable people to remain or return to living independently focusing on optimising people's independence with the lowest appropriate level of on-going care and support.

### **Supporting Hospital Discharge**

This service delivers the following:

- The provision of a health and social care integrated team to deliver an appropriate and timely patient discharge from New Cross Hospital and West Park Hospital.

## **4.0 Current Actions**

- 4.1 The Clinical Commissioning Group and the City Council will work together in order to quantify both the baseline and performance improvement measures against a number of these outcomes. This work will not delay the overarching agreement or transfer of the funding.
- 4.2 In summary, the Section 256 Fund meets the national conditions in the following way;

<b>National Condition for Use</b>	<b>Wolverhampton's Approach</b>
<b>The payments are to be made under section 256 of the 2006 NHS Act</b>	The payment will be made and managed via the agreed governance arrangements for the BCF pooled budget, via a Section 75 agreement and Partnership Board, with oversight from the Health and Wellbeing Board
<b>The funding must be used to support adult social care which also has a health benefit</b>	The funding is embedded within the Intermediate and Reablement work stream of the BCF programme. The work stream is

	developing a revised approach to intermediate and reablement care pathways which integrates health and social care delivery with health and social care metrics, and achieves performance against the BCF metrics.
<b>The funding may be used to support existing services or transformation programmes, where such services or programmes are of benefit to a wider health and care system, provide good outcomes for service users, or would be reduced due to budget pressures in local authorities without this investment</b>	The funding will deliver the following short, medium and long term priorities: Addressing additional pressures that would impact on the health and social care community through early intervention within communities; Supporting integrated hospital discharge The delivery of bed based intermediate care pathway which supports effective integrated intervention The delivery of an integrated approach to domiciliary reablement
<b>There must be a local agreement between health and social care partners about the use of the funding and the outcomes to be delivered – this will be mandated through the Health and Wellbeing Board</b>	The Health and Wellbeing Board has oversight of the BCF programme. Primary outcomes to be delivered through this programme are the nationally mandated metrics which are; Reduction in emergency admissions Reduction in delayed transfers of care Improvement in the effectiveness of reablement Reduction in permanent nursing and residential placements Improvement in patient experience Increase in the number of patients diagnosed with dementia (locally agreed)
<b>It is a condition that the local authority and the clinical commissioning group must 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</b>	The BCF has utilised the JSNA to focus the planning of the intermediate and reablement care workstream. The treatment of the funding reflects the jointly held strategic priorities in relation to the BCF Programme, and driving integration across health and social care.
<b>As part of its agreement with local authorities, NHS England must ensure that it has access to timely information on how the funding is being used locally, in order to be able to account for this expenditure and assure itself that the conditions for each funding transfer are being met</b>	The fund will be overseen through the integrated governance structure for the BCF. Performance against agreed metrics will be monitored through the Partnership Board, and included in the performance reporting against the BCF .

<b>In relation to the integration payment a condition of the transfer is that the local authority must agree with its partner clinical commissioning group a plan for establishing and maintaining a Better Care Fund pooled budget in the financial year 2015/16 and that the integration payment must be used for purposes related to preparing for implementing Better Care Fund.</b>	The BCF Plan has been agreed across the Clinical Commissioning Group and City Council. The plan has been approved with support via NHS England. Development of a Section 75 agreement is in progress, and is collaboration and partnership across both organisations is driving this forward. The Section 75 will be subject to the approval of both organisations in February
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## 5.0 Financial implications

5.1 The proposed use of the Section 256 funding for 2014/15 is set out in the following table.

<b>Service Area</b>	<b>Amount £000</b>
*Bed based intermediate Care (Staffing and support Costs )	2,255
Integrated domiciliary based Intermediate Care HARP / CICT (Staffing and support Costs )	1,074
Independent Living Service (Staffing and support Costs )	1,704
Assistive technology (Telecare) (Staffing and support Costs )	176
*Supporting Hospital Discharge (hospital team)	1,100
<b>TOTAL</b>	<b>6,309</b>

\* Service areas identified for the integration payment

5.2 All values in 5.1 above are appropriately contained within the Social Care budget for 2014/15.  
[AB/23022015/G]

## 6. Legal Implications



- 6.1 In order for the relevant NHS England to provide the Council with the sum of £6.3 million the Council will need to enter into an agreement under S 256 of the NHS Act 2006. The agreement will oblige the Council to ring fence the funds for the provision of social care services. The Council will also be obliged to provide evidence that funds have been used for social care and may be subject to audit.
- 6.2 Section 256 NHS Act 2006 (as amended) permits NHS England to make payments to local authorities towards expenditure incurred or to be incurred by it in connection with any social services functions. Also, payments can be made in connection with the performance of any of the authority's function, which have an effect on the health of any individual or on and NHS functions or are connected with any NHS functions. The payments may be made in respect of expenditure of a capital or of a revenue nature or in respect of both kinds of expenditure. The payments may be subject to such Directions as may be issued by the Secretary of State.
- 6.3 This element of funding is absorbed within the overall contribution to the pooled Better Care Fund budget which will be managed under a formal Section 75 agreement between the two commissioning organisations, Wolverhampton Clinical Commissioning Group and Wolverhampton City Council. A Partnership Board has been established to facilitate joint agreement and collaboration regarding the development of the BCF programme.

[Legal Code: TS/16022015/G]

## **7.0 Equalities implications**

- 7.1 There are no obvious equality implications that arise from this report and an initial screening has been undertaken.

## **8.0 Environmental implications**

- 8.1 There are no obvious environmental implications that arise from this report.

## **9.0 Human resources implications**

- 9.1 There are no human resource implications that arise from this report.

## **10.0 Corporate landlord implications**

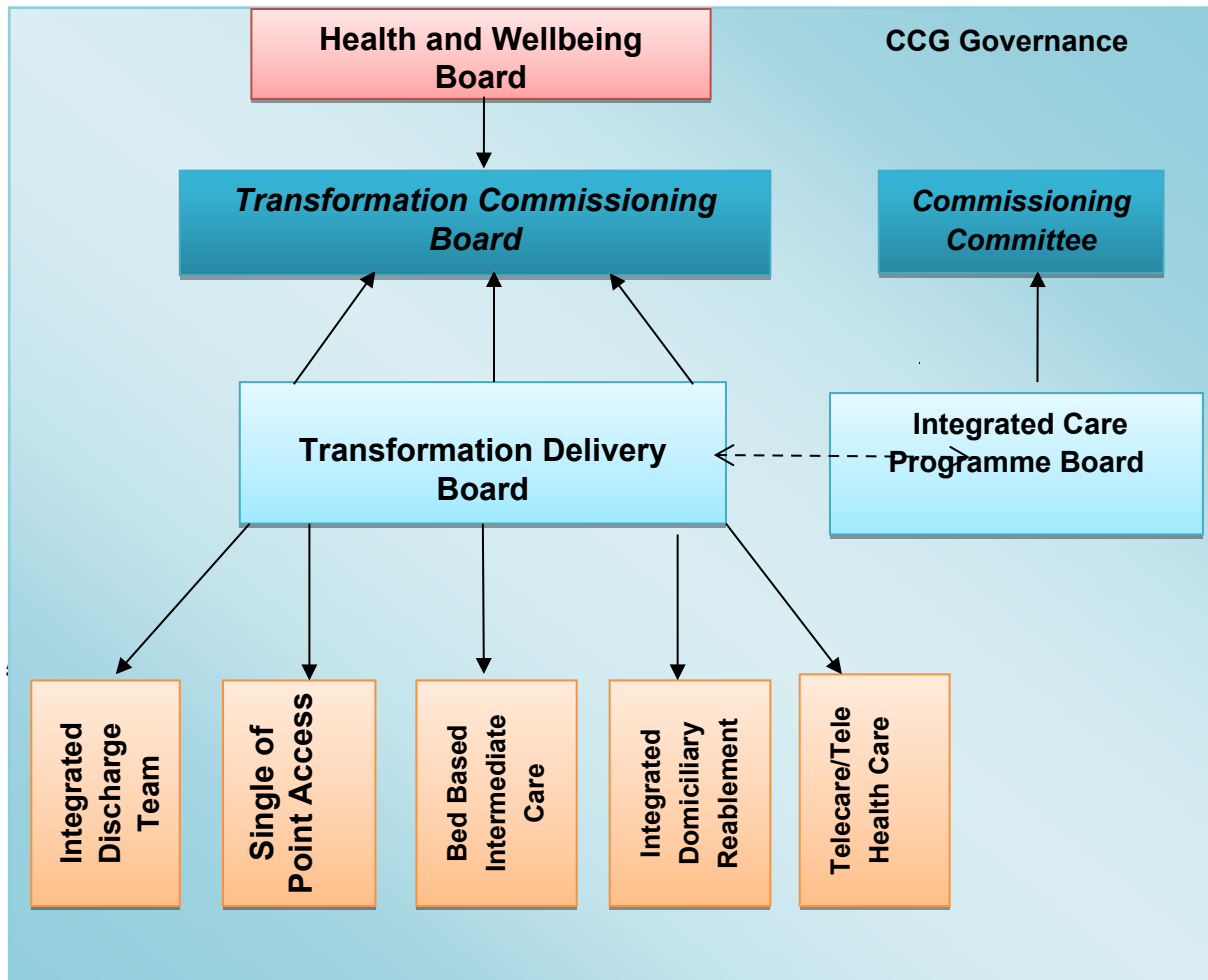
- 10.1 There are no corporate landlord implications that arise from this report

## **9.0 Schedule of background papers**

N/A

## **10.1 Appendices**

1. Governance
2. Hierarchy of Outcomes



This Joint Reablement and Intermediate Care Strategy for Wolverhampton 2014 - 2016 programme will be driven by the following high level strategic outcomes:

## Appendix Two

### Reablement /Intermediate Care Hierarchy of Outcomes To Enable Independent Living

#### Early Diagnosis, Intervention Reablement/ Intermediate Care

#### Care Closer to Home

#### Improved Quality of Life

- An increase in the number of people requiring no social care package following reablement /intermediate care intervention
- A reduction in the volume of social care packages
- A reduction in unnecessary hospital admissions
- An increase in earlier discharges from hospital
- A reduction in the length of hospital stays
- An increase in independent living discharge routes from hospital
- A reduction in the rate of readmissions following in-patient treatment
- A reduction in delayed transfers of care
- A reduction in the number of people admitted to care homes
- An increase in the proportion of Older People still at home 91 days after discharge
- An increase in the proportion of people with dementia using Reablement/Rehabilitation services
- An increase in the number of people using Telecare /Telehealth