SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board
DATE:	18th September 2013
CONTACT OFFICER:	Su Gordon-Graham, Strategic Commissioning Manager Adults
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WARD(S):	All

PART I

FOR INFORMATION AND APPROVAL

DEPARTMENT OF HEALTH FUNDING TRANSFER TO SOCIAL CARE

1. **Purpose of Report**

At the Wellbeing board meeting on 15th May 2013 the board members agreed in principle the joint areas for investment through the Department of Health funding for integrated health and social care services. This report is to advise the Wellbeing Board of the NHS allocation of funds to be transferred to local authorities and the section 256 agreement (appendix 2) which has been reached over the application of them.
Also attached is information on the NHS Heatherwood and Wexham Park- Accident and Emergency Winter Plan Commitment (appendix 3) and the Health and Social Care Integration Transformation Fund (appendix 4). A further report will be presented to the next Well Being Board for both these developments.

2. **Recommendation(s)/Proposed Action**

The Wellbeing Board is requested to approve the funding allocated.

3. **Slough Joint Wellbeing Strategy (SJWS) Priorities**
Health Profile of Slough as identified through the JSNA 2012:

In terms of future planning of health and social care services, the following key themes are identified in the Joint Strategic Needs Assessment (JSNA) 2012.

- The general health of many local people is poor and many people in Slough experience more years of ill health and disability than average.
- There are high rates of new coronary heart disease cases and pulmonary disease (chest and lungs).
- Diabetes rates are above the national average.
- Lung cancer incidences equal that of the national average.
- There are a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of TB.
- There are high numbers of people with mental health problems and people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of childhood obesity and people who smoke, factors which impact on health and disability.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions**,** and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use accident and emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. (Please see Appendix 1 for more information)

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working. The joint health and social care funding is designed to address these issues.

This report addresses therefore a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The services address key priorities listed above in the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4. **Other Implications**

(a) Financial

The funding associated with the activity contained within appendix 1 is met entirely through a specific funding stream.

5. **Supporting Information**

Background

5.1 Department of Health (DH) issued a letter during January 2011, Gateway Reference 15434, which described at the time, *Specific PCT Allocations for Social Care* for 2011/12 and 2012/13. It explained that:

- 'It is the Department's clear intention that this funding is used for social care purposes';
- that PCTs 'will need to transfer to local authorities to invest in social care services to benefit health'; and
- 'PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment'.

5.2 The Slough allocation was: 2011/12 £1.37m and 2012/13 £1.31m.

5.3 A further DH letter of December 2012, Gateway Reference 18568, followed by another, Gateway Reference: 00186 June 2013 identifies funds for transfer to local authorities for 2013/14. For 2013/14, the funding transfer to local authorities will be carried out by the NHS England and the letter referred to, provides provisional information on the transfer, how it should be made, and the allocations due to each local authority. This is to help the Board and local authorities prepare for the coming year [2013/2014]. The amount for Slough LA in 2013/14 is £1.84m. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. The Board will enter into an agreement with each local authority subject to the following conditions:

- 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 Department wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- Local authorities 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 Board may 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.

Funding Programme 2011 / 2013

6.0 Agreement for the original commitment was made at a Slough Collaborative Commissioning Board; the focus of the allocation was in the following areas:

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

6.1 Taken together, the areas agreed, address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. This is within a context of increased demand and changes in resource configuration, with balances of responsibility shifting between different organisations in the Slough Health and Social Care economy.

6.2 The work associated with Tomorrow's Community Health and Shaping the Future are examples of the policy shift to community based solutions. The focus of this funding is in line with this shift and will result in a reduction in hospital admissions, length of stay and increase timely discharge from hospital.

6.3 The 2011/2013 commitments were agreed, please see section D in appendix 2 Section 256 agreement below.

6.4 The project management and support presented in the table was originally to support a joint commissioning post. Structures have now changed and agreement has been reached to refocus these funds on the employment of a stroke coordinator from 2013/2014.

6.5 The stroke coordinator provides advice, information and support for patients and their families throughout their care pathway, including diagnostic investigations, diagnosis and treatment. The stroke coordinator works as part of a multidisciplinary team and will strive to act as patient advocate.

2013/2014 Funding Allocation

7.0 Discussion with the Clinical Commissioning Group has resulted in the continuation of existing areas of activity identified in 2011/2013, given their impact on improving levels of admission avoidance and maintaining performance in relation to transfers from hospital and; the continuation of an

increase in capacity emerging from an agreement related to the application Supporting Local Resilience one off funds announced in a letter 30th January 2013 from NHS South of England.

7.1 The full application is presented in section D of the S256 agreement below. The actual in year spend will be in line with the 2013/14 allocation. The commitment will need to be reviewed for 2014/15 once next years allocation has been announced.

7.2 Further nursing home placements have been added given the following analysis. Due to changes in lengths of stay, the bed base and the associated profile of nursing home placements, pressure on the latter was seen as sufficient a concern to be an area of investment in order to maintain provision and performance particularly in relation to placements from hospital. The original funding made provision for 5 additional placements to meet the demands of a changed bed base and throughput. The actual difference from the funding agreement to date (2011-2013) is 28, creating a gross pressure of £1m and £800k net of the investment. This represents over 100% increase in the numbers admitted from hospital: 24 in 2010/2011 and 50 in 2012/2013.

7.3 Work is underway through the governance arrangements to track the application of funding over 2012/2013 and 2013/14 Work is also underway to determine a fair cost of the LA administering and managing the grant and the HR, finance, commissioning and contracting overheads involved. Once arrived at this sum will also draw on remaining capacity.

7.4 It is important to note that this funding and the application of it should not be seen in isolation. The initiatives that have been developed are part of a wider set of initiatives across the health and social care economy. The initiatives complement work that is being developed around the closure of ward 8 at Heatherwood hospital and the Heatherwood and Wexham Park- A&E Winter Plan Commitment.

Performance

7.5 The application of funds across the whole time frame is to maintain and improve current performance activity against timescales and volumes, examples of this being the number of social care delayed transfers, numbers of people receiving intermediate care or reablement, numbers of unplanned admissions and the timeliness of responses to these areas. Beyond the information presented within this report and the performance frameworks of each organisation there is not as yet an agreed dashboard or scorecard which more holistically tracks investment and system change; work is underway within the Slough Integrated Care Governance Group to develop such a framework.

Governance

7.6 It has been agreed with Slough CCG that the governance for monitoring the investment and activity is undertaken in detail at the Slough Integrated Care Governance Group which will report a summary to the Health PDG which can in turn report in to the Wellbeing Board as required.

8 Comments of Other Committees / Priority Delivery Groups (PDGs)

The contents are agreed by the Health PDG, CCG Commissioners and the Director of Development.

9. Conclusion

Agreement for the original commitments for the funds were made at a Slough Collaborative Commissioning Board and the agreed investment programme for 2013/2014 provides a continuation of the existing programme along with further investment in the priority areas which support the agreed key priority areas of :

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

Taken together, the areas agreed, address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services.
The additional funds have also enabled opportunities for development of greater partnership working between Health and Social Care; an example being the newly formed Integrated Care Cluster meetings. These meetings target a joined up approach to prevent hospital admissions of those individuals most at risk and support them to manage conditions in the community.

10. Appendices Attached

Appendix 1. Further Slough Health Profile Information
Appendix 2. Section 256 2013/14
Appendix 3. Heatherwood and Wexham Park- A&E Winter Plan Commitment and Plan
Appendix 4. Statement on the Health and Social Care Integration Transformation Fund

11 Background Papers

'1' Department of Health, Gateway Reference 15434, 2011

'2' Department of Health, Gateway Reference 18568, 2012

'3' Department of Health, Gateway Reference 00186, 2013

Appendix 1 – Further Slough health profile information

According to the 2011 census, Slough's overall population is extremely young, with 55% of the population being under the age of 35 years and with the ratio of males to females being 1:1. Slough in general is performing worse than the national average when looking at a number of the Association of Public Health Observatories (APHO) small area indicators e.g. CV deaths, child poverty, high birth rates, low-birth weights, low immunisation uptakes, higher emergency hospital admissions. A substantial part of them are unregistered in GP surgeries and some belong to traveller communities.

Note: All of the statistics below are based on data collected and collated over four years (2006-2010), reflecting long-term outcomes and endpoints.

Some of these are graphically presented below in several types of Standardised Ratios (SR), which are compared to the England average, which is presented as '100'. The Standardised Mortality Ratio (SMR) quantifies the increase or decrease in mortality of a selected population group with respect to the general population. This is where the SMR = observed/expected x 100

Similarly, the SAR (Standardised Admission Ratio) quantifies the increase or decrease of hospital admissions in a selected population group with respect to the general population.

All Slough Ward Matrix – Rankings by a Selection of APHO Indicators

Ward	Deaths all causes - all ages	Deaths all causes - <75	Deaths from CVD – All ages	Deaths from CVD - <75 years	Emergency MI	Deaths from stroke	Deaths from respiratory causes	Child proverty	Fertility	Low birth weights	Obesity – Year R	Obesity – Year 6	GCSE	Child development age 5	Elective admit – all causes	Emergency admit children	Emergency admit – all causes	Emergency admit - CHD	Alcohol admit	Knee replacement
Britwell	8	9	13	1	10	13	3	2	10	3	10	10	13	6	1	2	2	5	2	2
Farnham	5	3	4	11	5	2	9	11	7	11	5	14	8	10	11	9	9	9	9	9
Haymill	4	8	12	2	14	5	13	9	8	13	6	13	4	2	7	5	12	12	10	7
Baylis and Stoke	7	4	7	8	4	4	5	4	3	1	7	7	11	12	8	14	5	3	7	6
Wexham	6	11	6	9	9	6	6	8	9	2	2	5	12	7	5	11	3	6	4	4
Cippenham Green	13	14	9	14	12	9	8	14	13	9	14	10	6	3	9	10	14	14	14	12
Central	3	2	1	13	1	3	7	3	3	5	7	1	10	11	12	13	4	2	8	8
Cippenham Meadows	9	7	10	12	6	14	10	7	2	7	9	8	5	9	13	8	11	4	11	3
Chalvey	1	1	2	4	2	1	1	1	1	6	11	1	14	14	10	3	1	1	3	5
Langley St Marys	14	13	14	7	13	10	12	13	11	10	13	4	2	1	3	7	10	11	12	13
Upton	10	5	8	10	8	11	11	12	12	13	4	6	1	5	14	12	13	13	13	14
Kedermister	11	12	11	5	11	12	4	10	14	12	3	12	9	4	6	6	8	10	6	11
Foxborough	12	6	5	6	7	7	14	6	6	3	12	8	3	8	2	4	6	7	1	10
Colnbrook & Poyle	2	10	3	3	3	8	2	5	5	7	1	3	7	13	4	1	7	8	5	1

Slough Wards with the Poorest Outcomes

Several wards feature repeatedly at the top of the tables for the indicators in which Slough is generally worse than England average:

Ward	Features in top 3	Ranked 1st	Ranked 2nd	Ranked 3rd
Chalvey	15	11	3	1
Colnbrook and Poyle	8	4	3	1
Britwell	8	1	6	1
Central	8	3	2	3

Foxborough	5	1	1	2
Wexham	5		2	3
Baylis and Stoke	5	1		4

Below are more specific indicators, with the top three ward's statistics shown:

All Cause Deaths, All Ages

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	384	250	153.5	138.6	169.7
2	Colnbrook and Poyle	146	114	127.8	107.9	150.3
3	Central	306	284	107.8	96.1	120.6

Deaths from Cardiovascular Disease in the Population of <75 Years of Age

Rank	Ward	Actual no. of deaths	Expected no. of deaths	Indicator value - SMR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	28	14	203.4	135.2	294
2	Central	29	15	194.2	130	278.9
3	Farnham	30	16	191.3	129.1	273.1

Emergency Hospital Admissions – All Causes

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Chalvey	5357	4003	133.8	130.3	137.5
2	Britwell	5413	4452	121.6	118.4	124.9
3	Wexham	5498	4691	117.2	114.1	120.3

Alcohol-Related Hospital Admissions

Rank	Ward	Actual no. of admissions	Expected no. of admissions	Indicator value - SAR (England avg = 100)	Lower CI	Upper CI
1	Foxborough	767	588	130.4	121.4	140
2	Britwell	950	773	122.8	115.1	130.9
3	Chalvey	801	677	118.3	110.3	126.8

Appendix 2

Section 256 NHS MEMORANDUM OF Agreement
FOR
TRANSFER OF ALLOCATION FOR SOCIAL CARE
FOR 2013/14
Between
NHS England (Thames Valley)
And
Slough Borough council together referred to as "the Parties"

Giving effect to a transfer of monies from NHS England to the Slough Borough Council pursuant to Section 256 of the NHS Act 2006.

Section A: Background and Principles
1. The purpose of this Memorandum of Agreement is to provide a framework within which the Parties will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.
2. Gateway reference 00186 states that NHS England will transfer £859m from the 2013/14 mandate to local authorities. The funding must be used to support adult social care services in each local authority, which also has a health benefit.
4.NHS England Thames Valley, on the recommendation of Slough clinical commissioning group and the
Slough Wellbeing Board ("through approval of s256 paper at its meeting on 15th May and is satisfied that:

- the transfer of this funding is consistent with their Strategic Plan that it is likely to secure a more effective use of public funds than if the funds were used for solely NHS purposes, in line with the conditions relating to Section 256 payments the Act.
- The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the draft Health and Wellbeing Strategy and the commissioning plans of both the Clinical Commissioning Group and Local Authority.
- The funding transfer will make a positive difference to social care services, and outcomes for users, compared to service plans in the absence of a funding transfer

Section B: Purpose of this Memorandum ofAgreement
5. This Memorandum of Understanding gives effect to those arrangements to benefit the population of Slough through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Schedule 1.
6. Monies defined in Section C below will be transferred to the Local Authority under Section 256 and used in accordance with the terms of this agreement. If this subsequently changes, the memorandum must be amended and re-signed, as a variation to the original.
7. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

Section C: Terms of Agreement – The sums of money
8. The money, which shall be transferred from NHS England to Social Care, is shown below:

	2013/14
Allocations for social care	**£**1.84

9. Payments will be made quarterly based on invoices issued by the Local Authority. The invoices must quote the relevant purchase order number.

Where a payment is made under this Agreement, the Council will provide an annual voucher in the form set out in Schedule 3 to Agreement. This voucher must be authenticated and certified by the Director of Finance or responsible officer of the recipient.
Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year. A Certificate of Independent Auditor opinion is set out in Schedule 3 to the Agreement.

Section D: Terms of Agreement – The uses of money
13. Uses of this funding will be as follows and will be subject to review as part of the joint governance arrangements set out in Section E below:
Table 1:

Detail	**Budget Allocated £s**	**Actual spend £**
Enhanced Intermediate Care & End of Life Care Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services. An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home.	£ 624,760	£ 624,760
Telecare Equipment & Careline The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs.	£ 47,676	£ 27,676
Nursing Home Placements The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million.	£ 200,000	£ 200,000
Reablement Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support.	£ 436,800	£ 436,800
Project management & Support This funding has supported the commissioning and contracting activity involved in supporting the resource deployment.	60,000	30,000
Total	**1,369,236**	**1,319,236**

2 The Additional 2013/2014 fund allocation is presented below:

Table 2:

Details of scheme to be funded	LA (£)	Actual spend £	Outcome
Increased funding for joint equipment	£ 20,000	£ 10,000	Prevention of DToC and admission avoidance
Increased social care packages as a result of the integrated care teams implementation	£ 20,000	£ 20,000	Avoidance of pressure on social care budgets
Additional Capacity for end of life care and extending beyond 6 weeks	£ 80,000	£ 80,000	Capacity to meet demand
Domiciliary care to prior to reablement to expedite discharge and avoidance	£ 30,000	£ 30,000	Timely discharge and prevent admissions
2 extra Reablement Assistants to enhance the current cluster model	£ 40,000	£ 40,000	Avoiding admission to acute hospital
Additional therapist and social work capacity (Cluster model)	£ 50,000	£ 50,000	Facilitating earlier discharge and avoidance
5 further nursing placements due to increased pressure as discussed in Para 27	£200,000	£200,000	Maintain current performance - Meeting additional demand
Health investment/integration project officer **(alternative funding for year 1)**	£ 50,000	£ 25,000	Provide governance and integration support
Telecare responder service	£ 20,000	£ 10,000	Component missing from telecare/health take up
Telecare/health project lead (1 yr)	£ 50,000	£ 50,000	To ensure operational implementation and links to telehealth
£530,000	**£560,000**	£ 515,000	(-£50k year 1)
Total projected spend for 2013/14 table 1 & 2		£ 1,834,236	

Section E: Terms of Agreement - Governance, Reporting and Monitoring

14. In Slough Borough Council the Agreement shall be held by Director of Wellbeing and appointed nominees to manage, monitor and deliver.

15. In NHS England the Agreement shall be held by the NHS England (Thames Valley) Director and appointed nominees to manage, monitor and deliver NHS interests.

16. In Slough CCG the appointed nominee for governance and monitoring purposes will be the Head of Operations.

17. The Slough integrated care governance group shall monitor and review the programme of work monthly and ensure corrective action where required. At least one officer of the CCG shall be a member of this Board. Slough Wellbeing board will receive quarterly reports on the progress of the programme of work from the Integrated Commissioning Board and ensure the programme supports the delivery of the Health and

Wellbeing Strategy and Joint Strategic Needs Assessment. NHS England will be represented on the Slough Wellbeing Board. The Wellbeing Board will review the annual expenditure of the allocation.

18. Any underspend on the transfer money will be discussed by Slough Borough council and Slough CCG via the Integrated care governance group and agreement reached as to how the underspend should be dealt with. This may include retention of the underspend with Slough borough council for use on additional activity for the benefit of health or an alternative arrangement.

19. The Council will report expenditure plans on a monthly basis to NHS England (Thames Valley) categorised into the following service areas (Table 1) as agreed with the Department of Health.

Table 1:

Analysis of the adult social care funding in 2013-14 for transfer to local authorities

Service Areas- 'Purchase of social care'
Community equipment and adaptations
Telecare
Integrated crisis and rapid response services
Maintaining eligibility criteria
Re-ablement services
Bed-based intermediate care services
Early supported hospital discharge schemes
Mental health services
Other preventative services
Other social care (please specify)

Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration

19. The agreement may be altered by mutual consent by an exchange of letters.

20. In relation to continuation beyond 1st April 2014, such provisions as shall be directed by the Secretary of State on continuation and transferral of agreements shall apply.

21. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Integrated care governance group and referral to the Health and Wellbeing Board if agreement cannot be reached.

Section G: Signatures

In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.

Signature_____
Name_____
Date _____
FOR AND ON Slough Borough Council

Signature_____
Name_____
Date _____
FOR AND ON Slough Borough Council

Signature_____
Name_____
Date _____
FOR AND ON BEHALF NHS ENGLAND