

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

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WARD(S): All

PART I **FOR DECISION**

NHS ENGLAND FUNDING TRANSFER TO SOCIAL CARE 2014/15

1. **Purpose of Report**

This report sets out the proposed use of section 256 Agreement funding transferred from NHS England to adult social care

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

- That the Slough Wellbeing Board is requested to note that the Council will enter with NHS England a section 256 Agreement to receive £2.362m for the purpose of providing health and social care services. And that this funding forms part of the Slough Better Care Fund from 2014/15.
- That the Slough Wellbeing Board, subject to agreement with Slough CCG, approve the proposed use of funding to maintain existing services, protect preventative services and to invest in new services to meet increased demand arising from population growth and ill health.
- That the Slough Wellbeing Board agree to the proposed targets and governance arrangements for the spending of the funds.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3a. **Slough Wellbeing Strategy Priorities**

The section 256 Agreement allows for the transfer for funds between local authorities and CCGs for use in social care which has an added health benefit. For 2014/15, the proposed spending plan complements the Slough BCF (Better Care Fund) Delivery Plan and therefore, meets all the priorities listed below:

- Health

- Economy and Skills
- Regeneration and Environment
- Housing
- Safer Communities

The following has been extracted from the JSNA 2013; the facts and figures listed below are relevant to how expenditure against the section 256 Agreement has been allocated:

Residential and Nursing Care Provision: 217 people aged 18 to 64 were placed in residential care in 2012/13 and 19 were placed in nursing care, equivalent to 24% of all of Adult Social Care Service users aged 18 to 64. The Council has embarked upon decommissioning traditional residential care to promote independent living, increase value for money and outcomes for residents. The JSNA highlights a 12.5% increase in residents with mental health issues, and a 20% growth in the proportion of residents aged 65 years and over by 2020; with increasing levels of ill-health and a changing population profile, there is a need for high quality nursing home placements.

Access to social care and personalisation: 58.5% of Slough's Adult Social Care service users and carers receive a personal budget, and/or self-directed support in 2013/14. Access to social care is means tested, this means for Slough residents with either "substantial" or "critical" need will receive support. At least 80% of service users engage with the 3R service (Recovery, Rehabilitation and Reablement) where direct payments and personal budgets are promoted throughout this process for service users who will have ongoing care and support needs. The Council is keen to increase the proportion of users receiving a personal budget, as this allows for great flexibility over the type of care involved and crucially puts the user at the heart of the support plan. This also meets the requirements set out in the Care Act 2014.

End of Life Care: Approximately 770 people die in the Slough borough each year, with 18.8% of people dying at home, and 64% dying in hospital, this is compared to national average of 20.3% and 54.5% respectively. Slough has significantly less people dying at home; increasing choice and the provision of end of life is priority for the Intermediate Care Team

Cardiovascular disease (CVD): Slough is not significantly higher than the England average in terms of early CVD mortality (<75 years) and stroke mortality. However, it is higher than average in terms of people who smoke, CHD emergency admissions, angiography and revascularisation rates. There are a slightly lower proportion of stroke patients under 75 years discharged back to their usual place of residence compared to the national picture. Slough has invested in a Stroke Coordinator to increase the proportion of stroke patients living independently in the community.

Dementia: 329 people (0.2% of the population) are recorded on Slough GP registers as having dementia, according to the [Quality and Outcomes Framework](#) for 2011-2012. According to Projecting Older People Population Information and Projecting Adult Needs and Service Information; this is expected to increase by 26% by 2020. Slough has invested in a Dementia Advisor to increase to provide support to dementia patients and their carers to manage the condition, and to live independently in the community.

4. **Other Implications**

(a) Financial

The funding associated with the activity contained within this report and is met entirely through the section 256 Agreement. The Agreement supports the principles set out in the local BCF Delivery Plan, there is a small element of risk associated for future funding if outcomes are not met.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	Section 256 is agreed and signed	Nil
Property	Nil	Nil
Human Rights	Nil	Nil
Health and Safety	Nil	Nil
Employment Issues	Consultations will be carried out with if any, affected staff	Increased joint working and data sharing opportunities to improve outcomes for local residents
Equalities Issues	Monitoring of service user data	Nil
Community Support	Nil	Nil
Communications	Nil	Nil
Community Safety	Nil	Nil
Financial	Effective financial monitoring processes are in place	Joint working to improve value for money
Timetable for delivery	Nil	Nil
Project Capacity	Nil	Nil
Other	Nil	Nil

(c) Human Rights Act and Other Legal Implications

There are no human rights or other legal implications arising from this report.

(d) Equalities

Feedback and close monitoring of data is analysed according to Slough Borough Council equalities monitoring categories, thereby enabling any differential impact on particular groups to be identified.

5 Supporting Information

5.1 Background

Under Section 256 of the NHS Act 2006, NHS England will transfer £1,100m to local authorities during 2014/15 to fund adult social care services, which has an added health benefit. £200m of the funds is intended to help local authorities and clinical commissioning groups prepare for the implementation of the full Better Care Fund pooled budget in 2015/16. There are several conditions associated with the funding:

- (a) That each Health and Wellbeing Board must have agreed its Better Care Fund plan in order to have access to its share of the £200m Better Care Fund allocated in 2014/15.
- (b) That the remaining £900m must be used to support adult social care services which has a health benefit; local authorities must demonstrate how the funding transfer will make a positive difference to social care services
- (c) That there is joint leadership of the CCG and the Council through the Health And Wellbeing Board; that there is agreement on how funding is best used
- (d) That there is regard to the local Joint Strategic Needs Assessment and existing partnership commissioning plans in how the funding is used.

Beyond the conditions outlined above, NHS England wants to provide flexibility for local areas to determine how this investment in social care is best used. It is worth highlighting, the mandate issued by NHS England also states funding can be used to support existing services or transformation programmes, so long as there is a health benefit.

5.2 Governance Arrangements

NHS England will ensure that the local authorities and CCGs take a joint report to their local Health and Wellbeing Board to agree what the funding will be used for, any measureable outcomes, and agreed monitoring arrangements for area. Once agreed, only then will funds be released to the local authority.

5.3 Funding Allocation

NHS England will require local authorities to prepare expenditure plans categorised into service areas set out in the Gateway reference 01597 – 2014-15 Funding transfer to social care. The proposal for Slough is that funding is used on a range of existing preventative and core services that support the wellbeing of residents, deliver integrated care, and allow service users to be supported at home. These schemes make a

significant contribution to admission avoidance, promoting earlier discharge from hospitals, and increased capacity in the local health and social care economy; allocations are set out below:

Table One: Scheme of Work

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
1	Integrated crisis and rapid response services	725,000	<p>Effective in maintaining people at home, avoiding hospital admission whilst being cost effective for both health and social care</p> <p>End of life support will be provided through this service</p>	<p>Reduced avoidable admissions to hospital and delayed transfer of care</p> <p>Prevents hospital readmission and reduces long term care costs and dependency on health and social services</p> <p>Increase in proportion of people supported to die at home and or care home</p>
2	Reablement	660,493	<p>Support for patients to avoid hospital admission or to facilitate early discharge, to work intensively with newly discharged patients to support them to regain their independence</p> <p>Patients with long term and complex conditions can be supported in their own home, reducing the need for residential or nursing care</p>	<p>Reduced avoidable admissions to hospital and delayed transfer of care</p> <p>Prevents hospital readmission, promotes early discharge; reduced bed days, and reduces cost of health and social care over the long term through maintaining independence and recovery</p>
3	Early supported hospital discharge domiciliary care support	80,000	Ensuring that people get the domiciliary care packages to support discharges from hospital	Ensures timely and appropriate discharge from hospital, people return home and supports reduction in delayed transfers of care (bed days reduced)s

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
4	Dementia Services (dementia adviser)	50,000	<p>Available to dementia clients and their carers to avoid admission, aid improved recovery and outcomes where patients can manage their independence.</p> <p>Support to carers to continue caring and reduce impact on health and social care services</p>	<p>Improved outcomes for dementia clients, promotes independence and self care</p> <p>Reduces care costs and dependency on health and social services through admission avoidance</p> <p>To support / promote health and wellbeing through tackling isolation</p> <p>More carers supported</p>
5	Preventative Services (Stroke adviser)	40,000	<p>Available to stroke patients and their carers to avoid admission and to aid improved recovery and outcomes where patients can manage their independence</p> <p>Support to carers to continue caring and reduce impact on health and social care services</p>	<p>Improved outcomes for stroke clients, promotes independence and self care</p> <p>Reduces care costs and dependency on health and social services through admission avoidance</p> <p>To support / promote health and wellbeing through tackling isolation and skills development</p> <p>More carers supported</p>
6	Preventative Services (Falls)	50,000	<p>By reducing the number of people having a fall will reduce the number of admissions to hospital and reduce impact on health and social care services</p>	<p>Prevent and delay first fall</p>
7	Maintaining eligibility criteria (Nursing home placements)	400,000	<p>Specialist support for vulnerable patients to access intensive support within for nursing home placements</p>	<p>Supporting people to be placed in appropriate services</p> <p>Timely discharge from hospital or admission avoidance</p>

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
8	Telecare	87,000	Additional support packages for increased number of service users to maintain independence, reduce frequent visits and maintain recovery	Improved outcomes for clients; promotes independence and self care Reduces care costs and dependency on health and social services through admission avoidance
9	Joint health and social care teams working (staffing)	220,000	High quality staff teams to develop and lead on strategic commissioning of services in line with the BCF and to ensure improved and integrated provision of service	Increased capacity to support the development of BCF programme and workstreams, promote integrated working, and to ensure value for money
10	Joint health and social care teams working(Multi agency care home project)	50,000	High quality service provision to avoid admissions to hospital and support discharge to and from care homes and to ensure vulnerable groups are safeguarded	To prevent unnecessary hospital admission To support discharge from hospital To support / promote health and wellbeing To support/promote quality of service and compliance with CQC standards
Total		2,362,493		

5.5 Monitoring

The Board is asked to note that a suite of key performance measures have been developed and the indicators selected ensure the scheme of work deliver the right outcomes for local residents and service users in Slough. Members of the BCF Commissioning Group include senior officers (Performance, Finance, Assistant Directors, Operational and Strategic Managers) from the local authority, CCG, acute service, community health and service user representation where performance and financial activity will be scrutinised. As part of the governance arrangements for the BCF, there is direct links between the BCF Commissioning Group and the Health and Wellbeing Board, where any areas of concern can be escalated in a timely manner and corrective action agreed.

The attached report includes a suite of local authority performance indicators (both national and local indicators) which will be reported to the BCF Commissioning Group bimonthly; the report represents the first iteration of a performance and outcome monitoring framework; further refinements *may* be required to ensure robust performance monitoring processes. More information can be found in Appendix One: Section 256 2014/15 Scheme of Work.

5.5 Accounting and auditing

Accounting and auditing arrangements will be the responsibility of the Council; accounting will be carried out in line with the councils Financial Procedural Rules. Internal audit and quality assurance reports will be available for inspection by auditors from either partner agency.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

Nil

7. Conclusion

The Board is asked to note that the scheme of work has been developed in partnership and with full regard of the JSNA, as well as assessing future needs, pressures on health and social care. The proposals outlined in this report will as far as possible, allow the people of Slough to manage their conditions better and maintain their independence; avoid unnecessary hospital admissions; promote wellbeing; and over the long term; and ultimately reduce the burden on the public purse.

The scheme of work satisfies the conditions set out by NHS England;

- That the Better Care Fund plan for Slough has been agreed and approved by the Department of Health
- That the proposed spend of the fund has a health benefit and will make a positive difference to social care services
- That there is joint leadership of the CCG and the Council through the Health and Wellbeing Board; therefore the Board is requested to note the contents of this report and
 - approve the proposed use of funding
 - agree to the proposed targets and governance arrangements

8. Appendices

A – Section 256 Report

9. Background Papers

1. Gateway reference 01597 – 2014-15 Funding transfer to social care