

## ALLOCATION OF ADDITIONAL SOCIAL CARE FUNDING

### Report from the Head of Adult Commissioning and Health

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

**Recommendation:** that the Cabinet sign off in principle the proposed allocations for the £15.1m additional funding for 2017/18 outlined within this report:

- £4m for strategic county wide investments
- £11.1m for locality footprints and specialist systems

The proposals need to be signed off locally before we can spend the money, and will also need to be agreed by the two CCGs. The resulting schemes will form part of our Better Care Fund (BCF) Plan. The BCF plan is required to be formally endorsed by the Health and Wellbeing Board before being submitted to the NHS England Better Care Fund support team for formal approval.

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#### 1. Introduction

1.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with additional social care money announced in the Spring Budget 2017.

1.2 There are specific conditions around how we use the money, and the metrics against which we will be measured, with a particular focus on reducing the numbers of delayed transfers of care. There are also conditions about how we need to work with Clinical Commissioning groups in agreeing proposals for how we use the money. We are awaiting further guidance on whether there will be a requirement for formal sign off by s151 Officer.

1.3 For Devon, the additional money amounts to:

| 2017/18 | 2018/19 | 2019/20 |
|---------|---------|---------|
| £15.15m | £10.15m | £5.04m  |

The specific conditions are as follows:

- Plans to be jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings)

1.4 Beyond this, we can agree locally how the fund is spent over health, care and housing schemes or services, but we need to agree how this spending will improve performance in the following four areas:

- Delayed transfers of care
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement

1.5 There are also conditions about how we need to work with Clinical Commissioning groups in establishing the fund:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the local authority and Clinical Commissioning Groups.

1.6 This report recommends how this funding should be allocated, in line with national conditions, and targeting specific areas of local need. The proposals have been developed in consultation with health and social care staff and providers.

## **2. Context**

2.1 At the Spending Review 2015, the Government announced its ambition to integrate health and social care by 2020 so that to service users it feels like one service. An integrated health and social care service should have full geographical coverage, with clear governance and accountability arrangements. We are expected to set out how we expect to progress to further integration by 2020 in our 2017-19 Better Care Fund plan.

2.2 Inappropriate admissions and unnecessarily long periods in hospital can be harmful, for older people in particular. The longer older people remain in hospital, the harder it is for them to regain their independence and return home, and the more likely they are to be readmitted.

- 2.3 We have an ageing population which is also growing faster than the national average, increasing future demand for health and care services. If we help people identify their strengths and link them in with appropriate support, there is potential to help them remain independent and less reliant on care. We also need to recognise that some of the support that people require can be delivered within their community and by the voluntary sector.
- 2.4 People with mental health conditions and those with disabilities do not always have access to the level of support they need, which impacts on their general health and wellbeing. The additional funding ensures we can quickly address this inequity.
- 2.5 We also have difficulties with recruiting and retaining staff, in common with many of our providers, and we need to consider new ways of using and developing the skills of our workforce.
- 2.6 We aim to use the additional funding to address each of these priorities, as well as following national best practice guidance on reducing delayed transfers of care.

### **3. Proposal**

- 3.1 Outline proposals were sought from staff in health and social care, using the national high impact change guidance as the proposal template. Proposals needed to meet the conditions set out above, along with a clear indication of how they will improve the lives of people in our communities.
- 3.2 Proposals were grouped according to high impact change area and analysed at a multi-agency care and health leadership team away day, with each of our partner organisations represented.
- 3.3 The Programme Delivery Executive Group (PDEG) will receive a summary of investment proposals for mutual challenge and assurance.
- 3.4 This is not recurrent money and will not be added to system baseline budgets. Investments should not increase overall system costs and should be considered as 'bridging' resources to implement the STP new models of care.
- 3.5 We propose to take a zero-tolerance approach towards delayed transfers of care, with funding decisions informed by the following principles:
- Addresses local reasons for delayed transfers of care by improving flow and reducing demand.
  - Manages demand through an improved short term services offer and developing individual and community resilience
  - To implement the STP priorities of:
    - Single assessment process
    - Single point of access
    - Rapid response
  - Strategically designed and agreed in principle but locally delivered

- 3.6 The recommendation is for allocations as follows:
- Strategic county wide investments – for areas where it makes sense to design change on a county wide basis
  - Locality footprints and specialist systems:
    - North, East, South and West localities
    - Mental health
    - Disabilities
- 3.7 The high impact changes recommendations focus on getting people out of hospital, but we would also do this by reducing demand through prevention and increasing sufficiency and innovation in the personal care and care homes markets, plus developing community resilience through the voluntary and community sector.
- 3.8 We will agree funding allocations for 2017/18 now, and plan 2018/19 and 2019/20 as part of the standard local authority and NHS financial planning arrangements.
- 3.9 The locality allocations would be based on their over 75s population:

|       |     |
|-------|-----|
| North | 20% |
| East  | 49% |
| West  | 11% |
| South | 20% |

We would also distribute the community resilience / prevention allocation of £1m across localities based on the same percentage split.

| Area of spend (locality / system) | Over 75 population |
|-----------------------------------|--------------------|
| Mental Health                     | £2m                |
| Disability                        | £2m                |
| <b>Specialist Sub Total</b>       | <b>£4m</b>         |
| North                             | £1.2m              |
| East                              | £3.0m              |
| West                              | £0.7m              |
| South                             | £1.2m              |
| <b>Locality Sub Total</b>         | <b>£6.1m</b>       |
| Community Resilience/ Prevention  | £1m                |
| <b>TOTAL</b>                      | <b>£11.1m</b>      |

| Area of spend (county wide)                                                                                 | 17/18 | Detail                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Market sufficiency<br/>Care Homes – fee rates and innovations</b>                                        | £2m   | Increased activity putting pressure on unit rates. New joint contracting model provides vehicle for individualised approach and innovations. Any investment is likely to be <u>recurrent</u> . |
| <b>Market Sufficiency<br/>Personal care innovations</b>                                                     | £1m   | Unit rates not an issue, but innovations on new roles, better support for staff and better retention to improve supply. Opportunity for trusted provider model. May not be recurrent.          |
| <b>Assistive Technology</b>                                                                                 | £0.5m | Under-developed model in Devon. Agree strategy and investment <u>one off</u> in delivery to support prevention and new model of care.                                                          |
| <b>System development:<br/>- New model of care<br/>organisational development<br/>- New workforce roles</b> | £0.5m | Facilitation/support for practitioners to implement new model of care and design of new roles and competence to implement.                                                                     |
| <b>Total</b>                                                                                                | £4m   |                                                                                                                                                                                                |

3.10 We will be required to report quarterly to NHS England against a core set of metrics, and we will also establish a local performance monitoring report jointly with health partners and locality boards. Local performance monitoring will be via the System Delivery Group.

3.11 The Health and Care Overview and Scrutiny committee will also consider the proposals for assurance and challenge.

#### **4. Options/Alternatives**

4.1 The conditions governing the use of the additional money mean there are few alternatives to consider.

4.2 An alternative funding split would be to allocate per locality based on the current rates of delayed transfers of care, but this would mean a larger proportion allocated to the Eastern locality and would raise questions about equity of funding across the DCC footprint.

#### **5. Consultations/Representations/Technical Data**

5.1 Each system will be required to evidence impact on local citizens as well as system wide impact, and proposals will be developed with engagement from representative groups.

## **6. Sustainability, Carbon Impact and Equality Considerations**

- 6.1 These will all be considered as part of the business cases for individual schemes. Equality considerations have informed the overall funding allocation proposals, and Equality Impact and Needs Assessments will be undertaken for each service.

## **7. Legal Considerations**

- 7.1 The lawful implications and consequences of the proposals have been considered in the development of the proposals, and we have followed national guidance throughout. The resulting plan will also be subject to national scrutiny by the NHS England Better Care Fund support team.

## **8. Risk Management Considerations**

- 8.1 This proposal has been assessed and all necessary safeguards or actions have been taken to safeguard the Council's position. A risk register will be maintained and will form part of the Better Care Plan which will be reported to the NHS England Better Care Fund support team.

## **9. Summary**

- 9.1 Additional social care funding (through the Better Care Fund) was announced in the Spring Budget 2017. For Devon for 2017/18, this is £15.1m.
- 9.2 There are specific conditions around how we use the money, and the metrics against which we will be measured, with a particular focus on reducing the numbers of delayed transfers of care. There are also conditions about how we need to work with Clinical Commissioning groups in agreeing proposals for how we use the money.
- 9.3 This report recommends how this funding should be allocated, in line with national conditions, and targeting specific areas of local need. The proposals have been developed in consultation with health and social care staff and providers.
- 9.4 We propose allocations as follows:
- £4m for strategic county wide investments
  - Locality footprints and specialist systems:
    - £6.1m split between North, East, South and West localities
    - £2m mental health
    - £2m disabilities
    - £1m community resilience and prevention

**Tim Golby**  
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**Electoral Divisions:** All

Cabinet Member for Adult Social Care & Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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| <u>Background Paper</u> | <u>Date</u> | <u>File Reference</u> |
|-------------------------|-------------|-----------------------|
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Nil