

Adult Social Care and Health Overview and Scrutiny Committee – 11th April 2012

Section 256 Funding to Warwickshire County Council

Recommendations

It is recommended that:

1. The progress that has already been made to date in reaching agreement with Warwickshire PCT to invest Warwickshire's allocations is noted.
2. Comments are invited on any areas which are of particular interest or importance which officers should have regard to in the management of these funds.

1.0 Key Issues

1.1 In Winter 2010, the Department of Health declared three streams of money :

- Social Care money to benefit health. This amounted to £6m for Warwickshire in 2011/12)
- Reablement and Intermediate Care (£1.4m in 2011/12)
- Carers breaks (approx. 930K in 2011/12)

1.2 In Winter 2011 it announced another two streams:

- Social Care winter discharge pressures money (£150m nationally, £1.4m for Warwickshire)
- Clinical Commissioning Group money (approx. £300m nationally)

1.3 The £6m social care money was additional money given to the Primary Care Trust to passport onto the Local Authority

1.4 Appendix 1 highlights the schedule of spending for the £6m pass-ported to the Local Authority 2011/12

1.5 Appendix 2 sets out the allocation to date of the £1.4m allocated to relieve discharge pressures

2.0 Social Care Money to benefit Health (£6m) (Appendix 1)

Reablement

The key areas of development identified were:

- Sustaining the existing reablement service
- Extending the current eligibility and staffing infrastructure so the service is accessible to a greater cohort of health and social care customers
- Transfer three Community Care Worker posts on fixed term contracts into reablement to assist with exit throughput

2.1.1 Plans are all on track and delivering as expected.

2.1.2 Extended eligibility and expanded capacity is rolling out countywide. The last locality to rollout will be Nuneaton and Bedworth in July 2012.

2.1.3 The revised eligibility is embedding, and performance is sustained:

- predicted outturn for referrals has increased from 1986 in Q2 11/12 to 2169 in Q3 11/12
- outcomes have improved from 52% in Q2 11/12 to 77% in Q3 11/12
- 58% of customers are not receiving ongoing support 91 days post reablement in Q3 11/12 as opposed to 63% in Q2 11/12. Although this appears as a slight dip in performance, this still compares favourably with national evidence from CSED (Care Services Efficiency Delivery). In addition, reablement is delivering services in a more blended approach with Intermediate care, supporting customers with increased needs who benefit from joined up seamless services. The revised eligibility has also widened to offer reablement to a greater cohort of customers who would previously not have been eligible for the reablement service.

2.1.4 Three Community Care Workers were recruited into reablement in February 2012 to support and facilitate exit within the acute hospitals. These practitioners are co located within the acutes, to enable swift and efficient discharges and enhance collaborative working between health and social care teams.

2.2 Telecare

2.2.1 The key areas of development identified were:

- Sustaining the existing service
- Developing a countywide telecare model/ pathway that will help individuals maintain independence, increase safety and confidence, and support carers alongside traditional healthcare, social care and housing initiatives
- To provide the 3 elements of a telecare service across the county; equipment and installation; monitoring and telephone response; and a physical response service for those customers without key holders
- Develop Telehealth provision in Warwickshire

2.2.2 Plans are on track and delivering as expected.

- Assistive Technology and Telecare Board has been established with representatives from health and social care driving forward the Prevention Agenda

2.2.2 Clear referral / protocols are now in place, and there is improved information for practitioners on equipment. There is current focus on the training and skilling up of reablement practitioners to utilise telecare throughout a customers reablement journey and afterwards, which will sustain independence for longer.

2.2.3 An interim service reflecting the preferred model for telecare is in place on Nuneaton & Bedworth. Referrals and equipment provision are increasing; evaluation is due within the next year .

2.2.4 The Board are current awaiting confirmation as to who is the Tele-health lead from health colleagues to support this going forwards from a health perspective.

2.3 Integrated Community Equipment Store (ICES)

2.3.1 The key areas identified were:

- To cover the costs of the ICES service
- To develop a hybrid retail model
- To support customers to access equipment quickly when they need it

2.3.2 Plans are delivering as predicted.

2.3.3 Hybrid retail model has been developed which supports customers identifying and accessing equipment quickly and at the point of need.

2.3.4 An assessor has been appointed at the NRS (Nottingham Rehabilitation Services) assessment centre to support / offer guidance/ advice.

2.3.5 Contract arrangements continue (targets are in place, eg for 'recycle' rate for equipment.

2.3.6 OT Blue badge assessors were recruited January 2012 and are located at NRS, which further supports retail model and public awareness.

2.4 Dementia

2.4.1 The key areas identified were:

- To reflect the principles of the Dementia Strategy with robust referral pathways into health to assist with early diagnosis
- To deliver the dementia home care service

- 2.4.2 Plans are delivering as predicted.
- 2.4.3 A joint pathway has been agreed in principle; further negotiations currently underway with Clinical Commissioning Groups and Coventry & Warwickshire Partnership Trust at point of referral / diagnosis to improve customer / patient experience.
- 2.4.4 An action plan has been developed and agreed jointly post diagnosis to improve information and support people with dementia and their carers.
- 2.4.5 Significant work is progressing regarding the use of anti psychotics.
- 2.4.6 In Rugby a ward closed. We are currently awaiting evaluation from PCT on the impact of this, and awaiting further consultation regarding further closures and joint approach to social care impact.
- 2.4.7 Elderly mentally infirm long term care home placements continue.
- 2.4.8 More detailed joint work is being developed to understand the impact on social care of the Community Assessment and Intensive Treatment (CAIT) model.

2.5 Residential Care Assessment Beds

- 2.5.1 The key areas identified were :
- Allocation of assessment beds for health and social care that can be used to discharge to assess.
- 2.5.2 Winter pressures funding is being utilised to take this forwards with increased capacity.
- 2.5.3 Up to 20 beds at any one time are available as Moving on beds for a period of 2 weeks within WCC internal care homes. Complex need can be accommodated, i.e. hoisting and plaster care, but not ongoing nursing needs.
- Pathways to/through these beds have been refined. OTs support assessment, provide manual handling support and ensure appropriate equipment is in place.
- 2.5.4 Reablement may be considered to support the customer when they return home and reablement will work with the Moving on OT to support continuum of care.

2.6 Residential Respite Care and “In Your Place” services

- 2.6.1 The key areas identified for development are:
- Sustaining and developing residential respite care services in order to prevent carer breakdown

2.6.2 The In your Place service has been decommissioned and replaced by available services within the new Home Care Contracts from December 2011.

2.6.3 This will allow greater choice and flexibility and increase the responsiveness of service to carers with unique situations

2.6.4 A new respite service is being scoped and will be completed in May 2012.

2.7 Rapid Response Services

2.7.1 The key areas identified were :

- To cover the costs of a rapid response domiciliary care service available countywide and accessible to health and social care customers

2.7.2 From 1.12.11 this has been provided by external providers via the new Home Care Framework. This is available countywide, and is being monitored for effectiveness and compliance

2.8 Extra Care Housing

2.8.1 The key areas identified were :

- Costs of sustaining and expanding extra care housing as an alternative to residential care.
- Possible development of reablement flats for assessment within extra care accommodation

2.8.2 Briar Croft is open providing 64 units (shared ownership and social housing)

2.8.3 Farmers Court provides 45 units (all social rented)

2.8.4 Kingston House is open providing 10 units for people with learning disabilities, resulting in increased independence and wellbeing

2.8.5 In development is supported housing for adults with learning disabilities in Warwick and Bidford, totalling 30 units

2.8.6 42 units to be created at Avon Court

2.8.7 Partnership Framework development of up to 600 Extra Care Housing units, of which half will be for AH&CS customers

3.0 Winter Pressures Funding (Appendix 2)

3.1 Criteria

3.1.1 On the 3rd January 2012 the Department of Health (DH) announced a £150m fund to be distributed to Primary Care Trusts for immediate transfer to Local

Authorities for investment in social services which also benefit the health system.

3.1.2 The funding recognises that during the winter period health services, and particularly hospitals, experience significant pressure. The DH are anticipating that this additional investment will enable local services to facilitate hospital discharges more quickly and to provide effective ongoing support for people in their own homes.

3.1.3 This money is over and above other sums of money that were allocated by the DH to Primary Care Trusts at the start of the year which were £648m for social care, £150m for reablement and post discharge support, and approximately £100m for carers breaks.

3.1.4 This money is also over and above a number of other significant sums of available money to be spent from the 2011/12 NHS budget which have been announced over the winter. For example £100m offered to Clinical Commissioning Consortia to improve local services and reduce pressures on the NHS during the colder months, £20m given to Local Authorities in relation to Disabled Facilities Grants, £330m of available capital allocations and the NHS will be giving £500m back to the Treasury from its 2011/12 underspend.

3.1.5 The winter pressures allocation for Warwickshire is £1.4m.

3.1.6 The DH states that...

“...This additional funding should be used to impact directly on the specific most prevalent reasons for delayed transfers of care, which are attributable to adult social care in the local authority concerned...”

3.1.7 The DH expects tangible benefits and will look for improved performance around hospital discharge in particular, it states...

“...The Department collects monthly situation report data on acute and non-acute delayed transfers of care by NHS provider and local authority. We will use this information to monitor the impact of this additional investment, and expect that improvement should be seen in the relevant data, with a downward trend attributable to the category targeted...”

3.1.8 The DH will not be placing any formal claw-back arrangements over this money, but its expenditure has to be agreed between the PCT and the Local Authority, and any agreement will have to be signed off by a contract with the PCT under Section 256 of the 2006 NHS Act. Therefore the money will have to be ring-fenced within Warwickshire County Council's accounts because it will have to be spent within the terms of the agreed contract.

3.1.9 The DH states that the money has to be transferred to Local Authorities and be spent on social care...

“...PCTs will need to transfer this additional £150m to local authorities to invest in social care services to benefit health, and to improve overall health gain.”

3.2 Summary of Winter Pressures Spending Proposals

- 3.2.1 Officers within Warwickshire County Council, Warwickshire PCT, and South Warwickshire Foundation Trust have been working together to develop and agree spending plans for this money in ways that will benefit Warwickshire service users.
- 3.2.2 This fund has been viewed from a broader perspective than the directive from the DH in that where spending on health services or spending by health organisations rather than the Local authority would better benefit local service users then that approach is being taken in Warwickshire.
- 3.2.3 As a result of this approach, some items of expenditure will be managed by South Warwickshire Foundation Trust, however, the whole fund will be transferred to Warwickshire County Council and any agreed foundation trust expenditure will be reimbursed by Warwickshire County Council from this fund.
- 3.2.4 The expenditure agreed to date is detailed in Appendix A but the kinds of services the current agreements relate to include residential and nursing home beds, night sitting services, capacity planning within hospitals, nursing support, dementia services, family support, delirium care, infection control, physiotherapists, and community equipment.
- 3.2.5 Arrangements are being put in place to make joint decisions about the use of the remaining funds. Some expenditure that is too late to benefit in winter 2011/12 may be investments in order to improve processes that will benefit service users in winter 2012/13.

3.3 Timescales associated with the Decision / Next Steps

- 3.3.1 Because the fund was announced in January, it has not been possible to develop a plan to spend all of the money quickly enough to benefit services users this winter. However, because there is no clawback mechanism for this money, it is planned to ringfence any unspent money within Warwickshire County Council's accounts pending agreement with Warwickshire PCT on its use at a later date, which will mean expenditure during the 2012/13 financial year.
- 3.3.2 To date £967,000 has been committed and £434,000 is uncommitted pending further discussions and agreement with Warwickshire PCT.
- 3.3.3 Arrangements will need to be made to monitor and review the impact of the expenditure upon hospital activity.

4.0 Background Papers

Department of Health Local Authority Circular Gateway Reference 17071, 3rd
January 2012

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APPENDIX 1

Schedule of Spending for NHS Social Care Funding

£'000	2011/12 Schedule	2011/12 Forecast	2011/12 How figure is calculated
Reablement	3,163	3,620	Current forecast for the reablement team.
Telecare	157	206	Current forecast for all telecare spend
ICES	1,075	1,575	Current total recharge to council services
Dementia	454	1,013	Current forecast for external dementia specific homecare services, and the residual cost of dementia services provided in house
Residential care assessment beds	441	441	Forecast equal to budget pending a look at activity
Residential respite care and in your place services	637	637	Currently working on occupancy for internal homes – forecast therefore on budget
Rapid Response Services	59	59	As budget
Extra Care Housing	41	41	Forecast equal to budget pending a look at activity
Total Costs	6,027	7,592	
Total Funding	6,027	6,027	
Balance Overspend / (Underspend)	(0)	1,565	

**Warwickshire 2011/12 Winter Pressures Fund
Spending Agreed by Arden Cluster and Warwickshire County Council February 2012**

Ref	Title	Total £'000	Description	Benefit
1	Use of Internal Homes	50	Maximise internal residential homes to support discharge. 37 beds available county wide comprising 12 long stay beds, 5 emergency beds, 24 respite beds available.	Reduces the need for costly nursing homes particularly as there are very few beds at contract rate. Nursing Home Placements are scarce leading to delays.
2	Spot Purchasing of Nursing Home Places	84	Spot purchasing of short-term nursing beds	Timely discharge
3	Night Sitting at Home	30	Up to 3 nights night sitting on discharge in home setting	Timely discharge and provides confidence to people on leaving hospital
4	Provide Additional Capacity Planning Staff to all 3 hospitals	24	Social Workers to work exclusively with the bed managers to improve patient flow and aid communication	Timely discharge and provides confidence to people on leaving hospital
5	Additional nursing support to assist with early discharge	26	HCA and nurses together with admin and team leaders	
6	Age UK Pilots	50	Information & Advice in A&E & hospital discharge where held up for social reasons. To liaise with hospital staff on A&E, to identify patients who could return home, rather than be admitted, as their medical needs do not require secondary care but are potentially vulnerable and need immediate community support to be safely discharged.	Prevent re-admission to hospital within 30 days
7	Improve Discharge of People with Dementia	225	Additional homes care hours provided to support people with dementia in the community	Reduced length of stay and improved discharge for people with dementia. Reduced costs for health and also social care as 2/3 of discharges are to care homes. Better outcomes for patients & families
8	Improved support to Families of People with Dementia (Pilot through Age UK)	50	Increase carer support through breaks and additional home care packages to avoid carer breakdown and resultant admission to hospital prematurely. Increased package of replacement care and 1:1 support for the family/carers.	Less and avoidable admissions. Early indications suggest people with dementia reach crisis point due to carer breakdown because of the nature of the caring role and lack of appropriate and timely support. Improved outcomes for patient and families.
9	Improved Delivery of Delirium Care in Hospitals	83	Employment of specialist nurse/project worker	Reduce hospital admissions and better management of customers within care homes.
10	Improved information on Care Homes	30	Development of web page and other ICT initiatives. A more specialist and detailed approach is needed than a pure Resources Directory.	Improve access by customers and professionals to available care home capacity thus improving flow of admissions and discharges.
11	Infection Control Prevention	53	Appointment of specialist infection control nurse to advice and link with WCC learning & development to work across health & social care to train monitoring officers and audit teams in cleaning standards and ICP surveillance.	Reduce hospital admissions and better management of customers within care homes. Rewards for attainment through CQUIN
12	Physiotherapists in Reablement Settings	24		Quicker discharge and increased prevention of admission
13	Additional Community Equipment Services	136	Additional equipment to support clients in various settings	Facilitates discharge and supports independent living
14	Common Childhood Illnesses (Pilot)	102	Interactive resources & project management	Prevent unplanned attendances to A&E and therefore admissions
	Commitments Sub Total	967		
	Uncommitted Grant	434		
	Total Grant	1,401		