TO: HEALTH AND WELLBEING BOARD 14 FEBRUARY 2013

FUNDING STREAMS 2013/14 Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to review last year's expenditure in relation to NHS Funding for Social Care and to set out proposals for the Health and Wellbeing Board to comment on in relation to the NHS Funding for Social Care for 2013/14. This follows an initial discussion between officers in Adult Social Care and Bracknell & Ascot CCG.
- 1.2 The paper also sets out details of bids, submitted to the SHA in relation to 'Winter Pressures' and the Enhanced Intermediate Care.

2 **RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:-

- 2.1 Comment on the proposals in 3.13.
- 2.2 Endorse the approach to utilising the NHS Funding for Social Care.
- 2.3 Agree the reporting mechanisms back to the Board.

3 SUPPORTING INFORMATION

- 3.1 The Department of Health has issued a letter detailing 'What to expect' in terms of the funding transfer from Social Care in 2013/14. With the abolition of the PCT, this transfer will be carried out by the National Commissioning Board, under Section 256 (5A)(5B) of the 2006 NHS Act. The letter is set out at Annexe A.
- 3.2 The allocation for Bracknell Forest is £1,295,071 and the criteria are contained in the letter. In essence, there is a condition that Local Authorities agree with its Health partners how the funding is best used within Social Care, recognising the Health and Wellbeing Board is the natural place for these discussions.
- 3.3 The backdrop to this report is that for BFC, the local government settlement was worse than had been feared and that this may require further savings to be made. Early analysis indicates that the following year could be as bad as faced in the first year of the government's financial reforms. Having said all of that, there is recognition of the role that Adult Social Care in partnership with Health has on the residents of the Borough and support is there for not simply taking the increase in this funding stream for other purposes.

Background

- 3.4 This is the third year of the funding and the following paragraphs detail the agreed funding for 2012/13 and an analysis of the impact and outcomes for people. The four areas agreed were:-
 - Managing Demographic and System Capacity Pressures (£770k)
 - Carers Support (£100k)
 - Stroke Support (£26k)
 - Dementia Adviser (£35k)
- 3.5 The funding in relation to managing demographic and system capacity pressures has ensured that the department has not overspent causing potential pressures for the Council and the need for further efficiencies. It has providing ongoing social care support for people and ensured that the capacity is available to respond to the pressures within the Health system.
- 3.6 More pertinently performance in key areas of Adult Social Care has continued to be at the high levels established. 2012/13 is seeing no change in this. The ability to respond to admission avoidance/hospital discharge has remained strong as funding has been able to be used for throughput on ongoing care packages with no delays. Performance remains in top quartile, despite having to deal with 3 acute hospitals. So delayed transfer of care as a performance measure remains strong and we have been complemented on our approach by HWPT/FPH in particular. Other outcome measures released by NCB also show BFC in a positive light in terms of fewer admissions to Residential/Nursing Care and people's views on services.
- 3.7 The carers support funding has been used across Adults and Children's Social Care. The resource in relation to Adults has enabled transformation of the approach. The funding for carers has helped reshape the services, with the then current service being decommissioned and a new offer and provider in place now. This brought a platform for which the CCG could invest their resources taking advantage of the new local arrangements. In year performance shows a significant increase in the numbers of carers being supported.
- 3.8 The stroke investment has enabled support for ESD in Frimley and helped people and their carers retain a service that would otherwise have been lost, due to the withdrawal of 2 year funding.
- 3.9 The Dementia Adviser has been influential in signposting people through statutory services and voluntary sector and enable people to have confidence following diagnosis and reducing referral rates to CMHT(OA).

Looking Forward 2013/14

- 3.10 The funding document identifies a growth for 2013/14 from £932k to £1295k, an increase of £363k (as far as we can tell there are no other funding streams that have been rolled into this). In the guidance letter, it is expected that:-
 - 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.

Unrestricted

- 3.11 The starting position for the 2013/14 allocation is that 2012/13 expenditure should be carried forward to ensure that the standards and outcomes achieved are maintained and mainstreamed.
- 3.12 New allocations are proposed as follows, again with the intention of mainstreaming at this stage:-
 - Public Health £100k
 With new responsibilities for Local Authorities coming into effect on 1 April 2013, the Council is keen to identify a sum of money that can be identified to ensure "quick wins" and as a resource to encourage change. (At a strategic level, it is expected that the current contracts will be rolled over for year 1 so this will reduce early flexibility).

This chimes with the Joint Health and Wellbeing Strategy (JHWBS) and a focus with the CCG on self care.

• Supporting People with Autism £80k The changing emphasis on supporting people with Autism following the national strategy has caused additional pressures for the department in year so it is proposed to fund an element of this from the available resources.

The remaining allocations are intended to be one off initially in the hope that the outcomes will help reduce pressure on social care budgets, given the proposed overall settlement for Local Government.

- Supporting People with Dementia £73k This is a priority in the JHWBS and for the CCG who have targets to improve the diagnosis rate for people with dementia. If this occurs, then there would be an increase in demand for elements of Social Care.
- Supporting People with Long Term Conditions £71k Another national priority in which Local Authority activity is well aligned and proposals about to be implemented this financial year. It is anticipated that there could be additional demand for rehabilitation or social care support and that this allocation will ensure good progress.
- Additional Programme Support £40k
 Critical to success in 2012/13 was the use of the 'Winter Pressures' monies for 2012 in which it was agreed to enhance the programme development capacity. This has helped accelerate developments and ensure implementation. This capacity is due to finish and this funding is a means to deliver that capacity going forward.
- 3.13 The following table summaries the value of the proposals.

Area	£,000s	
	770	
Carers Support	100	
Stroke Care	26	
Dementia Advisor	35	
Dementia Support	73	
Public Health Initiatives Autism Support	100 80	

Long Term Conditions/Integrated Care	71
Improving Capacity to Support Programmes	40
TOTAL	1295

4 WINTER PRESSURES FUNDING

- 4.1 The DH has identified additional funding to "Support Local Resilence during Winter and Maintaining Access in 2013/14". This is being administered by NHS South of England, there is £82.5 million available and a minimum of £25 million be invested in Social Care.
- 4.2 The Council was notified by the CCG just prior to Christmas following the DH letter on 20 December 2012 and 'bids' had to be back on 7 January 2013. The following bids were made on behalf of the CCG and BFC.

Scheme Detail	Cost (£k)
Increased clinical input to Bridgewell - increased nursing, medical (GP) and pharmacist support to prevent failure of reablement. Case mix is more complex following change of registration to accommodate dementia and hospital readmissions have occurred. Also need to extend admission to Ascot residents and increase throughput to optimise outcomes.	50
Extra funding for End Of Life Care which is extended beyond the anticipated period to ensure people die in place of choice and do not absorb reablement resource.	20
Locum hospital social worker to cover vacancy and cover 3 acute and support increased throughput.	12
Increased funding for joint equipment loans service and transport for patients to community alternatives to admission to hospital for assessment, diagnostics and care.	20
Support to the Frimley Park systems resilience through winter to help manage Berkshire Share of activity within Frimley. Specifically, this will contribute to social work support for A&E, staffing in AMU and CDU and in reach support.	80
Funding for increased demands for social care packages as a result of the integrated care teams implementation which will increase risk stratification and identification of unmet need for ongoing social care support.	30

4.3 As at 24 January 2013, despite the date for notification, no news had been received.

5 ENHANCED INTERMEDIATE CARE

5.1 The letter from DH assumes that the funding for Reablement Services is incorporated into the recurrent allocations (Annexe A – Para 1), so it is not anticipated that there will be any change to this.

Background Papers

Contact for further information

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