

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

|   |                     |  |
|---|---------------------|--|
| 1 | <b>Meeting:</b>     | <b>Health and Wellbeing Board</b>        |
| 2 | <b>Date:</b>        | <b>16<sup>th</sup> October, 2013</b>     |
| 3 | <b>Title:</b>       | <b>Social Care Support Grant 2013/14</b> |
| 4 | <b>Directorate:</b> | <b>Neighbourhood and Adult Services</b>  |

### 5. Summary

This report provides information on the transfer to Rotherham MBC of the Social Care Support Grant. It provides details of the local allocation and sets out recommendations on how the allocation will be spent. For the 2013/14 financial year, NHS England will transfer £4.81 million to Rotherham MBC. This includes an increase of £1.3m from 2012/13 levels @ £3.48 million.

Payment of the Social Care Support Grant is to be made via an agreement under Section 256 of the 2006 NHS Act. The agreement will be administered by the NHS England Area Team (not the Rotherham Clinical Commissioning Group). Funding from NHS England will only pass over to local authorities once the Section 256 agreement has been signed by both parties.

Social Care Support Grant must be used to support adult social care services that deliver a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.

Guidance relating to the Social Care Support Grant requires NHS England to ensure that the local authority agrees with its local health partners on how the funding is best used. Health and Wellbeing Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. In line with their responsibilities under the Health and Social Care Act, NHS England will make it a condition of the transfer that RMBC and RCCG have regard to the Joint Strategic Needs Assessment for their local population. NHS England will also make it a condition of the transfer that RMBC demonstrate show the funding transfer will make a positive difference to service users.

### 6. Recommendations

**That the Health and Wellbeing Board:**

- **Agree to the programme of expenditure set out in Section 8**
- **Agree to the development of a light-touch performance framework for the grant**

## **7. Proposals and details**

It is proposed that the Social care Support Grant be used to support existing services and transformation programmes, where such services or programmes are of benefit to the wider health and care system. The funding will support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

NHS England will ensure that the CCGs and local authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any measurable outcomes and the agreed monitoring arrangements in each local authority area.

As part of the S256 agreement, NHS England will ensure that it has access to timely information (via Health & Wellbeing Boards) on how the funding is being used locally against the overall programme of adult social care expenditure, in order to assure itself that the conditions for each funding transfer are being met.

It is proposed that funding focuses on the following key areas.

- Additional short term residential care places, or respite and intermediate care.
- Increased capacity for home care support, investment in equipment, adaptations and telecare.
- Investment in crisis response teams and preventative services to avoid hospital admission.
- Further investment in reablement services, to help people regain their independence

## **8. Finance**

Appendix 1 sets out the proposed spending programme for 2013/14.

## **9 Risks and Uncertainties**

The key risks associated with the Social care Support Grant funding are;

- That the funding is subject to annual review so could reduce in future years
- Difficulties in measuring health outcomes
- Relationship between Social care Support Grant and the new Integration Fund

## **10 Policy and Performance Agenda Implications**

There is no requirement to develop a performance framework for this funding. However national guidance does stipulate that investment should focus on health outcomes. It is proposed that the Health and Well Being Board endorse the development of a light-touch performance management framework for this grant, overseen by the Adult Partnership Board

## **11 Background Papers and Consultation**

Gateway Reference: 00186 - Funding Transfer from NHS England to social care – 2013/14

## **12 Contacts**

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## Appendix 1: Proposed Spending Programme – Social Care Support Grant

| Action  | Impact  | Allocation (£000) |
|---|---|-------------------|
| <b>Existing Funding</b>   |   |                   |
| Interim Care beds   | For patients deemed medically stable and fit for discharge but for whom intermediate care is not appropriate  | 100               |
| Community based support - home care/re enablement   | Same day discharge at weekends. Provide SS support to restart services to enable supported discharge on Saturdays and Sundays   | 500               |
| Therapy staff x 2   | To support increased use of intermediate care beds  | 100               |
| Social workers in A & E   | Provision of social work presence in A & E/hospital to minimise admissions and expedite discharge   | 180               |
| Expand fast response service  | Provision of increased resources to extend the rapid response from 2 to 5 days  | 220               |
| 2 SSO reviewing officers to fast track assessments during re enablement   | Provide early reviews of care effectiveness to allow early decision to increase care package  | 98                |
| Fast response Nursing team  | To assess patients who need additional support to remain at or return home. The service co-ordinates are for patients for up to 72 hours and is delivered by trained nurses and support workers | 60                |
| Home improvement agency (HIA)   | Preventative service related to falls etc to reduce hospital admissions   | 60                |
| <b>New Investments</b>  |   |                   |
| Provision of residential short term or respite care for older people to avoid hospital admission or speed up discharge. | To reduce the need for admission to hospital or long term residential care during winter periods  | 115               |

| Action   | Impact   | Allocation (£000) |
|--|--|-------------------|
| Learning Disabilities independent sector residential care  | Provision of short term or respite care for people with learning disabilities to reduce the need for admission to hospital or long term residential care.  | 582               |
| EMI Day Care   | Day care provision for EMI clients to assist in maintaining independence and reduce the need for long term care  | 100               |
| Social Workers in GP Practices   | Social workers work within GP Practices to identify the needs of clients who are at most risk of hospital admission and co-ordinate social care input with the community health service to ensure more effective and efficient services          | 100               |
| Mental Health - To promote early discharge from hospital into specialist rehabilitative care to enable access to community based services. | Additional funding to meet the increase in early discharge from hospital and the growth in proportion of service users with more complex needs. There is a statutory duty to provide secure placements, no lower cost options available.         | 150               |
| PDSI -Community support including Direct Payments/ Personal Budgets -to support enablement for individuals                                 | Target to increase the number of people helped to live at home. Promotes independence and provides more personalised services.   | 220               |
| To provide additional home care/supported living through Direct payments/Self Directed Support.  | Investment into Respite and Community based care (Direct Payments) maintaining independence.   | 734               |
| Older People - Pressures on Domiciliary Care Budgets   | Anticipated increase in population over 85+ over the next three years (source ONS). Statutory requirement to increase intensive home care packages. Better use of resources, underpins the personalisation agenda and supports social inclusion. | 380               |
| Learning Disabilities - increase in demand for Direct Payments   | To meet year on year increase demand for direct payments. Promotes personalisation agenda and social inclusion by maintaining independence.  | 314               |
| Mental Health - Increased Drug and Alcohol Community based rehabilitation services   | Additional funding to meet the Safer Rotherham Drug Action Plan target to increase the number of assessments and services over the next three  | 59                |

| Action   | Impact   | Allocation (£000) |
|--|--|-------------------|
|  | years.   |                   |
| <b>Transformational</b>  |  |                   |
| Development of specialist supported living scheme for people with a learning disability  | Development of new scheme to meet Valuing People Targets and both increased demand and customer expectation. A more cost effective alternative to long term care.  | 46                |
| Develop community based dementia care service  | Provision of community based support to provide carer breaks. Avoids breakdown of carer support and resultant admission to hospital  | 100               |
| Investment into specialist community based support for people with a learning disability | Alternative investment to enable people with higher dependency needs to be supported in the community. Provides breaks for elderly carers and avoids unnecessary admissions into residential care and hospital | 37                |
| Further Investment into Intermediate Care  | Prevention and early intervention to avoid unnecessary admissions or readmissions to hospital care. Also avoids need for high levels of home based social care   | 560               |
| <b>Total</b>   |  | <b>4,815</b>      |