

**THE TRANSFER OF FUNDING FROM HEALTH TO SOCIAL CARE IN 2013/14**

**Joint report of the Chief Officer Sunderland Clinical Commissioning Group and the Executive Director of People Services**

**1. PURPOSE OF REPORT**

The purpose of the report is to outline how the adult social care funding for 2013/14 transferred from NHS England to Sunderland City Council will be used, the arrangements that will be established to monitor the funding and to seek agreement to these proposals.

**2. BACKGROUND**

2.1 Previously, funding to support adult social care was received by PCTs and then transferred to Local Authorities via an agreement under Section 256 of the 2006 NHS Act. The funding must be used to support adult social care services which also have a health benefit.

2.2 Since the abolition of PCTs in March 2013, the new arrangements that have been implemented for the health transfer of funding to local authorities in 2013/14 are that NHS England will enter into an agreement with local authorities and will administer the funding via the NHS England Area Teams. Funding from NHS England will only be transferred to local authorities once the Section 256 agreement has been signed.

2.3 NHS England will ensure that the local authority agrees with its health partners how the funding is best used within social care and the outcomes expected from this investment. Health and Well-being Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent

**3. CURRENT POSITION**

3.1 Sunderland health transfer to social care in 2013/14 will be £5,611,337 which it is proposed will be allocated for the provision of the services attached as Appendix 1.

3.2 Within 2012/13, the monies transferred supported the Council in meeting the increased demands placed on adult social care services within Sunderland. There have been increased admissions to care homes, alongside the need to support more complex needs within people's own homes.

- 3.3 There has been a need to look to alternative service delivery options to meet the increased activity relating to hospital discharges, which require social care support; hence the introduction of the Time to Think Model in 2011/12 – with increased availability of service within 2012/13.
- 3.4 Within 2013/14, demand continues in relation to admissions to Care Homes 255 admissions since 1 April 2013. 159 of the admissions relate to placements that support EMI needs and the distribution of admissions across the market supply is as follows: 32% to Gold homes, 19% to Silver, 15% to Bronze, 30% to Standard and 5% not in Sunderland. This has a direct consequence on the budget required to meet the needs, as fees are based on quality levels and care types.
- 3.5 Since April 2013, there has been a 20% increase in the home care hours delivered, with the latest information from October 2013 showing 32,322 hours of home care being delivered per week. As the levels of need continue to increase in terms of complexity, the demand continues to rise.

#### **4. Governance Arrangements**

- 4.1 It is proposed that the governance arrangements to monitor the funding transfer for 13/14 will be via the Joint Commissioning Programme Board. The Board meets on a monthly basis and is accountable for delivery of the overarching joint commissioning programme and provides strategic leadership and direction, overseeing progress across all of its component projects.
- 4.2 As part of the national process for securing agreement to the health transfer in 2013/14, it was agreed that the proposals required agreement by the CCG prior to presentation to the Health and Wellbeing Board. It is a national condition of transfer that the proposals are agreed by the Health and Well Being Board.

#### **5. RECOMMENDATIONS**

The Sunderland Health and Wellbeing Board is requested to consider and agree the use of the health transfer of funds as outlined in Appendix 1.

**November 2013**

Appendix 1 - NHS Support for Social Care 2013/2014

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R1	Increased demand on Disabled Facilities Grant	Additional budget to fund DFGs, which provide structural alterations in people's homes to enable independent living	Monies to fund increased demand and to reduce waiting times for those people who require structural alterations	Supporting People to live independently  Reducing or preventing hospital admissions	Health related quality of life for people with LTCs.  Improving functional ability in people with LTCs.  Reducing the incidence of avoidable harm	£200k	£300k	Council	Increased waiting lists and inability to meet need
R2	Capacity within Home Care Service	Increased demand in services to support people to continue living in their own homes	Additional monies to fund the increased pressure on services to enable people to live at home	Supporting People to live independently  Reducing or preventing hospital admissions	Health related quality of life for people with LTCs.  Improving functional ability in people with LTCs.  Reduce time spent in hospital for people with LTCs.	£1.285m	£1.777m	Independent Sector Providers	Increased waiting times for packages of care Delayed discharges Potential for 'rationing' hours

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R3	Capacity within Community Equipment Service	Continued demand pressure across the range of prescribing.	Continued Additional monies to fund demand within Community Equipment Service	Supporting People to live independently  Reducing or preventing hospital admissions	Health related quality of life for people with LTCs.  Improving functional ability in people with LTCs.  Reduce time spent in hospital for people with LTCs.	£113k	£113k	Council	Increased waiting times for equipment
R4	Day Services for people with learning disabilities	Demand pressure on Fulwell Day Centre – day care for people with learning disabilities and people with mental health needs	Continued Additional monies to support ongoing activities at Fulwell Day Service	Supporting People to live independently  Social Isolation	Health related quality of life for people with LTCs  Improving functional ability in people with LTCs  Enhancing quality of life for carers.	£156k	£156k	Council	Reduced provision by 11% for people who require day care

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R5	Extra Care Schemes	Continued funding for care and support service within extra care schemes across city	<p>Funding existing schemes at Woodridge Gardens (Washington), Bramble Hollow (Hetton), Beckwith Mews (Silksworth), Cherrytree Gardens (Houghton) due to increased care and support needs of people living in the schemes.</p> <p>Funding to support the new extra care developments coming on line in late 13/14 – Dovecote Road</p>	<p>Supporting People to live independently</p> <p>Social Isolation</p> <p>Supported Accommodation</p>	<p>Health related quality of life for people with LTCs.</p> <p>Improving functional ability in people with LTCs.</p> <p>Reduce time spent in hospital for people with LTCs.</p>	£698k	£948K	Housing 21 and Gentoo	<p>Reduced provision impacting on needs</p> <p>Potential for deterioration in individuals requiring hospital admissions etc</p>
R6	Time to Think Beds	Increased opportunities for 'time to think'/reablement focus for those people who have been in hospital and are potentially in need of permanent care	Block purchasing of beds within Independent Sector to support the discharge process	<p>Reducing or preventing hospital admissions</p> <p>Care Closer to Home</p>	<p>Health related quality of life for people with LTCs.</p> <p>Improving functional ability in people with LTCs.</p> <p>Reduce time spent in hospital for people with LTCs.</p>	£170k	£735k	Independent Providers	<p>Delayed discharges</p> <p>Spot purchasing of beds by CHS</p>

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R7	Handyperson Scheme	Continued demand on service	Continued monies to fund increased activity within Handyperson Service	Supporting People to live independently Social Isolation Supported Accommodation Reducing or preventing hospital admissions	Ensuring people feel supported to manage their condition  Reducing the incidence of avoidable harm	£82k	£82k	Voluntary Provider	Service would not be available, as current funding does not meet demand
R8	Pressures on social care service for people living within LD residential Homes	Financial pressures within service	Continued monies to support increased social care needs across LD residential homes	Supporting People to live independently Social Isolation Supported Accommodation	Health related quality of life for people with LTCs  Improving functional ability in people with LTCs  Enhancing quality of life for carers.	£400k	£400k	Council and LA Controlled Company	Reduction in levels of service provision

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R9	Care Homes for Older People	Increased admissions to care – managing demand	Additional monies to support the increased financial pressure due to increased admissions to care homes	Supported Accommodation Care Closer to Home	Health related quality of life for people with LTCs.  Improving functional ability in people with LTCs.  Reduce time spent in hospital for people with LTCs.	£1m	£1m	Independent Sector	Increased overspend within budget  Delayed processes due to need to 'ration' admissions per week
R10	Pressures on Support Service for people using Direct Payments	Increased demand on current service	Additional monies to support the increased demand	Supporting People to live independently Social Isolation	Health related quality of life for people with LTCs.  Improving functional ability in people with LTCs.	£50k	£100k	Voluntary Sector Provider	Reduced levels of service
			<b>TOTAL</b>			<b>£4.154m</b>	<b>£5.611m</b>		

