

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Malcolm Newsam, Interim Corporate Director, Families and Social Care

To: Cabinet – 19 September 2011

Subject: **KENT PCT FUNDING FOR SOCIAL CARE, IMPROVING HEALTH OUTCOMES.**

Classification: Unrestricted

---

Summary: The purpose of this paper is to ask Cabinet for their approval to utilise the PCT funding for social care improving health outcomes across the seven broad areas in line with the DH guidance and to request delegated authority to officers to commission the services needed and agreed with the PCT to deliver these improved outcomes.

---

## Introduction

1. (1) Following recent announcements about NHS support for social care, including those made at the Spending Review, this report sets out the expectations placed on Primary Care Trusts (PCT) and Local Authorities (LA) in spending these resources in line with the Operating Framework for the NHS in England 2011/12 and how the different funding streams are recommended to be utilised in Kent.

(2) In October 2010, the Government announced the details of the Spending Review covering the four years from 2011/12 to 2014/15. This reflected the Government's commitment to protect the NHS with the total health budget increasing by £10.6 billion over four years. This settlement needs to be considered in the context of reducing management costs and Quality, Innovation, Productivity and Prevention (QIPP) productivity gains which are expected to release up to £20 billion more funding into frontline services for patients over the four years.

(3) In 2011/12, the settlement includes an explicit provision from health resources of £800 million, which NHS commissioners will have available to spend on measures which support social care and benefit health in agreement with social care commissioners. For Kent this equates to £ 16,226,000 million; £8,412,000 million for Eastern and Coastal Kent PCT and £7,814,000 for West Kent PCT. It is the Department of Health's (DH) clear intention that this funding be used for social care purposes. Local authorities were informed of the expected transfer from PCTs as part of the 2011/12 and 2012/12 local government finance settlement. See appendix 1 for breakdown of new funding streams.

## **Bold Steps for Kent (Health) and Policy Context**

2. (1) With regard to Bold Steps for Kent, these resources if deployed in the proposed manner will both put the citizen in control and tackle disadvantage by ensuring improved outcomes and pathways for clients, maintaining people at home and ensuring a greater range of choices.

(2) Bold Steps for Kent states that the health reforms proposed by the Government will give greater power to GPs to choose the best services for their patients, with local government having strategic responsibility to ensure the County's health needs are met. We must use this opportunity to improve the quality of the health service in Kent.

- We will help ensure that GP commissioning plans meet the health needs of all residents and communities in Kent. Working at County and District level we want Locality Boards to play a key role in this commissioning process, better connecting KCC and wider public services with health provision at the local level.
- We will work with GP consortia to encourage new healthcare providers to enter the market for health services in Kent. This will drive up standards, provide competition, increase choice and drive greater value for money for GPs and patients.
- We will work to join up and integrate health and social care service provision to reduce costs and demand that could be avoided - for example, by joining up our assessment processes.
- We will focus on a preventative approach to public health, supporting people to make better lifestyle choices and consider their own future health needs – so expensive health services aren't required as frequently as now.

(3) Cabinet will be familiar with the current policy context that underpins this additional funding, the two major policy drivers being:

- The NHS White Paper, Equity and Excellence: Liberating the NHS
- A Vision for Adult Social Care: Capable Communities and Active Citizens

## **Re-ablement monies**

4. (1) The allocation of £16m from PCTs for social care to improve health outcomes is in addition to another funding stream for re-ablement services which is contained but not ring fenced in PCTs recurrent allocations and which is available from 2010-2013. Re-ablement funding has been accounted for as part of the emerging joint plans. The continued development of local re-ablement services will be in the context of the post discharge support plans submitted to SHAs in December 2010. This funding is intended specifically to develop current capacity in community services, including in the independent and voluntary sectors with the objective of ensuring rapid recovery from an acute episode and reducing people's dependency on social services following discharge. These resources can be transferred to local partners or pooled budgets established wherever this makes sense locally. Though the use of the new funding streams are additional to any existing pooled budget or lead commissioning arrangements that a PCT may have with a local authority.

(2) Attached at Appendix 3 is the high level detail of how the re-ablement monies is being deployed in Kent as agreed between KCC and the PCTs.

## **Department of Health Guidance regarding the funding streams to support Health and Social Care joint working 2010/11 – 2012/13**

5. (1) The Department of Health (DH) guidance set out recommendation for what should be agreed between partners. The following explicit points may be seen to arise from this:

- a) Funding should be used to catalyse the move towards a sustainable and integrated health and social care system. There needs to be an integrated plan to ensure that whole systems benefits can be generated to support sustainability of enhanced levels of social care.
- b) PCTs are required to work together with LAs to agree jointly on appropriate areas for social care investment and the outcomes expected from this investment.
- c) The funding should be used to invest in enhancements in social care, over and above the existing service provision that will both improve the quality of outcomes for people and enable efficiencies within the NHS.
- d) The investment may be used to support and maintain existing services such as telecare, community directed prevention (including falls prevention), community equipment and adaptations and crisis response services.
- e) It is not intended to be used to merely fund deficits in existing traditional services where there are no wider system benefits. There needs to be a clear, measurable set of expected benefits and outcomes as a result of the additional funding.
- f) The funding should be in the context of a whole system plan and the current Joint Strategic Needs Assessment and/or any present revision of that process.
- g) There needs to be an agreed means by which LAs and PCTs will measure and review progress against the expected benefits; an explicit agreement as to how risks are shared and managed; and clear accountabilities for delivery.
- h) The funding should be integral to PCTs' Quality Innovation, Productivity and Prevention (QIPP) plans and used to secure the savings in areas such as length of stay and non-elective admissions.

### **Agreed investment areas for Kent**

6. (1) As set out by the DH in October 2010 and the subsequent Gateway document circulated in January 2011, plans for use of new monies should be based on the recommendations of the Joint Strategic Needs Assessment (JSNA) and the partner agencies' Strategic Commissioning and Business Plans' key priorities. Use of new monies should achieve joined up delivery, reform and improve quality and efficiency in those key areas.

(2) The agreed areas for investment in Kent are;

- (a) Early Access, Assessment and Integrated Working
- (b) Reducing non elective activity inc reducing acute length of stay
- (c) Planning for additional Winter Pressures
- (d) Developing Locality Commissioning
- (e) Advanced Assistive Technology
- (f) Carers Strategy
- (g) Dementia Strategy

(3) Attached as appendix 2 is further explanation of the agreed priorities and the high-level spend allocated to each area.

## **Process of reaching agreement with Health**

7. (1) KCC officers have worked in partnership with PCT colleagues to identify and agree areas for investment and to develop integrated plans for use of new monies.

(2) On Friday 26 August the Integrated Plan with high level Performance Indicators was submitted for agreement in principle, with the understanding that both agencies would then put the proposed plans through their governance and decision making channels: CMT and Cabinet for KCC and Eastern and Coastal and West Kent Commissioning Boards (these boards include GPs) for the PCTs. (at the time of writing this report August 31<sup>st</sup> we have not yet received formal agreement from the PCTs)

## **Procurement of Assessment Beds**

8. (1) A key component of the integrated plan is the procurement of a range of assessments beds. These beds have a range of functions and can be used for both admission avoidance purposes and so that people are not forced to make decisions about their long term care needs in an acute setting and are provided with more time to recover from an acute episode where ever possible returning to their own home.

(2) Assessment Beds are essential to ensure that the 'whole system' is prepared for the additional pressure that winter places on the health and socail care economy. Specific delegated authority is sought for the procurement of these beds and the necessary support services to ensure that they are fully utilised. The benefits the beds will provide are to enhance social care provision to support avoidance of hospital admission and safe early discharge from hospital.

(4) Outcomes / Performance Targets for the beds are;

- Reduced admissions into long term social care placements
- Increased number of assessments for long term care taking place outside the acute hospitals
- To prevent avoidable admissions into hospital and long term care with step-up and step-down beds
- Reduce delayed transfers of care
- Reduce average length of stay in acute settings

## **SHA Assurance and Governance**

9. (1) PCT Commissioners have provided broad details of how the funding allocated in 2010/11 would be spent. The SHA will continue to monitor this. Given that this funding is integral to the delivery of QIPP, this assurance will inevitably bear on the QIPP reporting process. It is recognised that the integrated nature of the planning means that outcomes and local governance will also need to relate to council's own resource challenges. Once agreed we will need to provide a joint final integrated plan to the SHA showing how the 2011/12 funding will be spent.

(2) There is no national prescription for the plan but suggested areas for local partners to cover include the following areas:

- What the funding will be spent on;
- The phasing of the investment;
- The expected benefits / outcomes;

- The expected phasing of those benefits and outcomes being realised;
- The means by which the spend and benefits realisation will be monitored; and
- Risks and mitigating actions.

(3) DH South East will be seeking assurance from LAs that the grant funding has been used appropriately and that agreements are in place according to the stated principles referred to in section 3 (a) to (f) above.

## **Financial Implications**

10. (1) Appendix 1 outlines the allocation of money available in Kent for
- Re-ablement Funds - development of post-discharge support and re-ablement reducing unnecessary admissions £13,617k over 3 years
  - Winter Pressures - additional funding to PCTs £4,056k in 10 -11 only
  - Social Care Monies for Health Outcomes - to support social care services to improve health outcomes £31,882k over 2011-2013

(2) The Acting Interim Director of Finance and Procurement will confirm how the Social Care Monies for Health Outcomes (the £31,882k) will be managed in the Council's accounts.

## **Legal Implications**

11. (1) Re-ablement funds in 2011/12 and 2012/13 will be contained within PCT baseline budgets. The funding is intended to develop re-ablement capacity in LAs, community health services, the independent and voluntary sector. The DH state it is a local decision how much money is spent on NHS services and how much on social care, resources can be transferred to local partners, or pooled budgets established.

(2) Social Care Monies for Health Outcomes funds have been allocated to PCTs who will need to transfer to LAs to invest in social care services to benefit health and to improve overall health gain. Transfer will need to be made via an arrangement under section 256 of the 2006 NHS Act.

## **Equality Impact Assessment**

12. As this report does not create, update or propose removing a policy, procedure or service at this stage an Equality Impact Assessment has not yet been done. An Equality Impact Assessment will be completed where appropriate as part of each commissioning proposal.

## **Risks and business Continuity Management**

13. (1) The DH identify that there is a risk that the funding streams will not deliver the expected benefits due to:

- a) the funding being used to meet shortfalls in existing areas of service provision;
- b) there being insufficient whole system rigor to ensure that an enhancement in social care results in improvement in quality and a reduction in NHS and whole systems costs;

- c) there being inadequate measures in place to allow scrutiny of the investment and the outcomes that it delivers;
- d) new agreed investment but in traditional areas that do not bring transformational or sustainable change;
- e) a deadlock between the NHS and LAs in agreeing how to spend the funding;
- f) local authorities potentially being reluctant to commit to longer-term recurrent expenditure since the funding streams are single yearly allocations that are not built into baselines.

(2) To address these risks, councils with their partners will need to ensure that robust governance and monitoring is established against milestones within their plans.

## **Consultation and Communication**

14. (1) Families and Social Care officers have had extensive dialogue with colleagues in the PCTs to develop and agree these proposals. The Joint Strategic Needs Assessment for Adult Services has formed the basis for the plan together with the Needs Assessment for people with Dementia, Learning Disabilities and Mental Health. The proposals are supporting the QIPP plans developed with the PCT and the Clinical Commissioners.

## **Sustainability and Rural Proofing Implications**

15. None envisaged

## **Are there any Personnel and Health and Safety Issues which are relevant?**

16 The proposals include some additional posts most of which are time limited. There are no health and safety implications envisaged.

## **Alternatives and Options**

17. The DH guidance gives a clear steer as to how these resources should be used and how LAs and PCTs are to reach agreement on their use. These proposals are in line with this steer.

## **Conclusions**

18. This report explains the different funding streams that the Department of Health has made available to PCTS and LAs to support social care and benefit health and explains how it is proposed to utilise Kent's allocation.

## **Recommendations**

9. (1) Cabinet is asked to:
- a) Note the content of this report
  - b) Note the deployment of the re-ablement monies
  - c) Approve the use of the PCT funding for social care improving health outcomes across the seven broad areas in line with the DH guidance
  - d) To delegate authority to officers to commission assessment beds and related support services

- e) To delegate authority to officers to commission all other the services needed and agreed with the PCT to deliver agreed improved outcomes

*Background documents:*

DH letter 13<sup>th</sup> January NHS Support for Social Care 2010/11-2012/13

Gateway reference 15434

The 2010 Spending Review Settlement” (Gateway number 14970) from Behan, 20 Oct 2010.

“2010/11 Funding for Re-ablement Linked to Hospital Discharge” (Gateway number 14936) from Flory, 28 Oct 2010.

£162m Additional Winter Pressures to Primary Care Trusts” (Gateway number 15386) from Nicholson and Kerlake, 4 Jan 2011.

“NHS Support for Social Care 2010/11 – 2012/13” (Gateway number 15386) from Flory and Behan, 13 Jan 2011.

Contact details:

Emma Hanson

Commissioning Manager

[emma.hanson@kent.gov.uk](mailto:emma.hanson@kent.gov.uk)

tel: 07595 088 589

**NHS Support for Social Care  
2010/11 – 2012/23**

Ref	Purpose	2010/11 (£m)	2011/12 (£m)	2012/13 (£m)	How the funding should be used
<b>A + B</b>	<b>Development of post-discharge support and re-ablement reducing unnecessary admissions</b>	£1,833k	£3,928k	£7,856k	To work with local authorities to develop local re-ablement capacity, according to local plans submitted to SHAs in December 2010. Funding may be transferred to local partners or pooled budgets. Each of the yearly allocations allows for local discretion to agree the proportion of spend on the NHS and social care in achieving improved integration.
<b>C</b>	<b>Additional winter pressures funding to PCTs</b>	£4,056k			For immediate investment in vital social care services which also benefit the NHS. New money to enable more rapid discharge
<b>D</b>	<b>To support social care services</b>		£16,226k	£15,656k	Funding must be transferred to local authorities, to spend on social care services which also benefit health. PCTs and local authorities should jointly agree how funding should be spent and the outcomes to be achieved.

## References

- A. "The 2010 Spending Review Settlement" (Gateway number 14970) from Behan, 20 Oct 2010.
- B. "2010/11 Funding for Re-ablement Linked to Hospital Discharge" (Gateway number 14936) from Flory, 28 Oct 2010.
- C. "£162m Additional Winter Pressures to Primary Care Trusts" (Gateway number 15386) from Nicholson and Kerslake, 4 Jan 2011.
- D. "NHS Support for Social Care 2010/11 – 2012/13" (Gateway number 15386) from Flory and Behan, 13 Jan 2011.



**High Level Plan  
Social Care Monies for Health Outcomes  
2011 – 2013**

<b>Item no</b>	<b>Item name</b>	<b>Item description</b>	<b>Owners</b>	<b>Total 11/12 (£m)</b>	<b>Total 12/13 (£m)</b>
1	Early Access, Assessment and Integrated Working	Fund catalyst for change schemes across a range of adult services client groups, facilitate the integration of health and social care services, development of generic roles, including NHS staffs direct access to social care commissioned services. Commission and manage throughput of extensive range of additional short term care beds.	Anne Tidmarsh Penny Southern James Lampert	£3,307.5k	£4,915k
2	Reducing non elective activity inc reducing acute length of stay	Acute Hospital admission avoidance and reduction in length of stay improve recuperation/recovery support and therefore need for long tem care, ensure right services, right time and right place. This includes work undertaken by hospital case management teams and increased enablement/placement activity. In Yr1 consolidation of East Kent intermediate care provision, supporting development of Kent wide intermediate care strategy.	Anne Tidmarsh Paula Parker	£4990k	£4,496k
3	Planning for additional Winter Pressures	Fund a range of services commissioned and provided by KCC to ensure a flexible response to individuals varying needs. Support pressure points of people leaving hospital, as well as providing preventative and admission avoidance interventions in individuals own homes. Services provided to include enablement and short term placement provision.	Anne Tidmarsh Paula Parker	£3,950k	£3,800k

<b>Item no</b>	<b>Item name</b>	<b>Item description</b>	<b>Owners</b>	<b>Total 11/12 (£m)</b>	<b>Total 12/13 (£m)</b>
4	Developing Locality Commissioning	Yr1 significant funding to support development of Locality Commissioning initiatives that contribute to integration of health and social care and reduction of non elective activity.	Anne Tidmarsh Phillip Round HoAS	£1,160k	£220k
5	Advanced Assistive Technology	Commissioning to support delivery of Advanced Assistive Technology Strategy, in order to promote independence and reduce reliance on intensive care packages. Yr1 significant investment in new equipment and support services.	Anne Tidmarsh Hazel Price	£1,212.5k	£775k
6	Carers Strategy	Joint Commissioning to support delivery of Carers' Strategy, support carers to continue in caring role, better assessment and support planning including contingency and emergency planning.	Cathi Sacco Emma Hanson	£236k	0.0
7	Dementia Strategy	Commissioning to deliver expectations of Dementia Strategy, supporting changes in the dementia care pathway ensuring services are more proactive, support people to plan and reduce/better manage crisis situations. Ensure consistent range of service across East and West Kent, including community based support and crisis services. Supporting delivery of ongoing and increased demand for dementia specific services in KCC integrated care centres.	Cathi Sacco Emma Hanson	£1,370k	£1,450k
<b>Total</b>				<b>£16,266</b>	<b>£15,656</b>

**High Level Plan  
Re-ablement Monies  
2011 – 2012**

Item no	Item name	Item description	Owners	Total 11/12 (£m)
1	Urgent Care	Schemes to support the development of intermediate care strategy, including providing single point of access to identify available assessment and intermediate beds for patients who do not require acute care either for discharge or pre-admission. Improved management of urgent or crisis situations in the community including investment in therapy staff. Development of specialist urgent care services for people with dementia. Schemes to support the development of integrated care and investment in schemes that avoidance admissions. Improvements to fall pathway including falls prevention and urgent assessment and response.	Sue Gratton Paula Parker Emma Hanson WK & EK Urgent Care Boards and Clinical Commissioning Groups	£1115k
2	Acute Hospital Care Pathways	Improving pathways through Acute Hospitals including admission avoidance turn around in A&E and reduction of zero day length admission. Schemes to support reduction in A&E conversion rates from attendance to admission. Increased successful discharges home, ensure that discharge planning is robust and starts upon admission. Schemes that support the development of early supported discharge, reduction in length of stay and prevention of 30 day readmission. Improving discharge process including out of hours and weekends. Reduction of delayed transfers of care.	Sue Gratton Paula Parker Emma Hanson WK & EK Urgent Care Boards and Clinical Commissioning Groups	£1616k

**High Level Plan  
Re-ablement Monies  
2011 – 2012**

<b>Item no</b>	<b>Item name</b>	<b>Item description</b>	<b>Owners</b>	<b>Total 11/12 (£m)</b>
3	Improving Community Services	Improve community services to ensure proactive management of long term conditions in the community. The development of integrated case management and improved access to therapy and equipment to prevent admissions and support discharges, including handyman schemes to ensure minor adaptation in the home	Sue Gratton Paula Parker Emma Hanson WK & EK Urgent Care Boards and Clinical Commissioning Groups	£946k
4	Support for Care Homes	Improving range and quality of support offered to care homes including those with nursing. Improve urgent care pathways and ensure that care homes can access urgent care services to prevent unnecessary admissions	Sue Gratton Paula Parker Emma Hanson WK & EK Urgent Care Boards and Clinical Commissioning Groups	£327k
<b>Total Value of schemes in PCT re-ablement plans</b>				<b>£4,004k</b>
<b>2011/12 re-ablement allocation is contained in PCT base budget – actual amount is unknown, however based 2010/11 suggested allocation</b>				<b>£3,928k</b>