

# Funding Transfer from NHS England to Social Care - 2013/14

## Suggested Submission Template

Local Authority	<b>Brent</b>
CCG	<b>Brent</b>
Scheme Name	<b>&lt;Scheme name&gt;</b>
Date agreed at Health and Well-Being Board:	<b>11-Dec-13</b>
Date submitted to NHSE (London):	<b>&lt;dd/mm/yyyy&gt;</b>
Total value of funding transfer:	<b>£4,806,952.00</b>

### Rationale:

**As per the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013**, Please provide information on how the section 256 transfer will secure more health gain and improved patient outcomes than an equivalent expenditure of money on the National Health Service?

The 2013/14 allocation builds on the monies previously received via the PCT. The money has been invested in developing a responsive Adult Social Care service, which delivers not only on core statutory requirements (managing continuing demographic pressures), but also, jointly with the CCG, the potential additional pressures on health services. There is a clear focus on older people through the Reablement and Hospital Discharge functions, which work closely with the health commissioners and providers to support people to live safely in the community. This is a comprehensive offer which ranges from reablement homecare to equipment (including Telecare) to fast track access to adaptations and work with housing to meet other housing needs. However, work is also ongoing for people with Learning Disabilities, Mental Health needs and excluded groups such as the homeless and people with substance misuse needs, (we work very closely with housing on all of these issues too) to ensure that the services we provide across health and social care meet individual needs and support people to live as independently as possible. There has also been investment in a dedicated Safeguarding Team, which works closely with health and social care commissioners as well as CQC to identify and respond to establishment concerns and drive up quality to promote dignity in care.

### Description:

Please provide an overview of the scheme and relationship to the JSNA, CCG commissioning plan and Local Authority's plan for social care

This spend is fundamentally linked to the Health and Well being Strategy, which was derived from the JSNA process. The fifth priority in Brent's HWB strategy is: Working together to support the most vulnerable adults in the community. This is linked to the Council's five priorities set out in its recently agreed Local Account:

- Maintain a strong focus on prevention
- Provide short term help so that people can regain their independence
- Promote the use of personal budgets to ensure people have as much choice and control as possible
- Ensure there is more support for carers, and
- Focus on dignity in care and ensure there is a 'zero tolerance of abuse' across health and social care.

### Outcomes and evidence of benefit:

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured to ensure the purposes described in the rationale and description of the scheme have been secured.

The six target areas which the Health and Well Being Board have decided to use as the measures for the 5th priority (working to support the most vulnerable adults) are:

1. Reduce A&E attendances
2. Reduce hospital admissions
3. Reduce delayed discharges
4. Improve support in the community to help people remain independent and reduce residential care
5. Customer satisfaction with management and support of long term conditions
6. Zero tolerance of abuse (ensuring everyone knows how to raise an alert, that all alerts are responded to within 24 hours, all referrals are investigated effectively, and outcomes the vulnerable adult seeks is achieved)

### Relationship to national outcome frameworks:

Please provide information on how the scheme is expected to contribute to local delivery against the national outcome frameworks selecting which domains are addressed in the tables below

The Adult Social Care Outcomes Framework and the commitment to stable accommodation, employment (where appropriate), reablement and independence and user satisfaction and quality of life are at the core of what we do. These monies alone will not deliver on those commitments, but they are aligned and will play a strong role particularly in relation to reablement, delayed discharges, user satisfaction and quality of life.

<b>Domains of the Adult and Social Care Outcomes Framework - please select the domains relevant to your scheme</b>	
1. Enhancing quality of life for people with care and support needs	<input checked="" type="checkbox"/>
2. Delaying and reducing the need for care and support	<input checked="" type="checkbox"/>
3. Ensuring that people have a positive experience of care and support	<input checked="" type="checkbox"/>
4. safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	<input checked="" type="checkbox"/>

<b>Domains of the NHS Outcomes Framework - Please select the domains relevant to your scheme</b>	
1. Preventing people from dying prematurely	<input checked="" type="checkbox"/>
2. Enhancing the quality of life for people with long term conditions	<input checked="" type="checkbox"/>
3. Helping people to recovery from periods of illness or following injury	<input checked="" type="checkbox"/>
4. Ensuring that people have a positive experience of care; and	<input checked="" type="checkbox"/>
5. Treating and caring for people in safe environment; and protecting them from avoidable harm	<input checked="" type="checkbox"/>

### Governance:

Please provide details of the arrangements are in place for oversight and governance for the progress and outcomes of the scheme

The Health and Well being Board will provide strategic oversight as outlined above. The Health Partnerships Overview Scrutiny Committee will also scrutinise as they scrutinise all significant spend in the health and social care economy. The Brent Integration Board has been set up (and has met twice so far) to deliver on this agenda. This Board is made up of all the key commissioners and providers. It provides the delivery capacity for this priority as well as managing the interface between the day to day management of key services through the Urgent Care Board and the wider strategic development of this agenda through the NWL Whole Systems Integrated Care programme/Pioneer. This group has a clear programme of action in the run up to the delivery of the first ITF proposal and pilot Pioneer projects in April 2014, which are:

- Integrated Short Term Assessment, rehabilitation and Reablement Service (STARRS)/Homecare Reablement to deliver a fully integrated 7 day a week reablement and rehabilitation service building on the currently aligned services
- Integration Care Pathway 2 (ICP2) - focused on case management in the community for those at high risk, frequent users of urgent care - multi-disciplinary approach, single care plan and outcomes
- Improving discharge - developing a 'pull' model for discharges to ensure safer and more effective discharges to reduce delayed transfers of care
- Alcohol and Homelessness - tackling the biggest delays in hospital and supporting people who have been excluded to regain their independence and quality of life
- Learning Disabilities - building on the work of the Brent Winterbourne Collaborative Group to reduce health inequalities and improve outcomes for people with a learning disability by ensuring they have the support they need to live independently
- Mental health - primary care plus, redesigning Mental Health services to focus on early interventions with a clear recovery pathway to reduce institutional care.

### Finance:

Please provide a full breakdown of your expenditure plans categorised into the following services areas - An outline template for this is provided in the "**financial breakdown**" worksheet.

<b>Service Areas- 'Purchase of social care'</b>	<b>Subjective code</b>	<b>Planned Expenditure</b>
Community equipment and adaptations	52131015	495000

Telecare	52131016	348000
Integrated crisis and rapid response services	52131017	507000
Maintaining eligibility criteria	52131018	1054952
Re-ablement services	52131019	307000
Bed-based intermediate care services	52131020	
Early supported hospital discharge schemes	52131021	838000
Mental health services	52131022	447000
Other preventative services	52131023	230000
Other social care	52131024	580000
<b>Total Expenditure</b>		<b>4806952</b>
<b>Notified Allocation</b>		<b>£4,806,952.00</b>
<b>Variation</b>		<b>£0.00</b>

**Variance against notified allocation.**

*Expenditure should match notified allocation if not please included any information on variation within the box below.*

**Related documentation**

*Please include information/links to any related documents such as the full project plan for the scheme.*

**Authorisation and Sign Off**