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Dear Member

HEALTH AND WELLBEING BOARD - WEDNESDAY, 17 JULY 2013

I am now able to enclose, for consideration at the Wednesday, 17 July 2013 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

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4.	Urgent items	(Pages 1 - 5)

Yours sincerely

Lisa Antrobus
Clerk

Agenda Item 4

Title: Section 256 Social Care Funding for Health Benefit – Allocation and monitoring
Wards Affected: All
To: Health and Wellbeing Board **On:** 17 July 2013
Contact: Siobhan Grady (CCG)/Caroline Taylor (Torbay Council)
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1. Purpose

- 1.1 To seek the approval of the Health and Wellbeing Board on the allocation of Section 256 funding for projects within the financial year 2013/14.

2. Recommendation

That, taking account of Torbay's Joint Strategic Needs Assessment, the funding allocations, outcomes and monitoring arrangements in relation to Section 256 monies be agreed.

3. Supporting Information

- 3.1 Under Section 256 of the NHS Act 2006, the Department of Health makes available, through NHS England, funding to support adult social care which also has a health benefit. Beyond this broad definition, NHS England provides flexibility for local areas to determine how this investment in social care services is best used.
- 3.2 However, it is a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
- 3.3 The joint local leadership of Clinical Commissioning Groups and local authorities, through the Health and Wellbeing Board, is at the heart of the new health and social care system. NHS England is seeking assurances that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment.
- 3.4 A number of the projects are listed at Appendix 1 which has been agreed between the CCG and Council which support social care whilst providing health benefits and outcomes. A total of £2.9 million is due to Torbay.

4. Relationship to Joint Strategic Needs Assessment

4.1 In line with their responsibilities under the Health and Social Care Act, NHS England will make it a condition of the transfer that local authorities and CCGs have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Supports the priorities as set out in the Health and Wellbeing Strategy in supporting independent living as well as improving care for people living with dementia.

6. MONITORING

6.1 A dashboard has been agreed and implemented in order to monitor the progress of the projects and spend of the s256 monies. This is to be reported as part of the existing contract monitoring forums for Adult Social Care.

Torbay Locality - S256 Dashboard								
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD Total
#1 Increasing Reliance on Non-Bed Based Care								
Ave LOS for >65s at DGH								
Ave LOS for community hospitals								
No. ambulatory care admissions								
No. falls related DGH admns								
No. I/C placements								
No. re-admissions within 30 days								
#2 Redesign Assessment & Re-Assessment Processes								
No. clients assessed/re-assessed								
No. clients with dom care packages								
No. hours wkly dom care delivered								
No. overdue reviews at month end								
Revised Review Policy adopted								
Pilot Outcome Based Care with agencies								
Procure outcome focused contracts								
#3 Intensive Reablement Service								
No. >65 patients discharged from DGH								
No. patients assisted following discharge								
No. clients needing no support after 6 wks								
No. clients needing no support after 12 wks								
Survey results?								
#4 High Quality Care Provision								
No. admissions to DGH from care homes								
% of patients dying in the DGH								
No. whole home safeguarding investigations								
Implementation of Quality Assurance F/wk								
#5 Ability to Respond to Commissioning Requirements - tend to be qualitative, not quantitative								
Key business processes mapped								
Develop systems to capture client complexity								
Improve quality of outcome based care plans								
Formal quarterly audits on quality of care plans								
4 service specifications agreed in year								
Develop improved workflow/case mgmt arrangements								

Agenda Item 4

Appendix 1

Appendix 1

Proposed Section 256 Schemes

(1) Increasing Reliance on Non-Bed Based Care	<p>To increase the capacity of the intermediate care service to support more care provided within a community setting.</p> <p>This will involve working closely with private providers and reducing length of stay in acute and community hospitals. It will also facilitate the move to non-bed based care in future years.</p>	£340,000
Benefits	<p>Reduce dependence on bed based care and continue to decrease the number of people admitted permanently to care homes.</p> <p>Provide support to achieve better outcomes that enable people to remain in their own homes, which reduce their reliance on both health and social care services, as well as helping them remain active within their communities for as long as possible.</p>	
Measures	<ul style="list-style-type: none"> * Increase clients supported within their own home * Reduction in long term dom care services * Reduce I/C crisis or respite care required * Support shorter LOS at DGH & CHs * Reduce ambulatory care admissions * Reduce delayed discharges from DGH & CHs * Reduce re-admissions within 30 days * Help avoid emergency admissions * Improve mobility & confidence thus reducing falls 	
(2) Redesign of Client/Patient Assessment & Re-Assessment Processes	<p>To enhance capacity within frontline teams to stratify assessment and reassessment processes according to client/patient complexity whilst also developing outcome focused care and support plans which ensure needs are being met appropriately and individuals discharged in a timely manner.</p>	£140,000
Benefits	<p>Optimise staff skill mix</p> <p>Greater focus on what is most important to the patient or client</p> <p>Closer working between MDTs and care agencies along with more regular client reassessments will enable packages of care to be individually tailored and reduced, where possible.</p>	
Measures	<ul style="list-style-type: none"> * Improved case management * Revised review policy adopted based proportionality and stratifying users needs * Development of outcome focused contracts with dom care providers * Closer working relationships between IC/Reablement teams with dom care providers * Clients receiving IC/rehab services x3 p/a * Ave hours per week of dom care reduces by XX% * Reduced need of small POC as alternatives found 	

<p>(3) Develop a Intensive Reablement Service for Clients with Low Level Needs</p> <p>Benefits</p>	<p>To intensively reable clients particularly focussing on those clients with low level needs and those discharged following a stay in hospital, in the first instance.</p> <p>Provides time limited intensive support aimed at maximising client independence and restoring confidence and mobility levels for clients:</p> <ul style="list-style-type: none"> * following a hospital stay * with low level needs, i.e. under 4 hours p/wk <p>Provides clients with dignity as they are no longer dependent on others for their care</p> <p>Increases levels of mobility and confidence which may help reduce feelings of isolation</p> <p>Frees up resources to assist clients with higher levels of need</p>	<p>£290,000</p>
<p>Measures</p>	<ul style="list-style-type: none"> * No. clients assisted following hospital discharge * No. clients assisted with low level needs * No. clients 'discharged' with 6 wks & 12 wks * Reduction in dom care funding achieved * Client satisfaction survey results - develop a PROM or perform 1:1 interviews 	
<p>(4) Ensuring High Quality Care Provision</p> <p>Benefits</p>	<p>To actively improve the quality of care provision through closer working relationships - particularly with care homes and also domiciliary care providers.</p> <p>Care homes provide fundamental support to both health and social care services.</p> <p>Although permanent placements are being actively minimised, increasing reliance is being sought for temporary or short term placements, e.g. crisis and intermediate care patients, EOL care, respite, etc.</p> <p>Additional staff will enable the proactive sharing of skills, training and best practice to:</p> <ul style="list-style-type: none"> * Improve the quality of care provided * The range of skills available * Level of patient complexity care for by the homes we contract with. <p>More frequent contact with the homes, as part of the quality assurance process being developed, will alert staff to potential issues earlier and hopefully minimise the number of whole home safeguarding investigations required. As we move to non-bed based care, an increasing reliance will be placed on dom care providers. Consequently, we must also help improve the skills and experience available to these staff too.</p>	<p>£180,000</p>
<p>Measures</p>	<ul style="list-style-type: none"> * Reduce emergency admissions from care homes - including EOL & re-admissions within 30 days * Decrease % of patients dying within DGH * Support shorter LOS at DGH & comm hospitals * Reduce time required to manage whole home investigations * Improvemobility & confidence of clients thus reducing falls 	

** Increase number of homes with good/excellent quality assurance rating (internal process not CQC)*

(5) Enhancing our Ability to Actively Respond to Commissioning Requirements	To design and implement new ways of working which improve productivity and enable increasing levels of demand to be met within reduced resources, maximising new technology, where appropriate. Maximise the consistency and quality of in-house service provision whilst ensuring system architecture is simplified and optimises: * The best possible outcomes for patients/clients * Recording of client information * Staff productivity *Workflow arrangements * Performance reporting * Key business processes mapped (Used to develop service specs with Commissioners?) * Standard Operating procedures developed * Ability to differentiate and report on client complexity levels * Ability to report on client outcomes * Development of workflow/case management * Increased ability to implement CIDs (community information data set)	£135,000
<i>Benefits</i>		
<i>Measures</i>		
(6) Investing in system wide integration	To support existing adult social care commitments which will provide health benefits	£1,600,000
TOTALS		£2,685,000