



NHS North Essex



NHS South East Essex
and NHS South West Essex

Agenda Item X

PUBLIC MEETING OF THE NORTH ESSEX CLUSTER BOARD

ON TUESDAY 26th MARCH 2013

AND SOUTH ESSEX CLUSTER BOARD

ON THURSDAY 28th MARCH 2013

Submitted by: Dawn Scrafield, Director of Finance
Prepared by: Nick Presmeg, ECC Commissioning & Delivery Director, NE
Status: Review by Essex CCGs
For Approval

EXECUTIVE SUMMARY

Recommendations

Members of the Board are invited to:

- Review progress against 2012/13 investment plans for the Adult Social Care Transferring funding, and Reablement investment
- Note retrospectively the arrangements already in place for winter pressure funding.
- Approve the areas of investment for Reablement subject to final CCG Board approval
- Approve the areas of investment for Adult Social Care Transferring Funding for 2013/14

Overview

The 2011/12 Operating Framework for the NHS in England set out that PCTs would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care. In a letter dated 19 December 2012 the Department of Health stated that from 2013/14 the funding transfer to local authorities would be carried out by the NHS Commissioning Board. For 2013/14 the Board would transfer £859 million to local authorities.

The allocation for Essex County Council has risen from £15.540 million in 2012/13 to £21.187 million in 2013/14.

This funding was in addition to the funding for reablement services that was incorporated within recurrent PCT allocations of £150 million in 2011/12 rising to £300 million from 2012/13.

Essex County Council has been working in partnership with the Primary Care Trusts, the National Commissioning Board and CCGs throughout 2012/13 to integrate the planning process for commissioning. This process has included joint discussions to agree priority areas of investment and system transformation, to mitigate rising demand on social care capacity, through joint initiatives between Social Care and Health.

Investment in previous years has enabled the level of services to be maintained against a climate of increasing pressures on social care delivery. It has also facilitated the joint development of services across the health, social care and voluntary sector that support people remain as independent as possible and cared for in their home or community setting.

The additional investment has achieved the following outcomes (see outcomes table on page 6):

- increase in reablement capacity (from 3,500 to 5,000 starts)
- continued good performance in delayed transfers of care against comparator authorities (slight increase from 1.3 to 2.3 per 100,000)
- more older people supported to remain independent by reducing admissions to residential and nursing homes (reduced from 661 per 100,000 to 536 per 100,000)
- more Working Age adults supported to remain independent by reducing admissions to residential and nursing homes (from 17.6 per 100,000 to 8.2 per 100,000)
- significant reduction in the need for readmissions to acute hospitals and of residential and nursing home placements
- increase in proportion of people using social care who receive self directed support payments and direct payments (Personal Budgets up from 34.6% to 36.3%, Direct Payments from 9.2% to 10.5%)

The five Essex CCGs and ECC are working to deliver Integrated Plans for commissioning of Health and Social Care services, to be agreed by April 2013. These Integrated Plans incorporate joint investment in whole system improve outcomes in both Health and Social Care, overseen by the Essex Health & Wellbeing Board. This system transformation aims to build on the work already started within ECC to support more people to live independently and enjoy a healthy and active life, in alignment with the key priorities of “Living and working well” and “Ageing well” (*Joint Health & Wellbeing Strategy for Essex 2013 to 2018*).

Associated Papers

None

Appendix A: Investment Details

BOARD MONITORING INFORMATION	
Internal governance	The committee (if any) which has endorsed the paper
Stakeholder and Community Engagement Local Authority ,Acute and Community Providers,	
Resource Implications	Resources identified and will be transferred to partners following final approval through Section 256 arrangements.
Legal Implications	None at present. Where issues arise in relation to risk requiring a legal opinion advice will be sought.
NHS Constitution	<p>This report supports the following NHS Constitution principles:</p> <p>Principle 1: The NHS provides a comprehensive service, available to all</p> <p>Principle 2: Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>Principle 3: The NHS aspires to the highest standards of excellence and professionalism</p> <p>Principle 4: NHS Services must reflect the needs and preferences of patients, their families and their carers</p> <p>Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>Principle 6: The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>Principle 7: The NHS is accountable to the public, communities and patients that it serves.</p>
Equality and Diversity Implications	None open access to services based on need.
Further Information	<p>For further information about this report, contact Caroline Fryer or Phil Stephens at:</p> <p>Caroline.fryer@essex.gov.uk</p> <p>Phillip.stephens@essex.gov.uk</p>

Joint Commissioning Plans for 2013/14 Reablement and Transferring Social Care Monies

Introduction

The purpose of this paper is to ask the board to

- Approve the joint investment plans for 2013/14 Reablement via CCG allocations, subject to final CCG Board approval
- Note retrospectively the arrangements already in place for winter pressure funding.
- Approve the NHS for Adult Social Care Funding in 2013/14 via National Commissioning Board allocations.

Background

The 2011/12 Operating Framework for the NHS in England set out that PCTs would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care.

This funding was in addition to the funding for reablement services that was incorporated within recurrent PCT allocations of £150 million in 2011/12 rising to £300 million from 2012/13.

The Adult Social Care funding transferred was for investment by local authorities to benefit health and to improve overall health gain for the local population.

The focus for the reablement funding was to increase reablement capacity across local authorities, community health services and the third sector to ensure rapid recovery from an acute episode and reduce reliance on social care and secondary care health services.

Table 1 shows the total funding received for Sustainability and Reablement in 2012/13 and the allocation for 2013/14:

Table 1

	2012/13 Total	2013/14 Total	13/14 Mid Essex	13/14 NE Essex	13/14 SE Essex	13/14 SW Essex	13/14 W Essex
Social Care Monies to be transferred from NHS NCB (£000)	£15,540.0	£21,186.9	-	-	-	-	-
Reablement Monies to be transferred from CCGs (£000)	£3,810.5	£3,810.5	£887	£978	£452	£774	£720.5

In addition PCTs have also received an allocation in recognition of the additional financial pressures experienced by organisations during the winter period. Table 2 shows the total funding received in 2012/13 for Winter Pressures, and the allocation to CCGs:

Table 2

	2012/13 Total	2013/14 Total	12/13 Mid Essex	12/13 NE Essex	12/13 SE Essex	12/13 SW Essex	12/13 W Essex
Winter Pressures already transferred (£000)	£2,149.4	N/A	£567.9	£518.1	£249.8	£400.3	£413.3

Where winter pressures funding has not been fully utilised, this will be ring fenced for use against continued winter pressures.

Essex County Council has been working in partnership with the Primary Care Trusts, the National Commissioning Board and emerging Clinical Commissioning Groups (CCGs) throughout 2012/13 to integrate the planning process for commissioning. This process has included joint discussions to agree priority areas of investment and system transformation, to mitigate rising demands on social care capacity, through joint initiatives between Social Care and Health.

It is recognised that local fit is very important and therefore CCGs will be given the opportunity to work through how demand management initiatives align with their plans and operational priorities. The joint approach being proposed will support the emphasis on local priorities and local need.

Investment in previous years has enabled the level of services to be maintained against a climate of increasing pressures on social care delivery. It has also facilitated the joint development of services across the health, social care and voluntary sector that support people remain as independent as possible and cared for in their home or community setting.

Review of 2012/13 Performance

Reablement

Essex County Council has worked in partnership with CCGs to agree areas of priority for investment which increase efficiency and benefit for the whole system. The investment which has been made will facilitate the development of health and social care provision and is in line with the overarching commissioning intention to keep people at home, safely and as independent as possible within a community setting.

Essex County Council has worked closely with the CCG's and wider system partners to ensure that the investment plans for reablement and adult social care funding align with the expectations of the operating framework and also the strategic vision set out in the Joint Health & Wellbeing Strategy for Essex. It also aligns with the strategy already in place for reablement across the wider system to support people to regain maximum independence.

During 2012/13 a new contract was awarded for reablement which has made good progress in increasing reablement capacity, reducing delayed transfers of care and supporting more people to remain independent by reducing admissions to residential and nursing homes. A pilot in mid-Essex for residential reablement has also shown a significant reduction in the need for readmissions to acute hospitals and of residential and nursing home placements.

The reablement framework has supported integrated assessment and delivery allowing ward led discharge and improved access for health staff both in hospital settings and domiciliary services to reduce the impact of inappropriate hospital admissions.

Outcomes for 2012/13

Ref	Measure	Adult Social Care Responsibility	Previous outturn (2011-12)	Latest figures (to March 2013)	Comments on reportability	Availability
Maintaining or enhancing quality of life for people with support needs						
ASCOF 1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	Primary	34.6% PBs 9.2% DPs	Year end reporting due Jun 2013. Est. at end Feb – 36.3% PBs, 10.5% DPs		Annual*
ASCOF 1E	Proportion of adults with a learning disability in paid employment	Primary	9.2%	Year end reporting due Jun 2013. Estimate Q2 – 9.8%		Annual*
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Primary	14.1%	Year end reporting due Jun 2013.		Annual*
ASCOF 1H	Proportion of adults in contact with secondary mental health services living	Primary	70.9%	Year end reporting due Jun 2013.		Annual*

Ref	Measure	Adult Social Care Responsibility	Previous outturn (2011-12)	Latest figures (to March 2013)	Comments on reportability	Availability
	independently, with or without support					
Delaying and reducing the need for care and support						
ASCOF 2A	Permanent admissions to residential/ nursing care	Primary	661.2 per 100000 older people 17.6 per 100000 working-aged adults	Year end reporting due Jun 2013. 535.8 for OP up to Jan 2013 8.15 for WAA up to Jan 2013	To cover ages 18+	Annual*
ASCOF 2B (1) (NHSOF 3.6)	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services	Primary	83.3%	Year end reporting due Jun 2013.		Annual*
ASCOF 2C	Delayed transfers of care from hospital, and those which are attributable to adult social care	Primary for social care attributable DToCs	7.0 total of which 1.3 per 100000 attributable to social care	Year end reporting due Jun 2013. Estimate 2.3 for social care		Annual*
Local plan measure (in Reablement contract)	New people 65+ in receipt of assistive technology	Primary	5881	3041 Apr-Nov 2012		Monthly
Keeping people safe						
Local plan measure (in Reablement contract)	Protection of vulnerable adults. SOVA cases progressing to investigation	Primary	3689	3416 Apr-Jan 2013		Monthly
AVA data return	Proportion of vulnerable adults referrals which are repeat referrals	Primary	17.7%	Due June 2013 when statutory data returned		Annual*
NHSOF 3B	Emergency readmissions within 28 days of discharge from hospital	Contributory	This will rely on Health data			

*Annual metrics for 2012/13 will not be available until June/July 2013, as the reporting process for national measures is based on submission in May following year end. Annual statutory statistical returns are made to the NHS Information Centre and feed the ASCOF measures which are driven by the Department of Health

Lack of Reablement capacity remains an issue across Essex. There is mild improvement across the board with the exception of Assistive Technology (where the tightening of criteria for orders from the suppliers has led to a slowdown in take-up).

Joint Investment 2013/14

Strategic Alignment

Essex County Council has worked in partnership with system partners across health and social care to ensure strategic alignment and organisational priorities within the context of the Health and Wellbeing Strategy which clearly articulates priorities to ensure that people using services:

1. Feel safe and exercise maximum choice and control
2. Live as independently as possible, as part of a community
3. Stay healthy and safe and recover quickly from illness
4. Have the best quality of life irrespective of illness or disability
5. Retain maximum dignity and respect

The Essex-wide framework will enable locally integrated planning and commissioning across the following themes:

- Falls Prevention
 - a. A joint Falls Prevention strategy will be developed in 2013/14 between ECC and CCGs, underpinned by Public Health support and advice. A joint Falls prevention pathway will be developed based on best practice advice and learning across Essex
- Continence Management
 - a. Incontinence is one of the highest triggers for carer breakdown and admission to residential and nursing care. Additionally there is a high number of older people presenting at A&E with Urinary Tract Infections. Approximately 43,000 people in Essex per year have a bladder problem at least once a week. The current picture across Essex is that of product distribution rather than prevention and early intervention, plus a range of health and social care interventions that are not integrated around the client.
 - b. In 2013/14 a continence management strategy will be developed, leading to a joint service specification with clear outcomes, to be jointly commissioned in 2014/15.
- Urgent Care Pathways - crisis avoidance and crisis response, long term conditions
 - a. A variety of different models are in operation across Essex.
 - b. An evaluation is underway to identify best practice to reducing inappropriate admissions and keeping people at home independently, including information sharing, the outcomes of which will be shared systematically across Essex in 2013/14.
 - c. Analysis of the care economy is needed to better understand trigger points to shift support from reactive to proactive.
 - d. Benefits would include reducing admissions to acute hospitals from residential and nursing homes.

- Dementia strategy implementation.
 - a. Following public consultation the Essex, Southend and Thurrock Dementia Strategy was agreed and signed off by the previous 2 PCT clusters, 2 Mental Health Trusts and Essex, Southend and Thurrock local Authorities in November 2012.
 - b. A key focus of the strategy is to increase uptake of early intervention services for people with dementia and their carers that support independence and ensure service pathways incorporate the appropriate range of interventions throughout the dementia journey which supports people with Dementia to maintain their independence within the community and reduces demand on statutory services.
- Stroke Pathways.
 - a. Undertake an evaluation with our partners to identify best practice focusing on prevention and early intervention.
 - b. Develop a strategy and pathway leading to joint specification with clear outcomes 2014/15
 - c. Key focus of the strategy is education on reducing the risk of stroke.
 - d. Early identification of people suffering a stroke and their carers to support recovery and independence ensuring that pathways incorporate a range of interventions

Expected Outcomes from 2013/14 investment

CCG alignment with the Local Authority is key and ECC will continue to liaise with the CCGs to agree the joint framework for delivery. Reducing admissions and readmissions will be a significant focus in the coming year. It is anticipated that the R&D underpinning this work will develop a system where readmissions are avoided wherever possible through joint initiatives which emphasise prevention and early intervention.

The planned outcomes from this investment are described below:

1. Clearly articulated 5 year plan to meet demand and capacity across the health and social care system.
2. Outcomes from modelling and R&D for Demand Management schemes for the 5 priority areas. These 5 areas were identified by the work jointly carried out by Tricordant with the Essex CCGs, and also aligned with the findings in a recent paper from the Oxford Brookes University Institute of Public Care (IPC) - see table 3 below:

Table 3. Demand Management schemes: 2013/14 deliverables and potential outcomes:

Priority Area:	Planned to commence delivery in 2013/14:	Potential outcomes:
Falls	<ul style="list-style-type: none"> Joint Falls prevention strategy developed between ECC and CCGs, underpinned by Public Health support and advice. Joint Falls prevention pathway based on best practice advice and learning across Essex 	<ul style="list-style-type: none"> Create and implement models across Essex. based on what works Reduction in inappropriate admissions to acute hospitals Increased number of people able to remain at home independently Improved information sharing Better understanding of trigger points to shift support from reactive to proactive
Continence	<ul style="list-style-type: none"> Continence management strategy Joint service specification with clear outcomes to be jointly commissioned in 2014/15 	<ul style="list-style-type: none"> Reduced carer breakdown triggered by incontinence Reduced admission to residential and nursing care Reduction in number of older people presenting at A&E with Urinary Tract Infections Move towards prevention and early intervention and integration of social care interventions around the client
Urgent Care Pathways	<ul style="list-style-type: none"> An evaluation of best practice to reducing inappropriate admissions and keeping people at home independently, including information sharing Results of evaluation will be shared systematically across Essex in 2013/14. Analysis of the care economy to understand trigger points to shift support from reactive to proactive 	<ul style="list-style-type: none"> Reduced admissions to acute hospitals from residential and nursing homes
Dementia strategy	<ul style="list-style-type: none"> Plans to ensure service pathways incorporate the appropriate range of interventions throughout the dementia journey Evaluation completed with partners to identify best practice focusing on prevention and early intervention. 	<ul style="list-style-type: none"> Increased uptake of early intervention services for people with dementia and their carers that support independence and ensure service pathways People experience a range of interventions throughout the dementia journey People with Dementia supported to maintain their independence within the community Reduced demand on statutory services

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Priority Area:	Planned to commence delivery in 2013/14:	Potential outcomes:
Stroke pathways	<ul style="list-style-type: none"> Strategy and pathway developed leading to joint specification with clear outcomes 2014/15 	<ul style="list-style-type: none"> Reduced risk of stroke. Early identification of people suffering a stroke and their carers to support recovery and independence through a range of interventions Reduction in care home placements following investment in Early Supported discharge to rehabilitate from a stroke, resulting in reduction in Social Care spending.

Profile of 2013/14 activity

While continued annual contracts will need to be funded and programme management and integration resources to be deployed from April onwards, it is recognised that Demand Management schemes will take some time to set up. Schemes may not be established until later in the year once the initial modelling and analysis work has been completed (potentially Q1 or Q2).

For this reason, it has been proposed that the additional £5.6m of Sustainability funding is to be used over a period of 18 months (until end June 2014). This will allow for schemes to be properly planned and set up, based on the findings from the modelling work which has started and will be continue from April 2013 onwards.

In recognition of this activity profile, ECC is prepared to receive this funding through a 30/30/40 percent payment split across 2013/14 (rather than the usual 40/40/20 percent applied to Section 256 transfers).

Conclusion

The year on year investment into community health and social care services has enabled more people to remain independent in their own homes, and access reablement services at a time when they need it and reduce the need for longer term residential, nursing and secondary care services.

Essex is committed to building on the success of the past year, and to continue to build and support a sustainable health and social care system which supports people to remain independent, active and healthy. Over the next year ECC is committed to working closely with the CCG's across Essex to integrate pathways where there is a known benefit to both health and social care systems and to target areas of high demand for investment and development.

Recommendations

Members of the Board are invited to:

- Approve the joint investment plans for 2013/14 Reablement via CCG allocations subject to final CCG Board approval

- Note retrospectively the arrangements already in place for winter pressure funding.
- Approve the NHS for Adult Social Care Funding in 2013/14 via National Commissioning Board allocations.

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Appendix A

<p style="text-align: center;">Adult Social Care Funding</p> <p style="text-align: center;">£21.187m</p>			
Details of Project	Estimates of Potential Impact	Outcome measures.	Value £
Allocation to Base Budget	To support adult social care services to continue to provide good outcomes for service users where these would be reduced due to budget pressures without this investment	See table below	£15,540,000
Demand Management schemes	<p>Mitigate current and future social care demand through delivery of demand management schemes in 5 priority areas:</p> <ul style="list-style-type: none"> • Stroke prevention & pathway • Integrated Falls prevention pathway • Urgent care pathways • Dementia strategy implementation • Continence Management 	Social Care metrics do not yet exist in this area, and will be developed as part of this work	£4,361,000
Provide resources to facilitate the wider system transformation of health and social care	Integration and whole system transformation for Social Care and Health	See table below. Any additional metrics to be determined as integration plans progress	£1,286,000

Reablement Funding £3.81m (2013/14)			
Details of Project	Estimates of Potential Impact	Outcome measures.	Value £
Access to Reablement Service capacity. Original Agreement figures for 2012/13 for 50% allocation (endorsed in North Cluster Board Paper)	Support seamless care for patients on discharge from hospital and prevent readmissions	See table below	£3,810,500
Winter Pressure Funding £2.15m (2013/14)*			
Details of project	Estimates of potential impact	Outcome measures	Value £
Support joint working between health and social care services, support continued focus on reablement and improving the interface between health and social care	Reduced number of social care delayed transfers of care. Discharge in a timely fashion. Reduction in readmissions from social care facilitated discharges	<ul style="list-style-type: none"> No. of delays (in all client groups including mental health) in social care across both Acute and Community hospitals Increased number of Social Care assessments and reviews 	
Mid Essex			£567,900
NE Essex			£518,100
SE Essex			£249,800
SW Essex			£400,300
W Essex			£413,300
TOTAL			£2,149,500

*Note: confirmation has not yet been received that Winter Pressures funding will be available in 2013/14

Sustainability Metrics 2013/14

Ref	Measure	Adult Social Care Responsibility	Monitoring Mechanism TBA	Comments on reportability	Availability
Maintaining or enhancing quality of life for people with support needs					
ASCOF 1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	Primary	Quarterly update		Annual*
ASCOF 1E	Proportion of adults with a learning disability in paid employment	Primary	Quarterly update		Annual*
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Primary	Quarterly update (dependent on availability of NHS mental Health data)		Annual*
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Primary	Quarterly update (dependent on availability of NHS mental Health data)		Annual*
Delaying and reducing the need for care and support					
ASCOF 2A	Permanent admissions to residential/ nursing care	Primary	Quarterly update	To cover ages 18+	Annual*
ASCOF 2B (1) (NHSOF 3.6)	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services	Primary	Annual: not available until year end (based on sample in last 3 months of the year)		Annual*
ASCOF 2C	Delayed transfers of care from hospital, and those which are attributable to adult social care	Primary for social care attributable DToCs	Quarterly update		Annual*
Local plan measure	New people 65+ in receipt of assistive technology	Primary	Quarterly update		Monthly
Keeping people safe					
Local plan measure	Protection of vulnerable adults. SOVA cases progressing to investigation	Primary	Quarterly update		Monthly
AVA data return	Proportion of vulnerable adults referrals which are repeat referrals	Primary	Annual		Annual*

NHSOF 3B	Emergency readmissions within 28 days of discharge from hospital	Contributory	Dependent on availability of data	This will rely on Health data	
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Reablement Metrics 2013/14

Ref	Measure	Adult Social Care Responsibility	Monitoring Mechanism TBA	Comments on reportability	Availability
Reablement/delaying and reducing the need for care and support					
ASCOF 2A	Permanent admissions to residential/ nursing care	Primary	Quarterly update	To cover ages 18+	Annual*
ASCOF 2C	Delayed transfers of care from hospital, and those which are attributable to adult social care	Primary for social care attributable DToCs	Quarterly update		Annual*
ASCOF 2B (1) (NHSOF 3.6)	The proportion of older people (65 and over) who were still at home 91days after discharge from hospital into rehabilitation services	Primary	Annual: not available until year end (based on sample in last 3 months of the year)		Annual*
Local variant of 2B	The proportion of service users of all ages who have completed reablement who remain in their own home, <i>with no funded social care services (NFA)</i> after 91 days	Primary	Quarterly update	To cover ages 18+	Quarterly
Local contract measure	Referrals will be responded to within 2 hours of request	Primary	Quarterly update		Quarterly
Local contract measure	Guaranteed first visit within 24 hours (or later if requested)	Primary	Quarterly update		Quarterly

*Annual metrics for 2013/14 will not be available until June/July 2014, as the reporting process for national measures is based on submission in May following year end. Annual statutory statistical returns are made to the NHS Information Centre and feed the ASCOF measures which are driven by the Department of Health