

12th September 2016

Agenda Item: 7

REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF DEVELOPMENTS

Purpose of the Report

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place in relation to adult social care and health, and asks the Committee to agree to a further update on all the areas covered as indicated in the relevant sections of the report.

Information and Advice

2. This overview report provides information and progress updates in relation to a number of areas of service as follows:
 - information about the proposed transfer of Attendance Allowance to local authorities
 - an update on the transfer of the Independent Living Fund to the Council
 - plans relating to the Integrated Community Equipment Loans Service (ICELES)
 - progress on the development of personal health budgets
 - an update on the Transforming Care programme in Nottinghamshire
 - progress with two schemes to avoid and support discharge from hospital

Proposed transfer of Attendance Allowance to local authorities

3. Attendance Allowance is a tax free non-means tested benefit claimed by people aged over 65 years to meet the extra costs of having a disability. The current rates of the benefit are £55.10 per week (low rate) or £82.30 per week (high rate). The claimant does not have to receive any help to be eligible for the benefit - it is that help is required which is relevant. A claimant can also live alone and receive Attendance Allowance. There are currently 1.24 million claimants in England of which 59% receive the high rate, 66% are women and 50% live alone. Of all the claimants only 14.7% receive local authority funded social care services.
4. In the local government budget settlement of December 2015 it was proposed that Attendance Allowance funding would be transferred to local authorities. The government has stated that existing claimants will be protected and new responsibilities will be matched by the transfer of equivalent spending power. The Department for Communities and Local Government has opened consultation on the transfer of all business rates to local authorities. The consultation closes on 26th September 2016. One of the proposals included in this consultation is the transfer of Attendance Allowance funding into social

care budgets. It does not appear to propose that local councils should establish their own Attendance Allowance scheme or manage the existing scheme.

5. There are a number of important issues which the Council would need to consider, not least how the funding could be utilised. The total amount of funding that would be transferred is nearly £5 billion; Nottinghamshire represents approximately 1.5% of national expenditure so could expect to receive in the region of £75 million.
6. From a peak in 2010 the number of claimants across the UK has fallen; in May 2014 there was a fall of 46,000 on the previous year and in November 2015 a fall of 9,000 on the same period in the previous year.
7. The Council is producing a response to the consultation mentioned above, which includes reference to the transfer of Attendance Allowance. The response is being led by finance colleagues and will be reported to the Finance and Property Committee. The department intends to contribute to this and would welcome contributions from members of this Committee.
8. It is recommended that an update on the transfer of Attendance Allowance is brought back to the Adult Social Care and Health Committee as soon as there is a decision from the government about the plans for this benefit.

Update on transfer of the Independent Living Fund (ILF) to Nottinghamshire County Council

9. The Committee was last provided with an update on the ILF on 29th June 2015. The total value of ILF funding that was transferred to Nottinghamshire County Council in 2015/16 was £2.305m which equates to £3.073m pro rata, as the fund closed on 30th June 2015. The Council had previously been informed that the transfer amount would be £2.95m pro rata. Prior to closing, the ILF advised councils that the terms of the transfer assume that 4% of people will leave the scheme each year.
10. For the current financial year (2016/17) the Council has been provided with a transfer amount of £2.918m. The £155,000 reduction represents a 5% decrease as opposed to the anticipated 4%, albeit on a higher than anticipated initial transfer.
11. The government has issued the transfer values for the next three financial years:

2017/18 - £2.822m
2018/19 - £2.733m
2019/20 - £2.650m

These figures represent a 3% reduction year on year.

12. Every person who received an increased Direct Payment from 1 July 2015 had their budget authorised and the payments have been set up. Every person transferring from the ILF had a financial contribution assessment from the Council and their contributions have been confirmed in writing.

13. As previously reported to Committee, the transfer created a budget pressure for the Council. The differences in the way that ILF required a personal contribution and the regulations contained in the Council's Care Act Contributions Policy amounted to a shortfall of approximately £0.436m for 2015/16.
14. It was necessary therefore to reassess each ILF recipient using the Care Act Assessment and Support Plan. The reassessments and reviews commenced in the autumn to allow the transfer to 'bed-in' and for the Council to be assured that payments had been delivered accurately.
15. The Committee gave approval for an additional two temporary Scale 5 Community Care Officers to undertake the social care assessments. It was not possible to recruit to these posts so it was necessary to schedule the reviews to each individual fieldwork team and/or the Central Reviewing Teams. All the reviews have been concluded and the scheduling of further reviews will be dealt with as business as usual.
16. These reviews and reduced demand on the budget, due for example to deaths and transfers to health funding, have reduced the 2016/17 shortfall to a total of £0.220m.
17. It is recommended that the Committee receives a further update on this area in September 2017.

Integrated Community Equipment Loans Service (ICELS)

18. The Integrated Community Equipment Loans Service is a jointly commissioned and funded service which covers Nottingham City and Nottinghamshire County and is funded by both councils and the seven Clinical Commissioning Groups (CCGs). Equipment is loaned to individual service users after being assessed by health or social care professionals (e.g. occupational therapists, nurses, physiotherapists) who are 'prescribers'. In recent years, the Council has been successful in reducing its prescribing activities and the loaning of community equipment, and it is proposed that the Council will negotiate a reduction in its contribution to the ICELS pooled budget as a result of this sustained reduction. With regard to the review of equipment at the end of the loans period, over 30% of equipment has been returned with a value of £600,000. An audit of equipment in care homes has seen over £800,000 of equipment returned for future use.
19. The service is funded through a pooled budget which is split between City partners and the County partners. In the County, the Council and CCGs agree their proportion of the funding according to their prescribing activity. The Council's contribution to the ICELS pooled budget (from the County partners' share) has been 35%, with the five County CCGs and Bassetlaw CCG's contributions equating to 65%. However, the Council has effectively negotiated a reduction in its contribution to 25% for 2016/17 in-line with the reduced activity of the social care prescribers.
20. It is anticipated that there will continue to be a sustained reduction in social care prescribing activity and therefore the Council will be working with CCG partners to further reduce the Council's contribution to 21.5% in 2017/18, delivering a saving of £350,000 on the Council's current contribution of £1.71m.

Progress with Personal Health Budgets

21. A personal health budget (PHB) is an amount of money which can be used to meet a person's identified health and wellbeing needs. The way in which the money is used is based on preferences of the individual, usually in conjunction with their families or carers and agreed with their clinician. The key is personalised support planning, which enables care to be more flexible and bespoke than would be the case if standard NHS services were used.
22. The national target for 2016/17 includes a goal of 50-100,000 people to have a personal health budget or integrated personal budget by 2020 (up from the current estimate of 4,000). For Nottinghamshire County CCGs this would equate to between 680 and 1,300 PHBs by 2020. Figures in the previous report to this Committee (March 2016) showed a total of 30 people across Nottinghamshire CCGs with a personal health budget.
23. Integrated Personal Commissioning (IPC) is one of the key steps towards delivering the NHS Five Year Forward View. It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

Current Activity

24. All local CCGs now have a Local Offer published on their websites which states what their current activity and future intentions are with regard to PHBs. This includes the patient cohorts to which they intend to target their offer. As a minimum this will be patients that currently have packages that are fully funded through NHS Continuing Healthcare, but the five County CCGs (excluding NHS Bassetlaw CCG) are also developing a process for integrated PHBs for jointly funded health and social care packages.
25. The five County CCGs (NHS Nottingham North and East; NHS Nottingham West; NHS Rushcliffe; NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs) have recently appointed a joint Personal Health Budget Manager to lead on the development of PHBs. The PHB Manager is working closely with the Commissioning Officer lead for PHBs in the County Council to develop integrated processes for PHBs, where both NHS and social care funding is integrated into a single package.
26. Recent activity has included a joint workshop with attendance from front-line staff from County Council and CCG teams to map out a process by which existing jointly funded budgets could become integrated PHBs.
27. Table 1 overleaf details the latest Markers of Progress data, showing the breakdown of PHBs across the County CCGs excluding Bassetlaw. It has not been possible to obtain figures from Bassetlaw in relation to their PHB activity. The current figures represent a 53% increase from the update in March.

Table 1: Markers of Progress Quarter 1 2016/17

Nottinghamshire County CCGs (excluding NHS Bassetlaw & NHS Nottingham City)	NHS Funded Continuing Health Care PHBs	Joint funded (health & social care) PHBs	Long Term Care including Mental Health PHBs	Children's PHBs	Total PHBs
Rushcliffe	7	2	0	1	10
Nottingham North & East	11	1	0	0	12
Newark & Sherwood	11	0	0	0	11
Mansfield & Ashfield	8	0	0	0	8
Nottingham West	5	0	0	0	5
Totals	42	3	0	1	46

28. In mid-July, the County CCG PHB lead and the County Council Commissioning Officer lead for PHBs undertook a joint visit to the Lincolnshire Integrated Personal Commissioning (IPC) demonstrator site. This is a collaboration between Lincolnshire County Council, its four local CCGs and voluntary sector partners. Some useful advice was gained from the visit on laying the groundwork for the implementation of IPC. In Lincolnshire they address the issues inherent in a sparsely populated and largely rural area by using Neighbourhood Teams linked to GP surgeries to identify and stratify the population.

Next Steps

29. The County CCGs' PHB Manager and the County Council Commissioning Officer lead for PHBs will continue to work closely together. Further work is planned to follow up the recent workshop on integrating PHBs and a number of task and finish groups are being formed with membership drawn from health and social care staff. Links are being maintained with the PHB lead in Bassetlaw.
30. The Commissioning Officer lead for PHBs is also liaising with other internal work streams which are closely linked with PHBs, such as Direct Payments, Continuing Health Care, review and refresh of support planning, and the Transforming Care Programme.

Transforming Care Programme update

31. The Committee received an update on the Transforming Care Programme (TCP) in March 2016. Members were informed that Nottinghamshire County Council, Nottingham City Council and the seven CCGs had been a 'fast track area'. The idea of the fast track is to be a forerunner in transforming services for people with learning disabilities. The objectives are to support people to move out of long stay hospital provision into community settings and to reduce the number of people being admitted as in-patients to mental health hospitals by ensuring there are sufficient good quality services within the community to support people with complex needs and challenging behaviours.

32. To date Nottinghamshire has supported 38 people to move from secure hospitals, where they might have been living for months or in many cases years, back into the community. Out of these, 26 people have moved to supported living and 12 to residential care.
33. As at 30th June 2016 there were 70 people across Nottinghamshire County and Nottingham City TCP who were still in inpatient hospital beds. This includes those in locked or secure hospitals and those in Assessment and Treatment wards. The latter may only be in for a matter of days or a few months before either returning to the community or going into more secure hospital settings depending on their needs. 36 of these 70 people are from Nottinghamshire County with the remaining 34 are from the City.

Current activity

34. The TCP is currently preparing a tender for emergency beds, respite provision and step-down accommodation to address prevention of admission as well as to support discharge. This is due to be issued in August 2016. This provision will initially be funded out of the £1.2m Transformation Fund that the TCP was successful in bidding for in September 2015. The TCP continues to work on the development of a pooled budget, with attention on clarifying current funding streams to enable investment in additional community support, rather than hospital provision. There is also joint work around increasing the number of people on personal health budgets.
35. The TCP has completed a public consultation regarding the reduction of hospital beds for people with learning disabilities and/or autism and people's thoughts on what should be considered when developing new services in the community. 187 questionnaires were returned and 376 face to face meetings were conducted with partners, providers, carers, service users and members of the public. A reference group for on-going engagement with service users and carers will be developed following this to allow on-going input into the Transforming Care agenda. The results of the consultation will also feed into future commissioning plans.
36. A workforce development consultation has also taken place with service providers to identify skills gaps. As a result of this a training plan is being developed as well as information feeding into service specifications. A professional reference group has been set up to ensure health and social care operational staff are feeding into the programme.

Challenges and risks

37. There are difficulties presented by the current national policy to cap housing benefit which is having an impact on the development of supported living accommodation. The impact on supported housing is being raised at a national level by housing providers as well as local authorities. There are also recruitment difficulties faced by care providers, and the residential care market is finding it difficult to plug the gap in supported living provision.
38. There are on-going financial concerns from all partners, partly due to difficulties in releasing funding from block funded hospital provision, which means that the money does not easily follow the person into the community. Discussions are being held by the

local TCP partners with NHS England to identify the means by which funding will be identified and released from hospital provision to support the development of sufficient community based provision.

39. The £1.2m allocation from NHS England to the fast track programme is being used for emergency beds and respite provision, expansion of community support to support the step-down and emergency bed provision, workforce training and development programme team costs including consultation. This has helped with the immediate pressures but since it was one-off funding it will not be available in the longer term.
40. It is recommended that a further update on the Transforming Care Programme is presented to Committee in February 2017.

Progress update on integrated health and social care schemes to reduce length of hospital stay - SCOPES and EOSS

41. The Committee last received a report on the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS) in June 2015, and also heard from a user of the service about his experience. The objectives of the SCOPES scheme are to identify people over 70 years of age with a diagnosis of gastrointestinal cancer who have social care needs pre-operatively, post-operatively or both, and to arrange appropriate support for their discharge. The scheme also identifies carers that may need an assessment in their own right. The scheme has successfully promoted partnership and integrated working between health and social care.
42. The SCOPES multi-disciplinary team consists of a Consultant Geriatrician, Registrar, Project Manager, Specialist Nurse Practitioner, Physiotherapist, Occupational Therapist, Dietician and Community Care Officer from the County Council.
43. To date, SCOPES has supported 283 patients from February 2014 to July 2016 at the clinic, which runs one day a week. This includes City, County and out of County patients.

Progress to date

44. The Chief Social Worker, Lyn Romeo, is due to visit the SCOPES Clinic during her visit to Nottinghamshire County and Nottingham City Councils in September. At a recent health professional engagement event in London the model used by SCOPES to support carers has been acknowledged as 'gold standard' by the Chief Social Worker.
45. Funding has been secured from Macmillan to continue the scheme until 30th June 2017. Currently the clinic is run one day per week at the City Hospital campus and it has been agreed that a further clinic will be set up at the Queen's Medical Centre to commence on 5th September 2016. There will then be a clinic based at the City Hospital and at the Queen's Medical Centre.
46. Macmillan has confirmed that it will provide funding for a Community Care Officer (CCO) post for a total of 18.5 hours per week to be involved in the clinics at the City Hospital and the Queen's Medical Centre. The Council has already been releasing CCO capacity one day per week to support the work of the clinic and has now been asked to release

CCO capacity for a further day each week in order to support the new clinic. This will enable multi-agency input in both of the clinics, enabling SCOPES to extend the work of the project and improve the current service to people with cancer. The Adult Access Team is able to release this CCO additional capacity given that funding will be made available to provide backfill within the team.

47. Users of the SCOPES scheme can be assessed at the clinic, on the ward, or at home following discharge as appropriate. The CCO will complete full assessments and support plans, and will be able to commission a range of services, as appropriate. This will support resolution at the front end, as at this point patients at clinic will not have been admitted to hospital. Referrals will be identified at clinic but dealt with by the CCO from the Adult Access Service instead of being forwarded to hospital and district teams. This will benefit the patient as they will have the same worker from diagnosis to treatment to discharge home.
48. An Abstract has been submitted to the Society of International Geriatric Oncology in Milan for an international conference in November 2016 which has been accepted. Co-authors include Yasmin Raza (Advanced Social Work Practitioner), Paul McKay (Service Director, Nottinghamshire County Council), Helen Jones (Director of Adult Social Care, Nottingham City Council) and Rob Morris (Consultant Geriatrician). This will raise the profile of SCOPES on an international level.
49. The Elective Orthopaedic Surgery Scheme (EOSS) based at the City Hospital, Nottingham, was developed as an integrated health and social care pilot to streamline the ward to home hospital discharge process and also to reduce the person's length of stay in hospital. Pre-EOSS all people post operation, who had been identified as requiring support on discharge, would be referred to the hospital Integrated Discharge Team which would in turn refer on to the hospital based social workers for assessment. This process could take between 24 to 48 hours to be completed, thus adding an increased stay in the hospital bed.
50. The EOSS focusses mainly on people over 70 years of age who attend the pre-elective orthopaedic surgery clinic in readiness for their respective hip or knee replacement surgery. This integrated pilot was focussed on the hospital elective surgery teams and the Council's Short-term Assessment and Reablement (START) teams, the main outcome from START's intervention being to increase the person's independence, confidence and well-being and reduce the need for longer term support.
51. The Elective Orthopaedic Surgery Scheme (EOSS) is now part of business as usual with a direct referral strategy between hospital-based staff and the council's Reablement teams. The teams work with a small but significant group of patients that are appropriate for the scheme based on feedback from practitioners. The scheme is having a positive impact on reducing the length of stay in hospital for around 150 patients per year across the County.
52. On average the length of stay in hospital is reduced by four days, enabling people to return to their home environment much sooner with a reablement package of support to assist them to regain their independence as soon as possible within a six week period. As well as being beneficial to the individual, the reduced length of stay in hospital represents significant savings in hospital bed costs of around £180,000 annually.

53. The outcomes for the EOSS scheme remains as follows:

- reduced length of stay in hospital
- increased hospital bed availability and savings
- reduced work load to hospital social work team
- reduction in multiple assessment interventions for the individual
- direct hospital referral process is timely and qualitative
- health and social care teams working closely together with a greater understanding of each other's roles and a joint aim
- the health clinic assessor role is cost neutral to social care with a more efficient qualitative outcome.

54. The Committee is asked to note the work undertaken by the scheme. It is proposed that the Committee receives a further update on both schemes in May 2017.

Other Options Considered

55. The report provides an update in relation to ongoing work, all of which is required as a result of national policy directives, and in the case of ICELS, SCOPES and EOSS is part of the work around the integration of health and social care.

Reason/s for Recommendation/s

56. The report is an update on a range of work taking place across the department.

Statutory and Policy Implications

57. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

58. The financial implications relating to the ICELS scheme are identified in **paragraph 11**. The financial implications relating to the possible transfer of Attendance Allowance to local authorities are not yet known. Regarding the transfer of the ILF, the financial implications are identified in **paragraph 16**.

Human Resources Implications

59. The human resources implications in relation to the SCOPES scheme are identified in **paragraph 46**.

Safeguarding of Children and Adults at Risk Implications

60. The Transforming Care Programme aims to ensure that adults at risk are provided with the most appropriate living environment.

Implications for Service Users

61. The integrated social care and health schemes highlighted in the report are focused on providing a seamless and more effective response to people who are in need of specific hospital treatment. In relation to the transfer of the ILF, service users will continue to be reviewed by the Council to ensure their eligible needs are met.

RECOMMENDATION/S

That the Committee:

- 1) notes the developments and activity presented in the report.
- 2) agrees to a further update on all the areas covered as indicated in the relevant sections of the report.

David Pearson CBE

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Constitutional Comments (LM 18/08/16)

62. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee'

Financial Comments (AGW 16/08/2016)

63. The financial implications are contained in paragraph 58.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Integrating Health and Social Care to Reduce the Length of Stay in Hospital – report to Adult Social Care and Health Committee on 29 June 2015

Adult Social Care and Health – overview of current developments, report to Adult Social Care and Health Committee on 7 March 2016

Update on the Transfer of Independent Living Fund – report to Adult Social Care and Health Committee on 29 June 2015

Electoral Division(s) and Member(s) Affected

All.

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