

Briefing for Health and Adult Social Care Overview and Scrutiny Panel



NHS money for social care reablement and post discharge support

1. Introduction

This paper sets out the arrangements that were put in place to transfer money allocated to NHS Plymouth for investment into social care services for 2010/11 and outlines the plans in place for further investment over the next two years.

2. Winter Pressures Funding

In January 2011 the DH announced non-recurring allocations to PCTs. This funding was to be invested by local authorities in social care services which would also benefit health and improve overall health gain. For Plymouth this amount totalled £882,000 of which £492,000 was transferred to Plymouth City Council as set out in the table below.

2010/11	NHS	PCC
PCT for out of hospital placement costs winter 2010/11	£340,000	
PHT purchase of MCAP software	£50,000	
Short term social care funding for care home placements winter 2010/11		£330,000
Funding for NHS use of social care reablement winter 2010/11		£162,000
	£390,000	£492,000
Total	£882,000	

3. Funding to develop post discharge support and reablement

The 2011/12 NHS Operating Framework published in December 2010, announced funding to support the development of social care reablement services and post hospital discharge support. For Plymouth for 2010/11 this amount was £359,000. This fund was described as recurring and guidance on investment encouraged stakeholders to develop longer term plans for social care reablement.

2010/11	
Post discharge support and reablement grant	
Total	£359,000

Therefore the total sum transferred from the PCT to Plymouth City Council (under Section 256 of the 2006 Health Act), for 2010/11 was £851,000 (£492,000 + £359,000).

4. How the money was spent 2010/11

The terms of both funding streams required the investment to take place in 2010/11 to provide additional resources to support winter pressures. Within Adult Social Care, we have estimated that over £1million was spent providing home care reablement and short term care home placements for older people to support hospital discharge during the winter period. Further analysis is being undertaken on the use of care homes following hospital discharge as we remain concerned about the overall trend which is indicating an increase in long term residential care for older people in Plymouth.

In terms of social care reablement services during the same period we have estimated that NHS referrals equated to over 10,059 hours of home care reablement to support hospital discharge with the remainder of the referrals originating from social care teams.

	Planned spend	Actual
Post discharge support and reablement grant	£359,000	
Funding for NHS use of social care reablement winter 2010/11	£162,000	£436,975
Short term social care funding for care home placements winter 2010/11	£330,000	£662,231
	£851,000	£1,099,206

5. Commissioning plans for 2011/12 and 2012/13

As explained above, the 2011/12 NHS Operating Framework published in December 2010, announced funding to support the development of social care reablement services and post hospital discharge support. The operating framework also set out the terms of the money allocated to PCTs for spending on social care which would also benefit the NHS.

	2011/12	2012/13
Post discharge support and reablement (estimate of PCT allocation for reablement in baseline)	£747,000	£1,530,000
Social care services to benefit the NHS	£3,539,000	£3,364,400
Total	£4,286,000	£4,894,400

6. What is the money for?

The NHS 2011/12 Operating Framework sets out the conditions for the transfer of allocations made to PCTs for adult social care. The aim is to enable the NHS to invest in social care services which will benefit the health and social care system. The investment from the NHS is designed to reflect the evidence base that shows investment in social care services can reduce demand on NHS services such as A&E attendances and unplanned hospital admissions.

The NHS operating framework requires PCTs and LAs to take into consideration existing commissioning strategies and the Joint Strategic Needs Assessment when making decisions on the deployment of this money.

7. Focus for investment

Through the Joint Commissioning Executive we have agreed the following priorities for the planned investment:

- Involve older people in decisions about future support
- Provide high quality information, advice and advocacy
- Actively promote health and well-being
- Provide practical support at home
- Reduce social isolation and well-being
- Use technology to support people
- Provide rapid access housing adaptations
- Integrate intensive rapid response crisis support and reablement

The priorities have been divided up into four evidenced based programme areas:

1. Help with cleaning, payment of bills, DIY, gardening, care of pets, chiropody, transport, small adaptations, befriending and opportunities for social participation
2. Small services such as telecare, telehealthcare and some equipment providing practical help. Other services providing emotional support can also significantly improve older people's wellbeing: *"Overall low-level practical support initiatives can have dramatic outcomes- both in terms of increased quality of life and in term so lower use of formal services and institutional forms of support"*
3. Place based projects shows that working together across organisational boundaries benefits older people *"Strong partnerships working, better information and access to all services and putting older people at the centre of service design and delivery improves outcomes"*
4. There are economic benefits from targeted intensive interventions to prevent crisis (e.g. falls services) or at a time of crisis (e.g. rapid response hospital admission services) or post-crisis reablement services. For every £1 spent on these services hospitals were reported to save £1.20 in spending on emergency beds"

The following outcomes have been agreed;

- Reductions in unplanned acute hospital admissions for older people
- Reduction in length of stay in acute hospital for older people
- Reduction in delayed hospital discharges for older people
- Reductions in readmissions for older people within 30 days of discharge
- Reductions in number of people admitted into care homes following hospital discharge
- Reduction in long term admission to care homes
- Patient reported experience measures-baseline to be established.

The above outcomes are linked with NHS Transformation and Performance Management Plans which are jointly reviewed on a regular basis.

	Estimated spend 2011/12	Committed spend 2011/12	Estimated spend 2012/13	Comitted spend 2012/13
Programme 1	£502,000	£85,000	£483,000	£85,000
Programme 2	£1,390,000	£140,000	£1,000,000	
Programme 3	£550,000		£550,000	
Programme 4	£1,000,000	£1,000,000	£620,000	£620,000
Total	£3,442,000	£1,225,000	£2,653,000	£705,000

The table above summarises the current outline investment plans. Business cases are being developed in all these areas and some have already been approved: the majority are due to go through the approval process in September/October 2011.