

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25 March 2020

Executive Member / Clinical Lead / Reporting Officer : Councillor Eleanor Wills – Health, Social Care & Population Health

Dr Naveed Riyaz – Chair of Urgent Care Board

Stephanie Butterworth – Director of Adults

Subject: ALLOCATION OF £1.154 MILLION ADULT SOCIAL CARE WINTER PLANS FUNDING FOR 2020-21

Report Summary: This report provides a set of high level proposals that will address some of the unmet social care need in the system, and will transform a number of existing services, through Winter Pressures Funding. Many of the proposals will offer improvements to the whole system and will increase options and improve outcomes to people who access services.

Recommendations: The Strategic Commissioning Board is recommended to approve the proposals detailed in section 2 of the report and delegate authorisation to the Director of Adults, in consultation with the Director of Operations, Integrated Care Foundation Trust, to manage any slippage within the schemes in accordance with the conditions of the funding, which is awarded to 31 March 2021.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section :	Section 75
Decision Required By :	SCB
Organisation & Directorate:	Tameside MBC, Adult Services
Budget Allocation :	£ 1.154 million
Additional Comments : Section 2 of the report provides details of a number of proposals that will be funded via the Council's allocation of £1.154 million from the Adult Social Care winter pressures funding. It is essential that the initiatives satisfy the conditions of the funding awarded and are implemented on a non-recurrent basis as the allocation is awarded for the 2020/21 financial year only. It is also recommended that the programme of proposed initiatives is appropriately evaluated to ensure it has addressed the primary aim of the funding award. This being to reduce pressures on the NHS by getting patients home quicker and freeing up hospital beds. Members should acknowledge that the plans within the report have been identified to ensure there is an impact on the locality health and social care system. These should ensure that people are supported to remain at home and reduce the number of hospital attendances. In addition that people who	

have required a stay in hospital have a supported, timely and safe discharge.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

Councils were allocated the additional adult social care winter funding to assist in easing winter pressures on the NHS, aimed in particular at reducing delayed transfers of care. Allocations of monies to other areas would thus be unlawful and a misuse of funding spend, unless specifically authorised by Central Government. It was therefore a required part of the process for the proposals to be agreed in consultation with the ICFT. Councils were allocated the funding based on the Adult Social Care Relative Needs formula.

A link to this formula on the website showing allocations made to all Councils is included in the report for information.

Members need to be satisfied that the proposals represent the most effective and efficient way of spending the funding to achieve the required deliverables and that they represent value for money.

Whilst there are proposed reporting mechanisms it will still be necessary to record the expenditure to ensure that the Councils is delivering a balanced budget so should be reflected in the monitoring report.

**How do proposals align with
Health & Wellbeing Strategy?**

The proposals align the Developing Well, Living Well programmes for action.

**How do proposals align with
Locality Plan?**

The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

**How do proposals align with
the Commissioning
Strategy?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person'.

**Recommendations / views of
the Health and Care Advisory
Group:**

The report has not been presented at the Health and Care Advisory Group.

**Public and Patient
Implications:**

It is anticipated that the investment over the winter impact will have a positive impact on the people who access and use the services that are funded through this money.

Quality Implications:

Through the delivery of this programme of investment it is anticipated that the quality of the response to people who are at risk of being socially isolated and who require support from ASC to determine their care when being discharged from hospital will see an improvement in the quality of the service offer as there will be a more prompt response..

**How do the proposals help
to reduce health
inequalities?**

Via Healthy Tameside, Supportive Tameside and Safe Tameside.

What are the Equality and Diversity implications?

The proposals will not affect protected characteristic group(s) within the Equality Act.

The service will be available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender reassignment, pregnancy/maternity, marriage/civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

A privacy impact assessment has not been completed. Services adhere to the Data Protection Act when handling confidential personally identifiable information.

Risk Management:

Close oversight of spend against this non-recurrent funding will be ensured through Adult Management Team and the returns that will be submitted to the Department of Health and Social Care.

Access to Information:

Appendix 1:	proposals with approximate budget allocations
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The background papers relating to this report can be inspected by contacting the report writer Sandra Whitehead



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1. INTRODUCTION

- 1.1 At the Conservative Party Conference in October 2018 the government announced £240 million for Adult Social Care to support winter pressures for 2018/19. Councils were allocated the funding based on the Adult Social Care Relative Needs formula with the allocation to Tameside being £1.154 million. The grant allocation for the Council is confirmed on the Government's website and is available on the following link :
<https://www.gov.uk/government/publications/winter-pressure-grant-allocations-for-2019-to-2020>
- 1.2 Central Government announced in December 2019 that the same level of funding (£1.154 million) would be allocated for 2020/21 to assist with pressures faced by the health and social care system over the next winter period. This was confirmed in the final 2020/21 local government finance settlement announced by the Government on 6 February 2020. The grant allocation of £ 1.154 million for the Council is again confirmed on the Government's website and is available on the following link :
<https://www.gov.uk/government/publications/core-spending-power-final-local-government-finance-settlement-2020-to-2021>
- 1.3 The rationale for the funding from the Department for Health and Social Care remains the same - that the investment in adult social care will help local authorities reduce pressures on the NHS by getting patients home quicker and freeing up hospital beds across England. *'The extra funding, announced by Secretary of State for Health and Social Care Matt Hancock, is aimed at reducing delayed transfers of care and will be allocated to councils based on the adult social care relative needs formula'*
- 1.4 This report sets out the high level plans that have been identified to have an impact on the system in terms of supporting people to remain at home, and by doing so to reduce the number of hospital attendances, and where people have had to have a stay in hospital a timely and safe discharge is supported.
- 1.5 The proposals have been discussed and agreed with the Director of Operations at the Tameside and Glossop Integrated Care Foundation Trust (ICFT). They have also been shared with other service areas as appropriate, for example, the funding to support charities who support the homeless to ensure that this funding does not jeopardise existing provisions by placing pressure on the available resource.
- 1.6 Approaches will be made to third sector organisations and groups through Action Together to fund local initiatives that will reduce social isolation and thus reduce the chances of people accessing health services inappropriately. The feedback from the funding that was allocated for 2019/20 was very positive, with many people being supported with a hot meal, free of charge, and with other interventions to address social isolation and the issues associated with cold weather.
- 1.7 As the funding has been announced at the start of the 2020/21 financial year it will allow time to plan and recruit to initiatives in a much more planned and proactive way.

2. SPENDING PROPOSALS

- 2.1 A number of schemes are proposed that will reduce social isolation, support people to remain living safely at home and to promote a timely and safe discharge from hospital where an admission has been necessary:
- 2.2 **Block booking 8 transitional care home beds** – there are occasions where people are delayed in hospital because a bed at their home of choice is not available. Access to beds as an interim placement will support a timely discharge from hospital to a placement until the

preferred choice of home is available. These beds will be sourced through an expression of interest exercise – this approach has been discussed and agreed with STAR Procurement.

- 2.3 **In-house homecare service** – a support at home (home care) service has been established to support the Council's duty to ensure local market sustainability. There are pressures within the local market with regards to capacity, and, on occasion, the timeliness of commencing care packages. The offer of an in-house service provides support to people who may otherwise be admitted to hospital due to a crisis at home, or be delayed. This service has proved to support people to remain at home, and timely discharges from hospital. An additional Through the Night round was funded through the original funds and has continued to be delivered as this has enabled people to remain living safely at home.
- 2.4 **Additional Staff Capacity in Integrated Urgent Care Team** – it is proposed that funding is invested in posts across the Integrated Urgent Care Team to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital. This resource will also support the timely review and closure of Reablement cases to maximise flow and capacity in the system.
- 2.5 **Additional Staff Capacity in Neighbourhood Teams** – it is proposed that funding is invested in posts across the Neighbourhood Teams to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital where appropriate.
- 2.6 **Prevention/Early Intervention Capacity** – it is proposed to fund capacity to work with individuals who may not meet criteria and fall outside usual services offered across the place. It is believed that this support will not be long term, and will direct/mentor or guide people to address issues and minimise the potential of unplanned health or social care intervention.
- 2.7 **Trusted Assessor Post in IUCT** – A post to be funded to carry out the trusted assessor role. This post has built relationships with care providers and carries out assessments that will be accepted by the care providers and as a result reduce the timescales for providers being in a position to accept a placement. Where an individual is in hospital it is estimated that this can reduce length of stay by up to 5 days, thus improving the experience for the individual and also freeing up bed capacity. It is proposed that this post continues to be funded.
- 2.8 **Accommodation Officer** – Funding for this post has been used to commission a post to support individuals who are in hospital who require assistance to find alternative accommodation either because they are homeless or because their current accommodation is no longer able to meet their needs safely.
- 2.9 **Projects with the voluntary and community sector** – in previous years Action Together has supported an approach to the local voluntary sector for schemes, existing and new, that could be up-scaled to support the purpose of avoiding social isolation and thus avoiding hospital admission and/or supporting timely discharges. £200,000 has been allocated to support these schemes.
- 2.10 A bidding process was introduced in 2019 that was very successful in funding a wide range of schemes. It is proposed that the same methodology is applied for the allocation of the 2020-21 funding. Oversight of the budget will ensure that there is no overspend of the funding.
- 2.11 **Winter Pressure Kits** – this will fund cold weather kits for Reablement and CRS staff to enable them to continue to deliver services in extreme weather.

3. FINANCIAL OVERSIGHT

- 3.1 Funding proposals will be monitored via the Adult Services Management Team and through regular reporting to the A&E Delivery Board.
- 3.2 Regular returns will be required on the utilisation of the funding. Estimated proposal values were submitted in December 2019.
- 3.3 Details of the proposals with approximate values are provided in **Appendix 1**. It should be noted that the final confirmed values may vary, however the total expenditure of all proposals will be within the allocated sum (£1.154 million).

4. CONCLUSION

- 4.1 The government has allocated £1.154 million to the Council to support the system with winter pressures.
- 4.2 As the funding is for 2020/21 financial year for the period ending 31 March 2021 there is an imperative to allocate the funding promptly and to commence the services/schemes in order to ensure the schemes can be developed and embedded to maximise the impact during the winter period.
- 4.3 A set of schemes have been proposed that require approval. It is also expected that other pressures and suggestions will emerge during the next few months and flexibility to use any slippage within schemes would enable a prompt responsive approach to maximising the benefits of the funding awarded.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.

APPENDIX 1

PARA	PROJECT	LEAD	ESTIMATED EXPENDITURE £
2.2	8 Transitional beds – Dec 2020 to March 2021	Trevor Tench	93,130
2.3	Interim Support at Home Service - management and staffing & TTN	Alison White	468,000
2.4	Staffing capacity in Integrated Urgent Care Team	Sharon Davies	70,000
2.5	Staffing capacity in Neighbourhood Teams	Carol Abrams	130,000
2.6	Prevention/Early Intervention Posts	Carol Abrams/Sharon Davies	85,000
2.7	Trusted Assessor post for 12 months	Sandra Whitehead	48,000
2.8	Accommodation Officer post for 12 months	Elaine Richardson	40,000
2.9	Voluntary Sector schemes	Trevor Tench	200,000
2.11	Winter pressure kits for Reablement staff	Alison White	11,000
	Contingency	Sandra Whitehead	8,906
		Total	1,154,036