

<b>11<sup>th</sup> July 2013</b>	<b>ITEM: 12</b>
<b>Thurrock Health and Well-Being Board</b>	
<b>JOINT COMMISSIONING PLANS FOR 2013-14 REABLEMENT AND SOCIAL CARE MONIES</b>	
<b>Report of:</b> Allison Hall	
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning	
<b>This report is Public</b>	
<b>Purpose of Report:</b> <ul style="list-style-type: none"> <li>• Note the progress made against 2012-13 Reablement and Adult Social Care funding</li> <li>• Approve the joint investment plans for 2013-14 Reablement allocations (via CCG)</li> <li>• Approve the Adult Social Care Funding in 2013-14 (via National Commissioning Board allocations.)</li> </ul>	

## **EXECUTIVE SUMMARY**

### **Reablement funding**

In 2010 additional funding for Reablement Services was made available nationally for post hospital discharge support and this funding was incorporated within recurrent PCT allocations. These figures are now incorporated within CCG base budgets

The allocation for Thurrock in 2013/14 is £862k.

### **Social Care Funding**

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.

The allocation for Thurrock for 2013/14 is £2.3 million.

This report sets out the areas of investment for Reablement and Social Care which have been agreed with the SW Essex PCT (prior to its abolition) and the Thurrock CCG.

## **1. RECOMMENDATIONS:**

- 1.1 That the Board supports the plans for Reablement & Social Care investment for 2013/14 as set out in Appendix 1

## **2. INTRODUCTION AND BACKGROUND:**

- 2.1 The focus for reablement funding is 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.
- 2.2 Adult Social Care funding is for investment by local authorities to benefit health and to improve overall health gain for the local population.
- 2.3 There is a requirement for both streams of funding, that CCGs and Local Authorities develop local plans on the best way of using this money and over the past 2 years the agreed areas of investment and system transformation have increased capacity across organisational boundaries.  
Investment has facilitated the development of services across the health, social care and voluntary sector that support people to remain as independent as possible and cared for in their home or community setting
- 2.4 During 2012/13 good progress was made in terms of increasing reablement capacity, reducing delayed transfers of care, supporting more people to remain independent and maintaining the numbers of admissions to residential and nursing homes.

The additional funding provided an opportunity to develop better models of care that could support and improve integrated intermediate care, as the population of frail elderly people continues to rise. The formation of 2 new joint services – the Rapid Response Assessment Service – RRAS, (providing a single point of referral) and the Joint Reablement Service - JRT, has established an integrated health and social care assessment, and a multi-disciplinary team approach to care planning and delivery, this has supported service delivery, improved access to reablement & intermediate care services, provided a MDT and case management response as well as releasing internal capacity to respond to crisis to avoid hospital admission and facilitate supported discharge from hospital.

- 2.5 In Thurrock the additional investment has achieved the following outcomes
- 58% avoidance of a long term residential care placement for those facing a crisis or impending crisis (a further 37% avoided home care services)

- 35%% of those completing a period of reablement resulted in a reduction of care or complete independence.
- 83% of those placed in an interim bed avoided residential care (67% of which were able to return home).
- Delayed Transfers Of Care attributable to Adult Social Care from the acute were zero throughout the year

A more detailed analysis of the performance of each scheme for 2012/13 (both Reablement and Social Care Funding) is attached at Appendix 2

- 2.6 For 2013/14 Thurrock Council and the CCG have agreed a joint plan. This provides a platform to ensure further integration with the CCG and builds upon Thurrock Council's Transformation agenda, this includes the Building Positive Futures Project, which will aid the development of whole system transformation across Health, Housing and Social Care that is required to support more people to live independently and enjoy a healthy and active life for as long as they can.
- 2.7 Furthermore during 2013/14, a review of the RRAS & JRT services will be undertaken with a view of commissioning them through a more permanent funding mechanism.

### **3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

#### **3.1 Key Issues**

- Approval for the joint plan is sought from the Health and Wellbeing Board – this has already been to the CCG Board and the PCT Board (prior to its abolition).
- The CCG will be responsible for the final approval of the plans and releasing the funding to partners through section 256 agreements.

### **4. REASONS FOR RECOMMENDATION:**

- 4.1 To ensure that the CCG and Local Authority complies with the requirements of the funding allocations

### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

- 5.1 Finance has been consulted in relation to the contents and recommendations contained within this report

### **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

- 6.1 These have been considered in the main body of the report; however this will have a direct impact on the one of the council five strategic priorities of improving Health & Well-Being.

## 7. IMPLICATIONS

### 7.1 Financial

Implications verified by: **Mike Jones**  
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Resources identified will be transferred to the Council following final approval through Section 256 arrangements. Invoicing and monitoring arrangements are contained within the agreement.

### 7.2 Legal

Implications verified by: **Lucinda Bell**  
Telephone and email: **07971 316599**  
**lucinda.bell@BDTLegal .org.uk**

The terms of reference of the Health and Welfare Board are set out in the Council's constitution, at Chapter 4 part 2 (3). The Health and Social Care Act 2012 (HSCA 2012) requires local authorities and PCTs to produce a Joint Strategic Needs Assessment (JSNA). In addition the local authority and the CCGs must prepare a joint health and wellbeing strategy (JHWS). In preparing the JSNA, consideration must be given to the extent to which the needs could be met more effectively by arrangements under section 75 of the National Health Service Act 2006, section 75, arrangements between local authorities and NHS bodies rather than in any other way.

The Authority must have regard to the JSNA and the JSNA when exercising any relevant functions (s192 HSCA 2012, s116B LGPIH Act 2007). The HWB has a duty to encourage integrated working and a duty in particular to provide advice, assistance, and so on, to encourage the making of arrangements under section 75 of the NHS Act 2006 s195(1) and (2) HSCA 2012.

The Equality Act 2010 imposes a duty on the Authority to have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010 (section 149(1)(a)).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (section 149(1)(b)).

- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (section 149(1)(c)).

### 7.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
Telephone and email: **01375 652472**  
**sdealyn@thurrock.gov.uk**

Access to services is based on need following an assessment process which adheres to Thurrock Council's duty to facilitate the provision of social care services to those individuals who qualify under its eligibility criteria.

### 7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

NA

### **BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- None

### **APPENDICES TO THIS REPORT:**

- Appendix 1 Funding allocation for 2013/14 Reablement & Social Care monies
- Appendix 2 Reablement Funding Section 256 agreement between Thurrock Council and Thurrock CCG
- Appendix 3 Social Care Funding Section 256 agreement between Thurrock Council and NHS England
- Appendix 4 2012/13 Performance scorecard

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