Joint NHS Leicester City Clinical Commissioning Group and Leicester City Council Plan to support the Funding Transfer from NHS England to Social Care – 2014/2015

Proposal Title	Support for Joint Working		
Organisation	Leicester City Council	Sponsor	Deb Watson
Contact for queries	Ruth Lake Tracie Rees	Tel no	0116 - 4544551 0116 - 4542301
Amount requested	2014/2015: £5.902m		
State transformation fund category Redundancy costs Pump priming Capital expenditure Double running costs		Quality and Equality impact assessments **must** be attached.	

1. Objectives of the proposal - outline why you wish to undertake the work and what you think it will achieve in terms of benefits. How does it align with organisational (your own or the wider health economy's) cost improvement plans?

The following proposals support the direction of travel for Adult Social Care, in terms of ensuring the authority does not have to reduce its Fair Access to Services (FAC's) criteria from substantial and critical to critical only. If this did happen then it would create significant additional pressure on health services, both acute and community. The money would also be used to support the prevention and early intervention agenda, in terms of funding more Assistive Technology and Telecare initiatives. As dementia is also a key priority for the Council, the money would also be used to support the delivery of the LLR wide Joint Dementia Strategy, which also benefits the wider health economy.

2. Detail the proposal specifically including application of requested funds. Is this proposal capable of being scaled down if the total funds are not available?

Proposal One: £2,719k to help maintain eligibility criteria

Leicester City Council operates within national eligibility criteria, with thresholds set at substantial and critical. This is consistent with the majority of local authorities. Authorities are required by law to set their thresholds according to their available resources. Once set, all people with eligible needs are legally entitled to support, regardless of whether resources are in fact available.

Adult social care (ASC) is shifting its assessment processes deliver a systematic Resource Allocation System (RAS), in line with national transformation requirements. ASC has a contingency budget for meeting the needs of people where support costs exceed the RAS allocation. Due to reductions in base budgets the available resources through both RAS and contingency will not be sufficient to meet all assessed need. Reducing eligible need (i.e. reducing the numbers of people who receive support) can be achieved via a tightening of eligibility. A number of Councils have / are considering raising the threshold. For Leicester, this would mean restricting eligibility to critical only. This would create significant additional pressure on health services, both acute and community. For example, many individuals that are currently supported out of hospital with care packages would be reassessed at the point of discharge and deemed ineligible. This would impact on acute care costs and efficiency. A number of people in receipt of community care packages receive support with delegated health tasks that are provided within a health

and social care protocol - such as medication management – by social care services. Were these people to become ineligible for social care support due to a rise in thresholds, this support would cease, creating significant additional demand for community health services. There is the additional cost of crisis as a result of the lost social care support at the substantial level of eligibility.
In order to mitigate pressure to change thresholds to live within the available resources, transferred funding will be used to maintain people with substantial and critical needs, whilst ASC undertake its wider transformation programme, intended to reduce costs of care for the longer term.

Proposal Two: £100k for Dementia Care Advisors
Nationally and locally the prevalence of Dementia is increasing (the number is estimated to increase by 48% across LLR by 2025). It has been recognised that early diagnosis, and appropriate services and support to carers can reduce the impact on health and Adult Social Care services, including the acute sector. For example people with a dementia over 65 years are currently using up to one quarter of hospital beds at any one time (Alzheimer's Society 2009). Therefore, the use of community facing Dementia Advisors (4 posts) can support people to seek appropriate diagnosis, including memory assessment clinics to reduce the impact of the condition at potentially an earlier stage to reduce the long term implications for both health and social care services. This would include people not eligible for Adult Social Care support and their carer's, by reducing the likelihood of crisis situations occurring if support and information relating to preventative services and respites was readily available. It is proposed that the Single Point of Access and each of the three locality teams across the city will have a Dementia Care Advisor to support local need. This will be a key preventative initiative and long term, if needed staff within ASC will be re-organised to ensure that this service will continue.

Proposal Three: £300k for Prevention
Investment in preventative services underpins ASC strategy to longer term financial balance and to greater choice and control for individuals. However this is difficult to achieve without pump priming to enable development particularly within the voluntary and community sector (VCS). Often opportunities can be seen to develop services that support and divert away from statutory care provision, but small providers cannot bear the up-front risk or investment. This proposal is to invest up front resources in a range of small initiatives, that support market development, subsidise services that promote self-care and wellbeing and to fund services that deliver reductions in demand for formal care.

Proposal Four: £300k for Community Equipment
The use of community equipment enables people eligible for ASC services to remain independent with relevant aids and minor adaptations. Choice and control underpins the direction of travel for ASC, and the provision of community equipment supports this approach. For 2011/12 the City Council allocated £400k to fund community equipment across all client groups; however the estimated outturn for this financial year is over £700k. With increased demand, which has been stimulated by greater awareness of its use as a preventative measure, it is likely that demand will continue to increase, however it provides a benefit to ASC and health with less people needing higher cost care. Therefore, the extra monies will cover the shortfall to the ASC budget for the next 2 years, beyond this date resources will be moved to enable this service to continue to support the prevention and early intervention agenda across health and ASC.

Proposal Five: £306k for additional capacity for re-assessments
ASC supports approximately 8000 individuals. Their individual support plans need to change, both to deliver personalisation and in order to reduce the cost of care and therefore achieve financial viability into the future. ASC has a transformation vision, premised upon maximising independence, creating financial efficiency through greater choice and control and through direct payments which give greater purchasing flexibility. To do this, ASC must reassess individuals and redesign their existing support plans. Although ASC undertakes regular reviews of individuals, the capacity and time required to complete in-depth reassessments and to work with individuals to access new types of services is considerably greater than completing a routine review. This funding proposal will support some of the additional resources required to complete this work expediently. A targeted team of staff will focus solely on this task, to ensure that its focus is not reprioritised in the context of other demand such as safeguarding or emergency assessments. This will allow ASC to release resources tied up with individual care plans and to recycle those into the RAS pot, thereby reducing the risk of having insufficient resources in the future and pressuring eligibility thresholds (please reference proposal 1)

Proposal Six: £250k Dementia in Care Homes

One of the key priorities of the LLR Joint Dementia Strategy relates to the need to improve the quality of service provision of residential and nursing care across the independent sector providers. The monies will be used to develop a Quality Assurance Framework (QAF) that reflects the quality requirements for people suffering from a dementia for both adult social care and health to ensure a consistency of approach. There, is also a need to provide training for staff (including contract monitoring officers) to ensure they are able to implement the QAF, which in turn will reduce safeguarding incidents. It is also important to give support to providers to ensure they are equipped to recognise the needs of people in their care with a dementia, and the extra resources will support the development of a provider improvement programme. It is also the intention to invest in a temporary resources for 6 months (co funded with Leicestershire Council) to map out the care pathway for people with a dementia and carer's, in order to re-align spend against the priorities of the Joint Dementia Strategy.

Proposal Seven: £200k Assistive Technology

Please see proposal eight, which explains the benefits of Assistive Technology (AT) and Telecare. For the purposes of this document Telecare covers Assistive Technology and Telecare. Assistive Technology is stand-alone equipment that is not connected to an alarm/sensor system. For example, this type of AT could be medication dispensers, calendar clocks, picture phones, night lights etc. These items cost on average between £20 and £60 and as one off items can prevent the need for domiciliary support and residential care.

Proposal Eight: £200k Telecare

Uniquely among care and support interventions, telecare can prevent or delay both the need for care, and the financial and personal costs of care provision:
Telecare can prevent or delay the need for more complex interventions or deterioration in a person's condition;
Telecare can be a more cost effective option for meeting care needs, potentially reducing the need for formal care;
Telecare can also reduce the burden on informal carers.
Telecare and Telehealth has also been shown to improve the quality of life of users, providing reassurance, peace of mind and a monitoring system for health conditions. An example of Telehealth would be a monitoring system for heart conditions, where the individual will measure their heart rate on a daily basis and the result are then be fed into a health IT system for the clinician to monitor.

Telecare/Telehealth is the remote monitoring of emergencies and lifestyle changes over time in order to manage the potential risks associated for individuals with care and support needs living independently in their own home.
Telecare enables earlier interventions in the event of complications for users, whilst also assisting them in their re-ablement following an incident. Telecare consists of various sensors placed around the home linked to a system that allows the user to be supported by an external monitoring centre 24 hours a day, 365 days a year. Telecare devices typically cost between £100 and £500, and remote monitoring services may cost as little as £5 per week per person.

An national evaluation in 2008, identifying what a traditional, non-telecare package of care would have cost if telecare were not being used found that 46% of the traditional packages would have been in residential or nursing care, and 64% of the traditional packages would have been at home. The evaluation found that among those who would have received more than 10 hours home care, there was a reduction in the number of hours needed. It was calculated that the net average annual efficiency per telecare user was between £12,246 and £1,756, averaging at around £3,600 across the county, which represented a 38% reduction in typical care package costs. This is a substantial saving for social care but equally for health whilst the development of Telehealth is in its early stages, there is evidence to prove equipment prevents the need for, visits by clinicians and, admissions to hospitals.

Proposal 9: £1,527k Intermediate Care Services

Leicester City Council will provide a comprehensive intermediate care service to people who are otherwise at risk of admission to hospital or to facilitate their discharge. This service provides direct care (personal and domestic support), therapy support and equipment provision and care management (assessment) activity to ensure people are provided with suitable services both during and after a period of intermediate care. This service directly contributes to the priorities for the NHS, in reducing emergency admissions, reducing delayed transfers and avoiding readmissions.

3. Describe the scope and scale of the impact of the proposal in terms of numbers of patients/staff/resources affected, what is included and what is not. Note the key stakeholders whose support is required. Is any public or staff consultation required?

These proposals are wide reaching, impacting on all people who use ASC (approx. 8000) and by association their carers. Key stakeholders in the delivery of these proposals are people using services, staff, VCS, local health services, elected members. The direction of travel that underpins these proposals has been consulted on at a national level and in local consultations for example with the VCS; no further local consultation is required for delivery.

4. Give a clear timetable for proposed actions and for delivery of results and outline how the proposal will be managed and monitored within the organisation

No.	***Project Name***	***Implementation timescale***	***Lead Officer***	***Monitoring Arrangements***
1	*Maintain Eligibility Criteria*	*Immediately – will form part of the RAS*	*Ruth Lake*	*Monthly reports, which are presented to the Senior Management Team, including the DASS (Deb Watson) to give assurance that only packages of care are being approved that support people who are either substantial or critical. This in turns forms part of the quarterly budget monitoring process, which is presented to the Councils Cabinet for approval.*
2	*Dementia Co-ordinators*	*Immediately*	*Ruth Lake*	*Performance will be monitored by the LLR Commissioning Board, which in turn will be reported to the various Cabinets and CCG's*
3	*Prevention*	*Immediately*	*Tracie Rees*	*Spend with be monitored on a monthly basis, including the reduction of care packages to demonstrate that preventative services reduce costs long term.*
4	*Community Equipment*	*Immediately – the money will be used to cover the shortfall in the budget for 2011/12*	*Tracie Rees*	*Spend is already monitored as part of the Community Equipment Contract with NRS, to ensure that only relevant cases receive assistance in line with the policy criteria.*
5	*Assessment Resources*	*Immediately*	*Ruth Lake*	*Numbers are monitored on a weekly basis and outcomes reported to the Senior Management Team on a monthly basis. The financial performance is also monitored on a monthly basis.*
6	*Dementia in care homes*	*Immediately*	*Tracie Rees*	*Performance will be monitored by the LLR Commissioning Board, which in turn will be reported to the various Cabinets and CCG's*
7	*Assistive Technology*	*Immediately*	*Tracie Rees*	*Spend with be monitored on a*

				monthly basis, including the reduction of care packages to demonstrate that preventative services reduce costs long term
8	*Telecare*	*Immediately*	*Tracie Rees*	*Spend with be monitored on a monthly basis, including the reduction of care packages to demonstrate that preventative services reduce costs long term*
9	*Intermediate Care*	*Immediately*	*Ruth Lake*	*Spend and activity outcomes will be monitored on a monthly basis. This service directly contributes to the priorities for the NHS, in reducing emergency admissions, reducing delayed transfers and avoiding readmissions.*

5. Detail how the proposal will contribute to recurrent increased productivity, cost efficiency and quality. In particular detail any effect on recurrent costs in 2012/13.

The proposal is a mixture of new investment and offset funding against pressures in social care. Failing to provide services to people with substantial needs would bring about deterioration in their wellbeing and independence, with consequences for both health and social care services. Additional investment in preventative services, AT etc. will help to mitigate the increasing demand for health services and social care. It will reduce longer term costs by developing an infrastructure that supports people with lower levels of need quickly and effectively.

6. Detail the risks to the proposal and how they will be addressed; in particular what assumptions have you made and are there any dependencies on other work?

The key risks will be to ensure there are robust governance arrangements are in place to manage relationships and achieve key milestones between respective partners from different disciplines. For Adult Social Care this will comprise of working closely with UHL, GPs and Leicester Community Health Services.

7. List the key success criteria, and for each one provide suggested indicators (KPIs) which can be used to assess delivery and state how and when they would be measured.

Proposal One
Eligibility threshold is maintained with sufficient resources in 11/12 and 12/13 to meet eligible need.
KPI – No. of people in receipt of Council-funded services / Personal Budget

Proposal Two
Individuals with dementia and their carer's have access to advice and information
KPI (Previous National Indicator 135 still used by the local authority) No. Carers receiving needs assessment or review and a specific carers service or advice and information

Proposal Three
Individuals and carers having greater choice and control
KPI (Previous National Indicator 130 still being used by the local authority) Proportion of people (including carers) using social care who receive self-directed support, and those receiving direct payments

Proposal Four
People are supported to live in their own homes with appropriate provision of equipment to aid their independence

KPI – No. of people enabled to live in the community through the provision of community equipment

Proposal Five
Individuals requiring a reassessment in order to change service patterns receive one during the period
KPI – No. of people in target groups who are reassessed
PAF D40 – Clients receiving a review in the year

Proposal Six
Safeguarding training provided to ASC staff and to Providers
KPI – No. of Adult social care staff trained in the year
Number of Non-council staff trained in the year

Proposal Seven & Eight
Individuals are supported in cost effective ways with the provision of AT / telecare, reducing care costs and crises.
KPI – No. of people in receipt of AT / telecare

Proposal Nine
This investment will lead to reduced hospital admissions, delayed transfers of care and hospital readmissions.

The above key performance indicators form part of the monthly monitoring for adult social care services, which are discussed on a monthly basis with the DASS. This in turn forms part of the Councils quarterly monitoring information that is presented to Cabinet.

8. Exit strategy

The future funding of the schemes will be integral to the work that will be undertaken to form local plans for the use of monies that will come from the Better Care Fund (former Integration Transformation Fund).