

**WINTER PRESSURES AND ADDITIONAL GOVERNMENT FUNDING**

**To:** Adults Committee

**Meeting Date:** 13<sup>th</sup> December 2018

**From:** Will Patten, Director of Commissioning

**Electoral division(s):** All

**Forward Plan ref:** 2018/026      **Key decision:** Yes

**Purpose:** The report provides an overview of the approach to managing winter pressures and the proposed investment of the recently announced national Hancock monies.

**Recommendation:** Adults Committee is recommended to approve the investment of the £2.395 million Hancock monies as set out in the report.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Will Patten</b>	Names:	Cllr A Bailey, Cllr M Howell
Post:	Director of Commissioning	Post:	Chair/Vice-Chair
Email:	<a href="mailto:Will.Patten@cambridgeshire.gov.uk">Will.Patten@cambridgeshire.gov.uk</a>	Email:	
Tel:	07919 365883	Tel:	01223 706398

## 1. BACKGROUND

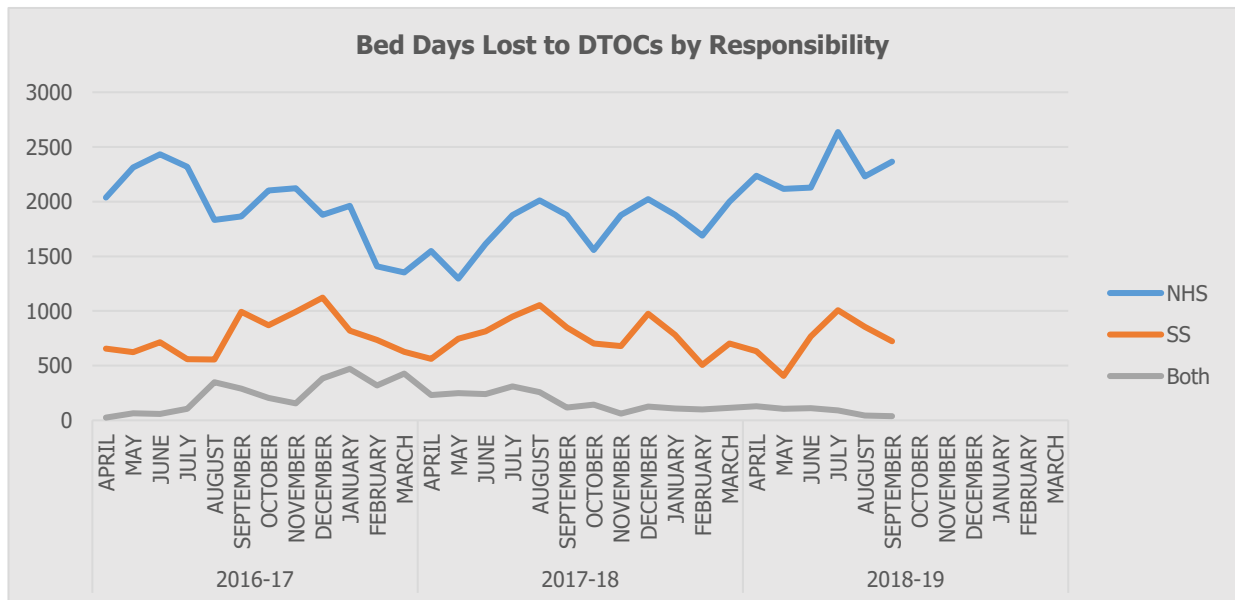
1.1 On 2<sup>nd</sup> October Matt Hancock, Secretary for Health and Social Care announced £240m of additional funding for local authorities. Cambridgeshire County Council received £2.395m. In line with national guidance from the Department of Health and Social Care, the funding is to be issued to local authorities to spend on social care services with the aim of:

- Alleviating winter pressure from the NHS, reducing Delayed Transfers of Care (DTOCs) due to people waiting for adult social care services.
- Getting patients home from hospital quicker, reducing extended lengths of stay.
- Improving weekend discharge arrangements so that patients are assessed and discharged earlier and speeding up the process of assessing and agreeing what social care is needed for patients in hospital.

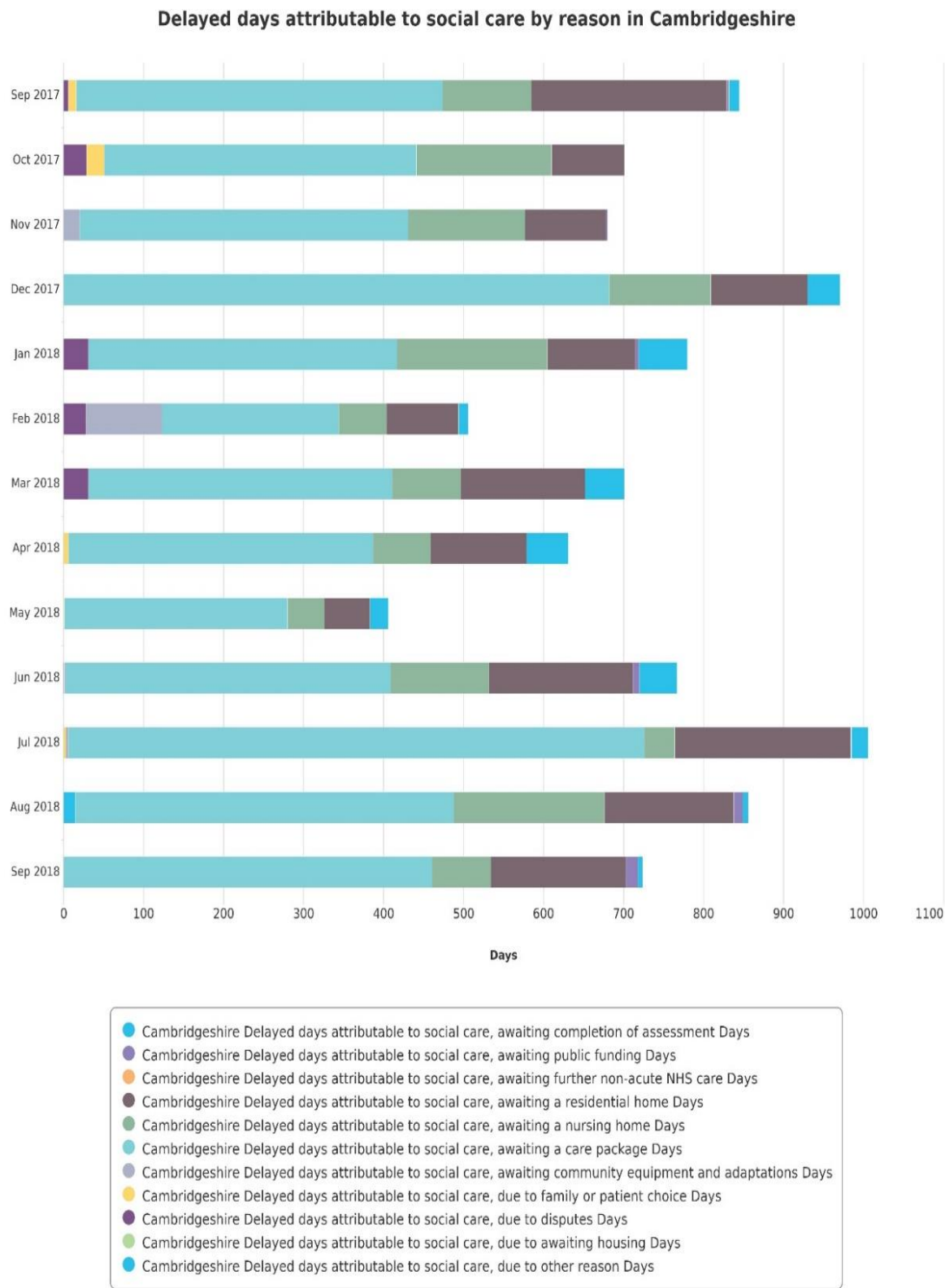
## 2. MAIN ISSUES

### 2.1 Current DTOC Performance

2.1.1 The latest published UNIFY data, shows that in September, there was a total of 3,127 delayed days, of which 2,734 were in acute care. 75.6% of all delayed days were attributable to the NHS, 23.2% were attributable to Social Care and the remaining 1.2% were attributable to both NHS and Social Care. The below graph shows a breakdown of DTOC performance by attributable organisation. During 2018/19, social care attributable delays have been the cause of an average of 732 lost bed days per month.



2.1.2 People awaiting a care package to be delivered in their own home is the primary delay reason for social care delays and in September 2018, this accounted for 76% of social care delays in Cambridgeshire. The below graph shows a breakdown of DTOC reasons associated with social care attributable delays.



## 2.2 Use of Hancock Monies

- 2.2.1 To address the primary cause of social care related DTOCs, it is therefore proposed to utilise the Hancock money in the following way:

Description	Amount
Increase capacity of reablement provision to deliver domiciliary care as the provider of last resort	£300k
Purchase additional 2956 hours per week of domiciliary care via discharge cars	£2,100k
<b>TOTAL</b>	<b>£2,400k</b>

- 2.2.2 The local authorities have undertaken a demand analysis of the domiciliary care for people assessed as having an adult social care need, the outcome of this analysis is a shortfall in domiciliary care capacity of 2235 hours per week to manage the demand on our current pending list.
- 2.2.3 In July 2018, contractual responsibility for the two independent care providers commissioned to bolster the intermediate care pathway transferred from Cambridgeshire and Peterborough Foundation Trust (CPFT) to the Clinical Commissioning Group (CCG). Since this change there has been uncertainty about the future of the intermediate care worker provision, specifically the funding necessary to support the service. In November 2018 the two care providers received notice that the service would be de-commissioned on 25<sup>th</sup> November 2018 by the CCG. The impact of this notice was a number of domiciliary care hours would be available to commission. This shortfall, coupled with the approaching winter and the anticipated spike in demand of domiciliary care warranted the local authority commissioning any available hours in order for this capacity to remain within the local system. The outcome was the local authority commissioned a total of 2956 hours per week and this capacity would be used to provide care for people assessed as having a social care need from the 25<sup>th</sup> November, the point at which the CCG decommissioned the service.
- 2.2.4 It is important to note that the available market capacity is finite. Therefore the local authority is clear that the following commissioning principles are to be applied to the use of this capacity:
- The local authority will only accept referrals for people with adult social care needs post assessment
  - The local authority only fund a service user package following an assessed social care need
  - The NICE guidance definition of the Intermediate Care pathway applies. People with a need for intermediate care provision, will remain the responsibility of the commissioning CCG.
- 2.2.5 The Hancock monies were announced at the Conservative Conference as one off monies for the financial year of 2018/19. Following this, further funding was announced for 2019/20 as part of the Autumn Budget.

The commissioning of additional domiciliary care capacity is likely to present a financial pressure for the local authority next financial year, as domiciliary care

packages will continue to be a long term need for those patients. The average domiciliary care package last 2 ½ years.

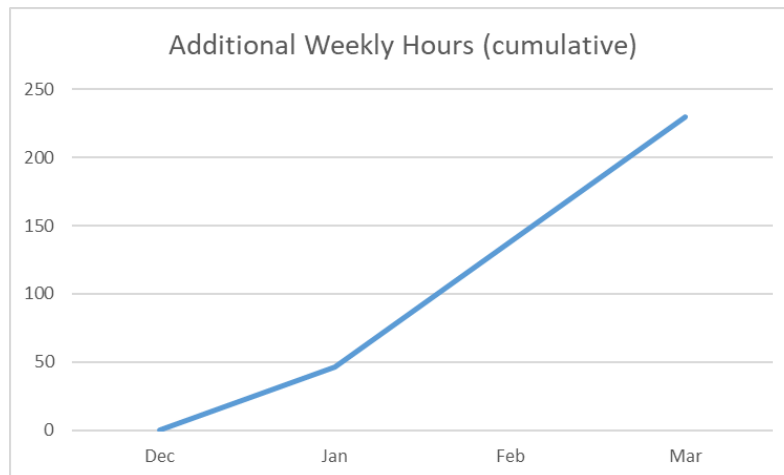
## 2.3 Commissioning Plan and Timescale

### 2.3.1 Additional Discharge Cars

The additional discharge car capacity of 2956 hours per week has been commissioned as of 25<sup>th</sup> November 2018. However, due to the challenges of finding alternative care for patients on the ICT pathway, and as system partners are clear that no person will be left without care, the local authority agreed that the CCG would be able to temporarily access some of these commissioned hours. This capacity is being directly purchased by the CCG from the providers.

### 2.3.2 Reablement Capacity

The Hancock investment will enable the existing reablement service to expand by an additional 10 FTE Reablement Support Workers, delivering an additional 230 hours of direct care provision per week. The below graph shows the recruitment trajectory for when the additional hours will come online.



## 2.4 Summary

- 2.4.1 In summary, the £2.395m Hancock monies are proposed to be spent on addressing the current shortage of domiciliary care in the system, through the commissioning of an additional 2956 hours per week of discharge car provision and an additional 230 hours per week of reablement provision. The additional capacity we have commissioned will manage current demand for domiciliary care. However, to support the CCG temporarily with ICT flow, the local authority has already agreed to release c. 400 hours per week of discharge car hours to the CCG to support patients on the ICT pathway, reducing the available capacity for domiciliary care.

2.4.2 It is proposed that the commissioned discharge care capacity will be used as follows:

Description	Hours per week
ICT assessed as needing social care	193
Hospital awaiting domiciliary care	671
Informal Care	495
Social care interim beds awaiting domiciliary care	352
Reablement bridging	514
Travel	729
Health Patients	406
<b>Total Hours per week</b>	<b>3360</b>
Deficit	-404

### 3. ALIGNMENT WITH CORPORATE PRIORITIES

#### 3.1 Developing the local economy for the benefit of all

Increasing the availability of home care provision for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

#### 3.2 Helping people live healthy and independent lives

Increasing the availability of home care provision for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

#### 3.3 Supporting and protecting vulnerable people

Increasing the availability of home care provision for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

### 4. SIGNIFICANT IMPLICATIONS

#### 4.1 Resource Implications

Recruitment of additional capacity within the reablement service will be required.

#### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications.

#### 4.3 Statutory, Legal and Risk Implications

Complies with national Department of Health and Social Care conditions for spending of the Hancock monies.

#### 4.4 Equality and Diversity Implications

There are no significant implications.

#### 4.5 Engagement and Communications Implications

There are no significant implications.

#### 4.6 Localism and Local Member Involvement

There are no significant implications.

#### 4.7 Public Health Implications

Successful alleviation of winter pressures by reducing delayed transfers of care is likely to have significant positive implications for public health by supporting people to return home and freeing up healthcare capacity.

Source Documents	Location
National UNIFY DTOC data	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona Macmillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes/No Name of Officer: Mathew Hall Sent but no response

<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Katie Johnson