

**Manchester City Council
Report for Resolution**

Report to: Executive – 12 December 2018

Subject: Adult Social Care Winter Funding 2018

Report of: The Director of Adult Services

Summary

This report contains a summary of proposals to deploy £2.67m of funding allocated to the Council from the Department of Health and Social Care to support alleviating winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. Adult Social Care community based services are pivotal to delivering on the priority of maintaining high quality services for patients over the winter period.

Recommendations

The Executive is requested to:

1. Approve the proposals detailed in the report and summarised in Table 1 at Section 4.1; and
 2. Note the intention to recruit agency staff and interims typically for six months, with a delegated authority to the acting DASS to vary the duration up to 12 months, in consultation with the City Treasurer, Executive Member for Adults, Health and Wellbeing and Executive Member for Finance and Human Resources, with the additional cost set against the 2019/20 funding.
-

Wards Affected: All

Manchester Strategy Outcomes	Summary of the Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	N/a
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/a
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The approach to developing proposals has been system based between with health and care commissioners, the local care organisation, primary care and the acute sector

	to prioritise collectively within a wider programme of priorities and capacity for the winter period.
A liveable and low carbon city: a destination of choice to live, visit, work	N/a
A connected city: world class infrastructure and connectivity to drive growth	N/a

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The report outlines proposals to deploy £2.67m of revenue grant funding into priorities to support the health and social care system to manage winter pressures.

Financial Consequences – Capital

None

Contact Officers:

Name: Bernie Enright
Position: Director of Adult Services
Telephone: 0161 234 4994
Email: bernadette.enright@manchester.gov.uk

Name: Carol Culley
Position: City Treasurer
Telephone: 0161 234 3406
Email: c.culley@manchester.gov.uk

Name: Simon Finch
Position: Head of Finance
Telephone: 0161 234 5016
Email: s.finch@manchester.gov.uk

Background documents (available for public inspection): None

1.0 Introduction

- 1.1. On 2 October 2018, the Department of Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The allocation to the City Council, which is based on the Relative Needs Formula, totals £2.67m. The October 2018 budget further announced £650m of funding for social care (Adult and Children's Services) of which £240m in 2019/20 is a continuation of the resilience stream to cover winter 2019.
- 1.2. The funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services. It is expected that spending will be focussed on reducing delayed transfers of care (DTC), helping to reduce 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 hospitals.
- 1.3. Although this report covers the winter resilience funding allocated to the City Council, in practice the proposals for deployment have been aligned with other funding and developed jointly with partners across the health and social care system. This integrated approach includes health funding arising from an underspend on community health services that the Manchester Local Care Organisation (MLCO) Executive has agreed with Manchester Foundation Trust (MFT) can be included within the programme. It is also intended to include health funding for primary care resilience in due course. The proposals have been endorsed by the MLCO Executive.

2.0 Conditions and Process

- 2.1. The grant determination includes a condition that a return signed by the Director of Adult Social Services will be returned in December (date to be confirmed), with an update in January and a final report by 30th April 2019 detailing how the funding has been spent. This should include confirmation that:
 - (i) The totality of the grant will be spent on providing adult social care services, in addition to funding already planned; and that deployment has been discussed with local NHS partners, including local acute hospital trusts; and
 - (ii) Councils will include details of the additional volumes of care and support the additional funding will purchase.
- 2.2. The MLCO has provided oversight in the development of proposals with specific consideration by the Director of Adult Services (and acting DASS).

2.3. The key principles used in developing the proposals include:

- (i) Funding is non-recurrent;
- (ii) Recruitment will be based on agency and interims, recognising the non-recurrent funding and the need to mobilise quickly and is based on a typical term of 6 months. The mobilisation of new care models to date has experienced recruitment difficulties especially on certain role profiles and as such, it is recommended a delegation is provided to the acting DASS, in consultation with the City Treasurer, Executive Member for Adults, Health and Wellbeing and Executive Member for Finance and Human Resources, to vary the term of employment to up to 12 months if the initial agency contacts prove unsuccessful. The additional cost would be allocated against 2019/20 funding; and
- (iii) Funding deployed to MLCO community based services and partners will provide for direct cost only and partner organisations are required to absorb costs of accommodation and overheads.

3.0 Priorities and Criteria

3.1. The core priorities considered in the development of the resilience programme is in line with the expected use:

- (i) Improving performance in relation to DTOC;
- (ii) Reducing extended lengths of stay which has been a significant issue in Manchester;
- (iii) Improving weekend discharge arrangements;
- (iv) Preventing admissions;
- (v) Alignment with MLCO target operating model; and
- (vi) Ensuring delivery of statutory Care Act duties over the winter period.

3.2. Whilst it has been possible to develop a programme, which is detailed in Section 4, it is really important the approach is dynamic and there is sufficient flexibility to scale upwards or downwards to reflect emerging intelligence on what is working most effectively and to take into account mobilisation considerations. The acting DASS, in consultation with the City Treasurer, Executive Member for Adults, Health and Wellbeing and Executive Member for Finance and Human Resources, will use the authority within the financial regulations to vary deployment at an individual scheme level, if necessary, whilst ensuring the overall position stays within the overall quantum of funding available.

4.0 Proposals for Deployment

4.1. The proposed deployment to schemes is provided in the table 1 below with further explanatory comments at 4.2.

Table 1 – Scheme Summary

	2018/19 £'m	2019/20 £'m	Total £'m
Priority Discharge programme	0.675		0.675
Mental Health bed bureau	0.037	0.018	0.055
Mental Health housing support workers	0.024	0.012	0.036
Mental Health DTOC team	0.044	0.022	0.066
Homecare bridging capacity	0.144		0.144
Homecare transitional arrangements	0.169	0.085	0.254
Bed based transitional care	0.063		0.063
Care home support (North)	0.037		0.037
Care home support (South)	0.039		0.039
Reablement	0.205	0.052	0.257
Complex reablement	0.206	0.102	0.308
Crisis clean	0.023	0.012	0.035
Social/PAT Capacity	0.257	0.128	0.385
Advocacy	0.025		0.025
Neighbourhood apartments	0.051	0.059	0.110
Homelessness	0.107	0.070	0.177
	2.106	0.560	2.666
Funding			2.666

4.2. Scheme Detail

(i) Priority Discharge Programme (£0.675m)

MLCO is working closely with acute and partner organisations, particularly at the Manchester Royal Infirmary (MRI), to expedite the movement and discharge of patients from acute beds to the most suitable community setting. This has included active monitoring of discharge planning for an initial priority list of highly complex and primarily super stranded patients with various health and care providers, such as social care and mental health. There has been significant benefit to MRI of this initiative in freeing up acute beds and supporting better flow in MRI. At the point of writing the initiative has overseen the discharge of 62 patients with a cumulative accumulated length of stay of 6,600 days.

This programme will expand the initiative and based on the discharge assumptions for Central and South, 126 complex discharges will be made before the end of the financial year (89 in Central; 37 in South). This will significantly help to increase capacity in the hospital and improve flow.

(ii) Mental Health (£0.157m)

The three mental health based schemes will together provide 8 FTE to:

- Support the implementation of the Mental Health Bed Bureau to manage the demand and capacity for mental health beds across the city. The practitioners will develop and implement the systems to support the successful electronic bed management system;
- Currently approximately 30% of mental health admissions are delayed due to an accommodation related unmet need, whether that is a lack of appropriate and stable accommodation options across the city, housing debt or housing related support. The investment will develop pathways for people with mental health problems to gain more timely access to appropriate, safe and stable housing options; and
- Focus on the development of effective discharge planning processes across the city's mental health services.

(iii) Homecare and Residential Care (£0.537m)

Investment in homecare hours to ensure capacity is immediately available to support discharge within 24 hours of referral and to support transitional arrangements between providers following the award of the homecare contract lots with 9 additional social workers focused on this support. On residential provision, 5 transitional beds will be commissioned in north Manchester inclusive of medical cover, therapy and social care support. In addition, there is provision for physiotherapy and occupation therapy interventions in care homes.

(iv) Reablement (£0.600m)

When Reablement capacity is unavailable, citizens receive traditional homecare. This may result in the person losing the opportunity to be re-enabled, thereby remaining dependent on longer term social care and also exhausting capacity in the home care market. The expansion of mainstream reablement, a priority investment scheme, is taking longer than expected due to the time to recruit based on social value principles and then undertake induction, training and a gradual build-up case holding capacity. This proposal expands the FTE count by 26 FTE on the mainstream service to full capacity straight away through agency usage and then reduces this additional capacity as permanent employees begin in role. In addition, 6 additional FTE will provide capacity to support requirements for 'double cover' arrangements and the priority discharge programme.

With regard to the Complex service, the new team focused on the complex pathway is already holding a caseload in line with expectations and the investment provides for a further 12 FTE and 2 FTE management posts to provide additional capacity over the winter period. The experiences for people with complex conditions can be distressing and discharges can be very difficult, presenting challenges

for all parties involved that can result in delayed transfers for care. There is a real risk that people will become entrenched within the hospital system and are unable to move on and if they do so then need significant care packages due to deterioration in their condition. There is also provision for Crisis Clean in supporting speedy hospital discharges as many customers require Crisis Clean input to ensure their environment is safe for both them and any workers upon their discharge from hospital.

(v) Social Work and PAT Capacity (£0.410m)

There are a number of strands all operating on a 6 month term:

- To ensure a focus on patient flow, place based approaches, joint working and time to develop, the capacity will undertake the outstanding reviews that exist currently across the city. This 7FTE team will ensure that citizens are reviewed and early intervention is promoted to reduce increased dependency and risk of hospital or care home admission;
- 3 FTE will focus on the supporting the review and update to mental health assessments;
- 3 FTE PAT assessment officers will provide added capacity at the Front Door; and
- 2 FTE will support the relationship management and planning with care homes over the winter period.

In addition, 700 hours of advocacy support as the Advocacy Hub contract which embraces all statutory advocacy requirements is currently operating at maximum capacity within the current operational protocol, with waiting period of up to six weeks for non-priority cases.

(vi) Neighbourhood Apartments (£0.110m)

There are currently 20 Neighbourhood Apartments. The model is now working well in terms of usage rates, length of stay and delivering on DTOC and deflection from residential. The proposal is to expand the Neighbourhood Apartments further to solely focus on DTOC: 4 in North, 4 in Central and 1 Additional Co-ordinator role to support increased volume of activity.

(vii) Homelessness (£0.177m)

The Homelessness Reduction Act came into force in April 2018 and from October 3 2018 places new responsibilities on public bodies to prevent and relieve homelessness for all eligible people. There has been a regular meeting with partners since 2017 focusing on the impact of this act on hospital discharge and how people whom are homelessness or at risk of being homeless are supported in Accident and Emergency Department and as a patient in the acute setting.

The development of a new role to support in this has been identified,

which would expedite hospital discharges and frontline community services, to persons whom are referred under the Act to support the actions to prevent homelessness as early as possible. The proposal is to have one Homelessness Support worker linked to each of the three hospitals in Manchester as well as a dedicated support for Mental Health, this would mean an additional 4 Homelessness Support Workers. In addition to this there is a requirement to increase the Private Rented Sector team to ensure that move on rates are increased and permanent solutions are identified. In total 8 FTE establishment and 2 flats are included.

4.3. The resilience schemes funded by health are attached at Appendix A.

5.0 Monitoring Arrangements

5.1. Local arrangements will link to the Urgent and Emergency Care Performance Dashboard with specific metrics for individual components, where appropriate, and proportionate to their scale. It is intended these will be in place as part of the process for initiating spend.

6.0 Conclusions

6.1. The health and social care system in Manchester is experiencing the significant demands and pressures that are reported across the whole country. The announcement of additional funding to recognise the vital role adult social care services undertake to support reducing the pressures the NHS manages across the winter period is welcome.

6.2. The approach to developing proposals has been system based whereby MLCO has worked with primary care and the acute sector to bring available funding together and prioritise collectively within a wider programme of priorities and capacity for the winter period. The Director of Adult Services has ensured key priority areas have been included in order to make a real impact over coming months.

7.0 Recommendations

7.1. The Executive is requested to:

- (i) Approve the proposals detailed in the report and summarised in Table 1 at Section 4.1; and
- (ii) Note the intention to recruit agency staff and interims typically for six months, with a delegated authority to the acting DASS to vary the duration up to 12 months, in consultation with the City Treasurer, Executive Member for Adults, Health and Wellbeing and Executive Member for Finance and Human Resources, with the additional cost set against the 2019/20 funding.