

Report to SSDG

Proposed use of the additional ASC funding (2017–20)

Purpose

1. The purpose of this paper is to consult with the SSDG and to agree the proposed use of the additional adult social care funding as detailed in the attached appendix.

Recommendations

2. The following recommendations are proposed:
 - **SSDG note the approach taken by the Council to inform the use of the additional ASC funding; and**
 - **SSDG agree the use of the funding as outlined in this paper and detailed in the attached appendix.**

Background

3. The Government's spring budget 2017 announced on 8 March confirmed an additional £2bn over the next three years for adult social care, with £1bn to be made available in 2017/18 for the purpose of:
 - meeting adult social care needs;
 - reducing pressures on the NHS (supporting more people to be able to be discharged from hospital when they are ready); and
 - stabilising the social care provider market.
4. The additional funding allocated to Barnsley amounts to £11m over the three years and tapers off from £5.7m in 2017/18 to £1.8m in 2019/20. There is no certainty of funding beyond 2019/20.
5. The additional grant funding is **one-off / non-recurrent** and has been made available in recognition of the significant adult social care cost pressures that exist in the system now. This is in contrast to the allocation of the improved BCF monies, which was skewed towards 2019/20 (i.e. in 3 years' time).
6. This funding is effectively a bridging strategy, as it front-loads the previously announced improved Better Care Fund monies thereby enabling councils to meet anticipated ASC pressures in 2017/18 and 2018/19. As a result of this any use of the funding in terms of specific investments would have to be on a one-off and non-recurrent basis.

7. The funding will be paid as a specific grant from the DCLG directly to Councils, with the following conditions:
 - Funding must be spent on adult social care services and support improved performance at the health and social care interface;
 - Funding must be pooled into the Better Care Fund (BCF) and the spending plans must be discussed / agreed with the Health & Wellbeing Board;
 - The spending plans for using the additional grant must be over and above anything that has already been agreed for adult social care as part of the 2017/18 budget. This would be certified by the Council's Chief Finance Officer.
8. The DCLG conditions require local authorities to pool the additional ASC funding into the BCF. However, the BCF policy framework stipulates that NHSE's powers to direct the use of the BCF funding (in respect of meeting the BCF conditions) does not apply to the additional ASC funding paid to LAs.

Approach to the use of the funding

9. The Government is quite clear that this money should be used to fund adult social care needs and to help stabilise the care market as well as support hospital discharge.
10. The funding is intended to support councils to continue to focus on core adult social care services, including helping cover the costs of the national living wage, which would benefit care workers. This includes maintaining ASC services, which could not otherwise be maintained, as well as investing in new services to manage demand and reduce delayed discharges from care. This point is emphasised in the 2017-19 BCF policy guidance & framework.
11. In view of the above, the first call on the additional funding would be to:
 1. Meet existing adult social care needs / cost pressures over and above budgeted spend in the 2017/18. Whilst the Council's 2017/18 budgeted spend for ASC included provision for demographic growth and inflationary pressures, additional cost pressures have been identified since the budget was formally approved and would need to be funded from this additional ASC funding;
 2. Meet the anticipated adult social care costs / needs in 2018/19 and 2019/20, particularly covering the costs / impact of the national living wage. This would ensure continuity of care provision currently carried out by independent sector care providers (e.g. domiciliary care), which would otherwise not be maintained. The following are some of the main unfunded pressures facing adult social care in Barnsley:

Demographic growth pressures: - the number of older people (aged +65) and those with learning disabilities and mental health issues requiring

social care and support is projected to rise annually beyond 2017/18. In addition, the proportion of people with multiple and complex needs and the cost of support is anticipated to rise year on year. This is particularly evident in the older people cohort where the number of high cost placements requiring 1:1 supervision to manage challenging needs is on the rise. The number of young adults with learning disabilities transitioning annually from children services as well as adults with complex needs living longer has resulted in spend on care / support increasing significantly in recent years. Current demographic projections indicate annual growth in numbers / cost of supporting people with learning disabilities of between 3% and 5% over the next 3 years.

Care provider fee pressures: - the introduction of the national living wage, which has resulted in the minimum wage increasing to £7.20 per hour from 2016, and rising to £9.15 by 2020, has led to increased pressure from care providers for an annual uplift in the fee paid by the Council for residential and domiciliary care. The responsibility of the Council under the Care Act to ensure sustainability of the care market has exacerbated the pressure on the Council to maintain fees at a reasonable level.

Deprivation of Liberty Safeguards (DoLS): - The Cheshire West court judgment widened the scope and definition of 'deprivation of liberties' and meant that councils are applying the safeguards to a much larger group of adult residents than previously. This has resulted in a huge strain on existing resources / capacity since the court ruling due to a ten-fold increase in assessment caseloads, rising numbers of applications, more demand for paid representatives (instead of using family members) and more Court of Protection challenges to DoLS authorisations. There is a significant administrative burden and statutory timescales associated with processing DoLS cases.

Transforming Care: - additional cost pressures are anticipated as people with a learning disability and/or autism in specialist LD hospitals are discharged and supported by local authorities in the community. The transforming care programme also focuses on preventing inappropriate admissions into hospitals with support provided within the community. The cost of providing community care packages (net of continuing health care and s117 contributions) for these cohorts in addition to the capacity to undertake Care & Treatment Reviews would exert pressures on adult social care.

12. It is proposed that the additional ASC funding is applied to meet the above future cost pressures, which has been estimated at £2.3M in 2018/19 and £4.4M in 2019/20 (£6.7M in total over the 2 years). Setting aside this amount from the available ASC funding of £11M allows the council to cover off the above anticipated pressures whilst also considering other strategic priorities.
13. The above proposals would leave £4.3M of the additional ASC funding of £11M for specific new one-off investments to be put forward for agreement by the Health & Wellbeing Board. Plans put forward must be one-off and meet the conditions for the use of the funding i.e. meet adult social care needs, help stabilise the local care market and support hospital discharge.

14. The attached appendix 1 detailed the investment proposals put forward against the available £4.3M funding as well as outline the expected outcome and impact. The main investment areas include:
- a) Sustainability of the care market;
 - b) Increased service (assessment & care) capacity;
 - c) Increased support / offer to carers;
 - d) Reablement / Assistive Living Technology;
 - e) Community resilience / bridge building
 - f) 7 Day Working (Hospital).

Impact of funding

15. The following broadly summarises the impact of the proposals on the health & care system as well as compliance with the conditions.

Stabilising the care market

16. Without a sustainable social care market, particularly in home care and residential care, it would not be possible to ensure care and support was available to facilitate timely discharges from hospital.

Reducing delayed discharges / pressures in the NHS

17. It should be noted that Barnsley's ASC performance in respect of delayed transfer of care (DTC) is amongst the best in the country; however this has been at the expense of carrying out other statutory duties such as timely assessments and reviews. Management capacity, quality assurance and contract monitoring are also presenting significant challenges, as is the funding for reablement and the care alarm response services. In order to continue to maintain the excellent performance in DTC and improve the care and support within the community to help avoid unnecessary hospital admissions, there is a need to prioritise investment in key areas of the ASC service.

Meeting adult social care needs

18. It is widely acknowledged that the modern day NHS system cannot function properly without an effective and adequately resourced social care system. Access to good quality information and advice, low level support within communities, support for carers, investment in and use of new technologies are all essential to managing the rising demands for both social care and health. Without appropriate social care support people's needs are likely to escalate placing even greater strain on health services.