

PART 1 (OPEN TO THE PUBLIC)	ITEM No
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**REPORT OF THE LEAD MEMBER FOR
COMMUNITY & SOCIAL SERVICES DIRECTORATE**

TO THE CABINET

ON 21 NOVEMBER 2000

COMMUNITY CARE - WINTER CAPACITY PLANNING

A COPY OF THIS REPORT CAN BE OBTAINED FROM Paul Templeton	
IF YOU HAVE ANY QUERIES PLEASE CONTACT Anne Williams - 0161 793 2200	BACKGROUND DOCUMENTS (Available for public inspection)

EXECUTIVE SUMMARY

Members will be aware that in order to manage within the Community and Social Services Directorate budget, it has been necessary to limit the number of placements that can be made for Salford residents in residential and nursing homes.

A Panel was instituted in November 1999 to examine all requests for placement against the published criteria and to ensure that multi-disciplinary assessments of all individuals had been undertaken. The results of the cash limit and the Panel has been that there has been a steady growth in those individuals awaiting funding for residential and nursing care, particularly since February 2000. Demand has shown no sign of plateauing and there are currently over 160 people who meet the criteria and are awaiting funding.

By summer 2000 the effect of the waiting list was causing a serious rise in the number of delayed discharges, particularly at Hope Hospital. As a result, the Primary Care Groups in Salford offered £200,000 of non recurrent funding to pay for the first four weeks of individuals' care to reduce the number of delayed discharges. Whilst this had some effect on the waiting list, the numbers have continued to rise and have had an ever more serious impact on the health and social care system in Salford and on our ability to plan for additional capacity over winter.

As a result of difficulties caused by delayed discharges at Hope and some other factors, Salford and Trafford Health Authority lost part of the performance fund for 2000/2001, taking money out of the health economy for Salford and Trafford residents.

The Winter Capacity Plan across Health and Social Services has been designated as high risk and has been brought to the attention of the Department of Health and Ministers in London.

A group of officers from the Health Authority, Salford Royal Hospitals Trust and Community and Social Services Directorate were asked to attend a meeting in London on 24 October 2000 with the then Acting Chief Executive of the NHS and a further group of officers and members across the Health Authority and Local Authorities are to see Lord Hunt on 28 November 2000.

A whole systems meeting was called by Salford and Trafford Health Authority on 17 November 2000 when very helpful discussions took place as to how funding could be passed to Salford City Council, both non recurrently and recurrently, to purchase additional residential and nursing placements and to fund more community care staff.

As a result of that meeting, the Primary Care Groups in Salford proposed passing over a further £400,000 non recurrently for 2000/2001 and £600,000 non recurrently for 2002/2003. In addition, Salford and Trafford Health Authority agreed to pass £400,000 non recurrently to Salford City Council to be used in the year 2001/2002. The overall effect of this transfer of funding would be to make available £1.4m for the purchase of nursing home and residential care beds over the years 2000/2001, 2001/2002.

Following this meeting, telephone contact was made with Salford and Trafford Health Authority from the Regional Office of the NHS Executive. Following the meeting held in London on 24 October 2000, a Regional meeting held on 10 November 2000 and information that had been passed to the Department of Health by the Health Authority and the Social Services Inspectorate, it is proposed that a further £1.5m is provided to Salford and Trafford Health Authority to be passed to the City Council to be used for residential and nursing home placement funding in 2000/2001 and 2001/2002.

A total, therefore, of £2.9m is to be made available to the Community and Social Services Directorate of the City Council specifically for residential and nursing home placements between now and the end of March 2002. This will enable the current waiting list for funding to be cleared and to fund the expected growth in placements between now and the end of March 2001.

A summary of the funding being made available and the number of beds it would fund is available as Appendix 1 to this report. A letter received on 20 November 2000 from Salford and Trafford Health Authority is attached as Appendix 2.

CONCLUSION

A great deal of discussion has taken place in recent weeks about the difficulties facing the City Council in funding the continued rise of need for residential and nursing home placements. The difficulties have been discussed locally, regionally and nationally and, as a result, it is proposed that the very significant figure of £2.9m be passed over from the NHS to the City Council. This will ensure that the needs of local people for residential and nursing care are met in a timely fashion, that beds are not used inappropriately in local hospitals and allows for those needing residential and nursing care over the coming four months to be provided with suitable care.

The position for 2002/2003 will clearly need to be kept under light review and is likely to require ongoing discussions with NHS partners. Other initiatives in health, housing and social services aim to reduce the number of individuals requiring residential and nursing home care but it will take time to assess their effectiveness.

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20 NOVEMBER 2000
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Community and Social Services
Residential and Nursing Care Placements

Health Authority Funding

1 Additional - Funding Available for NH/RCH Beds

	00/01 £000	01/02 £000
Slippage from 00/01	400	
Slippage from 00/01		400
Funds from 01/02		600
	<u>400</u>	<u>1000</u>

Plus a further £1.5m for 00/01 & 01/02

**Total funding available between 00/01 and 01/02
is £2.9 million**

2 Unit cost of placements

Based on the current waiting list the Average unit cost per placement is

	00/01 Gross Cost	00/01 Proportion on waiting list	00/01 Av gross Cost	01/02 Assume 3% increase
	£	%	£	£
Lower residential	221	24	53.04	54.63
Higher Residential	256	29	74.24	76.47
Nursing Home	330	47	155.10	159.75
Average Gross cost			282.38	290.85
Less Client contribution			130.00	133.9
AVERAGE NET COST			152.38	156.95

per week

Weighted average cost across 00/01 and 01/02 £155.73

3 Number of beds that can be funded 00/01 and 01/02

Total funding £2,900,000

Time period (weeks) 71
Nov 00 - Mar 02

Funding available per week £40,845

Maximum number of people that can be supported	262	There are currently approximately 60 beds being funded by PCGs for 2000/01 on a non recurrent basis
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NB The calculated number of people that can be supported is a factor of the mix of service users needs between residential and nursing home care. If the nursing home care proportion increases from 47% the number of beds that can be funded reduces.

Salford & Trafford 
Health Authority

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Deputy Chief Executive

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20th November 2000

To: Dr M Chirgwin, Chief Executive, Salford West PCG
Mr G Ogden, Chief Executive, Salford East PCG
Mrs K Abendstern, Chief Executive, Salford Community Healthcare Trust
Mr W Sang, Chief Executive, Salford Royal Hospitals NHS Trust
Mr R Lee, Chief Executive, Mental Health Services of Salford NHS Trust
Mr S Smalley, Chief Executive, Manchester Children's NHS Trust
Mrs A Williams, Director of Community and Social Services, Salford CC

Dear Colleagues

Re: Capacity Plans

This letter is to follow-up on our meeting last Friday, 17th November where we proposed some measures to help organisations in Salford to manage through the coming winter and beyond. I should also like to update you on some news I received from Chris Brown at the Regional Office after we met.

There appear to be three tranches of money, both firm and speculative, which we might plan to use. Firstly, the PCGs in Salford have identified slippage in this years spending plans amounting to some £525K in Salford East and £100K in Salford West. Also, there is currently estimated to be a £200K slippage on EPICS. This is in addition to the £200K slippage already being used to fund the additional nursing home beds.

Secondly, Mike Burrows has 'speculated' that there is more money to come down to all Health Authorities from the centre, both in respect of central budgets not spent and any other resources intended for the service.

Thirdly, I have been advised verbally by Chris Brown that Ministers are minded to allocate £1.5m to the Salford partners (not Trafford) to ensure that over this winter there are no delayed discharges above the 'normal' levels which might be expected. The Regional Office requires a plan for the use of such funds urgently.

On Friday we agreed the schemes shown in the following paragraphs and I have also identified and clarified the source of funding, as we did not resolve this at our meeting.

From firm non-recurrent PCG slippage in 2000/01

- (i) An extra £200K to enable nursing home places to continue to be purchased this year. (There is also a commitment to spend from recurrent resources an extra £600K next year to enable the current scheme to continue. Next year's scheme would be a non-recurrent application of recurrent funds and continued use of such funds would be the subject of review).
- (ii) The PCGs are looking to spend circa £20K with Healthcall both to enable out-of-hours services to be enhanced and to implement (if possible) a GP led step up/down facility within certain nursing homes.
- (iii) The PCGs will fund extended opening hours for surgeries over the holiday period.
- (iv) Waiting list initiatives at Hope and other hospitals. Currently, the plan is £200K for cataract operations and a minimum of £300K for hips and knees.
- (v) At our meeting we considered whether or not extra funding within mental health services would free-up capacity generally. It was noted that extra investment would assist in that any risk of overspill into the private sector could be minimised, but there would be no impact on the wider system.

From 'speculative' funds

Should any further general (non-earmarked/non recurring) funds become available this year the following schemes would be implemented:

- (i) An extra £400K to be made available to Salford City Council to supplement the number of places which can be purchased in the nursing home scheme next year (2001/2).
- (ii) An extra £200K to supplement the 2000/1 funding identified in the section on firm PCG slippage.
- (iii) Further elective initiatives at Hope hospital, perhaps also using the private sector.
- (iv) Support for people in residential homes: £150K non-recurring for the Integrated Care Board to develop schemes with the independent/private sector.

From the £1.5m non-recurring funds

Chris Brown has clarified that in the view of ministers this money is most likely to be transferred to the City Council, if real progress is to be made in avoiding delayed discharges.

I have already briefed Anne Williams, who is checking how much it will cost next year (from a social services perspective) to ensure the achievement of a steady state on older people flowing through the health and into the social care system.

The basic idea is this: the Salford partners use non-recurring funds to ensure that a 'normal' service for older people requiring continuing care can be achieved for the remainder of this financial year and all of the next (2001/02). This would provide the 'breathing space' to enable a fundamental review of such services to be undertaken and a new strategy agreed. Thresholds for continuing care will have to be reviewed and developments in intermediate care fully implemented.

One final point, as part of the approval process for the SOC, Mike Burrows pointed out that the Salford and Trafford partners (but mainly Salford) need to reserve between £1.3m and £1.7m per year for five years on a recurring basis starting in 2001/02. This would be to pay for the developments in Salford. In the meantime, non-recurring uses of such recurring funds would need to be found. Clearly, the non-recurring use of such funds could be to assist in services for older people. Perhaps this and other matters should continue to be developed at the JCF.

Your acknowledgement of the main points of fact in this letter and proposals for action would be appreciated.

Yours sincerely



Gary Raphael
Deputy Chief Executive

cc Dr I F Greatorex