# Social Care and Health Overview and Scrutiny Committee

#### **27 NOVEMBER 2018**

National Social Care Investment to ease winter pressures briefing

## Adult Social Care - Additional Budget Allocation

Ward(s) All

Portfolios: Cllr R Martin – Adult Social Care

# 1. Reason for scrutiny:

The purpose of this report is to;

- To inform committee members of the 2018 winter pressure funding allocation for Walsall Council and the anticipated additional funding for Social Care announced in the Autumn Budget.
- To seek feedback from committee members on the process of how the funding will be prioritised across the system

#### 2. Recommendations:

That:

- The Committee consider the report.
- The Committee are asked to provide feedback in relation to the proposed process for prioritising the budget across the health and care system.

### 3. Background papers:

None

### 4. Report:

- 4.1. On 2 October 2018, Central Government announced £240 million additional funding would be allocated to councils across Adult Social Care services. The intention is to provide councils with short term funding to alleviate winter pressures on the National Health Service, particularly to;
  - Ensure capacity in the acute setting
  - Ensure timely discharge
- 4.2. The reported local allocation for Walsall is £1,431,825. (Appendix 1 of the report details the letter received from The Department of Health and Social Care).
- 4.3. The Department of Health and Social Care published separate guidance, suggesting the allocation could be utilised to cover the following areas;
  - Home care packages to help with discharges from hospital

- Re-ablement packages to support with gaining independence and carrying out everyday tasks
- Home adaptations including new facilities for personal care

However, these suggestions may change as we are awaiting the formal grant determination letter which will include definitive conditions, along with specific timescales for funding to spent within.

- 4.4. To support the system over winter and meet the Department of Health and Social Care aims, commissioners have started to liaise with colleagues across the Health and Care System to identify current and anticipated pressures in the system. Commissioners will continue to work with those colleagues to reach an informed position for the recommendations.
- 4.5. The letter sets out that any spend against this budget should be agreed with the Health and Social Care system and therefore the detailed Commissioning Recommendations, will be presented to the A&E Delivery Board in December 2018.
- 4.6. It is expected that the report will request delegated responsibility to Officers across Walsall Healthcare Trust, Walsall Clinical Commissioning Group and Executive Director for Adult Social Care to progress the recommendations.
- 4.7. An update report will be submitted to the A&E Delivery Board in January 2019, with a final report in March 2019.
- 4.8. Further to the announcement of Winter Funding in 2018/19, this note provides an initial briefing on the Chancellors Budget announcement on Monday 29 October where associated with Adult Social Care, based on information released to date. This as follows:
  - a. In the short term, the Budget provides an additional £240 million in 2018-19 and £240 million in 2019-20 for Adult Social Care. This will make sure people can leave hospital when they are ready, into a care setting that best meets their needs. This will help the NHS to free up the beds it needs over winter.
  - b. The Budget provides a further £410 million in 2019/20 for adults and children's social care. Where necessary, local councils should use this funding to ensure that Adult Social Care pressures do not create additional demand on the NHS. Local councils can also use it to improve their social care offer for older people, people with disabilities and children.
  - c. The Budget provides councils with an additional £55 million in 2018/19 for the Disabled Facilities Grant to provide home aids and adaptations for disabled children and adults on low incomes.
- 4.9. The £240m set out at a. references the same budget set out in 4.1 of this report. The Autumn Statement committed this budget for 19/20 in addition to 18/19 that was already announced.

4.10. It should be noted that further detail is awaited on many of the announcements, a number of which are expected with the Provisional Settlement, which will be published on Thursday 6 December. Subject to availability, further details and any financial impact on the draft budget proposals will be reported to Cabinet on 12 December 2018.

# 5. Resource and legal considerations:

5.1. Adult Social Care in Walsall has significant in year and projected financial pressures. As a guiding principle of agreeing the spend against this budget, increased demand for bed based Intermediate Care alongside current overspend on the current Better Care Fund programme should be considered, to ensure that the projected level of spend can be sustained before funding is committed to new schemes.

# 6. Council Corporate Plan Priorities:

6.1. In order to meet the council's purpose and vision, the spend against this budget should be in line with the Corporate Plan Priorities for People: that people have increased independence, improved health and can positively contribute to their communities.

## 7. Citizen impact:

7.1. Spend against this budget will support people to promote their health, wellbeing and independence and if people require additional support we will work with partners to ensure that people can access high quality services which maximise independence and safety, in line with the Adult Social Care Vision.

### 8. Environmental impact:

8.1. None

# 9. Performance management:

9.1. Any spend against this budget will be monitored for impact against an agreed set of performance indicators.

## 10. Reducing inequalities:

10.1. Services consider equality issues in setting budgets and delivering services. Irrespective of budgetary pressures the council must fulfil equal opportunities obligations.

#### 11. Consultation:

11.1. Spend against this budget will be agreed through consultation with health and care system partners. Statutory public consultation is not required.

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