TO: HEALTH AND WELLBEING BOARD
5 SEPTEMBER 2013

FUNDING AND INTEGRATED DEVELOPMENT WORK
Director of Adult Social Care, Health and Housing

1. PURPOSE OF REPORT

1.1 This report draws together three aspects of funding and development work that impact on the Clinical Commissioning Group (CCG) and Bracknell Forest Council. These are:-

(i) Transfer of funding from NHS England to Social Care 2013/14. This will include the categorisation of the funding agreed by both the CCG Board/Health and Wellbeing Board (HWB).

(ii) Funding arrangements and amounts to be transferred from 2014-16. This will assist in moving towards greater integration in the CCG and the Local Authority (LA).

(iii) Annex of current joint work being undertaken.

2. RECOMMENDATIONS

The Board is asked to:-

2.1 ensure sign off of the HWB report (14 February) together with Section 256 (S256) and return to NHS England (3.1 refers);

2.2 note the Public Health projects in Annex A;

2.3 note the Adult Social Care yearend performance and Quarter 1 performance in Annex B; and

2.4 determine whether to establish a local 'Integration' Task Force to develop proposals for the integration fund. This could be reported to the HWB.

3. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE 2013/14

3.1 The CCG Board and the HWB have agreed the funding allocation for 2013/14 and a reporting mechanism. This took place in February/March 2013. In this regard, the CCG and LA were 'ahead' of the guidance issued on 19 June by NHS England (Gateway Reference: 00186). However, this now need to append the HWB report to the S256 and submit to England.Finance@nhs.net.

3.2 The following areas of spend were agreed:-

	£000'
• Managing demographic pressures	770
• Carers Support	100
• Stroke Support	26
• Dementia Adviser	35
• Public Health projects	100
• Supporting people with Autism	80
• Supporting people with Dementia	73
• Additional support for LTCs	71
• Programme Capacity	40
	1295

Reporting

3.3 Expenditure plans by LAs are to be categorised into the following services areas as agreed with the Department of Health (DH). This will ensure that a consolidated NHS England position on adult social care expenditure can be reported. In this regard, the programmes listed in 3.2 have been reshaped into requirements as set out below.

Analysis of adult social care funding in 2013-14 for transfers to LAs
Service Areas – 'Purchase of social care'

		£	£
(i)	Community Equipment and Adaptations		10k
	Demographic and System Capacity Support	*10k*	
(ii)	Telecare		
(iii)	Integrated Crisis and Rapid Response Services		71k
	Additional Support for LTCs	*71k*	
(iv)	Maintaining Eligibility Criteria		620k
	Demographic and System Capacity Support	*620k*	
(v)	Reablement Services		86k
	Demographic and System Capacity Support	*60k*	
	Stroke Care	*26k*	
(vi)	Bed-Based Intermediate Care Services		60k
	Demographic and System Capacity Support	*60k*	
(vii)	Early Supported Hospital Discharge Schemes		20k
	Demographic and System Capacity Support	*20k*	
(viii)	Mental Health Services		108k
	Dementia Adviser	*35k*	
	Dementia Support	*73k*	
(ix)	Other Preventative Services		100k
	Public Health Projects	*100k*	
(x)	Other Social Care		220k
	Support for Carers	*100k*	

Supporting People with autism	*80k*	
Programme Development Capacity	*40k*	
Total		**1295k**

3.4 Annex A to this report lists the Public Health projects agreed between the Strategic Director of Public Health, Director of Adult Social Care, Health & Housing and Consultant in Public Health. Annex B sets out Adult Social Care Quarter 1 performance.

4. INTEGRATED CARE AND SUPPORT: OUR SHARED COMMITMENT

4.1 Heath and Wellbeing Boards (HWBs) have the potential to make a significant difference at local level through developing a shared set of priorities to focus commissioning plans in order to achieve better outcomes for people. The Health and Social Care Act 2012 places a duty on HWBs to develop a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). Together these are intended to drive local commissioning priorities, policies and practice. HWBs also have a duty to encourage integrated working between the commissioners of any health, health-related or social care service in their local area.

4.2 Following the publication of the Care Bill, the Government has announced, in "Integrated Care and Support: Our Shared Commitment", that local areas must develop integrated health and social care services over the next five years. There is no blueprint for integrated care, and while elements of different models will be transferable, every locality is unique and needs to develop a model to suit the needs of local people. A national collaboration will drive progress and provide support, and a national programme of integration pioneers will share solutions and identify barriers to integration, some of which will be addressed at a national level.

4.3 The definition of integrated care and support was developed by National Voices. It comprises a definition and a personal narrative, all based on 'I statements'. The definition is: 'I can plan my care with people who work together to understand me and my carers, allowing me control and bringing together services to achieve the outcomes important to me'. The personal narrative includes several I statements representing goals/outcomes in a number of categories including:

- communication (e.g. 'I tell my story once')
- information ('I can see my health and care records at any time')
- decision making including budgets ('I can get access to the money quickly without over complicated procedures')

4.4 A collaboration of national organisations will align the definition and narrative with Making it Real (a framework for measuring success in personal care), and will develop the narrative as indicators for measuring people's experiences of care across the health and care systems. New measurement tools are being developed to be available by the end of 2013. It expects local areas to adopt the definition and narrative and use them in their strategic planning; for instance health and wellbeing boards could test how the personal narrative is being used to improve integrated care. The narrative should be used flexibly e.g. adopting 'we statements' to say what will be done in local areas to make integrated care a reality.

4.5 "Integrated Care and Support: Our Shared Commitment" indicates that many areas are making great strides with integration but more needs to be done. It sets out the following expectations for local areas.

- Local leaders to come together to develop innovative models for integration
- Board level commitment and a public action plan
- Adhere to the principles of the Caldicott report and the NHS Constitution on data sharing
- Engaging with people who use services to hear their experiences and to work with them on co-produced solutions
- Measuring progress against the definition and personal narrative for integrated care
- Care coordinated around the needs of individuals not diseases or dependency scores
- Sharing individual's data where this is important for quality or safety of care
- Identify opportunities for frontline staff to build relationships with colleagues who provide parallel forms of care
- Avoid retreating into familiar silos as the financial climate toughens.
- Be ambitious in planning person centred care and jointly allocating resources

5. SOCIAL CARE INTEGRATION FUND

5.1 The £3.8bn Integration Transformation Fund will be a pooled fund, held by LAs and funded from:-

a. The £0.9bn of funding NHS England planned to transfer to fund social care in 2014-15
b. An additional £0.2bn of investment in 2014-15 (to be agreed as part of mandate discussions for 2014-15 with DH)
c. DH and other Government Department transfers of £0.4bn (capital grants)
d. CCG pooled funding of:-
    - Reablement funding of £0.3bn
    - Carers' break funding of £0.1bn
    - Core CCG funding of £1.9bn

5.2 The intention is to give NHS and Social Care commissioners greater influence over this funding in the future to ensure it is optimised to support local integration of health and care services. To enhance this funding further, the funding CCGs currently hold for reablement and carers' break will also be included in the pooled budget, alongside other grants that the DH and Department of Communities and Local Government currently fund to support Social Care. The integration fund budget will represent a significant share of spend on health and care services and will give CCGs greater influence over how care services are integrated with health services. It is vital that the NHS realises the benefits of integration in terms of reducing demand on health services, improving outcomes for patients and other efficiencies. Hence, there will be conditions attached to the pooled funding and the creation of new incentives to support integration and the delivery of improved outcomes for both health and care.

<u>Conditionality</u>

5.3 The pooled funding will formally sit with LAs but will be subject to plans being agreed by local HWBs and signed off by CCGs and Council Leaders. Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it

is envisaged that plans would be developed in 2013, signed off and assured over the Winter and would be implemented from 2014/15. Plans and assurance would need to satisfy nationally prescribed conditions, including:-

- Protection for social care services (rather than spending) with the definition determined locally;
- Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends;
- Better data sharing between health and social care, based on the NHS Number;
- Plans and targets for reducing A&E attendances and emergency admissions;
- Risk sharing principles and contingency plans for if/when targets are not being met; and
- Agreement on consequential impacts of changes in the acute sector.

5.4 In Annex C, the Board are reminded of the specific examples of joint work already established and those areas where activity is planned.

5.5 In many ways, the working between the LA and CCG as commissioners has resulted in many positive areas of joint working that are outcome focussed and local to the population. The evidence of this is in the very strong performance in supporting the whole systems based on the three Acute Hospital Trusts with which we interact.

5.6 The transfer of NHS funding to LAs provides us with challenges and opportunities. It reinforces the imperative for the CCG to develop robust QUIPP plans, be clear on commissioning for outcomes, drive the integration agenda, continue close working between our organisations, provides and to support the continued development of the HWBs.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal provisions are contained within the main body of the report.

Borough Treasurer

6.2 The NHS money for social care was £859m in 2013/14, of which Bracknell's allocation was £1.295m. The conditions related to the social care funding transfer for 2013/14 are that the money must be spent on new or existing services if of benefit to the health and care system in the area, or beneficial outcomes for people using the services, or if services would be terminated or reduced if the money was not received.

The funding for 2015/16 of £3.8bn is comprised of £3.45bn revenue and £0.35bn capital. It is unclear how allocations will be made, and it is also unclear what conditions attach to the money – for example, £1bn of the £3.8bn will be paid when local results are achieved. This creates considerable uncertainty for both the Council and the CCG.

If the allocation was made on the same basis as the 2013/14 money, the £3.8bn would break down as follows:

	£m Nationally	£000 BFC (possible)
Continuation of existing NHS transfer to social care	900	1,357
Funding to accelerate transformation	200	302
New NHS funding for integration	2,000	3,015
Further funding for carers and people leaving hospital who need support to regain independence	350	528
Capital funding for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data and improve facilities	350	528
Total	3,800	5,729

BFC Allocations are on the basis that the money is shared on the basis of relative needs formula, and that the formula does not change

Current social care allocations, including NHS Money for Social Care, has been on the basis of relative needs formula (RNF). The Government is currently undertaking a review of RNF for adult social care
£1bn of the money – or about £1.5m of Bracknell's possible allocation – is dependent on achieving local results.

Equalities Impact Assessment

6.3 Decisions regarding funding may be subject to an Equality Impact Assessment

Strategic Risk Management Issues

6.4 There are significant risks to be managed due to the uncertainties in the funding arrangements. Firstly, it is unclear what the allocation method for the money is to be, which means the amount of money available is not yet known. Plans will need to be significantly flexible to be modified when the allocations are announced.

6.5 The second risk is that a significant proportion of the money (£1bn of the total £3.8bn) will be paid based on a combination of locally and nationally set outcomes, with half of this figure (for Bracknell, potentially £0.7m*) based on performance against those criteria in 2014/15, and the other half (again, potentially £0.7m*) based on performance against those criteria in 2015/16. The CCG and the Council will potentially be creating expenditure plans based on receiving £5.7*m, but if targets are not met may receive as little as £4.3*m having already committed the expenditure. Robust performance monitoring to provide an early warning and the ability to take corrective action, will be required to mitigate this risk.

6.6 Truly integrated working requires timely sharing of relevant information about an individual's needs and support, within the requirements of data protection legislation and Government "Code of Connection". This will require shared record systems, or - as a minimum - a level of integration of record systems that permit the extraction and sharing of relevant information. As yet, there are no such systems available, and attempts to develop local interim solutions have not been successful. "Work-arounds" are resource intensive, with high risk of error, time delays etc, with the associated risks to individuals and organisations.

Background Papers
None

Contact for further information

Glyn Jones, Adult Social Care, Health and Housing - 01344 351458
glyn.jones@bracknell-forest.gov.uk