

<b>Title</b>	Transfer of Social Care Money from the NHS 2014/15
<b>Date</b>	18 June 2014
<b>Lead contacts:</b>	Rachael Rothero – Service Director for Commissioning and Service Improvement Jane Taptiklis – Chiltern Clinical Commissioning Group

**Purpose of this report:**

It is a condition of the transfer that the local authority agrees with its local Commissioning Groups how the funding is best used within Social Care and the broad outcomes expected from this investment. It is expected that Health and Wellbeing Boards will be one of the best places for discussions between NHS England, CCGs and the local authority on how the funding should be spent.

**Summary of main issues:**

In the Comprehensive Spending Review (CSR) it was announced that Social Care nationally would receive an extra £1 billion a year from NHS funds as part of an overall £2 billion of extra funding every year by 2014/15.

In 2013/14, NHS England transferred £5,981,927 to Buckinghamshire County Council. For the 2014/15 financial year the NHS will transfer a further £1.1bn to Social Care nationally. This figure consists of the £900m that was set aside in the Spending Round and an additional £200m integration payment for preparing for the integration set out in the Better Care Fund. This means that in Buckinghamshire the total amount to be paid is £7,660,209. This is a combination of the integration payment of £1,393,000 and the main allocation of £6,267,209.

As was the case in 2013/14 the funding transfer will take place from NHS England to the Local Authority.

**Recommendation for the Health and Wellbeing Board:**

Health and Wellbeing Board is asked to:-

- **Support in principle the priorities to be funded from the transfer of the funding for 2014/15.**
- **Support the Spending Plan for 2014/15 which includes unspent money from previous years and the allocation for 2014/15.**
- **For NHS England, the Clinical Commissioning Groups and the County Council to sign off memorandum of agreement set out in Appendix 1.**

## A. Narrative setting out the reasons for the decision

### 1. Definition

A Section 256 Agreement (s.256) is a form of legal agreement giving the NHS powers to transfer funding to the Council for Social Care activities with health benefits. The payments are to be made under a s.256 of the 2006 NHS Act. NHS England are required to enter into an agreement with each local authority setting the payments to be made and any conditions which apply.

### 1.2. Progress to date

In 2013/14 the Health and Wellbeing Board signed off the spending plan below covering the period 2013/14 to 2016/17. The elements of funding included within this plan include the previous year's Social Care transfer, the 2013/14 allocation and the provisional allocation for 2014/15 announced at that time, which was £6.105m.

Scheme	2013.14 Existing	Brought forward and redistributed	2014.15	2015.16	2016.17	Total
Prevention Matters	1,500	-	1,200	1,200	1,200	5,100
Assistive Technology	306	-	260	-	-	566
Arranging Care /advo	260	750	375	375 b/f	375 b/f	1,385
dementia	156	-	156	156	156	624
Care Bill/ Day Opps	500	100	100 b/f	100		700
Stroke	140	-	140	140	140	560
Quality Care Team	310	-	380	380	380	1,450
Community Placements	2,000	3,000	1,000 b/f	1,000 b/f	1,000 b/f	5,000
Integration	750	250	350 + 250 b/f	-	-	1,350
Carers	800	-	-	--	-	800
Reablement	300	-	-	-	-	300
BHT pressures	159	-	-	-	-	159

Note: b/f stands for bought forward against previous year re-profiled spend.

Part of the reason for the 'bought forward' spend was, at the time of agreeing the original plan, we were not notified of the 2015/16 'Better Care Fund' allocation for Buckinghamshire. This has enabled us to bring forward spend that was scheduled for 2015/16 as this will be replaced by the allocation in the Better Care Fund as reflected in the Buckinghamshire Better Care Fund submission.

Whilst the 2014/15 allocation exceeds the allocation of Social Care transfer in the Better Care Fund for 2015/16, the recurrent commitments in 2015/16 do not exceed the available budget that is included within the Better Care Fund. The areas for investment in 2014/15 deal with the recurrent pressure of 2013/14 commitments as well as pump priming new areas of investment which will support Health and Social Care to manage its demand pressures.

The funding must be used to support adult social care services in the local authority which have a health benefit. However, beyond that broad condition, the Department of Health wants to provide flexibility for local areas to determine how this investment in Social Care Services is best used.

It is a condition of the transfer that the local authority agrees with its local Commissioning Groups how the funding is best used within Social Care and the broad outcomes expected from this investment. It is expected that Health and Wellbeing Boards will be one of the best places for discussions between NHS England, CCGs and the local authority on how the funding should be spent.

There is an expectation that the priorities will have regard to existing Social Care commissioning intentions, the Joint Strategic Needs Assessment and responding to the Care for our Futures White Paper commitments for the local authority.

In relation to the integration payment, it must be used for the purposes related to preparing for the implementation of the Better Care Fund.

Set out below are the high level priority areas for investment.

#### **Existing commitments from 2013/14 (continuing in 2014/15)**

- Prevention Matters Programme – a county wide prevention service to provide support to people who are not eligible for Social Care but who nevertheless have needs which can be supported through the growth of community capacity.
- Assistive Technology – funding to support the expansion of capacity of low cost interventions to support people to continue to live in their own homes.
- Day Services/Care Act – change management capacity to deliver two major transformation programmes for Social Care. The Day Service programme will not require funding in 2014/15 but the Care Act transformation will continue to require funding to deliver the necessary changes.
- Quality in Care Team – part-funding a team to support care providers to drive up the quality of their services especially where difficulties have been identified.
- Carers – providing short breaks for informal carers through a direct payment and support from a broker to help them arrange flexible support.

- Integration – funding for the administration and roll out of Multi-Agency Groups which support multi-agency working around a risk stratification approach, support with the development of the Better Care Fund and Outline Business Case for a new model of elderly care services, and change management capacity to drive integration at scale and pace.
- Stroke Advisors – a service that has been commissioned to provide support primarily for people with strokes, as well as their supporters and carers. What is vital is that people have a named contact throughout their journey who is able to provide support and advice.
- Dementia Care Advisors – a service that has been commissioned to provide support primarily for people with dementia, as well as their supporters and carers. What is vital is that people have a named contact throughout their journey with dementia who is able to provide support and advice.
- Community Placements – to enable us to purchase new capacity for the increased demand in community placements, for people eligible for Social Care, who are able to provide support and advice.

#### **Additional commitments in 2014/15**

- New home from hospital service – providing additional capacity to support people to be taken home from hospital with additional support for a period of time.
- New same day service – additional funding to pay for extra capacity with our home care providers in the community to respond on the same day. This capacity is critical to enable the effective discharge from hospital.

#### **Funding to support the preparation of National Conditions for Integration of the Better Care Fund.**

- Development of business case and implementation to meet the national conditions around 7 day working.
- Implementation of the ICT requirements of the Better Care Fund to support different elements of the Health and Social Care ICT systems to talk to each other through improved inter-operability through the development of the MIG.

#### **C. Resource Implications**

The table below sets out the allocated funding against each of the schemes for 2014/15

<b>Scheme</b>	<b>2014.15</b>	<b>Description</b>	<b>Indicative recurrent funding requirement 2015.16 onwards</b>
Prevention Matters	£1,500,000	Continued funding to support the Prevention Matters scheme across the county for people not eligible for social care but who nevertheless have needs	£1,200,000

		which can be supported through the growth of community capacity	
Assistive Technology	£306,000	Funding to support the expansion of capacity of low cost interventions to support people to continue to live in their own homes.	£306,000
Care and Advocacy	£660,000 £400,000	'Home from Hospital' provides additional capacity to support people to be taken home from hospital with additional support for a period of time.	£660,000 £222,000* *Funding of Home from Hospital service for 2 years.
Dementia Advisors	£156,000	A service that has been commissioned to provide support primarily for people with dementia, as well as their supporters and carers. What is vital is that people have a named contact throughout their journey with dementia who is able to provide support and advice	£156,000
Care ACT implementation	£600,000	Change management capacity to deliver two major transformation programmes for Social Care. The Day Service programme will not require funding in 2014/15 but the Care Act transformation will continue to require funding.	-----
Stroke Advisors	£140,000	A service that has been commissioned to provide support primarily for people with strokes, as well as their supports and carers. What is vital is that people have a named contact throughout their journey who is able to provide support and advice	£140,000
Quality in Care Team	£310,000	Part-funding a team to support care providers to drive up the quality of their services especially where difficulties have been identified.	£310,000
Community Placement capacity	£3,000,000	To enable us to purchase new capacity for the increased demand in community placements for people eligible for social care who are able to provide support and advice. To fund the FYE of the capacity that committed during 2013.14.	£3,000,000
Same Day Service Capacity	£1,500,000	Additional funding to pay for extra capacity with our home care providers in the community to respond on the same day. This capacity is critical to enable the effective discharge from hospital.	2014.15 provides funding for the same day service until the end of the contracts and then this will be re-

			commissioned as a core part of the service going forward
Integration	£740,000	Funding for: <ul style="list-style-type: none"> <li>- The extension of the existing Falls Service to provide a broader offering (£250,000)</li> <li>- Administration and roll out of Multi-Agency Groups which support multi agency working around a risk stratification approach (£90,000)</li> <li>- Development of the Better Care Fund and Outline Business Case for a new model of Older People's services (£250,000)</li> <li>- Change capacity including part-funding towards a whole systems Programme Manager for Integration to provide the systems leadership (£150,000)</li> </ul>	£250,000
Carers	£550,000	Providing short breaks for informal carers through a direct payment and support from a broker to help them arrange flexible support	£550,000
Re-ablement	£246,000	Continued funding of the Re-ablement service currently provided by Buckinghamshire Care	BCC funding full costs of the service beyond 2014.15
ICT	£400,000	Implementation of the ICT requirements of the Better Care Fund to support different elements of the Health and Social Care ICT systems to talk to each other through improved inter-operability through the development of the MIG	-----
7 Day Working	£1,500,000	Funding to support the development of the business case and implementation of BCF national conditions around 7 day a week working.  The funding is indicative and subject to the full business case sign off in the summer/ early autumn of 2014/15	£800,000* * Dependent upon a full business case and sign off
		<b>Yet to be allocated</b>	<b>66,209 makes this balance</b>
<b>TOTAL</b>	<b>£12,008,000</b> <b>This is the available amount</b>		<b>£7,660,209</b>

#### **D. Value for Money (VfM) Self Assessment**

The spend against these areas will need to demonstrate that it is providing value for money.

#### **E. Legal implications**

A s.256 agreement will need to be signed between the NHS Commissioning Board and the County Council.

#### **F. Property implications**

Not applicable.

#### **G. Other implications/issues**

Not applicable.

#### **H. Feedback from Consultation, Local Area Forums and Local Member Views**

There will be no formal consultation around the requirement to transfer the funding. Where the funding is being used to assist the development of specific commissioning priorities then consultation/engagement will take place around the priority.

#### **I. Communication issues**

There will be no specific communication about the transfer but there will be communication around a number of the priorities this funding will be used to support as per the response in section H.

#### **J. Progress Monitoring**

As per the requirements in 2013/14 the Local Authority will produce a standard report that it will send to NHS England to update on spend and performance against the agreed indicators.

If Health and Wellbeing Board support the priorities set out in this paper, detailed health outcome objectives will be developed for the new investments in 2014/15 as well as a review of the indicators in 2013/14. These measures will be completed before end Q1 2014/15. This will be incorporated into a new s.256 for 2014/15 with NHS England.