

REPORT TO: Health Policy & Performance Board
DATE: 7th January 2014
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health and Wellbeing
SUBJECT: Health and Adult Social Care Settlement 2015/16
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present the Health Policy & Performance Board with a summary of the Government's Health and Adult Social Care Settlement 2015/16 and to highlight how the Health and Well Being Board in Halton have been addressing the issues to ensure the conditions attached to funding and integration are progressed.

2.0 **RECOMMENDATION: That Members of the Board note the content of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 In June 2013 the Government announced the results of the latest spending round 2015/16 for Adult Social Care and provided information about the settlement for 2015/16 including £3.8 billion of pooled health and social care funding for integration (the Integration Transformation Fund) to be held by Local Authorities. Alongside this, NHS Halton Clinical Commissioning Group (HCCG) received a similar announcement from NHS England (Merseyside) setting out the Health Settlement for 2015/16 and the implications for CCGs.

3.2 The settlement states that "access to the pooled budgets will be conditional on agreeing plans with local health and wellbeing boards to protect access and drive integration of services, to improve quality and prevent people staying in hospital unnecessarily". The plans will be required 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;
- Risk sharing principles and contingency plans for if/when targets

- are not being met;
- Provision of integrated support to carers so that they don't feel they are struggling to cope alone and can take a break from their caring responsibilities; and
- Agreement on consequential impacts of changes in the acute sector.
- Intervening early so that older and disabled people can stay healthy and independent at home avoiding unnecessary A&E attendances and emergency admissions;

3.3 On 10th October a letter was published from NHS England (Sir David Nicholson) on "Planning for a sustainable NHS: responding to the 'call to action'" (Appendix 1). This was followed by a letter on 17th October from NHS England and the Local Government Association (Bill McCarthy and Carolyn Downs) on "the next steps on implementing the Integrated Transformation Fund" (Appendix 2), along with a spread sheet template for the "Plan" (Appendix 3). The "Plan" has to be completed and signed off by the NHS HCCG, the Borough Council and the Health and Wellbeing Board by 15th February 2014.

3.4 To ensure that we have the necessary plans in place and comply with the integration, the Board established a short, time-limited Task and Finish Group, chaired by the Strategic Director for Communities, to develop the plan in conjunction with guidance from the Department of Health and Department for Communities and Local Government.

3.5 A plan is currently being drafted and the Health & Wellbeing Board have arranged a workshop to discuss the draft in January 2014. It is then proposed that it is submitted to the Council's Executive Board and through the appropriate CCG governance channels.

4.0 **POLICY IMPLICATIONS**

4.1 Nationally, the Public Health White Paper and the Health and Social Care Act 2012 both emphasise more preventative services that are focussed on delivering the best outcomes for local people. Locally, the Integrated Commissioning Framework sets out formally the joint arrangements for Commissioning. The joint Health and Wellbeing Strategy includes shared priorities based on the Joint Strategic Needs Assessment and local consultation.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Undertaking the recommendations within this report will ensure that the new pooled budget funding is accessible so that outcomes for people living within Halton can be improved further.

5.2 The Department of Health have announced significant funding to be

made available to implement the plan. However, at this stage it is not clear about the levels of finance and this will be determined at a later date.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Developing integration further between HBC and HCCG will have a direct impact on improving the health of people living in Halton. The plan that is developed will be linked to the priorities identified in Integrated Commissioning Framework.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 HBC and HCCG may be at risk of losing funding if certain criteria/conditions described in this report are not met. To avoid this, it is vital that HBC and HCCG work together to produce the "plan" in line with the guidance that has been issued.

7.2 The timeframe for the production of the plan is incredibly tight and this means that partners need to work together to agree a plan as soon as possible.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.