

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 17<sup>th</sup> July 2013  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health and Adults  
**SUBJECT:** Health and Adult Social Care Settlement 2015/16  
**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present the Health and Wellbeing Board with a summary of the Government's Health and Adult Social Care Settlement 2015/16 and to put forward recommendations to ensure the conditions attached to funding and integration are progressed.

### **RECOMMENDATION: That the Board**

- 1. note the contents of the report;**
- 2. approve the establishment of a Task and Finish Group to be chaired by the Strategic Director Communities to progress the development of a "plan" and completion of a Sense check to gain commissioning understanding and direction**
- 3. approve the establishment of a Task and Finish Finance Group chaired jointly by the Operational Director for Finance HBC and Chief Finance Officer for HCCG; and**
- 4. approve the delivery of a workshop in October/November to agree the "plan".**

## **3.0 SUPPORTING INFORMATION**

- 3.1 On 26<sup>th</sup> June 2013 the Government announced the results of the latest spending round 2015/16 for Adult Social Care and circulated a letter to all Chairs of Health and Wellbeing Boards and Directors of Adult Services (Appendix 1). The letter details 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.
- 3.2 Alongside this, NHS Halton Clinical Commissioning Group (HCCG) has received a similar letter from NHS England (Merseyside) attached at Appendix 2 which sets out the Health Settlement for 2015/16 and the implications for CCGs.

- 3.3 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;

To ensure that we have the necessary plans in place and comply with the integration, we are proposing the establishment of 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. The Task and Finish Group would aim to conclude its work by 30<sup>th</sup> September 2013.

- 3.4 In addition, we are proposing the establishment of a Task and Finish Finance group to ensure that the financial elements of the settlement conditions are considered and management of the financial components are dealt with accordingly.
- 3.5 Both Task and Finish Groups would report progress to the Health and Wellbeing Board and the plan would also require approval through the NHS HCCG Governing Body as funding would transfer from NHS HCCG to HBC.
- 3.6 The Local Government Association (LGA) has outlined an approach regarding the completion of a Sense check. It is proposed that we develop a brief questionnaire that will be circulated to Board members, Chief Executive and Leader of Halton Borough Council (HBC), Chief Officer and Chair of NHS HCCG, and Operational Director for Commissioning to gain commissioning understanding, direction for integration and key leadership issues that will feed into the plan that we develop. Thereafter a number of follow up interviews will be required with key members of the Board.

## **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 OTHER/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.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children and Young People in Halton**

None identified.

### **6.2 Employment, Learning and 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**

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.

**8.0 EQUALITY AND DIVERSITY ISSUES**

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