

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	19/11/2014
TYPE	An open public item

<u>Report summary table</u>	
Report title	Section 256 Agreement and Funding Allocation 2014/15
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List of attachments	Appendix 1: "Section 256" Funding Allocation & Investment Summary Appendix 2: NHS England Area Team Funding Allocation and Agreed Use Appendix 3: BaNES CCG Funding Allocation and Agreed Use
Background papers	None
Summary	Over the past four years, funding from the Department of Health has been passed, via local NHS commissioners (previously the Primary Care Trust, now, following NHS Reform, a combination of the Clinical Commissioning Group and NHS England Area Team). For the 2014/15 financial year, NHS England will transfer £1.1bn from the Mandate to local authorities; this paper sets out the use of the B&NES allocation of £3.345m & £1.4m of local funding.
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • Support the agreed use of Section 256 funding in 2014/15
Rationale for recommendations	<p>The Health and Wellbeing Board agreed the B&NES Better Care Plan on the 17th Sept 2014 this set out a summary of the schemes to be funded from the 2014/15 S256 allocation.</p> <p>To formalise the transfer of funding in 2014/15 the NHS England guidance and governance process require the HWB to agree the use of the funding in 2014/15 and the appended S75 agreements.</p> <p>The joint local leadership of Clinical Commissioning Groups and local authorities, through the Health and Wellbeing Board, is at the heart of the health and social care system. NHS England will ensure that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment.</p> <p>This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and</p>

	<p>Wellbeing Strategy as follows:</p> <p>Theme One - Helping people to stay healthy:</p> <ul style="list-style-type: none"> • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. <p>Theme Two – Improving the quality of people’s lives:</p> <ul style="list-style-type: none"> • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. <p>Theme Three – Creating fairer life chances:</p> <ul style="list-style-type: none"> • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness.
Resource implications	<p>In 2014/15, £3.345m will transfer from the Area Team to the Council under the Section 256 agreement (Appendix 2)</p> <p>The local S256 agreement will transfer £1.4m between the CCG and Council (Appendix 3)</p> <p>The funding allocation going into 2015/16 will form part of the B&NES Better Care Fund with the local element £11.091m of the national £3.8bn. The 2015/16 funding allocations have been incorporated into both the Council and CCG financial plans.</p>
Statutory considerations and basis for proposal	<p>This report and the S256 agreements meet the NHS England guidance for the funding transfer from NHS England to social care – 2014/15 issued on the 9th May 2014.</p>
Consultation	<p>The use of the 2014/15 section 256 funding and BCF plan have been developed in consultation with:</p> <ul style="list-style-type: none"> • Council Section 151 Officer • CCG Chief Finance Officer • Strategic Finance Business Partner – Joint Commissioning • Head of Finance – NHS England Area Team • Senior Commissioning Managers (Council & CCG)
Risk management	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

THE REPORT

- 1.1 Broadly, Section 256 funding is intended for use in addressing pressures in the health and social care system, including those arising from demographic change; reducing admission to and length of stay in hospital; and to fund community based interventions that prevent an escalation of people's need and support them to live as independently as possible, in the community for as long as possible. The Appendices to this report set out further background detail and agreed use of Section 256 funding for the current year.
- 1.2 Better Care Fund – Of the £1.1bn national 2014/15 funding £200m has been identified as the 2014/15 BCF allocation, the B&NES element of this funding is £608k. As part of the BCF submission this amount has been earmarked to fund the implementation of the Care Act. As the HWB has agreed the BCF plan submission this conditions relating to this element of the funding should already be satisfied.
- 1.3 For the remaining funding of £2.737m the NHS England guidance states The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- 1.4 Bath and North East Somerset has a good track-record of investment of Section 256 funding in early intervention and preventative services and to achieve system change with the aim of achieving longer-term sustainability in the health and social care system. However, as pressure on public resources increases, it is likely to become increasingly difficult to achieve an appropriate balance between responding to immediate pressures in the system including, for example, increases in avoidable hospital admissions; whilst also investing in a longer-term strategic approach to achieve best value, sustainability and, most importantly, better outcomes for service users and carers.
- 1.5 In this context, plans for use of S256 funding in 2014/15 and the Better Care Fund from 2015/16 onwards have been designed to support delivery of joint objectives set out in key strategies, including B&NES' Joint Health and Wellbeing Strategy and "Seizing Opportunities", the CCG's Five Year Strategy. Accordingly, the overarching aim is to further develop integrated, sustainable models of care that will deliver a greater proportion of care and support to people in their own homes and communities with services that:
 - Co-ordinate around individuals, providing person centred care and support that is experienced as seamless by those individuals;
 - Maximise independence and community inclusion through an increased focus on early intervention, prevention, self-care and peer support; and
 - Empower people to remain in control of their own lives by extending self-directed support and ensuring access to information, advice and advocacy.

1.6 The joint objectives are:

- Proactively identify people who are at most risk of loss of independence or hospital admission and put in place an integrated, personalised care plan, including intensive community support.
- Deliver integrated services that support and safeguard older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate emerging risks, care and support needs.
- Maximise use of health and social care resources through an integrated approach that responds in a sustainable way to the increasing volume, complexity and acuity of older people and those with long-term conditions.
- Further develop and embed integrated commissioning and provision to encompass not only mental health, physical health, social care, public health and housing but also further alignment of the resources, services and partners that influence the wider determinants of health and wellbeing.
- Create a transformation programme that responds to the wider strategic landscape of the Better Care Plan, Joint Health & Wellbeing Strategy, the Care Act, the Council and CCG's wider strategic priorities (especially reducing avoidable admissions and facilitating discharges and reliance on acute care), and the NHS "A Call to Action".

1.7 During 2014/15 S256 is being utilised to:

- Consolidate funding and allow for expansion of some existing initiatives
- Support projects that have been funded on a temporary basis or are being piloted to test their impact
- Contribute to the protection of adult social care provision
- Allow for the expansion of 7 day service provision in key priority areas
- Support integrated re-ablement, hospital discharge and admission avoidance schemes
- Support our approach to early intervention & prevention

1.8 Services funded in 2014/15 include:

- Integrated Health & Social Care Reablement & Rehabilitation Service to support prevention of unplanned admissions and hospital discharge;
- Expansion of the Independent Living Service;
- Extended hours working (evenings and weekends);
- Responding to the increases in activity in adult social care including those related to increases in safeguarding referrals;
- Mental Health pre-crisis/respite beds for adults of working age;

- Social Prescribing Service to enable clinicians and health workers to redirect suitable patients away from health services and towards opportunities in their local community;
- Implementation of new duties under the Care Act 2014;
- Handyperson service, step-down accommodation with care, intensive home from hospital (all designed to support hospital discharge);
- Social care pathway redesign to place greater emphasis on prevention, early intervention and rehabilitation, thus reducing and/or delaying the need for more complex health and social care interventions.

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