SLOUGH BOROUGH COUNCIL

REPORT TO:	Health Scrutiny Panel
DATE:	13th January 2014
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PART I
CONSIDERATION & COMMENT

THE CARE BILL 2013 – 14 AND BETTER CARE FUND

1 Purpose of Report

1.1. There are two items for Members; a report on the Care Bill 2013 -14 and its progress for consideration and comment and a report on the Better Care Fund (BCF) for information (attached at part A and part B respectively).

1.2. The purpose of the report on the Care Bill 2013 - 14 is to provide Health Scrutiny Panel Members with an update on the progress of the Care Bill 2013 – 14, give an overview of the wide ranging provisions contained in the latest draft of the Bill, and to summarise key aspects of the Care Bill 2013 – 14 and their implications for Slough Borough Council.

1.3. The purpose of the report on the BCF is to introduce Members to the BCF and give an update on the progress made so far by Adult Social Care (ASC) and Slough Clinical Commissioning Group (CCG) in aligning this funding.

1.4. Members are asked to note that the Care Bill 2013 – 14 and BCF are related in that the funding of the Care Bill will form part of the responsibilities of the BCF. Reference and further detail with regard to this link has been made throughout the report.

2 Recommendation

2.1 To note the report and the appendices setting out the implications for the Council of the Care Bill, the actions taken so far, and the lead officers that will be responsible for implementing the legislation; and to invite Members to give their views to help inform future development of the Council's approach.
2.2 Note the background to the BCF and current and future planned activity.
2.3 Note the sign off timetable for the BCF plan.

3 Slough Joint Wellbeing Strategy Priorities

The actions the local authority will take to address the requirements of the Care Bill 2013 - 14 and BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

Priorities:

- Economy and Skills
- Health
- Regeneration and Environment
- Housing
- Safer Communities

It will do this by promoting people's wellbeing, enabling people to prevent and postpone the need for care and support and putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility. The longer term impact of improved wellbeing will be visible, thus contributing positively in improving the image of the town.

4 Joint Strategic Needs Assessment (JSNA)

The following key facts and figures have been taken from the JSNA 2013 relevant to this report. The aim of the local authority will be to address the potential needs identified from the JSNA through the enactment of the Care Bill 2013 - 14.

Residential and Nursing Care Provision

- The 2012 Census results indicated that whilst the national older people population is increasing, Slough's population aged 50 and over has reduced. However, with the proportion of people aged 65 years and over predicted to grow by 16% in the period to 2020, the Council needs to consider alternative models of care and support.

Access to Personalisation and Social Care Services

- The Government set a national target to ensure that at least 70% of all people eligible for publicly-funded adult social care support were receiving a personal budget by April 2013. The Department of Health note that this target ensures that "personalised care becomes standard practice" for all. A survey by the Association of Director's of Adult Social Services (ADASS) indicated that this target had been met nationally, although the Adult Social Care Outcomes Framework measure suggests that 56% of Service Users and Carers received a personal budget in 2012/13.
- In 2012/13, 58.5% of Slough's Adult Social Care Service Users and Carers received a personal budget and/or self-directed support. This was a higher proportion than the England average of 56%, but lower than the South East average of 60.3%.
- However, the number of people receiving their Personal Budget through a Direct Payment was much lower in the Slough Borough at 5%, compared with the national average of 16.5%. Direct Payments are the preferred method for delivering Personal Budgets to Service Users and Carers, as they give individuals greater flexibility, choice and control about what support they receive.

Other facts and figures which will contribute to addressing needs identified from the JSNA:

- Injuries due to falls are measured as part of the Public Health Outcomes Framework. In 2011/12, Slough had 2,053 emergency admissions for falls injuries per 100,000 people aged 65 and over. This is significantly higher than the national figure of 1,665 per 100,000 population.

Excess winter deaths

- Deaths in Slough increased by around 14% during the winter months of 2008-2011 compared to the other seasons of the year. Excess winter deaths in Slough follow a similar pattern over time to those nationally (Public Health England).

Seasonal flu

- According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013.

Dementia

- 329 people (0.2% of the population) are recorded on Slough GP registers as having dementia, according to the Quality and Outcomes Framework for 2011/12. This is significantly below the expected number for Slough and is expected to rise following dementia awareness training funded through the national dementia challenge campaign.
- Social Situation: Slough Borough Council's Adult Social Care Survey asked Service Users about their social situation in 2011/12. The Health and Social Care Information Centre's results show that Older People accessing services in Slough reported that they felt they have less social contact than the national or South East regional response. The majority did, however, feel that they have at least adequate social contact.

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions**,** and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use Accident and Emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. (Please see Appendix 1 for more information)

The BCF report addresses therefore a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The services address key priorities listed above in the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

5 Other Implications

(a) Financial

None arising from this report. A number of the provisions of the Care Bill 2013 – 14 could have significant financial implications for the Council and for the Medium Term Financial Strategy (MTFS). More detail on the resource implications for the Council of implementing the provisions of the Bill will be identified and advised to Cabinet when the Bill is enacted.

The funding associated with the activity contained within appendix 1, with regard to the BCF, is met entirely through a specific funding stream. If further CCG or SBC funding is agreed to be part of the BCF then this would also form part of the S75.

(b) Risk Management

The purpose of the report is to help ensure that the necessary action is being taken to prepare the Council for the implementation of the Care Bill 2013 - 14 when it becomes law and when the BCF is implemented. The risk to the Council in not keeping up to date on the progress of the Bill or BCF is that the Council may fail to properly implement the provisions of the Bill when it is enacted or when the BCF is implemented.

(c) Human Rights Act and Other Legal Implications

These implications will be clarified when the Bill is enacted and the Better Care Fund is developed.

(d) Equalities Impact Assessment

The equalities implications of any changes required as a result of the Bill enacted and the Better Care Fund will be reported as they are assessed and an impact assessment will be completed for both.

(e) Workforce

There are no immediate implications but these may arise at a later stage especially as options for integration are developed as part of the Better Care Fund work.

6 **Supporting Information**

Please see part A and part B.

7 **Comments of Other Committees**

None.

8 **Conclusion**

The aim of the report on the Bill is to ask Health Scrutiny Panel Members to consider and comment on the Care Bill 2013-14 and its implications for local authorities and that the Care Bill 2013 – 14 and BCF are related in that the funding of the Care Bill will form part of the responsibilities of the BCF.

Members are asked to note the BCF report and the following: as a minimum we will need to include the funding that has been identified for Slough in our plans for the BCF. But as part of work over the coming months we are looking at what other funding and services beyond the minimum we can include that will lead to increased benefits for SBC and the Slough CCG in using our funding in the best way possible and also improving health and social care outcomes.

9 **Appendices attached**

'1' - Slough Section 256 2013/14 agreement

10 **Background Papers**

‘1’ - The Care Bill; reforming care and support, department of health, ADASS South East TASCK Network, 30th October 2013

‘2’ - Delivering better services for people with long-term conditions – Building the house of care, The Kings Fund

‘3’ - Co-ordinated care for people with complex chronic conditions

‘4’ - The Care Bill explained; including a response to consultation and pre-legislative scrutiny on the Draft care and Support Bill, presented to Parliament by the Secretary of State for health by Command of Her majesty, May 2013

‘5’ - Next Steps on implementing the Integration Transformation Fund (LGA and NHS England).

‘6’ - Planning for a sustainable NHS: responding to the ‘call to action’ (NHS England).

‘7’ - Integrated Care and Support: Our Shared Commitment (DoH)

‘8’ - http://www.local.gov.uk/care-support-reform

‘9’ - http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

Part A

THE CARE BILL 2013 – 14

Background

1. The Care Bill 2013 – 14 received its first reading in the House of Lords on 9 May 2013, and published on 10 May 2013. Parts 1 and 3 of the Bill were subject to a detailed process of public consultation, engagement and pre-legislative scrutiny which resulted in the 1st draft of the Bill. A 3rd Reading of the Bill in the House of Lords (i.e. the final chance for the Lords to change the Bill) took place on 29th October 2013. Subsequent to this, the Bill had its 1st Reading in the House of Commons on the 30th October 2013 and its 2nd Reading on the 16th December where MPs debated the main principles of the Bill. The next event in the Bill's timetable is the Committee stage where a detailed examination of the Bill will take place. This will take place on the 9th January 2014. It should be noted that the practical detail on how the Government's proposals are intended to work, will become clearer in the secondary legislation and subsequently, the statutory guidance. This will be required to enable the Council to fully assess the impact of the Government's proposals and plan ahead.

2. It is anticipated that the Bill will become law sometime in 2014, with the expectation then that the new legal framework will come into effect in April 2015. There is provision in the Bill for 20 to 30 sets of regulations for which new statutory guidance will be required. Draft regulations and guidance for these regulations will be published in May 2014 with the aim to publish the final regulations and guidance in October 2014 for local authorities to implement by April 2015.

Proposals and details

3 The Coalition Government's aim for the Bill is to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority. The Bill is divided into three parts as follows:

- Part 1 - Care and Support

Part1 of the Bill and also the one most relevant for local authorities focuses on the following:

  - Bring care and support law into one statute.
  - Is built around people and outcomes that matter to them.
  - Clarifies entitlements to care and support.
  - Provides for the development of national eligibility criteria.
  - Puts carers on the same legal footing as the person they are caring for.
  - Reforms how care and support is funded and creates a cap on care costs
  - Re-focuses care and support by promoting wellbeing and preventing / delaying needs to reduce dependency instead of only intervening at crisis point.
  - Provides new guarantees and reassurance for people needing care, to support them to move between areas and have the care that they need.
  - Simplifies the care and support system and processes to provide local authorities and care professionals the freedom and flexibility to integrate with other local services.

- Part 2 - Care Standards

This is focused on delivering elements of the Governments response to the findings of the Francis Inquiry such as:

  - Care Quality Commission (CQC) to develop a system of performance review and assessments.
  - Powers to allow the Chief Inspector of Hospitals to instigate a new failure regime.
  - More transparency and accountability about the information providers produce about their own performance and outcomes.

- Part 3 - Health Education England (HEE) and the Health Research Authority (HRA)

This allows for the establishment of the HEE and HRA as a non-departmental public body (NDPB) to provide independence to enable local healthcare providers and professionals to plan and commission education and training and enable the protection and promotion of patient and public interests in health and social care research respectively.

The June Spending Round announced £335 million for local authorities in 2015 to support this reform. The funding is to help councils to prepare for reforms to the system of social care funding, including the introduction of a cap on people's care costs from April 2016, and a universal offer of deferred payment agreements from April 2015. This will mean that no-one will be forced to sell their home in their lifetime to pay for residential care.

The £335 million covers:

- £145 million for early assessments and reviews.
- £110 million for deferred payment (cost of administering the loans and the loans themselves).
- £20 million for capacity building including recruitment and training of staff.
- £10 million for an information campaign.
- £50 million for capital investment, including IT systems (which sits in the Better Care Fund).
- The Department for Health has also identified £130 million of other costs for 2015 / 16 relating to issues such as: putting carers on a par with users for assessment; implementing statutory Safeguarding Adults Boards; and setting national eligibility. The Department's position is that the Spending Round allocated funding to cover these costs as part of the Better Care Fund.

Key areas of the Bill for Councils

4 Part 1 of the Care Bill 2013 – 2014, focuses on care and support, details the responsibilities of local authorities and sets out the legal duties and powers. The Bill provides for a new capped costs system for funding care and support, based on the recommendations of the Dilnot commission and simplifies and clarifies over 60 years of legislation following a three year review by the law commission. The Bill will put carers on the same footing as those they care for and create a focus on preventing and delaying needs for care and support instead of intervening only at crisis point. Personal budgets will also be incorporated in legislation whereby people who are carers will be able to receive direct payments if they choose.

Part 1 of the Bill is organised into 11 topics as follows:

- **General responsibilities of local authorities** (Clause 1 - 7):

Sets out that the wellbeing principle underpinning the legal framework of the Bill and highlight the universal obligations towards local people focussing on; arranging services or facilities that prevent, reduce / delay needs for care and support, provision of information

and advice, promotion of diversity and quality in the market of providers. They also state the requirement to cooperate with other public authorities and a duty to promote integration with the NHS and other public services.

Implications for Slough:
The focus on early intervention and prevention to reduce and delay support is welcomed and SBC is currently reviewing its range of commissioned services to ensure that this is the focus of all services.

- **Assessment and eligibility** (Clause 8 - 13):

Focus on the single duty for assessment of people who may use services and expand on the duty to assess the needs of carers on the same basis as those they care for with an emphasis on outcomes i.e. whether the carer wishes to work as well as willing and able to care. The clauses place the eligibility framework in law, allowing regulations to establish a national minimum threshold for what needs are 'eligible' for local authority support. They also discuss the regulations to be drafted following the Spending Round to provide for a national eligibility threshold.

  - Clause 12, which also applies to carers, allows for regulations to specify further detail about the assessment process, including requiring the assessment to be appropriate and proportionate, specialist assessments, self-assessment, and considering the needs of the whole family. Regulations may also specify when a local authority should refer a person for assessment by the NHS when they believe that the person has NHS continuing healthcare needs.

  - Regulations will replace existing Directions in relation to assessment, with additional detail to provide further clarity on a number of issues, based on existing practice.

  - The clause requires local authorities to determine whether a person has eligible needs after they have carried out a needs assessment or a carer's assessment. It provides for regulations which will set out the eligibility criteria, including the minimum level of eligibility at which local authorities must meet a person's care and support needs.

  - The duty to determine eligible needs replaces an existing requirement to do so, following the assessment. The description of eligible needs within regulations will create a national minimum threshold, which replaces existing local thresholds and current statutory guidance.

Implications for Slough:
The clarity on assessment and eligibility for service is welcomed. The impact for Slough is not known yet and we await further guidance.

- **Charging and the cap on care costs** (Clause 14 - 17)

Explains powers for local authorities to charge for care and support for which regulations will specify certain services which will need to be provided free. They provide a clearer statement around carers, that they cannot be charged for any support provided directly to the person they care for. These clauses state the cap on care costs which an adult will pay in their lifetime to meet their eligible needs. There will be different levels of the cap for different ages and a process for indexing the level of the cap over time. They highlight the requirements for financial assessments to determine how much the person pays for care and support including paying for daily living costs when in a care home.

The most relevant changes include the following:

- Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. The cap will be adjusted annually, as will the amount people have accrued towards the cap.

- No contribution expected for young people entering adulthood with an eligible care need.

- Lower cap for adults of working age (level to be determined).

- Increase in capital thresholds / extension to the means test providing more support to people with modest wealth.

- New legal basis for charging covering both residential and non-residential care.

- Consistent approach towards calculating a contribution towards living costs for people in residential care.

- New framework for eligibility with threshold to be set nationally (to be implemented in April 2015).

Implications for Slough:

- Financial and IT systems to establish and monitor care accounts.
- Arrangements for assessments for all self-funders who ask for a care account.
- The financial implications of the implementation of a care cap for Slough is not known yet and we await further guidance and analysis.
- There is provision for financial support to assist with setting up and other costs but it is highly likely that this will not be sufficient. Further work will need to be undertaken once the final details of the statutory guidance are known.

- **Meeting needs** (Clause 18 -23)

Sets out the entitlement to care and support based on eligible needs, ordinary residence and where relevant, the outcome of the financial assessment. The clauses discuss a new right to request the local authority's support for self-funders with eligible needs. The Bill includes the first right to support for carers on a par with the people they care for and wider powers for local authorities to meet needs in other circumstances. These clauses also highlight where the local authority may not meet needs, thus forming the boundary with the NHS, housing and other public services.

- Clause 20 establishes a legal obligation to meet a carer's needs for support, on a similar basis to those needing care in clause 18. The key conditions for a carer's entitlement is that they have assessed eligible needs for care and support and that the person for whom they care is ordinarily resident in the local authority area (or present there but of no settled residence).

- The duty to meet a carer's needs is a new entitlement to support for carers. This replaces the existing discretionary power for local authorities to provide services to carers, with a requirement based on meeting eligible needs. This will have a substantial impact on local authorities, which will vary based on their current arrangements for carers.

Implications for Slough:
SBC welcomes clarity in this area. A further right for carers is welcome but the demand for support may well be greater than the additional funding that local authorities will receive to meet this need. This will need to be monitored after implementation of this part of the Bill.

- **Care and support planning** (Clause 24 – 33)

Explain how to decide how needs should be met; provide entitlement to a care and support plan and requirement that local authority must assist the person in deciding how to meet their needs and that they have a right to a personal budget as part of the plan, right to a direct payment to meet some / all needs in the plan. Local authorities are also required to provide an independent personal budget to record care costs for those with eligible needs and want to arrange care with local authority support. However the local authority will have a duty to provide a care account for those with eligible need/s to record care costs and progress towards the cap. There will also be new duties to review care plans and Integrated Personal Budgets (IPBs) as well as duties to provide information and advice on meeting / preventing needs to those not entitled to support.

- Clause 28 establishes the concept of Independent Personal Budgets for adults who have eligible needs, and who choose not to have those needs met by their local authority. The independent budget is a statement recording how much of the adult's spending on care will count towards the cap.

- Both clause 28 and 29 are new provisions, which support funding reform and the capped costs system.

Implications for Slough:
SBC already operates a good support planning function and promoting of personal budgets and direct payments. A system to record independent personal budgets and costs towards the care cap will need to be developed.

- **Deferred payment agreements** (Clause 34 – 36)

Will allow powers for local authorities to offer deferred payment agreements for those with specific needs / circumstances to implement a universal deferred payments scheme to ensure people would not have to sell their homes to pay for residential care. The local authority will have the ability to specify conditions of the agreement and, for example, how the debt is secured, duration of agreement and information provided as well as ability to charge interest and administrative fees to ensure system is cot-neutral for the local authority.

- Clause 34 allows regulations to be made to state when a local authority may or must enter into a deferred payment or loan agreement which will allow people to defer paying their care fees or take out a loan to pay for care and support to avoid selling property or possessions.

- Clause 35 contains further provisions for deferred payment and loan agreements to help the authorities recover the costs involve in their provision and to ensure adequate protections for residents and their families. It includes powers to set out what administration costs and interest payments authorities can charge people, and the information or other consumer protection measures that must be provided to the resident.

- These provisions will replace the existing power to enter into deferred payment agreements (under the 2001 Act), which a requirement to enter such agreements in specified circumstances (to be set out in regulations).

Implications for Slough:
SBC already operates a deferred payment scheme and we will need to assess our scheme against the new regulations when these are published.

- **Moving between areas** (Clause 37 – 41)

There will be a new duty ensuring the continuity of care when moving between areas whereby the current local authority would share the care and support plan and the new local authority will review and assess care needs based on the previous care and support plan. The deeming rules will be clarified to ensure people will not be left between areas not knowing where they will be placed. A Schedule with new powers will be introduced for cross-border placements and the powers for the Secretary of State to resolve disputes between local authorities would be updated so that local authorities will be able to recoup costs from each other.

- Clause 37 sets out the duties that local authorities are under when an individual, and potentially their carer, notifies them that they intend to move from one local authority area to another.

- Clause 38 applies when the second authority has not carried out the assessment before the person moves. It requires the second authority to provide services based on the care and support plan provided by the first authority. The second authority must continue to provide this care until it has undertaken its own assessment.

- These clauses set out new legal duties, to provide for a new arrangement for notification, information-sharing and assessment, when a person moves between areas. The new duty to ensure continuity of care will impact on local authorities when a person moves to/from their area under the rules set out.

- These clauses help local authorities identify a person's ordinary residence (usually based on where they live) for the purposes of providing care and support.

- It also provides a mechanism for local authorities to reclaim money they have spent providing care and support to someone for whom they were not in fact responsible.

- The provisions in relation to ordinary residence replace the existing "deeming rules" under s.24(1) of the National Assistance Act 1948, and expand this principle to cover other forms of accommodation which are not residential care homes, as specified in the new regulations.

Implications for Slough:
SBC welcomes the clarity that these clauses will bring

- **Safeguarding** (Clause 42 – 48)

This set of clauses describe the first statutory framework for protecting adults from abuse and neglect; a new duty for local authorities to carry out enquiries where there is suspected abuse, requirement for areas to set up Safeguarding Adults Board. The boards would carry out safeguarding reviews, a new ability to require information sharing from other partners.

Implications for Slough:
SBC already has an effective Safeguarding Adults Board with an independent chair and published strategy and business plan. The Board already undertakes safeguarding reviews.

- **Market failure and oversight** (Clause 49 – 58)

These set of clauses clarify protections when a care and support provider fails as it updates the duty for local authorities to temporarily meet needs if a care provider fails which applies to all people in an area in spite of level of need. The introduction of further duties with regards to cross-border cases and for financial oversight of care providers and a new market oversight regime.

Implications for Slough:
This is welcomed by Slough. SBC will be publishing a market position statement soon that will set the commissioning intentions and quality standards for adult social care in Slough.

- **Transition from childhood** (Clause 59 – 67)

These are new provisions and give local authorities powers to assess young people and young carers under the adult statute, prior to their 18th birthday, powers and duties extended to young people who may need adult care support at 18, power to provide support for needs of adult carers of children. Local authorities will have a duty to assess the adult care of disabled children and no age limits to the assessment to allow for flexibility to assess whenever is best and a duty to ensure continuity of care around transition i.e. so that a young person continues to receive same service on 18th birthday if adult care and support is not ready.

Implications for Slough:
SBC has an effective transition strategy but this will be reviewed in the light of these new provisions.

- **Other provisions** (Clause 68 – 79)

Include duties to provide independent advocacy, restate existing powers for local authorities to recover debts, requirement for Secretary of State to carry out review of level of cap, living costs and financial limits. Amendments to provisions around after-care for mental disorder (under the Mental Health Act 1983), clarifies local authority responsibilities in relation to people, in prison, hold registers of blind and partially sighted people, and a new power for local authorities to delegate some functions to a third party whilst being responsible for duties.

  - Clause 68 and 69 place a duty on local authorities, in certain specified circumstances, to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review. This is a new duty to provide an independent advocate in specified circumstances. This reflects best practice in local authorities, but will extend practice in many areas to require the advocate to be provided.

  - Clause 78 provides for a new power for local authorities to delegate certain care and support functions to a third party. This is a new discretion for local authorities, to be determined locally. The Bill provides a power for local authorities to authorise a third party to carry out certain care and support functions.

- **Clause S1**

The clause makes provision for a person ordinarily resident in England, who has care and support needs and requires residential accommodation to meet those needs, to be provided with that accommodation in another part of the UK.

It also allows for such placements to be made in England for people who are ordinarily resident in Wales, or whose care and support is provided under the relevant Scottish or Northern Irish legislation.

It also makes similar arrangements for cross border placements not involving England i.e. Wales-Scotland, Scotland-Northern Ireland and Northern Ireland-Wales.

This Schedule sets out new arrangements in relation to placements made by local authorities in accommodation in another administration. This provides new powers to make such placements – currently, this power only extends in relation to placements made in Wales.

Part B

BETTER CARE FUND

1. National context

1.1 In the 2013 chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (formerly known as the Integrated Care Fund) and comprises of:

- £1.9 billion existing funding continued from 2014-15,
- £130 million Carers' Breaks funding
- £300 million CCG reablement funding
- £350 million capital grant funding including £220 million Disabled Facilitates Grant
- £1.1 billion existing transfer from health to social care
- £1.9 billion new funding from NHS allocations, which includes £1billion performance related funding.

The funding of the Care Bill 2013 – 14 will also form part of the responsibilities of the Better Care Fund. It was announced as part of the Spending Round that the Better Care Fund would include funding for costs to councils resulting from care and support reform. This money is not ring-fenced, but local plans should show how the new duties are being met; £50m of the capital funding has been earmarked for the capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016; £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill.

1.2 The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are under development and are still to be determined. Current areas under consideration include measurement against:

- Delayed transfers of care;
- Emergency admissions;
- Effectiveness of re-ablement;
- Admissions to residential and nursing care;
- Patient and service user experience

1.3 The purpose of the BCF is to create a health and ASC pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users. The use of the funding is subject to the following national conditions:

- A jointly agreed local plan;
- protection for social care services (not spending);
- local plans to include 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
- improved data sharing between health and social care, using the NHS patient number;
- joint assessments and care planning;
- one point of contact (an accountable professional) for integrated packages of care;

- risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
- agreement on the consequential impact of changes in the acute sector.

1.4 The outline timetable for developing the pooled budget plans in 2013/14 is as follows:

- August to October: Initial local planning discussions and further work nationally to define conditions etc
- November/December: NHS Planning Framework issued
- December to January: Completion of Plans
- February: SWB agreed plan submitted to NHS England
- March: Final plans agreed.

1.5 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCGs.

1.6 The Department of Health is considering what legislation may be necessary to establish the Better Care Fund, including arrangements to create the pooled budgets and the payment for performance framework. Options are also being explored for any required legislation within the Care Bill, with further details being made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward. The above is in reference to Sections 75 and 256 of the National Health Service Act 2006.

1.7 The BCF planning and context also aligns well with the annual Winter Planning process, the NHS Call to Action with its vision for large scale reshaping in the planning and delivery of health services based around the growing pressures of an ageing population, a rise in long term conditions and rising patient expectation, and the forthcoming Care Bill which focuses on integrated health and ASC services, improved holistic working and improved service user personalisation. This provides a good opportunity at a local level to forward plan and align planning for all four of these agendas.

2. Local Context

2.1 The initial estimate for Slough's allocation of the BCF was £7.030. After the Autumn Statement this was revised to £8.762m. This is detailed in the table below.

	Slough 1st Est. £m	Slough Revised LA £m	Slough Revised NHS s.256 £m	Slough Revised NHS balance £m	Slough Revised £m
Pass through					
2013/14 s256 money	1.850		1.850		1.850
2015/16 Govt Transfers (capital (2/3rds of which Disabled Facilities grant))	0.670				0.000
2015/16 Disabilities Facilities Grant		0.407			0.407
2015/16 Social Care Capital Grant		0.287			0.287
	2.520	**0.694**	**1.850**	**0.000**	**2.544**
Impacting CCG Budgets					
2014/15 additional social care transfer	0.380		0.430		0.430
Carers break funding	0.250				0.000
Reablement funding	0.280				0.000
Core CCG Funding	3.600			5.706	5.705
Difference between historic s256 and 15/16 BCF alloc				0.082	0.082
	4.510	**0.000**	**0.430**	**5.788**	**6.218**
Total	**7.030**	**0.694**	**2.280**	**5.788**	**8.762**

2.2 In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m, will be distributed using the same formula as at present and will mean £1.85m plus an additional £0.430m for Slough.

2.3 50% of the pay-for-performance element for the BCF will be paid at the beginning of 2015/16, subject to Slough Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and will be based on performance against nationally and locally determined metrics. The detail of how this will work is still being agreed nationally and will include any locally agreed measures.

2.4 There are already a range of local integrated arrangements and services between SBC and Slough CCG and Berkshire Health NHS Foundation Trust (BHFT). These include:

- Joint Learning Disability Team
- Joint Mental Health Team
- Intermediate Care Services including the Recovery, Rehabilitation and Reablement service
- Integrated Care Teams pilot project (multidisciplinary teams in GP practices focussed on supporting people with long term conditions)
- Berkshire Equipment Service – where SBC hosts and manages the equipment contract on behalf of the Berkshire Unitary Authorities and the Berkshire CCG's.
- Carers services

2.5 The current Section 256 of the NHS Act 2006 memorandum of agreement for transfer of allocation for social care outlines how the majority of NHS funds are transferred to SBC and how this funding is allocated for 2013/14. The S256 is attached as appendix 1.

2.6 The East Berkshire health and social care system has also received £6.644m from NHS England to enhance capacity in the urgent and emergency care system over the 2013 winter period. In Slough (and nationally) it has been acknowledged that additional community and acute capacity for the winter period is required to ensure effective, safe, quality services for patients.

2.7 In June 2013 an Urgent Care Programme Group (with representation across CCGs, community, ambulance and unitary authority) approved an A&E Recovery and Improvement Plan to improve performance and is continuing to monitor delivery. This recovery plan set out the actions put in place to meet a key NHS Constitution requirement to ensure 95% of patients can be seen in A&E at Wexham Park within four hours over the winter period.

2.8 In July 2013 Wexham Park achieved the 95% standard for the first time since September 2012.

2.9 The Heatherwood and Wexham Park Winter Programme has a budget of £6,644,540. Projects have started across three workstreams with the following allocation of the funding;

W1	Urgent Care access	£1,834,540
W2	Wexham Park patient flow	£3,470,000
W3	Supporting discharge	£1,340,000
TOTAL		**£6,644,540**

2.10 The BCF task force plans to utilise the learning from the Winter Planning process and subsequent delivery and activity to support the BCF delivery plan.

3. Current BCF planning activity

3.1 The Slough BCF taskforce group has been meeting fortnightly since September 2013 in order to agree and plan the use of the BCF funding and jointly agree the BCF delivery plan. This group is led by the Assistant Director of Adult Social Care, Commissioning and Partnerships, the Director of Strategy and Development for East Berkshire CCGs and Policy Manager (Health and Social Care).

3.2 A joint SBC and CCG workshop was held on 2nd December 2013 to introduce the BCF, review current funding and performance and discuss initial ideas about how the funding can be implemented across Slough. This workshop was attended by the Chair of the CCG and the Leader of the Council.

3.3 A further BCF engagement workshop to be hosted by Slough Wellbeing Board is currently being planned for 24th January 2014. The aims of this workshop will be to ensure wider engagement in the development of integration between the NHS and Social Care in Slough, confirm our vision, and ask attendees to consider and contribute to shaping the use of the funding and the agreed outcomes for Slough. The target audience for this workshop will be SWB members, Lead Members and Councillors, health and ASC professionals, health and social care providers, service users and carers and voluntary and community sector organisations.

3.4 Further engagement with service users will also be carried out by utilising the Slough CCG "Call to Action" engagement events that are planned, and will be taking place across the borough.

3.5 A joint BCF project action plan and risk register is in place.

3.6 The BCF delivery plan will be finalised for the SWB on the 29th January. A copy of the BCF delivery plan template can be found at appendix 2.

3.7 The timeline for sign off and agreement of the BCF delivery plan is as follows:

1	CMT	18th December 2013
2	Health PDG	9th January 2014
3	Health Scrutiny	13th January 2014
4	SWB* * Sign off of delivery plan	29th January 2014
5	Submission of initial delivery plan to NHS England	15th February 2014
7	Commissioners and Directors	25th February 2014
8	Cabinet	14th April 2014

3.8 Once Sec 75 and 256 agreements are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

4. Implications

4.1 **SBC**: The Council will be in a formal partnership with the Slough CCG and management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will also be the host organisation of the S75.

An increasing number of the services that SBC commissions or delivers will be commissioned jointly or on behalf of the CGG to deliver more integrated services and supports. This will also mean that some of our current SBC staffing will be working as part of an integrated health and social care service. The HR implications are unknown at this stage as formal proposals for the format of any integrated services have not been finalised. At present SBC staff working in already integrated services are still employed by SBC but form part of a multi-disciplinary team under a partnership agreement.

4.2 **Slough CCG**: It is expected that the BCF will lead to more of the CCG's commissioned services being commissioned jointly with SBC to deliver more integrated services. It is also the intention of the BCF to support CCG's and local councils to move funding from NHS acute services to more integrated community health and social care services.

4.3 **NHS Acute Services**: The intention of the BCF is to support the CCG in transforming the way that it supports people to receive more community services and to be less reliant on acute hospital services. This will mean over the next few years a move of CCG funding from acute hospital services to community health and social care services.

4.4 **Community Services**: The BCF will lead to an increase in the volume of community services but these will need to be developed to be provided in a more integrated way.

4.5 The BCF provides SBC and Slough CCG with the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated way, is patient and person centred and is focussed on early intervention and prevention and is not crisis and acute care dominated.

Appendix 1

Section 256 NHS MEMORANDUM OF Agreement FOR TRANSFER OF ALLOCATION FOR SOCIAL CARE for 2013/14 between NHS England (Thames Valley) and Slough Borough Council together referred to as "the Parties"

Giving effect to a transfer of monies from NHS England to the Slough Borough Council pursuant to Section 256 of the NHS Act 2006.

Section A: Background and Principles

1. The purpose of this Memorandum of Agreement is to provide a framework within which the Parties will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.
2. Gateway reference 00186 states that NHS England will transfer £859m from the 2013/14 mandate to local authorities. The funding must be used to support adult social care services in each local authority, which also has a health benefit.
3. NHS England Thames Valley, on the recommendation of Slough clinical commissioning group and the
   Slough Wellbeing Board ("through approval of s256 paper at its meeting on 15th May and is satisfied that:
   - The transfer of this funding is consistent with their Strategic Plan that it is likely to secure a more effective use of public funds than if the funds were used for solely NHS purposes, in line with the conditions relating to Section 256 payments the Act.
   - The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the draft Health and Wellbeing Strategy and the commissioning plans of both the Clinical Commissioning Group and Local Authority.
   - The funding transfer will make a positive difference to social care services, and outcomes for users, compared to service plans in the absence of a funding transfer.

Section B: Purpose of this Memorandum of Agreement

4. This Memorandum of Understanding gives effect to those arrangements to benefit the population of Slough; through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Schedule 1.
5. Monies defined in Section C below will be transferred to the Local Authority under Section 256 and used in accordance with the terms of this agreement. If this subsequently changes, the memorandum must be amended and re-signed, as a variation to the original.
6. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

Section C: Terms of Agreement – The sums of money

7. The money, which shall be transferred from NHS England to Social Care, is shown below:

	2013/14
Allocations for social care	£1.84

8. Payments will be made quarterly based on invoices issued by the Local Authority. The invoices must quote the relevant purchase order number.

Where a payment is made under this Agreement, the Council will provide an annual voucher in the form set out in Schedule 3 to Agreement. This voucher must be authenticated and certified by the Director of Finance or responsible officer of the recipient.

Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year. A Certificate of Independent Auditor opinion is set out in Schedule 3 to the Agreement.

Section D: Terms of Agreement – The uses of money

9. Uses of this funding will be as follows and will be subject to review as part of the joint governance arrangements set out in Section E below:

Table 1:

Detail	Budget Allocated £s	Actual spend £s
Enhanced Intermediate Care & End of Life Care Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services. An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home.	624,760	624,760
Telecare Equipment & Careline The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs.	47,676	27,676
Nursing Home Placements The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million.	200,000	200,000
Reablement Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care	436,800	436,800

services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support.		
Project management & Support This funding has supported the commissioning and contracting activity involved in supporting the resource deployment.	60,000	30,000
Total	**1,369,236**	**1,319,236**

Part 2

The Additional 2013/2014 fund allocation is presented below:
Table 2

Details of scheme to be funded	LA (£)	Actual spend £	Outcome
Increased funding for joint equipment	20,000	10,000	Prevention of DToC and admission avoidance
Increased social care packages as a result of the integrated care teams implementation	20,000	20,000	Avoidance of pressure on social care budgets
Additional Capacity for end of life care and extending beyond 6 weeks	80,000	80,000	Capacity to meet demand
Domiciliary care to prior to reablement to expedite discharge and avoidance	30,000	30,000	Timely discharge and prevent admissions
2 extra Reablement Assistants to enhance the current cluster model	40,000	40,000	Avoiding admission to acute hospital
Additional therapist and social work capacity (Cluster model)	50,000	50,000	Facilitating earlier discharge and avoidance
5 further nursing placements due to increased pressure as discussed in Para 27	200,000	200,000	Maintain current performance - Meeting additional demand
Health investment/integration project officer **(alternative funding for year 1)**	50,000	25,000	Provide governance and integration support
Telecare responder service	20,000	10,000	Component missing from telecare/health take up
Telecare/health project lead (1 yr)	50,000	50,000	To ensure operational implementation and links to telehealth
£530,000	**£560,000**	£ 515,000	(-£50k year 1)
Total projected spend for 2013/14 table 1 & 2		£ 1,834,236	

Section E: Terms of Agreement - Governance, Reporting and Monitoring

10. In Slough Borough Council the Agreement shall be held by Director of Wellbeing and appointed nominees to manage, monitor and deliver.

11. In NHS England, the Agreement shall be held by the NHS England (Thames Valley) Director and appointed nominees to manage, monitor and deliver NHS interests.

12. In Slough CCG the appointed nominee for governance and monitoring purposes will be the Head of Operations.

13. The Slough integrated care governance group shall monitor and review the programme of work monthly and ensure corrective action where required. At least one officer of the CCG shall be a member of this Board. Slough Wellbeing board will receive quarterly reports on the progress of the programme of work from the Integrated Commissioning Board and ensure the programme supports the delivery of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. NHS England will be represented on the Slough Wellbeing Board. The Wellbeing Board will review the annual expenditure of the allocation.

14. Any under spend on the transfer money will be discussed by Slough Borough council and Slough CCG via the Integrated care governance group and agreement reached as to how the underspend should be dealt with. This may include retention of the under spend with Slough Borough Council for use on additional activity for the benefit of health or an alternative arrangement.

15. The Council will report expenditure plans on a monthly basis to NHS England (Thames Valley) categorised into the following service areas (Table 1) as agreed with the Department of Health.

Table 3

Analysis of the adult social care funding in 2013-14 for transfer to local authorities
Service Areas- 'Purchase of social care'
Community equipment and adaptations
Telecare
Integrated crisis and rapid response services
Maintaining eligibility criteria
Re-ablement services
Bed-based intermediate care services
Early supported hospital discharge schemes
Mental health services
Other preventative services
Other social care (please specify)

Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration

16. The agreement may be altered by mutual consent by an exchange of letters.

17. In relation to continuation beyond 1st April 2014, such provisions as shall be directed by the Secretary of State on continuation and transferral of agreements shall apply.

18. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Integrated care governance group and referral to the Health and Wellbeing Board if agreement cannot be reached.

Section G: Signatures

In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.

Signature_____

Name_____

Date _____

FOR AND ON Slough Borough Council

Signature_____

Name_____

Date _____

FOR AND ON Slough Borough Council

Signature_____

Name_____

Date _____

FOR AND ON BEHALF NHS ENGLAND