CABINET

Decision Notices and Minutes of a meeting of the Cabinet held on Thursday, 9th January, 2014 at 5.00 p.m. at the AFC Telford Learning Centre, Haybridge Road, Wellington,Telford

PUBLISHED ON WEDNESDAY, 15th JANUARY, 2014

(DEADLINE FOR CALL-IN: MONDAY, 20TH JANUARY, 2014)

PRESENT: Councillors K.S. Sahota (Leader and Chair), E.A. Clare, S. Davies, A.R.H. England, W.A.M. McClements, R.A. Overton, H. Rhodes, C.F. Smith and P.R. Watling

ALSO PRESENT: Councillors A.J. Eade (Conservative Group Leader) and G.M. Green (Liberal Democrat/Independent Deputy Group Leader)

CB-73 MINUTES

RESOLVED – that the minutes of the meeting held on 12th December 2013 be confirmed and signed by the Chair.

CB-74 APOLOGIES FOR ABSENCE

Councillor W.L. Tomlinson (Liberal Democrat/Independent Group Leader)

CB-75 DECLARATIONS OF INTEREST

None

CB-76 SERVICE & FINANCIAL PLANNING 2014/15 – 2015/16

Key Decision identified as **Service & Financial Planning 2014/15 – 2015/16** in the Notice of Key Decisions published on 6 December 2013.

Council decision – not subject to Call-in

Councillor W.A.M. McClements, Cabinet Member: Finance & Enterprise, presented the report of the Managing Director and the Chief Financial Officer, which set out the proposed service and financial planning strategy for the period 2014/15 to 2015/16 with specific budget proposals for 2014/15, and the proposed engagement and consultation activities with the community. He thanked the Chief Financial Officer and his team for all their hard work in preparing the draft budget, particularly given the late announcement by central Government of the grant settlement.

The Cabinet Member set out the background and context to the budget round, particularly in relation to the unprecedented cuts in Government grant funding

whilst at the same time demand for many services, such as safeguarding children against harm and neglect and community care for older people, had been increasing. By 2015/16 the cuts would total £75m pa - equivalent to more than £1,000 for every household in the Borough. Despite the severe financial challenges the Council faced, the clear priority of the Administration was to attract new jobs and investment and promote growth in the Borough, whilst seeking to protect, as far as possible, front line services – with a commitment to work co-operatively with residents and partners to deliver these priorities. There was already evidence that the Council's business winning agenda was leading to higher than average economic growth in the Borough. The provisional grant settlement announced on 18th December 2013 was broadly in line with the Council's financial planning assumptions. The Council was lobbying the Government for a "Growth Deal" to ensure that more of the proceeds of the sale of Government land in the Borough were invested back in the Borough, and that the Council be allowed to retain more business rate income to help to deliver growth. Further discussions were also taking place with the local Clinical Commissioning Group regarding the transfer of an estimated £8.5m of costs for Continuing Healthcare (CHC) cases from the NHS to the Council as a result of the below average funding of CHC. This situation was unjustifiable in the Council's view, and the Council was demanding that the CCG correct the imbalance.

In order to facilitate the integration of health and social care services and the transfer of public health functions to the Council, it would be necessary for the Council to enter into agreements with various NHS bodies.

In terms of the base budget position, the Council was facing a funding gap of £11.428m for 2014/15. The report set out the proposals to bridge the gap, including savings proposals and a revised approach to calculation of Minimum Revenue Provision. The proposals had been developed in the light of extensive consultation with the community, and included:

- Freezing Council Tax for the next two years – as agreed as part of its Strategy by Cabinet on 14 November 2013;
- Winning and supporting jobs and investment ;
- Protecting front line services as far as possible, although it was becoming increasingly difficult to make savings which would not have direct service impacts;
- Investing in Safeguarding Children including the creation of an additional budget of £1.2m to be drawn down as required to meet demand;
- Investing in communities – some one-off investments of £8m capital funding and £1.6m revenue funding over two years could be proposed as a result of the planned early delivery of ongoing savings and effective treasury management. Further details were contained in a separate report on the agenda, but they would fund environmental and infrastructure improvements and help to ensure that the Borough was an attractive place for people that wanted to come to live and locate businesses.
- Investing in roads and facilities for disabled people – this would help maintain the road network and help people to remain living

independent lives in their own homes rather than moving into residential care;
- Tackling youth unemployment - £1.3m of revenue funding over two years was being proposed to deliver a range of pledges and actions to tackle youth unemployment. Further details were contained in a separate report on the agenda;
- Destination Telford – an investment of £0.1m was proposed to promote Telford as a place to visit, live, work and invest in.

Attached to the report were a number of appendices, including savings proposals, a Safeguarding and Early Help Cost Improvement Plan, Impact Assessments of the savings proposals, the Capital Investment Programme, and details of Reserves and Balances. A programme of community engagement and consultation on the budget proposals would be undertaken over the next few weeks. Views would be sought on specific proposals in the 2014/15 budget, the proposed investment package and on whether the Council should accept the Council Tax freeze grant or raise Council Tax by 1.9% in line with the 2013/14 budget strategy. Details of the communication and engagement plan were appended to the report. Final proposals would be considered by the Cabinet on 20 February 2014 for recommendation to full Council on 27 February 2014.

During the ensuing debate, Councillor G. Green (Lib Dem/Independent Group Deputy Leader) welcomed the inclusion of a care leaver's grant for Looked After Children as well as the proposed contingency for safeguarding children. Councillor A. Eade (Conservative Group Leader) stated that his Group would be submitting an alternative budget for consideration. The most significant concern was the reduction in adult social care budgets, which would put vulnerable people at risk and impact on carers. Savings could be found in other areas rather than cut social care budgets by this degree, and the Administration was making a clear choice to take money out of social care. Councillor A.R.H. England, Cabinet Member: Adult Social Care, reminded Members that the current Government had imposed massive cuts on local government expenditure that made reductions in care budgets unavoidable. However, a senior team of Officers and Members was looking at how resources could be managed in such a way (including working with partners) as to minimise the impact on service users. This included re-commissioning and negotiating down provider costs, and re-designing services.

RESOLVED –

(a) that the service and financial planning strategy as set out in the report be approved for consultation with the community;

(b) that authority be delegated to the Assistant Director: Family, Cohesion & Commissioning, in consultation with the Cabinet Member: Adult Social Care, to enter into appropriate Section 256 and Section 75 Agreements under the NHS Act 2006 with various NHS bodies;

(c) that the Assistant Director: Law Democracy & People Services be authorised to execute all necessary contract documentation in accordance with the Constitution, including the affixing of the common seal of the Council as appropriate to enable the Council to enter into appropriate Section 256 and Section 75 Agreements under the NHS Act 2006.

CB-77 'EVERYDAY TELFORD – PRIDE IN YOUR COMMUNITY' – INVESTING IN OUR INFRASTRUCTURE AND COMMUNITIES

Key Decision identified as **Pride of Place Telford – Investing in Our Infrastructure and Communities** in the Notice of Key Decisions published on 14 November 2013.

Councillor S. Davies, Cabinet Member: Neighbourhood Services, Employment & Skills, presented the report of the Managing Director, which outlined a proposed resident focussed investment programme to be delivered across the Borough over two years to complement the Council's business and housing growth agenda.

The 'Pride in Your Community' scheme would deliver a joined-up programme of social and physical improvements, ensuring that a residents had an opportunity to benefit in terms of improved training and employment opportunities, improvements in their local area, and support to help them take positive action to help to improve their neighbourhood. It was proposed to create an Infrastructure Investment Fund with £8m capital funding over 2 years, together with £1.5m revenue. As part of the programme of investment in District Centres, it was proposed to allocate £1m capital funding towards improving the District Centre in Hollinswood. A further £1m would go towards a 'community enabling fund' to use as match funding towards the capital costs of improving buildings or facilities of significance to the community. It was also proposed, following positive feedback from Ward members, Parish Councils and the community, that the Ward Co-operative Fund for the next two years be enhanced by increasing the amount of investment available to each ward member from £1,000 to £2,000 per annum. The additional funding would need to be spent on environmental themed projects.

Appended to the report was a document showing the pledges that the Council would deliver through the 'Pride in Your Community' programme. Further reports on the delivery of the programme would be brought back to Cabinet for approval.

Members welcomed the proposed investment in local communities, and the benefits that flowed from such work through involving the community and getting their input into improvements for their local area. A safe, clean and well maintained Borough would make a difference to residents and employers as well as helping to attract further investment. It was noted that the proposed revenue investment would be funded from the anticipated early delivery of savings in 2014/15. .

RESOLVED –

(a) that, subject to approval by full Council as part of the Service and Financial Planning Strategy for 2014/15 – 2015/16, £8m capital and £1.5m revenue be allocated over two years to support the delivery of the 'Everyday Telford – Pride in Your Community' programme and the Infrastructure Investment Fund to enable the delivery of community focussed environment and infrastructure improvements and enhance training and employment opportunities for residents across the Borough;

(b) that the £8m capital investment be allocated as follows:
- £6m to implement the programme across the Borough with Sutton Hill assigned as the Pilot for the full programme roll out;
- £1m to improve Hollinswood District Centre;
- £1m to establish a 'community enabling fund to provide match funding to local capital projects of community significance.

(c) that the Ward Co-operative Fund continues to be delivered within its existing format, and that the funding available is increased to £108k from £54k, allowing funding to be allocated to each ward on the basis of £2,000 per ward member – with the additional £1,000 per ward member allocated for spending on environmental improvements that support the delivery of the 'Pride in Your Community' programme. Any funding not committed by the end of the financial year will be re-allocated to support community based projects that support the delivery of Council priorities.

CB-78 TACKLING YOUTH UNEMPLOYMENT – OUR COMMITMENT

Key Decision identified as **Tackling Youth Unemployment – an Integrated Approach** in the Notice of Key Decisions published on 10 December 2013.

Councillor S. Davies, Cabinet Member: Neighbourhood Services, Employment & Skills, presented the report of the Managing Director, which set out a comprehensive and integrated strategy to tackle youth unemployment and at the same time ensure the labour market was fit for purpose and met employers' needs.

According to official data, youth unemployment (16-24 year olds) in the Borough was currently at 32.1%, above both the regional and national rates. Long term unemployment for 18-24 year olds was also an issue in the Borough, and there were a number of negative social implications arising from this. There was already work underway by the Council and partners to address youth unemployment, including an increase in the number of apprentices employed by the Council from 28 in 2008 to over 100 currently. But it was recognised more needed to be done, and considerable work had been undertaken to develop a better understanding of the data and the barriers to employment and training for young people. It was proposed that, in its capacity as employer, service provider and facilitator & broker, the Council would be leading the way in tackling youth unemployment. Appended to the

report were a series of pledges which would establish a framework for action, along with a detailed action plan that would underpin the pledges. To be successful, the strategy would be led by the Council but with the key involvement of partners, agencies, training providers and the business community.

In order to deliver the pledges and action plan, additional funding of £1.3m was required over the next two years. It was proposed that this would be funded from the early delivery of savings in 2014/15. The Cabinet Member added that he had written to Government Ministers to ask for funding from central government to match the Council's investment.

Members welcomed the report and the measures being proposed to reduce youth unemployment in the Borough.

RESOLVED -

(a) that the proposed pledges and actions to tackle youth unemployment, as outlined in the report, be approved;

(b) that the additional funding to deliver pledges and actions as set out in section 4.8 of the report be approved, subject to final approval by full Council as part of the Service and Financial Planning Strategy for 2014/15 – 2015/16;

(c) that authority be delegated to the Assistant Director: Development, Business & Employment, in consultation with the Cabinet Member: Neighbourhood Services, Employment & Skills, to award any contracts necessary to deliver the actions set out in the report.

The meeting ended at 6.12 pm.

Signed for the purposes of the Decision Notices

Jonathan Eatough
Assistant Director: Law, Democracy & People Services
Date: 15 January 2014

Signed: ……..

Date: ……

TELFORD & WREKIN COUNCIL

CABINET – 30 JANUARY 2014

BETTER CARE FUND HEALTH & SOCIAL CARE INTEGRATION

REPORT OF INTERIM DIRECTOR OF HEALTH, WELLBEING & CARE

LEAD CABINET MEMBER - CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report sets out the requirements placed upon the Council and CCG to move towards the integration of health and social care services, with particular reference to the requirements to have a Better Care Fund (BCF) agreed and in place by April 2015.

1.2 This report also sets out the proposed integration vision, principles and funding that need to be developed and agreed, to allow relevant budgets to be freed up during 2014/15 for inclusion in the Better Care Fund and an initial planning template has to be submitted by 14 February 2014, signed off by the Council, CCG and Health and Wellbeing Board.

2. RECOMMENDATIONS

2.1 Cabinet note requirements to put in place a Better Care Fund.

2.2 Cabinet delegate responsibility to Director of Adult Social Services in conjunction with Cabinet Member for Adult Social Care to submit the BCF plan on behalf of the Council, subject to the required assurances being received from the CCG

2.3 Following assurances from the Director of Adult Social Services, in conjunction with Cabinet Member for Adult Social Care, the Health and Wellbeing Board consider a further detailed report on the BCF plan at their Extraordinary meeting on 12th February in order to endorse the plan prior its submission to NHS England.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	*Vulnerable Children & Adults* *Health and Wellbeing*
	Will the proposals impact on specific groups of people?	

	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.
TARGET COMPLETION/DELIVERY DATE	From April 2014	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Government have identified £3.8bn nationally in 2015/16 for the Better Care Fund (BCF). This includes the continuation of the £200m of additional national funding in 2014/15 to assist local authorities in the implementation of the BCF. The Council's share of this is £645k. In 2015/16 the BCF will be created from £1.9bn NHS funding and £1.9bn based on existing funding in 2014/15. The Government have stated that nationally £135m of the BCF is available to resource the implications of the Care Bill, additional Carer's assessments and the Adult Safeguarding Board. This will need to be reflected in the Plan but will potentially require a reallocation of funding to allow the Council to meet these requirements. In 2015/16 the Telford & Wrekin Better Care Fund minimum allocation by Government is £11.690m of which £10.410m is revenue. The Fund also includes capital funding - Disabled Facilities Grant (£849K) and the Social Care Capital Grant (£431k). The draft plan includes an additional contribution of £584k to the fund. The financial template to be completed not only requires the costs of the individual schemes to be identified but also indicates an expectation of financial benefits arising. £1bn of the £3.8bn will be performance related - linked to achieving outcomes. Further clarification of the implications of failing to satisfy performance requirements is needed before any financial implications can be fully assessed. This funding will be retained by the Department of Health and released in staged payments according to our performance as measured against the BCF plan. The Telford & Wrekin performance related funding will be approximately £2m. As the pooled budget consists of funding already committed and does not include any new funding the requirements of the fund may well exceed the

		existing budget arrangements. The full financial implications of the BCF will need to be fully assessed as work towards implementation progresses. The Council is undertaking a significant transformation program in Adult Social Care which the BCF plan will complement. The Council, however, must also consider their own budget strategy and the need for significant savings delivery in this service area when considering the content and implementation of this plan. The Council are in separate ongoing discussions with the CCG in relation to an additional contribution by them towards the extra costs falling on the Council in relation to the current CHC situation in Telford & Wrekin and the increasing drive to reduce hospital care within the NHS. Both of these issues passport increased activity and costs to the Council.
LEGAL ISSUES	Yes	The NHS England planning guidance (attached at Appendix 2) sets out the recommended process and format for developing a plan for the Better Care Fund. If the guidance is not followed at any point there needs to be a justifiable reason for doing so as this may jeopardise the award of funding (as outlined in the guidance). There will be standards for the plan which are national requirements. However, there will also be the Council's and CCG's own requirements which should be in place to ensure good governance, effective contract management and the protection of sensitive data. Further, if the plan results in any possible changes to existing service provision to people, consideration needs to be given as to whether further equalities impact and consultation work needs to be undertaken. The new integration provisions will bring significant changes to the commissioning of some Council and Clinical Commissioning Group (CCG) services. As the plan moves from being a strategic to a more operational process , officers will identify specific areas where changes to existing commissioning processes will be needed to incorporate the integration required. If the changes effect the Council's and CCG's commissioning plans it may require separate reports

		elsewhere such as Cabinet and CCG Governance Board. For example, changes to existing delegated powers may need to be made to undertake the new joint commissioning. There is reference to the potential legislative changes proposed in the Care Bill which, if implemented, will need to be complied with as part of this process. This will be monitored by officers. On 10 January 2014, the Department of Health published Factsheet 19 on the Care Bill.The factsheet explains how the Bill will facilitate the creation of the Better Care Fund, by providing a mechanism that will allow the sharing of NHS funding with local authorities to be made mandatory CCGs will make use of their powers under Section 75(2) of the National Health Service Act 2006 to set up pooled budgets with local authorities under written agreement. Money invested in a pooled budget can only be spent with the agreement of both parties on activities that benefit both health and social care.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	The timeframe for submitting a draft plan by 14th February 2014 is challenging, and will require a rapid joint effort by the Council and CCG. The existing information governance data sharing challenges in the NHS, caused by the introduction of the Health and Social Care Act 2012, may delay implementation of data sharing to support the integration of health and social care.
IMPACT ON SPECIFIC WARDS	No	

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 As previously communicated, the Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund, renamed the Better Care Fund (BCF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the national 2014/15 NHS transfer to local authorities. The spending review

announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the BCF and make early progress on priorities.

4.2 On 17th October, NHS England and the Local Government Association jointly released a letter titled "Next Steps on implementing the ITF". There is an expectation that Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the BCF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. A further letter and guidance together with a final template was received on 20th December 2013. See Appendix 1, 2, 3 and 4.

4.3 The Council is required to put their share of £11.690m, identified as the minimum amount to be included, in the BCF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared approach to health and social care.
The table below summarises the elements of the Spending Round Announcement on the Fund:

<table>
<tr><th colspan="2">The June 2013 spending round set out the following:</th></tr>
<tr><th>2014/15</th><th>2015/16</th></tr>
<tr><td>A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned</td><td>£3.8bn to be deployed locally on health and social care through pooled budget arrangements</td></tr>
<tr><th colspan="2">In 2015/16 the fund will be created from:</th></tr>
<tr><td colspan="2">£1.9bn of NHS funding(some new funding included for new LA responsibilities in relation to Community Care)</td></tr>
<tr><td colspan="2">£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise:

• £130m Carers' Break funding
• £300m CCG reablement funding
• £354m capital funding (including £220m Disabled Facilities Grant)
• £1.1bn existing transfer from health to adult social care(includes £200m transfer form the NHS to Social Care)</td></tr>
</table>

4.4 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:

- Plans to be jointly agreed.
- Protection for social care services (not spending).
- 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care based on the NHS number.
- Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
- Agreement on the consequential impact of changes in the acute sector.

There is the potential to add to the Fund and officers are in discussion with the CCG to understand if the CCG are willing to enhance their contribution to this fund in order to protect social care services. It needs to be recognised that the resources that the CCG are to invest in out of hospital care (circa £5.4m in 2015/16) will have implications on the acute care sector.

4.5 Elements of the BCF will be performance related amounting to £1billion of the national £3.8billion total. Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and locally determined metrics.

4.6 The CCG, Council and Health and Wellbeing Board will have to return the first cut of the completed Better Care Plan template by **14 February 2014**. The revised version of the BCF plan should be submitted to NHS England, as an integral part of the CCG's Strategic and Operational plans by **4 April 2014**. A detailed draft report has been developed with the CCG.

4.7 A task and finish group has beenset up with nominated officers from both the CCG and Council to complete the planning template to meet the deadline set. Discussions continue between Officers of the CCG and Council to develop this plan for the integration of health and social care locally.

4.8 **Proposed Local Vision**

To empower people in Telford & Wrekin to take control of their own health; to support them in caring roles, and to keep everyone as healthy and as independent for as long as possible'.

To achieve this we will work in partnership with our communities to commission and deliver high quality integrated health and care services. The service model must address the growing demand of an ageing population and people living with long term conditions.

The focus for the Better Care Fund is to transform public services for adults needing high levels of health or social care support, particularly frail older people.

Our Better Care Fund will be focused on two key themes:-

1 Building Community Capacity (Prevention). To develop community capacity where individuals abilities to self-manage long term conditions, and the enormous potential of communities to provide voluntary care and support are seen as valuable assets. We will strengthen the role of the voluntary sector, community networks, self help groups, and individuals in both 'patient' and 'caring' roles.

2 Enhanced community services as an alternative to hospital provision (Integration)To deliver a viable alternative to in-patient hospital care for people who can be cared for closer to home. We will build on our existing integrated community health and social care Enablement/Rehabilitation model by transferring capacity from the acute sector so that we offer a viable alternative community service rather than hospital bed based care.

The BCF will also be used to support adult social care services locally by helping the Council to protect Adult Social Services and make a “positive difference to social care services and outcomes for service users” linked to a “health benefit” , which otherwise would not be possible “in the absence of the funding transfer”.

4.9 **Local Proposed Objectives for the BCF**

It is proposed that we base our BCF plan on the existing joint and integrated work currently in place between the Council and CCG with the following objectives within each theme

Theme 1: Building Community Capacity –prevention, self-help.self-care, support to carers and building community capital

1. To review current spend by both organisations on voluntary sector services to help improve understanding of how to improve the effectiveness of the sector
2. To support improvements in the infrastructure of the voluntary sector
3. To collaborate on commissioning a range of support services that can be delivered by voluntary and community organisations.
4. To work through a robust engagement process with self help organisations to clarify how best to strengthen them, and how to improve signposting for people to the help and support on offer
5. To expand engagement with communities to understand how best to extend volunteering, neighbour support schemes and generate community capital.

Theme 2: Enhanced community services – maximising independence through integration of out of hospital services

1. To review how existing services funded by the resources being pooled in the BCF can improve to enhance quality, value for money, and outcomes.

2. To complete modelling to confirm how many people can be supported in Out of Hospital care, what staff are required and what the costs will be.
3. To establish an enhanced and expanded integrated and multi-disciplinary 'Out of Hospital Service' which will provide a comprehensive continuum of services from admissions avoidance to end of life care.
4. To bid for an element of the transformation monies in the CCG allocation for 14/15 to 'Invest to save' in staff to allow a longer term transfer of acute staff to the community in line with modelling completed by the CCG
5. To establish processes for referrals/access/assessment and support by the enhanced integrated service including the establishment of a Single Referral Point.

4.10 **Future scope of integration**

Whilst the Better Care Fund task and finish group are focusing on developing a plan that builds upon the integrated work currently in place particularly around adults – it recognises that the approach to commissioning and delivery being developed could be extended further in the future to encompass children and young people.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

n/a

6. PREVIOUS MINUTES

None.

7. BACKGROUND PAPERS

7.1 Letter inviting expression of interest for Health and Social Care Integration Pioneers - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198746/2013-05-13_Pioneers_Expression_of_Interest_FINAL.pdf

7.2 Cabinet Report 12th December 2013 Health and Social Care Integration

Report prepared by:

Report prepared by Clare Hall-Salter, Service Delivery Manager Transformation, Personalisation and Integration Telephone 382016 email clare.hall-salter@telford.gov.uk and Liz Noakes, Assistant Director Health, Wellbeing and Public Protection email liz.noakes@telford.gov.uk

Department of Health

Department for Communities and Local Government

Dear colleagues,

20 DEC 2013

Better Care Fund

The way we deliver health and social care services needs to change. One in three children born today expect to live to 100, so demand is only going to increase and we need to make major changes now to create seamless services fit for future generations , and to focus more effectively on preventing ill health and preventing a deterioration to health.

That is why, in June, we announced £3.8 billion worth of pooled budgets between health and social care, starting from April 2015. This will be a multi-year fund, as confirmed by the Autumn Statement, and is the biggest ever financial incentive for councils and local NHS organisations to jointly plan and deliver services, so that integrated care becomes the norm by 2018.

Many places are already working collaboratively and redesigning services to meet the needs of users and communities, but we want to see faster and more widespread change. We have therefore provided an extra £200m in the pool for the transfer from health to social care in 2014/15 to streamline the process. This means that you should be well placed to take maximum advantage of the first full year of the fund in 2015/16. The £3.8 billion fund is the minimum amount to be pooled; some areas may wish to go further.

We call on every area to start planning now, with a view to having plans drafted by February 2014. We know the deadlines are tight – this is reflective of the urgency of this work. We need your plans to be innovative and ambitious – the end goal is radical transformation to provide better care.

We have come together in Whitehall so that you can work together at a local level. We need you to link your local plan to those wider determinants of health, and ensure housing and public health priorities and programmes support and enrich this work.

We are pleased to enclose full guidance and allocation information to enable you to make the most of the Better Care Fund.

NORMAN LAMB **BRANDON LEWIS**

Annex to the NHS England Planning Guidance

Developing Plans for the Better Care Fund

(formerly the Integration Transformation Fund)

What is the Better Care Fund?

1. The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

2. The Better Care Fund provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.

3. The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing, for example, as part of the integrated care “pioneers” initiative, through Community Budgets, through work with the Public Service Transformation Network, and on understanding the patient/service user experience.

What is included in the Better Care Fund and what does it cover?

4. The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16.

5. The tables below summarise the elements of the Spending Round announcement on the Fund:

The June 2013 Spending Round set out the following:	
2014/15	**2015/16**
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the Fund will be created from:
£1.9bn of NHS funding
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: • £130m Carers' Break funding • £300m CCG reablement funding • £354m capital funding (including £220m Disabled Facilities Grant) • £1.1bn existing transfer from health to adult social care.

6. For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to councils that have jointly agreed and signed off two-year plans for the Better Care Fund.

7. In 2014/15 there are no new requirements for pooling of budgets. The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance[1] from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:

8. *"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 we want to provide flexibility for local areas to determine how this investment in social care services is best used.*

9. *A condition of the transfer is 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. Health and wellbeing boards will be the natural place for discussions between NHS England, clinical commissioning groups and councils on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.*

10. *In line with our responsibilities under the Health and Social Care Act, an additional condition of the transfer is that councils and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.*

11. *A further condition of the transfer is that local authorities councils and clinical commissioning groups demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer"*

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

12. Councils should use the additional £200m to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan. This is important, since some of the performance-related money is linked to performance in 2014/15.

13. The £3.8bn Fund includes £130m of NHS funding for carers' breaks. Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care). The Fund also includes £300m of NHS funding for reablement services. Local plans will therefore need to demonstrate a continued focus on reablement

14. 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.

    i. £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.

    ii. £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.

What will be the statutory framework for the Fund?

15. In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75[2] joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

16. Funding will be routed through NHS England to protect the overall level of health spending and ensure a process that works coherently with wider NHS funding arrangements.

17. DH will use the Mandate for 2015/16 to instruct NHS England to ring-fence its contribution to the Fund and to ensure this is deployed in specified amounts at local level for use in pooled budgets by CCGs and local authorities.

18. Legislation is needed to ring-fence NHS contributions to the Fund at national and local levels, to give NHS England powers to assure local plans and performance, and to ensure that local authorities not party to the pooled budget can be paid from it, through additional conditions in Section 31 of the Local

[2] Sec 75 of the NHS Act, 2006, provides for CCGs and local authorities to pool budgets.

Government Act 2003. This will ensure that the Disabled Facilities Grant (DFG) can be included in the Fund

19. The DFG has been included in the Fund so that the provision of adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users. DFG will be paid to upper-tier authorities in 2015/16. However, the statutory duty on local housing authorities to provide DFG to those who qualify for it will remain. Therefore each area will have to allocate this funding to their respective housing authorities (district councils in two-tier areas) from the pooled budget to enable them to continue to meet their statutory duty to provide adaptations to the homes of disabled people, including in relation to young people aged 17 and under.

20. Special conditions will be added to the DFG Conditions of Grant Usage (under Section 31 of the Local Government Act 2003) which stipulate that, where relevant, upper-tier local authorities or CCGs must ensure they cascade the DFG allocation to district council level in a timely manner such that it can be spent within year. Further indicative minimum allocations for DFG have been provided for all upper-tier authorities, with further breakdowns for allocations at district council level as the holders of the Fund may decide that additional funding is appropriate to top up the minimum DFG funding levels.

21. DH and the Department for Communities and Local Government (DCLG) will also use Section 31 of the Local Government Act 2003 to ensure that DH Adult Social Care capital grants (£134m) will reach local areas as part of the Fund. Relevant conditions will be attached to these grants so that they are used in pooled budgets for the purposes of the Fund. DH, DCLG and the Treasury will work together in early 2014 to develop the terms and conditions of these grants.

How will local Fund allocations be determined?

22. Councils will receive their detailed funding allocations in the normal way. NHS allocations will be two-year allocations for 2014/15 and 2015/16 to enable more effective planning.

23. In 2014/15 the existing £900m s.256 transfer to councils for adult social care to benefit health, and the additional £200m, will continue to be distributed using the social care relative needs formula (RNF).

24. The formula for distribution of the full £3.8bn fund in 2015/16 will be based on a financial framework agreed by ministers. The current social care transfer of £1.1bn and the £134m of adult social care capital funding included in the Fund in 2015/16 will be allocated in the same way as in 2014/15. DFG will be allocated based on the same formula as 2014/15. The remainder of the Fund will be allocated on the basis of the CCG allocations formula. It will be for local areas to decide how to spend their allocations on health and social care services through their joint plan.

25. The announcement of the two-year CCG allocations, communicated to CCGs and councils alongside this planning guidance, includes the Fund allocations in 2015/16. In 2014/15, the additional £200m will be transferred directly from NHS

England to councils along with the rest of the adult social care transfer. The local authority and CCGs in each Health and Wellbeing Board area will receive a notification of their share of the pooled fund for 2014/15 and 2015/16 based on the aggregate of the allocation mechanisms. The allocation letter also specifies the amount that is included in the payment-for-performance element, and is therefore contingent in part on planning and performance in 2014/15 and in part on achieving specified goals in 2015/16.

26. Allocation letters will specify only the minimum amount of funds to be included in pooled budgets. CCGs and councils are free to extend the scope of their pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy.

27. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected by the new Better Care Fund requirements, and will be helpful in taking this work forward.

How should councils and CCGs develop and agree a joint plan for the Fund?

28. Each statutory Health and Wellbeing Board will sign off the plan for its constituent councils and CCGs. The Fund plan must be developed as a fully integral part of a CCG's wider strategic and operational plan, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan.

29. Where the unit of planning chosen by a CCG for its strategic and operational plan is not consistent with the boundaries of the Health and Wellbeing Board, or Boards, with which it works, it will be necessary for the CCG to reconcile the Better Care Fund element of its plan to the Health and Wellbeing Board level. NHS England will support CCGs in this position to ensure that plans are properly aligned.

30. The specific priorities and performance goals in the plan are clearly a matter for each locality but it will be valuable to be able to:

    - aggregate the ambitions set for the Fund across all Health and Wellbeing Boards;
    - assure that the national conditions have been achieved; and
    - understand the performance goals and payment regimes that have been agreed in each area.

31. To assist Health and Wellbeing Boards we have developed a template which we expect everyone to use in developing, agreeing and publishing their Better Care Plan. This is attached as a separate Word document and Excel spread sheet. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the Fund.

32. As part of this template, local areas should provide an agreed shared risk register. This should include an agreed approach to risk sharing and mitigation covering, as a minimum, the impact on existing NHS and social care delivery and

the steps that will be taken if activity volumes do not change as planned (for example, if emergency admissions or nursing home admissions increase).

33. CCGs and councils must engage from the outset with all providers, both NHS and social care (and also providers of housing and other related services), likely to be affected by the use of the fund in order to achieve the best outcomes for local people. The plans must clearly set out how this engagement has taken place. Providers, CCGs and councils must develop a shared view of the future shape of services, the impact of the Fund on existing models of service delivery, and how the transition from these models to the future shape of services will be made. This should include an assessment of future capacity and workforce requirements across the system. It will be important to work closely with Local Education and Training Boards and the market shaping functions of councils, as well as with providers themselves, on the workforce implications to ensure that there is a consistent approach to workforce planning for both providers and commissioners.

34. CCGs and councils should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for all local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the Fund includes agreement to all the service change consequences.

What are the National Conditions?

35. The Spending Round established six national conditions for access to the Fund:

National Condition	Definition
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

National Condition	Definition
Protection for social care services (not spending)	Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance referred to in paragraphs 8 to 11, above.
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.
Better data sharing between health and social care, based on the NHS number	The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (ie. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place. NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

National Condition	Definition
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.
Agreement on the consequential impact of changes in the acute sector	Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

How will Councils and CCGs be rewarded for meeting goals?

36. The Spending Round indicated that £1bn of the £3.8bn would be linked to achieving outcomes. Ministers have agreed the basis on which this payment-for-performance element of the Fund will operate.

37. Half of the £1bn will be released in April 2015. £250m of this will depend on progress against four of the six national conditions and the other £250m will relate to performance against a number of national and locally determined metrics during 2014/15. The remainder (£500m) will be released in October 2015 and will relate to further progress against the national and locally determined metrics.

38. The performance payment arrangements are summarised in the table below:

When:	Payment for performance amount	Paid for:
April 2015	£250m	Progress against four of the national conditions: • protection for adult social care services • providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends • agreement on the consequential impact of changes in the acute sector; • ensuring that where funding is used for integrated packages of care there will be an accountable lead professional
	£250m	Progress against the local metric and two of the national metrics: • delayed transfers of care; • avoidable emergency admissions; and
October 2015	£500m	Further progress against all of the national and local metrics.

National and Local Metrics

39. Only a limited number of national measures can be used to demonstrate progress towards better integrated health and social care services in 2015/16, because of the need to establish a baseline of performance in 2014/15. National metrics for the Fund have therefore been based on a number of criteria, in particular the need for data to be available with sufficient regularity and rigour.

40. The national metrics underpinning the Fund will be:

- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care;
- avoidable emergency admissions; and
- patient / service user experience.

41. The measures are the best available but do have shortcomings. Local plans will need to ensure that they are applied sensitively and do not adversely affect decisions on the care of individual patients and service users.

42. Further technical guidance will be provided on the national metrics, including the detailed definition, the source of the data underpinning the metric, the reporting schedule and advice on the statistical significance of ambitions for improvement.

43. Due to the varying time lags for the metrics, different time periods will underpin the two payments for the Fund as set out in the table below. Data for the first two of these metrics, on admissions to residential and care homes and the

effectiveness of reablement, are currently only available annually and so will not be available to be included in the first payment in April 2015.

Metric	April 2015 payment based on performance in	October 2015 payment based on performance in
Admissions to residential and care homes	N/A	Apr 2014 - Mar 2015
Effectiveness of reablement	N/A	Apr 2014 - Mar 2015
Delayed transfers of care	Apr – Dec 2014	Jan - Jun 2015
Avoidable emergency admissions	Apr – Sept 2014	Oct 2014 – Mar 2015
Patient / service user experience	N/A	Details TBC

44. For the metric on patient / service user experience, no single measure of the experience of integrated care is currently available, as opposed to quality of health care or social care alone. A new national measure is being developed, but will not be in place in time to measure improvements in 2015/16. In the meantime, further details will be provided shortly on how patient / service user experience should be measured specifically for the purpose of the Fund.

45. In addition to the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for-performance element of the Fund. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15.

46. A menu of possible local metrics selected from the NHS, Adult Social Care and Public Health Outcomes Frameworks is set out in the table below:

NHS Outcomes Framework	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days
Adult Social Care Outcomes Framework	
1A	Social care-related quality of life
1H	Proportion of adults in contact with secondary mental health services living independently with or without support
1D	Carer-reported quality of life
Public Health Outcomes Framework	

1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as “inactive”
2.24i	Injuries due to falls in people aged 65 and over

47. Local areas must either select one of the metrics from this menu, or agree a local alternative. Any alternative chosen must meet the following criteria:

- it has a clear, demonstrable link with the Joint Health and Wellbeing Strategy;
- data is robust and reliable with no major data quality issues (e.g. not subject to small numbers);
- it comes from an established, reliable (ideally published) source;
- timely data is available, in line with requirements for pay for performance;
- the achievement of the locally set level of ambition is suitably challenging; and
- it creates the right incentives.

48. Each metric will be of equal value for the payment for performance element of the Fund.

49. Local areas should set an appropriate level of ambition for improvement against each of the national indicators, and the locally determined indicator. In signing off local plans, Health and Wellbeing Boards should be mindful of the link to the levels of ambition on outcomes that CCGs have been asked to set as part of their wider strategic and operational plans. Both the effectiveness of reablement and avoidable emergency admissions outcomes metrics are consistent with national metrics for the Fund, and so Health and Wellbeing Boards will need to ensure consistency between the CCG levels of ambitions and the Fund plans.

50. In agreeing specific levels of ambition for the metrics, Health and Wellbeing Boards should be mindful of a number of factors, such as:

- having a clear baseline against which to compare future performance;
- understanding the long-run trend to ensure that the target does not purely reward improved performance consistent with trend increase;
- ensuring that any seasonality in the performance is taken in to account; and
- ensuring that the target is achievable, yet challenging enough to incentivise an improvement in integration and improved outcomes for users.

51. In agreeing levels of ambition, Health and Wellbeing Boards should also consider the level required for a statistically significant improvement. It would not be appropriate for the level of ambition to be set such that it rewards a small improvement that is purely an artefact of variation in the underlying dataset.

How will plans be assured?

52. Ministers, stakeholder organisations and people in local areas will wish to be assured that the Fund is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

53. To maximise our collective capacity to achieve these outcomes and deliver sustainable services the NHS and local government will have a shared approach to supporting local areas and assuring plans.

54. The most important element of assurance for plans will be the requirement for them to be signed-off by the Health and Wellbeing Board. The Health and Wellbeing Board is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process.

55. The plans will also go through an assurance process involving NHS England and the LGA to assure Ministers. The key elements of the overall assurance process are as follows:

- Plans are presented to the Health and Wellbeing Board, which considers whether the plans are sufficiently challenging and will deliver tangible benefits for the local population (linked to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy).

- If the Health and Wellbeing Board is not satisfied, and the plan is still lacking after a process of progressive iteration, an element of local government and NHS peer challenge will be facilitated by NHS England and the LGA.

- NHS England's process for assuring CCG strategic and operational plans will include a specific focus on the element of the plan developed for the Fund. This will allow us to summarise, aggregate and rate all plans, against criteria agreed with government departments and the LGA, to provide an overview of Fund plans at national, regional and local level.

- This overview will be reviewed by a Departmental-led senior group comprised of DH, DCLG, HMT, NHS England and LGA officials, supported by external expertise from the NHS and local government. Where issues of serious concern are highlighted the group will consider how issues may be resolved, either through provision of additional support or escalation to Ministers.

- Where necessary, Ministers (supported by the senior group) will meet representatives from the relevant LAs and CCGs to account for why they have not been able to produce an acceptable plan and agree next steps to formulate such a plan.

- Ministers will give the final sign-off to plans and the release of performance related funds.

What will be the consequences of failure to achieve improvement?

56. Ministers have considered whether local areas which fail to achieve the levels of ambition set out in their plan should have their performance-related funding withdrawn, to be reallocated elsewhere. However, given the scale and complexity of the challenge of developing plans for the first time, they have agreed that such

a sanction will not be applied in 2015/16. Further consideration will be given to whether it should be introduced in subsequent years.

57. If a local area achieves 70% or more of the levels of ambition set out in each of the indicators in its plan, it will be allowed to use the held-back portion of the performance pool to fund its agreed contingency plan, as necessary.

58. If an area fails to deliver 70% of the levels of ambition set out in its plan, it may be required to produce a recovery plan. This will be developed with the support of a peer review process involving colleagues from NHS and local government organisations in neighbouring areas. The peer review process will be co-ordinated by NHS England, with the support of the LGA.

59. If the recovery plan is agreed by the Health and Wellbeing Board, NHS England and the local government peer reviewer, the held-back portion of the performance payment from the Fund will be made available to fund the recovery plan.

60. If a recovery plan cannot be agreed locally, and signed-off by the peer reviewers, NHS England will direct how the held-back performance related portion of the Fund should be used by the local organisations, subject to the money being used for the benefit of the health and care system in line with the aims and conditions of the Fund.

61. Ministers will have the opportunity to give the final sign-off to peer-reviewed recovery plans and to any directions given by NHS England on the use of funds in cases where it has not been possible to agree a recovery plan.

Support for BCF Planning

62. CCGs and councils can access additional support for Better Care Fund planning from the same routes as for NHS operational and strategic plans: local support via CSUs or external providers, workshops and webinars, and specific tools and resources. Links to these, and contact details can be found on NHS England and the LGA's websites.

When should plans be submitted?

63. Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans by **14 February 2014**, so that we can aggregate them to provide a composite report, and identify any areas where it has proved challenging to agree plans for the Fund.

64. The revised version of the Better Care Plan should be submitted to NHS England, as an integral part of the constituent CCGs' Strategic and Operational Plans by **4 April 2014**.

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**<Name of Local Authority>**
Clinical Commissioning Groups	**<CCG Name/s>**
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
Boundary Differences	**<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>**
Date agreed at Health and Well-Being Board:	**<dd/mm/yyyy>**
Date submitted:	**<dd/mm/yyyy>**
Minimum required value of ITF pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**
Total agreed value of pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	<Name of ccg>
By	<Name of Signatory>
Position	<Job Title>
Date	<date>

<Insert extra rows for additional CCGs as required>

Signed on behalf of the Council	<Name of council>
By	<Name of Signatory>
Position	<Job Title>
Date	<date>

<Insert extra rows for additional Councils as required>

Signed on behalf of the Health and Wellbeing Board	<Name of HWB>
By Chair of Health and Wellbeing Board	<Name of Signatory>
Date	<date>

<Insert extra rows for additional Health and Wellbeing Boards as required>

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	**Synopsis and links**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Please explain how local social care services will be protected within your plans.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
<Risk 1>		
<Risk 2>		
<Risk 3>		
<Risk 4>		

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1				
CCG #1				
CCG #2				
Local Authority #2				
etc				
BCF Total				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Scheme 1									
Scheme 2									
Scheme 3									
Scheme 4									
Scheme 5									
Total									

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	*Metric Value*			
	Numerator			
	Denominator			
		(TBC)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience [for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]			N/A	
		(insert time period)		*(insert time period)*
[local measure - please give full description]	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	*(insert time period)*	*(insert time period)*

TELFORD & WREKIN COUNCIL

CABINET - 30 JANUARY 2014

DESIGNATION OF A NEIGHBOURHOOD PLAN AREA FOR STIRCHLEY & BROOKSIDE

REPORT OF ASSISTANT DIRECTOR: PLANNING SPECIALIST

LEAD CABINET MEMBER: COUNCILLOR CHARLES SMITH

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 The Localism Act (2011) introduced legislation to allow Parishes to produce a Development Plan for their neighbourhood. Stirchley & Brookside Parish Council is one of five Parish/Town Councils in the Borough currently preparing Neighbourhood Plans.

1.2 Stirchley & Brookside Parish Council lead on the Stirchley & Brookside Neighbourhood Development Plan and in line with the Neighbourhood Planning Regulations has applied to Telford & Wrekin Council to designate Stirchley & Brookside Parish Council area as a Neighbourhood Area. On the basis of the information set out in this Report it is recommended that the Council support the designation as shown on the plan in Appendix A.

1.3 Once the Parish Council has prepared their Plan, this will be submitted to the Council to consider, and be the subject of a local examination and local referendum. If supported through these stages, the Plan would then be adopted as part of the Development Plan for the Borough.

2. RECOMMENDATION

2.1 That Cabinet support the Neighbourhood Area application by Stirchley & Brookside Parish Council and approve the designation of the area shown in Appendix A as a Neighbourhood Area

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	Co-operative Council: - Involving local people more in planning and running services - As a Council, supporting our community better and encouraging people to do more to help their own communities
	Will the proposals impact on specific groups of people?	
	Yes	Designation of the Stirchley & Brookside Parish Council area as a neighbourhood plan area will help engage all parts of the community in planning.
TARGET COMPLETION/ DELIVERY DATE	The process would commence following Cabinet approval.	
FINANCIAL/ VALUE FOR MONEY IMPACT	Yes	The costs associated with the introduction of Neighbourhood Plans, including the additional costs of designations, referendum and examinations have to be met by the Local Authority and additional funding, up to a maximum of £30,000 is available from the DCLG to offset these costs JAC 17/12/13
LEGAL ISSUES	Yes	The Localism Act (2011) provided a framework for a new statutory regime to establish Neighbourhood Planning.

		The 2012 Neighbourhood Planning (General) Regulations (SI 2012/637) ("the Regulations") add more detail to that framework. Part 2 of the Regulations makes provision in relation to the procedure for designating a neighbourhood area, including the content of the application and what the local planning authority must do to publicise such an application. In considering the Stirchley & Brookside Parish Council application, the Council in its capacity as Local Planning Authority has been mindful of the provisions of the Regulations, and in the view of Legal Services any risk of successful challenge to the process on procedural grounds is minimal.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The development of Neighbourhood Plans does pose some potential risks to the preparation of the Local Plan including potential duplication or inconsistency with Borough Policy. This is being mitigated by regular Officer engagement with the Parish ensuring early discussion of any potential issues. Opportunities include a strengthening of local engagement in the planning process and in the development of Shaping Places Local Plan and acceptance of development proposed in the area. A successful neighbourhood plan will raise the profile of the Council locally and nationally.
IMPACT ON SPECIFIC WARDS	Yes	Brookside Ward (Councillor Arnold England, Councillor Jackie Loveridge) The Nedge Ward (Councillor Bill McClements, Councillor Nathan England, Councillor Chris Turley)

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 The Localism Act (2011) introduced Neighbourhood Planning as a mechanism to increase local engagement in plan making.

4.2 The development of a Neighbourhood Plan involves a number of stages:

- Designation of the Neighbourhood Plan area
- Establishing a local working/steering group
- Identification of the issues that the Neighbourhood Plan needs to address
- Developing the Plan's vision and objectives and proposals to meet these including a proposals map
- Undertaking a sustainability appraisal of the Plan's proposals
- Effective local consultation on the Plan
- Submission of the Plan to the Council for consideration
- Examination whereby an examiner, appointed by the Council, examines the Plan to establish if it meets all statutory obligations
- Referendum; a yes/no vote on the local implementation of the plan

4.3 Telford & Wrekin Council's role in the Neighbourhood Plan process is to:

- Give assistance and advice on the content of the plan and process
- Agree and formally designate the Neighbourhood Area
- Check the plan is in general conformity with relevant legislation and regulations and conforms with national planning policy and the strategic policies of Telford & Wrekin Councils Local Plan
- Arrange and pay for an independent examination
- Arrange and pay for a referendum of the Neighbourhood Plan

- Subject to the outcome of the previous stages, adopt the Neighbourhood Plan as part of Telford & Wrekin Councils Local Plan

4.4 The proposed neighbourhood plan area for Stirchley & Brookside reflects the boundaries of the Parish Council and is shown in Appendix A. Under part 2 of the Neighbourhood Planning (General) Regulations 2012, Telford & Wrekin Council is required to publicise the request for designation for 6 weeks, to consider the responses received and determine whether or not to support designation.

4.5 A legal notice, together with the correspondence submitted by the Parish Council requesting designation, were publicised from 21st October 2013 via Telford & Wrekin Council's Website. The period of consultation ended on 6th December 2013. No representations were submitted to the Council

4.6 It is therefore recommended that Stirchley & Brookside Parish Council's request to designate the neighbourhood area is supported. No concerns with this boundary area have been raised, its correlation with the Parish Council area will assist with any future referendum and it provides a good model for future neighbourhood plan proposals.

4.7 Subject to the neighbourhood area being approved, Stirchley & Brookside Parish Council will continue to engage with local people and stakeholders, including Telford & Wrekin Council to develop the neighbourhood plan. The Parish Council will lead the development of the Plan. Members will be kept informed of this process with reports being brought to Cabinet at key stages.

4.8 The Council has no dedicated officer resource for neighbourhood planning but officers from the Business & Development Planning Unit offer advice on planning matters and can coordinate input from other parts of the Council to support the Parish Council to develop the Plan. This is important to avoid inconsistency between National/Borough Policy and service priorities and the neighbourhood plan proposals.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

6. PREVIOUS MINUTES

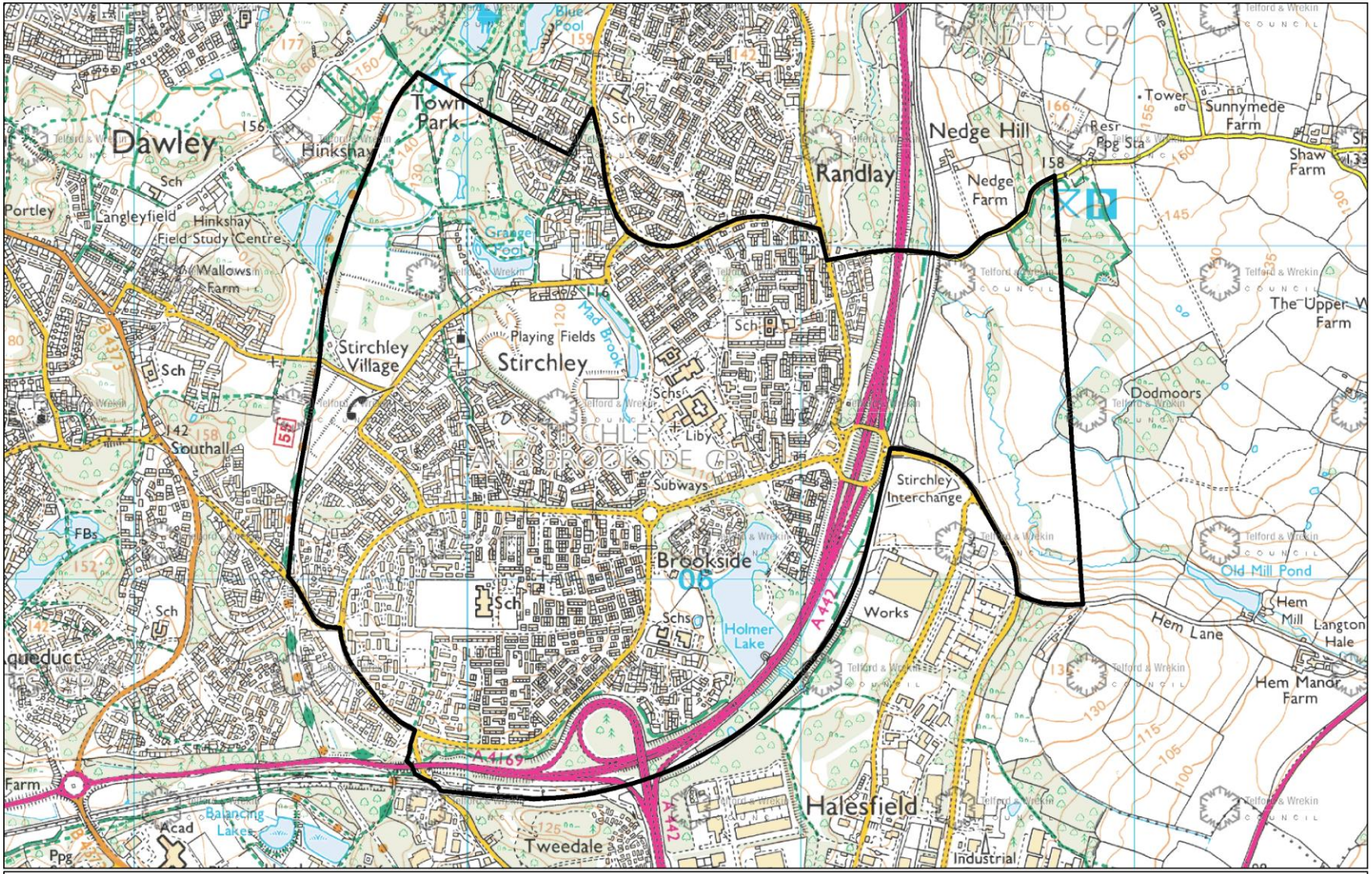
N/A

7. BACKGROUND PAPERS

N/A

Report prepared by Clare Francis, Project Officer, Environment & Planning Policy Team

Appendix A



N

Title: Stirchley & Brookside Parish Council Boundary

Drawn By: CF

Date: September 2013

Scale: 1:10,000 @A3

Telford & Wrekin Council
Wellington Civic & Leisure Centre
Larkin Way
Wellington
Telford
TF1 1LX

Telford & Wrekin COUNCIL

CABINET

Decision Notices and Minutes of a meeting of the Cabinet held on Thursday, 30th January, 2014 at 5.00 p.m. at the AFC Telford Learning Centre, Haybridge Road, Wellington,Telford

PUBLISHED ON WEDNESDAY, 5th FEBRUARY, 2014

(DEADLINE FOR CALL-IN: MONDAY, 10TH FEBRUARY, 2014)

PRESENT: Councillors K.S. Sahota (Leader and Chair), S. Davies, A.R.H. England, W.A.M. McClements, R.A. Overton, C.F. Smith and P.R. Watling

ALSO PRESENT: Councillor W.L Tomlinson (Liberal Democrat/Independent Group Leader)

CB-79 MINUTES

RESOLVED – that the minutes of the meeting held on 9th January 2014 be confirmed and signed by the Chair.

CB-80 APOLOGIES FOR ABSENCE

Councillors E.A. Clare and H. Rhodes, and Councillor A.J. Eade (Conservative Group Leader)

CB-81 DECLARATIONS OF INTEREST

Councillor A.R.H. England declared a personal interest in agenda item 5 – Designation of a Neighbourhood Plan Area for Stirchley and Brookside – as a member of Stirchley & Brookside Parish Council.

CB-82 BETTER CARE FUND – HEALTH & SOCIAL CARE INTEGRATION

Key Decision identified as **Better Care Fund Health & Social Care Integration** in the Notice of Key Decisions published on 2 January 2014.

Councillor A.R.H. England, Cabinet Member: Adult Social Care, presented the report of the Interim Director of Health, Wellbeing & Care, which set out the requirements placed upon the Council and the Telford & Wrekin Clinical Commissioning Group (CCG) to move towards the integration of health and social care services, with particular reference to having a Better Care Fund (BCF) agreed and in place by April 2015.

Further guidance on implementing the Better Care Fund was received in December 2013, and was appended to the report. In 2015/16 the minimum allocation by Government to the Telford & Wrekin BCF would be £11.690m, of

which £10.410m was revenue. This was not new money, but there was an expectation that the Council and CCG would agree to use the money to take forward a new shared approach to health and social care. An initial planning template had to be submitted by 14 February 2014, signed off by the Council, CCG and Health & Wellbeing Board.

The report set out the proposed local vision and objectives for the Telford & Wrekin BCF. The Fund would be focussed on two key themes – building community capacity (prevention), and enhanced community services as an alternative to hospital provision (integration). A task and finish group had been established with nominated officers from both the Council and the CCG to complete the planning template before the deadline. Detailed discussions were still taking place with the CCG on the integration of health and social care locally, as well as on related issues around Continuing Health Care where extra costs were falling on the Council. Subject to the required assurances being received from the CCG, it was proposed to delegate authority to the Interim Director of Health, Wellbeing & Care to submit the BCF plan on behalf of the Council.

RESOLVED –

(a) that the requirements to put in place a Better Care Fund be noted;

(b) that authority be delegated to the Interim Director of Health, Wellbeing & Care, in consultation with the Cabinet Member: Adult Social Care, to submit the Better Care Fund plan on behalf of the Council, subject to the required assurances being received from the Clinical Commissioning Group;

(c) that, following assurances from the Interim Director of Health, Wellbeing & Care, in consultation with the Cabinet Member: Adult Social Care, the Health & Wellbeing Board consider a further detailed report on the Better Care Fund plan at their Extraordinary meeting on 12 February in order to endorse the plan prior to its submission to NHS England.

CB-83 DESIGNATION OF A NEIGHBOURHOOD PLAN AREA FOR STIRCHLEY & BROOKSIDE

Key Decision identified as **Application for the Designation of a Neighbourhood Area – Stirchley & Brookside** in the Notice of Key Decisions published on 6 December 2013.

Councillor C.F. Smith, Cabinet Member: Housing, Development & Borough Towns, presented the report of the Assistant Director: Planning Specialist, which detailed an application from Stirchley & Brookside Parish Council for the designation of their area as a Neighbourhood area for planning purposes.

The development of a Neighbourhood Plan required the Council to agree and formally designate the area that would be the subject of the Plan. The proposed Neighbourhood Plan area for Stirchley & Brookside, which reflected

the current Parish Council boundaries, was appended to the report. The request was subject to a statutory consultation period, which ended on 6 December 2013. No representations were submitted to the Council. It was suggested that the correlation with the Parish Council area would assist in any future referendum and provided a good model for future Neighbourhood Plan proposals. Given that no concerns to the proposed boundary had been raised, it was therefore recommended that the designation request be supported.

RESOLVED – that the Neighbourhood Area application by Stirchley & Brookside Parish Council be supported, and that the area shown at Appendix A of the report be designated as a Neighbourhood Area.

CB-84 EXCLUSION OF PUBLIC AND PRESS

RESOLVED – that the public and press be excluded from the meeting for the following item of business on the grounds that it may involve the disclosure of information relating to the financial or business affairs of any particular person (including the authority holding that information) as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

CB-85 VOICE, DATA and WIDE AREA NETWORK PROCUREMENT

Key Decision identified as **Voice, Data and Wide Area Network Procurement** in the Notice of Key Decisions published on 15 January 2014.

Councillor W.A.M. McClements, Cabinet Member: Finance & Enterprise (on behalf of the Cabinet Member: Customer Services, Libraries & Transport), presented the report of the Assistant Director: Customer Services, which sought to vary the contract with the current supplier of the Council's Voice, Data and Wide Area Network and to undertake a full OJEU procurement process for a new future proofed voice and data network solution. It was reported that the recommendations in the report had been amended, and a revised version of the report was circulated to Members.

Telford & Wrekin's Wide Area Network provided data and voice services for 186 sites, including schools, and was an essential part of the Council's infrastructure fabric. The report detailed the current contractual arrangements for the supplier of the network, and the intention to extend the contract up to the maximum five years allowed for under the framework agreement. This would enable a full OJEU procurement process to be carried out for a new contract to provide a future-proofed voice and data network solution.

RESOLVED -

(a) that the current temporary contractual extension to 31 January 2014, as detailed in the report, be approved, and that the contract with the Council's existing supplier for the provision of Voice, Data and Wide Area Network services be varied to allow for the maximum term of the framework to be realised – thereby enabling a full OJEU procurement to commence in February 2014 to secure

a supplier for the provision of future Voice, Data and Wide Area Network for a maximum contract period of 10 years;

(b) that authority be delegated to the Assistant Director: Law, Democracy & People Services to execute all necessary contractual documentation in accordance with the Constitution, including the affixing of the Common Seal of the Council.

The meeting ended at 5.07 pm.

Signed for the purposes of the Decision Notices

Jonathan Eatough
Assistant Director: Law, Democracy & People Services
Date: 5 February 2014

Signed: ……..

Date: ……