



Meeting of:	Date	Agenda item	Ward(s)
Health and Wellbeing Board	20 March 2013		All

SUBJECT: NHS Social Care Investment 2013/14

1. ~~Synopsis~~ Synopsis

- 1.1 Since 2011 the Department of Health has allocated funding to local PCT's/CCG's to pass on to local authorities to support social care activity.
- 1.2 This paper sets out the process for 2013/14 and requests approval from the Health and Wellbeing Board of our approach.

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to:
 - Endorse the approach developed by Adult Social Care
 - Support the areas of spend set out in appendix 1

3. Background

- 3.1 The 2011/12 Operating Framework for the NHS in England set out that PCT's would receive allocations totalling £648m in 2011/12 and £622m in 2012/13 to support adult social care.
- 3.2 In Islington this amounted to £3.248m in 2011/12 and £3.103m in 2012/13.
- 3.3 This funding is in addition to the funding for reablement.
- 3.4 From 2013/14 the funding transfer to councils will be carried out by the National Commissioning Board (NCB).
- 3.5 In Islington the funding allocation is £4.6m in 2013/14.
- 3.6 Before this funding is transferred, however, there are a set of conditions that need to be satisfied.
- 3.7 These are set out below but include the need for plans to be agreed jointly between health and local authority partners, one forum suggested for this is the Health and Wellbeing Board.

4. Key findings and actions

- 4.1 Guidance from the department of Health requires the NCB to enter into agreement with Councils and

transfer funding via a Section 256 Agreement. Before agreement is made certain conditions must be satisfied. These are:

1. The funding must be used to support adult social care in ways that also have a health benefit, although what this is, is not specified beyond the broad condition.
2. It is a condition of transfer that councils must agree with local health partners how the funding is best used within social care and outcomes expected from the investment. Health and Wellbeing Boards are suggested as a forum for this.
3. Plans must be supported by evidence from the local JSNA as well as other local commissioning strategies.
4. The Council must demonstrate how funding will make a positive difference to social care services and outcomes, compared to plans in the absence of the funding transfer.

4.2 Islington’s proposed plan is set out in appendix one. This broadly supports areas of spend where there are pressures, for example through demographic change or grant reductions from central government as well as areas of transformational change, for example, developing better options for young people at transition, developing prevention services like community alarms and telecare as well as supporting more people to live independently in the community.

4.3 The plan will also support the continued joint work between the Council and its partners in health, including the Clinical Commissioning Group and Whittington Health.

6. Conclusions and reasons for recommendations

6.1 Central government recognises the pressures facing adult social care services and sees joint working between health and social care as part of the longer term solution.

6.2 In Islington we have embraced this and see it as an opportunity to build upon and strengthen our long established joint arrangements.

6.3 Improving the health and wellbeing of our local residents is at the heart of what we do and through investment in areas like transitions and community service provision we know that by working together we can achieve better outcomes.

6.4 This plan supports that work and the health and Wellbeing Board are asked to endorse both the plan and the approach.

Received by:		
	Head of Democratic Services	Date

Report Author:	Clare Henderson
Tel:	020 7527 8158
Fax:	
Email:	Clare.henderson@islington.gov.uk