

Workshop Outcomes

“Money Flows”

Facilitators: Tim Keen (NHS England); and

Wendy Ewins (Wolverhampton City Council/ CBF Advisor)

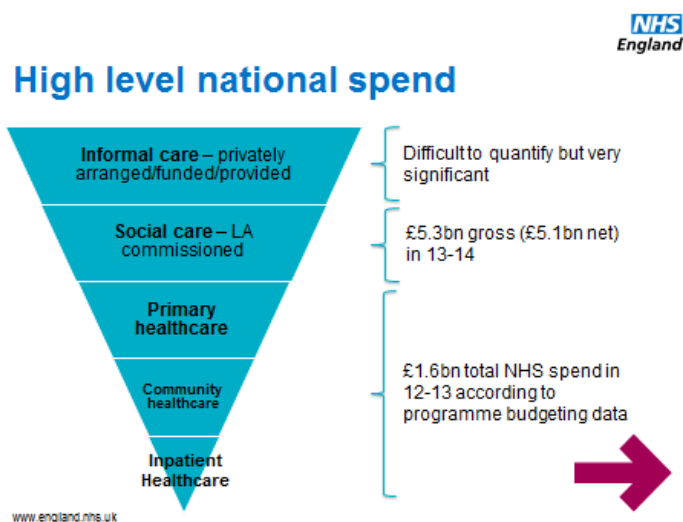
Background

Across the health and care system, total expenditure on learning disability services is estimated at over £7bn. Local authorities are spending a greater proportion of their social care budgets on services for adults with a learning disability, with around a third of social care spend now on these services and spend broadly maintained in real terms in recent years. In contrast, there has been real term reductions in social care spend for other areas, such as older people services.

However, the money is not always spent in the most effective ways. Too much money continues to be invested in residential/hospital based care and too little is invested in community-based services that support people living in their own homes. We know that the care model needs to change, but this change is not happening fast enough and one of the reasons for this could be that money flows are blocking the changes we need.

Presentation

Tim Keen talked through a presentation of funding flows for learning disability services.



Programme budget data – 12/13, £m

Prevention & Health Promotion	Primary care	Primary care	Secondary care	Community Care	Non-health / social care	Total
8.5	6.8	0.1	Inpatient: Elective and Daycase 14.0 Inpatient: Non-elective 14.7 Outpatient 5.5 Other secondary care 212.5	246.5	1,003.4	1,578.9

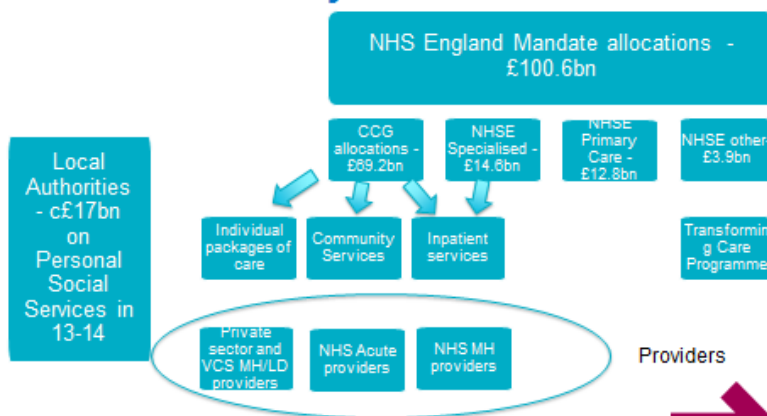


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There was a lot of discussion about the two slides above, in order to try and gain clarity about what is and is not included. The figures include health spend on children and include social care spend on adults but do not include education or social care spend on children. £250m is spent on secondary care services (the NAO estimated that c£557m is spent on inpatient services, which is roughly evenly split between CCG and Specilaised commissioning).

The group then discussed the way the money currently flows (as set out on the following slide) in order to identify the challenges inherent in the current system and how they might be overcome.

How the money flows



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There was concern that having no budget attached to the *Transforming Care* box meant that it had no funding allocation or that there was a dispute over the amount to be included. Tim Keen assured the group that this was simply because the figure

has not been announced yet and will be announced alongside all NHS England budget allocations.

The issue of pooled budgets was raised. There is currently the power to pool budgets but no duty to do so. Some areas do include learning disability services within pooled budget arrangements. There is the scope to mandate and the guidance says it is something that should be done more, but NHS England does not have the power to compel the pooling of budgets, this would need to come from the Department of Health.

The group discussed the "problems" we are looking to fix. These include :

- Money in the wrong places (eg NHS block contracts/inpatient settings)
- Lack of local community provision
- Perverse incentives within the current system
- Funding structures which make individual budgets difficult
- Pricing (lack of agreed pricing)

Discussion moved on to what needs to change:

- Responsible clinician guidelines
- More strategic commissioning
- Market development – regional learning disability market development statements
- A national procurement strategy
- CCG leadership
- Case studies about people which help to show how to reduce inpatient services and how to reduce risk through better local community services

A general point was made about the language used when discussing funding and that language should be carefully used when talking to people with learning disabilities and their families in order to be accurate but also understandable. Essentially the issues are about peoples lives first and how the money flows impact on that, rather than the other way around.

The discussion closed with ideas for solutions to these issues. Suggestions included:

- Using Simon Stevens' "dowry" commitment to make a local investment in community services and support.
- Disinvest from block contracts
- Use Care and Treatment Reviews to recommend actions. If those actions are not followed up, there should be no funding.

Actions

The group requested that NHSE:

Action	Who/how to take it forward
Broaden this work to properly include children/education funding. As it stands it is not consistent.	Tim to take back to NHSE and report back to CB NSG.
Pick an individual and follow through their life in order to understand all the different funding flows in relation to their support. This will help to unpick the relevant strands which need to be considered for this work. CB-NSG will help to identify a commissioner.	Sarah Broadhurst & CBF