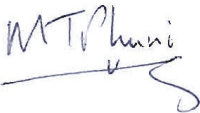




**Haringey Council**

<b>Report for:</b>	<b>CABINET 15<sup>th</sup> October 2013</b>	<b>Item Number:</b>	
<b>Title:</b>	<b>Section 256 agreement – health and social care - adults</b>		
<b>Report Authorised by:</b>	<b>Mun Thong Phung, Director Adult &amp; Housing Services</b> 		
<b>Lead Officer:</b>	<b>Beverley Tarka, Acting Deputy Director, Adult &amp; Community Services, Adult and Housing Services</b>		
<b>Ward(s) affected: All</b>		<b>Report for Non Key Decision:</b>	

## 1) Describe the issue under consideration

- 1.1 This report updates Cabinet on the raft of schemes agreed between Haringey Clinical Commissioning Group and Haringey Adult & Community Services as providing outcomes of benefit to Health and to be approved at the Health and Wellbeing Board meeting on 8<sup>th</sup> October 2013. The report also seeks Cabinet approval for the Council to enter into a formal section 256 National Health Service Act 2006 agreement with NHS England in respect of the 2013/14 transfer of funds from the NHS to the local authority for social care.

## 2) Cabinet Member introduction

- 2.1 I am pleased to support this report to Cabinet, setting out the proposals agreed between Haringey Clinical Commissioning Group and Council in respect of integrated services in Haringey. I have noted the schemes set out within this report and am confident these will have a positive impact in delivering outcomes for Haringey residents. The schemes reflect our shared agenda in improving health and social care outcomes in Haringey, particularly around reducing the need for people to both go to hospital unnecessarily, and to be able to return home as soon as possible, where they are admitted.



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- 2.2 The interests of our residents, both adults and children remain at the heart of working jointly across health and social care and we are committed to ensuring that there is a relentless focus on the creation of real and robustly integrated services leading to real benefits for people over which they will be able to exercise more control.

### **3) Recommendations**

3.1 It is recommended that the Cabinet:

- a) Approve the Council entering into a section 256 Agreement with the NHS England to receive £4.109m funding transfer from the NHS budget for the purposes of supporting adult health and social care services;
- b) Note that as a condition of the funding transfer the Health and Wellbeing Board must agree how the funding will be spent and note the Schemes as agreed with Haringey Clinical Commissioning Group and approved by the Health and Wellbeing Board on 8 October 2013, set out below in Paragraph 5.3 Table 1;
- c) Approve the associated budget virement to finalise the allocation of funding to the proposed Schemes.

### **4) Alternative options considered**

- 4.1 No alternative options are presented as schemes promoting integration are already in place.

### **5) Information**

#### Section 256 Funded Schemes.

- 5.1 Section 256 of the National Health Act 2006 allows NHS bodies to enter into arrangements, including the transfer of funds, with local authorities. Such arrangements are known as section 256 agreements. For the past three financial years, including 2013/14, Haringey Primary Care Trust (now Clinical Commissioning Group) and the local authority have agreed a section 256 agreement specifically for the 'Funding Transfer from the NHS to social care', and have agreed a set of projects and services to be delivered through social care but to also carry out activities with health benefits. The key difference between this financial year and previous years is that the Section 256 agreement for this year is between the Council and NHS England rather than the Council and Haringey CCG.
- 5.2 The Department of Health has made available £859m of funding specifically to pay for Social Care services that also have health benefits. This funding is held by NHS England and can be accessed by local authorities by entering into a Section 256 with NHS England, with endorsement from the relevant Clinical Commissioning Group. It is a condition of the funding that the Health and Wellbeing Board agree the use of the funding. The sum available for Haringey in 2013/14 is £4.109m. This funding has already been included in the Adults and Community Services budget as agreed by Council in February.



Haringey's proposed schemes

5.3 Discussions have been held between officers of the Council and CCG to agree a raft of schemes that support the wellbeing of residents and support them close to their homes. The schemes have been endorsed within Adult and Housing Services, and also by the Haringey CCG Finance Committee. These schemes make, or will make, a significant contribution to delivering integrated care across the local health and social care economy and these are set out in the table below:

Table 1 – Section 256 Schemes

Item	Scheme	Rational/Plan	Proposed Allocation 2013/14	Outcomes Achieved (Supported Health Objectives)	NHS England Subjective Descriptor
1	Reablement Assessment Team	Assessment, care management and support for clients - providing hospital based social care resource, working to avoid unnecessary admissions and facilitate early discharge, including accessing reablement and step-down care.	500,000	Reduces delayed transfer of care and admission avoidance  Reduce delayed discharges; Prevent unnecessary readmission into hospital Reduced long-term care costs/dependency.	Re-ablement services
2	NHS reablement staff costs	specialist reablement team to facilitate discharge into community. Based at Whittington health	250,000	Enables earlier discharge and reduced length of stay - therapeutic input to patients otherwise not available  Admission avoidance and improved outcomes for clients supported to manage independently in the community	Re-ablement services
3	Occupational Therapy	Contribution to the Occupational Team team to fund additional OT capacity to respond to the high rate of referrals for reablement and admission avoidance.	90,000	More complex clients can be supported in their own homes without requiring residential or nursing care.  Admission avoidance and improved outcomes for clients supported to manage independently in the	Re-ablement services



Item	Scheme	Rational/Plan	Proposed Allocation 2013/14	Outcomes Achieved (Supported Health Objectives)	NHS England Subjective Descriptor
				community	
4	Reablement Focused Home Care Service	A reablement focused home care service using highly experienced and skilled home carers to work intensively with clients newly discharged from hospital and support them to regain their independence.	1,040,000	65% of clients are supported to regain skills to the point they no longer need on going care. Reduce delayed discharges; Prevent unnecessary readmission into hospital Reduced long-term care costs/dependency.	Re-ablement services
5	Personal care and support at home	Additional care and support packages for increased numbers of Older People and Adults with Disabilities being supported in the community	350,000	Numbers of Older People and Adults with Disabilities requiring Social Care support have increased by 9% over last year.  Externally commissioned Personal Care support to assist the discharge process and to reduce long term social/health cost of care maximising function and long term care dependency.	Re-ablement services
6	Step Down Care	step down beds to facilitate hospital discharge of most vulnerable patients	375,000	Reduces delayed transfer of care  Reduce delayed discharges; Prevent unnecessary readmission into hospital Reduced long-term care costs/dependency.	Re-ablement services



Item	Scheme	Rational/Plan	Proposed Allocation 2013/14	Outcomes Achieved (Supported Health Objectives)	NHS England Subjective Descriptor
7	Rapid Response Service Part year effect (September 2013 to March 2014)	Part of the Rapid Response Plan A small but steady stream of patients are admitted to hospital in circumstances where the provision of health and social carers at home, overseen by community matrons, could avoid or shorten their hospital admission. The carers would be available faster than normal, stay for longer and be able to stay overnight if necessary.	55,000	The provision of Health and Social Care Assistant staff for the service, available on stand-by, to fulfil the role of a competent carer for patients. Most of the patients would be identified for the service by LAS or within A&E. The scheme would run as a 1 year pilot with evaluation informing future roll-out.	Integrated crisis and rapid response services
8	Community Development Workers + expansion of Good Neighbours scheme	Work to build community engagement and volunteering for and with elderly and disabled people; reducing social isolation, signposting and preventative work Pilot of new more preventative and personalised approach to assessment and care management with a view to transition to a new style of working with clients.	120,000	Designed to reduce social isolation, lowering incidence of depression (including depression related admissions), reducing length of stay for those admitted. To prevent or delay the first fall	Other preventative services
9	Older People and Dementia Pathway	A range of social care support available for Older People with dementia including specialist day care services for Older People with High Needs and Dementia.	475,000	Prevention of social isolation and daytime respite for carers  Admission avoidance and improved outcomes for clients supported to manage independently in the community	Mental health services
10	Mental Health Recovery Pathway	Social Care services for people with Severe Mental Health problems including new Supported Living Schemes, specialist day care and residential step down	580,000	Prevention of social isolation, skills development and intensive support of Adults with severe mental health needs.  Early intervention and crisis prevention, admission avoidance and recovery promotion	Mental health services



Item	Scheme	Rational/Plan	Proposed Allocation 2013/14	Outcomes Achieved (Supported Health Objectives)	NHS England Subjective Descriptor
11	Joint Commissioning Posts Based in Haringey CCG	Joint commissioning manager and specialist LD/MH commissioning lead to develop an strategic commissioning service and ensure improved and integrated provision	85,000	To support more integrated commissioning of services  Integrated working Improved client pathways Improved value for money	Other social care (please specify)
12	Data Analysis	Funding of data analysis post, to support CCG/ASC commissioning. To be based in ASC Commissioning. Work to understand health and social care data, better understanding of local needs and identification of key risk factors. Special emphasis on OP Commissioning	50,000	Better health and social care commissioning intelligence, to plan services to respond to changing patterns of need. Integrated working Improved client pathways Improved value for money	Other social care (please specify)
13	Winterbourne Response	Bringing vulnerable clients with high needs back into community based settings - preferably Supported Living - closer to LB Haringey.	140,000	Additional commissioning capacity to support the development of new services in Haringey, to support people with learning disabilities who have complex health and social care needs. Prevent deterioration of health needs, in transfer arrangements  Integrated working Improved client pathways Improved value for money	Other social care (please specify)
		Agreed expenditure	<b>4,110,000</b>		

5.4 The Cabinet are asked to note that the CCG and Adult and Community Services are currently developing a suite of key performance indicators for the above programmes so that we can be sure the schemes and projects are ultimately delivering the right outcomes for Haringey residents. The draft indicators in broad terms enable us to measure the effectiveness of the joint schemes, by promoting



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people to live as independently as possible, manage their conditions as far as they can, reduce unnecessary admissions to hospital, reduce delayed transfer of care, and reduce the need for long term support from health and social care for as long as possible.

- 5.5 It is recommended that the Cabinet supports the proposed Section 256 transfer to ensure the continuity of provision and to help ensure that Haringey advances the national integration agenda for health and social care.

### **6) Comments of the Chief Finance Officer and financial implications**

- 6.1 The £4.109m funding for social care services that are also of benefit to health has already been reflected in the Adults and Community Services overall budget for 2013-14. The proposed virement reflects the final allocation of funding to new schemes. The proposed allocation funds a range of services that meet the stated objectives of the funding. The use of this funding has allowed the Council to protect these services and use base budget to fulfil statutory responsibilities and meet rising demographic demand. It is also a condition of the grant that the approval of the Health and Wellbeing Board is obtained.

### **7) Head of Legal Services and legal implications**

- 7.1 The Head of Legal Services has been consulted on this Report.
- 7.2 Section 256 NHS Act 2006 (as amended) permits NHS England to make payments to local authorities towards expenditure incurred or to be incurred by it in connection with any social services functions. Also, payments can be made in connection with the performance of any of the authority's function, which have an effect on the health of any individual or on any NHS functions or are connected with any NHS functions. The payments may be made in respect of expenditure of a capital or of a revenue nature or in respect of both kinds of expenditure. The payments may be subject to such Directions as may be issued by the Secretary of State. The rationale for the payment and transfer of funds is to promote partnership working and to support investment in social care that also benefits health.
- 7.3 The Secretary of State for Health has also issued Directions that set conditions for all section 256 payments, entitled "The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013" and "The National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013. The Directions include a requirement that: a) the funding must be used to support adult social care services in each local authority, which also has a health benefit; b) that the local authority agrees with its local clinical commissioning groups how the funding is best used within social care, and the outcomes expected from this investment; c) that local authorities and clinical commissioning groups must 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; and d) local authorities must be able to demonstrate how the funding transfer will improve social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.





- 7.4 The funding transfer are to be the subject of a written Agreement between the Council and the NHS England which would be referred to as a Section 256 Agreement.

## **8 Equalities and Community Cohesion Comments**

- 8.1 Commissioners and providers of services for adults and children, whether delivered through integrated working arrangements or by health and social care singly, must have due regard to the equalities implications of service delivery as well as any planned changes to how services are delivered in the future. The integrated care schemes as set out in this report will be subject to robust monitoring of key performance indicators and this will include equalities monitoring to ensure that any adverse impacts to vulnerable adults as a result of the services we are providing are identified and rectified. Any proposed changes to the service models, will also be subject to a equalities impact assessment

## **9 Head of Procurement Comments**

- 9.1 Not applicable

## **10 Policy Implication**

- 10.1 In preparing this report to the HWB, due regard has been played to key policy drivers for health and social care. These are set out below and in Appendix 1.

### Health and Social Care Act 2012

This Act introduced significant changes to the NHS and local authorities, with the implementation of much of the Act taking effect from 1<sup>st</sup> April 2013, including:

- Introduction of statutory local Health and Wellbeing Boards to ensure coordination and integration of public health, NHS and social care services.
- Transfer of responsibility for much of public health commissioning to local authorities (at a local level) and Public Health England (a new national body)
- A new independent NHS Board to allocate resources and provide commissioning guidance
- Increase in GPs' powers to commission services
- A strengthened role for the Care Quality Commission
- Monitor, the body that currently regulates NHS foundation trusts, to be developed into an economic regulator to oversee aspects of access and competition in the NHS
- A cut in the number of health bodies, including abolishing Primary Care Trusts and Strategic Health Authorities.

### The Care & Support Bill (introduced May 2013)

This Bill provides enabling legislation for reforms set out in the White Paper, and will be introduced in into Parliament in late 2013, with proposed legislative changes to be implement from April 2015 onwards.





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- The Bill takes forward recommendations from the Law Commission on adult social care (replacing the current myriad of law covering adult social services);
- There are proposed changes to how much an individual requiring care services will have to contribute towards their care.
- The Bill sets out a clear duty to promote the integration of care support with local authorities (including social services and housing), health and other provider services to ensure the best outcomes are achieved for the individual.
- The Bill sets out responsibilities for prevention and market shaping;
- Adult safeguarding on a statutory footing for the first time.
- It incorporates recommendations from Francis Enquiry into Mid Staffordshire NHS Foundation Trust and the government response.

### **11 Reasons for Decision**

11.1 Not applicable

### **12 Use of Appendices**

Appendix One – Virement for approval.

### **13 Local Government (Access to Information) Act 1985**

Refer Section 10 above



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## **APPENDIX ONE – PROPOSED VIREMENT FOR APPROVAL**

Period	Service	Key	Amount current Year ((£000)	Future Years (£000)	Reason	Description
7	AH	Rev	305	0	Sec 256 Monies	Further allocation to Reablement and Rapid Response
7	AH	Rev	120	0	Sec 256 Monies	Allocation to Community Development
7	AH	Rev	275	0	Sec 256 Monies	Integrated Commissioning (Joint posts, Winterbourne, Data)