



# Cabinet (Resources) Panel

21 October 2014

<b>Report title</b>	Funding Transfer from NHS England to Social Care 2014/15	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Steve Evans Community	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Sarah Norman	
<b>Originating service</b>	Community	
<b>Accountable employee(s)</b>	Helen Rowney Tel Email	Commissioning Officer 01902 555495 <a href="mailto:Helen.rowney@wolverhampton.gov.uk">Helen.rowney@wolverhampton.gov.uk</a>
<b>Report to be considered by</b>	Health and Well Being Board	5 November 2014

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## Recommendation for decision:

The Cabinet (Resources) Panel is recommended to approve that:

1. The Council enters into an agreement under Section 256 of the NHS Act 2006 with NHS England to provide the sum of £6.3 million to the Council.
2. Authority is delegated to the Cabinet Member for Health and Wellbeing and the Cabinet Member for Resources, in consultation with the Strategic Director of Community and Assistant Director Finance, to approve the detailed allocation of this funding to services.

## **1.0 Purpose**

- 1.1 To approve the Council entering into an agreement under Section 256 of the NHS Act 2006 with NHS England to provide the sum of £6.3 million to the Council.
- 1.2 To approve authority is delegated to the Cabinet Member for Health and Wellbeing and the Cabinet Member for Resources, in consultation with the Strategic Director of Community and Assistant Director Finance, to approve the detailed allocation of this funding to services.

## **2.0 Background**

- 2.1 For the last three financial years, NHS Support for social care funding has been transferred from the Wolverhampton Primary Care Trust to the Council in order to support adult social care services, delivering health benefits in the process. These funding transfers had been agreed under Section 256 of the NHS Act 2006.
- 2.2 For 2014/15 this funding transfer for Wolverhampton will be £6.3 million and will be transferred from NHS England to the local authority again via an agreement under Section 256. This funding transfer consists of an integration payment and main allocation.
- 2.3 There are a number of national conditions within the agreement for the integration payment and the main allocation.
  - The payments are to be made under section 256 of the 2006 NHS Act
  - The funding must be used to support adult social care which also has a health benefit
  - The funding may be used to support existing services or transformation programmes, where such services or programmes are of benefit to a wider health and care system, provide good outcomes for service users, or would be reduced due to budget pressures in local authorities without this investment
  - There must be a local agreement between health and social care partners about the use of the funding and the outcomes to be delivered – this will be mandated through the Health and Wellbeing Board
  - It is a condition that the local authority and the clinical commissioning group 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
  - As part of its agreement with local authorities, NHS England must ensure that it has access to timely information on how the funding is being used locally, in order to be able to account for this expenditure and assure itself that the conditions for each funding transfer are being met

2.4 The conditions relating to payments other than the integration payment are as follows:

- Each local authority must agree with its partner clinical commissioning groups:
  - a) How the payments are to be used in relation to its social care functions
  - b) The outcomes for service users which are expected to result from the payment

The clinical commissioning group and the local authority must have regard to:

- a) Health and social care joint strategic needs assessment
- b) Any commissioning plans prepared by the clinical commissioning group under section 14Z11 of the 2006 Act
- c) Any plans prepared by the local authority setting out how it proposes to exercise its social care functions

2.5 The local authority must be able to demonstrate to the Health and Wellbeing Board how the payments will improve services provided in the exercise for social care functions and outcomes expected for the users of those services.

2.6 The following conditions are prescribed in relation to the integration payment and prior to the integration payment being made the local authority must agree with its partner clinical commissioning group a plan as to

- The arrangements that the local authority and the clinical commissioning groups intend to make to establish and maintain a pooled fund in the financial year ending 31 March 2016
- The proposed use of the contributions
- Submit the plan for approval by the Health and Wellbeing Board
- Each local authority must use the integration payment for purposes relating to preparation for establishing the pooled fund

2.7 The advice from NHS England on approval route for report is as follows:

- Area Teams will ensure that the CCG and local authority take a joint report to the Health and Wellbeing Board to agree the funding , any measurable outcomes and agreed monitoring arrangements
- Health and Wellbeing Board to receive and approve the report with the S 256 agreement between the local authority and NHS England. The agreement is signed by both parties
- A copy of each signed agreement should be sent to NHS England so that a national review of the transfer can be undertaken
- Local authority to secure Councillor approval through Cabinet (Resources) Panel
- NHS England will require expenditure plans by local authority to be categorised into service areas as agreed with the Department of Health

- In relation to the integration payment a condition of the transfer is that the local authority must agree with its partner clinical commissioning group a plan for establishing and maintaining a Better Care Fund pooled budget in the financial year 2015/16 and that the integration payment must be used for purposes related to preparing for implementing Better Care Fund.

- 2.8 The governance arrangements for this funding will be through the Health and Wellbeing Board – see appendix one.
- 2.9 This funding will focus on the delivery of an integrated approach to reablement; rehabilitation; prevention and early intervention, ensuring a joined up all-encompassing philosophy and approach, which delivers greater independence and choice for all customers.
- 2.10 This funding will deliver the following short, medium and long term priorities:
- Addressing additional pressures that would impact on the health and social care community through early intervention within communities;
  - Supporting integrated hospital discharge
  - The delivery of bed based intermediate care
  - The delivery of an integrated approach to domiciliary reablement
- 2.11 This funding will contribute towards the delivery of the outcomes detailed in appendix two.
- 2.12 The Clinical Commissioning Group and the City Council will work together in order to quantify both the baseline and performance improvement measures against a number of these outcomes. This work will not delay the overarching agreement or transfer of the funding.
- 2.13 NHS support for social care funding for this year will focus on an integrated approach to the on-going development of reablement and rehabilitation, better preparing the health and social care market to deliver a value for money response to the increasing demographic pressures that have already emerged.

### **3.0 Financial implications**

- 3.1 The council's allocation of Section 256 funding in 2014/15 is £6.3 million. This has been reflected in full within the approved budget.

[DK/09102014/U]

### **4.0 Legal implications**

- 4.1 In order for the relevant NHS England to provide the Council with the sum of £6.3 million the Council will need to enter into an agreement under S 256 of the NHS Act 2006. The

agreement will oblige the Council to ring fence the funds for the provision of social care services. The Council will also be obliged to provide evidence that funds have been used for social care and may be subject to audit.

- 4.2 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 and 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.

[RB/07102014/L]

## **5.0 Equalities implications**

- 5.1 There are no obvious equality implications that arise from this report. An equality analysis will be undertaken following the approval of the detailed allocation of this funding.

## **6.0 Environmental implications**

- 6.1 There are no obvious environmental implications that arise from this report.

## **7.0 Human resources implications**

- 7.1 There are no human resource implications that arise from this report.

## **8.0 Corporate landlord implications**

- 8.1 There are no corporate landlord implications that arise from this report

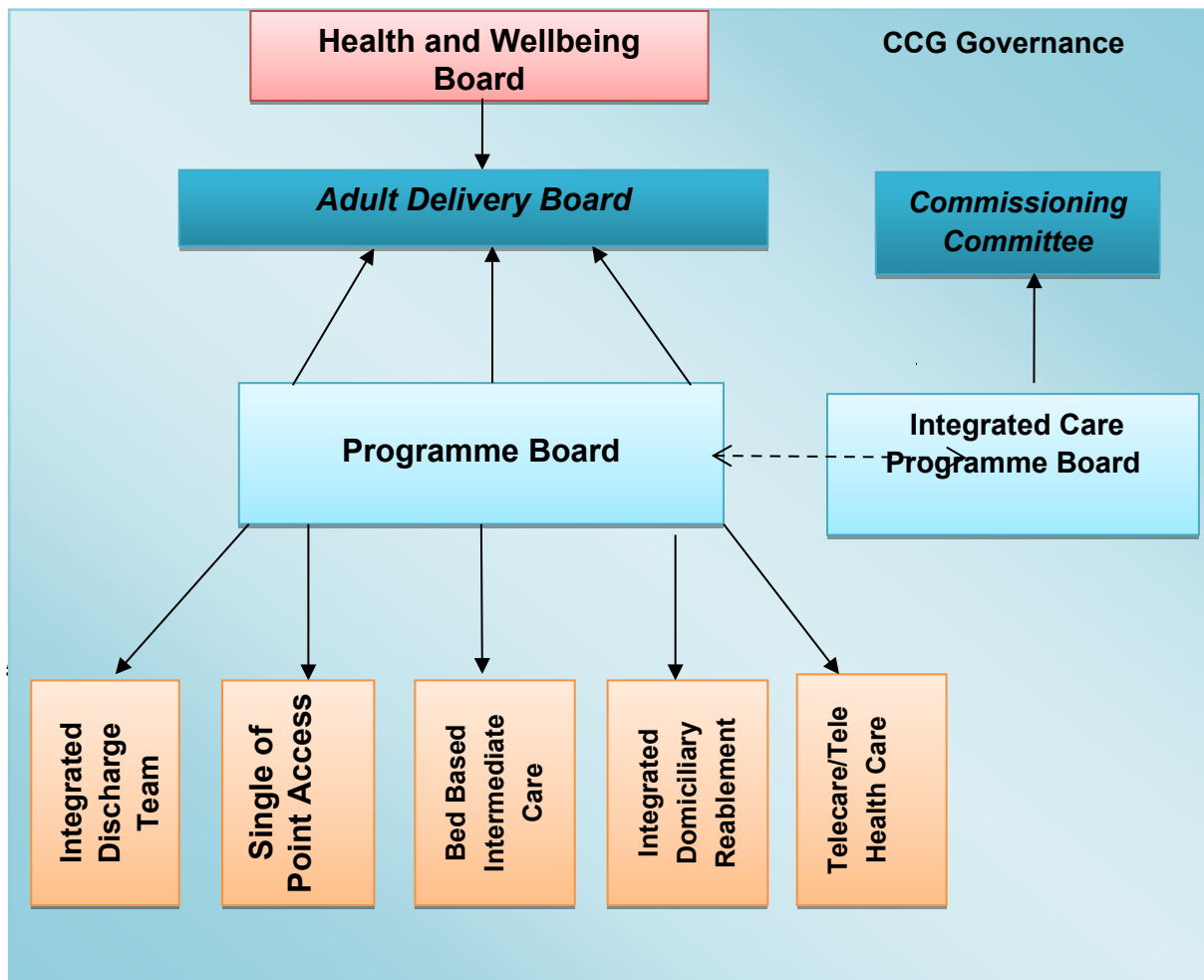
## **9.0 Schedule of background papers**

N/A

## **10.1 Appendices**

1. Governance
2. Hierarchy of Outcomes

## Appendix One – Governance



This Joint Reablement and Intermediate Care Strategy for Wolverhampton 2014 - 2016 programme will be driven by the following high level strategic outcomes:

The above governance structure has been updated and the Adult Delivery Board has been replaced by the Transformation Commissioning Board.

## Appendix Two

### Reablement /Intermediate Care Hierarchy of Outcomes To Enable Independent Living

#### Early Diagnosis, Intervention Reablement/ Intermediate Care

#### Care Closer to Home

#### Improved Quality of Life

- An increase in the number of people requiring no social care package following reablement /intermediate care intervention
- A reduction in the volume of social care packages
- A reduction in unnecessary hospital admissions
- An increase in earlier discharges from hospital
- A reduction in the length of hospital stays
- An increase in independent living discharge routes from hospital
- A reduction in the rate of readmissions following in-patient treatment
- A reduction in delayed transfers of care
- A reduction in the number of people admitted to care homes
- An increase in the proportion of Older People still at home 91 days after discharge
- An increase the proportion of older service users with dementia using Reablement/Rehabilitation services
- An increase in the number of people using Telecare /Telehealth