

NHS England payments to Local Authorities 2013/14

(Section 256 Agreement)

Introduction

In line with the National Health Service Act 2006, annually under a Section 256 Agreement, health monies are transferred to Local Authorities to support Adult Social Care. This is in relation to activities carried out by the Local Authority which relate to the health of individuals, the provision of health services or are of benefit to the wider health and care system in the area of the Local Authority. This paper sets out the recommendations for the use of this money for the period 1 April 2013 to 31 March 2014 for consideration by the Health & Wellbeing Board.

As a condition of payment Local Authorities must agree with their partner Clinical Commissioning Groups how the funding will be used and the outcomes for service users as a result of the funding. Once these agreements have been reached they will be appended to a Section 256 Agreement which will be signed by the NHS England and the Local Authority to enable the transfer of funding direct to Shropshire Council. This agreement must be submitted to NHS England by 16 September 2013

For the 2013/14 period the fund has seen an increase £1,397,726 from the 2012/13 level to total £4,988,726.

2013/14 Funding Guidance

The Health & Wellbeing Board should note that the following parameters are set for the use of the monies as follows:

- Local Authorities and CCG's have regard to the Joint Strategic Needs Assessment for their local population and existing commissioning plans for both health and social care
- Local Authorities must demonstrate how the funding 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
- The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users and would be reduced due to budget pressures in Local Authorities without this investment

- Expenditure plans should reflect the following categories:
 - Community Equipment and adaptations
 - Telecare
 - Integrated crisis and rapid response services
 - Maintaining eligibility criteria
 - Re-ablement services
 - Bed based intermediate care services
 - Early supported hospital discharge schemes
 - Mental health services
 - Other preventative Services

The National Health Service Commissioning Board Directions 2013 set out that payments to the Local Authority must be made in respect of functions or activity which would have a beneficial effect on:

- a) The health of any individual: or
- b) The exercise of functions or the provision of health services as part of the health service in England

Or would:

- a) Be of benefit to the wider health and care system in the area of the Local Authority
- b) Provide beneficial outcomes for persons using the services in question
- c) In the case of existing services, would be terminated or reduced as a result of financial considerations by the Local Authority, if the payment was not made

2013/14 Allocations

The following table sets out the proposed allocation of the fund for this financial year. These services are recommended as appropriate for funding under the section 256 agreement under the following headings:

- Discharge out of acute health setting to social service care
- Preventing hospital admission and maintaining in social service care
- Collaborative commissioning
- Supporting people with enduring mental health needs and adults with learning disabilities to live in their local communities
- Support for Carers

- Alignment to the following JSNA priorities:

- Improving the mental health and wellbeing of the young and old
- Helping older people and those with long-term conditions to live independent lives
- Working in partnership to support the reconfiguration and improvement of hospital services and the development of health services in the community
- Working to improve access to care, through the use of assistive technology and telecare
- Develop innovative approaches to improving rural health
- Increasing the proportion of people supported to die in their preferred place

Name of Scheme	Service Descriptor	Outcomes	Funding	Outcome Measure
Maximising Independence: hospital discharge and admission avoidance	Integrated approach to reablement – including START supported discharge service, immediate care service & packages of reablement purchased from the independent sector in order to maximise a person’s independence and facilitate discharge from hospital	Reduction in delayed discharges Reduction in hospital admissions	500,000	-DTC measures –no more than 3.5% of bed stock at any one time -ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care -readmissions after 91 days – ASCOF measure 2B proportion of people 56+ who were still at home 91 days after discharge form hospital into reablement services
Increased social work capacity – hospital discharge and extended hours	Social work capacity available for extended hours, which will include some late and weekend working, to facilitate hospital discharge Increased social work capacity –to strengthen the current social work capacity across acute and community hospital provision linking also to the virtual hospital	Reduction in delayed discharges Improved capacity in acute hospital settings Patients are supported to return home to family and communities earlier	150,000	-DTC measures – ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care -readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge form hospital into reablement

	<p>and the intermediate care beds ensuring there is dedicated social work capacity for each of these provisions.</p> <p>To support continued involvement of Social workers in hospital ward rounds</p> <p>Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not made</p>			services
Handyman scheme	<p>Provision of low level and minor home adaptations such as grab rails, key safes etc</p> <p>To ensure that individuals who need a minor adaption to their home either to prevent hospital admissions as part of a broader falls prevention strategy or to facilitate hospital discharge can access quickly, promptly and effectively a local approved handyman scheme.</p>	<p>Support people to remain living in the own home for as long as possible delaying the need for higher cost statutory services .</p> <p>People are supported to remain in their own homes closer to friends , family and in their local community</p> <p>People are supported to feel safe living independently</p>	100,000	<p>-quarterly report on number of adaptations undertaken</p> <p>- Number of people supported</p>
Carers support	<p>Support for carers to enable them to continue in their caring role, access leisure and continue in employment. To include peer support, carers assessments, carer specific information and advice and</p>	<p>Carers continuing to maintain caring role</p> <p>Compliance with carers legislation</p> <p>Cared for individuals able to remain at home and in their local</p>	250,000	<p>- number of carers assessments undertaken</p> <p>-Number of carers supported (Crossroads and Community Council)</p> <p>-Results of the Annual Carer</p>

	web based support	community		Survey -Results of Annual Service user Survey -ASCOF* measure 1A Social care related quality of life
Telecare	Provision of stand alone telecare equipment and contribution to a call monitoring system	Support people to remain living in their own home and independently for longer Reducing reliance on high cost care package & reducing reliance on residential admissions	500,000	-Numbers/ types of funded telecare equipment provided -evidence of use of call monitoring system -Number of staff trained to assess for telecare support -length of use of equipment -Number of telecare items supplied to specifically support discharge -patient satisfaction feedback
Crisis resolution	Approved Mental Health Practitioner (AHMP) and out of hours Emergency Duty Team (EDT) support to prevent MH admissions to acute hospital settings	Reductions in admissions to acute hospital People with mental health needs supported at home	300,000	-AHMP/ EDT activity including: -No. of assessments - Outcomes (admission or home support) -rate of MH admissions in an acute setting
Enhancing prevention services to support people with long terms conditions	Contribution to a range of preventative services including access to information and advice	Supporting people to self care and self help Reducing reliance on Statutory services	150,000	-Evidence of preventative services available -number of help at home hours provided
Think Local Act personal / Making it Real	Improve social care outcomes within local communities through roll out of locality commissioning and People 2 People	People are supported in their own local communities reducing reliance on statutory services People 2 people roll out across south Shropshire	163,726	-Report key milestones on locality commissioning, People2 People and Making it Real -Customer views and perception report

<p>Support for an integrated social care and healthcare pathway to avoid hospital admissions and facilitate discharge</p>	<p>An integrated social care and health approach including access to intermediate care services and reablement services including enhanced management capacity Funds will support existing services, which would be terminated or reduced as a result of financial considerations by the Local Authority if the payment was not made. This will include elements of current provision on prevention, domiciliary care that doesn't require START, existing costs for support into care homes and management time to support integrated approaches in particular support to the optimising capacity workstream</p>	<p>Reduction in hospital admissions Facilitate hospital discharge Reduction in delayed transfers of care</p>	<p>675,000</p>	<p>-DTC measures – ASCOF measure 2C number of delayed transfers of care aged 18+ attributable to adult social care -readmissions after 91 days – ASCOF measure 2B proportion of people 65+ who were still at home 91 days after discharge from hospital into reablement services - ratification of an integrated health and social care pathway</p>
<p>Services for people with Dementia to support them living at home for longer and avoid hospital admissions. Residential and nursing placements for people with Dementia who are unable to live at home</p>	<p>Access to telecare, support for carers, promotion of dementia friendly communities, short terms residential respite. Early identification and offer of support to Carers of people with Dementia through memory clinics</p>	<p>People with dementia and their carers are supported to live at home in environments that they are familiar with for longer. When living at home is no longer possible specialist dementia residential and nursing care home settings are available</p>	<p>600,000</p>	<p>-Number of support packages offered -ASCOF measure 2A – permanent admissions of older people aged 65+ into residential/ nursing care homes per 100,000 population -progress on development of dementia friendly communities</p>
<p>Training and development to support new ways of working including Locality</p>	<p>Learning from Locality Commissioning prototypes shared with all stakeholders</p>	<p>Learning from prototypes rolled out across county</p>	<p>250,000</p>	<p>-quarterly report on progress of locality commissioning prototypes against key milestones</p>

Commissioning	To include responsive flexible working with a focus on prevention and reablement.			
Access to Employment and leisure opportunities	<p>People with learning disabilities are supported in employment and to access leisure opportunities using personal budgets as part of the transformation of social care</p> <p>To add additional capacity and support to people with long term conditions supporting them to remain healthy through enabling daytime activity or support in obtaining and retaining employment.</p>	More people with a learning disability are able to access supported employment (ASCOF 1f)	100,000	<p>-number of ALD & enduring MH clients supported to use personal budgets</p> <p>-ASCOF measure 1C Self Directed Support (Personal Budgets)</p> <p>-ASCOF measure 1B proportion of users who report they have control over their daily life</p> <p>-ASCOF measure 1E helping people with learning disabilities into employment</p> <p>ASCOF measure 1F Adults in contact with secondary mental health services</p>
Improved care services monitoring in response to safeguarding concerns in care home settings	Care home monitoring to ensure contract compliance	Health & Social care are able to respond promptly to safeguarding concerns in care home settings to ensure that vulnerable people receive the level of care they need	50,000	<p>-Adult protection indicators</p> <p>-Annual safeguarding Board report</p>
<p>Adults with learning disabilities :</p> <ul style="list-style-type: none"> - compliance with response to Confidential Enquiry into premature deaths 	Health and social care services are compliant with the recommendations and requirements of these national reviews	<p>Improved compliance with the health and social care annual health assessment and the measures included within it</p> <p>Advocacy support is available in care homes</p>	300,000	<p>-H&W Board to receive three reports on Annual Health & Social Care Self Assessment, Confidential Enquiry and Winterbourne View Compliance</p> <p>-number of care homes offering advocacy support</p>

<ul style="list-style-type: none"> - Response to Winterbourne View and compliance concordat - Annual health and social care self assessment 		People are supported in specialist residential placements whilst alternative accommodation is developed		<ul style="list-style-type: none"> -Number of people supported in specialist residential placements whilst alternative accommodation is developed -progress report on new accommodation developments -Annual report on health and social care assessments
Supported living for those with enduring Mental health and learning disabilities issues	Revenue contribution for provider support in new supported living developments being built through external capital funding Housing support – to support individuals to live independently in tenanted accommodation as opposed to residential placements	People with mental health needs and/or learning disabilities are supported to live independently in local communities (ASCOF 1G)	600,000	<ul style="list-style-type: none"> -Number of people with mental health needs and/or learning disabilities who are supported to live independently in local communities -progress report on new accommodation developments - ASCOF measure 1G – ALD who live in their own home or with family -ASCOF measure 1F – Adults with secondary MH services living independently
Mental health and learning disabilities respite -	Support for people with mental health problems and learning disabilities with a health need who require respite	People and their carers are able to access respite services	300,000	<ul style="list-style-type: none"> -number accessing respite services in Oak House, Path House, Oak Paddock, Barleyfields etc -Number of referrals/ episodes
TOTAL			4,988,726	

*ASCOF – Adult Social Care Outcomes Framework

Recommendations

The Board is asked to:

- Note the content of this paper and support the proposals contained within it regarding the allocation of the monies and outcome monitoring framework
- Note the guidance under which these monies will be spent as set out above
- Note the timescale for submission of the agreement to NHS England
- Agree that monitoring information on the use of the monies and the outcomes achieved will be brought to the Health & Wellbeing Board quarterly
- Agree that the allocation and monitoring framework included in this paper be appended to the 256 Agreement, signed by the Director of Adult Social Care and submitted to NHS England.