

DATED:

NHS England (1)

and

SHROPSHIRE COUNCIL (2)

**Agreement in respect of a grant
pursuant to Section 256 of the
National Health Service Act 2006**

THIS AGREEMENT is made on 11 September 2014 **BETWEEN:**

NHS ENGLAND (known as NHS ENGLAND) of NHS England, Shropshire and Staffordshire Area Team, Anglesey House, Towers Business Park, Rugeley, WS15 1UL (“**NHS England**”); and

2) **SHROPSHIRE COUNCIL** Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND (“**The Council**”) (together the “**Parties**”)

WHEREAS:

- (A) NHS England is empowered by Section 256 of the 2006 Act to make payments to the Council (who are a local Social Services Authority within the meaning of the Local Authority Social Services Act 1970) towards expenditure incurred or to be incurred by the Council.
- (B) NHS England and the Council have agreed that:
 - (i) the Council shall assume responsibility for the commissioning and procurement of the Services; and
 - (ii) NHS England shall make payments to the Council in relation to the provision of the Services, as described in the Service Specification as detailed in Schedule 2.
- (C) By resolution of the Shropshire Health and Wellbeing Board at its extraordinary meeting on 14 September 2013 transfer of funding to support the Services was recommended pursuant to Section 256 of the 2006 Act.

NOW IT IS HEREBY AGREED as follows:

1 Definitions and Interpretation

1.1 In this Agreement the following expressions shall, unless the context otherwise requires, have the meanings herein:

“2006 Act” means the National Health Services Act 2006;

“Agreement” means this agreement

“Annual Sum” means the amount of the Grant payable annually by NHS England to the Council in relation to the provision of the Services as set out in Schedule 2

“Annual Voucher” means the statement of compliance with conditions of grant and expenditure certification as set out in Schedule 3;

“Care Support” means following consultation with the Service Users:

- (a) assessing his or her individual needs;
- (b) identifying the care objectives appropriate to those needs;
- (c) selecting the most appropriate measures for achieving the objectives so identified;
- (d) incorporating these measures into an individual care plan;
- (e) implementing that care plan by securing the necessary resources and services; and
- (f) monitoring and reviewing the care plan in accordance with the NHS and Community Care Act 1990;

“Commencement Date” means: 1st April 2014

“Directions” means the National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013

“Financial Year” means the twelve month period from and including 1 April in any year to and including 31 March of the following year;

“Grant” means the amount of grant money payable by NHS England to the Council in respect of the provision of the Services as detailed within Schedule 2

“Memorandum of Agreement” means the services as described in Schedule 1 of this Agreement

“Nominated Officers” means Director of Strategy & Service Redesign (for NHS Shropshire CCG) and Director of Adult Services (for Shropshire Council) or such replacements as may be notified by a Party to the other Party in writing from time to time;

Responsible Officer means an officer of the Council who is responsible for discharging the function of authenticating and certifying the voucher in accordance with the Directions.

“Service Providers” means the organisations from whom the Council procure the Services as set out in Schedule 2;

“Service Users” means any individual who receives the Services; and

“Services” means the services described more fully in Schedule 2

“Term” means the period from the Commencement Day until 31st March 2015.

The headings in this Agreement are for ease of reference only and shall not affect the construction hereof.

- 1.2 A reference to any Act of Parliament, Order, Regulation, Statutory Instrument or the like shall be deemed to include a reference to any amendment or re-enactment of the same.

2 Conditions of relating to the Grant

- 2.1 In consideration of the Council entering into this Agreement and subject to the terms of this Agreement, NHS England shall pay the Grant to the Council as described in Schedule 2, in the form of the Annual Sum in accordance with clause 3 and subject to the following conditions:
- 2.1.1 the Grant shall provide funding to the Council in relation to the provision of the Services as described in Schedule 2 and the purposes a described in the Memorandum of Agreement at Schedule 1 and shall be used by the Council for no other purpose without the prior written authorisation of NHS England;
 - 2.1.2 the Council shall consult with NHS England over the provision of Services
 - 2.1.3 the Council shall use the Grant in accordance with all relevant legislation and the Directions;
 - 2.1.4 the Council shall ensure that the provision of Care and Support and Services to the Service Users will be based on a personal needs assessment of each Service User;
 - 2.1.5 use of the Grant by the Council shall be accounted for each year of the Term by submission by the Council of a completed Annual Voucher, as set out in Schedule 3, to the Head of Finance, Shropshire and Staffordshire Area Team of NHS England which has been duly authenticated and certified in accordance with the Directions by no later than 31 July following the end of the Financial Year to which it relates;
 - 2.1.6 the Council shall in its commissioning and procurement of the Services at all times observe the NHS obligation to obtain best value for money; and

2.1.7 the Council shall use reasonable endeavours to ensure that all statutory allowances available to be claimed by the Service Users are claimed.

3 The Annual Sum

- 3.1 The Annual Sum for the funding transfer to social care for each contractual year of the Term shall be five million, two hundred and twenty six thousand, three hundred and fifty seven pounds (£5,226,357) for the provision of the Services.
- 3.2 The Annual Sum for the Integration Fund for each contractual year of the Terms shall be one million, one hundred and sixty two thousand pounds (£1,162,000) for the provision of services
- 3.3 NHS England shall pay the Council both Annual Sums by 12 equal instalments on the tenth working day of each calendar month. The first payment shall be made on the tenth working day of the month that occurs immediately following the Commencement Date.
- 3.4 The payment of both the Annual Sums shall be subject always to the provisions of clauses 5 and 6 and shall continue unless reviewed and revised pursuant to the review provisions of clauses 5 and 6.

4 Review of the Services

- 4.1 The Council shall provide NHS England with any information in relation to the provision of the Services as NHS England may reasonably request.
- 4.2 The NHS England and the Council shall keep the Services under review in accordance with the provisions of any associated contractual agreements.
- 4.3 NHS England and the Council shall meet at such intervals as the Parties agree to review the provision of the Services.
- 4.4 The Council shall not vary the provision of the Services without the prior written agreement of NHS England.

4.5 NHS England shall be entitled, subject to giving 24 hours' written notice to the Council, to attend the Council's offices during office hours on a weekday and to inspect all relevant records and accounts of the Council, which deal with this Agreement, the service level agreements/contracts or the provision of the Services.

5 Dispute Resolution

5.1 Any dispute or difference between the parties arising out of or in any way relating to the terms, conditions or obligations under this Agreement shall if required by either party be referred:

5.1.1 in the first instance to the Director of Adult Services of the Council and the Head of Finance, Shropshire and Staffordshire Area Team of NHS England to resolve; and failing agreement

5.1.2 in the second instance to the Director of Adult Services of the Council and the Commissioning Director for Shropshire and Staffordshire of NHS England Area Team to resolve; and failing agreement

5.1.3 in the third instance to the Chief Executive of the Council and the Local Area Director for Shropshire and Staffordshire of NHS England

6 Applicable Law

6.1 The Parties acknowledge the Agreement takes into account the requirements of HSC 2000/011, LAC (2000)10 and the Directions issued by the Secretary of State for Health dated 28 March 2000.

7 Variation

7.1 Any variation to this Agreement must be agreed in writing by an authorised officer of each Party.

8 Termination

8.1 This Agreement shall terminate on the 31st March 2015

9 Assignment

9.1 This Agreement is personal to the Council and the Council shall not assign or transfer (or purport to assign or transfer) the benefit or burden of this Agreement to any other Party.

10 Contracts (Rights of Third Parties) Act 1999

10.1 The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and nothing in this Agreement shall confer or purport to confer or operate to give any third party any benefit or any right to enforce any term of this Agreement except as expressly provided in this Agreement.

11 Communication

11.1 Any notice to be given by either Party to the other under this Agreement shall be in writing sent to the Nominated Officer of the relevant Party at the address as set out in this Agreement.

12 Governing Law

12.1 This Agreement shall be governed by and construed in accordance with English Law.

Schedule 1

Memorandum of Agreement

Section 256 transfer

Reference number: Shrops201415

Title of scheme Funding Transfer from NHS England to social care 2014/15 including the Integration Fund

(the reference number and title of the scheme should give a unique identification of the scheme)

1 ***How will the section 256 transfer secure more health gain than an equivalent expenditure of money in the NHS?***

- To meet health and well-being outcomes identified in the Joint Strategic Needs Assessment, Joint Health & Well-being Strategic Priority Plan and associated service strategies or commissioning plans.
- To enable the Partners to improve the ways in which the Clinical Commissioning Group priorities/ functions and Council's priorities/ functions respectively are exercised by more effectively addressing issues of:
 - Inconsistency and inequality of access to and outcomes from the service; and
 - Inefficient use of resources arising from unnecessary duplication and organizational boundaries
- To lead to a health gain as defined by the CCG's Key objectives and or other principal plans of the CCG
- Monitoring by the Health and Well-Being Board to ensure outcomes within schedule 2 are being delivered

2 ***Description of scheme and relationship to HImP (In the case of revenue transfers, please specify the Project for which money is being transferred).***

The intended aims of the Agreement are:

- To ensure an effective and integrated approach to commissioning for health and social care services, which is service user focused and reflects local needs
- To ensure that public resources are used as efficiently and effectively as possible.

- To work with the priorities determined by the Partners in order to meet national and local targets.

3 Financial details (and timescales):

Total amount of money to be transferred and amount in each year (if this subsequently changes the memorandum must be amended and re-signed)

| Years | Fund | Amount | Capital | Revenue |
|---------|-------------------------|------------|---------|------------|
| 2014/15 | Transfer to social care | £5,226,357 | | £5,226,357 |
| 2014/15 | Integration Fund | £1,162,000 | | £1,162,000 |

In the case of capital payments, should a change of use as outlined in Directions at paragraph 4(1)(b) occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in Directions at paragraph 4(4).

4 The Health & Wellbeing Board have agreed a set of outcome measures for the use of this fund. These measures, as stated in the schedule 2, have been set out to ensure the best use of these monies in securing the best outcomes for service users. This has been done on the basis of collaboration, reducing duplication and using resources, including skills and expertise, in the most effective way and to ensure this is evidenced.

Signed : for NHS England

..... Position

..... Date

Signed : For local authority / other recipient body

..... Position

..... Date

|

Schedule 2

NHS England payments to Local Authorities 2014/15

(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. For the 2014/15 period the funding transfer to social care has seen an increase £237,631 from the 2012/13 level to total £5,226,357 . How this funding is allocated is set out in Table 1 below.

In addition for 2014/15 the Integration Fund element of the Better Care Fund, for Shropshire is £1.162m, which will support integrated schemes and areas of work included in the Better Care Fund is included in this agreement. How this funding is allocated is set out in Table 2 below.

This paper sets out the allocation of this money for the period 1 April 2014 to 31 March 2015 as agreed by the Health & Wellbeing Board at its extraordinary meeting on 11 September 2014.

As a condition of payment Local Authorities must agree with their partner Clinical Commissioning Groups (CCG's) how the funding will be used and the outcomes for service users as a result of the funding. This agreement is appended to this Section 256 Agreement (below) with the Section 256 agreement signed by NHS England and the Local Authority to enable the transfer of funding direct to Shropshire Council

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 (JSNA) 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 2014 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

The 2014/ 15 agreement also includes the Integration Fund to support the integrated schemes and areas of work included in the Better Care Fund

2014/15 Allocations

The following tables set 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:

- Facilitating 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
- Protection of Social Services
- Supporting the Better Care Fund plan
- 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

Table 1: Transfer of Funding to Social Care

| Name of Scheme | Service Descriptor | Outcomes | Funding | Outcome Measure |
|---|---|---|----------------|--|
| <p>Maximising Independence: hospital discharge and admission avoidance</p> | <p>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</p> | <p>Reduction in delayed discharges Reduction in hospital admissions</p> | <p>500,000</p> | <p>-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 65+ who were still at home 91 days after discharge from hospital into reablement services</p> |
| <p>Increased social work capacity – hospital discharge and extended hours</p> | <p>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</p> | <p>Reduction in delayed discharges Improved capacity in acute hospital settings Patients are supported to return home to family and</p> | <p>150,000</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</p> |

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|------------------------|--|--|----------------|---|
| | <p>work capacity across acute and community hospital provision linking also to the virtual hospital 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> | <p>communities earlier</p> | | <p>people 65+ who were still at home 91 days after discharge from hospital into reablement services</p> |
| <p>Handyman scheme</p> | <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</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</p> | <p>100,000</p> | <p>-quarterly report on number of adaptations undertaken</p> <p>- Number of people supported</p> |

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| | 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. | remain in their own homes closer to friends , family and in their local community People are supported to feel safe living independently | | |
| Carers support | 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 web based support | Carers continuing to maintain caring role Compliance with carers legislation Cared for individuals able to remain at home and in their local community | 250,000 | - number of carers assessments undertaken -Number of carers supported (Crossroads and Community Council) -Results of the Annual Carer Survey -Results of Annual Service user Survey -ASCOF* measure 1A Social care related quality of life |
| Telecare | Provision of stand alone telecare equipment and | Support people to remain living in their own home and | 500,000 | -Numbers/ types of funded telecare equipment provided |

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|--|---|---|---------|--|
| | contribution to a call monitoring system | independently for longer Reducing reliance on high cost care package & reducing reliance on residential admissions | | <ul style="list-style-type: none"> -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 | <ul style="list-style-type: none"> -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 | Supporting people to self care and self help | 150,000 | <ul style="list-style-type: none"> -Evidence of preventative services available |

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| | advice | Reducing reliance on Statutory services | | -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 |
| Support for an integrated social care and healthcare pathway to avoid hospital admissions and facilitate discharge | 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 | Reduction in hospital admissions Facilitate hospital discharge Reduction in delayed transfers of care | 675,000 | -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 from hospital into reablement services - ratification of an integrated health and social care pathway |

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|---|---|--|---------|--|
| | 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 | | | |
| 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>Access to telecare, support for carers, promotion of dementia friendly communities, short term residential respite.</p> <p>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.</p> <p>When living at home is no longer possible specialist dementia residential and nursing care home settings are available</p> | 600,000 | <p>-Number of support packages offered</p> <p>-ASCOF measure 2A – permanent admissions of older people aged 65+ into residential/ nursing care homes per 100,000 population</p> <p>-progress on development of dementia friendly communities</p> |
| Training and development to support new ways of working including Locality | Learning from Locality Commissioning prototypes shared with all stakeholders | Learning from prototypes rolled out across county | 250,000 | -quarterly report on progress of locality commissioning prototypes against key milestones |

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| 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 | Care home monitoring to ensure contract compliance | Health & Social care are able to respond promptly to | 50,000 | -Adult protection indicators |

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|--|---|---|---------|--|
| safeguarding concerns in care home settings | | safeguarding concerns in care home settings to ensure that vulnerable people receive the level of care they need | | -Annual safeguarding Board report |
| <p>Adults with learning disabilities :</p> <ul style="list-style-type: none"> - compliance with response to Confidential Enquiry into premature deaths - Response to Winterbourne View and compliance concordat - Annual health and social care self assessment | 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> <p>People are supported in specialist residential placements whilst alternative accommodation is developed</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> <p>-Number of people supported in specialist residential placements whilst alternative accommodation is developed</p> <p>-progress report on new accommodation developments</p> <p>-Annual report on health and social</p> |

| | | | | |
|---|--|--|---------|--|
| | | | | 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 | -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 | -number accessing respite services in Oak House, Path House, Oak Paddock, Barleyfields etc -Number of referrals/ episodes |
| Contingency Funding (To be Agreed by 31 October | | | 237,631 | |

| | | | | |
|--------------|--|--|------------------|--|
| 2014) | | | | |
| TOTAL | | | 5,226,357 | |

*START – Short Term Assessment and Reablement Team
 Framework JSNA – Joint Strategic Needs Assessment

** DTOC – Delayed Transfers of Care

***ASCOF – Adult Social Care Outcomes

Table 2 Integration Fund

| Name of Scheme | Service Descriptor | Outcomes | Funding | Outcome Measure |
|---------------------------------------|--|--|---------|--|
| Mental Health Accommodation | Supported accommodation for people with mental health needs that prevents hospital admissions, facilitates hospital discharge and supports people in crisis within their local community | To support the implementation of the Better Care Fund, its overarching visions and its aligned schemes as set out in the Better Care Fund Plan | 379,026 | To support the achievement of the specific BCF outcome metrics |
| Pump Priming ICS double running costs | ICS is a key BCF scheme comprising an integrated health, social care and voluntary sector model to improve discharge from hospital and avoid admissions | | 359,130 | |
| BCF Coordinator post | To support the development of the BCF plan and its implementation | | 57,948 | |
| Dementia post | Joint post across the CCG and Council to drive forward this | | 57,948 | |

| | | | |
|-----------------------------------|--|--|------------------|
| | priority service area locally | | |
| Rehab and reablement post | Joint post across the CCG and Council to support the development of the Rehab and reablement agenda locally | | 57,948 |
| Implementation costs of care bill | To contribute to the implementation costs of the care bill including dedicated project support, financial modelling of the impact, review of existing policies and processes, review of information technology requirements. | | 250,000 |
| Total | | | 1,162,000 |

This Agreement was ratified via an Extraordinary meeting of the Health & Wellbeing Board held on 11 September 2014. This documentation can be viewed via the following link:

Add link here

Stephen Chandler

Director of Adult Social Care

Shropshire Council

Dr Caron Morton

Accountable Officer

Shropshire CCG

Schedule 3

Annual Voucher

Shropshire Council

PART 1

**STATEMENT OF GRANT EXPENDITURE FOR THE FINANCIAL YEAR
31 March 2015.**

Title of Project

**Funding Transfer from NHS England to social care 2014/15 and Integration Fund
2014/15**

Scheme Reference Number:

Shrops201415

Revenue Expenditure

**£5,226,357 Social Care Transfer
£1,162,000 Integration Fund**

Capital £0

Total £6,388,357

| Service area | Subjective code | Allocation |
|---|-----------------|------------------------------|
| Community Equipment and adaptations | 52131015 | £100,000 |
| Telecare | 52131016 | £500,000 |
| Integrated Crisis and rapid response services | 52131017 | £675,000 |
| Maintaining eligibility criteria | 52131018 | |
| Re-ablement services | 52131019 | £500,000 |
| Bed-based Intermediate Care services | 52131020 | |
| Early Supported Discharge schemes | 52131021 | £150,000 |
| Mental Health services | 52131022 | £1,800,000 |
| Other preventative services | 52131023 | £200,000 |
| Other social care (specify) | 52131024 | £2,463,357 Carers support |

| | | |
|-------|--|--|
| | | Think Local Act Personal Training & development to support Locality Commissioning Access to Employment and leisure services Services for people with Dementia Contingency funding Integration Fund allocation |
| Total | | £6,388,357 |

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme approved by Shropshire Health and Wellbeing Board at its extraordinary meeting on 11 September 2014 in accordance with the Directions made by the Secretary of State under Section 256 of the NHS Act 2006.

Signed Date

The relevant chief financial officer, of the Council, as appropriate (see paragraph 5 (3) of Directions)

Certificate of Independent Auditor

I/We have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated)* and the related accounts and records of the and
- carried out such tests and obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated)* I/we have concluded that

- the entries are fairly stated: and
- the expenditure has been properly incurred in accordance with the relevant terms and conditions.

Signature

Name (block capitals)

Company/Firm

Date

* Delete as necessary