

REPORT FOR: Harrow Health & Wellbeing Board

Date of Meeting:	1 August 2013
Subject:	2013/14 Funding transfer from NHS England to social care - section 256 funding
Responsible Officer:	Javina Sehgal Chief Operating Officer, NHS Harrow CCG Paul Najsarek Corporate Director, Community Health & Wellbeing, LB Harrow
Exempt:	No
Enclosures:	Gateway Reference 00186- Funding transfer to social care letter Funding transfer from the NHS to social care in 2013-14

Section 1 – Summary and Recommendations

Decision report:

This report sets out the conditions, governance and reporting process for the 2013/14 Funding transfer from NHS England to social care - section 256 funding

Recommendations:

The Health & Wellbeing Board is requested :

1. To note the £3,471,178 funding from NHS England for social care for 2013/14 subject to the signing of a section 256 Agreement.

2. Subject to agreement with the Harrow CCG, to approve the proposal to use the funding in a similar way to 2012/13 in that it will enable the council to maintain existing eligibility, provide growth needed due to demographic pressures and protect preventive services.

3. To authorise officers to enter into discussions with Harrow CCG to conclude a section 256 agreement.

4. To agree the proposed monitoring arrangements for the spending of the budget.

These will continue in their current form with a monthly meeting between the Head of Commissioning and the Head of Unscheduled Care

Section 2 – Report

2.1 Background

Since 2011/12 annual payments have been made by the local health service (formerly the PCT, now CCG) to the London Borough of Harrow to support adult social care. The aim of this money has been to support the local health and social care economy. There was recognition that it would be necessary to provide additional money to social care in order to protect eligibility and meet demographic challenges.

In 2011/12 and 2012/13 there was a two year agreement formalised through a Section 256 agreement under the 2006 NHS Act. In 2011/12 the funding level was £2.601m, and in 2012/13 it came to £2.489m. The agreement was that the funding would “be used to meet the rising costs of existing social care provision and not to fund new and additional services”. As a result of this funding Adult Social Care in Harrow has received additional funding in both of these years to ameliorate the effects of demographic and social changes, enabling us to continue to invest in critical preventive services such as Reablement.

On the 19 June 2013 NHS England issued a letter to CCGs regarding the allocation for 2013/14. During 2013/14 the money will be paid by NHS England directly to the council rather than through the CCG. This report concerns this allocation and the arrangements for this transfer.

2.2 Funding Transfer from NHS England to Social Care

The allocation for NHS England to pay the London Borough of Harrow in 2013/14 is £3,471,178.

As in previous years, the criteria are that the funding must be used to support adult social care services in each local authority, and must also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.

NHS England requires that the local authority agree with its local health partners how the funding is best used within social care, and the outcomes expected from this investment.

Health and Wellbeing Boards will be the forum for discussions between the NHS England Area Teams, CCGs and Local Authorities on how the funding should be spent.

Conditions of the funding

The following conditions are to be in place prior to the transfer of funds from NHS England to the council:

- Local Authorities and CCGs 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
- Local authorities must demonstrate how the funding transfer 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.
- The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

Governance

NHS England Area Teams will ensure that the CCG/s and Local Authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any measurable outcomes and the agreed monitoring arrangements in each local authority area.

A copy of each signed agreement should be sent to NHS England Finance Allocations Team at england.finance@nhs.net so that a national review of the transfer can be undertaken.

NHS England will require expenditure plans by local authority to be categorised into the service areas set out in Table 1 below, which have been agreed with the Department of Health.

Table 1:	
Analysis of the adult social care funding in 2013-14 for transfer to local authorities	
<i>Service Areas- 'Purchase of social care'</i>	<i>Subjective code</i>
Community equipment and adaptations	52131015
Telecare	52131016
Integrated crisis and rapid response services	52131017
Maintaining eligibility criteria	52131018
Re-ablement services	52131019
Bed-based intermediate care services	52131020
Early supported hospital discharge schemes	52131021
Mental health services	52131022
Other preventative services	52131023
Other social care (please specify)	52131024
Total	

2.3 London Borough of Harrow Proposal for Funding Use

The proposal is that the funding is used in Harrow in a similar way to previous years subject to further agreement and discussion between the council and the CCG.

In previous years this funding has been essential funding to support the council to maintain existing eligibility criteria, and existing programmes which support people to remain independent and in their own homes. The additional investment has for example enabled the council to maintain its Reablement Service which is open to all regardless of FACs eligibility and provides a vital pathway for the first six weeks following discharge from hospital.

Subject to agreement, further discussion will take place to confirm the categorisation of the additional funding prior to completing a S256 Agreement.

Harrow has monitoring arrangements in place in which the Head of Commissioning & Partnership at the council and Head of Unscheduled Care at the CCG have monthly meetings to discuss the Section 256 commitments and progress with shared plans. These meetings include other colleagues as necessary to discuss relevant items on the agenda. We propose that these meetings continue and cover the funding transfer in 2013/14.

If the Health & Wellbeing Board agrees to these proposals, we will engage in further discussions over the next four weeks, and move to the development of a new S256 agreement, which will be signed by Accountable individuals within the Council and the CCG.

2.4 Financial Implications

The allocation for Harrow is £3,471,178. This has been assumed within the Council's budget for adult social care in 2013/14. Medium Term Financial Strategy assumptions have been agreed on this basis of the full amount being available.

If this money was not transferred it would have significant financial implications for the council. We would need to urgently re-plan our budgets for the year, which would involve the need for a de-commissioning strategy.

2.5 Risk Management Implications

The key risk for the council and the local health economy relates to a failure to agree to the terms of the transfer. If this money was not received it would put the council's financial situation at considerable risk, and would in turn impact on the services that the council is able to deliver.

Should there be a requirement for any additional projects to be delivered over and above those agreed by the Full Council in its annual budget setting then it would require a reduction in service elsewhere.

2.6 Equalities implications

Was an Equality Impact Assessment carried out?

An Equality Impact Assessment has been carried out as part of the council's overall budget setting process. This included screening assessments for each of the proposals made within the adult services budget.

2.7 Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Supporting and protecting people who are most in need.

Legal Comment

The payment must be spent in accordance with The National Health Service Commissioning Board (Payments to Local Authorities) Directions 2013. If the payment is allocated on a different basis from 2012/13 an Equality Impact Assessment will be required.

Section 3 - Statutory Officer Clearance

Name: Roger Hampson	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 24 July 2013		
Name: Linda Cohen	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 24 July 2013		

Section 4 - Contact Details and Background Papers

Contact:

Jason Antrobus, Head of Unscheduled Care, NHS Harrow CCG 07904 865 160

Thom Wilson, Head of Commissioning, LB Harrow, 0208 7366022

Background Papers:

None