



HEALTH & WELLBEING BOARD

Subject Heading:

Joint report from CCG and LB Havering to agree:

- what S256 funding will be used for
- the measurable outcomes
- monitoring arrangements

Board Lead:

Joy Hollister/ Alan Steward

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

NHS England is managing the process for provision of S256 money to local authorities from the NHS for 13/14. The process includes the need for discussion of the proposals at HWB, prior to formal sign off of the S256 memorandum of agreement (see appendix 1) by the clinical commissioning group and the local authority. The report outlines; what the 13/14 S256 money will be used for; the measurable outcomes that the initiatives will achieve; the links to JSNA, ASC service plans and the Commissioning Strategy Plan of the CCG; and the monitoring arrangements that will be put in place to ensure delivery.

RECOMMENDATIONS

To approve the use of S256 money as outlined in the table attached at appendix 2, with associated outcomes and the proposed monitoring arrangements as outlined below.

REPORT DETAIL

Section 256 funding provides a significant opportunity for NHS and Local Authorities to work together to better meet the health and social care needs of communities. NHS England is now responsible for managing this funding and has outlined processes to be followed for it to be released.

The funding for 2013/14 for Havering totals £3,599,507. The release of the money is subject to an expressed set of criteria. These include:

- That the money should support adult social care services, which 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.
- To respond to the JSNA and the existing commissioning plans for both health and social care.
- To provide a positive difference to social care services and outcomes for service users.

NHS England requires the initiatives and outcomes to be agreed by both the LB of Havering and the CCG. There has therefore been on-going dialogue between officers within the LBH and the CCG to design the programme, which, in many cases means moving forward on integration of services to the benefit of service users. The proposals have already been to the Executive Committee of the CCG.

The proposed initiatives, the measurable outcomes they are trying to achieve and the links to the Health and Wellbeing strategy, to JSNA, ASC and CCG commissioning plans, are in tabulated form at Appendix 2. For each initiative it is likely that an associated equalities assessment will be required. These will be conducted as part of the project delivery where necessary.

The proposals include funding for delivery resources, designed to develop the integration of commissioning, which would not have been available in normal circumstances and this is explicitly allowed for within the guidelines for use of the funding.

It is worth noting that these initiatives and their allocated funding are designed to begin a process of change. Funding will be available, under certain conditions, for the next two years, eventually becoming manifest as the Integration Transformation Fund. An associated two year plan into 14/15 and 15/16 will be built between the local authority and the CCG, using the initiatives in this paper as a foundation, over the next few months. The plan and the delivery of outcomes will be the basis for successfully securing the funding in

future, so robust partnership working and the development of sound measurable outcomes that meet set criteria are essential. It will ultimately come to HWB for approval prior to going through a process, involving NHS England providing assurance for ministers, in March 2014.

Monitoring arrangements

Each of the initiatives outlined at appendix 2 has measurable outcomes applied to it. Reporting on progress in all defined areas is proposed quarterly at Health and Wellbeing board. An Integrated Commissioning Board (which is in development and will incorporate ASC and Health partners) will ensure delivery on a more regular basis. It is becoming evident that allocation of funding in 2015/16 will be dependent on performance in 2014/15.

Where particular initiatives require governance of their own this will also be established.

Issues that are of such significance that they require specific and more immediate resolution will be brought to HWB on an exception basis.

IMPLICATIONS AND RISKS

Financial implications and risks:

The 2013/14 funding transfer from NHS England to social care is now administered by NHS England (previously undertaken by Primary Care Trusts).

In order for NHS England to release the funding, templates must be completed and submitted along with the local section 256 agreement, in line with national directions for payment. The application and outcome monitoring of the use of funds must be agreed between NHS England, local authorities and local health partners. The Health and Well Being Board is the forum for agreement of joint CCG/LA plans, to enable both parties to sign the s256. The templates and s256 agreement will then be submitted to the local NHS delivery team, who will release the funding.

Havering's 2013/14 allocation is £3,599,507. The proposed plans take care of all of this funding. There is a requirement that deployment of funds be externally audited.

Given that the timing of the receipt is expected to be at the end of 2013/14, the majority of the funding will likely be deployed during 2014/15, so authorisation to carry funds forward is requested within the s256.

There are certain funding conditions summarised as:

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1. Funding must support adult social care services in each local authority in a way that also has a health benefit.
2. Local authorities must obtain agreement from their local health partners on how the funding is best used within social care and the anticipated outcomes from the investment.
3. Health and Wellbeing Boards will be expected to discuss and approve local proposals for use of the funding.
4. NHS England will make it a condition of the transfer that local authorities demonstrate how funding will make a positive difference to social care services and the benefits for service users, compared to service plans in the absence of the funding transfer.

There is the risk that there would be financial consequences should the conditions not be met, or outcomes not delivered, performance is expected to influence future funding allocations. Progress against outcomes will need to be monitored on a timely basis via Health & Wellbeing Boards.

In the current economic climate funding streams may be subject to change at short notice, so this risk needs to be considered as part of the planning process.

These proposals also form the bedrock of the initial planning related to the Integration Transformation Fund, which comes into effect from 2015/16.

Caroline May, Strategic Business Partner (Finance), Children, Adults and Housing

Legal implications and risks:

Section 256 National Health Act 2006 gives power to NHS England to provide funding to local authorities for social services functions where the funding will

- a) Have an effect on the health of any individuals,
- (b) Have an effect on, or are affected by, any NHS functions, or
- (c) Are connected with any NHS functions

The proposed funding will be provided subject to a number of conditions which are set out elsewhere in this Report e.g. see financial implications above.

Provided the relevant conditions are met there are minimal legal risks in approving the Report.

*Stephen Doye, Legal Manager (Litigation). For and on behalf of Ian W. Burns
Acting Assistant Chief Executive Legal and Democratic Services*

Human Resources implications and risks:

There are no immediate Human Resources implications as the additional work will be managed from existing staff resources within the Children, Adults and Housing Directorate.

Nicola Williams, Human Resources. For and on behalf of Eve Anderson, Strategic HR Business Partner.

Equalities implications and risks:

It is envisaged that the proposed initiatives listed in Appendix 2 will better meet the health and social care needs of communities, particularly the most vulnerable and disadvantaged groups living in the Borough.

The identified initiatives and outcomes have been agreed by both the London Borough of Havering and the Clinical Commissioning Group, and have been informed by the Joint Strategic Needs Assessment, Adult Social Care service plans and the CCG Commissioning Strategy Plan.

Where appropriate, individual projects will be subject to separate Equality Analyses as part of the project development, delivery and monitoring.

Andreyana Ivanova, Diversity Advisor, Corporate Policy and Diversity.

BACKGROUND PAPERS

The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013