

Notice of KEY Executive Decision containing exempt information

This Executive Decision Report is part exempt and Appendix A is not available for public inspection as it contains or relates to exempt information within the meaning of paragraph 3 of Schedule 12A to the Local Government Act 1972. It is exempt because it refers to Information relating to the financial or business affairs of any particular person (including the authority holding that information) and the public interest in maintaining the exemption outweighs the public interest in disclosing the information

Subject Heading:	North East London Virtual Ward Fund 2022/23
Decision Maker:	Dave McNamara, Director of Finance
Cabinet Member:	Councillor Gillian Ford – Lead Member for Health
SLT Lead:	Barbara Nicholls, Director for Adult Services and Health
Report Author and contact details:	Sandy Foskett, Senior Commissioner and Project Manager
Policy context:	<p>The NHS is introducing virtual wards to support people at the place they call home, including care homes.</p> <p>This approach aims at preventing avoidable admissions and supporting early discharge out of hospital.</p>

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Financial summary:	<p>The report seeks permission to accept NHS funding of £1,035,000 via the Virtual Ward Fund.</p> <p>This funding is for the period from 1st March 2023 to 1st Feb 2024 or if after this date, until the funds are depleted.</p>
Reason decision is Key	Expenditure or saving (including anticipated income) of £500,000 or more
Date notice given of intended decision:	20 March 2023
Relevant OSC:	People's Overview and Scrutiny Sub Committee
Is it an urgent decision?	Yes, notification of funding was received late and the funding needs to be paid to the Council by 31 March 2023. Permission has been granted by the chair of OSC to treat this decision as urgent
Is this decision exempt from being called-in?	Yes, the chair of OSC has waived the right to call-in the decision

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

It is recommended that the S151 Officer, in consultation with the Lead Member for Health, authorises:

- the acceptance of the North East London Virtual Ward Funding Havering allocation of £1,035,000 from the NHS North East London ICB;

*Section 256 – Virtual Ward Funding Allocation 2022/23 is affixed to this report at Appendix A.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3 Responsibility for Functions of Havering's Constitution

Para 3.10.3 Statutory Officer Functions;

S151 Officer Functions

(m) To accept grants and the terms and conditions thereof for and on behalf of the Council.

STATEMENT OF THE REASONS FOR THE DECISION

Background

- 1.1. The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.
- 1.2. The 2022/23 NHS Operational Planning Guidance has identified Virtual Wards as one of the key priorities in support of elective and non-elective surgery recovery. Integrated Care System's (ICS) have been asked to develop comprehensive, multi-year plans, for progressively increasing Virtual Ward bed capacity.
- 1.3. NHS North East London has taken a population health approach and has prioritised the areas where there is the greatest need. In these areas the national operating plan targets exist for service expansion in the two national priority areas of Frailty and Acute Respiratory Illness (ARI). While the Virtual Ward model is nationally defined, the implementation of the model at place level varies considerably.
- 1.4. Frailty and ARI- these two groups account for up to 50% of patients who may be clinically suitable to benefit from a Virtual Ward bed and offer a significant opportunity to scale.

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- 1.5. Each ICS has developed Virtual Ward capacity in line with a national ambition of developing 40-50 virtual ward 'beds' per 100,000 population as outlined in the planning guidance. NEL ICS has agreed a starting baseline capacity at 23-30 virtual beds per 100,000 population. Work on the virtual ward began in 2022/23, however the start was slow, with the ICB keen to ensure funding availability for 2023/24 via the Havering Borough Partnership, with the funding hosted by the Council on behalf of the partnership.

The Funding

- 2.1. The Council has been awarded funding of £1,035,000 to be used towards virtual wards. Neighbouring borough place based partnerships (Barking and Dagenham and Redbridge) have also received funding. Therefore, the three Authorities propose to work together and
- 2.2. adopt a reasonably similar model for services. As per the ICB's funding requirement the service provision will be delivered by North East London NHS Foundation Trust (NELFT) and Barking, Havering and Redbridge Hospitals NHS Trust (BHRUT).
- 2.3. There is a national requirement to deliver the equivalent of 183 beds in a virtual ward with targets at the three places (across Barking & Dagenham, Havering and Redbridge (BHR) and including the two priorities for frailty and ARI) to be developed across systems based on partnerships between secondary, community, primary and mental health services.

The allocation and bed requirement by place are set out below:

B&D	40 beds
Havering	76 beds
Redbridge	67 beds

- 2.4. The frailty Virtual Ward will evolve through the following stages:
- To meet the service specification of admissions avoidance, cycle one will focus on drawing from ED and the frailty units
 - The next cycle will focus on drawing from acute wards
 - The final cycle will focus on accepting referrals from primary care and community services
- 2.5. Central to this approach includes preventing avoidable admissions, or supporting early discharge out of hospital.
- 2.6. Funding is for the period from 1st March 2023 to 1st Feb 2024 or if after this date, until the funds are depleted.

Conditions of funding and Place Based Partnership Responsibilities

- 3.1 The Borough Partnership Board (made up of officers from Barking and Dagenham, Havering and Redbridge) will meet to review a proposal to deploy the funding by 31st May 2023. The providers will be BHRUHT and NELFT in

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accordance with the s256 funding agreement. The proposal will also set out a recommendation on the best route to deploy the funds i.e. the role that other place based partner organisations will play in the distribution of the funding and mobilisation of the services. The service will be monitored through the Borough Partnership Board as per requirement of Section 256 (see Appendix A).

OTHER OPTIONS CONSIDERED AND REJECTED

Not accept virtual ward funding – this option was rejected. Accepting this funding will allow residents to get the care they need at home safely and conveniently, rather than being in hospital. This service complements existing services within the NHS and works in preventing avoidable hospital admission or supporting early discharge out of hospital.

PRE-DECISION CONSULTATION

The Havering (Placed Based) Borough Partnership Board and the BHR Health and Care Cabinet both support the use of the Virtual Ward funding

Pre-decision stakeholder engagement has taken place with:

- NHS North East London Integrated Care Board
- North East London Foundation Trust

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Laura Neilson

Designation: Commissioning Programme Manager, Joint Commissioning Unit

Signature:

Date:

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a statutory duty under the National Health Service Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) to take such steps as it considers appropriate for improving the health of the people in its area.

Furthermore, Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything an individual can do. The recommendations in this report are in keeping with this power and the Council has the power to accept grant funding.

The use of the grant sums will need to be made pursuant to the grant terms and conditions including but not limited to the use of the grant funding and the monitoring requirements.

The Council must also indemnify the Integrated Care Board (ICB) against all actions, claims, demands, costs, charges and expenses whatsoever in respect of any breach by the Council of the Grant Funding Agreement.

Furthermore, the ICB may require the Council to repay any unspent funding in the event of: a. failure to commence the agreed commissioned service or to attain the agreed service standard and not being able to remedy the situation within a reasonable timescale. b. the decommissioning or cessation of the service. c. failure to demonstrate financial viability. d. any of the grant funding is not used for the purpose specified in the Grant Funding Agreement.

The Grant is allowable under the Council's Contract Procedure Rules 25.1 and 25.4 which states: 25.1 Where the council receives Grant Funding and is named as the accountable body for the expenditure of monies, and where the terms of the grant permits the Council to directly carry out Works, or buy Services or Supplies, any procurement will be conducted in line with CPR.

25.4 Where the funding is for use by a third party, the obligation to account for the funding contained in the grant terms will be included in the agreement with the third party. Furthermore, the terms of making the grant shall include a clause to competitively tender for Services, Supplies or Works and reflect the Council's strategies, policies and objectives in so much as they apply to, or are compatible with, the funding objectives as set out in the grant terms imposed on the Council and CPR.

The Council is not required to undertake any procurement activity to appoint providers to deliver this service as in the terms of the Agreement the ICB have stipulated that the service providers will be BHR University Trust Hospital and NELFT. Further the ICB, as part of the NHS can award contracts for the provision of services to other organisations within the NHS without undertaking a procurement. Both BHR and NELFT are NHS organisations. This is in compliance with Regulation 12(7) of the Public Contract Regulations (as amended) 2015.

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FINANCIAL IMPLICATIONS AND RISKS

This paper seeks permission to accept the NHS funding of £1,035,000 through the Section 256 Agreement – North East London Virtual Ward Fund 2022/23. The agreement is for the period 1st March 2023 to 1st February 20214 or until the funds have been allocated and the funds depleted.

Havering will be responsible for commissioning or delivering services in accordance with the S256 agreement to the satisfaction of NHS north East London ICB.

There are no adverse financial implications as a result of accepting this funding.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

At this stage, there are no HR implications for LBH employees and/or posts, however should there be, they will be managed in accordance with the Council's HR policies and procedures.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

As outlined in 6.4 of the Virtual Ward NEL 256 Agreement, monitoring information will be provided.

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HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Hospital stays can expose older people to risks such as deconditioning, delirium, and hospital-acquired infections. Some patients who would normally need hospital care could be managed at care homes and their own home with certain facilities and care that are available in hospitals. Hospital-level care in an individual's usual environment may improve their care experience and outcomes and deliver benefits for patients, carers and health and care systems. In terms of safety, the risk of healthcare acquired infection is significantly reduced with virtual wards at home. Evidence found that Subsequent residential care admissions are reduced by half (pooled RR 0.35, 95% CI 0.22–0.57; source: [Virtual wards: a rapid evidence synthesis and implications for the care of older people | Age and Ageing | Oxford Academic \(oup.com\)](#)). In addition, virtual wards improve staff experience and can allow for better and more flexible use of the existing workforce. ie a mixture of in-person clinical care and provision of virtual clinical care.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

1 There are no direct implications relating to the environment or climate change relating to this report.

2. The Council will embrace the Environment and Climate Agenda both strategically and globally through its development of footprint reduction initiatives, Climate Action plans and externally delivered services. The council will strive to minimise negative impacts and optimising positive opportunities delivering our Climate change action plan.

BACKGROUND PAPERS

None

APPENDICIES

Appendix A

Section 256 Agreement **EXEMPT**

Key Executive Decision

Part C – Record of decision

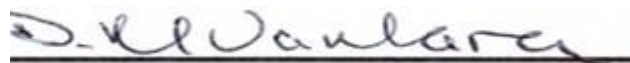
I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed



Name: Dave McNamara

CMT Member title: s151 Officer

Date: 31st March 2023

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____