

TELFORD & WREKIN COUNCIL

CABINET - 8 MARCH 2011

TRANSFER OF NHS FUNDING TO SOCIAL CARE (SECTION 256 NHS ACT 2006)

REPORT OF HEAD OF CARE AND SUPPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 The Government has recently announced additional resources to support a programme of reablement and rehabilitation helping people regain independence and thus reducing the need for ongoing care. It will also be targeted at a more general range of initiatives to relieve pressures on the acute hospitals particularly over the winter periods of peak demand. Whilst the funding is to be focussed on a broad range of social services it has been allocated to PCTs. It must be transferred to local authorities via an agreement under section 256 of the 2006 NHS Act. This report seeks member approval to the Council entering into a section 256 agreement with the PCT for the transfer of monies for a jointly agreed programme of spend.

2. RECOMMENDATIONS

- 2.1 That Cabinet approves the receipt of a section 256 grant as detailed in this report, from Telford & Wrekin PCT, and the subsequent expenditure as detailed in the agreement.
- 2.2 That Cabinet agree to the creation of a pooled budget with the PCT in respect of the additional carers funding following agreement with the PCT.
- 2.3 That Cabinet delegates authority for the Common Seal of the Council to be affixed to the resulting contractual documentation as, in the opinion of the Head of Governance is appropriate under the constitution.
- 2.4 That Cabinet delegates authority to the Head of Governance and Head of Care and Support to finalise negotiations relating to the section 256 grant award.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	The proposals impact positively on the following objectives of the Adult Care and Support Priority Plan a) Improve quality of life b) Continue to develop choice and control c) Maintain health & wellbeing d) Ensure dignity & safety

	Will the proposals impact on specific groups of people?	
	Yes	The proposals will impact on all vulnerable people in the borough eligible for community care support
TARGET COMPLETION/ DELIVERY DATE	31 March 2011	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	In 2010/11 two investment allocations have been announced. An allocation of £220k was announced before Christmas and a further allocation of £523k in January. Along with a top up investment from the PCT to kick start the investment programme to relieve future pressures, it is proposed that a total of £1.243m will be transferred to the Council via a Section 256 agreement . A further sum of £2.10m has also been announced for 2011/12 and £2.033 for 2012/13 also to be transferred to the Council under the section 256 agreement for the ongoing programme. This will be supplemented by reablement monies of £428k in 2011/12 (2012/13 awaited). The use of the £428k and degree of transfer to the Council will require further discussions with the PCT as this sum is for local discretion as to the proportion of spend on the NHS and social care. The council will also be discussing the creation of a pooled budget in respect of the £400m made available nationally to the NHS over the next four years to enable more carers to take breaks.
LEGAL ISSUES	No	The Council in association with its partners has a statutory duty to provide services to vulnerable groups in the community. The proposed section 256 grant is in line with this duty. The terms and conditions of all contractual documentation will be approved by Legal Services.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Failure to reach agreement on the allocation of the funding would lead to the loss of this resource to the local health and social care economy. The transfer of the grant will assist in maintaining the existing levels of social care provision and enable investment in reablement services to help people regain their independence and reduce the need for ongoing care
IMPACT ON SPECIFIC WARDS	No	Borough wide

4. ADDITIONAL INFORMATION

- 4.1 In the CSR the Government announced that an additional £70m nationally (£220k locally) would be allocated to PCTs for spending in 2010/11 on services to promote better services for patients upon discharge from hospital. The plans for the expenditure have to be jointly agreed with the local authority and it is for local decision on how much of this money is spent on NHS services and how much on social care. It should also form the basis for post discharge support (see below) for 2011/12 onwards. A proportion of the funding is to be used to develop current reablement capacity.

4.2 In January the Government announced a further allocation of £162m (£523k locally) for spending on social services that benefit the NHS and improve overall health gain. The jointly agreed funding is to be spent on a broader range of social care services and must be transferred to local authorities. It is expected that funding would be invested in:

- additional short term residential care places, or respite and intermediate care
- home care support and investment in equipment, adaptations and telecare
- investment in crisis response teams and other preventative services to avoid unnecessary admission to hospital
- further investment in reablement services to help people regain their independence and reduce the need for ongoing care

4.3 It is recognised that the pathway of care post hospital can be complex and vary from Continuing Health Care to local authority funded packages. In order to facilitate a reablement and community based approach the PCT has earmarked an additional £500k for investment in the above services to relieve service pressures.

4.4 The 2011/12 NHS Operating Framework also provided details of separate non recurrent PCT allocations for social care, totalling £648m (£2.108m locally) in 2011/12 and £622m (2.033m) in 2012/13. Whilst the funding has been allocated to PCTs they have to transfer the funding to local authorities to invest in social care services to benefit health. As with the 2011/12 allocations the PCT and local authority are required to agree jointly the areas for investment and to take account the Joint Strategic Needs Assessment (JSNA) and existing commissioning plans. It also enables the local authority to address the demographic and health related pressures of an aging population with more complex and varied needs.

4.5 The PCT has agreed that all of the above funding will be transferred to the local authority under a section 256 agreement and expenditure on the following areas has been agreed:

- Additional spot purchasing of residential and nursing care beds within the community to respond to pressures of demand and reducing numbers of people receiving health funded support.
- Targeted use of existing interim and step down beds by enhanced therapy support from the Intermediate Care Service. This provides greater flexibility to in the use of those beds and increased the capacity of intermediate care beds. Additional beds could be purchased from the additional funding for 2011/12 and 2012/13.
- Additional occupational therapists and physiotherapists
- Increased staffing capacity within intermediate care and reablement services
- Additional spot purchasing of domiciliary care to support intermediate care services
- Additional social work capacity for the hospitals and intermediate care
- Developing the service specification with Shropshire Partners in Care to improve the information about market supply and availability
- Additional equipment and telecare purchase to enable timely and rapid response to support hospital discharge
- Investment in minor adaptations where appropriate

- 4.6 In addition the Government announced in January that £400m would be made available to the NHS over the next four years to enable more carers to take breaks from their caring responsibilities. This recognises the essential role that carers have in supporting people to remain in their own homes and communities. The amount available locally to the PCT is not yet known but it is a requirement that the resources are put into a pooled budget with the local authority to provide carers breaks, as far as possible, via direct payments or personal health budgets. Officers will progress the establishment of the pooled budget and use of these monies in agreement with the PCT.
- 4.7 The intention of this funding is to facilitate and enhance better integrated funding between health and social care systems for the benefit of patients, service users and carers as set out in the Governments 'Vision for Adult Social Care', the NHS Reform Bill and 'Recognised, Valued and Supported: Next Steps for the Carers Strategy'. The focus is ensure that individuals are supported to regain and maintain their health and independence.

5. **PREVIOUS MINUTES**

None

Report Prepared by Karen Kalinowski, Head of Care & Support - Tel 01952 381011

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