

Committee(s):	Date(s):
Health and Wellbeing Board	6 th November 2013
Subject:	Public
Proposal to seek funding from NHS England for two posts to support Health and Social Care Integration.	
Report of:	For Decision
Assistant Director, People	

Summary

This report, which is for decision, provides details of the proposal made to NHS England in respect of the City of London Section 256 allocation of £174,630 to fund two specific and specialist posts that support the interface between health and social care.

The report highlights the submission to be made to NHS England and seeks agreement from the Health and Wellbeing Board to proceed according to the plan set out.

The proposal highlights the funding available from NHS England and represents what is felt to be an innovative and creative means by which to establish two full time posts. These posts will benefit the frailest and most vulnerable City of London residents, registered with the Neaman Practice; Tower Hamlets; or Islington GP's, who are admitted via acute A & E admissions to the University College of London Hospital; The Royal London; and Mile End Hospitals.

The City and Hackney CCG Chief Officer and Programme Board Chair have indicated that they are fully in support of this proposal. These posts will support discharge planning arrangements as well as working with partners to prevent and reduce the level of admissions. They will be part of the City of London Adult Social Care structure, although much of their time will be spent in the GP and hospital settings.

Recommendation

That the Health and Wellbeing Board gives in principle, approval for officers to develop the proposal outlined in this report and to put this forward for submission to NHS England.

Main Report

1 Background

1.1 Section 256 of the National Health Service Act 2006 allows NHS organisations (in this case, Clinical Commissioning Groups) to enter into arrangements with local authorities to carry out activities with health benefits. Such arrangements are known as Section 256 agreements. Section 256 funding represents non recurrent funding arrangements.

1.2 The City of London has been allocated £174,630 by NHS England and has set out a funding proposal which will have direct health benefits to City of London residents.

1.3 Throughout 2012/13, the City of London has received Section 256 funding from the City and Hackney CCG and has been utilising these funding streams within current prescribed health and social care key outcomes contained within both the NHS and ASC outcomes framework.

1.4 The current funding allocation on behalf of NHS England has been far less prescriptive, and has asked Local Authorities to be more innovative and far reaching in seeking positive health outcomes for patients. City and Hackney CCG lead officers have seen the City of London bid, and feel that it is innovative and dynamic in seeking to address the key outcomes for a healthier community for all.

2 Current Position

2.1 As part of the submission for funding, every local authority that applies for its allotted allocation of monies from NHS England is asked to illustrate how gaining this funding will improve outcome for patients to a greater degree than if the equivalent sum was retained and spent solely within the NHS.

2.2 The City of London's position is that we would like to ensure that the numbers of admissions to accident and emergency and unsafe discharges are minimised and people are enabled to stay at home with support from health and social care for as long as is possible. The first proposal is for a fixed term two year contract post, to work primarily with the Royal London Hospital, Mile End Hospital and University College London Hospital.

2.3 "The Health and Social Care Discharge Liaison Coordinator" would be responsible for attending discharge planning meetings on all relevant wards, building links with the multi-disciplinary in-patient team, and ensuring that all discharge plans are in place including hospital transport and pharmacy. The proposed model sets the context of the community as its central focus and links to the second post proposed, with its primary goals within primary care of early intervention and prevention.

2.4 Local Authorities are secondly requested to explain how this funding relates to the JSNA, CCG commissioning plan and the local authority's plan for social care. The City of London's response to this has been to propose a second two year contract post to provide coverage to the three main Tower Hamlets and one Islington GP alongside the Neaman Practice

2.5 This post would be the "Peripatetic Primary Prevention and Early Intervention Health and Social Care Liaison Coordinator". The aim of this post would be to provide a seamless community based early intervention and preventative approach within GP surgeries where City of London residents are registered. The post would seek to reduce unnecessary acute admissions and readmissions to hospitals. Within this would be social prescribing models, with a focus on health and wellbeing outcomes, for example gym and fitness referrals, as well as existing social care initiatives, including Dementia care and support, carers support and respite, increased take up of telecare, befriending, good neighbour schemes and increased take up of personalised individual budgets, with options for also piloting personal health budgets. This work would be carried out with the focus on identifying those more marginalised groups within the Portsoken ward particularly.

3 Corporate & Strategic Implications

3.1 The aims and outcomes of the posts would be measurable through the existing suite of NHS and ASC outcome frameworks. Performance indicators would be reported upon at Strategic DCCS Directorate, Health and Wellbeing Board and CCG programme board level. This would enable effective monitoring and governance of outcomes and effectiveness. The expectation would be to see reduced numbers of unplanned acute admissions, and thus, sustained and proactive multi-disciplinary management of complex chronic health conditions in the community at primary care level, without the need for reactive unplanned and costly admissions into acute secondary settings.

4 Financial Implications

4.1 The expenditure plans for the two posts have been broken down within the service areas most applicable to the bid, firstly under "Integrated crisis and rapid response services", and secondly, "Early supported hospital discharge schemes". The City of London seeks to utilise the NHS England funding allocation of £174,630 to secure 2 specialist posts, on two year fixed term contracts with the additional costs estimated to be £50,000, being absorbed from the ASC base budget. This amount has already been factored in.

5 Conclusion

5.1 This is an exciting opportunity to expand the Adult Social Care service to work directly with Primary and Secondary health care settings with the specific aim of being inclusive and outward looking in our aspirations on behalf of our most

vulnerable residents, to seek to ensure that we offer them a safe community environment that includes both their health and social care needs.

Appendices

Copy of the NHS England S256 Bidding Template.

Marion Willicome-Lang
Service Manager, Adult Social care

T: 020 7332 1216

E: marion.willicomelang@cityoflondon.gov.uk