

Template for Submission of the Section 256 Agreements to Area Team

Introduction:

The following has been developed with colleagues from London Directors of Adult Social Services in response to the requests from several London LA for a common template to support their submission of the S256 Agreements.

The template brings together;

- The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013*.
- The conditions set out in the Funding Transfer from NHS England to social care – 2013/14 letter (Gateway reference: 00186).
- The funding breakdown required to enable a consolidated NHS England position on adult social care expenditure.

It is suggested that this template be appended to your local S256 documentation and submitted (to your NHS England (London) Delivery Team).

Payments will be administered by the NHS England (London) Delivery Teams and the funds will pass over to local authorities once the Section 256 agreement has been signed by both parties.

Funds will be applied in three equal payments in quarters 2, 3 and 4, contingent on the appropriate application of funds and the monitoring against the agreed outcomes in your plan.

Guidance notes:

Please complete all sections of the submission form worksheet with free-text or as prompted in the drop down menus.

An additional worksheet for a more detailed financial breakdown is also provided, if Local Area wish to use this.

Once complete please save a copy and submit to the relevant NHS England (London) Delivery Team. (details of delivery team contacts are provided in the Delivery Team Contacts worksheet.)

* The documents on the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Direction 2013 can be found at this link;
<https://www.gov.uk/government/publications/conditions-for-payments-between-the-nhs-and-local-authorities>

NCEL**Delivery director:** paul.bennett8@nhs.net

Barnet CCG	Barking and Dagenham CCG	Camden CCG
City and Hackney CCG	Enfield CCG	Haringey CCG
Havering CCG	Islington CCG	Newham CCG
Redbridge CCG	Tower Hamlets CCG	Waltham Forest CCG

SL**Delivery director:** jacqui.harvey2@nhs.net

Bexley CCG	Bromley CCG	Croydon CCG
Greenwich CCG	Kingston CCG	Lambeth CCG
Lewisham CCG	Merton CCG	Richmond CCG
Southwark CCG	Sutton CCG	Wandsworth CCG

NWL**Delivery director:** AlexGordon@nhs.net

Brent CCG	Central London CCG
Ealing CCG	Hammersmith and Fulham CCG
Harrow CCG	Hillingdon CCG
Hounslow CCG	West London CCG

Funding Transfer from NHS England to Social Care - 2013/14

Suggested Submission Template

Local Authority CCG	Please select name of local authority <CCG Name/s>	City of London City and Hackney Peripatetic Primary preventataive and Discharge liasion Coordinator posts (FT x 2)
Scheme Name		
Date agreed at Health and Well-Being Board:		Nov-13
Date submitted to NHSE (London):		Oct-13
Total value of funding transfer:		£174,630

Rationale:

As per the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013, Please provide information on how the section 256 transfer will secure more health gain and improved patient outcomes than an equivalent expenditure of money on the National Health Service?

The City of London would like to ensure that numbers of unsafe discharges, failed discharges and revolving door admissions of the most vulnerable patients are minimised via an assertive Inreach model to the Royal London Hospital, The Mile End Hospital and the University College London Hospital . This worker will be responsible for attending discharge planning meetings on relevant wards, building links with the MDT, and ensuring that all discharge plans are in place including hospital transport and pharmacology. The latter two factors being causes of communication lapses between ward and community , in ensuring smooth, seamless discharge. The planned interface will ensure that the reablement service is initiated in a timely fashion, which includes baseline assessments, settling in and full reablement. This will be the primary health gain sort, with the decrease in delayed discharges and acute readmissions. The In reach model as opposed to the NHS outreach model, sets the context of the community as paramount and links to the second initiative around primary care , early intervention and prevention .

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Description:

Please provide an overview of the scheme and relationship to the JSNA, CCG commissioning plan and Local Authority's plan for social care

In addition to the outcome sort by basing a specialist worker across our 3 main hospital sites where 98% of City of London's frail elders are admitted, our aim would be to employ a second full time peripatetic primary health care liaison coordinator to provide In reach to the 3 Tower Hamlets and Islington GP practices, alongside the one City of London GP practice who have city of London residents registered with them , to provide a seamless community, early intervention and preventative approach , around major health factors including Dementia, mental health care for older people and under 65's , improving outcomes around health and social care interfaces and outcomes within the persons own home and within the community, with the aim of seeking to reduce unnecessary acute admissions and readmissions to hospitals. Within this we would look at social prescribing models, and focus on health and wellbeing outcomes for gym referrals , and existing social care initiatives including carers support and respite ,increased take up of telecare , befriending and increased take up of personalised individual budgets for more marginalised groups within the local authority.

Outcomes and evidence of benefit:

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured to ensure the purposes described in the rationale and description of the scheme have been secured.

The aims and goals of the posts would be measured through the development of a robust suite of indicators and data set, that would be reported on at strategic directorship and health and wellbeing board level, to 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 conditions in the community at primary care level, without the need for reactive unplanned responses into acute secondary settings.

Relationship to national outcome frameworks:

Please provide information on how the scheme is expected to contribute to local delivery against the national outcome frameworks selecting which domains are addressed in the tables below

The outcomes sort via the two initiative posts outlined above demonstrably illustrate the ways in which all domains across ASC and NHS outcomes frameworks can be targeted and met. These two posts narrow the gap between health and social care , thus avoiding unnecessary delays ,reducing risk, and a higher standard of holistic care and support within a multidisciplinary and joined up context.

Domains of the Adult and Social Care Outcomes Framework - please select the domains relevant to your scheme	
1. Enhancing quality of life for people with care and support needs	<input checked="" type="checkbox"/>
2. Delaying and reducing the need for care and support	<input checked="" type="checkbox"/>
3. Ensuring that people have a positive experience of care and support	<input checked="" type="checkbox"/>
4. safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	<input checked="" type="checkbox"/>

Domains of the NHS Outcomes Framework - Please select the domains relevant to your scheme	
1. Preventing people from dying prematurely	<input checked="" type="checkbox"/>
2. Enhancing the quality of life for people with long term conditions	<input checked="" type="checkbox"/>
3. Helping people to recovery from periods of illness or following injury	<input checked="" type="checkbox"/>
4. Ensuring that people have a positive experience of care; and	<input checked="" type="checkbox"/>
5. Treating and caring for people in safe environment; and protecting them from avoidable harm	<input checked="" type="checkbox"/>

Governance:

Please provide details of the arrangements are in place for oversight and governance for the progress and outcomes of the scheme

The two posts would be supported , and supervised from within the adult social care team, with additional clinical support based on the professional background of the 2 postholders. For example if the posts are nursing led then there will be an expectation that the City of London would seek suitable professional support and governance with the support of the the CCG to maintain clinical effectiveness and oversight of the role and functions.

Finance:

Please provide a full breakdown of your expenditure plans categorised into the following services areas - An outline template for this is provided in the "financial breakdown" worksheet.

Service Areas- 'Purchase of social care'	Subjective code	Planned Expenditure
Integrated crisis and rapid response services	52131017	£87,315
Early supported hospital discharge schemes	52131021	£87,315
Notified Allocation		£174,630.00
Variation		-£174,630.00

Variance against notified allocation.


Expenditure should match notified allocation if not please included any information on variation within the box below.

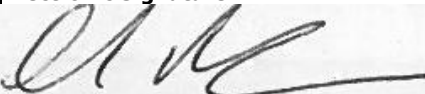
Not applicable

Related documentation

Please include information/links to any related documents such as the full project plan for the scheme.

Authorisation and Sign Off

Signed on behalf of the board/Clinical Commissioning group		Electronic Signature
By	Paul Haigh	
Position	Chief Officer	
date	24/10/2013	

Signed on behalf of the Local Authority		Electronic Signature
By	<Chris Pelham	
Position	<AD People Services	
date	<02.10.13	

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Expenditure Plan

Local Authority:

City of London

CCG:

City and Hackney

Title of Scheme

Service Areas- 'Purchase of social care'		Subjective code	Planned Expenditure
1. Community equipment and adaptations		52131015	
a.			
b.			
c.			
2. Telecare		52131016	
a.			
b.			
c.			
3. Integrated crisis and rapid response services		52131017	£174,630
a.			
b.			
c.			
4. Maintaining eligibility criteria		52131018	
a.			
b.			
c.			
5. Mental health services		52131022	
a.			
b.			
c.			
6. Other preventative services		52131023	
a.			
b.			
c.			

7. Other social care	52131024	
a.		
b.		
c.		
Total Planned Expenditure		174630
Total value of funding transfer (notified allocation)		0
Variation		174630

SCHEDULE

Local authority allocation for 2013-14

Barking and Dagenham	£3,267,999
Barnet	£5,180,804
Barnsley	£4,432,443
Bath & North East Somerset	£2,611,907
Bedford	£2,221,990
Bexley	£3,322,808
Birmingham	£20,044,390
Blackburn with Darwen	£2,735,974
Blackpool	£3,234,438
Bolton	£4,975,408
Bournemouth	£3,163,676
Bracknell Forest	£1,295,071
Bradford	£8,222,095
Brent	£4,806,952
Brighton & Hove	£4,397,579
Bristol	£7,259,859
Bromley	£4,260,838
Buckinghamshire	£5,981,927
Bury	£2,923,145
Calderdale	£3,295,041
Cambridgeshire	£8,318,185
Camden	£4,601,957
Central Bedfordshire	£3,099,459
Cheshire East	£5,192,074
Cheshire West and Chester	£5,251,421
City of London	£174,630

Cornwall	£9,997,987
Coventry	£5,551,509
Croydon	£5,015,626
Cumbria	£8,973,765
Darlington	£1,793,778
Derby	£4,110,920
Derbyshire	£12,982,732
Devon	£12,797,426
Doncaster	£5,404,111
Dorset	£6,926,360
Dudley	£5,589,300
Durham	£10,101,753
Ealing	£5,073,714
East Riding of Yorkshire	£5,175,361
East Sussex	£9,254,475
Enfield	£4,648,033
Essex	£21,186,856
Gateshead	£4,056,214
Gloucestershire	£9,055,236
Greenwich	£4,761,282
Hackney	£5,028,740
Halton	£2,287,560
Hammersmith and Fulham	£3,287,039
Hampshire	£17,017,137
Haringey	£4,109,607
Harrow	£3,471,178
Hartlepool	£1,793,604
Havering	£3,599,507

Herefordshire	£3,151,863
Hertfordshire	£14,797,761
Hillingdon	£3,726,297
Hounslow	£3,576,811
Isle of Wight Council	£2,743,128
Isles of Scilly	£45,316
Islington	£4,602,411
Kensington and Chelsea	£3,102,442
Kent	£22,063,537
Kingston upon Hull	£5,200,325
Kingston upon Thames	£2,051,503
Kirklees	£6,656,826
Knowsley	£3,497,046
Lambeth	£5,400,663
Lancashire	£19,750,385
Leeds	£11,849,652
Leicester	£5,632,672
Leicestershire	£8,640,994
Lewisham	£4,895,878
Lincolnshire	£12,054,454
Liverpool	£10,583,981
Luton	£2,820,830
Manchester	£9,542,236
Medway	£3,571,548
Merton	£2,676,894
Middlesbrough	£2,712,784
Milton Keynes	£3,250,162
Newcastle upon Tyne	£5,371,723

Newham	£5,255,695
Norfolk	£14,956,185
North East Lincolnshire	£2,790,712
North Lincolnshire	£2,723,456
North Somerset	£3,306,955
North Tyneside	£3,690,396
North Yorkshire	£8,674,471
Northamptonshire	£9,724,981
Northumberland	£5,445,531
Nottingham	£5,547,807
Nottinghamshire	£12,623,972
Oldham	£4,017,093
Oxfordshire	£8,201,856
Peterborough	£2,840,646
Plymouth	£4,596,024
Poole	£2,281,887
Portsmouth	£3,186,951
Reading	£2,038,343
Redbridge	£3,994,265
Redcar and Cleveland	£2,577,805
Richmond upon Thames	£2,365,264
Rochdale	£3,966,999
Rotherham	£4,815,007
Rutland	£485,765
Salford	£4,716,153
Sandwell	£6,614,042
Sefton	£5,457,818
Sheffield	£9,682,589

Shropshire	£4,988,726
Slough	£1,844,892
Solihull	£3,115,150
Somerset	£8,939,209
South Gloucestershire	£3,346,684
South Tyneside	£3,275,870
Southampton	£3,970,677
Southend-on-Sea	£2,949,235
Southwark	£5,621,610
St Helens	£3,446,221
Staffordshire	£12,677,280
Stockport	£4,592,842
Stockton-on-Tees	£3,025,250
Stoke-on-Trent	£4,767,077
Suffolk	£11,673,091
Sunderland	£5,611,337
Surrey	£14,297,472
Sutton	£2,638,857
Swindon	£2,753,293
Tameside	£4,130,488
Telford and the Wrekin	£2,771,315
Thurrock	£2,341,506
Torbay	£2,965,625
Tower Hamlets	£5,243,352
Trafford	£3,384,835
Wakefield	£5,901,600
Walsall	£5,124,740
Waltham Forest	£3,896,610

Wandsworth	£4,643,811
Warrington	£2,948,293
Warwickshire	£7,997,949
West Berkshire	£1,792,796
West Sussex	£11,823,605
Westminster	£4,735,807
Wigan	£5,698,831
Wiltshire	£6,525,049
Windsor and Maidenhead	£1,705,319
Wirral	£6,443,824
Wokingham	£1,437,354
Wolverhampton	£4,926,642
Worcestershire	£8,534,970
York	£2,619,236
TOTAL	£859,000,000