DRAFT REPORT

MEMORANDUM OF UNDERSTANDING
FOR
TRANSFERRAL OF CCG ALLOCATIONS FOR SOCIAL CARE
FOR 2014/2015
Between
NHS England
And
Slough Borough Council
Giving effect to a transfer of monies from NHS England to the Slough pursuant to Section 256 of the NHS Act 2006.

Section A: Background and Principles

1. The purpose of this Agreement is to provide a framework within which the Partners will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.
2. Gateway reference 00597 states that NHS England will transfer £1,100m from the mandate to local authorities. £200m will be used to support authorities for the Better Care Fund ('BCF'). The remaining £900m of the funding must be used to support adult social care services in each local authority which also has a health benefit.
4. The Board of NHS England on the recommendation of Slough Clinical Commissioning Group and the Slough Wellbeing Board, is satisfied that the transfer of this funding is consistent with its Strategic Plan and offers a more effective use of the funds than if the funds were used for solely NHS purposes, in line with the criteria set under the Act.
5. The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the Better Care Fund Delivery Plan, Health and Wellbeing Strategy, and the commissioning plans of both the Clinical Commissioning Group and Local Authority.

Section B: Purpose of this Memorandum of Understanding

5. This Memorandum of Understanding gives effect to those arrangements to benefit the population of Slough. Through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Appendix 1.
6. Monies defined in Section C below will be transferred to the Local Authority and used in accordance with the terms of this agreement.
7. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

Section C: Terms of Agreement – The sums of money

8. The money which shall be transferred from NHS England to Social Care are shown below:

	2014/15
Allocations for social care	£2,362,493

9.Payments will be made quarterly based on invoices issued by the Local Authority, payment is to be received within 30days of the invoice date . Invoices will be raised in arrears in line with the timescales outlined below,

Quarter	Invoice to be raised no later than:
April - June	Tuesday 30th September 2014
July –September	Tuesday 30th September 2014
October – December	Tuesday 30th September 2014
January – March	Wednesday 31st December 2014

Section D: Terms of Agreement – The uses of money

10. Uses of this funding will be as follows and will subject to review as part of the joint governance arrangements:

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
1	Integrated crisis and rapid response services	725,000	Effective in maintaining people at home, avoiding hospital admission whilst being cost effective for both health and social care End of life support will be provided though this service	Reduced avoidable admissions to hospital and delayed transfer of care Prevents hospital readmission and reduces long term care costs and dependency on health and social services Increase in proportion of people supported to die at home and or care home
2	Reablement	660,493	Support for patients to avoid hospital admission or to facilitate early discharge, to work intensively with newly discharged patients to support them to regain their independence Patients with long term and complex conditions can be supported in their own home, reducing the need for residential or nursing care	Reduced avoidable admissions to hospital and delayed transfer of care Prevents hospital readmission, promotes early discharge; reduced bed days, and reduces cost of health and social care over the long term through maintaining independence and recovery
3	Early supported hospital discharge domiciliary care support	80,000	Ensuring that people get the domiciliary care packages to support discharges from hospital	Ensures timely and appropriate discharge from hospital, people return home and supports reduction in delayed transfers of care (bed days reduced)s
4	Dementia Services (dementia adviser)	50,000	Available to dementia clients and their	Improved outcomes for dementia clients, promotes

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
			carers to avoid admission, aid improved recovery and outcomes where patients can manage their independence. Support to carers to continue caring and reduce impact on health and social care services	independence and self care Reduces care costs and dependency on health and social services through admission avoidance To support / promote health and wellbeing through tackling isolation More carers supported
5	Preventative Services (Stroke adviser)	40,000	Available to stroke patients and their carers to avoid admission and to aid improved recovery and outcomes where patients can manage their independence Support to carers to continue caring and reduce impact on health and social care services	Improved outcomes for stroke clients, promotes independence and self care Reduces care costs and dependency on health and social services through admission avoidance To support / promote health and wellbeing through tackling isolation and skills development More carers supported
6	Preventative Services (Falls)	50,000	By reducing the number of people having a fall will reduce the number of admissions to hospital and reduce impact on health and social care services	Prevent and delay first fall
7	Maintaining eligibility criteria (Nursing home placements)	400,000	Specialist support for vulnerable patients to access intensive support within for nursing home placements	Supporting people to be placed in appropriate services Timely discharge from hospital or admission avoidance
8	Telecare	87,000	Additional support packages for increased number of service users to maintain independence, reduce frequent visits and maintain recovery	Improved outcomes for clients; promotes independence and self care Reduces care costs and dependency on health and social services through admission avoidance
9	Joint health and social care teams	220,000	High quality staff teams to develop and	Increased capacity to support the development of

Item	NHS Gateway Reference	Allocation (£)	Rationale – health benefit	Outcomes
	working (staffing)		lead on strategic commissioning of services in line with the BCF and to ensure improved and integrated provision of service	BCF programme and workstreams, promote integrated working, and to ensure value for money
10	Joint health and social care teams working(Multi agency care home project)	50,000	High quality service provision to avoid admissions to hospital and support discharge to and from care homes and to ensure vulnerable groups are safeguarded	To prevent unnecessary hospital admission To support discharge from hospital To support / promote health and wellbeing To support/promote quality of service and compliance with CQC standards
Total		**2,362,493**		

Section E: Terms of Agreement - Governance, Reporting and Monitoring

11. In Slough Borough Council the Agreement shall be held by Strategic Director of Wellbeing and appointed nominees to manage, monitor and deliver the programme of work under the Agreement.
12. In NHS England the Agreement shall be held by the NHS England and appointed nominees to manage, monitor and deliver NHS interests, until the establishment of the Cluster Executive.
13. In Slough Borough Council the appointed nominee for governance and monitoring purposes will be the Assistant Director of Adult Social Care, Commissioning and Partnerships.
14. The Better Care Fund Commissioning Group shall monitor and review the programme of work bimonthly and ensure corrective action where required. At least one officer of the CCG shall be a member of this Board. The Slough Wellbeing Board will receive regular updates on the progress of the programme of work and ensure the programme supports the delivery of the Health and Wellbeing Strategy. NHS England will be represented on this Board. The Health and Wellbeing Board will review the annual expenditure of the allocation.
15. Any underspend on the transfer money will be discussed by the partners via the Better Care Fund Commissioning Group and agreement reached as to how the underspend should be dealt with. This may include a return of the underspend to the CCG, retention of the underspend with the local authority for use on additional activity for the benefit of health or an alternative arrangement.
16. The agreed reporting schedule is appended at Annex 1.

Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration

17. The agreement may be altered by mutual consent by an exchange of letters.
18. In relation to continuation beyond 1 April 2015, such provisions as shall be directed by the Secretary of State on continuation and transferral of agreements shall apply.

19. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Better Care Fund Commissioning Group (Stage 1) and referral to the Health and Wellbeing Board (Stage 2) if agreement cannot be reached as specified in the dispute resolution timetable below

Stage	Dispute Resolution Timetable
Stage One (Better Care Fund Commissioning Group meetings)	• Members of the Better Care Fund Commissioning Group will meet 6 times a year • Partners must notify the meeting administrator of dispute at least 7 working days in advance of the meeting • The outcome of the dispute will be decided by the BCF Commissioning Group voting members and shall require the unanimous consent of all voting members. • Where there is disagreement between the voting, this is escalated to Stage 2 • These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by voting members and will be circulated within 10 working days.
Stage Two (Health and Wellbeing Board)	• The Health and Wellbeing Board will meet 5 times a year • Partners must notify the meeting administrator of dispute at least 10 working days in advance of the meeting The outcome of the dispute will be decided by the Health and Wellbeing members . Where there is disagreement between the Partners the Commissioning body for the services or elements for agreement shall have discretion to take such action or inaction as it decides in accordance with its obligations under this Agreement. Where this is not possible the issue will be escalated to the Director of Wellbeing and the Chair of the CCG. • These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by voting members and will be circulated within 10 working days

Section G: Signatures

In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.

Signature_____

Name_____

Date _____
FOR AND ON BEHALF OF SLOUGH BOROUGH COUNCIL

Signature_____

Name_____

Date _____
FOR AND ON BEHALF NHS ENGLAND

Appendix 1

NHS TRANSFER FUNDS

Service Areas	Action	Output	2013/14 Outcomes	2013/14 Activity	14/15 Target
Integrated crisis and rapid response services	Increase in number of intermediate care referrals	Number of intermediate care referrals		1,111	1,334
	Support all clients where appropriate, to die at home	Number of clients supported to die at home		48	58
		Percentage of clients receiving support to die at home	100% offered support		100% offered support
Reablement	Increase in reablement provision	Reablement interventions total		1097	1,316
		Proportion of older people offered reablement following hospital discharge	2.4%		2.70%
		Nbr of clients receiving non residential reablement services - **discharged from hospital**		397	497
		Nbr of clients receiving non residential reablement services -**referred from community**		593	711
		Nbr of residential reablement services **-referred from community**		12	15
		Nbr of residential reablement services **- discharged from hospital**		34	40

Service Areas	Action	Output	2013/14 Outcomes	2013/14 Activity	14/15 Target
	Increase effectiveness of reablement	Older people at home 91 days after hospital admissions into reablement	100%		95%
		IC/reablement resulted in **no ongoing** care package	517		580
		IC/reablement resulted in **reduced** ongoing care package	5		6
		Percentage of patients in crisis receiving a 2hr response from intermediate care	100%		100%
		Number of avoided admissions reported by service (RACC, enhanced ICT and EoLC)	642		770
Early supported hospital discharge scheme	Ensure people get the domiciliary care packages to support discharges from hospital	Delayed transfer of care per 100,000population (provisional)	6.5		6.5
		Number of interventions which facilitated timely discharge from hospital	455		500
Dementia Services (Dementia Advisor)	Number of existing users and carers seen by Dementia Advisor	Number of new and existing users and carers seen by Dementia advisor/service by Borough		NEW	NEW
		Number of Carers referred to brokerage for service		NEW	NEW

Service Areas	Action	Output	2013/14 Outcomes	2013/14 Activity	14/15 Target
Preventative services (Stroke Advisor)	Number of existing users and carers seen by stroke co-ordinator	Number of existing users and carers seen by stroke co-ordinator		92	100
Preventative Services (Falls)	Reduce the number of admissions to hospital due to falls	Avoidable admissions	NEW		NEW
Maintaining eligibility criteria	Nursing Home Placements	Permanent admissions for care homes (65yr and over)	>600 or less than 70 admissions		>600 or less than 70 admissions
		Provision of specialist care placements		10 placements	12 placements
	Multi Agency Care Homes Project	High quality service provision to avoid admissions to hospital and support discharge to and from care homes and to ensure vulnerable groups are safeguarded		NEW	NEW
Telecare	Increase in number of clients accessing telecare to reduce aviodable admissions	Number of existing an new referrals to Telecare		176	226
	Effective response to telecare needs	Number of items provided (Total)		1,058	1300
		Response - Telecare alerts - red cross		18	25

Service Areas	Action	Output	2013/14 Outcomes	2013/14 Activity	14/15 Target
Joint HSC Teams Working	High quality staff teams to develop and lead on strategic commissioning of services in line with the BCF and to ensure improved and integrated provision of service	<u>Qualitative outcomes:</u> Joint Better health and social care commissioning Integrated working Improved client pathways Improved value for money			