

EXECUTIVE DECISION

made by a Cabinet Member



REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER

Executive Decision Reference Number – L49 21/22

| Decision | | | | |
|----------|--|------------|-----------|---|
| 1 | Title of decision: S256 Agreement with the NHS Devon CCG Integrated Care Enabling Activities | | | |
| 2 | Decision maker (Cabinet member name and portfolio title): Councillor Richard Bingley - Leader, Plymouth City Council | | | |
| 3 | Report author and contact details: David Northey, Head of Integrated Finance – david.northey@plymouth.gov.uk | | | |
| 4 | Decision to be taken To delegate to the Service Director for Finance the authority to enter into the S256 Agreement with the Clinical Commissioning Group and to accept the sum of £14.5m on behalf of Plymouth City Council. | | | |
| 5 | Reasons for decision: There is a formal S75 Agreement in place, but this fund will be discrete from the other existing section 75 pooled budget arrangements. The key outcome required is to reduce demand & growth in resources for secondary healthcare, such as avoidable planned and unplanned admissions and referrals to specialist mental and physical health providers by making targeted investments across health and social care that improve integration. | | | |
| 6 | Alternative options considered and rejected: Do nothing – Plymouth would miss out on this fund which will underwrite any additional NHS capacity required to ensure treatment of Priority 1, 2 and 3 elective patients. | | | |
| 7 | Financial implications and risks: The key outcome required is to reduce demand & growth in resources for secondary healthcare, such as avoidable planned and unplanned admissions and referrals to specialist mental and physical health providers. The £14.5m is required to ensure this key outcome can be achieved. | | | |
| 8 | Is the decision a Key Decision? (please contact Democratic Support for further advice) | Yes | No | Per the Constitution, a key decision is one which: in the case of capital projects and contract awards, results in a new commitment to spend and/or save in excess of £3million in total in the case of revenue projects when the decision involves entering into new |
| | | | x | |
| | | | x | |

| | | | | |
|-------------------------|---|--|---|--|
| | | | | commitments and/or making new savings in excess of £1 million |
| | | | x | is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority. |
| | If yes, date of publication of the notice in the Forward Plan of Key Decisions | | | |
| 9 | Please specify how this decision is linked to the Council's corporate plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget: | | This service links with the corporate priority of Caring for People and Communities and keeping adults safe and supporting them to be able to lead independent lives. | |
| 10 | Please specify any direct environmental implications of the decision (carbon impact) | | N/A | |
| Urgent decisions | | | | |
| 11 | Is the decision urgent and to be implemented immediately in the interests of the Council or the public? | Yes | | (If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice) |
| | | No | x | (If no, go to section 13a) |
| 12a | Reason for urgency: | | | |
| 12b | Scrutiny Chair Signature: | | Date | |
| | Scrutiny Committee name: | | | |
| | Print Name: | | | |
| Consultation | | | | |
| 13a | Are any other Cabinet members' portfolios affected by the decision? | Yes | | |
| | | No | x | (If no go to section 14) |
| 13b | Which other Cabinet member's portfolio is affected by the decision? | This decision has an impact on all Children and Young People and Adults. | | |
| 13c | Date Cabinet member consulted | 22 March 2022 | | |
| 14 | Has any Cabinet member declared a | Yes | | If yes, please discuss with the Monitoring |

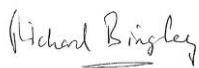
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|--|--|---|-------------------------------------|--|---------------|----------|----------|----------|
| | conflict of interest in relation to the decision? | No | <input checked="" type="checkbox"/> | Officer | | | | |
| 15 | Which Corporate Management Team member has been consulted? | Name | | Brendan Arnold | | | | |
| | | Job title | | Service Director for Finance | | | | |
| | | Date consulted | | 22/3/2022 | | | | |
| Sign-off | | | | | | | | |
| 16 | Sign off codes from the relevant departments consulted: | Democratic Support (mandatory) | | | DS135 21/22 | | | |
| | | Finance (mandatory) | | | djn.21.22.316 | | | |
| | | Legal (mandatory) | | | MS/38321 | | | |
| | | Human Resources (if applicable) | | | NA | | | |
| | | Corporate property (if applicable) | | | NA | | | |
| | | Procurement (if applicable) | | | | | | |
| Appendices | | | | | | | | |
| 17 | Ref. | Title of appendix | | | | | | |
| | A | S256 Agreement | | | | | | |
| Confidential/exempt information | | | | | | | | |
| 18a | Do you need to include any confidential/exempt information? | Yes | <input type="checkbox"/> | If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain) | | | | |
| | | No | <input checked="" type="checkbox"/> | | | | | |
| | | Exemption Paragraph Number | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18b | Confidential/exempt briefing report title: | | | | | | | |
| Background Papers | | | | | | | | |
| 19 | Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based. If some/all of | | | | | | | |

the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.

| Title of background paper(s) | Exemption Paragraph Number | | | | | | |
|------------------------------|----------------------------|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cabinet Member Signature

20 I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not. For further details please see the EIA attached.

| | | | |
|-------------------|---|-------------------------|---------------|
| Signature |  | Date of decision | 23 March 2022 |
| Print Name | Councillor Richard Bingley, Leader | | |

Memorandum of Agreement

Section 256 transfer

Title of scheme: Integrated Care Enabling Activities

1. How will the section 256 transfer secure more health gain than an equivalent expenditure of money in the NHS?

The key outcome required is to reduce demand & growth in resources for secondary healthcare, such as avoidable planned and unplanned admissions and referrals to specialist mental and physical health providers by making targeted investments across health and social care that improve integration. More details are set out in section 2.

2. Description of scheme

The programme will support the implementation of the Devon ICS [Together for Devon] single system plan, including supporting the transition and restoration of services impacted significantly by the Covid pandemic, through alignment of a number of key priority areas which benefit the population of Devon; will seek to improve the financial sustainability of both the NHS and Local Authority; and meet the strategic goals of health, public health and social care commissioners. In particular, this will involve looking across the Devon ICS [Together for Devon] work programmes for (1) Integrated Care, including discharge from hospital (2) Mental Health, LD & Autism and (3) Children's and Families, making targeted investments which improve integration:

- of services commissioned across health, social care and public health commissioners
- between statutory and VCSE health and care provider organisations
- between physical health and care; and mental health and care provider organisations
- between health and care services providers and organisations whose goals address wider determinants of health such as better housing provision, management of debt, or drug and alcohol services

The key outcome required is to reduce demand & growth in resources for secondary healthcare, such as avoidable planned and unplanned admissions and referrals to specialist mental and physical health providers.

The KPIs that may be used to measure the impact are as follows:

1. Adult Acute and Community Services (Integrated Care)
 - cost weighted unplanned secondary care activity per/1000 population for Older People (emergency admissions & bed days and A&E/UTC attendances, NHS community contacts)
 - increase proportion of successful hospital discharges to home first compared to 20/21
 - the rate per/1000 population level of Priority 1, 2 & 3 planned care inpatient admission treated within NHSE clinical standards
 - the rate per/1000 population for Ambulatory Care Sensitive (ACS) conditions
2. Mental Health, LD & Autism
 - Reduced section 3 admissions
 - Reduced bed days in Out of Area LD, Acute, PICU and Locked Rehabilitation packages
 - Reduce nursing/residential care packages for LD and Autism
 - Reduced cost of s117 aftercare due to reduced demand and more cost-effective interventions
3. Children and Families
 - The Framework of Integrated Care represents a significant opportunity to support and strengthen children and young people's services across the wider Devon system. Enabling collaboration within and across those agencies, with the vision to facilitate integrated trauma-informed and responsive systems that enable Children and Young People (CYP) with complex needs to thrive.
 - and to support the development of services that prevent children needing to access high-cost placements in the NHS, reduce placements out of the Devon area and transition to adulthood and lifecycle costs
 - reduced emergency admissions for children with chronic conditions (asthma, diabetes and epilepsy)

The programme will use evidence-based interventions and benchmarking to target investment in areas where greater than £ for £ savings in NHS services will be delivered; it is expected that these investments may also deliver additional savings for public health and social care commissioned services.

The investment is intended to compliment, but not overlap with the aims of the Better Care Fund.

3. Financial details (and timescales):

Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed)

| Year(s) | Amount | Capital | Revenue |
|---------|-------------|---------|-------------|
| 2021/22 | £14,500,000 | £0 | £14,500,000 |

Representing a fixed contribution to the cost of the scheme.

Relationship with Better Care Fund and/or other existing section 75 pooled budget arrangements

- This fund will be discrete from Better Care Fund and/or other existing section 75 pooled budget arrangements

3. **NHS Elective Care**

4.

- This fund will underwrite any additional NHS capacity required to ensure treatment of Priority 1, 2 and 3 elective patients. This immediate clinical risk will be prioritised over longer term admission and prevention initiatives

Hospital Discharge Fund, Discharge to Assess and Urgent Care Winter Pressures

- This fund will underwrite any ongoing NHS or Social Care costs of Discharge to Assess services that cannot otherwise be reimbursed by continuing Government Hospital Discharge Fund
- This fund will underwrite any ongoing Extra Care Housing and Pathway 3 that cannot otherwise be reimbursed by continuing Government Hospital Discharge Fund
- This fund will underwrite costs of winter schemes that cannot otherwise be reimbursed any Winter Pressure funding and not already funded elsewhere in BCF or Hospital Discharge Fund.
- The fund will not contribute to the cost of ongoing Care Act or Continuing Healthcare eligible packages of Domiciliary, Residential or Nursing Care after agreed operational standards

Market Management

- The programme will support a joint objective of stabilising social care market capacity in order to support hospital flow and to build resilience in time for autumn and winter.

Health Prevention/Promotion

- Implementation of a range of health prevention and health promotion initiatives to include pilots and pump-priming community initiatives to enable communities to continue programmes of work.

4. Please state the evidence you will use to indicate that the purposes described at questions 1 & 2 have been secured.

- Benchmarking analysis prepared over a range of pathways.
- NHSE/LA guidance and policies.
- Deep dive information produced to highlight specific areas for change and to facilitate redesign of existing pathways where appropriate.
- Emerging body of UK and international evidence of the benefits of integrated care identified in the Devon ICS [Together for Devon] single system plan.
- The development of the 'System Wide dataset' that will provide outputs of combined Health and Social Care performance and financial information, such that monthly financial and activity monitoring of the outcomes of the programme can be understood.

Signed



..... for NHS Devon CCG
Director of Finance

..... Position

17.3.22..... Date

..... for Plymouth City Council

..... Position

17.3.22..... Date

SECTION 256 ANNUAL VOUCHER**Plymouth City Council****PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR 31 MARCH 2022.**

(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

| <u>Scheme Ref. No and Title of Project</u> | <u>Revenue Expenditure</u> £ | | <u>Capital Expenditure</u> £ | <u>Total Expenditure</u> £ |
|---|--|----|--|--|
| Integrated Care enabling activities | £14,500,000 | £0 | £14,500,000 | |

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme agreed by the NHS Devon Clinical Commissioning Group in accordance with these Directions.

Signed.....

Date.....

Director of finance or responsible officer of the recipient (see paragraph 5(3) of the Directions)