

NHS HALTON & ST HELENS

AND

HALTON BOROUGH COUNCIL

2010 to 2013

**PARTNERSHIP AGREEMENT
February 2011**

Relating to

**Section 256 NHS Act 2006
NHS Support for Social Care 2010/11 – 2012/13 in relation to Social Care related
services purchased by the PCT from Halton Borough Council**

THIS AGREEMENT dated 1st day of February 2011

MADE BETWEEN the following parties:-

- (1) HALTON BOROUGH COUNCIL (HBC), MUNICIPAL BUILDING, KINGSWAY, WIDNES
- (2) NHS HALTON & ST HELENS (NHS H&StH), VICTORIA HOUSE, THE HOLLOWAY, RUNCORN.

1.

DEFINITIONS

- 1.1 "the 2006 Act" means the National Health Service Act 2006
- 1.2 "the Client" means a person who satisfies the requirements of the Eligibility Criteria and is a member of the Client group.
- 1.3 "the Client Group" means adults who have satisfied the Eligibility Criteria (as detailed in schedule 1) in respect of whom the Partners respectively have a statutory responsibility.
- 1.4 "the ECB" means the Intermediate Care Executive Commissioning Board whose constitution functions and rules of procedure are set out in Schedule 1 of this Agreement.
- 1.5 "a Financial Year" means a year commencing on 1st April and ending on the following 31st March
- 1.6 "HBC" means Halton Borough Council
- 1.7 "the host partner" means PCT who shall be responsible for the accounts and audit of the transfer of funding.
- 1.8 NHS H&StH means Halton and St Helens Primary Care Trust
- 1.9 "the Partners" means NHS H&StH and HBC (and "Partner" means either one of the Partners)
- 1.10 "the Partnership Arrangements" means the arrangements agreed by the Partners for the purposes of delivering the outcomes set out in this Agreement
- 1.12 "the Term" means the period beginning 1st January 2011 and ending 31st March 2013 subject to review as hereinafter set out

2 RECITALS

- 2.1 Pursuant to Section 256 of the 2006 NHS Act, the host partner has agreed to transfer funding based on a range of services detailed in Appendix 1. The outcomes of the investment have been jointly agreed with both partners.
- 2.2 The objectives of the Partnership Arrangements is to focus on a broad range of local authority funded social care services and must be transferred to local authorities to invest in social care services to benefit health, and to improve overall health gain through closer working between the National Health Service and Local Government and which is pursuant to the obligations upon the Partners to cooperate with each other as referred to in section 27 of the 1999 Health Act.
- 2.3 The Partnership Arrangements have been established pursuant to Section 256 of the 2006 Act and pursuant to the Regulations
- 2.4 The decisions taken are expected to take into account the Joint Strategic Needs Assessment for the local population and existing commissioning plans for health & social care.
- 2.5 The provisions of this Agreement shall take effect on the 1st February 2011.

3 AIMS AND OUTCOMES OF THE PARTNERSHIP AGREEMENT

- 3.1 Through the transfer of funds the Partners aim to:
 - 3.1.1 Provide more capacity for Telecare and investment in equipment and adaptations.
 - 3.1.2 Improve the overall pathway and outcomes for people at risk of entering long term care.
 - 3.1.3 Increase the capacity to support short term residential and non residential placements.
 - 3.1.4 Ensure continued quality improvement in relation to Dignity and Specialist Palliative care across all client groups.
 - 3.1.5 Increase capacity to improve Autism Pathways.
- 3.2 The proposed outcomes of the Partnership Arrangements and it's activity are:

- 3.2.1 Reduction of admissions to hospital and long term care.
- 3.2.2 Reduction in hospital readmissions.
- 3.2.3 Reduce the need for ongoing care.
- 3.2.4 Support more people at home.
- 3.2.5 Improve integrated working between health and social care.

4 GOVERNANCE

- 4.1 Each Partner will retain statutory responsibility for their respective functions carried out in relation to the Section 256 and services purchased by the PCT as social care in nature.
- 4.2 The Partners will use the established Executive Commissioning Board (ECB) for Intermediate Care Services to monitor the spend and outcomes achieved from the allocation of this funding, and to report to established bodies:
 - Adults & Community Senior Management Team, Halton Borough Council
 - PCT Management Executive Team, NHS Halton & St Helens
 - Executive Bodies of the PCT and Council

Schedule 1 details the Role, Function and Constitution of the Executive Commissioning Board

- 4.3 Governance arrangements have been agreed between the Partners to address the issues of clinical governance, public accountability and probity as well as satisfy HBC and NHS H&StH Standing Orders and Standing Financial Instructions. The ECB will discharge these duties on behalf of the Partners and report to the Executive Boards of the respective Partners.
- 4.4 The ECB will have overall responsibility for the performance monitoring of the transferred funds.

5 TRANSFER OF FUNDING AUDIT AND MONITORING ARRANGEMENTS

- 5.1 The Principal Finance Officer – Financial Management (HBC) will ensure the Operational Director – Prevention & Commissioning (HBC) receives a retrospective bi-monthly Budget statement.
- 5.2 Operational Director – Prevention & Commissioning (HBC) will scrutinize the bi-monthly Budget statement, investigate discrepancies and prepare a summary report for the ECB on a bi-monthly basis
- 5.3 Procurement of, and payment for, all services and goods from transferred funds will be undertaken using HBC Agresso financial system
- 5.4 HBC will prepare an end of year financial statement detailing all financial activity of the transferred funds. This will be presented to the ECB and the Partners by the Operational Director – Prevention & Assessment (HBC).

6 DURATION AND TERMINATION OF THE PARTNERSHIP AGREEMENT

- 6.1 This agreement will commence on 1st February 2011 and terminate on 31st March 2013.
- 6.2 The agreement will be subject to annual review to determine the amount of funds for transfer.

7 REVIEW

- 7.1 The ECB will review this agreement annually and report on progress to the Partners in March of each year of the agreement.

8 DISPUTES

- 8.1 The Partners will act together in good faith to resolve any dispute that may arise under this agreement. If the parties are unable to resolve a dispute such dispute will be referred to either the Strategic Health Authority or the Regional Government Office who shall nominate an arbitrator who shall either adjudicate on the point at issue or will direct the parties as to the method of dispute resolution

9 CONTRACT (RIGHTS OF THIRD PARTIES) ACT 1999

- 9.1 Unless the right of enforcement is expressly provided, it is not intended that a third party should have the right to enforce a provision of this agreement pursuant to the Contract (Rights of Third Parties) Act 1999
- 9.2 The parties may, by agreement, rescind or vary this agreement without the consent of a third party to whom the right of enforcement of any of its terms has been expressly provided

10 RISK MANAGEMENT

- 10.1 Each of the Partners shall assume responsibility for their own liability for all claims within their own sphere of influence and arising from this agreement including clinical negligence, Professional indemnity, Employers and Public Liability, income tax, national Insurance, VAT or other taxation liabilities however arising. This assumption of liability also applies to existing contracts operated by the Partners and any liability arising there from. The Partners hereby each individually indemnify each other from any liability arising from this agreement. All new contracts awarded by HBC or NHS H&StH on behalf of the Partners will require that the contractor (private or voluntary organisation) will provide their own indemnity insurance. Neither Partner will accept any claims from the other Partner which relates to the period prior to the commencement of this agreement

11 DATA PROTECTION

The Partners acknowledge their respective obligations under the Data Protection Act 1998, Freedom of Information Act 2000 and the Environment Information Regulations 2000.

SCHEDULE 1

Role, Function and Constitution of the Executive Commissioning Board

- S3.1. To develop and make recommendations to the Partnership Board on the strategic, commissioning and operational direction of Intermediate Care Gold standard in Halton.
- S3.2. To be responsible for oversight of the management, monitoring and use of the Pooled Fund by the Pool Manager through monthly reports, and report to the Partnership Board and Partners in all matters relating to the Pooled Fund.
- S3.3 To be responsible for the monitoring contractual relationships with service providers financed by the Pooled Fund through the implementation of a performance management framework and report to the Partnership Board in all matters relating to such monitoring.
- S3.4. To be responsible for overseeing the implementation of the decisions of the Partnership Board
- S3.5. To implement the commissioning of Intermediate Care services for the Borough of Halton

- S3.6. To do detailed planning work on behalf of the Partnership Board.
- S3.7. To prepare detailed planning proposals for Intermediate Care Gold standard services and present to the Partnership Board for discussion and approval
- S3.8. To consider bids for projects from the Partnership Board, and to report such initiatives to the Partnership Board for information
- S3.9. To analyse government policies, local and national research and audit and national information relating to Intermediate Care Services and to present such information to the Partnership Board for the purposes of the development and commissioning of Intermediate Care Services in Halton. This will include sources of any available funding.
- S3.10. Meetings of the ECB shall be held monthly and will be quorate when at least two members from the NHS H&StH and two members from HBC (with voting rights) shall be in attendance
- S3.11 The membership of the ECB shall comprise the following:

NHS H&StH - three representatives including Director of Health and Social Care (or nominated representative), Director of Finance and Resources (or nominated representative), Head of Older Peoples Services (Joint Chair)
HBC – three representatives Operational Director Older People and Adults with Physical and Sensory Disabilities (or nominated representative) Divisional Manager Intermediate Care (Joint Chair) Divisional Manager Finance and Support Services (or nominated deputy)
Joint Commissioning Manager, Older People, Pool Manager and S.151 Officer of HBC or representative (do not have voting rights)
Professional Leads for Nursing (NHS H&StH employee), Social Care (HBC employee) and Therapy (Warrington & Halton Foundation Trust), Intermediate Care Lead (HBC) (do not have voting rights)

- S3.12. All members of the ECB shall have one vote except the S.151 officer, the Pool Manager, the Joint Commissioning Manager, Older People and the Professional Leads.

S3.13. Any decisions taken by the ECB will require a majority vote unless otherwise agreed by the Partners

S3.14 The ECB may co-opt non-voting members for the purposes of providing expertise to the ECB in relevant matters.

DRAFT

Signed on behalf of:

HALTON & ST HELENS PRIMARY CARE TRUST

..... (signature)

..... (print name)

..... (position)

..... (date)

(duly authorised in that behalf)

SIGNED on behalf of

HALTON BOROUGH COUNCIL

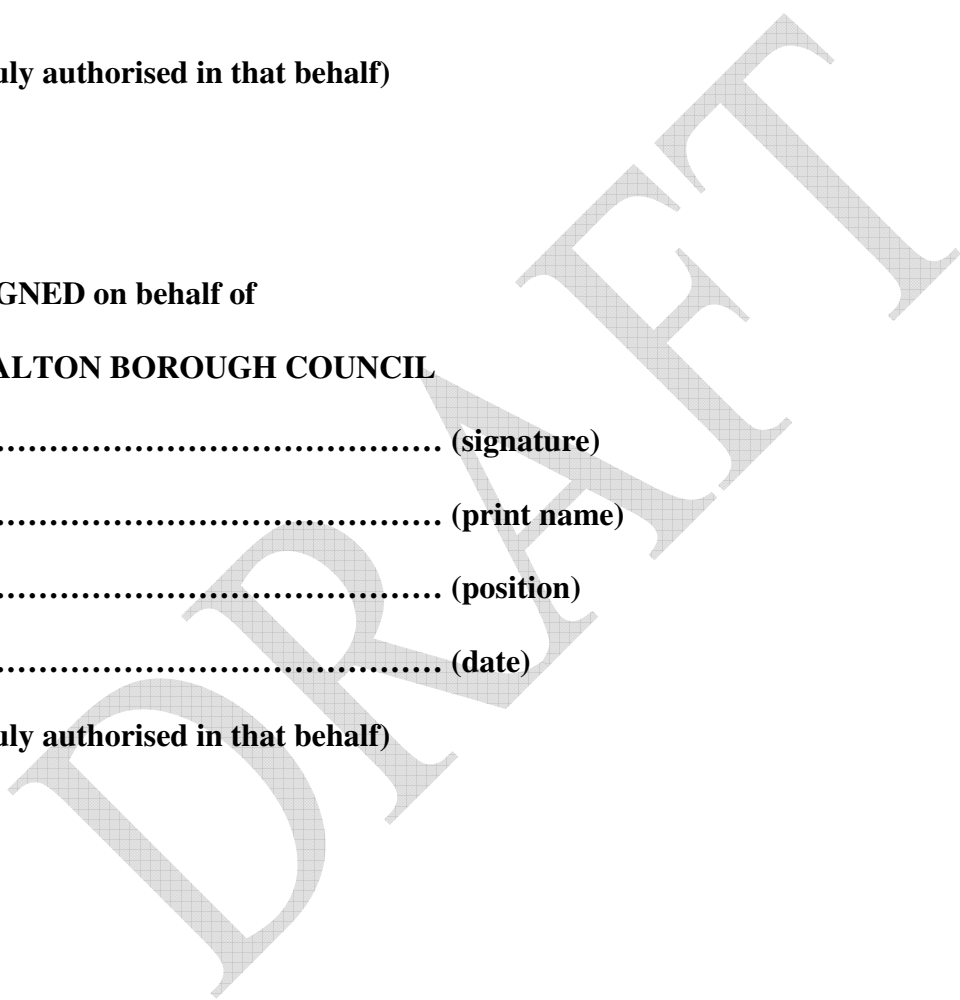
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..... (print name)

..... (position)

..... (date)

(duly authorised in that behalf)



Appendix 1

Winter Pressures Funding, 2010. Halton. Total available £427k.

On the 4th January 2011, the DOH announced a further allocation of £162m to PCTs for immediate spending on social care services that also benefit health. This funding stream is focused on a broader range of LA funded social care services and must be transferred to LA to invest in social care services to benefit health, and to improve overall health gain.

Examples of the kinds of services that could be invested in are:

- Additional short-term residential care places, or respite and Intermediate Care
- More capacity for home care support, investment in equipment, adaptations and telecare
- Investment in crisis response teams and other preventative services to avoid unnecessary admissions to hospital; and
- Further investment in reablement services, to help people regain their independence and reduce the need for ongoing care.

Funding proposals

PROPOSAL	3 MONTH COST	OUTCOMES
Implementation Of Telecare Team	£35,000	Increase in the number of people supported by telecare. (full year additional 300 people) <ul style="list-style-type: none"> • Reduction in admissions to hospital • Reduction in admissions to long term care • Reduction in hospital readmissions • Crisis intervention • Increase in the number of people supported at home.
Telecare Equipment & Training	£70,000	As above- additional technology to support people at home- in addition to existing range and availability Training will be available to all key frontline health and social care staff.
Equipment	£40,000	Additional equipment budget to support Halton Integrated Community Equipment Service to continue to provide equipment responsive and timely.
DFG's/OT assessment	£100,000	Additional adaptations and Occupational Therapist assessments, including stair lifts and minor adaptations.

PROPOSAL	3 MONTH COST	OUTCOMES
Additional Short Term residential placements	£50,000	Increase in the number of people we are able to support in short term placements. Approximately 10 placements.
Additional Social Worker x 2	£20,000	Increase capacity in care management teams to enable a quicker response at times of increased demand.
Oakmeadow Intermediate and transitional Care-additional staff	£30,000	To manage increased throughput and increased dependency of service users.
En Suite facilities-Intermediate Care Beds at Oakmeadow	£48,000	Improve future facilities in Intermediate Care Beds
Additional Re-ablement Hours	£30,000	Increase in the number of people supported.
Home Care night service	£10,000	Increase in the availability of night-time support for people in their own homes.
Dignity Coordinator	£7,000	To ensure continued quality improvement in relation to Dignity across the whole system.
TOTAL	£447,000	

Support for Social Care 2011/2012 and 2012/2013. Halton. Total available £1,709m/£1,645m.

The 2011/12 NHS operating framework provided details on non-recurrent PCT allocations for social care, totalling £648m in 2011/2012 and £622m in 2012/13.

This funding stream is focused on a broader range of LA funded social care services and must be transferred to LA to invest in social care services to benefit health, and to improve overall health gain.

Examples of the kinds of services that could be invested in are:

- Additional short-term residential care places, or respite and Intermediate Care
- More capacity for home care support, investment in equipment, adaptations and telecare
- Investment in crisis response teams and other preventative services to avoid unnecessary admissions to hospital; and
- Further investment in reablement services, to help people regain their independence and reduce the need for ongoing care.
- Prevention services, including falls.

Funding proposals

PROPOSAL	12 MONTH COST	OUTCOMES
Implementation Of Telecare Team	£140,000	Increase in the number of people supported by telecare. (full year additional 300 people) <ul style="list-style-type: none"> • Reduction in admissions to hospital • Reduction in admissions to long term care • Reduction in hospital readmissions • Crisis intervention • Increase in the number of people supported at home.
Telecare Equipment	£30,000	As above- additional technology to support people at home- in addition to existing range and availability.
Quality/contracts support	£25,000	To improve quality monitoring of all independent sector contracts including Nursing and residential homes.
Long Term Care Team	£195,000	To improve the overall pathway and outcomes for people at risk of entering Long Term Care.
Equipment	£52,000	Additional equipment budget to support Halton Integrated Community Equipment Service to continue to provide equipment responsive and

		timely.
DFG's/OT assessment	£550,000	Adaptations partnership agreement with RSL's
Additional Short Term residential/non residential placements	£400,000	Increase in the number of people we are able to support in short term placements. Approximately 20 placements. 2 year project
Specialist Palliative care social worker (PT)	£20,000	To ensure specialist social work advice and support is available to service users with palliative care needs- 2 year pilot. Linked to Hospice/LTC team.
Enhanced Social Care Support in AEDs	£40,000	1 WTE worker linked to Intermediate Care Services. 2 year project.
Autism pathway improvements	£55,000	Additional capacity required to manage demand An increase in the number of people supported. 2 year project
Home Care night service	£115,000	Increase in the availability of night-time support for people in their own homes- 2 year project.
Additional training for staff.	£35,000	Embed prevention approach in frontline practice in line with personalisation agenda, e.g. telecare, Intermediate Care early intervention.
Dignity Coordinator	£42,000	To ensure continued quality improvement in relation to Dignity across the whole system- 2 year project.
TOTAL	£1,709,000	