

**‘Section 256’ Funding Allocation & Investment
2013/14**

1. Background

- 1.1 In 2010/11 and 2011/12, the Department of Health allocated funding to the Primary Care Trust (PCT) for use in developing reablement services and to mitigate “winter pressures”. In both years, this funding was transferred, in full, by the PCT to the Council under a Section 256 agreement.
- 1.2 In December 2011 and January 2012 the Department of Health confirmed further National funding allocations, including £150m additional support for social care and £100m for improving and sustaining performance on access.
- 1.3 NHS South of England (more commonly referred to as the Strategic Health Authority) confirmed in January 2012 that the additional support funding for social care should be transferred to the local authority for investment in social care which benefits the health system and was in addition to the funding which was agreed through the 2011/12 planning process for use on prevention, community equipment, telecare, crisis response, maintaining [social care] eligibility, reablement and mental health – all areas of investment evidence to help mitigate pressures in the system.
- 1.4 In line with the relevant guidance, the use of these funding streams was agreed for 2012/13. The agreed local distribution of funding is consistent with the plans and priorities of the CCG, Council and Health & Wellbeing Board and supports integrated service delivery by Sirona and other partners. At the December 2012 meeting of the Clinical Commissioning Committee (which from April 2013 became the Clinical Commissioning Board) both the transfer and use of Section 256 funding was agreed in principle subject to confirmation of the 2013/14. At the meeting, it was confirmed by the CCG’s Director of Finance, that the 2013/14 allocation had been confirmed and was £674,000 more than anticipated. It was agreed at the CCC meeting that this additional funding should be used to increase access to reablement services on the basis that such services are evidenced to reduce individual need for long term packages of care and, also, help to smooth pressures in the urgent care system, with people less likely to reach crisis point. Subsequently, changes in funding flows meant that the larger proportion of 2013/14 allocation flowed through the Area Team rather than the CCG. However, the Area Team agreed to honour the distribution of funds agreed at by the CCC and this use of Section 256 monies is reflected in the Agreements between the CCG and Area Team with the Council as set out in Appendix 2 and 3.

2. Investment and Outcomes

2.1 Investment

Section 256 monies investment, includes five extended research pilots as follows:

- Integrated Health & Social Care Reablement – delivered through a partnership between Sirona CIC and Way Ahead Domiciliary Care Agency;
- Handyperson Services & Minor Adaptations – delivered by Care & Repair Home Improvement Agency;
- Step Down Accommodation, Care & Support – delivered through a partnership between Sirona CIC and Curo Housing Group;
- Intensive Home from Hospital Support – delivered through a partnership between Age UK and Care & Repair HIA;
- Telehealth (focused on heart failure admission avoidance).

2.2 Section 256 monies are also funding additional capacity in/expansion of services as follows:

- Increased activity in Sirona Care & Health – built into the contract to offset pressures arising from demographic change;
- Older Peoples Independent Living Service, which was launched in January 2011 and recently won a national award has been accessed by more than 200 people so far;
- Additional extra care housing;
- Support to Carers;
- Transitional Care Beds;
- Emergency Out-of-Hours Domiciliary care;
- Reablement;
- Hospital based Social Work service, Occupational Therapy and Speech Therapy;
- Personal Budgets.

2.4 Outcomes

A strategic approach has been taken to the investment of s256 funding with the aim of both responding to pressures arising from demographic change and, also, building greater sustainability into the health and social care system.

2.5 Key outcome measures agreed by the CCC to monitor the effectiveness of s256 funding are:

- Support achievement of locally agreed Delayed Transfer of Care (DToCs) target of 1% for acute beds and 5% within community hospitals;
- Support reduction in Length of Stay (LoS) for Non-Elective Admissions (NELs) and within community hospitals;
- Support weekend discharges;
- Support avoidance of unnecessary emergency hospital admissions and readmissions;
- Improve support to carers;

- Prevent admissions to residential care & escalations in community care packages; and
- Increased support and assistance for older people to living independently for longer.

2.6 As with investment in all preventative and early intervention services, it is difficult to evidence the outcomes achieved from use of s256 funding. However, Delayed Transfers of Care (DTC) is a key outcome measure for the effectiveness of services designed to enable people to leave hospital and return “home”. During the period of integrated working, including agreed investment of s256 funding, B&NES Acute DTC position has, consistently outperformed Wiltshire’s position.