

Item No.	Classification: Open	Date: 16 th December 2003	Meeting Name: Executive
Report title:		Section 31 Arrangements for the Integrated Community Equipment Service	
Ward(s) or groups affected:		All	
From:		Strategic Director of Social Services	

RECOMMENDATIONS.

1. That the Executive approve the establishment of a s.31 Arrangement under the Health Act 1999 between Southwark Social Services and Southwark PCT commencing from December 2003 to enable Southwark Social Services to be the lead commissioner in relation to community equipment.
2. That the Executive approve the establishment of a s.31 Arrangement under the Health Act 1999 between Southwark Social Services and Southwark PCT to establish a pooled budget for the purchase of community equipment to commence in March 2004.
3. That the Executive approve the delegation to the strategic Director of Social Services of the detail of the negotiation with the PCT, as well as the approval of and signature to the final terms of the s.31 Arrangement.

BACKGROUND INFORMATION

4. Southwark Social Services and the PCT separately provide equipment to service users for use in the community. This service is provided to adults and children. Community equipment means that which assists people with any type of disability, including sensory and learning disabilities. It includes equipment for home nursing, daily living and communication aids (for example commodes, shower chairs and grab rails).
5. The NHS and Local Authorities are subject to national targets and expectations around the provision of community equipment. The NHS Plan sets out the requirement to modernise the delivery of the community equipment service by:
 - Combining Health and Social Services equipment provision into a single integrated service by April 2004 via a s.31 Arrangement.
 - Increasing by 50% the number of individuals who benefit from the service by April 2006.
 - Improving the range and quality of equipment offered.
 - Improving efficiency by modernising purchasing, supply and recall systems.
 - Extending the use of new “telecare” technologies in supporting frail vulnerable people eg sensors at windows and fall alarms.

7. The new Government targets of providing all equipment within 7 days and increasing the number of community equipment items delivered by 50% by 2006 are challenging. Meeting these targets will best be assisted by Social Services becoming lead commissioning agency for both providers (i.e. Social Services and the PCT), the pooling of the respective budgets and retendering during 2004 for one contract to provide community equipment. The benefits of an integrated service will include a quicker integrated service to service-users and economy of scale found through two purchasing agencies working together.

Progress on ICES programme in Southwark

8. In June 2003 a base line audit of the current community equipment services across the PCT and the Social Services Department (SSD) confirmed the need to integrate the PCT and Social Services equipment provision if national targets are to be met in the future. This is intended to lead, together with other changes, to improvements in the service delivered.
9. A Project Team was set up in early 2003 by the London Boroughs of Lambeth and Southwark to share knowledge and skills as both Boroughs moved towards setting up individual integrated community equipment services with their NHS partners.

Current Provider Arrangements

10. The primary provider of NHS equipment is the Shared Services Partnership Home Loans service. This is a service run within the South East London Shared Services Partnership (SELSSP) and covers Southwark and Lambeth PCTs.
11. Social Services purchase most of their equipment through a contract with Huntleigh, which expires in November 2004.

Phasing of ICES programme

12. Due to the need to meet key government targets it is necessary to adopt a staged approach in moving to an integrated service.
13. It is therefore proposed to enter firstly into an arrangement with the PCT under s.31 of the Health Act 1999 to set up lead commissioning.
14. This must be in place by 31 December 2003 as grant funding of £54,000 (via the Access and Systems Capacity Grant from the Department of Health) cannot be accessed unless this is in place.
15. It is then proposed to progress towards operating a pooled budget with the lead commissioner as the pool manager. The s.31 Arrangement setting up the pooled budget should be in place by 31 March 2004.

KEY ISSUES FOR CONSIDERATION

Resource Implications

16. There are significant performance expectations in relation to ICES. A key target is for an increase of 50% in service take up and provision by April 2006. This forms

part of the budget setting process for 2004/05

Public & User Involvement

17. A key requirement of the ICES programme is for users and carers to form part of the ICES Advisory Board overseeing the service. It is a requirement that the Board should be in place by March of next year.

Staff Involvement

18. Clinicians across the PCT and Acute Hospital sector have been involved in the development work undertaken to date and will form a key part of an ICES Advisory Board overseeing the service.

Equalities & Diversity Implications

19. User and carer participation will help to improve access and take up of services by vulnerable client groups, including children and vulnerable adults.

Health inequalities implications

20. ICES services are targeted at physically frail and vulnerable people. An improved service will result in significant gains in terms of supporting more vulnerable people in their own home.

Policy implications

21. The Government has set ambitious targets around the numbers of older people and people with disabilities or mental health needs helped to live at home by the Social Services Department
22. s.31 Arrangements have been developed to give NHS bodies and Local Authorities the flexibility to be able to respond effectively to improve services, either by joining up existing services, or developing new, co-ordinated services, and to work with other organisations to fulfil this.
23. The use of such arrangements are a key policy driver which will enable local partners to drive forward the integration agenda and deliver many of the performance expectations outlined in the Council's Community Plan and the PCT's Local Delivery Plan.

Effect of proposed changes on those affected

24. A swifter, integrated service to users, and economies of scale for two purchasing authorities.

Consultation

25. Consultation has taken place with stakeholders and service users as represented on the Physical and Sensory Disabilities Partnership Board. The voluntary sector have been involved and fully informed. The Southwark Community Care Forum has run a number of meetings to consider the implications on users of setting up a s.31 arrangement.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Borough Solicitor & Secretary

26. The Council has duties and powers to assist eligible people who have a need for community equipment. Whether the Council has a duty to provide a service to a particular person will depend on the assessment of need.
27. The Council has powers to do anything which it consider is likely to achieve the promotion or improvement of the economic, social or environmental well-being of their area (s2 Local Government Act 2000). Further, there is a specific power which allows the Council to make arrangements with NHS bodies such as the Primary Care Trust for the establishment of pooled budgets between them and for the Council to take on lead commissioning duties on behalf of the PCT. These powers can only be exercised where the arrangements are likely to lead to an improvement in the way in which those functions are exercised (s 31 Health Act 1999). In addition, guidance and regulations require Local Authorities to consider matters raised in this report, and in particular to consider setting up arrangements using s31 Health Act powers. These are the powers which are intended to be used in setting up the Partnership agreement between the Council and Southwark Primary Care Trust.
28. The Executive will need to be satisfied after a consideration of all relevant matters, and having disregarded irrelevancies, that to participate in this Agreement would be a reasonable decision. That is, the benefits associated with the proposal exceed the risks and disadvantages of participation. The written arrangements are intended to minimise, deal with and manage the associated risks. Further, while the detail of the agreement is still to be negotiated, it is intended that the agreement will be renewable year by year, so that it can last if desired no longer than one year (and, possibly, less than that).
29. The Agreement will need to put in place mechanisms to manage the risks posed by the exercise of these powers. For example, the agreement is likely to cover potential workforce issues; complaints; delegation and decision making; performance management; clinical governance; best value; assessment arrangements and eligibility criteria; staffing impact and arrangements; property arrangements; financial arrangements (including regarding contributions, how to deal with variations, budget management, dealing with under and overspends and inflation, charging, VAT etc); exit strategies; disputes; termination; service and finance planning mechanisms; requirements about delivery of information; and other matters as set out in the text of the report.
30. Consideration will need to be given to the governance and decision making arrangements in relation to this joint working with Southwark PCT. The Executive considered a report on the governance framework around s.31. Arrangements on 9 September 2003 and noted the proposed monitoring arrangements at the joint meeting with the PCT Board on 25 November 2003. There will need to be consideration each year of the decision on the Council's participation in the agreement for the following year, and the level of the Council's financial commitment.

Chief Finance Officer

31. The budgets for community equipment for Social Services and PCT are detailed in the table below. The proposal would be for each party to contribute their cash limit budget to the ICES partnership. The Southwark PCT contribution is indicative. This is because the service is currently provided by the South East London Shared Services Partnership on a block contract basis for Lambeth, Southwark and Lewisham PCTs. Further work to confirm the actual Southwark PCT funding is ongoing.

Proposed Budget for ICES S31 agreement				
	2003/04	2004/05	2005/06	
	£,000	£,000	£,000	
Social Services (SSD)	730	748	767	
PCT*	296	303	310	<i>indicative</i>
Total	1,026	1,051	1,077	

32. Additional investment is required to reach the DoH target of increased take up of services by 50% by 2006. An extra £350,000 was requested during the 2004/05 budget setting exercise to be set aside for this. Any additional funding agreed for 2004/05 would also be part of the s.31 Agreement.

33. It is proposed to enter firstly into an arrangement with the PCT under s.31 of the Health Act 1999 to set up lead commissioning. This must be in place by 31 December 2003 as grant funding of £54,000 (via the Access and Systems Capacity Grant from the Department of Health) cannot be accessed unless this is in operation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
<i>Disability Discrimination Act 1995 NHS Plan National Service Framework for OP Guide to Integrating Community Equipment (March 01)</i>	<i>Social Services Dept Mabel Goldwin House</i>	<i>Adrian Blunt Tel: 020 525 3641</i>

APPENDIX 1

Audit Trail

Lead Officer	<i>Rod Craig, Interim Senior Manager – Adult Services</i>	
Report Author	<i>Adrian Blunt, Business Manager – OP/PD Services</i>	
Version	<i>Final</i>	
Dated	<i>8.12.03.</i>	
Key Decision?	<i>Yes</i>	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Borough Solicitor & Secretary	Yes	Yes
Chief Finance Officer	Yes	Yes
<i>List other Officers here</i>		
Executive Member	Yes	No
Date final report sent to Constitutional Support Services	08.12.03	