

**DATED** \_\_\_\_\_ **2014**

**NHS ENGLAND (1)**  
**(EAST ANGLIA AREA TEAM)**  
**and**

**CAMBRIDGESHIRE COUNTY COUNCIL**  
**(2)**

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**Agreement relating to Social Care  
Funding, Section 256  
2014/15**

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**THIS AGREEMENT** is made on (xxxxxx) **2014**

**BETWEEN:**

- (1) East Anglia Area Team (“EAAT”) on behalf of **NHS ENGLAND** of West Wing, Victoria House, Capital Park, Fulbourn, CB21 5XB; and
- (2) **CAMBRIDGESHIRE COUNTY COUNCIL** of Shire Hall, Castle Hill, Cambridge CB3 0AP (“**Organisation**”);

(together the “**Parties**”).

**WHEREAS:**

- (A) The EAAT is empowered by Section 256 of the 2006 Act to make payments to the Organisation in certain circumstances towards expenditure incurred or to be incurred by such Organisation.
- (B) The EAAT on behalf of NHS England has agreed to make payments to the Organisation to contribute towards or pay the costs of the Scheme.
- (C) By resolution of the Cambridgeshire and Peterborough Clinical Commissioning Board dated **[insert date]** the transfer of funding for the Scheme was recommended pursuant to Section 256 of the 2006 Act.
- (D) The EAAT is satisfied that this Grant is in accordance with the Act and complies with the Directions.

**NOW IT IS HEREBY AGREED** as follows:

**1 Definitions and Interpretation**

- 1.1 In this Agreement the following expressions shall unless the context otherwise requires have the meanings herein:

“**2006 Act**” means the National Health Service Act 2006;

“**Annual Voucher**” means the statement of compliance with conditions of Grant and expenditure certification as set out in the Schedule 2;

“**CEDR**” means the Centre for Effective Dispute Resolution;

“**Directions**” means the Directions by the Secretary of State for Health as to the conditions governing payments by health authorities and other bodies under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000;

“**Financial Year**” means 1 April of one year to 31 March of the following year;

“**Grant**” means the amount of money set out in Schedule 1 payable by NHS England to the Organisation

“**Nominated Officers**” means [Insert job title] (for the EAAT) and Service Director, Adult Social Care (for the Organisation) or such replacements as may be notified by a Party to the other Party in writing from time to time;

“**Scheme**” means the scheme as more specifically described in Schedule 4.

- 1.2 The headings in the Agreement are for ease of reference only and shall not affect the construction hereof.
- 1.3 A reference to any Act of Parliament, Order, Regulation, Statutory Instrument, Directions or the like shall be deemed to include a reference to any amendment or re-enactment of the same.

## **2 Conditions relating to the Grant**

- 2.1 The Grant shall be paid by NHS England in accordance with Schedule 1 and the Grant for Financial Year 2014/15 shall be paid within 30 days of the date of this agreement.
- 2.2 The Organisation shall submit a completed and certified Annual Voucher in the form set out in Schedule 2 as detailed in Annex 2 of the National Health Trust (NHS) Transfer Directions 2013
  - 2.2.1 The Organisation must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the EAAT by no later than 31st December of that year.

- 2.2.2 A voucher provided for the purposes of paragraph (2.2) above must be authenticated and certified by the Director of Finance or responsible officer of the Organisation
- 2.3 The Organisation shall use the Grant:-
- 2.3.1 in respect of the Scheme;
- 2.3.2 in such way as to secure the most efficient and effective use of the amount Grant
- 2.3.3 in accordance with all relevant legislation and the Directions; and
- 2.3.4 in accordance with any policies, performance objectives, eligibility criteria and standards set out at Schedule 4,
- 2.4 The Organisation shall be responsible for the operational management of the Scheme.
- 2.5 The Organisation shall provide the EAAT with the information detailed in Schedule 5 and access to such other information as NHS England may reasonably request.
- 2.6 The EAAT and the Organisation shall meet at such intervals as the Parties agree, having regard to the nature of the Scheme, to review the Scheme.
- 2.7 Any variation to this Agreement or the Scheme must be agreed in writing by an authorised officer of each Party.
- 2.8 Any complaints in relation to the Scheme shall be notified immediately to the Nominated Officers who shall agree an appropriate course of action to ensure that all such complaints are dealt with appropriately.

### **3 Authority**

- 3.1 Both Parties warrant that all required approvals and any necessary delegated authority which a Party may be responsible for ensuring, shall be put in place and complied with regarding the execution and performance of this Agreement.

#### **4 Dispute Resolution**

4.1 Both Parties agree that it would be in their best interests for any disagreement to be resolved locally as soon as reasonably possible, firstly by the Parties' Nominated Officers or, failing agreement, by the Parties' Chief Executive Officers (or equivalent) or their nominated deputies.

#### **4.2 Mediation**

4.2.1 If the Parties Chief Executives Officers (or equivalent) are for any reason unable to resolve the dispute within 30 days of it being referred to them, the Parties will attempt to settle it by mediation in accordance with the CEDR Model Mediation Procedure. Unless otherwise agreed between parties, the mediator shall be nominated by CEDR Solve. To initiate the mediation, a Party must serve written notice (a Mediation Notice) to the other Party requesting mediation. A copy of the Mediation Notice should be sent to CEDR. The mediation will start not later than 15 days after the date of the Mediation Notice. Unless otherwise agreed by the Parties, the place of mediation shall be nominated by the mediator.

4.2.2 Neither Party may commence court proceedings or arbitration in relation to a Dispute until it has attempted to settle the Dispute by mediation and either the mediation has terminated or the other Party has failed to participate in the mediation, provided that the right to issue proceedings is not prejudiced by a delay.

4.2.3 The Parties shall each bear their own costs in relation to any reference made to a mediator and the fees and all other costs of the mediator shall be borne jointly in equal proportions by both Parties unless otherwise directed by the mediator.

### 4.3 Arbitration

- 4.3.1 If the Parties cannot resolve the Dispute through mediation within 30 days of the start of the mediation, or such longer period as may be agreed by the Parties, then the Dispute may be referred to arbitration in accordance with Clauses 4.3.2 to 4.3.7.
- 4.3.2 Either Party may initiate arbitration by serving a written notice of arbitration (an Arbitration Notice) on the other Party.
- 4.3.3 Unless otherwise agreed in writing by the Parties, the provisions of the Arbitration Act 1996 shall govern the arbitration.
- 4.3.4 Any dispute referred to arbitration shall be resolved under the UNCITRAL Arbitration Rules.
- 4.3.5 The arbitration panel shall consist of a sole arbitrator to be agreed by the Parties, or if the Parties cannot agree on the appointment of an arbitrator within 10 days of the date of the Arbitration Notice, as appointed by CEDR Solve.
- 4.3.6 The Parties agree that the decision of the arbitrator shall be binding on the Parties.
- 4.3.7 The Parties shall bear their own costs in relation to any reference made to an arbitrator and the fees and all other costs of the arbitrator shall be borne jointly in equal proportions by both Parties unless otherwise directed by the arbitrator.

## **5 Cancellation and reimbursement**

- 5.1 The Organisation shall inform the EAAT in writing should the Scheme / Better Care Fund come to an end or the Organisation ceases to carry out those functions in connection with which the Grant is made.
- 5.2 Should the Scheme / Better Care Fund come to an end or the Organisation ceases to carry out those functions in connection with which the Grant is made prior to completion of transfer of the Grant, then the EAAT shall be under no obligation to pay the Grant or make further instalments of the Grant.
- 5.3 In the event the EAAT ceases to pay the Grant or the Organisation is obliged to reimburse the Grant in accordance with this Clause 5, the EAAT and the Organisation shall work together to ensure there is minimal disruption to individuals benefiting from the Scheme / Better Care Fund.

## **6 Contracts (Rights of Third Parties) Act 1999**

- 6.1 The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and nothing in this Agreement shall confer or purport to confer or operate to give any third party any benefit or any right to enforce any term of this Agreement except as expressly provided in this Agreement.

## **7 Communication**

- 7.1 Any notice to be given by either Party to the other under this Agreement shall be in writing sent to the Nominated Officer of the relevant Party at the address as set out in this Agreement.

## **8 Governing Law**

- 8.1 This Agreement shall be governed by and construed in accordance with English Law.

**Schedule 1**  
**Memorandum of Agreement**  
**Section 256 transfer**

Reference number: **INSERT NUMBER**

Title of Scheme **Cambridgeshire Adult Social Care Allocation**

(the reference number and title of the scheme should give a unique identification of the Scheme)

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

1.1 NHS England will transfer £859m nationally from its global allocation to local authorities. The funding is to be used to support “Adult Social Care services which also has a health benefit”, as detailed by the Department of Health letter dated 19 December 2012, Gateway Reference 18568, and the NHS England letter dated 19 June 2013, Gateway Reference 00186 attached in Appendix 1.

1.2 Towards this aim, the agreement for the transfer is made between the Area Team and the Organisation. The Organisation will use the monies to ensure the sustainability of services which have mutual benefit to health and social care.

**2. Description of scheme (In the case of revenue transfers, please specify the Scheme for which money is being transferred).**

2.1 This scheme provides for the transfer of the social care funds from the NHS to support the sustainability of social care services and associated activities that relate to prevention and reablement and also benefit health.

2.2 The strategic approach to prevention and reablement across the local health and social care system is to promote the health and wellbeing of the local community and develop services that are aimed at maintaining or regaining independence. This includes avoiding unnecessary admissions to hospital, supporting timely discharges if people are admitted to hospital and reablement for people who are discharged from hospital and those in the community who are seeking some level of support. This approach will ensure that more intensive intervention is targeted on those that need it most.

2.3 This approach is embedded within the Vision and Principles that the Cambridgeshire Public Service Board has recently commissioned to set out the shared ambition of local public services and to guide the collaboration and joint working between key partners, including the County Council, the CCG, District and City Councils and NHS providers. This is work in progress and the draft document is attached at Appendix 2 for information and context only.

### **3. Financial details (and timescales):**

The amount to be transferred in the financial year 2014/15 is £10,652,000.

This amount includes £1,900,000 funding in respect of the Better Care Fund for 2014/15

Payment for Financial Year 2013/14 shall be made within 30 days of the date of this agreement.

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

4.1 The Organisation will keep proper records in relation to the scheme and will allow NHS England's representatives and/or the CCG on behalf of NHS England, to inspect all such records and will supply copies on request.

4.2 The Parties will have regular meetings for the purpose of discussing the spend and how it is delivering Health and Social Care benefits in the economy. As part of this arrangement, senior managers from across the whole health and social care system, including GP Commissioners, will work collaboratively on the strategic approach, described above, to ensure that the impact of different initiatives on each part of the system are understood so that unforeseen consequences in one part of the system do not emerge and undermine the overall strategy. The CCG may represent the Area Team in these regular meetings.

4.3 If there are disagreements about the operation of the agreement, the Nominated Officers of each Party have a key role in trying to resolve these locally as soon as reasonably possible, in line with the disputes resolution process set out in the agreement above.

4.4 The detailed metrics and management information associated with adult social care delivery are set out in Schedule 5 below. The funding transferred under this agreement and the core adult social care funding of the Organisation will be deployed to deliver positive outcomes for local people in terms of quality of life, through access to efficient and effective services that are targeted at maintaining independence for as long as possible by ensuring positive health and wellbeing and promoting choice and control, with core social care services focused on supporting the most vulnerable people. The funding transferred under this agreement will contribute to a wide range of activities including:

- Provision of community equipment & adaptations
- Provision of telecare equipment
- Availability of integrated crisis & rapid response services
- Maintaining current eligibility criteria
- Delivery of Reablement services

- Bed-based interim & intermediate care services
- Early supported hospital discharge into ICT/Reablement schemes
- Mental health services
- Preventative services
- Support to carers
- Extra care sheltered services

4.5 The metrics and management information will evidence how the funding transferred under this agreement and the core adult social care funding has delivered on the strategic approach described above. The funding transfer allows the Organisation to maintain the 2014/15 targets at the same level as 2014/15, in the context of increasing numbers of older people and significant savings requirements. Focusing the funding on key areas of activity will help to manage demand by maintaining independence wherever possible.

4.6 The month on month performance in 2014/15 will be compared with performance in 2013/14. Where performance is lower than last year the reasons for this will be clearly understood and action will be taken to improve the performance within the constraints of the overall adult social care funding. The aspiration is to exceed targets set for 2014/15. Continue to work across Health and Social Care system to prevent avoidable admissions and continue to work together to reduce delays in transfer of care.

4.7 Without the funding transfer it would not be possible to achieve the level of performance and delivery set out in Schedule 5. The targets set would not be achieved and managing increased demand from the year on year demographic growth would be more challenging and put more pressure on the health and social care system.

## **Schedule 2**

Annual voucher and certificate for auditors

The following annual voucher must be used as required by direction 5(1):

Section 256 Annual Voucher  
Cambridgeshire County Council

### **PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR ENDING 31 MARCH 2015**

<b>SERVICE AREA</b>	<b>2014/15 £, 000</b>
(a) community equipment and adaptations	880
(b) telecare	256
(c) integrated crisis and rapid response services	439
(d) maintaining eligibility criteria	1500
(e) re-ablement services	2820
(f) bed-based intermediate care services	1195
(g) early supported hospital discharge schemes	276
(h) mental health services	995
(i) other preventative services	823
(k) preparation for Better Care Fund	290
(l) Support to carers	300
(m) Extra care sheltered services	878
<b>TOTAL</b>	<b>£10,652</b>

### **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 approved by NHS England and the Cambridgeshire & Peterborough Clinical Commissioning Group with these Directions.

Signed: .....

Date:.....

*Chief Finance Officer, Cambridgeshire County Council*

## Certificate of independent auditor

I/We have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated)\* and the related accounts and records of the ..... and
- carried out such tests and obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated)\* I/we have concluded that

- the entries are fairly stated: and
- the expenditure has been properly incurred in accordance with the relevant terms and conditions.

Signature .....

Name (block capitals) .....

Company/Firm .....

Date .....

\* Delete as necessary

### **Schedule 3**

#### **Grant Monies**

The monies will be paid by the EAAT to the Organisation in within 30 days of the agreement.

## **Schedule 4**

### **Scheme**

Funding for social care via the NHS is to mutually benefit social and healthcare services. This scheme provides for the transfer of the social care funds to support the sustainability of services for both health and social care and jointly support locally agreed priorities.

The funding will aid the commissioning of a range of services to support the outcomes as detailed in Section 2.3 and Section 4 of Schedule 1.

## Schedule 5

### Management Information

#### Performance and Management Information

#### Metrics

Outcome 1 Ref	Promoting personalisation and enhancing quality of life for people with care support needs	
Ref	Measure Description	Notes
<p><b>ASCOF measure</b> <b>1C PART 1</b></p>	<p><b>Proportion of people using social care who receive self-directed support</b></p> <p><b>Rationale</b> – Self Directed Support (SDS) offer clients flexibility in how their care is provided and ensures that care packages are responsive to their individual needs and wishes.</p> <p><b>Numerator</b> –The number of users and carers receiving self-directed support.</p> <p><b>Denominator</b> – Community-based clients and carers in receipt of service within the period</p> <p><b>2014/15 Target</b> – 80% (higher is good)</p>	<p>The denominator includes carers and some service user services that are not eligible for SDS such as equipment and adaptations. Therefore the local measure for eligible service users was created.</p>
<p><b>ASCOF measure</b> <b>1C PART 2</b></p>	<p><b>Proportion of SDS Users who receive Direct Payments</b></p> <p><b>Rationale</b> – Research has indicated that direct payments make people happier with the services they receive.</p> <p><b>Numerator</b> –The number of users and carers receiving direct payments.</p> <p><b>Denominator</b> – Community-based clients and carers in receipt of service within the period.</p> <p><b>2014/15 Target</b> – 35% (higher is good)</p>	<p>The denominator includes carers and some service user services that are not eligible for SDS such as equipment and adaptations. Therefore the local measure for eligible service users was created.</p>

Outcome 1 Ref	Measure Description	Notes
<p><b>Local 1C PART 1</b></p>	<p><b>Proportion of eligible service users receiving Self-Directed Support</b></p> <p><b>Rationale</b> – Self Directed Support (SDS) offer clients flexibility in how their care is provided and ensures that care packages are responsive to their individual needs and wishes.</p> <p><b>Numerator</b> – The number of eligible service users receiving Self Directed Support</p> <p><b>Denominator</b> – The number of eligible service users</p> <p><b>2014/15 Target</b> – 95.0% (higher is good)</p>	<p>This is a new local measure which focuses only on those service users who are eligible for SDS.</p>
<p><b>Local 1C PART 2</b></p>	<p><b>Local - Proportion of eligible service users receiving Direct Payments</b></p> <p><b>Rationale</b> – Research has indicated that direct payments make people happier with the services they receive.</p> <p><b>Numerator</b> – The number of eligible service users receiving direct payments</p> <p><b>Denominator</b> – The number of eligible service users</p> <p><b>2014/15 Target</b> – 25.0% (higher is good)</p>	<p>This is a new local measure which focuses only on those service users who are eligible for direct payments.</p>
<p><b>ASCOF measure 1A</b></p>	<p><b>Self reported experience of social care users</b></p> <p><b>Rationale</b> – This indicator gives a view of the quality of life of social care users based on responses to the annual Service User Survey (ASCS).</p> <p><b>Numerator</b> – The sum of the scores of a specific set of questions in the survey questionnaire.</p> <p><b>Denominator</b> – The total number of people answering the specific questions.</p> <p><b>2014/15 Target</b> – 19.0 (higher is good)</p>	<p>This is a composite measure using responses to survey questions covering control, dignity, personal care, food &amp; nutrition, safety, occupation, social participation and accommodation.</p> <p>The quality of life questions within the survey are very general and refer to life as a whole and may not reflect the true impact of Adult Social Care.</p> <p>The survey sampling methodology includes a +/-5% margin of error.</p>

<b>Outcome 1</b>	Promoting personalisation and enhancing quality of life for people with care support needs			
<b>Ref</b>	<b>Measure Description</b>	<b>Notes</b>		
<b>Activity</b>	<b>Measure</b>	<b>Aim</b>	<b>Target</b>	<b>Basis of target</b>
Provision of community equipment & adaptations	Number of people in receipt of equipment & adaptations  ? wait time for completion of equipment / adaptations	Maintain current performance	2,400	Volume of people recorded on SWIFT as supported by OT teams in the 2012/13 financial year
Provision of telecare equipment	Number of people supported by telecare	Maintain current performance	930	Volume of people recorded on SWIFT as supported by ATT teams in the 2012/13 financial year
BCF – AA1	Avoidable emergency admissions per 100,000 of population (all ages) April to September 2014	Reduce avoidable hospital admissions	821	New
BCF – AA2	Avoidable emergency admissions per 100,000 of population (all ages) October to March 2015	Reduce avoidable hospital admissions	856	New

Outcome 2	Preventing deterioration, delaying dependency and supporting recovery	
Ref	Measure Description	Notes
<p>ASCOF measure 2A PART 1</p>	<p><b>Admissions to residential and nursing care homes (aged 18-64), per 100,000 population</b></p> <p><b>Rationale</b> – Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency.</p> <p><b>Numerator</b> – Number of supported permanent admissions of adults to residential and nursing care during the period.</p> <p><b>Denominator</b> – Cambridgeshire population aged 18-64 (latest estimate = 393,217)</p> <p><b>2014/15 Target</b> – 13.5 per 100,000 population (lower is good)</p>	<p>This is a demand led service and remains an appropriate service for service users with severe and complex needs; however the avoiding of permanent placements is a good measure of delaying dependency.</p>
<p>ASCOF measure 2A PART 2</p>	<p><b>Admissions to residential and nursing care homes (aged 65+), per 100,000 population</b></p> <p><b>Rationale</b> – Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency.</p> <p><b>Numerator</b> – Number of supported permanent admissions of adults to residential and nursing care during the period.</p> <p><b>Denominator</b> – Cambridgeshire population aged 65+ (latest estimate = 101,351)</p> <p><b>2014/15 Target</b> –646 per 100,000 population (lower is good)</p>	
<p>ASCOF measure 2B</p>	<p><b>The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services</b></p> <p><b>Rationale</b> – This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.</p> <p><b>Numerator</b> – Number of older people discharged from hospital to home or to a residential or nursing home who are still at home at three months after the discharge.</p> <p><b>Denominator</b> – Number of older people discharged from hospital to home or to a residential or nursing home</p> <p><b>2014/15 Target</b> – 86.6% (higher is good)</p>	<p>This is a national measure focussed on evidencing independence following receipt of a post hospital re-ablement / rehabilitation service.</p>

Outcome 2	Preventing deterioration, delaying dependency and supporting recovery	
Ref	Measure Description	Notes
<p><b>ASCOF measure</b> <b>2C PART 1</b></p>	<p><b>Delayed transfers of care from hospital</b></p> <p><b>Rationale</b> – Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This indicator measures the ability of the whole system to ensure appropriate transfer from hospital and is an indicator of the effectiveness of the interface between the NHS and social care services.</p> <p><b>Numerator</b> – The average number of delayed transfers of care on a particular day taken over the year.</p> <p><b>Denominator</b> – Adult population in area aged 18 and over (latest population estimate = 494,568)</p> <p><b>2014/15 Target</b> – 9.7 per 100,000 population (lower is good)</p>	<p>This remains a challenging measure requiring a “whole system” response from health and social partners. The Cambridgeshire target has been carried over from the Local Area Agreement and remains an aspirational objective designed to stretch the County Council and partner Organisations.</p> <p>Delays attributable to adult social care account for around 1/3 of the annual total.</p>
<p><b>ASCOF measure</b> <b>2C PART 2</b></p>	<p><b>Delayed transfers of care from hospital attributable to adult social care</b></p> <p><b>Rationale</b> – Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This indicator measures the ability of social services to ensure appropriate transfer from hospital.</p> <p><b>Numerator</b> – The average number of delayed transfers of care attributable to adult social care on a particular day taken over the year.</p> <p><b>Denominator</b> – Adult population in area aged 18 and over (latest population estimate = 494,568)</p> <p><b>2014/15 Target</b> – 3.1</p>	
<p><b>Local measure</b> <b>RBT1</b></p>	<p><b>Proportion of PD users independent following re-ablement</b></p> <p><b>Rationale</b> – Evidence shows that timely bursts of social care re-ablement, focusing on skills for daily living, can enable people to live more independently and reduce their need for ongoing homecare support.</p> <p><b>Numerator</b> – PD Number Independent from Re-ablement</p> <p><b>Denominator</b> – PD Completed Packages to date</p> <p><b>2014/15 Target</b> – 50% (higher is good)</p>	<p>Separate performance targets exist in recognition of the fact that the cohort of PD service users are likely to have more complex needs and are less likely to be independent following receipt of a re-ablement service.</p>

Outcome 2	Preventing deterioration, delaying dependency and supporting recovery	
Ref	Measure Description	Notes
<p><b>Local measure</b></p> <p><b>RBT2</b></p>	<p><b>Local - Proportion of OP users independent following re-ablement</b></p> <p><b>Rationale</b> – Evidence shows that timely bursts of social care re-ablement, focusing on skills for daily living, can enable people to live more independently and reduce their need for ongoing homecare support.</p> <p><b>Numerator</b> – OP Number Independent from Re-ablement</p> <p><b>Denominator</b> – OP Completed Packages to date</p> <p><b>2014/15 Target</b> – 55% (higher is good)</p>	
<p><b>NI132</b></p>	<p><b>Timeliness of social care assessment</b></p> <p><b>Rationale</b> – Service users and carers should expect practical help and other support to arrive in a timely fashion following referral to Adult Social Care.</p> <p><b>Numerator</b> – All assessments for new clients completed within four weeks.</p> <p><b>Denominator</b> – All assessments for new clients' completed during the period.</p> <p><b>2014/15 Target</b> – 86% (higher is good)</p>	<p>Whilst these are no longer national performance measures, these have been retained to allow the monitoring of the volume and timeliness of new social care assessments and care packages.</p>
<p><b>NI133</b></p>	<p><b>LI405 / (NI133) - Timeliness of social care packages following assessment</b></p> <p><b>Rationale</b> – Users should expect practical help and support to arrive in a timely fashion, following on from social care assessment.</p> <p><b>Numerator</b> – All social care services for new clients that start within four weeks of assessment completion.</p> <p><b>Denominator</b> – All social care services for new clients starting during the period.</p> <p><b>2014/15 Target</b> – 93% (higher is good)</p>	

<b>Outcome 2</b>	Preventing deterioration, delaying dependency and supporting recovery	
<b>Ref</b>	<b>Measure Description</b>	<b>Notes</b>
D40	<p><b>Clients receiving a review</b></p> <p><b>Rationale</b> – Reviews allow effective assessment of suitable outcomes and ensure that services are fit for purpose.</p> <p><b>Numerator</b> – The number of clients receiving a review during the period.</p> <p><b>Denominator</b> – The number of clients receiving services during the period.</p> <p><b>2014/15 Target</b> – 80% (higher is good)</p>	Whilst no longer a national performance measure this indicator has been retained in order to monitor review rates across adult social care teams.

Activity	Measure	Aim	Target	Basis of target
BCF DTOC2	Reduced proportion of Delayed Transfers of care from hospital, per 100,000 of population (aged 18+): April - December 2014	To reduced the proportion of Delayed Transfers of care from hospital	438	13/14 performance
BCF DTOC2	Reduced proportion of Delayed Transfers of care from hospital, per 100,000 of population (aged 18+): January - June 2015	To reduced the proportion of Delayed Transfers of care from hospital	417	13/14 performance
Maintaining current eligibility criteria	Numbers of people making referrals & number of people being assessed as eligible (denominator for measure NI132, and the outcome of that assessment)	Maintain current performance	4,500 Assessments 95% to result in service	12/13 performance
Mental health services	Number of older people referred to the OPMH team for assessment	Maintain the support for older people with mental health needs	380	Volume of people recorded on SWIFT as supported by OPMH teams in the 2012/13 financial year
Extra care sheltered services	Additional number of Extra Care units in 2014/15	Increase availability of extra care sheltered housing	TBC	Based on planned developments

Outcome 3 Ref	Measure Description	Notes
<p><b>ASCOF measure 3A</b></p>	<p><b>Overall satisfaction of people who use services with their care and support</b></p> <p><b>Rationale</b> – This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Taken from the annual service user survey.</p> <p><b>Numerator</b> – In response to Question 1, those individuals who selected the response “I am extremely satisfied” or “I am very satisfied”.</p> <p><b>Denominator</b> – All those that responded to the question.</p> <p><b>2014/15 Target</b> – 70% (higher is good)</p>	<p>The survey sampling methodology includes a +/-5% margin of error.</p>

Outcome 4 Ref	Measure Description	Notes
<p><b>ASCOF measure 4A</b></p>	<p><b>The proportion of people who use services who feel safe</b></p> <p><b>Rationale</b> – Safety is fundamental to the wellbeing and independence of people using social care. This measures one component of the overarching ‘social care related quality of life’ measure. This measure uses data from the Annual Service User Survey (ASCS).</p> <p><b>Numerator</b> – In response to Question 7, those individuals who selected the response “I feel as safe as I want”.</p> <p><b>Denominator</b> – All those that responded to the question.</p> <p><b>2014/15 Target</b> –70% (higher is good)</p>	<p>The survey sampling methodology includes a +/-5% margin of error.</p>

Outcome 4 Ref	Measure Description	Notes
<b>ASCOF measure 4B</b>	<p><b>Protecting from avoidable harm and caring in a safe environment</b></p> <p><b>The proportion of people who use services who say that those services have made them feel safe and secure</b></p> <p><b>Rationale</b> – Safety is fundamental to the wellbeing and independence of people using social care. There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services. This measure will use a new question data from the Annual Service User Survey (ASCS)</p> <p><b>Numerator</b> – In response to Question 7b those individuals who select the response “Yes”.</p> <p><b>Denominator</b> – All those that responded to the question.</p> <p><b>2014/15 Target</b> – 75%</p>	<p>The survey sampling methodology includes a +/-5% margin of error.</p>

Outcome 5 Ref	Measure Description	Notes
<b>ASCOF measure 1D</b>	<p><b>Supporting carers in their caring role</b></p> <p><b>Carer-reported quality of life</b></p> <p><b>Rationale</b> – This indicator gives a view of the quality of life of carers based on responses to the biennial Carers Survey.</p> <p><b>Numerator</b> – The sum of the scores of a specific set of questions in the survey questionnaire.</p> <p><b>Denominator</b> – The total number of people answering the special questions.</p> <p><b>2014/15 Target</b> – 8.3</p>	<p>The quality of life questions within the survey are very general and refer to life as a whole and may not reflect the true impact of Adult Social Care.</p> <p>The survey sampling methodology includes a +/-5% margin of error.</p> <p>This is a biennial measure as the survey is only issued every two years.</p>

Outcome 5	Supporting carers in their caring role	
Ref	Measure Description	Notes
<p><b>ASCOF</b> measure <b>3B</b></p>	<p><b>LI400c / 3B - Overall satisfaction of carers with social services</b></p> <p><b>Rationale</b> – This will measure the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. This measure will use data from the Annual Carers Survey.</p> <p><b>Numerator</b> – In response to Question 7 those individuals who select the response “I am extremely satisfied” or “I am very satisfied”.</p> <p><b>Denominator</b> – All those that respond to the question.</p> <p><b>2014/15 Target</b> – 39%</p>	<p>The survey sampling methodology includes a +/-5% margin of error.</p> <p>This is a biennial measure as the survey is only issued every two years.</p>
<p><b>ASCOF</b> measure <b>3C</b></p>	<p><b>The proportion of carers who report that they have been included or consulted in discussions about the person they care for</b></p> <p><b>Rationale</b> – This will measure will reflect the experience of carers in how they have been consulted by both the NHS and social care. This measure will use data from the Annual Carers Survey.</p> <p><b>Numerator</b> – In response to Question 37, those individuals who select the response “I always felt involved or consulted” or “I usually felt involved or consulted”.</p> <p><b>Denominator</b> – All those that respond to the question.</p> <p><b>2014/15 Target</b> – 74%</p>	<p>The survey sampling methodology includes a +/-5% margin of error.</p> <p>This is a biennial measure as the survey is only issued every two years.</p>

Outcome 5	Supporting carers in their caring role	
Ref	Measure Description	Notes
NI135	<p><b>Carers receiving needs assessment or review and a specific carer's service or advice and information only</b></p> <p><b>Rationale</b> – Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community.</p> <p><b>Numerator</b> – The numbers of carers receiving a specific service during the period, following a carers assessment or review.</p> <p><b>Denominator</b> – The number of people receiving a community based service during the period.</p> <p><b>2014/15 Target</b> – 27.0% (higher is good)</p>	<p>Whilst no longer a national performance measure this has been retained locally to monitor support to carers.</p>

The Organisation will keep proper records in relation to the Scheme and will allow NHS England's representatives to inspect all such records and will supply copies on request and other such information as NHS England's representatives may reasonably request.

The Parties will have regular meetings for the purpose of discussing the spend and how it is delivering health and social care benefits in the economy.

**Links:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/141627/The-Adult-Social-Care-Outcomes-Framework-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141627/The-Adult-Social-Care-Outcomes-Framework-2013-14.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193136/Handbook\\_of\\_definitions\\_v7.0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193136/Handbook_of_definitions_v7.0.pdf)

**IN WITNESS** whereof the parties have signed this Agreement

Signed by.....

on behalf of **NHS ENGLAND**

Title:            ***[Insert details]***

Name            ***[Insert details]***

Signed by...

on behalf of **CAMBRIDGESHIRE COUNTY COUNCIL**

Title:

Name