
SECTION 31 AGREEMENT - LEARNING DISABILITY SERVICES

Responsible Cabinet Member – Councillor Bryan Thistlethwaite

Responsible Director – Cliff Brown, Director of Community Services

Purpose of Report

1. The purpose of this report is to seek approval to register Darlington's Learning Disability Services under Section 31 (Health Act Flexibilities) of the 1999 Health Act.

Background

2. Joint working arrangements are already well established between the various NHS Trusts and social care agencies in Darlington, leading to improved health and social care outcomes. Close working and service integration are features of the commissioning and provision of services for older people, people experiencing mental ill health and disabled people.
3. Joint arrangements to develop and improve services for people with learning disabilities and their carers were put in place in 2000 through establishing the Darlington Learning Disabilities Partnership Board. A partnership agreement enabling the transfer of funds under Section 28a of the Health Act 1999 was reached, allowing for the establishment of an integrated Community Learning Disabilities Team (ICLDT) providing assessment, care management and care coordination services.
4. However, this Partnership Agreement and the benefits derived from it did not include the advantages of deploying Health Act flexibilities, nor were the governance arrangements sufficiently robust to develop high-quality integrated working and consequent improved outcomes for service users and their carers.
5. This new agreement will build on the successes of existing joint working arrangements by clearly expressing the processes and mechanisms they will implement in order to deliver the vision and outcomes of the Darlington Partnership Strategy and the Leading Edge, health and social care integration project.

Information and Analysis

6. The proposed Section 31 Agreement is based on partnership working between the statutory commissioning partners Darlington Borough Council – Adult Services and Darlington Primary Care Trust (PCT) and the Tees, Esk and Wear Valley NHS Trust as the key NHS deliverer of care.

7. The White Paper 'Our Health, Our Care, Our Say' (2006) highlights the importance of partnerships and emphasises the use of Section 31 Health Act Flexibilities as a means of cementing partnerships and service improvement.
8. The agreement sets out how the partners intend to cooperate from a commissioning and service provision perspective in order to secure and advance the "health and welfare" of people resident in the borough of Darlington who have learning disabilities, through the use of a pooled budget of their collective resources.
9. Within the Darlington Learning Disability Partnership, Darlington PCT is a partner to the agreement as a commissioner of services. Darlington Borough Council is a partner as both a commissioner and provider of services and the Tees Esk and Wear Valley NHS Trust is a partner solely as a provider of services.
10. The Health Act Flexibilities to be used in the agreement are:
 - (a) Lead Commissioning
 - (b) Pooled budgets
 - (c) Integrated service provision
11. The draft Section 31 Agreement is attached as **Appendix 1**.

Objectives and Outcomes of the Scheme

12. The development of a Section 31 Agreement fits into the strategic direction of travel in Darlington and will facilitate local delivery of the key objectives within the White Paper 'Our Health, Our Care, Our Say'.
13. Section 31 Agreements must be embedded in locality wide strategies to improve the health and well being of the local population. The Community Strategy aims to achieve the following themed goals.
 - (a) An area creating and sharing prosperity.
 - (b) A location for learning, achievement and leisure
 - (c) A place for living safely and well.
 - (d) A high-quality environment with excellent communication links
14. A key objective of the strategy is to 'improve the health, well-being and social care of local people, reduce inequalities and help people at all stages of their life to enjoy the best possible health'.

Delivery of the Project

15. In terms of delivering this element of the project, the timescale for implementation of the Section 31 Agreement is 1 April 2007. The key milestones are:
 - (a) The establishment of a project group – achieved October 2006.
 - (b) Governance - arrangements are defined in the Section 31 Agreement and will be implemented jointly with NHS partners once the Agreement is activated.

- (c) Budget - work continues to define the Adult Social Services contribution to the pooled budget. Further work is required to define the NHS partners contribution, but is progressing appropriately.
16. A project has been established as a key tool for delivering improved health and social care in Adult Services through integrated working, principally between the Council and Darlington PCT. The aim of the project is "effective and efficient arrangements for joint work between Darlington Borough Council and Darlington Primary Care Trust so that the Partners will achieve their shared vision of a place for living safely and well".
17. The required outcomes of the project are:
- (a) Improved patient and user experiences of services.
 - (b) Better user of resources and efficiency savings.
 - (c) An inclusive model of joint planning, commissioning and providing services.
 - (d) Demonstrable improvements in performance.

Specific Risks of this Scheme and Control Measures in Place to Reduce these Risks

18. The risks associated with entering a Section 31 Agreement relate mainly to the pooled budget arrangements. Measures have been factored in to the process to minimise risks and clear governance arrangements will be in place to ensure effective financial monitoring and management systems are in place.

Outcome of Consultation

19. Two consultation events with service users and family carers took place in December 2006. Both independently facilitated events, focused on the views of people with regard to the quality and range of current services and proposals for their future development. As [part of this arrangements to enhance interagency working through implementing a new Section 31 Agreement formed a core part of the consultation format central to both events.
20. The outcomes of both pieces of consultation strongly support the requirement to improve interagency working through a new Section 31 Agreement. Family carers in particular identified the need to spend financial resources more effectively in order to develop locally based services and agreed that pooled budgets would be a significant step forward in achieving this aim. Service users and family carers were unanimous in their views that agencies should work more effectively together and that health and social care services should work in much closer partnership with each other and with other key providers of services such as leisure and employment. Stronger partnership working was clearly welcomed as a way of achieving this goal.

Legal Implications

21. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. The only specific issues which the Borough Solicitor considers need to be brought to the attention of Members, other than those highlighted in the report concerns delegation powers.

22. The agreement formalises current joint working arrangements outlined in the report. It is, therefore, governed by regulations which require that functions are formally delegated from one partner to another. Under the proposed s31 Agreement the PCT will delegate to Darlington Borough Council all specific powers and NHS legislation for people with a learning disability. The Council will take on these health functions in addition to its existing functions, and will indemnify the PCT against any liability arising in the exercise of those functions. The Council's constitution and scheme of delegation will need to be amended to show that the Council has acquired these new statutory functions and how those functions will be carried out by the Council.

Section 17 of the Crime and Disorder Act 1998

23. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

Council Policy Framework

24. The issues contained within this report do represent a change to Council policy.

Decision Deadline

25. For the purpose of the 'call-in' procedure this does not represent an urgent matter.

Recommendation

26. It is recommended that:
- (a) Cabinet agree to implement the use of minor Health Act Flexibilities by entering into a Section 31 Agreement from 1 April 2007 in accordance with the draft agreement in **Appendix 1**.
 - (b) The plans to implement the use of Health Act Flexibilities through a Section 31 Agreement from 1 April 2007 are agreed.
 - (c) The Borough Solicitor and Director of Community Services be given delegated powers to make amendments to the draft agreement.
 - (d) That amendments required to the Council's Constitution and Scheme of delegation as a result of the acquisition of new statutory functions, be referred to Council for approval.

Reasons

27. The recommendation is supported as a Section 31 Agreement will enable maximisation of Health Act Flexibilities, ensuring that resources are optimised to provide Learning Disability Services of a high quality in Darlington.

Cliff Brown
Director of Community services

Background Papers

1999 Health Act - Section 31 (Health Act Flexibility)

Cliff Brown: Extension 4401
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