

BETTER CARE FUND SECTION 75 AGREEMENT

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Cabinet Portfolio(s)	Leader of the Council Social Services, Health and Housing
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Papers with report	Better Care Fund Section 75 Agreement

HEADLINE INFORMATION

Summary	<p>The Better Care Fund (BCF) is a mandatory process through which existing Council and Hillingdon Clinical Commissioning Group (HCCG) budgets will be pooled and then reallocated on the basis of an approved plan intended to achieve closer integration of health and social care activities. This is intended to lead to improved outcomes for residents.</p> <p>The focus of Hillingdon BCF Plan is supporting the independence of the Borough's 65 and over population. The plan was formally approved by NHS England (NHSE) on the 6th February 2015 and the next phase is to establish a formal agreement between the Council and HCCG under Section 75 of the National Health Service Act, 2006. This is in order to give legal effect to the financial arrangements within the plan.</p> <p>This report highlights the key terms and conditions of the proposed agreement and seeks Cabinet approval to enter into it with HCCG for a period of one year.</p>
Contribution to our plans and strategies	<p>Putting our Residents First: <i>Our People; Financial Management</i></p> <p>The recommendation will contribute to the delivery of the 'Health and independence' priority within the Hillingdon's Sustainable Community Strategy and the refreshed Health and Wellbeing Strategy.</p>
Financial Cost	The pooled funds within the Section 75 amount to £17,991k in 2015/16
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

RECOMMENDATION

That Cabinet agrees to enter into a pooled budget arrangement for the Better Care Fund with Hillingdon Clinical Commissioning Group (known as NHS Hillingdon) at a value of £17,991k for the period 1st April 2015 to 31st March 2016.

Reasons for recommendation

1. Using powers under the 2006 National Health Service Act, NHSE makes the release of the £15,642k element of Hillingdon's Better Care Fund that is under its control conditional on a pooled budget being established between the Council and HCCG under a section 75 (s.75) agreement.

Alternative options considered /risk management

2. *BCF s.75 approval:* Cabinet could decide not to enter the agreement with HCCG for 2015/16 but this is not recommended as it would mean that the Council would not receive £5,610k additional funding. This decision would not affect the £1,769k Disabled Facilities Grant and £580k Social Care Capital Grant that is paid directly to the Council by the Department of Health and is not under NHSE jurisdiction.

Policy Overview Committee comments

3. None at this stage.

INFORMATION

Background

4. The Better Care Fund (BCF) is a national initiative intended to deliver integration between health and social care in order to improve outcomes for residents. It is the mechanism that is being used by Government to implement the new integration duty under the 2014 Care Act, which comes into effect from April 2015. Both the Council and HCCG agreed that they would keep the level of investment in Hillingdon's first BCF Plan to the minimum permitted, £17,991k, in order to minimise the risk to both organisations.

5. The plan has gone through several iterations during 2014/15 and the [final plan](#) was agreed by the Chairman of the Health and Wellbeing Board and the Chairman of HCCG's Governing Body on the 9th January 2015 under delegated powers. This followed some changes being made as a result of feedback from the National Consistency Assurance Review (NCAR) team. The plan was finally approved by NHSE on the 6th February 2015 without any conditions.

Hillingdon's BCF Plan Summarised

6. The focus of Hillingdon's plan is on the 65 and over population, which is a reflection of the increasing demand placed on local authority and NHS services by an ageing population and the importance for the wellbeing and independence of older residents of more joined up models of care being established. The plan comprises of 7 schemes and these are summarised in Table 1 below:

Table 1: Better Care Fund Schemes Summary

Scheme	Scheme Aim
<i>Scheme 1:</i> Early identification of people susceptible to falls, dementia and/or social isolation.	<ul style="list-style-type: none"> • Reduce the movement of residents from lower tiers of risk into higher tiers through education, training and early proactive intervention.
<i>Scheme 2:</i> Better care for people at the end of their life.	<ul style="list-style-type: none"> • To realign and better integrate the services provided to people towards the end of their life. • To develop the ethos of ‘a good death’ for people and for their family and carers within the provision of adult services, particularly those for older people.
<i>Scheme 3:</i> Rapid response and joined up intermediate care.	<ul style="list-style-type: none"> • Maximising the independence of residents through intermediate care interventions.
<i>Scheme 4:</i> Seven day working.	<ul style="list-style-type: none"> • To improve quality and patient safety by reducing inconsistent care provision by: <ol style="list-style-type: none"> a) Enabling discharge from acute trust seven days a week; and b) Enabling access to community support seven days a week thereby preventing unnecessary emergency dept attendance and hospital admission.
<i>Scheme 5:</i> Review and realignment of community services to emerging GP networks.	<ul style="list-style-type: none"> • To ensure that community based resources work as effectively and efficiently as possible within primary care for the benefit of patients.
<i>Scheme 6:</i> Care home initiative.	<ul style="list-style-type: none"> • To reduce avoidable non-elective admissions from residential and nursing homes resulting from a health care exacerbation.
<i>Scheme 7:</i> Care Act Implementation	<ul style="list-style-type: none"> • To implement the following aspects of new duties under the Care Act, primarily in respect of Carers: <ol style="list-style-type: none"> a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.

Section 75 Agreement: Key Features

7. The key features of the draft Agreement are as follows:

- *Agreement duration:* The BCF is a new initiative and to minimise risk to both organisations it is proposed that the duration of the first s. 75 agreement be for one year from 1st April 2015 to 31st March 2016. During 2015/16 both the Council and HCCG will be able to learn from the experience of much closer working with one another to explore further options for integration that could benefit residents for consideration by the Health and Wellbeing Board. Early exploration of the options would mean that Hillingdon would be well placed to take advantage of any opportunities presented by future Government initiatives or requirements intended to support the independence and wellbeing of residents through closer integration;
- *Hosting:* It is proposed that the Council will host the pooled budget but this will be the equivalent of a joint bank account for 2015/16. This means that no contracts will transfer to the Council from HCCG during 2015/16 and that therefore all provider payment arrangements will remain as during 2014/15;
- *Risk share:* Each organisation will manage its own risks for the purposes of the 2015/16 agreement;
- *Dispute resolution:* Any disputes will be referred to the Chairman of the Health and Wellbeing Board and the Chairman of the HCCG Governing Body and will be final and binding.

Implementation and Performance Monitoring

8. The Hillingdon BCF Plan reflects activities that were required and in some cases were already underway. The key deliverables of the seven schemes have been reflected in the refreshed Joint Health and Wellbeing Strategy (JHWB) Performance reported to the Health and Wellbeing Board on the 17th March 2015. Progress against the BCF Plan will be included as part of JHWB strategy performance reports to subsequent Board meetings.

Financial Implications

9. The Section 75 agreement for the delivery of the approved BCF plan contains pooled funding totalling £17,991k in 2015/16. A summary of the key components in the final BCF financial plan for 2015/16 are set out below.

Key components of funding 2015/16	£000's
NHS Commissioned Services funding	9,372
Non elective saving/Performance Fund	660
Care Act New Burdens Funding	838
Protecting Social Care funding	7,121
Overall BCF Total funding	17,991

10. The proposed funding to protect Social Care is estimated to be £7,121k made up of the current section 256 funding of £4,772k and capital funding of £2,349k. In addition, there is a contribution of £838k to support the implementation of the Council's responsibilities under the Care Act.

11. The funding retained by the CCG to commission services is £9,372k together with the performance payment of £660k arising from the nationally set target to reduce emergency admissions of the 65 and over population as set out in the report. It has been agreed that for 2015/16 each organisation will manage any risks arising from the pooled budgets for which they have responsibility to commission and manage.

12. There have been no decisions in relation to future funding for the BCF beyond March 2016.

13. It is proposed that the Council will host the pooled funds with the Corporate Director of Finance undertaking the financial duties and responsibilities as set out in the Section 75 agreement.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

14. The Council and its partners will be able to proceed with the implementation of the BCF Plan which should deliver better outcomes for residents through the closer integration of health and social care.

Consultation Carried Out or Required

15. The BCF Plan was developed with key stakeholders in the health and social care sector and through engagement with residents.

16. HCCG has been consulted in the development of the s.75 agreement and the CCG's Governing Body is due to consider a recommendation to enter into the agreement with the Council at its meeting on the 27th March 2015.

17. A priority going forward is to develop a stakeholder engagement strategy to ensure that residents and other stakeholders develop an understanding of what the BCF and the wider Integrated Care in Hillingdon means for them. The target is to have a strategy completed in March 2015.

CORPORATE IMPLICATIONS

Corporate Finance

18. Corporate Finance has reviewed this report, noting that the local Better Care Fund outlined in this report are fully reflected in the Council's 2015/16 revenue budget and capital programme, which was approved by Cabinet and Council in February 2015. The proposed Section 75 Agreement for the delivery of the Better Care Fund provides for risks within Council and CCG elements of the pool to be managed separately by the relevant organisation.

Legal

19. The Borough Solicitor confirms that the proposed agreement between the Council and the CCG complies with the requirements of Section 75 of the National Health Service Act 2006 and the NHS Bodies 2nd Local Authorities Partnership Regulations 2000 (as amended).

20. There are no Legal impediments to prevent the agreement being concluded.

BACKGROUND PAPERS

[Better Care Fund Plan](#)

[Better Care Fund - Technical Guidance](#) Publications Gateway Ref number: 01995 (NHSE 18/08/14)