

BETTER CARE FUND SECTION 75 AGREEMENT

Cabinet Members	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
Cabinet Portfolios	Leader of the Council Social Services, Housing, Health and Wellbeing
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Papers with report	Draft 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 main focus of Hillingdon 2016/17 BCF Plan is supporting the independence of the 65 and over population. The plan also considers the needs of broader population groups where it is logical to do so, e.g. Carers of all ages and all age groups in supported living schemes across the Borough. The result of the assurance process is expected by the date of the Cabinet meeting but 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>
Putting our Residents First	<p>This report supports the following Council objectives of: <i>Our People; Financial Management</i>.</p> <p>The recommendations will also contribute to the delivery of the 'Health and independence' priority within the Hillingdon's Sustainable Community Strategy and the Health and Wellbeing Strategy.</p>
Financial Cost	The pooled funds within the Section 75 total £22,531k in 2016/17.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

RECOMMENDATION

That Cabinet agrees to:

- 1) Enter into a pooled budget arrangement for the Better Care Fund with Hillingdon Clinical Commissioning Group (known as NHS Hillingdon) at a value of £22,531k for the period 1st April 2016 to 31st March 2017 and;**
- 2) Delegate authority to the Leader of the Council and the Cabinet Member for Social Services, Housing, Health and Wellbeing, in consultation with the Corporate Director of Finance and the Corporate Director of Social Care, to amend the Better Care Fund section 75 agreement to include risk share arrangements for a specialist care at home service for people at end of life.**

Reasons for recommendation

1. *Section 75 agreement* - Using powers under the 2006 National Health Service Act, NHSE makes the release of the £16,558k element of Hillingdon's Better Care Fund that is under its control conditional on a pooled budget being established between the Council and Hillingdon Clinical Commissioning Group (HCCG) under a section 75 (s.75) agreement.

2. *Care at home service for people at end of life* - A better experience of care for people at end of life will be delivered as a direct result of the pooled budget arrangements, which will ensure that a specialist service is available to address need irrespective of whether funding responsibility sits with the Council or the NHS. This will also help to alleviate avoidable stress for Carers and other family members at a very sensitive time. A separate report seeking approval to appoint a specialist provider and amend the s.75 agreement will be submitted in the autumn.

3. The recommendation enables consultation with end of life care professionals and other stakeholders about the proposed end of life care service to be concluded to ensure that the most effective service is commissioned. This will also link into the outcome of external funding bid which, if successful, could see an injection of an additional £1.5m over three years to support the development of more integrated end of life care for Hillingdon residents. The result of the bid is expected this summer.

Alternative options considered /risk management

4. *BCF s.75 approval*: Cabinet could decide not to enter the agreement with HCCG for 2016/17 but this is not recommended as it would mean that the Council would not receive £5,937k additional funding. This decision would not affect the £3,457k Disabled Facilities Grant that is paid directly to the Council by the Department of Health and is not under NHSE jurisdiction.

5. *Care at home service for people at end of life*: Cabinet could decide not to approve any changes to the BCF S.75 in-year. This is not recommended as it could delay the delivery of demonstrable service improvements to residents.

Policy Overview Committee comments

6. Both External Services Scrutiny Committee and Social Services, Housing and Public Health Overview and Scrutiny Committee were consulted on the contents of the proposed plan and were supportive of the content. A suggestion by External Services Scrutiny Committee that access to the Disabled Facilities Grants be looked at to see if there are ways in which this resource can be made more effective in supporting disabled residents in their own homes will be explored by officers and proposals developed for Member consideration.

INFORMATION

Background

7. 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 and the 2016/17 plan is the second year and builds on the achievements of the first year in 2015/16. All upper tier local authorities and CCGs will be required to have agreed a three year BCF plan to achieve '*full integration*' between health and social care by 2020. Statutory guidance on the government's definition of this term is awaited.

8. The minimum amount required to be included within the BCF pooled budget for 2016/17 is £20m and both the Council and the CCG have agreed to an incremental increase in the level of ambition and a resultant increase of £2.5m above the minimum required to **£22,531k**.

9. The 2016/17 plan was approved in principle at the Health and Wellbeing Board meeting on the 12th April 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 minor amendments being made as a result of feedback from the Regional Assurance Team. The feedback did not have any impact on the decision made by the HWB.

Hillingdon's BCF Plan Summarised

10. The 2016/17 plan approved by the April HWB includes some logical extensions of activity undertaken in 2015/16 whilst simultaneously maintaining the cautious and incremental approach to integrated working and the pooling of budgets that minimises the risk to both the Council and HCCG. With the focus of the plan continuing to be on the 65 and over population the main differences between the 2015/16 and 2016/17 plans include:

- Extending existing schemes where benefits could be achieved for other client groups, e.g. development and management of the supported living market that will include all adults and extending the scheme on supporting Carers to all unpaid Carers;
- Adding funds to the pooled budget where this will have demonstrable benefits for residents/patients, e.g. care at home service for people at end of life;
- Extending scope of the plan to include new types of activities, e.g. dementia;
- Accelerating benefits through a greater ambition to integrate services across health and social care, building on progress made in 15/16, e.g. intermediate care; and
- Correcting anomalies from the 2015/16 plan, e.g. bringing the Council's budget for the community equipment contract into the pooled budget with that of the CCG so that the whole budget is under the same governance structure.

11. The plan comprises of 8 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 integrated intermediate care.	<ul style="list-style-type: none"> • Prevention of admission and readmission to hospital care following an event or escalation in health need; and • Enabling recovery through intermediate care interventions with the aim of maximising the person’s independence, ability to self-care and remain in their usual place of residence for as long as possible.
<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 hospital seven days a week; b) Enabling access to community support seven days a week thereby preventing unnecessary emergency dept attendance and hospital admission and reducing length of stay for people admitted to hospital for either planned or unplanned procedures; and c) Reducing the uneven rate of hospital discharge across the week.

<p><i>Scheme 5: Integrated community services.</i></p>	<ul style="list-style-type: none"> • To ensure that community based care and support works as effectively and as efficiently as possible; • Is aligned across primary care and community services to deliver anticipatory care in community settings that achieves the best outcomes for patients/residents; and • Delivers value for money.
<p><i>Scheme 6: Care home and supported living market management.</i></p>	<p>Through market reshaping secure:</p> <ol style="list-style-type: none"> a. A vibrant, quality care home market that meets current and future local need; and b. An appropriate mix of supported living provision that provides people with a realistic alternative to care home admission.
<p><i>Scheme 7: Supporting Carers.</i></p>	<p>Carers are able to say:</p> <ul style="list-style-type: none"> • "I am physically and mentally well and treated with dignity" • "I am not forced into financial hardship by my caring role" • "I enjoy a life outside of caring" • "I am recognised, supported and listened to as an experienced carer"
<p><i>Scheme 8: Living well with dementia.</i></p>	<ul style="list-style-type: none"> • People with dementia and their family carers are enabled to live well with dementia.

Section 75 Agreement: Key Features

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

- *Agreement duration:* In compliance with Government requirements, the proposed agreement is one year covering the 2016/17 financial year. As stated in paragraph 7, the Council and HCCG will be required to agree a three year BCF plan to April 2020 by 31st March 2017;
- *Hosting:* It is proposed that the practice in 2015/16 of the Council hosting the pooled budget be replicated in 2016/17. This will once again be the equivalent of a joint bank account for 2016/17 and means that no existing contracts will transfer to the Council from HCCG and that therefore all provider payment arrangements will remain as during 2015/16;
- *Risk share:* The Council and CCG agreed that for the 2015/16 BCF plan both organisations would manage their own risks. It is proposed that a similar approach is taken during 2016/17 except for two specific service areas and these are:

- *Community equipment* - It is proposed that the risks associated with under or over-performance would be shared proportionate to the financial contribution of each organisation. The Council will continue as lead commissioner for this service;
 - *Care at home for people at end of life* - It is proposed that the risks associated with under or over-performance should be shared proportionate to the financial contribution of each organisation. The detail of this service will be included in a separate report for the consideration of the Leader of the Council and the Cabinet Member for Social Services, Housing, Health and Wellbeing, subject to Cabinet approving the recommendations in this report.
- *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.
 - *Governance*: The delivery of the 2015/16 plan was overseen by the Core Officer Group comprising of the Council's Chief Finance Officer, the CCG's Deputy Chief Finance Officer, the Corporate Director of Adults and Children and Young People's Services (a statutory member of the HWB), the CCG's Chief Operating Officer and the Council's Head of Policy and Partnerships. This worked well in 2015/16 and this is reflected in the 2016/17 Agreement.

13. It was agreed by the HWB and HCCG Governing Body that the Council and CCG develop a risk share agreement in Q1 2016/17 that will then operate in shadow form for the remainder of 2016/17. The experience of the shadow period will help to inform the shape of any risk share arrangements to be included within the 2017/18 to 2019/20 plan.

Implementation and Performance Monitoring

14. Performance updates on the delivery of the BCF plan will be a standing item on the agenda of the Health and Wellbeing Board during 2016/17.

Financial Implications

15. The sources and allocation of funding is set out in table 2 below:

Table 2: Funding Summary 2016/17 (£,000)	
Source of Funds:	
Hillingdon CCG BCF Grant	£16,558k
LB Hillingdon DFG Grant	£3,457k
Hillingdon CCG Voluntary Contribution	£1,344k
LB Hillingdon Voluntary Contribution	£1,172k
Total	£22,531k
Allocation of Funds:	
Hillingdon CCG	£11,965k
LB Hillingdon	£10,566k
Total	£22,531k

16. LB Hillingdon will host the Pooled Budget and will bill Hillingdon CCG for their total contribution to the Pool (£17,902k) and offset this by their allocation from the Pool (£11,965k) resulting in a net payment of £5,937k to LB Hillingdon.

17. LB Hillingdon's contribution to the Pooled Budget is contained within the overall budget for the Council and includes budgets from Social Care, Residents Services and Administration Directorates.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

18. 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

19. Extensive consultation was undertaken as part of the development of the 2015/16 BCF plan, for which most of the proposals in the 2016/17 are a logical extension. There has been additional consultation with the Metrohealth GP network, Hillingdon Hospital, CNWL (community health and community mental health), the voluntary sector (H4All) and private residential and nursing care home providers through the Older People's Care Home Provider Forum. Residents have been consulted on the proposals through the Disabled Tenants' and Residents' Association and the Older People's Assembly.

20. HCCG has been consulted in the development of the s.75 agreement and HCCG's Governing Body is due to consider a recommendation to enter into the agreement with the Council at its meeting on the 1st July 2016.

CORPORATE IMPLICATIONS

Corporate Finance

21. Corporate Finance has reviewed this report and the financial implications above, noting that Better Care Fund monies support the Council's own resources in delivering Adult Social Care services. In line with the 2015/16 agreement, the Council and CCG will retain responsibility for risks in their own areas of responsibility, financial performance on the Council's element will be reported as part of the corporate budget monitoring report to Cabinet on a monthly basis throughout 2016/17.

Legal

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

BACKGROUND PAPERS

2016/17 Better Care Fund Plan and supporting documents
