

## BETTER CARE FUND SECTION 75 AGREEMENT

<b>Cabinet Member(s)</b>	Councillor Ray Puddifoot MBE Councillor Jane Palmer (designate)
<b>Cabinet Portfolio(s)</b>	Leader of the Council Social Care, Health and Wellbeing (designate)
<b>Officer Contact(s)</b>	Gary Collier, Social Care Directorate
<b>Papers with report</b>	Draft Better Care Fund Section 75 Agreement.

### HEADLINES

<b>Summary</b>	<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's 2019/20 Better Care Fund plan is improving care outcomes for older people, people with learning disabilities and/or autism and children and young people.</p> <p>Confirmation that Hillingdon had successfully completed the assurance process has been received 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. This report highlights the key terms and conditions of the proposed agreement and seeks Cabinet approval to enter into it with HCCG for the two year period of the plan.</p>
<b>Contribution to our plans and strategies</b>	This report supports the following Council objectives of: <i>Our People</i> . The recommendation in the report will contribute to the delivery of the Joint Health and Wellbeing Strategy.
<b>Financial Cost</b>	The pooled funds within the Section 75 total £92,952k in 2019/20.
<b>Relevant Policy Overview Committee</b>	Social Care, Housing and Public Health
<b>Ward(s) affected</b>	All

## RECOMMENDATION

**That Cabinet agree to enter into a pooled budget arrangement for the Better Care Fund with Hillingdon Clinical Commissioning Group (known as NHS Hillingdon) under section 75 of the National Health Service Act, 2006, at a total value of £92,952k for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020.**

### Reasons for recommendations

1. *Section 75 agreement* - Using powers under the 2006 National Health Service Act, NHSE makes the release of the £18,361k in 2019/20 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. Councils and CCGs are only able to enter into a section 75 agreement for their BCF plans once they have received written confirmation that their plans have been assured by NHSE. Notification that Hillingdon's plan has successfully completed the assurance process was received on the 23rd December 2019.

### Alternative options considered /risk management

2. *BCF s.75 approval* - Cabinet could decide not to enter the agreement with HCCG for 2019/20 but this is not recommended as it would mean that the Council would not receive £6,696k additional protecting social care funding. It could also impact on the £4,504k Disabled Facilities Grant that is paid directly to the Council by the Ministry of Housing, Communities and Local Government (MCLG) and also the £6,207k Improved Better Care Fund Grant (iBCF) and £1,041k Winter Pressures Grant that are paid directly to the Council by the MHCLG. In each case grant conditions require that the Council has an agreed BCF plan in place that meets national conditions, including having a s.75 in place.

### 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 integration duty under the 2014 Care Act and the 2019/20 plan is the fourth year and builds on the achievements of the three previous years.

5. The minimum amount required to be included within the BCF pooled budget for 2019/20 is £30,114k. Both the Council and the CCG have agreed to an increase in the level of ambition and a resultant increase of £62.8m above the minimum required in 2019/20 to £92,952k. This is as a result of the extension of the scope of the plan beyond a focus on older people to include children and young people and people with learning disabilities and/or autism.

6. The 2019/20 plan was approved at the Health and Wellbeing Board meeting on the 24<sup>th</sup> September and formally submitted on the 27<sup>th</sup> September. The plan completed the CCG's governance processes on 6<sup>th</sup> September 2019.

7. The s75 agreement is due to be considered by the CCG's Governing Body on the 29<sup>th</sup> January 2020.

### Hillingdon's BCF Plan Summarised

8. The scope of the 2019/20 plan approved by the HWB and HCCG Governing Body in September has been extended beyond a focus on Hillingdon's older residents to include children and young people and people with learning disabilities and/or autism. The plan comprises of eight schemes, two of which are new, i.e. schemes 7 and 8 and the aims of these schemes are summarised in table 1 below.

<b>Table 1: Better Care Fund Schemes Summary</b>	
<b>Scheme</b>	<b>Scheme Aim</b>
<i>Scheme 1:</i> Early intervention and prevention.	To manage demand arising from demographic pressures by reducing the movement of Hillingdon residents/patients from lower tiers of risk into higher tiers of risk through proactive early identification and facilitating access to preventative pathways.
<i>Scheme 2:</i> An integrated approach to supporting Carers.	To maximise the amount of time that carers are willing and able to undertake a caring role.
<i>Scheme 3:</i> Better care at end of life.	To realign and better integrate the services provided to support people towards the end of their life in order to deliver the ethos of a 'good death.' The main goals of the scheme are to: <ul style="list-style-type: none"> <li>• Ensure that people at end of life are able to be cared for and die in their preferred place of care; and</li> <li>• To ensure that people at end of life are only admitted to hospital where this is clinically necessary or where a hospital is their preferred place of care or death.</li> </ul>
<i>Scheme 4:</i> Integrated hospital discharge and the intermediate tier.	This scheme seeks to prevent admission and readmission to acute care following an event or a health exacerbation 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.  A further objective of this scheme is to support discharge from mental health community beds in



	recognition of the impact of these delays on patient flow through Hillingdon Hospital.
<i>Scheme 5: Improving care market management and development</i>	This scheme is intended to contribute to the STP 2020/21 outcomes of achieving: <ul style="list-style-type: none"><li>• A market capable of meeting the health and care needs of the local population within financial constraints; and</li><li>• A diverse market of quality providers maximising choice for local people.</li></ul>
<i>Scheme 6: Living well with dementia</i>	The objective of this scheme is that people with dementia and their family carers are enabled to live well with dementia and are able to say: <ul style="list-style-type: none"><li>• <i>I was diagnosed in a timely way.</i></li><li>• <i>I know what I can do to help myself and who else can help me.</i></li><li>• <i>Those around me and looking after me are well supported.</i></li><li>• <i>I get the treatment and support, best for my dementia, and for my life.</i></li><li>• <i>I feel included as part of society.</i></li><li>• <i>I understand so I am able to make decisions.</i></li><li>• <i>I am treated with dignity and respect.</i></li><li>• <i>I am confident my end of life wishes will be respected. I can expect a good death.</i></li></ul>
<i>Scheme 7: Integrated therapies for children and young people</i>	This scheme seeks to: <ul style="list-style-type: none"><li>• Provide early intervention therapy services that offer early assessment and advice, support self-care and reduce dependence on services in future years.</li><li>• Provide a robust integrated triage process that directs children and young people to the most appropriate therapy and support without delay.</li></ul>
<i>Scheme 8: Integrated care and support for people with learning disabilities and/or autism.</i>	This scheme aims to: <ul style="list-style-type: none"><li>• To improve the quality of care for people with a learning disability and/or autism;</li><li>• To improve quality of life for people with a learning disability and/or autism;</li><li>• To support people with a learning disability and/or autism down pathways of care to the</li></ul>

least restrictive setting;

- To ensure that services are user focused and responsive to identified needs.

9. The main areas of progression from the 2017/19 plan include:

- **New schemes:** Under a new scheme 7 the Council undertakes the role of lead commissioner on behalf of the CCG for the delivery of a contract for an integrated therapy service for children and young people intended to deliver an early intervention and prevention model. Including the case management service for people with learning disabilities and/or autism being provided to the CCG by the Council within the BCF serves to regularise these arrangements and bring them within a single governance structure.
- **Joint market management and development approach** - This is the area that represents step-change for Hillingdon. It includes:
  - Development of an all-age joint brokerage service. Building on a pilot that took place during 2017 and 2018, a proposal is being developed which, if agreed, will result in the implementation during 2020/21 of a single, integrated service that contributed to better management of the local care market;
  - Commissioning of integrated, all-age homecare provision on behalf of the Council and the CCG. Also building on a pilot that took place during 2017 and 2018, the Council will lead on the commissioning of an integrated community support service that includes access to homecare and home-based intermediate care where this will prevent a hospital admission and also support hospital discharge. Following a procurement exercise in 2019/20 the results will be implemented in 2020/21;
  - Development of an integrated commissioning model for nursing home placements that will also be implemented, subject to approval, in 2020/21.

### Section 75 Agreement: Key Features

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

- **Agreement duration:** In compliance with Government requirements, the proposed agreement is for one year backdated to the start of 2019/20. This would be compliant with national conditions;
- **Hosting:** The practice for the inception of the BCF has been for the Council to host the pooled budget and it is proposed that this be replicated for the 2019/20 plan. This will once again be the equivalent of a joint bank account for 2019/20 and means that, with the exception of therapy contracts for children and young people (please see above), no existing contracts will transfer to the Council from HCCG and that therefore all provider payment arrangements will remain as during 2018/19.

- **Risk share**: The Council and CCG agreed that for previous iterations of BCF plans both organisations would manage their own risks. The exception in previous iterations of the plan has been community equipment for which a 50:50 risk share arrangement has applied. It is proposed that risk share arrangements for this service in 2019/20 will be brought into line with the broader approach so that each organisation pays for what it uses.
- The proposed arrangement in respect of scheme 7: Integrated therapies for CYP is that where it is agreed through the BCF Core Officer Group that demand cannot be met within the contract value the following arrangements would apply:
  - *Increased demand attributed to therapy needs identified as part of the Education Health and Care Plans (EHCP)*: the Council would manage this risk in accordance with its duties under the Children and Families Act, 2014.
  - *Increased demand not attributed to therapy needs identified as part of the EHCP*: HCCG would manage this risk in accordance with its processes for approving non-budgeted financial pressures.
- **Dispute resolution**: Any disputes will be referred to the Cabinet Member for Social Care, Health and Wellbeing (designate) in their capacity as 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 successive iterations of Hillingdon's plans has been 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 Managing Director and the Council's Head of Health Integration and Voluntary Sector Partnerships. This is reflected within the 2019/20 Agreement and aligned with the broader governance arrangements for the delivery of the Health and Wellbeing Strategy.

## Implementation and Performance Monitoring

11. Performance updates on the delivery of the BCF plan will continue to be a standing item on the agenda of the Health and Wellbeing Board (HWB) and performance reports will also be considered by HCCG's Governing Body.

## Financial Implications

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

<b>Table 2: 2019/20 BCF Mandated Financial Requirements Summary</b>			
<b>Item</b>	<b>2018/19 Income</b>	<b>2019/20 Income</b>	<b>% Difference</b>
DFG (LBH)	4,174,477	4,504,510	7.3
Minimum CCG contribution	17,174,622	18,361,811	6.5
iBCF (LBH)	5,257,796	6,207,140	15.2
Winter Pressures (LBH)	0	1,041,108	N/A
<b>Minimum Total</b>	<b>26,606,895</b>	<b>30,114,569</b>	<b>11.6</b>
To Adult Social Care from minimum CCG contribution	6,262,856	6,695,773	6.5
NHS commissioned out of hospital services	4,880,540	5,217,906	6.5

13. The Council will host the Pooled Budget and will invoice HCCG for their total contribution to the Pool in 2019/20 (£46,114k) and offset this by their allocation from the Pool (£37,553k) resulting in a net payment of £8,560k.

14. The Council's contribution to the Pooled Budget is contained within the overall budget for the Council and includes budgets from Social Care, Residents Services and Chief Executive's Office Directorates.

## EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

### What will be the effect of the recommendation?

15. A legal framework will be in place to support the delivery of better outcomes for residents through the closer integration of health and social care.

### Consultation Carried Out or Required

16. HCCG has been consulted in the development of the s.75 agreement.

## **CORPORATE IMPLICATIONS**

### **Corporate Finance**

17. Corporate Finance has reviewed this report and associated financial implications, noting the funding split laid out in the table referenced above and confirm that this is consistent with both the Council's Budget Monitoring and MTFF position.

### **Legal**

18. 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 and Local Authorities Partnership Regulations 2000 (as amended).

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

## **BACKGROUND PAPERS**

*Better Care Fund Planning Requirements for 2019/20 (DHSC/MHCLG/NHSE July 2019)*