

BETTER CARE FUND SECTION 75 AGREEMENT

Cabinet Member(s)	Councillor Jane Palmer
Cabinet Portfolio(s)	Cabinet Member for Health and Social Care <i>Designate</i>
Officer Contact(s)	Gary Collier, Social Care Directorate
Papers with report	None

HEADLINE INFORMATION

Summary	<p>The Better Care Fund (BCF) is a mandatory process through which Council and Hillingdon Clinical Commissioning Group (HCCG) budgets are 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. The BCF is also a route through which the Government targets funding to support the local health and care system.</p> <p>The focus of Hillingdon's 2020/21 Better Care Fund plan is improving care outcomes for older people, people with learning disabilities and/or autism and children and young people. The Council and HCCG are required to enter into an agreement under section 75 of the National Health Service Act, 2006 in order to give legal effect to the financial arrangements within the plan.</p> <p>This report seeks delegated authority for the Leader of the Council and the Cabinet Member for Health and Social Care to give final approval to the section 75 agreement once it has completed the mandated partnership approval process, i.e. sign-off by the Health and Wellbeing Board.</p>
Contribution to our plans and strategies	The recommendation will contribute to the delivery of the Joint Health and Wellbeing Strategy.
Financial Cost	The provisional value of the 2020/21 BCF plan is £103,360k and comprises of a contribution of £55,982k from the Council and £47,378k from Hillingdon Clinical Commissioning Group.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

RECOMMENDATION

That Cabinet notes the report and agrees to delegate authority to approve the agreement between the Council and Hillingdon Clinical Commissioning Group under section 75 of the National Health Service Act, 2006 for Hillingdon's 2020/21 Better Care Fund plan to the Leader of the Council and the Cabinet Member for Health and Social Care Designate, in consultation with the Corporate Directors of Finance and Social Care.

Reasons for recommendations

1. *Section 75 agreement* - Using powers under the 2006 National Health Service Act, NHSE makes the release of the £19,401k 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. A delay in the publication of the Government's requirements for the 2020/21 BCF plan has prevented earlier submission of the draft section 75 agreement for Cabinet's consideration. A policy statement on this year's BCF plan was published by the Department of Health and Social Care (DHSC) on the 3rd December 2020. This confirmed that although there would be no requirement for a separate plan to be submitted to NHSE, the Health and Wellbeing Board (HWB) would need to confirm agreement on the use of the funding streams within the BCF prior to a s.75 agreement being concluded.

3. Hillingdon's HWB agreed at its September 2020 meeting to delegate formal approval of the 2020/21 BCF plan to the Chairman of the Board and the Chairmen of HCCG's Governing Body and Healthwatch Hillingdon. This process is currently in progress.

Alternative options considered /risk management

4. ***Deferring approval to full Cabinet*** – Cabinet could decide that it wants to consider the detail of the agreement at a scheduled meeting. This is not recommended in view of the late stage in the year and the fact that the proposed agreement, if approved, will expire on the 31st March 2021

5. ***Not entering into an agreement*** - Cabinet could decide not to enter the agreement with HCCG for 2020/21 but this is not recommended as it would mean that the Council would not receive £7,074k additional protecting social care funding. It could also impact on the £5,511k Disabled Facilities Grant that is paid directly to the Council by the Ministry of Housing, Communities and Local Government (MHCLG) and also the £7,248k Improved Better Care Fund Grant (iBCF) that is also 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. Having an agreed s.75 is one of the national conditions.

Policy Overview Committee comments

6. None at this stage.

SUPPORTING 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 integration duty under the 2014 Care Act and the 2020/21 plan is the sixth year and builds on the achievements of the four previous plans. The success of the BCF in developing relationships across health and social care has assisted in the local response to the Covid-19 pandemic.

8. The minimum amount required to be included within the BCF pooled budget for 2020/21 is £31,761k. The proposed contribution is intended to be £103,360k, which would be £71,599k above the minimum required to reflect local ambition. This is due to the inclusion of aspects of service provision for children and young people and people with learning disabilities and/or autism in 2019/20 that have been rolled forward into 2020/21. In addition, it includes additional NHS funded service provision for enhanced hospital discharge support in response to the Covid-19 pandemic. These figures are still provisional and subject to continuing discussions at a North West London Integrated Care System (NWL ICS) level.

9. Once the continuing discussions referred to in paragraph 8 above have concluded the financial arrangements can then be considered through the CCG's governance arrangements. This is necessary to enable the Chairman of HCCG's Governing Body to exercise the delegated authority given by the HWB to sign-off the financial arrangements on behalf of the Board. This will enable Hillingdon to satisfy one of the national requirements for the 2020/21 BCF and is a prerequisite to approval being sought to enter into the s.75 agreement.

Hillingdon's BCF Plan Summarised

10. As with previous iterations, the primary purpose of the 2020/21 plan is to deliver those aspects of the statutory Health and Wellbeing Strategy that require integration between health and social care and/or closer working between the NHS and the Council with a particular focus on managing recovery from the Covid-19 pandemic, preparations for a subsequent wave and improving resilience to address any demand surge during the winter months.

11. Eight schemes from the 2019/20 plan roll forward into 2020/21 and table 1 below summarises the aim(s) of these schemes. A ninth scheme, shown as scheme 4 in table 1, reflects requirements set out in *COVID-19 Hospital Discharge Service Requirements* guidance published on the 19th March 2020.

Table 1: Better Care Fund Schemes Summary	
Scheme	Scheme Aim
<i>Scheme 1: Early intervention and prevention.</i>	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.

<p><i>Scheme 2:</i> An integrated approach to supporting Carers.</p>	<p>To maximise the amount of time that Carers are willing and able to undertake a caring role.</p>
<p><i>Scheme 3:</i> Better care at end of life.</p>	<p>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:</p> <ul style="list-style-type: none"> • Ensure that people at end of life are able to be cared for and die in their preferred place of care; and • 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.
<p><i>Scheme 4:</i> Covid-19 hospital discharge.</p>	<p>The focus of this mandated scheme is hospital discharge management for people admitted with Covid-19. A key aim is to maintain hospital capacity to support people requiring treatment in hospital for non-Covid related conditions.</p>
<p><i>Scheme 4A:</i> Integrated hospital discharge and the intermediate tier.</p>	<p>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.</p> <p>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.</p>
<p><i>Scheme 5:</i> Improving care market management and development</p>	<p>This scheme is intended to contribute to the Health and Wellbeing Strategy 2020/21 outcomes of achieving:</p> <ul style="list-style-type: none"> • A market capable of meeting the health and care needs of the local population within financial constraints; and • A diverse market of quality providers maximising choice for local people.

<p><i>Scheme 6: Living well with dementia</i></p>	<p>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:</p> <ul style="list-style-type: none"> • <i>I was diagnosed in a timely way.</i> • <i>I know what I can do to help myself and who else can help me.</i> • <i>Those around me and looking after me are well supported.</i> • <i>I get the treatment and support, best for my dementia, and for my life.</i> • <i>I feel included as part of society.</i> • <i>I understand so I can make decisions.</i> • <i>I am treated with dignity and respect.</i> • <i>I am confident my end of life wishes will be respected. I can expect a good death.</i>
<p><i>Scheme 7: Integrated therapies for children and young people</i></p>	<p>This scheme seeks to:</p> <ul style="list-style-type: none"> • Provide early intervention therapy services that offer early assessment and advice, support self-care and reduce dependence on services in future years. • Provide a robust integrated triage process that directs children and young people to the most appropriate therapy and support without delay.
<p><i>Scheme 8: Integrated care and support for people with learning disabilities and/or autism.</i></p>	<p>This scheme aims to:</p> <ul style="list-style-type: none"> • To improve the quality of care for people with a learning disability and/or autism; • To improve quality of life for people with a learning disability and/or autism; • To support people with a learning disability and/or autism down pathways of care to the least restrictive setting; • To ensure that services are user focused and responsive to identified needs.

2020/21 Plan Delivery

12. The December HWB considered the first report to integrate the HHCP recovery plan and the BCF delivery plan. The full report can be accessed via this link

<https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=322&MIId=3788&Ver=4>

13. However, key items include:

- **COVID-19 community hub partnership:** H4All and the Council have worked in very close partnership throughout the pandemic to support residents who were shielding or self-isolating. This included coordinating local volunteers to ensure access to food provision, as well as providing telephone support to people at particular risk of loneliness due, for example, to them living alone.
- **Supporting Carers:** An update report on the delivery of the Joint Carers Strategy was considered by the Council's Social Care, Housing and Public Health Policy Overview Committee on the 26th November 2020 and this report can be accessed via this link <https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=385&MId=3709&Ver=4>. However, the main areas of activity concern identification of Carers, provision of information and advice, assessment of need and access to support within the constraints imposed by the pandemic.
- **Designated homecare commissioning lead:** The Council led on homecare commissioning, including the mobilisation of an additional 200 hours a week specialist homecare to support discharge from hospital. This was also integrated into weekend discharge conference calls to facilitate seven-day discharge.
- **Designated nursing care home commissioning lead:** The CCG has led on the procurement of nursing care home beds. Additional support to the CCG was provided by the Council's brokerage team to source bed-based services where identifying homes with available beds proved challenging.
- **Repurposing of Council assets:** The Council made available a 9-bed respite facility and up to 18 extra care flats to facilitate step-down from hospital and step-up for people living in the community to avoid unnecessary admissions, including of COVID-positive people. As part of the COVID recovery programme, the respite facility has been restored back to its original purpose and the number of extra care flats has reduced to 6.
- **Supporting the care market:** The Council has worked with health partners to ensure access to Personal Protective Equipment (PPE) and advice and training in infection prevention and control measures for care homes and homecare providers, as well as providers in other care settings, such as extra care and supported living. Joint working has also sought to coordinate access to testing and will facilitate access to Covid vaccination as this is rolled out across care settings.

14. The September HWB agreed that the following items could be brought into the 2020/21 BCF plan to regularise funding and delegation arrangements:

- **Continuing Healthcare (CHC) Social Work post:** This post is funded by the CCG in order to expedite CHC assessments in the community. The annual value is £45k.

- **Speech and Language Therapist (SaLT) in the Youth Justice Service:** This service is jointly funded (50:50) by the Council and the CCG and delivered by CNWL. The purpose is to ensure that children and young people with physical, occupational and speech and language difficulties in the criminal justice system are offered an assessment in accordance with national guidance and good practice. The annual value of this post is £70k and the cost is split equally between the Council and the CCG.
- **Designated Clinical Officer in Special Educational Need and Disability (SEND):** This post leads coordination between CCG, providers within Hillingdon Health and Care Partners (HHCP), education and social care in relation to the Education, Health and Care Plans pathway (EHCP) and manages operational issues in relation to these plans for children and young people with highly complex needs. The annual value of this post is £50k and the cost is split equally between the Council and the CCG.

Section 75 Agreement: Key Features

15. The key features of the draft Agreement that the Leader of the Council and the Cabinet Member will be asked to agree, subject to the recommendation being approved, are as follows:

- **Agreement duration:** In accordance with the March 2020 hospital discharge guidance, it is proposed to extend the 2019/20 agreement to 31st March 2021;
- **Hosting:** The practice since the inception of the BCF has been for the Council to host the pooled budget. The *Covid-19 Hospital Discharges and Out of Hospital Work: Financial Support and Funding Flows Guidance (30/04/20)* required a specific Covid-19 hospital discharge scheme to be created with its own pooled budget and it is suggested that this be hosted by the CCG. This reflects not only the practice across NWL but is a practical approach in view of the complex arrangements for drawing down funding to support Covid-related expenditure. It is, however, proposed that the Council continue to host a pooled budget for funding in all other schemes.
- **Risk share:** The Council and CCG agreed that for previous iterations of BCF plans both organisations would manage their own risks. It is intended that this approach continues for 2020/21.
- **Dispute resolution:** Any disputes will be referred to the Cabinet Member for Social Care, Health and Wellbeing 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 Social Care (a statutory member of the HWB), the CCG's Joint Borough Directors and the Council's Head of Health Integration and Voluntary Sector Partnerships. This is reflected within the amended 2019/21 Agreement and aligned with the broader governance arrangements for the delivery of Hillingdon's Health and Wellbeing Strategy.

Implementation and Performance Monitoring

16. The practice of quarterly performance reports being considered by both the HWB and HCCG's Governing Body have been impacted by the pandemic; however, as stated in paragraph 12, partners have sought to create a single health and care system development performance report and the format considered by the December HWB will be enhanced for consideration by future meetings.

Financial Implications

17. The sources and allocation of funding are set out in table 2 below:

Item	2019/20 Income	2020/21 Income	% Difference
DFG (LBH)	4,504,510	5,111,058	13.5
Minimum CCG contribution	18,361,811	19,401,312	5.7
iBCF (LBH)	6,207,140	7,248,248	0
Winter Pressures (LBH)	1,041,108		
Minimum Total	30,114,569	31,760,618	5.7
To Adult Social Care from minimum CCG contribution	6,695,773	7,074,835	5.7
NHS commissioned out of hospital services	5,217,906	5,513,302	5.7

18. Table 3 below provides a provisional breakdown of the contributions of the Council and the CCG to each of the schemes within the 2020/21 BCF plan. Finalisation of the contributions are subject to the outcome of discussions with the NWL ICS referred to in paragraph 8 above.

Scheme		Financial Contribution					
		2019/20			2020/21		
		LBH (£,000s)	HCCG (£,000s)	TOTAL 2019/20	LBH (£,000s)	HCCG (£,000s)	TOTAL 2020/21
1	Early intervention and prevention	3,280	2,659	5,939	3,876	2,661	6,537
2	An integrated approach to supporting Carers.	898	104	1,002	899	94	993
3	Better care at the end of life.		819	819	0	819	819
4.	Covid-19 hospital discharge	N/A	N/A	N/A	0	3,411	3,411

4A	Integrated hospital discharge and the intermediate tier.	2,054	19,079	21,133	2,025	16,556	18,581
5	Improving care market management and development.	9,813	14,599	24,412	9,813	14,796	24,609
6	Living well with dementia.	30	342	372	30	349	379
7	Integrated therapies for children and young people.	441	2,231	2,672	501	2,306	2,807
8	Integrated care and support for people with learning disabilities.	30,322	6,195	36,517	38,838	6,299	45,137
	Programme Management	0	86	86	0	87	87
	TOTAL	46,838	46,114	92,952	55,982	47,378	103,360

19. The Council's contributions to the Pooled Budgets are contained within the overall budget for the Council and includes budgets from Social Care, residents facing services and administration departments.

RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon residents, service users and communities?

20. The Council and HCCG will be able to comply with the 2020/21 BCF national requirements.

Consultation Carried Out or Required

21. HCCG has been consulted on the content of this report and broader consultation with HHCP partners about the delivery priorities within the 2020/21 plan has taken place. The February 2021 meeting of the HHCP Delivery Board will be apprised of the financial arrangements within the plan.

CORPORATE CONSIDERATIONS

Corporate Finance

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

Legal

23. The Borough Solicitor confirms that the legal implications are included in the body of the report.

BACKGROUND PAPERS

Better Care Fund: Policy Statement, 2020 to 2021 (DHSC Dec 2020)

COVID-19 Hospital Discharge Service Requirements (March, April & September 2020)