2022/23 BETTER CARE FUND SECTION 75 AGREEMENT

Committee name	Health and Social Care
Officer reporting	Gary Collier – Adult Services and Health Sean Bidewell – NHS North West London
Papers with report	Appendix 1: 2022/23 Priorities Appendix 2: Section 75 Agreement
Ward	All

HEADLINES

The Committee has asked to receive a report about the Better Care Fund (BCF) Section 75 (s75) agreement before it is considered by December Cabinet. This report explains the BCF to the Committee, including national requirements, how it is being applied in Hillingdon and the significance of the s75 agreement.

RECOMMENDATIONS

That the Committee:

1. **questions officers and partners on the content of the report.**
2. **identifies any comments it may wish to include in the report to December Cabinet.**

SUPPORTING INFORMATION

Health and Social Care Strategic Context

1. As the Committee may be aware, there are separate legal frameworks for health and social care (children and adults). Social care responsibilities for children and adults sit with local authorities. Whilst access to healthcare is free at the point of delivery, support from local authorities to meet assessed adult social care needs is dependent on whether a person meets national eligibility criteria and also on a financial assessment. People with access to income or capital over certain thresholds, i.e., currently £23,250, have to fund their own care provision. However, access to health services is free at the point of delivery. Children's social care is also provided free of charge.

2. The Children Act, 1989 (as amended) is the main legislation governing children's social care and the Care Act, 2014 governs local authority social care responsibilities towards adults. The main duties of the NHS are set out in the National Health Service Act, 2006. As a general rule, local authorities are unable to undertake duties that are the responsibility of the NHS and vice versa in respect of social care duties. This division of responsibilities can lead to fragmentation of service provision, which has implications for the experience of care faced by residents.

About the Better Care Fund

3. The BCF was introduced in 2014/15 to achieve closer integration between health and social care to address the fragmentation referred to in paragraph 2 above and, by so doing, improve the experience of care for residents and securing more efficient and effective use of resources.

The BCF is a collaboration between the Department of Health and Social Care (DHSC), the Department of Levelling Up, Housing and Communities (DLUHC), NHS England and the Local Government Association and has been a conduit for closer working relationships between health and social care partners in Hillingdon.

4. The first BCF plan was for 2015/16 and since then it has been necessary for local authorities and NHS partners, i.e., clinical commissioning groups and, since July 2022, integrated care boards, to comply with nationally set requirements. Access to funding has been dependent on compliance with national requirements. To illustrate this point, in 2022/23, access to **£21,664k** NHS funding and **£12,578k** from the DLUHC is dependent on compliance with national BCF requirements. The NHS funding comes to Hillingdon through the North West London Integrated Care Board (the *'ICB'*).

5. In Hillingdon, the BCF is seen as the mechanism for delivering those aspects of the Joint Health and Wellbeing Strategy dependent on integration between health and social care and/or closer working at a local level between the NHS and the local authority and this approach has been reflected in the BCF plans that we have submitted. The local approach has also been to achieve ever closer alignment between the BCF and the broader health and care integration programme. The purpose of this approach is to avoid the confusion that has previously arisen with the BCF being identified as separate from the broader health and care integration agenda. Table 1 below illustrates the alignment of BCF schemes to the transformation workstreams reflected in the Joint Health and Wellbeing Strategy. The Joint Health and Wellbeing Strategy can be accessed via the following link: https://www.hillingdon.gov.uk/socialcare.

Table 1: Alignment of Transformation Workstreams and BCF Schemes

Transformation Workstream	BCF Scheme
Workstream 1: Neighbourhood Based Proactive Care.	***Scheme 1:*** Neighbourhood development.
Workstream 2: Urgent and Emergency Care.	***Scheme 4:*** Urgent and emergency care.
Workstream 3: End of Life Care.	***Scheme 3:*** Better care at the end of life.
Workstream 4: Planned Care.	No related scheme.
Workstream 5: Care and support for Children and Young People.	***Scheme 7:*** Integrated care and support for children and young people.
Workstream 6: Care and support for People with Mental Health challenges (including addictions) and/or People with Learning Disabilities and/or Autism.	***Scheme 6:*** Living well with dementia. ***Scheme 8:*** Integrated care and support for people with learning disabilities and/or autism.

6. BCF scheme 2: *Supporting carers* and scheme 5: *Care market management and development* are enabling schemes that cut across all other schemes and workstreams. For ease of reference the 2022/23 priorities are summarised in **Appendix 1**.

2022/23 BCF National Conditions

7. Table 2 summarises the national conditions for the 2022/23 BCF plan and the local response.

Table 2: National Conditions and Local Response	
Condition	**Local Response**
1. **A jointly agreed plan** - A plan that has been agreed by the HWB.	The plan was agreed under delegated arrangements on 17/10/22.
2. **The contribution to social care from the CCG via the BCF is agreed and meets (or exceeds) the minimum expectation** - The Protecting Social Care funding is passported to Social Care with the inflationary uplift (£7,892k in 2022/23).	This is included within the NHS minimum contribution.
3. **Agreement to invest in NHS-commissioned out of hospital services to meet or exceed the minimum ring-fence** - Investing a ring-fenced sum (£6,150k in 2022/23).	This is addressed through the funding committed to the ICB's community contract with CNWL and the Neighbourhood Teams.
4. **Implementing the BCF policy objectives:** **a) *Objective 1*: Enabling people to stay well, safe and independent for longer; and** **b) *Objective 2*: Providing the right care in the right place at the right time.**	Objective 1 seeks to improve how health, social care and housing adaptations are delivered to promote the independence of people at risk of reduced independence. Objective 2 seeks to support safe and timely discharge from hospital.

About Neighbourhood Teams

In Hillingdon, neighbourhood teams have been established aligned to groups of GP practices known as Primary Care Networks (PCNs), of which there are six. Neighbourhoods are a vehicle to deliver improvements in meeting the health and wellbeing needs of residents through multi-agency working.

Submission Requirements

8. Hillingdon's 2022/23 BCF submission consisted of a:

- **Narrative plan:** This is intended to demonstrate how the BCF national conditions are being met. It is also intended to address key lines of enquiry set out in the planning guidance.

- **Completed template:** This details the financial arrangements and the local targets for the national metrics and supporting rationale.

- **Intermediate care demand and capacity template:** This was new and was intended to develop a single picture of intermediate care needs and resources across the system. Although there was a requirement to submit the template, it will not be included as part of the plan assurance process.

Intermediate Care Services Explained

Intermediate care services are a range of short-term services provided to people free of charge to enable them to return home more quickly after a hospital stay or avoid going into hospital unnecessarily. The range of services include reablement, crisis response, home-based rehabilitation and bed-based services.

9. These documents can be found on the Council's website at: https://www.hillingdon.gov.uk/bcf

BCF Section 75 Agreement

10. Members of the Committee may have seen reference to the BCF legal framework in reports to the Health and Wellbeing Board and Cabinet. In short, this is an agreement established under Section 75 (s75) of the National Health Service Act, 2006 that enables councils and NHS Bodies, e.g., integrated care boards, to contribute to a common fund called a pooled budget, which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care through delegation of functions. It enables joint commissioning of integrated services. Having a pooled budget has been a BCF requirement since its inception and the Council has continued to be the host for it. The s75 also provides a mechanism for the transfer of funds between the NHS and the Council. The 2022/23 BCF s75 is attached to the report as **Appendix 2**.

Delegation of Functions Examples

11. Table 3 below provides examples of delegation of functions that are given legal sanction by the s75 agreement.

Table 3: Examples of Delegation of Functions Between NHS and Social Care		
Function	**Example**	**Description**
Lead commissioning	Bridging Care Service	This supports the discharge of people from hospital who require care back to their own homes for up to seven days pending an assessment of long-term care needs or referral to the Reablement Service.
	Step-down nursing beds	These beds support the discharge of people who do not need to be in hospital but need to be in a nursing home setting pending an assessment for Continuing Healthcare. The length of stay would usually be up to six weeks.

Table 3: Examples of Delegation of Functions Between NHS and Social Care		
Function	**Example**	**Description**
	Community equipment	This service provides aids of daily living ranging from bath board to four section electric beds and hoists with the aim of enabling residents to remain in their own home.
	Integrated therapies for children and young people	This contract delivers an integrated therapy model to children and young people with special educational needs and disabilities (SEND).
	Carers Support Service	This contract brings together Council and NHS funding to support both young and adult carers.
Assessment and case management	Case management for people with learning disabilities	The Council case manages people with learning disabilities in receipt of Continuing Healthcare funding on behalf of the ICB, as well as jointly funded cases.
	Personal Health Budgets (PHBs)	The Councils manages PHBs taken as direct payments on behalf of the ICB.

Continuing Healthcare Explained

NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where a person has been assessed and found to have a ‘primary health need’, which will be related to complexity and unpredictability of their needs. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

Transfer of Funds Examples

12. The examples given in Table 3 entail a transfer of funds between the NHS and the Council but there is also a transfer of funds in respect of the funding or joint funding of posts. Examples include social work support for hospital discharge, speech and language therapist in the Youth Justice Service, the Designated Clinical Officer (DCO) post.

About the Designated Clinical Officer (DCO)
A DCO is an experienced paediatric therapist who has a dedicated role in providing a link between a local authority and health services for children with Special Educational Needs and Disabilities.

BCF Section 75 Agreement Key Features

13. The s75 agreement is largely a roll forward from 2021/22; however, the main features can be summarised as follows:

- ***Parties to the Agreement***: The s75 agreement will be between the Council and the ICB.

- ***Agreement duration***: The term of the 2022/23 agreement is 4th April 2022 until such time as it is terminated by the Partners, or it is superseded by a successor agreement. BCF s75 agreements are usually for a fixed term but there is a recurrent issue with late publication of the planning requirements that delays the ability of partners to enter formal legal arrangements. Permitting the agreement to roll forward will ensure that partnership and financial arrangements continue to operate with an agreed legal framework.

- ***Hosting***: The practice since the inception of the BCF has been for the Council to host the pooled budget, which is the equivalent of a joint bank account.

- ***Hospital discharge scheme***: This reflects changes in the hospital discharge guidance that has taken place in 2022/23 and funding contributions to support discharge. The agreement also identifies usage of underspend from 2021/22 winter pressures funding and also funding transferred to the Council by the NHS under Section 256 (s256) of the 2006 Act. Neither the 2021/22 winter pressures nor s256 funding are included within the pooled budget and this funding will not continue beyond 2022/23.

- ***Risk share***: It is established practice that both partners manage their own risks and it is being proposed to Cabinet that this be extended to 2022/23.

- ***Dispute resolution***: The dispute provisions of the agreement have been updated to reflect the introduction of ICBs under the Health and Care Act, 2022.

- ***Governance***: The delivery of the successive iterations of Hillingdon's plans has been overseen by the Core Officer Group comprising of the ICB's Joint Borough Directors for Hillingdon, the Council's Executive Director for Adult Services and Health, HHCP's Managing Director, the Council's Head of Health Integration and Voluntary Sector Partnerships and the BCF Programme Manager. The governance schedule (Schedule 3) within the s75 agreement demonstrates the interrelationship between the Core Officer Group, HHCP's Delivery Board and the Health and Wellbeing Board.

PERFORMANCE DATA

National Metrics

14. There are four mandatory metrics, and these are:

- **Metric 1: Avoidable emergency admissions.** *Commentary:* This metric was introduced in 2021/22 and is intended to measure a reduction in people admitted to hospital for ambulatory care sensitive conditions. The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema).

- ***Metric 2: Discharge indicator*: Improving the proportion of people discharged to their usual place of residence**. *Commentary:* The discharge destinations not included as '*usual place of residence'* are set out in data issued by NHS England. A spell in a step-down facility before returning to their usual place of residence would be excluded.

15. The ICB has coordinated the approach to the above metrics, which only apply to people aged 18 and above. The targets, supporting rationale and identification of schemes that will contribute to delivery can be found using the link shown in paragraph 8. The approach taken with all targets is that they should be achievable.

- **Metric 3: Permanent admissions to care homes of 65 and over population**. *Commentary:* This metric is from the Adult Social Care Outcomes Framework (ASCOF) and has been a national metric for the BCF since its inception. The aim is for admissions to be as low as possible.

- **Metric 4: Effectiveness of reablement.** *Commentary:* This is also an ASCOF metric that measures the percentage of the 65 and over population discharged into reablement from hospital who are still at home 91 days after discharge. The aim is for the percentage to be as high as possible and it has also been a BCF metric since its inception.

Monitoring Arrangements

16. Reporting on the delivery of the national metrics, the priorities shown in **Appendix 1** and the other measures shown in Schedule 1 of **Appendix 2** to this report takes the form of the integrated performance report that is considered by the Health and Wellbeing Board on a quarterly basis. The following link will take the Committee to the report considered by the Board at its November 2022 meeting:
https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?MId=4248&x=1&.

RESIDENT BENEFIT

17. The BCF provides a framework for integration between health and social care that supports better health and wellbeing outcomes for residents. This is aided by access to £21,664k NHS funding and £12,578k from the DLUHC that is contingent on compliance with national BCF requirements.

FINANCIAL IMPLICATIONS

BCF Value 2022/23

18. The value of the BCF for 2022/23 is **£109,080K.** Table 4 below shows the respective contributions of the partners and how this compares to 2021/22. A detailed financial breakdown of the contributions to the 2022/23 plan can be found by following the link shown in paragraph 9.

Table 4: Financial Contributions by Organisation 2021/22 and 2022/23 Compared		
Organisation	**2021/22 *(£,000s)***	**2022/23 *(£,000s)***
NHS	49,127	51,047
LBH	57,327	58,033
TOTAL	**106,454**	**109,080**

19. Table 5 below provides a breakdown of the mandated funding streams for the BCF and also the additional voluntary contributions.

Table 5: BCF Funding Summary 2021/23			
Funding Breakdown	**2021/22 (£,000)**	**2022/23 (£,000)**	**% Difference**
MINIMUM NHS CONTRIBUTION	**20,485**	**21,664**	**5.8**
Required Spend			
• Protecting Social Care	7,470	7,892	5.6
• Out of Hospital	5,821	6,150	5.7
• Other minimum spend	7,194	7,622	5.9
MINIMUM LBH CONTRIBUTION	**12,359**	**12,578**	**1.8**
Required Spend			
• Disabled Facilities Grant (DFG)	5,111	5,111	0
• Improved Better Care Fund (iBCF)	7,248	7,467	3
MINIMUM BCF VALUE	**32,844**	**34,223**	**4.2**
• Additional NHS Contribution	28,642	29,402	2.2
• Additional LBH Contribution	44,968	45,454	1.1
TOTAL BCF VALUE	**106,454**	**109,080**	**2.4**

20. The agreed investment by scheme for 2022/23 compared with 2021/22 is shown in Table 6 below.

Table 6: NHS and LBH Financial Contribution by Scheme Summary							
Scheme		**2020/21**			**2022/23**		
		LBH (£,000)	**NHS (£,000)**	**TOTAL**	**LBH (£,000)**	**NHS (£,000)**	**TOTAL (£,000)**
1.	Neighbourhood development	4,015	3,053	**7,068**	4,134	3,100	**7,234**
2.	Supporting carers	864	101	**965**	854	99	**953**

Table 6: NHS and LBH Financial Contribution by Scheme Summary							
Scheme		2020/21			2022/23		
		LBH (£,000)	NHS (£,000)	TOTAL	LBH (£,000)	NHS (£,000)	TOTAL (£,000)
3.	Better care at end of life	0	1,983	**1,983**	0	1,972	**1,972**
4.	Urgent and emergency care	4,120	17,772	**21,892**	4,251	18,950	**23,201**
5.	Improving care market management and development.	7,598	13,875	**21,473**	7,609	14,389	**21,998**
6.	Living well with dementia	0	2,836	**2,836**	0	2,925	**2,925**
7.	Integrated care and support for children and young people.	2,567	2,384	**4,951**	2,537	2,387	**4,924**
8.	Integrated care and support for people with learning disabilities and/or autistic people.	38,163	7,034	**45,197**	38,648	7,133	**45,782**
Programme Management		0	89	**89**	0	92	**92**
TOTAL		**57,327**	**49,127**	**106,454**	**58,033**	**51,047**	**109,080**

21. A change for 2022/23 BCF is the transfer to the Council of £19k NHS funding for a carer support post currently being delivered by Carers Trust Hillingdon (CTH) on behalf of the ICB. The intention is that this will be integrated into the £671k contract that the Council has with CTH and that the integrated service will be subject to tender in Q4 for a five-year contract with the option to extend for up to three further years. Integrating these services into a single contract will contribute to the delivery of a more integrated service for carers and avoid the requirement for the provider to undertake dual reporting.

Hospital Discharge Funding Arrangements

22. Between July 2021 and 31 March 2022, new and additional care costs incurred by Adult Social Care to support discharge from hospital of people who no longer required treatment in that setting were covered by the NHS. This arrangement stopped from April 2022, which has resulted in additional costs being incurred by local authorities related to short-term spot care home placements.

23. The Council has received a £220k uplift in its 2022/23 allocation from the Department of Levelling-up, Housing and Communities (DLUPHC)'s Improved Better Care Fund (iBCF) and this has been committed to contributing to meeting this pressure. £7,467k iBCF funding is paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF. The grant conditions for 2022/23 are the same as for the last three years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

24. As for the last two years, the Council is intending to use the funding to support the local care market. This will fund the annualised effect of the fee uplifts as well as additional fee increases to reflect the financial pressures faced by regulated care providers due to higher staff, energy and supply costs.

LEGAL IMPLICATIONS

25. Where there is a delegation of functions or a pooling of budgets between the Council and an NHS body, such as the ICB, then entry into a s75 agreement is required to comply with the *NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.* The s75 also provides a legal framework for the transfer of funds between NHS bodies and local authorities. There are no other legal implications arising from this report.

BACKGROUND PAPERS

2022 – 2025 Joint Health and Wellbeing Strategy (March 2022)
Better Care Fund Planning Requirements, 2022/23 (DHSC July 2022)

Proposed 2022/23 Priorities

Scheme 1

- Embedding population health management and addressing areas of inequality (including those identified in the NHS Core20Plus5 model) to determine operating model for integrated neighbourhood teams.
- Delivering national and ICB enhanced services to national/ICB targets.

Scheme 2

- Developing a refreshed all age Joint Carers Strategy, 2023 – 2028.
- Completing the *'Are you a carer?* leaflet.
- Restoring carer leads in GP surgeries.
- Ensure that the electronic patient record (EPR) system is developed so that asking if a patient has a carer or is a carer is a mandatory aspect of assessment at Hillingdon Hospital.
- Reviewing the Carer Support Service delivery model prior to retendering.

Scheme 3

- Establishing a coordination hub for patients, carers and health professionals to access specialist care and support

Scheme 4

- Increasing capacity for same day emergency care (SDEC), including establishing intravenous antibiotic administration in the community.
- Piloting an integrated neuro-rehab community service.
- Establishing a frailty virtual ward model to reduce admissions and length of stay.
- Roll out falls training package for care homes and ongoing falls population health work.
- Ensuring availability of community capacity to respond to winter demand surge.

Scheme 5

- Implementing a coordinated approach to supporting the sustainability of the regulated care market.
- Undertaking a fair cost of care exercise and developing a Market Sustainability Plan.
- Embedding integrated brokerage arrangements to expedite hospital discharge.
- Establishing block contracts for pathways 2 and 3 discharge and admissions avoidance.

Scheme 6

- Improving dementia diagnosis rates.
- Developing and maintaining alternative solutions to institutional care for people living with dementia.

Scheme 7

- Delivering integrated family hub services.
- Developing 0-19 services focussed on needs of local population.

- Establishing mental health support roles in neighbourhood teams.
- Establishing a dynamic support register (DSR) for CYP with LD and /or Autism to enable partners to identify CYP at risk and consider community solutions.

Scheme 8

- Developing crisis pathways for people with learning disabilities and/or autistic people.
- Developing an all-age Joint Autism Strategy, 2023-2026.
- Completion of Joint Strategic Needs Assessment for autism.
- Delivery of health checks for people with learning disabilities to national target.