

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Thursday, 26 September 2019 at 6.15 pm  
Conference Room, Civic Centre, Silver  
Street, Enfield, EN1 3XA

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**Please note meeting time**

## MEMBERSHIP

Leader of the Council – Councillor Nesil Caliskan (Chair)  
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu  
Cabinet Member for Public Health – Councillor Mahtab Uddin  
Cabinet Member for Children’s Services – Councillor Rick Jewell  
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)  
Healthwatch Representative – Parin Bahl  
Clinical Commissioning Group (CCG) Chief Officer – John Wardell / Rob Larkman  
NHS England Representative – Dr Helene Brown  
Director of Public Health – Stuart Lines  
Director of Adult Social Care – Bindi Nagra  
Executive Director People – Tony Theodoulou  
CEO of Enfield Voluntary Action – Jo Ikhelef  
Voluntary Sector Representatives: Vivien Giladi, Pamela Burke

## Non-Voting Members

Royal Free London NHS Foundation Trust – Natalie Forrest  
North Middlesex University Hospital NHS Trust – Maria Kane  
Barnet, Enfield and Haringey Mental Health NHS Trust – Jinjer Kandola  
Whittington Hospital – Siobhan Harrington  
Enfield Youth Parliament representative

## TO FOLLOW REPORTS 2 - AGENDA – PART 1

### 3. BETTER CARE FUND - SECTION 75 AGREEMENT AND BETTER CARE FUND UPDATE (6:15 - 6:30PM) (Pages 1 - 10)

To receive a report for noting on S75 with Enfield CCG which includes the Better Care Fund - ATTACHED.

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**MUNICIPAL YEAR 2019/2020 REPORT NO.****MEETING TITLE AND DATE:**

Health and Wellbeing Board  
26 September 2019

**Agenda - Part:****Item:**

**Subject: Section 75 Agreement: Approval of Revisions for 2019/2020**

**REPORT OF:**

Director of Health & Adult Social Care

**Cabinet Member consulted: Cllr Cazimoglu**

Contact officer and telephone number:  
Doug Wilson

**Cabinet Member consulted: Cllr Cazimoglu**

**1. EXECUTIVE SUMMARY**

1.1 This is a covering report providing details of the 2019/2020 S75 funding arrangement between the London Borough of Enfield and NHS Enfield CCG and recommends that there should be no significant changes to funding arrangements agreed in 2018/19. The minimum allocation figure for the 2019/20 Better Care Fund has now been received. An increase of 6.6% has been applied and distribution of the additional funds has been agreed between Enfield Council and NHS Enfield CCG.

1.2 Enfield Council and NHS Enfield Clinical Commissioning Group (CCG) have had a pooled budget arrangement under a Section 75 Agreement for commissioned services for adults since 2011 and for children and adult services since 2015. The current agreement has continued to work well during 2018/2019. In 2017/18 The Council and NHS Enfield CCG agreed to create a single Section 75 agreement which would bring together thirteen separate arrangements pooled funding arrangements, including the Better Care Fund (BCF) and the new improved Better Care Fund (iBCF).

1.3 BCF monies are part of a funding transfer from the NHS to Social Care to support the development of integrated approaches which enable more people to live independently in order to reduce the demand on Healthcare services. It also includes money already allocated to Councils for such things as Disabled Facilities Grants and duties under the Care Act 2014. It is a requirement that NHS Enfield CCG and the Council enter into pooled budget arrangements and jointly agree an integrated spending plan for BCF and iBCF monies.

1.4 New policy Guidance on the BCF scheme has been received and, as expected, there have been no changes compared to 2017/18 and 2018/19.

1.5 A summary of the schemes and funding is shown in the table below. The total BCF revenue, capital and iBCF funding for 2019/20 is £34.49m. Other S75 schemes which sit outside of the BCF and iBCF total £9.81m. The total included within the S75 agreement is, therefore, £44.29m.

1.6 Both parties are seeking to renew the Section 75 (pooled funding) Agreement again for 2019/20. The spending plan is subject to joint agreement by NHS Enfield CCG and the Council.

## **2.0 RECOMMENDATIONS**

That the board notes the following: -

2.1 Arrangements for pooled funding

2.2 The delegation of formal sign off of the Section 75 Agreement between NHS Enfield CCG and the Council to the Director of Health and Adult Social Care as the approved statutory DASS (Director of Adult Social Services)

2.3 The Director for Adult Social Care, in agreement with the Director of the CCG, to make minor amendments throughout the year to the schemes and funding arrangements to reflect any change in circumstances.

2.4 That the Section 75 Agreement must be in a form approved by the Director of Law and Governance

## **3. BACKGROUND**

3.1 Enfield Council and NHS Enfield Clinical Commissioning Group (CCG) have had pooled funding arrangements under a Section 75 Agreement for commissioned services for adults since 2011 and for some commissioned services for children since 2015. The existing Section 75 contains 15 separate schedules.

3.2 The Better Care Fund (BCF) is a Programme spanning both the NHS and local government which seeks to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life. The BCF encourages integration by requiring CCGs and local authorities to enter into pooled budget arrangements and to agree an integrated spending plan.

- 3.3 The policy framework for 2019/2020 was issued by the Department of Health in April 2019. With minimal change from previous years. The only notable changes for 2019-20 are that requirements for narrative plans to be simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.

The BCF 2019-20 will retain the same National Conditions as in 2017-19. Local areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards.

As a result of integrated health and social care schemes:

- The number of delayed discharges from hospital has again decreased in 2018/19 with Enfield achieving the lowest number of delays in March across the whole of London and a reduction of over 800 bed days lost compared to 2017/18;
  - The rate of increase in emergency admissions to hospital at 5.5% is only slightly more than the national average for Vanguard authorities at 3.5%;
  - Residential admissions have decreased further in 2018/19 with only 210 made from a high point of 268 in 2016/17;
  - The number of people who remain living independently following discharge from hospital and enablement support continues to compare well to national performance at 84%
  - The rate of diagnosis of dementia has risen from 71% in 2017/18 to over 82% in 2018/19.
- 3.4 Both parties are seeking to renew and continue the Section 75 Agreement in order to further support the transformation and integration of health, social care and children's services in Enfield.
- 3.5 The inclusion of some Children's commissioned services into the agreement is in line with national guidance which supports the further development of joint working and the integration of children's services. The Children's and Families Act 2014 requires Local Authorities to take the lead in making arrangements to promote co-operation between agencies to improve the well-being of children in the authority's area and establishes that relevant partners (including NHS Clinical Commissioning Groups) have a duty to co-operate with these arrangements. Going forward, the changing landscape of health and social care reinforces the importance of effective partnership arrangements and the integration of children's services.
- 3.6 The schemes within the Better Care Fund are approved by the Better Care Fund Executive Board, which contains representatives from the Enfield Clinical Commissioning Group and Enfield Council and is chaired by the Director of Health and Adult Social Care and the Director of Commissioning for the CCG.
- 3.7 The schemes are then monitored by the Better Care Fund delivery group, who in turn report up to the Better Care Fund Executive and the Health and

Wellbeing Board. There is also a quarterly return to NHS England which evaluates delivery against jointly agreed priorities.

3.8 A Section 75 Partnership Agreement for commissioned services offers the following opportunities:

- Improved integrated commissioning and service delivery that can consider the requirements of health, social care and children's services
- Development of shared local priorities for service provision and the alignment of funding to deliver these
- An evidence-based approach to commissioning which incorporates joint assessment of needs
- Development of a shared vision for services to deliver more cohesive and comprehensive outcomes
- Development of joint performance indicators, monitoring processes and key strategic information such as baselines and tracking systems
- Easier identification of gaps in provision
- Reduced bureaucracy
- Better use of resources to deliver improved value for money
- Production of joined up commissioning priorities, service specifications and care pathways for all service areas.

3.9 The Enfield Clinical Commissioning Group is invoiced on a quarterly basis in arrears after the agreement has been signed and agreed.

3.10 Meetings have been arranged between managers at the CCG and Enfield Council to discuss and finalise any small amendments to the funding.

3.11 Enfield CCG will discuss the Section 75 funding at their Finance and Performance Committee on the 29<sup>th</sup> May 2019.

3.12 Spend from the Better Care Fund and improved Better Care Fund has been utilised to meet increased demand and cost for services across health and social care and to deliver some stability within existing service provision following a significant period of austerity and much reduced central government funding across the health and social care system. This funding enables the health and social care system, therefore, to continue to deliver services which meet statutory requirements. It has also been used to fund new service developments which prevent escalation of need/crisis and admission to hospital and which facilitate timely hospital discharge.

3.13 Pending the final decisions from both parties; on the next page is a proposed set of summary schedules.

**Summary of the proposed Section 75 and Better Care Fund Contributions 2019 -2020**

<b>BCF Schemes</b>	<b>CCG Led Schemes £</b>	<b>Council Led Schemes £</b>	<b>Total £</b>
Integrated care schemes	8,620,428	1,217,000	9,837,428
MH schemes	1,288,308	35,000	1,323,308
Safeguarding schemes	70,000	379,000	449,000
Long Term condition schemes	0	782460	782,460
Children schemes	385,000	0	385,000
Carers schemes	0	489000	489,000
Third sector schemes	282000	0	282,000
Infrastructure schemes	0	100000	100,000
Care Act schemes	0	734000	734,000
Protection of ASC		6,828,491	6,828,491
Capital: DFG, Share Care Record, Equipment & MH Resource Centre.		3,192,720	3,192,720
<b>Total</b>	<b>£10,645,736</b>	<b>£13,757,671</b>	<b>£24,403,407</b>

<b>IBCF</b>	<b>CCG Led Schemes £</b>	<b>Council Led Schemes £</b>	<b>Total £</b>
Meeting needs Physical Disabilities & Older People		3,534,018	3,534,018
Meeting needs Learning Disabilities		2,106,174	2,106,174
Meeting needs Mental Health		556,901	556,901
Supporting hospital discharge		1,418,829	1,418,829
Supporting the local social care market (resi & community service)		2,466,918	2,466,918

<b>Total</b>	<b>0</b>	<b>£10,082,840</b>	<b>£10,082,840</b>
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<b>Section 75 Specific Schemes</b>	<b>CCG Led Schemes £</b>	<b>Council Led Schemes £</b>	<b>Total £</b>
Mental Capacity Act and Deprivation of Liberty Safeguards	46,213	834,863	881,076
Joint Commissioning Team	0	0	0
Integrated Community Equipment Service	542,548	1,030,684	1,573,232
Adult CHC Equipment	218,990	0	218,990
Integrated Learning Disability Service	1,880,888	4,596,506	6,477,394
STAY project (PBS intervention for young people)	122,000	24,960	146,960
Dazu – Voluntary and Community Sector Contracts	15,155	90,000	105,155
Youth Offending Service YOU Therapeutic Interventions Social Workers x2	68,262	83,892	152,154
EP 0.2 Neurodevelopment in CAMHS	16,800	0	16,800
TCAP (Transforming Care Partnership)	127,630		127,630
EPS 0.3 WTE EPS/SEWS Incredible years & Creche	25,200	0	25,200
VCS Mental Health Forum and Mental Health training	5,000	30,000	35,000
YOU .6 (.4+.2) Psychologist (monies to be paid direct to commissioned CAMHS provider)	31,678	15,839	47,517
<b>Total</b>	<b>£3,100,364</b>	<b>£6,706,744</b>	<b>£9,807,108</b>

<b>Grand total</b>	<b>£13,746,100</b>	<b>£30,547,255</b>	<b>£44,293,355</b>
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#### **4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 The pooled budget arrangement has been an effective way of for the Commissioning Clinical Group and the Council to pull resource together to support some of the most vulnerable people in the community. A collaborative approach to meeting both organisations strategic goals has delivered the desired outcomes.
- 4.2 NHS England guidance requires the pooling of the Better Care Fund to be via a Section 75 Agreement.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 That the board is informed of the requirement to deliver the Section 75 agreement and of the pooled funding arrangements which underpin it, noting that until final official figures are provided, estimated figures for the BCF allocation for 2019/20 have been used.
- 5.2 That the Board notes the delegation of formal sign off of the Section 75 Agreement between NHS Enfield CCG and the Council to the Director of Health and Adult Social Care as the approved statutory DASS (Director of Adult Social Services)
- 5.3 Any decisions to disinvest from any of the funded schemes must be jointly agreed by the Council and the CCG. The approach taken has been to evaluate the impact of funded schemes on demand management across health and social care and to agree any changes to funding priorities jointly which maximise positive demand management measures.

#### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

##### **Financial Implications**

- 6.1 The costs of the various parts of the Section 75 agreement are detailed above.
  - 6.1.2 For the BCF schemes, we have now received the Minimum CCG Allocation funding detail from the Government. The figures above reflect a 6.6% uplift based on the 18/19 allocation. The BCF 2019-2020 policy framework states “2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards”. All the funding for this is received by NHS Enfield CCG and therefore we will invoice them for the Council led Schemes.

- 6.1.3 The iBCF grant is to be used only for the purposes of meeting adult social care needs and reducing pressures on the NHS. This grant will again be paid to the Council directly. The grant has increased from £8.24m to £10.08m. The net effect is an increase of £1.84m. This was included in the Budget Report and Medium-Term Financial Plan.
- 6.1.4 The specific Section 75, schemes have been agreed with NHS Enfield CCG. The table above also details changes in funding from the previous year where they have been agreed. The schemes are commissioned by the Council and the CCG. The Council will invoice the CCG for their led schemes.
- 6.1.5 All funding is applied to specific cost codes within People Department. Budget holders monitor the spend and progress on their individual schemes as part of the budget monitoring process. In addition there are BCF delivery and Executive Board meetings, where the progress and spend of individual schemes is discussed and minuted.

### **Legal Implications**

- 6.2.1 The Council has power to enter into a Section 75 Agreement with an NHS body for the provision of health-related functions pursuant to Section 75 of the National Health Service Act 2006 (the 2006 Act) and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the 2000 Regulations).
- 6.2.2 Under the 2006 Act and the 2000 Regulations, a local authority can only enter into a Section 75 Agreement where the arrangements are likely to lead to an improvement in the way in which the health-related functions are exercised.
- 6.2.3 The 2000 Regulations set out the detail to be included in any Section 75 Agreement, e.g. the funding to be contributed by each partner and how those contributions may be varied, and the staff, goods, services or accommodation to be provided by the partners in connection with the arrangements.
- 6.2.4 The Section 75 Agreement must be in a form approved by the Director of Law and Governance.
- 6.2.5 Under Section 14 of the Local Government Act 2000, where a decision may be discharged by the Executive, it may make arrangements for an officer of the local authority to discharge those functions.

## **7. KEY RISKS**

- 7.1 The available resources at both authorities are reviewed and existing capacity levels cannot be maintained. This has been mitigated by specifying the contributions to pooled funds as agreed as part of the budget setting processes at both organisations and including the agreed processes for managing an over-spend and under-spend within the pool.
- 7.2 No allowance being made to inflation reflected in the final settlement figures. This will warrant a review of outputs and outcomes requirement for each one of the schemes. This risk was added when the original settlement was not known. The settlement figure for the minimum allocation has now been received and at 6.6% is more than the 1.9% originally assumed.

## **8.0 IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

### **8.1 Ensuring the best start in life**

Many of the schemes support young people transitioning into adult care services in a seamless way taking account their individual needs and the delivery of person-centred support requirements

### **8.2 Enabling people to be safe, independent and well and delivering High quality health and care services**

The delivery of comprehensive health and social care services from supporting prevention to self-care through community provision to specialist and tertiary care

### **8.3 Creating stronger, healthier communities**

Local People have access to meaningful health and social care services in a seamless way

Achieving a higher quality of care and improved health outcomes and overall well-being for the communities of Enfield

### **8.4 Reducing health inequalities – narrowing the gap in life expectancy**

Target specific health inequalities and focus resources where it is most needed

### **8.5 Promoting healthy lifestyles**

The creation of new, and expansion of initiatives and work to develop responses to health and social care issues and approaches that are cascaded through networks in the communities

**9. EQUALITIES IMPACT IMPLICATIONS**

Equalities Impact Assessments will be carried out for each of the service areas within the Section 75 Agreement where necessary.

**10. PERFORMANCE MANAGEMENT IMPLICATIONS**

The performance reporting arrangements are specified within each area of spend and set out the frequency of monitoring and what information will be collected to assess success. The continuation of the Section 75 Agreement will build on work already undertaken to integrate health, social care and children's services and evidence the Council's ongoing commitment to a partnership with health services to improve outcomes for local residents. The Section 75 Agreement will provide the mechanism through which seamless health, social care and children's services provision can be delivered thus improving the outcomes for local people.

**11. HEALTH AND SAFETY IMPLICATIONS**

None

**12. HR IMPLICATIONS**

None

**13. PUBLIC HEALTH IMPLICATIONS**

The continuation of the Section 75 Agreement will facilitate better integration and joint working arrangements across health, social care, and children's services which will contribute to a more strategic approach to the delivery of services and therefore offer the opportunity to improve public health as a result.

**Background Papers**

N/A