

**HEALTH AND WELLBEING BOARD (Appx 3)**

<b>Title</b>	Section 75 Agreement (Adults) 2014 - 2015 Half Year Review
<b>Author of Report</b>	Jemma Gumble
<b>Contact Details</b>	X 2380 or <a href="mailto:Jemma.Gumble@enfield.gov.uk">Jemma.Gumble@enfield.gov.uk</a>
<b>Purpose of Report</b>	<p>To summarise the findings of the Section 75 Agreement half year review for 2014 - 2015.</p> <ul style="list-style-type: none"><li>• For information</li></ul>
<b>Executive Summary</b>	<p>In April 2014 the revised Section 75 Agreement for commissioned services for adults became operational. This report provides an update on the partnership arrangements between April – September 2014. Generally, the partnership arrangements are working well.</p> <p>However, there were significant delays in invoices being raised to Enfield CCG for Q1 and Q2 due to the implementation of ASH (a new debtors system) at the Council, meaning that payment is outstanding from the CCG for Q1 and Q2.</p> <p>The wheelchair service has not commenced and is expected to transfer at the start of the new Section 75 agreement in April 2015.</p>
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. Note the content of the Section 75 Agreement half year review.</li><li>2. Note that due to delays in invoicing, payment is outstanding from the CCG for Q1 and Q2 as a result of Council systems.</li><li>3. Note that the wheelchair service did not transfer on 1<sup>st</sup> October 2014.</li></ol>

## 1. Introduction

In April 2014 the revised Section 75 Agreement for commissioned services for adults became operational. The table below shows the Schedules within the Agreement and the contribution of each Party.

Service	Pooled/Integrated/Lead	NHS Enfield CCG Contribution	Council Contribution
Mental Capacity Act and Deprivation of Liberty Safeguards	Pooled & Lead	£70,908	£199,100
Joint Commissioning Team	Integrated	£50,259	£587,664.92
Voluntary and Community Sector	Lead	£409,907	£0
Integrated Community Equipment Service	Pooled & Lead	£401,715	£972,642
Public Health	Integrated	£0	£101,000
Integrated Learning Disabilities Service	Pooled & Integrated	£1,484,241	£3,970,850
Wheelchair Service	Pooled & Integrated	£776,168	£0
Personal Budgets for Health	Integrated	£24,000	£0
<b>TOTAL</b>		<b>£3,217,198</b>	<b>£5,831,256.92</b>

In line with the Agreement this report provides a half year review of each Schedule from April – September 2014, to provide an update on performance and the effectiveness of the partnership arrangements. Generally the partnership arrangements are working well. A key concern is the delay of invoices being raised to Enfield CCG for Q1 and Q2 due to the implementation of ASH, a new debtors system. However, invoices have now been issued for Q1, Q2 and Q3.

## **2. Mental Capacity Act and Deprivation of Liberty Safeguards**

### **2.1 Overview of Schedule**

The Local Authority Services Act (1970) outlines the requirement for the local authority to provide services to people of all ages with mental health problems in Enfield. The National Services Act (2006) states that NHS Enfield CCG is required to provide mental health services to people of all ages in Enfield and beyond. Whilst the responsibilities of the functions relating to the Supervisory Body of the Deprivation of Liberty Safeguards (DoLS) transferred to the Council, CCGs retain the statutory responsibilities for the practice under the Mental Capacity Act (MCA) 2005. NHS Enfield CCG needs to ensure that the organisation and all the services it commissions are compliant with the MCA. The MCA and DoLS schedule identifies a partnership arrangement which permits information sharing between the Parties and the delivery of specialist experience of delivering training and auditing services. This includes a Joint Safeguarding Nurse Assessor post to provide pivotal support for adult safeguarding and to ensure that the requirements for professional supervision are met.

### **2.2 Governance**

The governance structure outlined in the Agreement is being followed. The service is continuing to be managed by the Head of Safeguarding Adults, Quality Assurance and Complaints at the Council, who reports to the Assistant Director Strategy and Resources. Decisions about running the service are being made by officers at the Council responsible for delivering the service.

Quarterly DoLS Reports are made to the Safeguarding Adults Board. The Safeguarding Adults Board was informed about the Supreme Court judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. This case caused severe implications for the increase on the demand for people who would now require assessments and a subsequent Deprivation of Liberty Safeguard. On 19 March, the Supreme Court published its findings and clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. This means that a much greater number of service users and patients will now be subject to a deprivation of liberty and will come under the protection of the DOLS procedure.

### **2.3 Financial**

The contributions in the Agreement total £270,008. To date £58,929 has been spent.

In response to the influx of applications (predicted nationally to be a ten-fold increase) the Enfield DoLS Office had to respond by enhancing resources to try and manage these statutory responsibilities as best as possible. An additional administrator post and two Best Interest Assessors' Posts were created in the short term and agency staff members recruited. London Borough of Enfield have submitted funding proposals and an action plan to the Directorate Management Team and Cabinet to notify them of the matter and ask for more resources to manage this successfully. A request for additional funding is also being prepared

nationally to submit to the Department of Health. The NHS have been supporting CCGs with grants for special projects to help raise awareness amongst staff with regards to the Mental Capacity Act 2005.

## **2.4 Key Achievements**

- Enfield DoLS Office has completed assessments on 203 Applications out of the 252 DoLS applications received during the period 1 April 2014 – 30 September 2014; with 179 DoLS authorisation being granted.
- Enfield DoLS Office was consulted by the Court of Protection to help streamline their new judicial Deprivation of Liberty processes and forms. They are equally having difficulty managing their workload following the influx of cases since the Supreme Court Ruling.
- The Safeguarding Adults Board was supported in the application for a £9000 grant from the NHS to help raise awareness on the MCA & DoLS, which was successful.

## **2.5 Key Challenges**

The main challenge remains to manage the hundreds of DoLS Applications received since the Supreme Court Ruling. Like all councils in the country London Borough of Enfield is not meeting the legal timescales on all cases, but continues to make every effort to do so.

## **2.6 Key Priorities before 31<sup>st</sup> March 2015**

- Continue to make a contribution on behalf of all London Boroughs at the National ADASS Task Force that has been established to develop 'Top Tips' for managing the influx and a review of the DOH DoLS Forms, following the Supreme Court Ruling.
- To continuously manage the Deprivation of Liberty Safeguards applications to a high standard, by involving the person, their relatives and friends and issuing the Safeguards when necessary to keep the person safe.
- To train more and eventually all of the suitable professionals in the workforce to become Best Interest Assessors.
- To produce a video for carers, health and social care professionals; to help raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards so that all people that need this level of protection has a Deprivation of Liberty Safeguard in place.

### **3. Joint Commissioning Team**

#### **3.1 Overview of Schedule**

The Schedule establishes a Joint Commissioning Team across health and social care which seeks to work in partnership to manage an increase in demand against diminishing resources.

#### **3.2 Governance**

The Assistant Director Strategy and Resources is responsible for the joint commissioning function. Joint commissioning activity continues to be reported to the Joint Commissioning Board, a sub group of the Health and Wellbeing Board. The Joint Commissioning Board was suspended over the summer period while resources were diverted to the development of the Joint Better Care Fund plan which was considered as a priority project.

#### **3.3 Finance**

The contributions in the Agreement total £637,923. To date, £232,024 has been spent by the Council. There is a variation in the budget which has been due to restructuring, recruitment to vacant posts and maternity leave. One post remains vacant at present. However, the projection to year end is that the budget will be fully spent.

#### **3.4 Key Achievements**

- The Joint Adult Mental Health Strategy has been agreed and is now in the process of being implemented. We currently do not have a Joint Mental Health Strategic Commissioner in post.
- The Joint Adults Autism Framework has been agreed and is being implemented over a two year period. The CCG and Local Authority are working together to establish a local diagnostic and therapeutic support service for people with high functioning autism (i.e. Asperger Syndrome).
- The successful recruitment to the joint commissioning posts. We have also recruited to Procurement and Contracts Services which are both considered as valuable resources to support the delivery of the Joint Commissioning Team.
- Reductions in usage of assessment and treatment services for people with learning disabilities and local implementation of the Winterbourne View transformation programme. Enfield is being acknowledged as a centre of best practice by NHSE.
- Work is underway to modernise day opportunities and achieve efficiencies for those with Learning Disabilities. This includes people who are eligible for CHC.
- The pilot for implementing Direct Payments in Residential Care continues with DP's already in place for respite care. Learning will be extended to Personal Health Budgets.

- The ongoing work to support carers to continue in their caring role which includes direct payments for respite and outcomes focussed support planning. The success of the Care Home Carers Network.
- The Council and Enfield CCG have formed a partnership to jointly commission a range of community health services. Whilst the Commissioning Support Unit (CSU) are managing the procurement process, members of the Council's adult social care Commissioning and Procurement function are providing the benefits of specialist support, advice and guidance on strategic and technical procurement matters and ensuring that the Council's own internal contracting and procurement policies are complied with.
- Joint Commissioning Reports have routinely been submitted to the Public Health and Wellbeing Board sessions. These are well received.
- The Joint Learning Disabilities Commissioner continues to improve services for people with disabilities. In particular, they have been successful in reducing the need for NHS inpatient beds for people with learning disabilities at Seacole Unit and have also responded well to the requirement of the Winterbourne View Concordat in reducing NHS placements outside of Enfield.

### **3.5.1 Key Challenges**

- New Commissioners need to embed in the Joint Commissioning Team to enable us to deliver our ambitious joint commissioning work programme.
- To review the Terms of Reference for the Joint Commissioning Board to ensure that it is focussed on identifying opportunities across health and care to generate efficiency, integration and closer joint working.
- On-going vacancy within the team to cover increased work requirement.
- The implementation of the Care Act from April 2015 which is the most significant reform in care since the National Assistance Act.
- Implementing the agreed Better Care Fund plan and programme.
- The requirement to manage and achieve substantial efficiencies across all Care Groups in both Enfield Council and the CCG.
- The need to restructure the VCS provision to meet the requirements of Enfield, the Locality model and the Care Act and improve quality, safety and efficiency.

### **3.6 Key Priorities before 31<sup>st</sup> March 2014**

- To implement the Care Act from April 2015
- To implement the agreed Better Care Fund programme.
- To manage and achieve substantial efficiencies across all Care Groups in both Enfield Council and the CCG.
- To restructure the VCS provision to meet the requirements of Enfield and the Care Act and achieve efficiencies of provision.

## **4. Voluntary and Community Sector**

### **4.1 Overview of Schedule**

Under this Schedule the Council obtained the responsibility for commissioning 10 services from Voluntary and Community Sector (VCS) organisations on behalf of Enfield CCG.

### **4.2 Governance**

There have been no changes made to the governance structure since the production of the Agreement.

### **4.3 Financial**

The 10 contracts equate to a value of £409,907. To date, £204,953.50 has been spent and the remaining £204,953.50 will be paid when invoices are received from the organisations in Q3 and Q4.

### **4.4 Key Achievements**

- Signed Service Level Agreements are in place with defined service aims, objectives, outcomes, terms, conditions and performance management arrangements.
- There are now consistent payments, monitoring and performance management requirements across health and social care, which has resulted in process and transactional efficiencies for both commissioners and providers.
- Positive feedback has been received from the VCS as a result of the approach to co-produced service level agreements and a consistent single point of monitoring and payment.
- Payments are being made quarterly in advance, subject to the production of monitoring data which is avoiding a lengthy time lag between service delivery and payment and enabling VCS organisations to remain viable.
- Service is being targeted appropriately to the health and social care needs of the local population demographics.
- Prior to the Section 75 Agreement the Service Level Agreements (SLAs) included generic descriptions, focusing on outputs only and had expired. The transfer of commissioning responsibility via the Section 75 Agreement has provided the opportunity to review the commissioning approach and resulted in new SLAs which contain individual service user outcomes, together with outputs, targets and key performance indicators. All the SLAs were co-produced with the voluntary and community sector organisation.

- Where appropriate, SLAs to cover both LBE and CCG funding have been combined, which has resulted in consistent monitoring and performance management requirements, process and transaction efficiencies and consistent user experience.
- Analysis of monitoring to date has revealed an overall compliance with specified requirements and delivery against targets.
- Through analysis of monitoring returns, an overall improvement of all providers reaching and exceeding the 100% mark for their outcomes has been noted.

#### **4.5 Key Challenges**

- Uncertainty of longer term funding arrangements restricts the degree of service development and innovations.
- The availability of resources within LBE to continue to be able to validate monitoring returns for the 10 contracts, without any additional management funding through the Agreement.

#### **4.6 Key Priorities before 31<sup>st</sup> March 2014**

- To seek continued commitment from the CCG for continued funding of these services and supports.
- To align funded provision with the adult social care strategic commissioning framework and the Better Care Fund
- To ensure service aims, objectives, outcomes and targets are achieved through regular monitoring of service provision.



## **5. Integrated Community Equipment Service**

### **5.1 Overview of Schedule**

In line with the NHS and Community Care Act 1990, National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970, the Council and CCG provide an Integrated Community Equipment Service.

### **5.2 Governance**

The ICES steering group meets monthly to monitor spend, trends and to address challenges. The delivery and performance KPI's are monitored monthly within Provider Services, with data escalated via departmental financial scrutiny and performance monitoring processes as required.

### **5.3 Financial**

The contributions in the Agreement total £1,374,357. To date, £852,616 has been spent by the Council.

There has been an increase in demand for more complex equipment such as pressure care, hospital beds and hoists associated with discharge of patients with more complex needs into the community.

In order to address the growth in spend in this area recycling activities have increased and panel agreements have been introduced for spends over levels agreed within ICES steering group.

### **5.4 Key Achievements**

- DTOCS linked to equipment are very low.
- P1 performance continues to be high.
- Positive action has been taken to address increase in spend
- The service has recruited a permanent manager.

### **5.5 Key Challenges**

- Introduction of CM 360 system has been delayed by provider (MSoft), however implementation remains on course for the end of the financial year.

### **5.6 Key Priorities before 31<sup>st</sup> March 2014**

- Facilitate the integration of NHS Wheelchair Services into Integrated Community Equipment Service.

## 6. Public Health

### 6.1 Overview of Schedule

On 1<sup>st</sup> April 2013 the Public Health function transferred to local authorities. As part of this the Council commissions and monitors three LES contracts with local GP Practices. However, it is problematic for the GPs to receive payment directly from the Council therefore the schedule formalises the transfer of funding for three specific contracts to NHS Enfield CCG so payment can be made via the Commissioning Support Unit through NHS Enfield CCG's core offer.

### 6.2 Governance

The responsibility for Healthchecks and Sexual Health contraception has been transferred to local authorities. Payments to GPs are being made through the Enfield CCG ISFE payment in order to protect GP superannuation and pensions. The contracts are being monitored by the Council.

### 6.3 Financial

An indicative breakdown of payments is below:

Public Health Service (previously known as Local Enhanced Service)	2014-14 Projected budget
Healthchecks	£46,000
IUCD contraception	£26,000
Nexplanon	£29,000

Payments are being made to Enfield CCG on receipt of recharge claim as GPs are receiving payment for submissions.

### 6.4 Key Achievements

- 8411 Healthchecks were undertaken in 2013/14.
- Learning Disabilities and Diabetics reference are attached to the general Healthchecks services specification, ensuring that a larger section of the borough's population are now included.
- Both sexual health service specifications have been reviewed and redrafted.
- Relationship with GPs has improved via GP forums and the Healthchecks and Sexual Health links with GPs.

### 6.5 Key Challenges

- Obtaining monitoring information from the GPs.

- Receiving returns for GPs regarding their commitment to delivering the services. However, it has transpired that no response does not mean that they are no longer willing to deliver the service.
- Increasing the number of long- acting reversible contraception (LARC) implementations via GP practices

#### **6.6 Key Priorities before 31<sup>st</sup> March 2014**

- 2014-16 Contracts to be signed off by lead GP's
- Training for GPs on LARC

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## **7. Integrated Learning Disabilities Service**

### **7.1 Overview of Schedule**

This Schedule formalises the arrangements for an adult specialist learning disability service which covers both health and social care services.

### **7.2 Governance**

The Integrated Learning Disabilities Service reports to the Health and Wellbeing Board through the Learning Disabilities Partnership Board and Joint Commissioning Board. At an operational level, the service is managed within the management structure of the Adult Division of Health, Housing and Adult Social Care. The service has monthly financial and performance reporting

The service has a management and clinical governance structure including clinicians and managers. An external GP provides additional clinical advice to the governance meeting. Clinical governance feeds in to the ECS/BEH and CNWLFT clinical governance structures. The ILDS reports to the CCG's LD Steering group and has a governance reporting line to the CCG Clinical Quality Committee.

### **7.3 Financial**

The contributions total £5,445,091 in 2014-2015. To date, £2,365,754 has been spent.

### **7.4 Key Achievements**

There have been a number of significant achievements in the year 2014/5 to date. These include:

- Significant reduction in the Assessment & Treatment bed days used in 2014/15 due to the establishment of the community intervention service which was funded as a pilot from March 2014.
- Application for £1.45 million from the Department of Health capital funding for the Winterbourne programme. Decision if bid has been successful was due at beginning of November.
- Application to take part in NHSE's integrated personal commissioning programme which will see people with learning disabilities given the opportunity to access fully integrated personal budgets (Health and Care).
- Working closely with Continuing Healthcare team to develop a pooled budget of resources that considers staffing as well as funding which we are hoping to present at the beginning of 2015.
- Working with primary care to improve the uptake up of DES Health Checks for people with learning disabilities (62%).
- Enfield is fully compliant with the Winterbourne view concordat and we have been highlighted as a centre of excellence by NHSE for our local implementation of the transformation programme so much so that we have been included as an example on Simon Stevens' (Chief Executive, NHS England) report on the programme.

- High numbers of people (NI145 at 77.2%) being supported locally in the community with exceptionally low numbers of people in OATS.
- 1 permanent residential placement made in this financial year to date.
- Shared electronic record implemented.
- Achieved £700k of care purchasing savings to date with a projected further £800k to be achieved in 2014/15.
- Consistently achieved very good standard in safeguarding, achieving excellent in many areas.
- Excellent user & carer engagement

In addition the ILDS is on track to achieve all its performance targets for 2014/15. There has been a delay in progress with regard to D40 review, but an action plan has been implemented and is now projected to achieve target.

Description	Target 14/15	At 30.09.14	Projection
NI130 Self Directed Support (snapshot)	99%	99.8%	100.0%
NI130 Direct Payments (snapshot)	Target equates to 180 clients	165 clients	180 clients
NI132 Timeliness of assessment (28 days)	90%	92.9%	92.9%
D40 reviews	82%	28.7%	82%
NI145 people with LD in settled accommodation	79%	77.2%	79%
NI 146 People with LD in Paid Employment	148	145	151
NI135 Carers Assessments	48%	24%	78.0%
C73 New admissions to Residential care	4 max	1 client	4 clients

## 7.5 Key Challenges

- Due to the success of the community intervention service, namely reduction in assessment and treatment usage, we have been informally notified by executive managers at CNWLFT that they are considering the longer term

viability of the Seacole service and may issue notice of termination. Commissioners are working together to develop contingencies and use of alternative provision. However, we are committed to providing services for people with learning disabilities in the community in which they live.

- Achieving significant savings whilst continuing to provide effective services.
- Lack of LD acute liaison nurse function at North Middlesex University Hospital.
- Significant increase of people with learning disabilities being referred to Enfield from out of borough. This has a significant impact on the local community team and health care in the borough. It also means that we have an uncontrolled population accessing assessment and treatment services.
- Increased number of people deemed to be no longer eligible for CHC placing the financial pressure to the LA.

## **7.6 Key Priorities before 31<sup>st</sup> March 2015**

Continuing priorities for 2014/15 include:

- Increase numbers of people with learning disabilities on personal health budgets.
- Develop a cost and quality benchmarking resource across Health and Adult Social Care (Joint Performance System).
- Continue implementation of the Winterbourne View programme.
- To consider the inclusion of LD psychology services within the Sec 75
- Increase the numbers of people on direct payments.
- Identify and achieve further savings and achieve balanced budget
- Maintain reduced use of in-patient Assessment & Treatment beds and length of stays.
- Reduce the time from safeguarding alert to closure where possible and ensure effective oversight of longer term complex safeguarding investigations.
- Maintain excellent performance in PIs

## **8. Personal Health Budgets**

### **8.1 Overview of Schedule**

Personal Health Budgets (PHB) are aimed at people who are already receiving NHS Continuing Care, who have a right to ask for personal health budgets from April 2014. A requirement for the Local NHS to provide appropriate and adequate support for those on personal health budgets came in to effect from April 2014.

### **8.2 Governance**

This Project reports to the Joint Commissioning Board a sub group of the Health and Wellbeing Board.

### **8.3 Financial**

The funding is being used to support the current work and the work going forward moving to integrated Health and Care personal budgets.

### **8.4 Key Achievements**

- 12 Personal Health Budgets have been implemented since April 2014
- The CCG & Council are working in partnership to deliver a further 25 Personal Health Budgets. These PHB have been commissioned using MySupport Broker and work is now underway to work with the Councils Brokerage service to provide the same function as part of the integration.

### **8.5 Key Challenges**

- Change of culture for organisations, service users and families in the move to Personal Health Budgets

### **8.6 Key Priorities before 31<sup>st</sup> March 2014**

- Put in place the further 12 /13 Personal health Budgets.
- Provide a greater integration of the Brokerage Services both internal and external to facilitate this.

## **9. Wheelchair Service**

### **9.1 Overview of Schedule**

An Integrated Community Equipment Service has been in place for a number of years across Enfield Council and NHS Enfield Clinical Commissioning Group. Currently the wheelchair service is not included within the integrated service and NHS Enfield Clinical Commissioning Group hold a separate contract for this service.

In order to benefit from economies of scale and provide a more streamlined service for service users and carers, it was proposed that the wheelchair service transferred to the Integrated Community Equipment Service on 1<sup>st</sup> October 2014. However, this has now been delayed due to the assessment of wheelchair stock held by the existing provider.

### **9.2 Governance**

The governance for the Wheelchair service will be as outlined in the Integrated Community Equipment Service schedule.

### **9.3 Financial**

The existing contract value is £776,168. NHS Enfield Clinical Commissioning Group will therefore contribute £776,168 per annum for the wheelchair service to the wider Integrated Community Equipment Service Pooled fund. As the transfer has not taken place, the 2014-15 contribution will be revised to reflect this.