

MEETING TITLE AND DATE:

**Cabinet, 13 September
2017**

REPORT OF:

Executive Director of
Health, Housing and Adult
Social Care

Agenda – Part: 1**Item: 9****Subject: Section 75 Agreement: Approval
of Revisions for 2017/18****Wards: All****Key Decision No: 4488**

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1. EXECUTIVE SUMMARY

- 1.1 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 2016/17.
- 1.2 Both parties are seeking to renew the Section 75 (pooled funding) Agreement again for 2017/18. Uplifts have been applied to some areas to reflect contract uplift or staff pay awards for 2017/18.
- 1.3 The revised agreement will create a single pooled Better Care Fund which will now include funding amounts which were previously separately pooled as follows: Better Care Fund, Mental Capacity Act and Deprivation of Liberty Safeguards; Joint Commissioning Team (adults); Integrated Community Equipment Service; Integrated Learning Disability Service and the twelve Continuing Healthcare (CHC) beds at Bridgewood House. The components relating to Children's services are: Voluntary and Community Sector contracts including Dazu, Mental Health Forum and Mental Health Training; Youth Offending Unit, Youth Offending Service, Youth Offending Unit Psychologist, YOS – CYP IAPT, EPS training and Future in Mind Enfield Parent Infant Partnership and Educational.
- 1.4 This report outlines the proposed contributions for 2017/18 and seeks approval of these to allow the revised Section 75 Agreement to be finalised to ensure appropriate governance arrangements are in place.

1.5 The Section 75 agreement for 2017/18 has been approved by EMT on 4th of July 2017. It will be presented at the ECCG Finance and Performance committee on 30th August 2017 and the ECCG Governing Body Board on 20th September 2017.

1.6 This includes the additional Adult Social Care Funding agreed by the government to be used for the purposes of meeting adult social care needs, reducing pressures on the NHS, including support for more people to be discharged from hospital in an appropriate and timely way and stabilising the social care provider market.

2. RECOMMENDATIONS

2.1 Approve the proposed contributions to the Section 75 Agreement for 2017/18.

2.2 Approve the creation of a single pooled Better Care Fund to include all pooled funds previously contained under separate S75 schedules with those terms and conditions to continue as previously agreed.

2.3 Agree to delegate formal sign off of the Section 75 Agreement on Enfield Council's behalf by the Director of Health, Housing & Adult Social Care following formal approval from the Enfield Clinical Commissioning Group for a period of one year with the option to extend the contract period for a further period of up to one year at a time.

2.4 The final BCF guidance was issued by the Department of Health in early July 2017 which prevented a submission of the BCF spending plan to the Health and Wellbeing Board on the 12th of July. The BCF spending plan and the report have now been sent to the Health and Wellbeing Board members for consideration.

2.5 To note that the Enfield Clinical Commissioning Group Governing Body will be considering the same authorisation to enter into the agreement on 20th September 2017.

3. BACKGROUND

3.1 Enfield Council and NHS Enfield Clinical Commissioning Group 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 12 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 Both parties are seeking to renew the Section 75 Agreement under a single Better Care Fund Schedule in order to further support the transformation and integration of health, social care and children's services.

3.4 The inclusion of 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.

3.5 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.

3.6 The contributions of each Party for 2017/18 are shown below (subject to approval from Enfield Clinical Commissioning Group)

Summary of the Better Care Fund Contributions 2017-18

Schedule	NHS Enfield Clinical Commissioning Group	Enfield Council
Better Care Fund iBCF	£19,528,864	£2,796,777 £6,136,893
Mental Capacity Act and Deprivation of Liberty Safeguards	£45,174	£834,863
Joint Commissioning Team	£55,201	£55,201
Integrated Community Equipment Service	£477,201	£972,642
Adult CHC Equipment	£211,585	
Integrated Learning Disability Service	£1,864,402	£4,506,378
STAY project (PBS intervention for young people)	£42,000	£0
CHC Beds	£750,816 (£187,704 per Quarter)	£0
Dazu – Counselling for Young Carers, Mindfulness Training	£20,381	£0
Voluntary Sector – Mental Health Forum and Mental Health Training	£10,000	£0
Youth Offending Unit – Nurse/health professional	£65,763 (monies to be paid directly to commissioned Community Health provider by CCG)	£0
YOU Therapeutic Interventions Social Workers x2	£0	£83,892
YOU .6 (.4+.2) Psychologist (monies to be paid direct to commissioned CAMHS	£24,314	£12,157

provider)		
YOU – CYP IAPT – subject to NHSE funding and trainees completing the course	£18,000	£0
EPS training -7 days @ £780 per day + training materials	£7,040	£0
Future in Mind EPIP and EP .3 EP Incredible Years & crèche	£108,000 £9,000	£0 £0
Total	£23,237,741	£15,398,803

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 Including the Better Care Fund, there are currently twelve separate pooled funds under the Section 75 agreement. Continuation of maintaining these schedules separately was considered and consensus reached that having a single pooled fund, a single and common governance process with all terms and conditions to continue as previously agreed was the most efficient and appropriate option.

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 The pooled funds within the existing Section 75 Agreement require amendment to reflect contract value uplifts and staff pay awards.

5.2 Creating a single pooled fund rather than 12 separate pooled funds does not change the terms and conditions attached to the spending plan for each area of spend and is a more efficient option.

5.3 Both Enfield Council and Enfield Clinical Commissioning Group have endorsed the amendments (subject to final approval through Cabinet and ECCG governing body) to the Section 75 Agreement, and the recommendation to re-issue and re-sign the document.

5.4 The revised Section 75 Agreement will further consolidate and improve collaborative working between Enfield Council and Enfield

Clinical Commissioning Group, providing stability to existing local services and supporting the transformation and integration of health, social care and children's services.

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

6.1 Financial Implications

6.1.1 The revised contribution under the jointly approved Section 75 agreement for 2017/18 from the NHS Enfield Clinical Commissioning Group will be £23.237m and £15.398m from Enfield Council, totalling £38.636m.

6.1.2 There is an increase from 2016/17 of 2.25% on services with a staffing element, such as the Integrated Learning Disabilities Services to cover pay and employer pension increases, and £200k within Mental Health Capacity and Deprivation of Liberty Safeguards from the Council. This was in the Council's Medium Term Financial Plan, contained within the Budget Report approved by Council.

6.1.3 Within Childrens Services there is an increase of ECCG contribution by £178,643 and LBE contributions by £54,944.

6.1.4 The detailed schedules in the Section 75 Agreement with the NHS Enfield Clinical Commissioning Group for 2017/18 are currently specific areas of budget accountability within Health, Housing and Adult Social Care (HHASC) and Schools and Childrens Services for the Youth Services. They represent delegated budget holder and financial management responsibility and are included as part of the monthly budget monitoring and year end close down process.

6.1.5 Under the Section 75 Agreement, the Council and NHS Enfield CCG will invoice the other for their contribution quarterly in arrears.

6.1.6 The Section 75 Agreement also includes procedures for the treatment of under and over spends at financial year end. In essence the parties will jointly agree whether resources are to be rolled forward to benefit future years or divided between the parties in the proportions as contributed.

6.2 Legal Implications

6.2.1 Enfield Council has power under section 111 of the Local Government Act 1972 to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of its functions. Section 1 of the Localism Act 2011 further empowers Enfield Council to do anything that individuals generally may do, provided it is not prohibited by legislation and subject to Public Law principles.

6.2.2 The proposals in this report are in line with section 75 of the National Health Service Act 2006 (the “NHS Act”), together with associated secondary legislation and guidance. Section 75 enables Enfield Council to enter into arrangements to pool funds and integrate prescribed functions with NHS bodies (as defined in section 245 of the NHS Act) if such arrangements are likely to lead to an improvement in the way in which those functions are exercised.

6.2.3 Throughout the duration of the Agreement, Enfield Council must ensure value for money in accordance with the overriding Best Value Principles under the Local Government Act 1999.

6.3 Property Implications

None

7. KEY RISKS

7.1 Additional statutory or legislative changes are made throughout the duration of the Agreement.

This has been mitigated by seeking approval to delegate any variations during the term of the Agreement to the Assistant Director of Adult Social Care and the Assistant Director of Service Development and Youth Services.

7.2 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.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

The continuation of a Section 75 Partnership Agreement will contribute to delivering access to high quality health and social care services for local people through the facilitation of further integrated working, improving outcomes for health, social care and children’s services.

8.2 Growth and Sustainability

Enfield Council and NHS Enfield Clinical Commissioning Group will be able to develop the market, to ensure sufficient, high quality services are available to meet local demand, in line with the Joint Strategies and commissioning intentions

8.3 Strong Communities

The continuation of a Section 75 Agreement will further strengthen the partnership between Enfield Council and NHS Enfield Clinical Commissioning Group and support integration across health, social care and children's services and the co-ordination of resources to provide more efficient and effective services.

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

None.