

MUNICIPAL YEAR 2018/2019 REPORT NO. 30

MEETING TITLE AND DATE:

Cabinet - 25th July 2018

REPORT OF:

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Care

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Agenda - Part: 1	Item: 10
Subject: Section 75 Agreement: Approval of Revisions for 2018/2019	
Wards: All	
Cabinet Member consulted: Cllr Cazimoglu	

1. EXECUTIVE SUMMARY

- 1.1 This report provides details of the 2018/19 funding and reports that there are no significant changes from the 2017/18 agreed funding.
- 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 2017/18. 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 new 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 The value of the Section 75 agreement is £41,658. £31,194 of this fund is BCF and iBCF monies. £21,758 of this is allocated to fund statutory Adult Social Care Services within the Council. This is accounted for as income as part of the budget setting process. £9.9m funds statutory health provision. The remaining £10m funds further integrated statutory services:
- 1.5 Both parties are seeking to renew the Section 75 (pooled funding) Agreement again for 2018/19. The spending plan is subject to joint agreement by NHS Enfield CCG and the Council.

2. RECOMMENDATIONS

- 2.1 That the arrangements for pooled funding are agreed.
- 2.2 That Cabinet agrees to delegate formal sign off of the Section 75 Agreement on Enfield Council's behalf to the Director of Health and Adult Social Care following formal approval from the Enfield Clinical Commissioning Group.

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 10 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 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 Adult Social Care.

- 3.6 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.
- 3.7 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.
- 3.8 The Enfield Clinical Commissioning Group is invoiced on a quarterly basis in arrears after the agreement has been signed and agreed.
- 3.9 Meetings have been arranged between managers at the CCG and Enfield Council to discuss and finalise any small amendments to the funding.
- 3.10 Enfield CCG is discussing the Section 75 funding at the Investment Plan Performance Committee next week. If there are no concerns raised it will then proceed to the Public Governance Board in two months' time
- 3.11 Spend from the Better Care Fund has been utilised to meet increased need on services that have previously been subject to efficiencies in the Medium Term Financial Plan. This substitution of budgets has enabled the Council to deliver significant savings whilst continuing to deliver services and support which meet the statutory requirements.
- 3.12 Pending the final decisions from both parties; on the next page is a proposed set of summary schedules that are being worked on. .

Summary of the proposed Better Care Fund Contributions 2018 -2019

ADULTS			
Schedule	NHS Enfield CCG	Enfield Council	Total
Better Care Fund (BCF) iBCF	£19,899,913	£ 3,051,332 £ 8,243,487	£22,951,245 £ 8,243,487
Mental Capacity Act and Deprivation of Liberty Safeguards	£46,213	£834,863	£881,076
Joint Commissioning Team	£56,471	£55,201	£111,672
Integrated Community Equipment Service	£524,201	£972,642	£1,496,843
Adult Continuing Health Care (CHC) Equipment	£211,585		£211,585
Integrated Learning Disability Service	£1,907,283	£4,506,378	£6,413,661
STAY project (Positive Behavioural Support intervention for young people)	£72,000	£23,800 EP support to STAYproject	£95,800
To include dowry costs for Transition Care Program (TCP) patients (TCP North Central London Funding Transfer Agreement) as agreed between LBE and CCG			
CHC Beds (Bridgewood)	£750,816 (£187,704 per Quarter)	£0	£750,816

CHILDRENS			
Schedule	NHS Enfield CCG	Enfield Council	Total
Dazu – Counselling for Young Carers, Mindfulness Training	£21,155	£70,000 for support to young carers	£91,155
Voluntary Sector – Mental Health Forum and Mental Health Training	£20,000	£30,000 for safeguarding training to the sector	£50,000
Health Training British Institute of Learning Disabilities (BILD) Positive Behavioural Support Training	£45,000	£0	£45,000
Youth Offending Unit (YOU) – Nurse/health professional	£68,262 (monies to be paid directly to commissioned Community Health provider by CCG)	£0	£68,262
YOU Therapeutic Interventions Social Workers x2	£0	£83,892	£83,892
YOU 0.6 (0.4+0.2) Psychologist (monies to be paid direct to commissioned CAMHS provider)	£25,238	£12,157	£37,395
Educational Psychology Service (EPS) -CYP IAPT	£33,500	Backfill costs	£33,500
Future in Mind Educational Psychology in Practice (EPIP) and Educational Psychology (EP)	£ 72,500	£0	£ 72,500
0.3 EP Incredible Years & crèche	£ 21,000	Crèche costs	£ 21,000
Total	£23,775,137	£17,883,752	£41,658,889

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 It was agreed in 2016/2017 to have an overarching pooled budget arrangement with twelve separate sub schedules showing a strategic layer of spend. .
- 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 EMT is sited on the estimated figures whilst final arrangements are being undertaken for the current year.
- 5.2 That agreement is given by EMT to delegate formal sign off of the Section 75 Agreement on Enfield Council's behalf to the Director of Health and Adult Social Care.
- 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 EXECUTIVE DIRECTOR OF RESOURCES AND OTHER DEPARTMENTS

6.1 Financial Implications

- 6.1.1 The contribution under the jointly approved Section 75 agreement for 2018/19 from the NHS Enfield Clinical Commissioning Group (ECCG) will be £23.775m and £17,883 from Enfield Council, totalling £41,658. There are some uplifts as detailed in the schedule, which still have to be agreed, which may increase the contribution from ECCG.
- 6.1.2 There has an increase in 2018/19 of 2.3% on services with a staffing element, such as the Mental Capacity Act and Deprivation of Liberty Safeguards, the Joint Commissioning Team and the Integrated Learning Disabilities Services to cover pay and employer pension increases.
- 6.1.3 Within Children's Services some uplifts as detailed in the schedule are still to be agreed.
- 6.1.4 The detailed schedules in the Section 75 Agreement with the NHS Enfield Clinical Commissioning Group for 2018/19 are specific areas of budget accountability within the People Department (Adult Social Care and Schools and Children's 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 Clinical Commissioning Group 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.

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.

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