

Adults and Health Committee

Date of Meeting:	28 March 2022
Report Title:	Better Care Fund Section 75 Agreement
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health, and Integration
Report Reference No:	AH/41/21-22
Ward(s) Affected:	All wards

1. Purpose of Report

- 1.1.** This report requests approval to enter into a new Section 75 Agreement for one year, between Cheshire East Council and NHS Cheshire Clinical Commissioning Group (“the CCG”) from 1 April 2022 with the possibility of a further extension of another year from 1 April 2023.

2. Executive Summary

- 2.1** The government provides funding to local authorities each year which is targeted at encouraging integration, by requiring CCGs and local authorities to enter into pooled arrangements and agreeing an integrated spending plan. Those arrangements are known as ‘S75 Agreements’, and the money is provided from the ring-fenced Better Care Fund (BCF) which was launched in 2015.
- 2.2** The current Section 75 Agreement expires on 31 March 2022, and the council and the CCG therefore need to enter into a new agreement from 1 April 2022, in order to secure continued collaborative delivery of services under the BCF umbrella and access the available funding. This report seeks that pooled funding and current arrangements detailed in the Section 75 Agreement are extended; no changes are being made to the agreement with the CCG. The Section 75 Agreement may novate to the Integrated Care Board when constituted.

- 2.3** This report supports the strategic aim of the council's Corporate Plan 2021-25 to empower and care about people.
- 2.4** The schemes which form part of the BCF Section 75 Agreement support these specific actions noted in the corporate plan: 'To prioritise home first for patients discharged from hospital. Where possible patients are discharged to a home of their choice and that vulnerable and older people live safely and maintain independence within community settings.'
- 2.5** The Health and Care Act 2021 (currently at the bill stage) sets out reforms with the intention of delivering a more integrated provision for health and social care. As part of those reforms, the CCG will be abolished and replaced with an Integrated Care Board. For the purposes of this report, the S75 Agreement with the CCG will continue until they are abolished.

3. Recommendations

- 3.1.** That the Adults and Health Committee:
- 3.2.** Authorises the council to enter into a new Section 75 Agreement with NHS Cheshire CCG for a period of one year from 1 April 2022, for the council's minimum required budget, together with the option to extend that agreement for a further period of one year (subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 2023/24).
- 3.3.** Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to agree the terms of the Section 75 Agreement.
- 3.4.** Delegates authority to the Executive Director of Adults, Health and Integration (in consultation with the Director of Governance and Compliance) to extend the Agreement for 2023/24.
- 3.5.** Authorises the Director of Finance and Customer Services to continue with pooled budget arrangements for 2022/23 for the council's revised minimum requirement.
- 3.6.** Approves that the services identified in the appendix can be considered and reviewed with the potential that they are included in the Better Care Fund Section 75 Agreement. Recommendations for the development of these additional schemes and associated formal pooling arrangements will come to the Adults and Health Committee for approval.

4. Reasons for Recommendations

- 4.1.** A further Section 75 Agreement will enable the services which sit within the BCF to continue to operate seamlessly.

- 4.2. The outcomes from the BCF 2021/22 have delivered a greater focus on: safe, timely and effective discharge, 7 day working, increased collaborative commissioning and more coordinated system planning.
- 4.3. One of the conditions of the BCF grant funding is that the local authority and CCG have a pooled budget, whereby both parties contribute funds, but the host authority accounts for the money for individual schemes where they are responsible.

5. **Other Options Considered**

- 5.1. No other options have been considered; we have to put in place a new Section 75 Agreement if the council is to continue to access the BCF, as this is a statutory requirement.

6. **Background**

- 6.1. Today, people are living much longer, often with highly complex needs and multiple conditions. These needs require ongoing management from both health and care services, which combine both the medical and social models of care.
- 6.2. As our population ages and the financial pressures on the health and care system increase, we need to be better at providing proactive, preventative care in community settings, so that people can be supported to live at home for longer and avoid the need for commissioned health and care services.
- 6.3. Due to increasing health inequalities, increasing older populations and demand on services, the NHS Long Term Plan highlights the need to focus on prevention, which is reflected within our commissioning intentions in Cheshire East via the 5 Year Plan. The NHS Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. The extra costs to the NHS of socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone. A key indicator for success in Cheshire East identified within the 5 Year Plan is to 'Improve health related quality of life for older people'.
- 6.4. **Vision for Adult Social Care**
- 6.5. Recently the government published the policy paper entitled 'People at the Heart of Care: adult social care reform white paper'. The white paper sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next three years.
- 6.6. The white paper has a particular focus on three key objectives:
1. How we will support people to have choice, control and independence
 2. How we will provide an outstanding quality of care.

3. How we will ensure that care is provided in a way that is fair and accessible to everyone who needs it.
- 6.7.** Supporting social care reform, there was an announcement made at the Spending Review in October 2021 detailing how £5.4 billion over three years would be deployed. £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs. £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.
- 6.8.** Some of these monies are in areas which are included within the BCF, one such area is more money being made available to support the Disabled Facilities Grant which will enable changes to be made to people's property so they can be discharged from hospital in a timely manner and continue to live independently in the community.
- 6.9. Better Care Fund Background**
- 6.10.** The BCF provides a mechanism for improved joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services, which is known as the 'Improved BCF'.
- 6.11. Oversight and responsibility for reviewing the delivery of the Section 75 Agreement**
- 6.12.** Locally the BCF Governance Group has responsibility for oversight and responsibility for reviewing the delivery of the Section 75 Agreement. The BCF is hosted by Cheshire East Council and the BCF Governance Group is chaired by Cheshire East Council. The BCF Governance Group is also used to produce and coordinate the following: BCF Plan, Adult Social Care Winter Plan, end of year report, identifying and designating areas where funding can help meet pressures and metric performance requirements.
- 6.13.** In addition to this the BCF Governance Group will also monitor performance, make decisions where appropriate, and implement any requirements as identified by the national Better Care Team.
- 6.14.** In the future the BCF Governance group will transition to a working group which coordinates papers, reports, performance, etc. which reports to the Section 75 Committee from 1 July 2022, to make decisions which are delegated to them via the Adults and Health Committee with further detail provided in the Place Governance report which is scheduled to be presented at the Adults and Health Committee meeting on 30 May 2022.

6.15. Schemes which form part of the Better Care Fund

6.16. The exact scheme amounts are based on 2021/22 original budgets – the amounts for 2022/23 are yet to be fully confirmed. We are awaiting the national guidance on the minimum amounts to be pooled (the amount of uplift is mandated) and in addition, the Local Government Pay Award for 2021/22 is still to be finalised and this is used as the measure for uplifting the relevant schemes (for example, the BCF Reablement scheme where the vast majority of expenditure incurred is staffing related).

Scheme ID	Scheme Name	Source of Funding	Expenditure (£)
1	iBCF Block booked beds	iBCF	£958,682
2	iBCF Care at home hospital retainer	iBCF	£40,000
3	iBCF Rapid response	iBCF	£555,815
4	iBCF Social work support	iBCF	£578,124
5	iBCF Winter Schemes	iBCF	£500,000
6	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£452,435
7	iBCF General Nursing Assistant	iBCF	£300,000
8	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	iBCF	£5,320,994
9	BCF Disabled Facilities Grant	DFG	£2,342,241
10	BCF Assistive technology	Minimum CCG Contribution	£757,000
11	BCF British Red Cross 'Support at Home' service	Minimum CCG Contribution	£297,570
12	BCF Combined Reablement service	Minimum CCG Contribution	£4,771,325
13	BCF Safeguarding Adults Board (SAB)	Minimum CCG Contribution	£422,380
14	BCF Carers hub	Minimum CCG Contribution	£398,000
15	BCF Programme management and infrastructure	Minimum CCG Contribution	£411,558
16	BCF Winter schemes CCG	Minimum CCG Contribution	£527,800
17	BCF Home first schemes CCG	Minimum CCG Contribution	£18,693,933
18	BCF Trusted assessor service	Minimum CCG Contribution	£94,000
19	BCF Carers hub	Minimum CCG Contribution	£324,000
20	Community Equipment service	Minimum CCG Contribution	£1,400,000

6.17. Future intentions

6.18. Local BCF arrangements have previously operated as aligned budgets across the council and the CCG. This includes the openness and transparency in terms of organisational spend in line with the jointly

developed BCF schemes, and each organisation is responsible for their own financial risks associated with those schemes.

- 6.19.** We anticipate that we will continue to evolve and build on the joint work that we have done to date, as we move into the place-based arrangements with our health partners. Working together to reduce the barriers associated with different funding streams will be part of that work, and it includes the development of pooled funding arrangements, exploring options for a single host organisation, underpinned by formal risk-share agreements. This may also include contributions from wider partners within the Section 75 pooling arrangements such as NHS Hospital Trusts. Any additional proposals will be brought back to councillors for approval in line with approved governance procedures.
- 6.20.** A pipeline of additional schemes will be considered for further integration for 2022/23 and 2023/24. The initial priority area of focus will be 'Home First' under the overarching 'Community' theme, and some of these schemes will therefore be reviewed alongside existing BCF home first schemes. Recommendations for the development of these additional schemes and associated formal pooling arrangements will come to the Adults and Health Committee for approval.

7. Consultation and Engagement

- 7.1.** Consultation and engagement with the CCG through the BCF Governance Group has taken place and will continue to take place.
- 7.2.** The Health and Wellbeing Board considered a report at its meeting on 23 November 2021 into the outcomes of the BCF for the year 2021/22 and its recommendations will be provided to this committee as a verbal update.

8. Implications

8.1. Legal

- 8.1.1.** Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.
- 8.1.2.** S141 of the Care Act 2014 provides for the BCF Pooled Funds to be held under and governed by an overarching Section 75 National Health Service Act 2006 Partnership Agreement.
- 8.1.3.** The council may therefore enter into an agreement with NHS Cheshire Clinical Commissioning under Section 75 of the NHS Act 2006 or renew an existing agreement.

8.1.4. The Health and Care Act 2021 (currently at the bill stage) sets out reforms with the intention of delivering a more integrated provision for health and social care. As part of those reforms, the CCG will be abolished and replaced with an Integrated Care Board. For the purposes of this report, the Section 75 Agreement with the CCG will continue until they are abolished. Their statutory duties, including all contracts and liabilities, will then transfer automatically to the new Integrated Care Board.

8.2. Finance

8.2.1. As the council works towards further integration with its health partners over coming years, any extension of pooled budget arrangements and in turn, the Section 75 Agreements needed to support these arrangements, will be subject to the usual council governance procedures prior to approval.

8.3. Policy

8.3.1. All partners within Cheshire East are committed to maximising the opportunities afforded via the BCF to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.

8.3.2. The BCF and Improved BCF will be used to target those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in the community, care in the community as an appropriate alternative to hospital admission, and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.

8.4. Equality

8.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

8.5. Human Resources

8.5.1. There are no direct implications for any Cheshire East Council employees.

8.6. Risk Management

8.6.1. There is no guarantee that improved BCF will continue to be available in future years. This risk to funding has been noted and recorded in the corporate risk register.

8.6.2. Partners recognise that the broad range of schemes and initiatives funded through the Better Care Fund require flexibility to enable an effective approach to be taken on specific issues, rather than adopting universal approaches.

8.6.3. Where any element of an individual scheme (funded through the Better Care Fund) overspends the funding allocated to it in the agreed Scheme Specification, the lead commissioner responsible for that element of the scheme will be required to provide additional funding in order to off-set the amount by which that element of the scheme is overspent.

8.7. Rural Communities

8.7.1. There are no direct implications for rural communities.

8.8. Children and Young People/Cared for Children

8.8.1. There are no direct implications for children and young people.

8.9. Public Health

8.9.1. There are no direct implications for public health.

8.10. Climate Change

8.10.1. Cheshire East Council published its Environment Strategy for the period 2020-24. The strategy includes the following notions: sustainable purchasing, waste reduction and sustainable transport. The aim of the schemes included within the BCF aim to keep people as independent as possible. A number of schemes involve the efficient use of the commissioning and delivery of resources which includes care sourcing (Improved BCF), reablement services (BCF) and care at home services (older people joint commissioning). The aim of the BCF is to bring about greater integration of health and social care services, the outcome of this integration will contribute to waste reduction.

Access to Information	
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Appendices:	Services in Scope for Inclusion in the Better Care Fund Section 75 Agreement
Background Papers:	People at the Heart of Care: adult social care reform white paper Better Care Fund policy framework: 2021 to 2022 Better Care Fund planning requirements 2021-22

Appendix – Services in Scope for Inclusion in the Better Care Fund Section 75 Agreement

Priority - Home First	
MCHFT Elmhurst	Hospital at Home
Intermediate Care	Palliative Care
Integrated Community Teams	Intermediate Care
Community / Therapy Beds	Chronic Pain
Community Equipment	Continence
Community Stroke Rehabilitation	Community:
Cardiac Rehabilitation	Dietetics and nutrition, epilepsy, heart failure
Discharge Liaison	Long-term care team
Frailty	Macmillan and Marie Curie
Homecare Medicines Support	Matrons and Nurse Management
MSK	Community Rehabilitation
Night Provision	Complex Care
Escalation beds	Intermediate Respite
Tissue Viability	
Priority - Childrens and Young People	
Therapy Interventions	Abuse / assault
Looked After Children	Continuing Care packages
Safeguarding	End of Life
Priority - Mental Health, Wellbeing and Social Prescribing	
Emotional Health and Well Being, Mental Health and Dementia	Mentalh Health support plus Sexual Health / Domestic Abuse