

	Health and Wellbeing Board 16 th March 2023
Title	Joint review of Better Care Fund and Section 75 agreements
Report of	Executive director – Communities, Adults and Health Executive Director – Children’s and Family Services
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – BCF and Section 75 report (ICB board of management)
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Summary

The north central London Integrated Care Board (ICB) and the five north London councils of Barnet, Camden, Enfield, Haringey and Islington have agreed to conduct a review of all existing Section 75 (S75) agreements and the Better Care Fund (BCF). Across the five boroughs and the ICB, S75 agreements and the BCF commission a wide range of services for children, young people and adults, totalling £467m of spend annually.

Section 75 agreements (under the NHS Act 2006) provide a legal framework for councils and the NHS to enter into pooled or aligned budget arrangements to commission health and social care related services and integrated services.

The Better Care Fund is a national policy requiring ICBs and councils to enter into pooled funding arrangements to develop integrated health and social care, with defined criteria, conditions and nationally set performance metrics. Health and Wellbeing Boards (HWBs) are responsible for the BCF in their area and sign off the BCF plan.

The purpose of the review is to assess the extent to which the current schemes support the integrated care ambitions of each council, the ICB and the borough partnership; and offer value for money.

At the borough level, ICB and council officers are about to commence a review of current schemes. This report is to inform the HWB of the review and get feedback from the HWB about its priorities for the exercise. Officers will then conduct the review and report findings back to the HWB in May.

Officers Recommendations

1. That the Health and Wellbeing Board comment on the approach and priorities for the Better Care Fund and Section 75 review

1. Why this report is needed

- 1.1 The purpose of this report is to enable the HWB to discuss the S75 and BCF review. Officers in Barnet are in the process of commencing the review, looking at value for money, alignment with local and NCL objectives, opportunities for greater integration and the potential for improvements and alternative options.
- 1.2 The intention is for schemes to be reviewed during March and April, with recommendations for action being formulated in May and reported to HWBs as soon as possible thereafter and the ICB strategic development committee in June. A report containing the recommendations for Barnet will be brought to the HWB in May.
- 1.3 The full report setting out the scope and purpose of the review is attached at appendix A for HWB members to read. This report was considered at the ICB board of members meeting in February. The report outlines the key questions that the review is intended to consider and the overall approach. Having read the attached report, Barnet HWB members are asked to comment on the review, the approach, their priorities and opportunities and concerns.
- 1.4 In Barnet, S75 agreements and the BCF account for £56.1m of spend on health and social care services annually, as can be seen in the table below.

Borough	Barnet	Camden	Enfield	Haringey	Islington	Total
ICB Min Contribution	29,344	22,289	24,908	22,211	22,045	120,797
Improved Better Care Fund (iBCF)	9,622	12,874	11,726	9,806	14,501	58,529
Disabled Facilities Grant (DFG)	2,885	1,047	3,736	2,679	1,940	12,287
BCF Discharge Fund	2,939	2,006	2,655	2,214	2,056	11,870
Total BCF	44,790	38,216	43,025	36,910	40,542	203,483
Section 75 (Non BCF)	11,399	70,588	9,211	117,437	54,915	263,550
Section 75 Grand Total (£'000)	56,189	108,804	52,236	154,347	95,457	467,033

- 1.5 The agreements cover both children and young people's services and those for adults. In children's services, this includes therapies and mental health. In adult services, it includes community health services, equipment, social care, and learning disability support.

- 1.6 There are five S75s for children and young people's services:
- 1.6.1 Children's Integrated Therapies, which sets out joint arrangements for commissioning and funding therapies provision for children in the borough delivered by the Whittington Health NHS Trust.
 - 1.6.2 Children's Mental Health & Wellbeing Early Help Services, which covers funding made available from the ICB to Children's & Family services to commission a range of early help provision within the Getting Help and Getting More Help domains of the THRIVE model.
 - 1.6.3 Mental Health Support Teams in schools, which sets out arrangements for funding provided by NHSE for provision in schools that is currently delivered by the Barnet Integrated Clinical Service (BICS).
 - 1.6.4 Looked After Children (LAC) which covers joint funding of the LAC nursing team delivered by Central London Community Healthcare Trust (CLCH).
 - 1.6.5 Mental Health Provision within Youth Justice Service (YJS), which sets out arrangements for funding from NHSE provided to the YJS for a speech & language therapist, forensic psychologist and Diversion & Liaison Officer.
- 1.7 There are three S75s for adult services:
- 1.7.1 Integrated Specialist Community Learning Disabilities Team, which covers the Learning Disabilities nursing and health functions provided by Central London Community Healthcare Trust (CLCH) and mental health specialist services provided by Barnet, Enfield and Haringey Mental Health Trust (BEH).
 - 1.7.2 The Learning Disabilities Campus sets out the arrangements for a specialist residential service for adults with learning disabilities.
 - 1.7.3 The Better Care Fund schedule details the services supporting health and care integration and joint working.
- 1.8 It should be noted that some elements of the BCF are mandatory and there are limits to the discretion of local areas in how these are used. The iBCF and Disabled Facilities Grant (DFG) are both distinct grants which are given directly to councils but are considered part of the BCF. The grants cover funding for social care and adaptations to residents homes respectively. The BCF transfer from the NHS to councils includes a required minimum amount for the protection of social care, which cannot be used for other purposes.

2. Reasons for recommendations

- 2.1 Barnet's Health and Wellbeing Board is responsible for the BCF and S75 agreements between the NHS and the council. It is essential that the HWB is fully briefed on the review and provides direction and oversight.

3. Alternative options considered and not recommended

3.1 Not applicable in the context of this report.

4. Post decision implementation

4.1 A group of staff from the ICB Barnet directorate and council, including children's and family services and adult social care, will carry out the review, factoring in the views and comments of the HWB and will report back to the Board in due course.

5. Implications of decision

Corporate Priorities and Performance

- 5.1.1 The Barnet Plan – Caring for people, our places and the planet, sets out that integrated care is a priority. The S75 agreements and the BCF form a core part of the ambition to provide effective integrated care.
- 5.1.2 These agreements and the purpose of the BCF also support the achievement of the joint health and wellbeing strategy, which emphasises integrated, joined up care for those who need it.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The total value of the S75 agreements and the BCF for Barnet, by area of spend and organisation is set out in the table below.

Area of spend	Barnet			Camden			Enfield			Haringey			Islington			Total		
	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA
CAMHS	925	925	0	11,091	8,100	2,991	17	17	0	2,935	1,785	1,151				14,968	10,826	4,142
Learning Disabilities	5,166	3,193	1,973	17,823	6,737	11,086	5,616	2,386	3,230	43,348	12,452	30,896	40,904	5,580	35,324	112,857	30,349	82,509
Mental Health	1,415	475	940	19,874	9,650	10,224	2,515	1,634	882	63,376	46,781	16,596	13,510	6,548	6,962	100,690	65,087	35,603
CIC	648	324	324	2,382	2,382	0	592	592	0	347	347	0	388	388	0	4,357	4,033	324
Children's	3,631	2,983	648	20,248	10,349	9,899	427	302	125	7,225	297	6,928				31,532	13,931	17,601
Safeguarding				315	65	250	0	0	0							315	65	250
Community	13,837	13,837	0	8,203	8,203	0	13,730	12,687	1,043	13,762	13,741	21	9,450	8,592	858	58,982	57,061	1,921
Primary Care				270	270	0				985	985	0	463	463	0	1,717	1,717	0
Social Care	29,067	15,405	13,662	28,600	13,608	14,992	29,173	11,620	17,552	22,368	8,926	13,442	30,741	12,659	18,082	139,949	62,218	77,731
End of Life care	1,499	1,499	0				167	167	0							1,667	1,667	0
Grand Total	56,189	38,642	17,547	108,805	59,363	49,442	52,237	29,406	22,831	154,346	85,313	69,034	95,456	34,230	61,226	467,033	246,953	220,080

5.3 Legal and Constitutional References

5.3.1 Article 7 of the council constitution sets out the functions of the Health and Wellbeing Board. These functions are:

- To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the

findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To provide collective leadership and enable shared decision making, ownership and accountability.
- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- To explore partnership work across the North Central London area where appropriate.
- Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership
 - Developing further health and social care integration.

5.3.2 Section 75 agreements are made under s75 of the National Health Services Act 2006). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

5.4 **Insight**

5.4.1 There are no insight implications in relation to the recommendations of this report.

5.5 **Social Value**

5.5.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

5.6 **Risk Management**

5.6.1 Both the Council and the ICB have established approaches to risk management, which are set out in their respective risk management frameworks. The review will be carried out in accordance with both organisation's approaches to risk management.

5.7 Equalities and Diversity

5.7.1 A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.7.3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.7.4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Tackle prejudice, and
- b) Promote understanding.

5.7.5 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

5.8 Corporate Parenting

- 5.8.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The services contained within S75 agreements for children's services are directly relevant to corporate parenting and meeting the needs of looked after children and care experienced young people. Services within the adults agreement are relevant to care experienced adults with health and care needs and it is important that services are accessible and effective for this group of people.

5.9 Consultation and Engagement

- 5.9.1 Any changes arising from the review will be subject to appropriate engagement and consultation, in accordance with the policy of the relevant organisation.

5.10 Environmental Impact

- 5.10.1 There are no direct environmental implications from noting the recommendations.

6. Background papers