

Proactive Care Section 75 Agreement

This Agreement is proposed for the purpose of pooling formally through a Section 75 Pooled Fund arrangement various strands of funding that go towards the achievement of the partners' aims and objectives across four themes of the Better Care Fund submission. These are resources that are not currently pooled in an existing arrangement. The themes are as set out below.

BCF Theme 1 - Intermediate Care

Intermediate Care will improve pathways of care and outcomes in the community for people who have an escalating health or social care need, by helping them avoid going into hospital unnecessarily. This will help people to be as independent as possible after a stay in hospital, facilitating a transfer from hospital to avoid any unnecessary delays, and empowering people to choose if and when they would like to move into a residential home.

BCF Theme 2 – Assessment Capacity:

Increasing our assessment capacity will provide additional cover to ensure that the patient / service user has a seamless pathway of care when accessing services no matter what day of the week. Through additional assessment capacity, we will support patients being discharged from hospital and prevent hospital admissions at weekends. By ensuring weekends are treated no different to weekdays, we will reduce weekend mortality rates, increase system efficiency, and ensure service users/patients receive the same standard and quality of care regardless of the day of the week.

BCF Theme 3 - Neighbourhood Teams

Neighbourhood Teams will enable people to be:

- Supported to remain well, independent and safe at home
- Supported as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at the end of their lives.

BCF Theme 4 - Wellbeing

Wellbeing is a preventative service, which is designed to:

- Enhance wellbeing, and reduce or delay escalation to statutory support services
- Improve accessibility to support services for individuals to access services more easily when they need them
- Improve mobility throughout service provision, that will enable people to seamlessly get help where required
- Deliver services that are fit for purpose and proactively identify need; adopting a principled approach to commissioning to ensure that services are fit for purpose and provision is balanced across the county

The proposal is that this Section 75 Agreement will be for a period of three years with the option to extend by a further two years. This is to support the intention to jointly procure intermediate care. Some aspects of the agreement however are limited to one year. Examples are the DFG Capital Grant, Carers OP, Care Act and Personal health budgets

Apart from the pooled fund arrangement it is not proposed that any Council functions would transfer to any of the CCGs or that any NHS functions would transfer to the Council. Each partner will therefore continue to be responsible for the commissioning of services in their own area of responsibility.

This may change to support the joint procurement of intermediate care and, if so, the Section 75 Agreement will be amended at that time.

The respective contributions of the parties to the pooled fund for year one of the Section 75 Agreement is Health (collective contribution for all CCGs) £22.3m and LCC contribution of £26.7m. This is aligned as follows:-

	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Proactive Care 15/16	East	West	South	South W.	CCG	LCC	TOTAL	
Intermediate Care	£1,856	£1,559	£1,104	£881	£5,400	£1,800	£7,200	
Post 30 day discharge	£653	£548	£388	£310	£1,900	£0	£1,900	
Neighbourhood Team	£1,823	£1,279	£1,007	£840	£4,950	£20,000	£24,950	
DFG/CAP GRANT	£0	£0	£0	£0	£0	£4,900	£4,900	
Intermediate Care - Reablement (LARS)	624	652	400	324	£2,000	£0	£2,000	
Intermediate Care	62	65	40	32	£200	£0	£200	
NHT- Comm int. reablement agency staff	437	457	280	227	£1,400	£0	£1,400	
Carers OP	31	33	20	16	£100	£0	£100	
7 day working - provider of last resort	468	489	300	243	£1,500	£0	£1,500	
Personal Health budget	31	33	20	16	£100	£0	£100	
NHT - Co-responders	47	49	30	24	£150	£0	£150	
NHT- Programme Support Costs	62	65	40	32	£200	£0	£200	
7 day working - assessments and care	94	98	60	49	£300	£0	£300	
NHT- Demographic growth	663	693	425	344	£2,125	£0	£2,125	
Care Act	624	652	400	324	£2,000	£0	£2,000	
TOTAL PROACTIVE CARE s(75)	£7,475	£6,673	£4,515	£3,662	£22,325	£26,700	£49,025	

As can be seen the above table sets out the amounts the Council and the CCGs are contributing in relation to each strand of services covered by the arrangement. This sum will be ring-fenced for that organisation to spend against the aims and outcomes of the relevant BCF theme. As each organisation is responsible for its own ring-fenced money, the risk of overspends will lie with those organisations.

Underspends will be dealt with in accordance with the overarching risk management arrangements described in Schedule 3 to the Partnership Framework Agreement.

The question of who will be the host of the pooled fund and will therefore appoint the pooled fund manager has not finally been determined. It is proposed that this falls within the delegation being proposed for the Director of Adult Care.

Because this Section 75 Agreement is so directly related to the achievement of BCF themes it is proposed that it is directly included in the BCF governance

arrangements as set out in Schedule 2 to the Partnership Framework Agreement. Therefore the Proactive Care Joint Delivery Board would manage the Section 75 pooled fund arrangement, subject to the overall governance arrangements set out in Schedule 2 to the Partnership Framework Agreement.

The proactive care Section 75 Agreement aims to :-

- a. Ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for the people of Lincolnshire and who are eligible to access services commissioned locally.
- b. Make best economic use of health and social care resources
- c. Prioritise and co-ordinate health and social care commissioning for proactive care.
- d. facilitate the integration of commissioning activities and provision where ever this adds value

These aims are supported by the following objectives:-

- a. securing the necessary shift from acute to community by reducing unnecessary emergency admissions to hospital and securing a profound shift towards integrated health and social care services around primary care - the neighbourhood team concept.
- b. Development of robust model(s) for the construction of Neighbourhood Teams with all parties working in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact
- c. Re-commission intermediate care services in Lincolnshire to address the service issues in particular high diversity of services across Lincolnshire; high fragmentation in provision; issues around scope, definition and number of services available; high bed provision compared with home based services; a significant and unplanned increase in 30 day bed usage with scope to improve patient outcomes
- d. reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design

Approval is therefore sought for the entering into of a Section 75 Agreement with the Lincolnshire CCGs for proactive care Services for a three to five year period commencing on 1st April 2015.

The way in which the statutory pre-conditions apply to the Learning Disabilities Section 75 Agreement is as follows:-

- (1) The partnership arrangements must be likely to lead to an improvement in the way in which the functions are exercised; and

The aims and objectives of the Section 75 Agreement are set out above. They include ambitious proposals for improved services through the implementation of neighbourhood teams and improved intermediate care services.

- (2) The Partners must have consulted jointly such persons as appear to them to be affected by the arrangements.

No specific consultation has taken place concerning the proposals set out in this report. These proposals are essentially about governance and do not change the existing arrangements other than to update them. There are not therefore considered to be any persons who will be affected by these particular arrangements.

The partners will keep under review the potential impacts of the services commissioned and undertake consultation as appropriate.