

Item for: Cabinet Member Signing – 31 March 2022

Title: Section 75 NHS Act 2006 Health and Social Care Covid-19 Hospital Discharge Partnership Agreement

Report authorised by: Charlotte Pomery, Assistant Director Commissioning

Lead Officer: Charlotte Pomery, Assistant Director Commissioning

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

1.1 Haringey Council (the Council) working in partnership with the four other local authorities (Barnet, Camden, Enfield and Islington) within the North Central London sub-region and the North Central London Clinical Commissioning Group (the CCG) have had in place since March 2020 a partnership agreement under S.75 of the National Health Services Act 2006 in response to the global Coronavirus pandemic.

1.2 The Partnership Agreement acts as a framework for a range of schedules and already covers three Schemes designed to support effect hospital discharge arrangements between the NHS and local government. It was introduced with the support of the Department for Health and Social Care (DHSC) over the period to March 2022. Partners have now determined that a further 3 Schemes, 4, 5 and 6, as detailed in the attached variation, will continue to support smooth discharge arrangements between partners. This report therefore seeks the approval of Cabinet to the partnership agreement and the additional Schemes now deemed to be required.

2. Cabinet Member Introduction

2.1 N/A

3. Recommendations

3.1 The Cabinet Member is asked:

3.1.1 To approve Haringey Council's participation in the existing Section 75 Partnership Agreement (Covid-19 Hospital Discharge Partnership Agreement) between the Councils of North Central London and the CCG which provides for lead commissioning and pooled budgets across a range of schedules.

3.1.2 To approve the variation to include three further Schemes, 4, 5 and 6, as set out in Appendix 2.

3.1.3 To delegate to the Assistant Director Commissioning, after consultation with the Lead Member for Health, Social Care and Well-Being, the authority to finalise and agree any further schedules to the Section 75 Partnership Agreement between the Councils of North Central London and the CCG.

4. Reasons for decision

4.1 The s. 75 Partnership Agreement has supported greater levels of integration between the NHS and the Councils of North Central London by enabling lead commissioning and pooled budgets across partners within a strategic framework as set out in the National Health Services Act 2006.

4.2 The Agreement has enabled additional NHS funding to be made available to local government through the CCG to support hospital discharge arrangements during the Coronavirus pandemic. Given the existing pressures on both the NHS and local government social care such support is required to meet local need.

4.3 The Council will fail to benefit from significant additional funding being made available to support local social care arrangements should the approvals sought not be forthcoming. The vision set out in the Partnership Agreement aligns with the partnership work, effective use of pooled budgets and integrated working at pace which have been features of the Covid response across North Central London.

5. Alternative options considered

5.1 Consideration was given by officers to suggesting the Council does not participate in this s. 75 Partnership Agreement. However, this approach would reduce the funding available to the local authority to support residents being discharged from hospital and directly therefore affect the funding available to the wider adult social care cohort.

6. Background information

6.1 The s. 75 Partnership Agreement has served a very necessary purpose in providing the framework for enabling the CCG and the North Central London Councils to work together in a more joined up way at pace and at scale during the Covid-19 pandemic. This has both paved the way for more joined up working across the NHS but critically enabled holistic care to be made available to local residents throughout the pandemic, and indeed for the next period.

6.2 For the variation to the Partnership Agreement for the Long Length of Stay Reduction scheme ("**Scheme 4**") and Transfer of Care Hubs ("**Scheme 5**") the NCL CCG and the London Boroughs of Haringey and of Enfield have reviewed the Discharge Requirements and determined that the arrangements as set out in this Scheme Specification will permit them to implement the Discharge Requirements covering all these two schemes.

- 6.3 For Additional Discharge Funds (“**Scheme 6**”) the NCL CCG and the London Boroughs of Barnet and of Haringey have reviewed the Discharge Requirements and determined that the arrangements as set out in this Scheme Specification will permit them to implement the Discharge Requirements covering all these two schemes.
- 6.4 The Councils will be the lead commissioner for services as detailed in Appendix 2 and shall comply with the requirements of this Scheme Specification and adhere to the national guidance pertaining to the Services.
- 6.5 The aim and outcomes set out in the Partnership Agreement continue to be relevant for local partners, notably the focus on partnership working to support the following outcomes:
- facilitating quick discharge of patients who are clinically suitable for discharge;
 - facilitating rapid mobilisation of care and support packages;
 - maintaining capacity in acute and community hospitals for the care of patients with Covid-19 who require hospitalisation;
 - supporting the reablement and recovery of residents
 - supporting increased demand and to support safe and effective discharge pathways
- 6.6 The wider policy imperatives are set out in key documents which shape the policy landscape for health, care and integration, which itself is currently undergoing significant change. These documents provide a framework for change and innovation built on the NHS Long Term Plan which set out ambitions for more joined up approaches from a resident and service redesign perspective. The three key policy documents are the Health and Care Bill, the Integration White Paper and Building Back Better, the Adult Social Care Reform White Paper. Each of them has at its heart greater integration, a committed focus to addressing health inequalities and meaningful participation of residents, users and patients in the services affecting them. Locally, the establishment of a North Central London Integrated Care System and a Haringey Place Partnership through the Health and Wellbeing Board will both be visible manifestations of the most recent developments. These models commit partners to working together in a genuinely integrated way to achieve better outcomes for residents and to achieve cost efficiencies in our approach.

7. Contribution to strategic outcomes

- 7.1 These proposals support Haringey’s Borough Plan 2019 – 2023 to improve health and wellbeing outcomes for local residents and are also in line with current national policy and legislation furthering integration between the NHS and local government.

8. Statutory Officer comments (Director of Finance (including procurement), Head of Legal and Governance, Equalities)

8.1 Finance

8.1.1 This report is seeking the approval of Cabinet to the hospital discharge partnership agreement and the additional Schemes, 4, 5 and 6, to continue to support integrated discharge arrangements between LBH and NCL CCG for the period 1st April 2022 to 31st March 2023. The Table shows the allocations for each NCL Local Authority, with LBH receiving and projected to spend £5.557m.

Organisation	Scheme 4	Scheme 5	Scheme 6	Total
	21/22 (£'000)	21/22 (£'000)	21/22 (£'000)	21/22 (£'000)
Barnet	2,300	1,131	4,722	8,153
Camden	2,085	619	3,211	5,915
Enfield	2,508	580	3,964	7,052
Haringey	1,872	471	3,214	5,557
Islington	816	417	2,889	4,122
Total Spend	9,581	3,218	18,000	30,799

8.1.2 Funding will be met from additional NHS funding and made available to LBH and other authorities through the CCG. This will contribute to meet the additional expenditure within LBH arising from hospital discharge arrangements over the financial year 2022/23.

8.2 Legal

8.2.1 Under Section 75 of the NHS Act 2006 and associated regulations, CCGs and local authorities can enter into partnership agreements that allow for local authorities to perform health related functions where this will likely lead to an improvement in the way these functions are discharged. The proposed partnership agreement and the Council's participation in Scheme 6 as the lead commissioner is within the scope of the Act.

8.3 Procurement

8.3.1 Strategic Procurement notes the contents of this report and supports the recommendations herein.

8.4 Equalities

8.4.1 The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society. The Act replaced previous anti-discrimination laws and introduced the term 'protected characteristics' to refer to the following nine groups that are protected under the Act:

- Age
- Disability

- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

8.4.2 The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

8.4.3 The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

8.4.4 Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

8.4.5 The proposed decision is to approve the S.75 Partnership Agreement between the Council and the CCG which provides for lead commissioning and pooled budgets for a range of vulnerable residents in Haringey. The Partnership Agreement enables the Council and the CCG to work together in a more joined up way to meet the needs of adults with a range of health and care needs to better meet their needs.

9. Use of Appendices

9.1 Appendix 1 contains the proposed variation to the s. 75 Agreement.

10. Local Government (Access to Information) Act 1985

APPENDIX 1:

COVID-19 HOSPITAL DISCHARGE FUNDING - SCHEME DESCRIPTION – (BOROUGH)

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Partnership Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE(S)

1.1 The Services shall be known as the Covid-19 Enhanced Hospital Discharge Services (the “**Services**”) and shall include Funding Scheme 1, Scheme 2 and Scheme 3 and the Locally Enhanced Discharge Fund as described in further detail below.

1.2 Funding “**Scheme 1**” for the Services was introduced on 19 March 2020 in response to the global Covid-19 pandemic

<https://www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/>

1.3 Further updated arrangements for the Services (“**Scheme 2**”) were introduced to cover the period from 1 September 2020 to 31 March 2021.

1.4 The Department of Health and Social Care then further extended the arrangements to cover quarter 1 and quarter 2 (1 April 2021 to 30 September 2021) and then again to include quarter 3 and quarter 4 (1 October 2021 to 31 March 2022) financial year (“**Scheme 3**”). The arrangements are set out in the Department of Health and Social Care guidance: Hospital discharge and community support: policy and operating model (first published on 21 August 2020 and last partially updated on 19 October 2021 to incorporate details of the national discharge funding settlement for quarters 3 and 4 of 2021 to 2022):

<https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>

1.5 To support the Discharge Requirements (Scheme 1, 2 and 3), a range of measures have been introduced including a commitment that the NHS will fully fund the cost of new and extended out of hospital health and social care support packages during Scheme 1. For Scheme 2, ongoing care and support needs for anyone being discharged from hospital without an existing care package (i.e. for persons with new or additional care needs) will be provided free of charge for up to a maximum of six weeks from the point of discharge, as long as the package/placement commenced before 31 March 2021.

1.6 Under Scheme 3, the financial arrangements for patients discharged or using discharge services will be as follows: (i) people discharged between 1 April 2021 and 30 June 2021 (inclusive) will have up to six weeks of funded care; and (ii) people discharged between 1 July and 31st March 2022 (inclusive) will have up to four weeks of funded care.

1.7 This Scheme Specification sets out the process that will be established through which the CCG will reimburse the Council for the cost incurred by delivering the Discharge Requirements.

- 1.8 For Covid-19 Enhanced Hospital Discharge Services NCL CCG and the London Borough of Camden (the Council) have reviewed the Discharge Requirements and determined that the arrangements as set out in this Scheme Specification will permit them to implement the Discharge Requirements covering all three schemes as well as the Locally Enhanced Discharge Fund (defined in paragraph 1.12 below).
- 1.9 For the Long Length of Stay Reduction scheme (“**Scheme 4**”) and Transfer of Care Hubs (“**Scheme 5**”) NCL CCG and the London Boroughs of Barnet and Enfield (the Council) have reviewed the Discharge Requirements and determined that the arrangements as set out in this Scheme Specification will permit them to implement the Discharge Requirements covering all these two schemes.
- 1.10 For Additional Discharge Funds (“**Scheme 6**”) NCL CCG and the London Borough of Barnet (the Council) and the London Borough of Haringey (the Council) have reviewed the Discharge Requirements and determined that the arrangements as set out in this Scheme Specification will permit them to implement the Discharge Requirements covering all these two schemes.
- 1.11 The Councils will be the lead commissioner for services as detailed below and shall comply with the requirements of this Scheme Specification and adhere to the national guidance pertaining to the Services.

Scheme Number	Scheme Name	Lead Commissioner
1, 2 and 3	Covid 19 Enhanced Discharge Services	Each Individual borough
4	Long Length of Stay Reduction	Enfield Council
5	Transfer of Care Hubs	Barnet Council
6	Additional Discharge Fund	Barnet Council on behalf of the North (Barnet and Enfield) Haringey Council on behalf of the South (Camden, Haringey, Islington)

- 1.12 Long Length of Stay Reduction Scheme (Scheme 4) Transfer of Care Hubs (Scheme 5) and Additional Discharge Fund (Scheme 6) Schemes are collectively form the “**Locally Enhanced Discharge Fund**”.

2 AIMS AND OUTCOMES

- 2.1 The overall aim of the Discharge Requirements is to implement the revised funding model for care and support packages during the Enhanced Discharge Services Period.
- 2.2 The implementation of the Services (in accordance with the Discharge Requirements) will support the following outcomes:
- facilitating quick discharge of patients who are clinically suitable for discharge;
 - facilitating rapid mobilisation of care and support packages;
 - maintaining capacity in acute and community hospitals for the care of patients with Covid-19 who require hospitalisation;

- supporting the reablement and recovery of residents
- supporting increased demand and to support safe and effective discharge pathways

3 THE ARRANGEMENTS

3.1 The Partners have agreed to implement the following arrangements in relation to the Covid-19 Hospital Discharge Service:

3.1.1 lead commissioning; and

3.1.2 the establishment of a process for NHS England to reimburse the Council for the costs incurred as set out in this Agreement.

3.1.3 The establishment of the Locally Enhanced Discharge Fund with nominated Lead Commissioners on behalf of the NCL Health and Social Care System.

4 FUNCTIONS

4.1 For the purposes of implementing this Scheme Specification the CCG delegates to the Council its functions under:

4.1.1 section 3(1)(b) of the 2006 Act of arranging for the provision of other accommodation for the purpose of any service provided under the 2006 Act;

4.1.2 section 3(1)(e) of the 2006 Act of arranging for the provision of such other services or facilities for the prevention of illness, the care of persons suffering from illness, and the after-care of persons who have suffered from illness as are appropriate as part of the health service. In each case in so far as the Council considers such services/provision to be necessary to meet the requirements of the person for whom the care and support is provided.

4.2 The CCG and the Council agree that the above delegation from the CCG to the Council will:

4.2.1 likely lead to an improvement in the way in which these functions are discharged during the Covid-19 pandemic; and

4.2.2 improve health and well-being.

4.2.3 improve health inequalities across North Central London

4.2.3 achieve greater value for money

5 SERVICES

5.1 The Council shall arrange for the provision of the following Services in relation to Scheme 1, 2 and 3 and Locally Enhanced Discharge Fund (Scheme 6)

5.1.1 Care Home placements – in a residential or nursing home registered with the Care Quality Commission

- 5.1.2 Care home beds – the securing through a temporary block contract of additional care home capacity
 - 5.1.3 Other care accommodation placements – in other bed based accommodation (excluding hospice) e.g. Supported Living
 - 5.1.4 Domiciliary/home care - services provided in a person’s home
 - 5.1.5 Reablement and/or intermediate care - Services are generally provided in the person’s own home or care home, is intervention that involves intensive, time-limited assessment and/or therapeutic work over a period of time.
 - 5.1.6 Day Care - Day Care Facilities may be called Day Hospitals, Centres, Facilities or Units.
 - 5.1.7 Respite care - term used for services designed to give carers a break from caring.
 - 5.1.8 Transport - Any separate transport costs such as patient transport (PTS), volunteer drivers, taxis, local authority transport to enable the hospital discharge or meet the ongoing packages of support.
 - 5.1.9 Other - Typically, equipment, adaptations and deep cleaning
 - 5.1.10 Long Length of Stay Reduction (Scheme 4);
 - 5.1.11 Transfer of Care Hubs (Scheme 5);
 - 5.1.12 Facilitate joint assessment of discharges
 - 5.1.13 Prevent admission to hospital
- 5.2 The Council shall arrange the provision of the Enhanced Hospital Discharge Services for the benefit of:
- 5.2.1 those persons the CCG has responsibility to provide services for under Sections 3(1A) and 3(1B) of the 2006 Act; and
 - 5.2.2 those persons the Council has responsibility to provide services for regardless of age or primary support reason

and whose requirement for a Funded Package arises during the Enhanced Discharge Services Period to facilitate discharge from, or to prevent admission to (Scheme 1 only – please refer to Appendix 1 to this Scheme Specification), hospital as set out in the Discharge Requirements. The definition and criteria for an admission avoidance (for Scheme 1) are set out in Appendix 1 to this Scheme Specification.

6 COMMISSIONING, CONTRACTING, ACCESS

6.1 Commissioning Arrangements

- 6.1.1 The Council shall ensure that when commissioning Funded Packages it makes the patient and their families and/or carers aware that following the end of the

Enhanced Discharge Services Period the patient may be required to pay for all or some of their future care needs.

6.1.2 The Council will commission care and support to in order to fully meet the objectives of the Discharge Requirements and pause assessing individuals in relation to their health and social care needs (scheme 1).

6.1.3 The CCG will continue to commission care and support in order to fully meet the objectives of the Discharge Requirements and pause assessing individuals in relation to their health and social care needs (scheme 1).

6.1.4 The Scheme 2 guidance instructs that the majority of patients should be assessed under the Care Act or for Continuing Health Care (CHC) outside of an acute setting. They will be eligible for up to 6 weeks of non - chargeable care while assessments take place.

6.1.5 The available period of funding for Scheme 3 reduces from 6 to 4 weeks from 1 July 2021 and includes amendments from Scheme 2 requirements.

6.1.6 [Locally Enhanced Discharge Fund Scheme 4: Long Length of Stay (LLOS) Reduction Scheme.

This scheme will enable early supported discharge for those in acute trusts whose needs can be better supported outside of hospital. This reduces LLOS in hospital and promotes recovery in a more therapeutic environment.]

6.1.7 [Locally Enhanced Discharge Fund Scheme 5: Transfer of Care Hubs.

Transfer of Care Hubs are mandated in the Discharge Guidance and enable timely discharge from acute hospitals. They determine discharge pathways in consultation with the person and their advocates, ensure relevant services are linked up in order to provide appropriate care and support and are co-located with acute partners to ensure ease of communication and enhanced multi-disciplinary working. Transfer of Care Hubs ensure information essential to continue delivery of care and support is communicated and transferred to the relevant partners on discharge.

6.1.8 Locally Enhanced Discharge Fund Scheme 6: Enhanced Discharge Services will support additional discharge costs for the system that are not funded by the hospital discharge scheme.

6.2 Contracting Arrangements

6.2.1 The Council, as Lead Commissioner, will utilise a range of commissioning approaches to deliver the Enhanced Hospital Discharge Services. This will include existing block contracts and framework agreements, 'spot' contracted care, directly delivered care services as well as new contracts put in place through urgency procedures in response to Covid-19.

6.2.2 Under this arrangement, the Council will commission or vary contracts with providers as required. The Partners will manage the Services using the established

governance processes agreed between the Council and CCG and set out in the Agreement. Updates on these additional commissioned services will be reported through the Community Operational Group (prev. Non-acute gold) committee, which is explained in further detail in paragraph 10 below.

- 6.2.3 The Council shall ensure that it reimburses those providers providing the Enhanced Hospital Discharge Services in a timely fashion paying particular attention to the financial pressures on providers during the Covid-19 pandemic. In complying with this obligation the Council shall refer to guidance issued by the Local Government Association, ADASS, and the Care Provider Alliance on social care provider resilience during Covid-19.
- 6.2.4 Enfield Council will act on behalf of the NCL System as the Lead Commissioner for the Long Length of Stay Reduction Scheme and is responsible for distributing the funding across the system to deliver this service
- 6.2.5 Barnet and Haringey Councils will act on behalf of the NCL System as Lead Commissioners for the additional pooled Discharge Funds over and above national funding available and are responsible for distributing this funding across the system to deliver this service
- 6.2.6 Barnet Council will act on behalf on the NCL System as Lead Commissioner for the Transfer of Care Hubs pooled fund and is responsible for distributing this funding across the system to deliver this service

7 FINANCIAL CONTRIBUTIONS¹

- 7.1 The Covid-19 Hospital Discharge Scheme is being implemented in response to the Covid-19 pandemic and to give effect to the Discharge Requirements.
 - 7.2 During the Enhanced Discharge Services Period eligibility assessments for beneficiaries of the services provided under the Covid-19 Hospital Discharge Scheme and the cost of care packages or enhancements to existing packages under the Covid-19 Hospital Discharge Scheme shall be funded from central funding provided to the CCG by NHS England & Improvement.
 - 7.3 For Scheme 1, Assessments should be completed by no later than 31 March 2021, with all costs transferred to usual funding arrangements by this date,
 - 7.4 The Scheme 2 and Scheme 3 arrangements will fund the additional cost of care packages and enhancements to existing packages, in accordance with the timescales set out in paragraphs 1.3 to 1.6 above, over and above pre-existing (planned) Council and/or CCG expenditure.
 - 7.5 Locally Enhanced Discharge Fund Scheme 4 Long Lengths of Stay Reduction Scheme will fund services as specified in 6.1.6
 - 7.6 Locally Enhanced Discharge Fund Scheme 5 Transfer of Care Hubs will fund services specified in 6.1.7
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- 7.7 Locally Enhanced Discharge Fund Scheme 6 Enhanced Discharge Services will fund services specified in 6.1.8
- 7.8 NCL CCG and the Council shall:
- 7.8.1 comply with any requirements and any guidance issued by HM Government and/or the NHS relating to the funding of the Covid-19 Hospital Discharge Scheme after the end of the Enhanced Discharge Services Period; and
- 7.8.2 work together in good faith to give effect to any such requirements and/or guidance.
- 7.9 The total value of the Services under Scheme 1 (excluding workforce costs) is £55.841m as set out in the table below:

Hospital Discharge Spend – Scheme 1 (Table 1)

Organisation	Scheme 1 19/20 (£'000)	Scheme 1 20/21 (£'000)	Total Scheme 1 (£'000)
Barnet Council	49	11,795	11,845
Camden Council	7	6,185	6,192
Enfield Council	133	5,616	5,749
Haringey Council	14	6,330	6,344
Islington Council	21	5,625	5,646
NCL CCG	132	19,934	20,066
Total Spend	356	55,485	55,841

*Excludes Workforce funding

- 7.10 The total value of the Services for Scheme 2 relating to discharges during the period 1 September 2020 to 31 March 2021 is £8.41m as set out in the table below. Scheme 2 continued to reimburse for the period 1 April 2021 to 30 June 2021 (inclusive), up to a maximum of 6 weeks, costs of care and support for individuals discharged up to and including 31 March 2021, provided the package/placement commenced on, or before, 31 March 2021.

2020-21 Hospital Discharge Spend - Scheme 2 (Table 2)

Organisation	Scheme 2 20/21 (£'000)	Scheme 2 21/22 (£'000)	Total Scheme 2 (£'000)
Barnet Council	1,190	0	1,190
Camden Council	473	5	478
Enfield Council	831	28	859
Haringey Council	1,479	120	1,599
Islington Council	1,173	179	1,352
NCL CCG	2,675	255	2,930
Total Spend	7,821	587	8,408

*Scheme 2 includes up to 6 weeks funding for individuals discharged by 31/03/21

7.11 The total value of the Services for Scheme 3 national funding is as follows:

2021-22 Hospital Discharge Spend - Scheme (Table 3)

Organisation	Scheme 3 21/22 (£'000)
Barnet Council	1,850
Camden Council	831
Enfield Council	1,659
Haringey Council	3,493
Islington Council	2,020
NCL CCG	10,865
Total Spend	20,717

The above table is an estimate of costs based on Month 10 January 2022 forecast outturn to be claimed from national funding available. The final amount may be subject to change.

7.12 [In addition to national funding available from NCL CCG in accordance with the Services/Discharge Requirements for the Locally Enhanced Discharge Fund, NCL CCG will contribute the following amount to the Locally Enhanced Discharge Fund:]

2021-22 Long Lengths Of Stay Reduction Scheme Wards – Scheme 4 (Table 4)

Organisation	Scheme 4 21/22 (£'000)
Barnet	2,300
Camden	2,085
Enfield	2,508
Haringey	1,872
Islington	816
Total Spend	9,581

* Long Lengths of Stay Reduction Scheme Wards, Scheme 4 to Enfield Council as Commissioning Lead

2021-22 Transfer of Care Hubs – Scheme 5 (Table 5)

Organisation	Scheme 5 21/22 (£'000)
Barnet	1,131
Camden	619
Enfield	580
Haringey	471
Islington	417
Total Spend	3,218

* Transfer of Care Hubs Scheme 5 to Enfield Council as Commissioning Lead

2021-22 Additional Discharge Fund – Scheme 6 (Table 6)

Organisation	Scheme 6 21/22 (£'000)
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Barnet	4,722
Camden	3,211
Enfield	3,964
Haringey	3,214
Islington	2,889
Total Spend	18,000

* Additional Discharge Fund, scheme 6 - Barnet Council as Commissioning Lead in the North (Barnet and Enfield)

** Haringey Commissioning lead in the South (Camden, Haringey, Islington)

- 7.13 The funding identified to each borough within scheme 6 (additional discharge fund) is indicative only and may be varied on review of monitoring information, through the review process in terms of the amounts allocated to each borough. The use of the funding may also be varied, within the review process, through prior approval of a business case signed off by both the Local Authority and CCG, in accordance with their SFIs, where the proposal demonstrates further reductions to discharge delays from hospitals, improved outcomes for residents and supports the sustainability of the Local Authorities and CCG.
- 7.14 The Partners acknowledge and agree that this Scheme Specification only covers the Services provided in accordance with the Covid-19 Hospital Discharge Scheme and the enhanced Discharge Fund and therefore does not reflect all discharge and it is recognised that there may be individual arrangements in place for other discharge related services and costs that do not form part of this Scheme Specification, for example, the discharge match funding scheme.
- 7.15 The indicative additive funding elements for Discharge Schemes 4, 5 and 6 will be will be subject to review process, as set out in this Scheme Specification.

8 FINANCIAL GOVERNANCE ARRANGEMENTS

8.1 The Council shall ensure that:

- 8.1.1 all support provided under the national Covid-19 Hospital Discharge Scheme is recorded at an individual level;
- 8.1.2 all agreed budgets funded through the national Covid-19 Hospital Discharge Scheme are recorded at an individual level;
- 8.1.3 in regards to the national Covid-19 schemes 1, 2 and 3 all reasonable monitoring and/or reporting information required by the CCG to report to NHSE&I or the Department of Health and Social Care is provided promptly and in any event within reasonable time frames stipulated.
- 8.1.4 expenditure is accounted for in accordance with existing regulatory and financial governance arrangements including the use of ordinary organisational financial controls.
- 8.1.5 ensure that submissions are accurate and include the additional cost of care and support commissioned in response to the Enhanced Hospital Discharge Services and in-line with the Discharge Requirements and the requirements set out in this Scheme Specification.

- 8.1.6 any liability relating to claims made, to the extent not covered by the Discharge Requirements, shall be dealt with in accordance with the terms of the Agreement.
- 8.1.7 Enfield Council is Lead Commissioner for the pooled fund contribution for the Long Lengths of Stay Reduction (Scheme 4), and is responsible for the distribution of this funding across the NCL system in accordance with council implementations of this scheme. A review of this pooled fund will be undertaken at month 6, 9 and 12 of the financial year 2022/23. As part of this review NCL CCG reserves the right to claw back any funding that has not been utilised in line with this service. NCL recognise that Enfield Council is operating as lead Council for this fund and is therefore not responsible for the delivery of this service in the other four NCL councils being Barnet, Camden, Haringey and Islington.
- 8.1.8 Barnet Council is Lead Commissioner for the pooled fund contribution for Transfer of Care Hubs (Scheme 5), and is responsible for the distribution of this funding across the NCL system in accordance with council costs incurred. A review of this pooled fund will be undertaken at month 6, 9 and 12 of the financial year 2022/23. As part of this review NCL CCG reserves the right to claw back any funding that has not been utilised in line with this service. NCL recognise that Enfield Council is operating as lead Council for this fund and is therefore not responsible for the delivery of this service in the other four NCL councils being Barnet, Camden, Haringey and Islington.
- 8.1.9 Barnet and Haringey Councils are the Lead Commissioners for the pooled fund contribution for the Additional Discharge, (Scheme 6), and are responsible for the distribution of this funding across the NCL system in accordance with costs actually incurred. Distribution of this fund is coordinated through the NCL Directors of Adult Social Services. A review of this pooled fund will be undertaken at months 6, 9 and 12 of the financial year 2022/23. As part of this review NCL CCG reserves the right to claw back any funding that has not been utilised in line with this, service. NCL recognise that Barnet and Haringey Councils are operating as lead Councils for this fund and are therefore not responsible for the delivery of this service in the other three NCL councils being Camden, Enfield and Islington.
- 8.1.10 Lead Councils on pooled funds (Barnet, Enfield and Haringey) will support claw back but are not responsible for the funding that has been identified for claw back from other NCL Councils.
- 8.1.11 All partners agree to act in good faith, open book and transparent and cooperatively in regards to this agreement
- 8.2 The CCG shall:
- 8.2.1 For the Covid-19 national schemes administer the reimbursement process on behalf of NCL CCG and the North Central London Councils (including the Council)
- 8.2.2 For the Covid-19 national schemes maintain records of the cost and activity associated with the enhanced discharge process reporting these in line with requirements set out by NHSE&I.

- 8.2.3 For the Covid-19 national schemes submit claims for reimbursement to NHSE&I in accordance with reporting and reimbursement requirements set out in the Discharge Requirements.
 - 8.2.4 For the Covid-19 national schemes reimburse the Council in line with the Discharge Requirements, and while discharge funding remains available to CCGs from NHSE&I.
 - 8.2.5 not be held responsible or accountable for any liabilities arising through the claiming of any costs, for reimbursement, by Councils that are not in-line with the Discharge Requirements.
- 8.3 The Council shall:
- 8.3.1 For the Covid-19 national schemes submit a section 75 monthly template to the CCG no later than the 5th working day of the month for which reimbursement is being requested.
 - 8.3.2 For the Covid-19 national schemes submit fully completed finance placement returns to the CCG on the 5th working day of each month unless otherwise agreed by partners.
 - 8.3.3 For the Covid-19 national schemes submit invoices, in arrears, to the CCG for reimbursement where partners are in agreement that the submitted monthly schedule is to be reimbursed.
 - 8.3.4 For the Covid-19 national schemes where it is unable (acting reasonably) to comply with the timescales for submissions in paragraph 8.3.2, the CCG may submit an estimate of costs. The Council acknowledges and agrees that the CCG may submit the estimate to NHSE/I and the CCG will not be accountable for any variances that could arise, nor any queries from NHSE/I once actual submissions are received. Where such costs have not been reimbursed to the Council, the Council will need to provide further evidence and information in compliance with the Discharge Requirements in order to obtain reimbursement for such costs.
 - 8.3.5 For the pooled fund contributions the lead Council will manage these funds on behalf of the NCL system and a review process undertaken at month 6, 9 and 12 of the financial year 2022/23.
- 8.4 Payment and Reconciliation process:
- 8.4.1 For the Covid-19 national schemes the CCG shall reimburse the Council the costs set out in reimbursement claims in line with current and future guidance while funding remains available.
 - 8.4.2 For the Covid-19 national schemes invoices will be paid by the CCG 30 days after the date of receipt of the invoice, in accordance with standard NHS payment terms, subject to the CCG receiving funding for the Services from NHSE&I.
 - 8.4.3 For the Covid-19 national schemes 1, 2 and 3 submission of costs should be cumulative, for each individual scheme, and reconciliations should occur to ensure accuracy of claims.

- 8.4.4 For the Covid-19 national schemes the cumulative nature of returns will allow for adjustments to reimbursement claims within the following month's claim.
- 8.4.5 For the Covid-19 national schemes where funds need to be repaid or clawed back to either the CCG or to NHSE&I (or both) then the Council will take responsibility for refunding the payment within 30 days of notification either through the issuing of a credit note where this is a feasible option or through making alternative arrangements to repay the amount claimed back.
- 8.4.6 For the Covid-19 national schemes any future retrospective audit on the expenditure and any claims requiring repayment of funds, if not claimed in-line with the Discharge Requirements, will be the responsibility and liability of the claiming organisation.
- 8.4.7 There will be no further reimbursements relating to Scheme 1 made in 2021/22 or for reimbursements made relating to 2020/21 over and above what is reported in final Scheme submissions for that year (as set out in table 1 above).
- 8.4.8 Reimbursement for costs under Scheme 2 will continue for up to 6 weeks in 2021/22 for those discharged from hospital up to and including 31 March 2021. There will be no further reimbursements relating to Scheme 2 made in 2021/22 or for reimbursements made relating to 2020/21 over and above what is reported in final Scheme submissions for that year (as set out in table 2 above).
- 8.4.9 Reimbursement for costs under Scheme 3 will continue in line with guidance and timescales set out in paragraph 1.5 above.
- 8.4.7 For the Covid-19 national schemes any costs associated with hospital discharge scheme should be transparent, auditable and traceable back to individual patients or other costs allowable in accordance with the published national guidance.
- 8.4.8 Locally Enhanced Discharge Fund will be invoiced in full at month 12 of the financial year 2021/22
- 8.4.9 In recognition of the considerable pressures being experienced in Health and Social Care as a result of Covid-19 and additional reporting requirements of the national discharge schemes the reconciliation of the Locally Enhanced Fund will be in months 6, 9 and 12 of the financial year 2022/23.
- 8.4.10 The review of the Locally Enhanced Discharge Fund will be a jointly agreed process between NCL CCG and the Lead Commissioner.
- 8.4.11. Claw back of any funds will be from the organisation that is holding the fund in accordance with the reviews
- 8.4.11 Any redirection of Locally Enhanced Discharge Fund from the schemes detailed in this agreement will need to be agreed by NCL CCG, meet shared outcomes and demonstrate value for money
- 8.4.12 Locally Enhanced Discharge Fund is expected to be fully utilised in the financial year 2021/22, should locally pooled funding not be fully utilised this will form part of

the review process and if jointly agreed between NCL CCG and the Lead Council funds redirected to the financial year 2022/23 enhanced discharge services.

9 VAT

9.1 The Council's VAT regime will apply to this Service

9.2 Neither party is acting as an agent for the other in respect of VAT.

10 GOVERNANCE ARRANGEMENTS

10.1 During the COVID-19 pandemic, NCL CCG with system partners established governance across the NCL footprint. Ultimately, System Management Board (prev. System Gold) approved commissioning of additional capacity for the system. Operational and strategic leadership to support commissioning of additional capacity was through Community Operational Group (prev. Non-acute Gold Group) which will have oversight the Services and be responsible for:

10.1.1 Developing plans to ensure the Council and CCG secure additional capacity within the aims of the COVID-19 Enhance Hospital Discharge Services; and

10.1.2 Monitoring and making decisions based on the demand and capacity of commissioned services, acute hospitals and the Integrated Discharge Team(s) and within each of the Discharge Pathways 1,2 and 3 (as set out in the Discharge Requirements).

Arrangements will continue to be overseen by subsequent, or replacement, groups in the event of the cessation of current groups

10.2 Members of Community Operational Group (or subsequent group) will include representation from operational and strategic leads across CCG, LA's and providers.

10.3 Reporting progress to Community Operational Group but remaining accountable to Executive Management Team and Local Authority Cabinet. The S75 task and finish group comprising of Camden LA (representing all NCL boroughs) and CCG leads has been established with the aim of getting agreement on the arrangements for schemes 1, 2 and 3.

In the case of dispute the following process should be followed

a)	Informal escalation meetings held at director level (x2)
b)	Formal escalation meeting
c)	Escalation to Executive Director of Strategic Commissioning and LA representatives (if formal escalation unsuccessful)
d)	Escalation to CCG Accountable Officer and LA CEO (if Exec Director escalation unsuccessful)
e)	GB Members and Councillor meeting to be arranged (Prior to external escalation)
f)	Escalation to NHSEI national team (for Schemes 1, 2 and 3)

10.5 This arrangement will be approved through the NCL CCG Governing Body and the appropriate authority within each LA based on their scheme of delegation and standing orders.

11 NON FINANCIAL RESOURCES

Council contribution

	Details	Charging arrangements	Comments
Premises		None	
Assets and equipment		None	
Contracts		None	
Central support services	Resources required to manage and process the expenditure reporting required	None	

CCG Contribution

	Details	Charging arrangements	Comments
Premises			
Assets and equipment			
Contracts			
Central support services			

12 STAFF

- 12.1 At this stage of service development, it is not the intention that any CCG staff will transfer to the Council under the TUPE regulations.
- 12.2 Council staff to be made available to the arrangements:
- 12.2.1 Council social care staff will arrange the Enhanced Hospital Discharge Services
- 12.3 CCG staff to be made available to the arrangements:
- 12.3.1 CCG staff including CHC and UEC commissioners have been temporarily deployed to the Integrated Discharge Services (IDT). These resources ensured improvement in mobilising the hospital Discharge Requirements across NCL.
- 12.4 NCL CCG has been allocated non-recurrent £1.34m for the Deferred CHC Assessment workforce funding, to be accessed via the reimbursement approach for the COVID-19 Hospital Discharge Service Requirements. This funding can be used to recruit staff over and above the usual assessment staff that the health and social care system would employ to manage deferred NHS CHC assessments.
- 12.5 The Deferred CHC Assessment workforce funding of £1.34m is to be shared between partners. The funding attributable to NCL CCG is £726k and to NCL Councils is £614k. The amount to

Councils allocation will be billed and held and distributed by Barnet Council and is to be allocated as follows:

Local Authority	Allocation (£)
Barnet	170,000
Camden	83,000
Enfield	140,000
Haringey	111,000
Islington	111,000

12.6 NCL CCG has provided an Accelerator fund of £309k to support Integrated Discharge Teams

The amount allocated to Councils is as follows and should be billed for in-line with requirements for Discharge Schemes 1, 2 and 3:

Local Authority	Allocation (£)
Barnet	80,000
Camden	46,500
Enfield	45,500
Haringey	82,000
Islington	55,000

13 ASSURANCE AND MONITORING

13.1 All costs should be evidenced and substantiated should this information be audited.

13.2 Costs should be identifiable to individual patients although this might not be possible in all cases – for example where beds have been purchased but were not subsequently needed or costs relate to other allowable expenditure.

13.3 For the Covid-19 national schemes as the Lead Commissioner, the Council will monitor the performance of the services commissioned to deliver the Enhanced Hospital Discharge Services. For all existing services this will be through existing monitoring procedures.

14 LEAD OFFICERS

14.1.1 For the Covid-19 national Schemes 1, 2 and 3

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Council	DASS – details to be added			
CCG	Sarah Mansuralli Executive Director –	4 th Floor 250 Euston Road	07557319123	Sarah.Mansuralli@nhs.net

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
	Strategic Commissioning	London NW1 2PG		

14.1.2 For the Long Lengths of Stay Reduction Scheme, Scheme 4 and Transfer of Care Hubs, Scheme 5 as follows

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Council	xxx Director of Adult Social Care Enfield Council			
CCG	Sarah Mansuralli Executive Director – Strategic Commissioning	4 th Floor 250 Euston Road London NW1 2PG	07557319123	Sarah.Mansuralli@nhs.net

14.1.3 For Additional Discharge Fund, Scheme 6

Partner	Name of Lead Officer	Address	Telephone Number	Email Address
Council	Dawn Wakeling Director of Adult Social Care Barnet Council			
CCG	Sarah Mansuralli Executive Director – Strategic Commissioning	4 th Floor 250 Euston Road London NW1 2PG	07557319123	Sarah.Mansuralli@nhs.net

15 REGULATORY REQUIREMENTS

15.1 The provision of any personal care provided as part of any Enhanced Discharge Services needs to be registered under the 2008 (the “Registered Provider”). The Council shall be responsible for ensuring that the ‘Registered Provider’ which delivers services under contract to either partner organisation, complies with such registration requirements.

16 INFORMATION SHARING AND COMMUNICATION²

Monthly submission data to be broken down to client level will be shared with the CCG to ensure that a robust reimbursement process is in place.

Submissions to be made in accordance with this agreement.

Reasonable requests for information from all parties will be dealt with within jointly agreed timescales

17 DURATION AND EXIT STRATEGY

- 17.1 The arrangements for the Covid-19 Hospital Discharge Scheme may only be varied:
- 17.1.1 in accordance with the variation provisions in the Partnership Agreement; and
 - 17.1.2 where such variation complies with the requirements of the Discharge Requirements and/or any Future Discharge Requirements.
- 17.2 This Scheme may not be terminated otherwise than in accordance with paragraph 17.3.
- 17.3 The Covid-19 Hospital Discharge Scheme shall, unless varied to give effect to Future Discharge Requirements, terminate on the date on which the Discharge Requirements cease to apply.
- 17.4 The Partners acknowledge that as at the date of this Agreement they are not in a position to determine all the exit arrangement for the Covid-19 Hospital Discharge Scheme. The Partners agree that except as otherwise set out in this clause 10 they shall:
- 17.4.1 keep under review the Discharge Requirements and any Future Discharge Requirements;
 - 17.4.2 consider how to give effect to the requirements of any Future Discharge Requirements, where relevant; and
 - 17.4.3 develop and agree a transfer plan in relation to the variation of the Enhanced Discharge Services Scheme:
 - (a) appropriate mechanisms for maintaining service provision;
 - (b) allocation and/or disposal of equipment;
 - (c) responsibilities for debts and ongoing service contracts;
 - (d) responsibility for any liabilities which have been accrued by the Host Partner/Lead Commissioner;
 - (e) premises arrangements;
-

- (f) record keeping arrangements;
- (g) information sharing arrangements and requirements;
- (h) staffing arrangements;
- (i) appropriate processes to be initiated in the run up to and following the end of the Enhanced Discharge Services Period.

17.5 The Partners further agree that they shall within 7 working days of being notified of the end date for the Enhanced Discharge Support Service the Partners shall meet to:

17.5.1 implement any agreed transfer plan or in the absence of an agreed transfer plan agree and implement such a plan which shall include, as a minimum, arrangements to transfer to the existing Funded Packages onto the future funding arrangements; and

17.5.2 consider the need for any other Individual Schemes to be introduced as a result of this termination of this Individual Scheme.

17.6 The monies which have been made available by the NHS pursuant to the Discharge Requirements may only be used to pay for the costs of the Services under the Covid-19 Financial Reporting Guidance as being eligible for this funding.

17.7 The Partners will at all times act in good faith to ensure claims for reimbursement meet the reimbursement requirements for Schemes 1 – 3 in accordance with the terms of the Discharge Requirements.

17.8 In the event of discharge demand resulting in expenditure exceeding the available allocation for Scheme 3, the Partners will identify a proportionate methodology to share the risk of the financial shortfall equitably.

17.9 In the event of expenditure exceeding the available allocation for Scheme 3 as a result of partners claims for reimbursement not meeting the requirements of the allowable cost criteria as set out in this document and Appendix 3, the responsible organisation(s) will be responsible for mitigations.

Appendix I – Admission Avoidance (Scheme I only)

The following definitions have been adapted from the financial guidance re COVID -19 (April 20) and the Discharge Guidance (March 20)

1. Individual at home experiences a significant change of need and requires a new or increased domiciliary or residential package to prevent admission to hospital.
2. Individual in care home, experiences a significant change in need and requires additional support to prevent admission to hospital, therefore a new or enhanced package commences. This will include the move from a residential to a nursing home provision.
3. Existing NHS CHC funded (including fast track) individual deteriorates and requires an enhanced care package to prevent admission to hospital.

Criteria which underpins the definitions

- Without a new or increased funded package there is a significant likelihood of admission to an acute hospital setting
- Assessment of need must be person centred
- The individual must have an altered health need which requires assessment by a social care and health professional.
- Changes in the individuals health status, result in a significant change to their normal package of care i.e. there is a change in need.
- Social care support will normally be provided alongside the management of an acute medical condition
- Covid-19 monies to fund new package or enhancement to existing package

Process for identification for COVID funding (admission avoidance – Scheme I only)

- The rationale for COVID funding needs to be identified and recorded against one of the above definitions
- The practitioner should clearly state the period of time the additional care is required for, including either a review date, or a date when the additional care should stop
- The change in health need should be recorded in the individuals records
- The altered cost of the care package needs to be recorded on the template (Mark – please can you advise on the name of the template and any additional guidance)

Financial Assessment

Care package set up using Covid-19 monies are to be provided without financial assessment or means testing.

Appendix 2 – Hospital Discharge Scheme Funding Scheme 2 – Requirements

On-going care and support needs for anyone being discharged from hospital without an existing care package will be provided free of charge for up to six weeks for the duration of the scheme to allow for post-discharge recovery and support services, and any assessments of ongoing care needs and financial eligibility determinations to be made.

The financial governance arrangements for Scheme 2 shall be conducted/managed in accordance with those set out in this document

Any costs associated with Scheme 2 should be transparent, auditable and traceable back to individual patients,

The Scheme 2 guidance instructs that the majority of patients should be assessed under the Care Act or for Continuing Health Care (CHC) outside of an acute setting. They will be eligible for up to 6 weeks of non - chargeable care until the assessment takes place.

Restarts: people who return to an existing package of care following discharge will return to their normal business as usual funding arrangements and as such no element will be funded by the HDS2 scheme.

Admission Avoidance is not to be reimbursed under Scheme 2, however, urgent community response services for people who would otherwise be admitted into hospital for up to 48 hours while individuals are transitioned into other ongoing care and support pathways.

Scheme 2 ends on 31 March 2021, however reimbursements will continue for up to 6 weeks of care of care and support for those discharged on or before 31 March 2021. Further guidance on the arrangements for the completion and wind down of the scheme in April-May 2021 will be required where the period of eligibility continues from a March 2021 discharge.

Scheme 2 funding will not pay for:

- Long term care needs following completion of a Care Act and/or NHS CHC assessment
- Social care or NHS CHC packages that are restarted following discharge from hospital at the same level as that already delivered prior to admission to hospital
- Pre-existing (planned) Council or CCG expenditure on discharge services e.g. Reablement and Intermediate Care funded in baselines

Appendix 3 – Hospital Discharge Scheme Funding Scheme 3 – Requirements

The Scheme 3 funding is available for up to six weeks (until 30 June 2021), reducing to four weeks (between 1 July and 31 March 2022) and is to fund some of the cost of post-discharge recovery and support services/ rehabilitation and reablement care following discharge from hospital while assessment of ongoing care needs is undertaken.

The national discharge fund is available to fund the additional costs of:

- Services that support the new or additional needs of an individual on discharge from hospital.
- Designated care settings for those discharged from acute care who are COVID-positive and cannot return directly to their own care home until 14 days of isolation has been undertaken.
- The additional funding available to support delivery of hospital discharge should only be used to fund activity arising from the programme that is over and above activity normally commissioned by CCGs and local authorities.

The financial governance arrangements for Scheme 3 shall be conducted/managed in accordance with those set out in this document.

Any costs associated with Scheme 3 should be transparent, auditable and traceable back to individual patients,

The Scheme 3 guidance instructs that the majority of patients should be assessed under the Care Act or for Continuing Health Care (CHC) outside of an acute setting. They will be eligible for up to 6 (or 4) weeks of non - chargeable care until the assessment takes place.

Restarts: people who return to an existing package of care following discharge will return to their normal business as usual funding arrangements and as such no element will be funded by the HDS3 scheme.

National discharge funding provided should be separately identified within the agreement and monitored to ensure funding flows correctly. It should be pooled alongside existing local authority and CCG planned expenditure on discharge support – the funding is intended to meet additional costs arising from the national discharge fund only.

Admission Avoidance is not to be reimbursed under Scheme 3.

Scheme 3 is currently set to end on 30 September 2021, however reimbursements will continue for up to 4 weeks of care of care and support for those discharged on or before 30 September 2021. Further guidance on the arrangements for the completion and wind down of the Discharge Scheme are expected in September 2021.

Scheme 3 funding will not pay for:

- Long-term care needs following completion of a Care Act and/or NHS CHC assessment.
- Social care or NHS CHC packages that are restarted following discharge from hospital at the same level as that already delivered prior to admission to hospital.
- Pre-existing (planned) local authority or CCG expenditure on discharge services e.g. Reablement, Intermediate Care and other short and long-term care funded in baselines

- Any Admissions avoidance schemes or packages of care for individuals not discharged from hospital
- Discharge costs post discharge after six weeks (until 30 June 2021), reducing to four weeks (between 1 July and 31 March 2022)