



Democratic Services

Location: Phase II
Ext: 0185
DDI: 01895 250185
CMD No: 1267

**To: COUNCILLOR IAN EDWARDS
LEADER OF THE COUNCIL**

**COUNCILLOR JANE PALMER
CABINET MEMBER FOR HEALTH AND SOCIAL
CARE**

c.c. All Members of the Health and Social Care Select
Committee
c.c. Gary Collier – Adult Social Care and Health
c.c. Sandra Taylor – Corporate Director Adult Social
Care and Health

Date: 5 December 2024

Non-Key Decision request

Form D

BETTER CARE FUND SECTION 75 AGREEMENT EXTENSION

Dear Cabinet Members,

Attached is a report requesting that a decision be made by you as an individual Cabinet Member. Democratic Services confirm that this is not a key decision, as such, the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 notice period does not apply.

You should take a decision **on or after Friday 13 December 2024** in order to meet Constitutional requirements about publication of decisions that are to be made. You may wish to discuss the report with the Corporate Director before it is made. Please indicate your decision on the duplicate memo supplied and return it to me when you have made your decision. I will then arrange for the formal notice of decision to be published.

Liz Penny
Democratic Services Officer

Title of Report: Better Care Fund Section 75 Agreement Extension

Decision made:

Reasons for your decision: (e.g. as stated in report)

Alternatives considered and rejected: (e.g. as stated in report)

Signed Date.....

Leader of the Council / Cabinet Member for Health and Social Care

BETTER CARE FUND SECTION 75 AGREEMENT EXTENSION

Cabinet Member(s)	Cllr Ian Edwards Cllr Jane Palmer
Cabinet Portfolio(s)	Leader of the Council Cabinet Member for Health and Social Care
Officer Contact(s)	Gary Collier – Adult Social Care and Health
Papers with report	Appendix 1 – Variation to 2023/24 Better Care Fund Section 75 Agreement

HEADLINES

Summary	<p>The Better Care Fund (BCF) is a mandatory process through which Council and North West London Integrated Care Board (ICB) budgets are pooled and then reallocated on the basis of an approved plan intended to support residents to live healthy, independent, and dignified lives through joining up health, social care, and housing services seamlessly around the person. The BCF is also a route through which the Government targets funding to support the local health and care systems.</p> <p>The focus of Hillingdon's 2024/25 Better Care Fund plan is improving care outcomes for older people, adults living with long-term conditions and people with learning disabilities and/or autism. The Council and the ICB are required to enter into an agreement under section 75 of the National Health Service Act 2006 for 2024/25 in order to give legal effect to the financial and partnership arrangements within the plan.</p> <p>This report seeks to extend the agreement between the Council and the ICB approved by Cabinet in November 2023 for the 2023/24 plan and to vary its terms to reflect changes to the plan for 2024/25.</p>
Putting our Residents First Delivering on the Council Strategy 2022-2026	<p>This report supports our ambition for residents / the Council of:</p> <ul style="list-style-type: none">• Live active and healthy lives.• Staying independent for as long as they are able. <p>This report supports our commitments to residents of:</p> <ul style="list-style-type: none">• Thriving, Healthy Households <p>This report will contribute to delivery of priorities within the 2022-2025 Joint Health and Wellbeing Strategy.</p>

Financial Cost	Total amount for the BCF for 2024/25 is £100,025k, made up of a Council contribution of £70,173k and an ICB contribution of £29,852k.
Relevant Select Committee	Health and Social Care
Wards	All

RECOMMENDATIONS

That the Leader of the Council, in consultation with the Cabinet Member for Health & Social Care:

1. **Approve the extension to the 2023/24 Better Care Fund agreement between the Council and the North West London Integrated Care Board (NHS North West London/ICB) under section 75 of the National Health Service Act 2006 approved by Cabinet in November 2023 to cover the period from 1st April 2024 to 31st March 2025 at a value of £100,025,164.**
2. **Approve the variation to the 2023/24 Better Care Fund agreement between the Council and the North West London Integrated Care Board under section 75 of the National Health Service Act, 2006, as described in this report.**
3. **Delegate to the Corporate Director of Adult Social Care and Health authority to amend the terms of the agreement with NHS North West London during 2024/25, in consultation with the Leader of the Council and the Cabinet Member for Health and Social Care.**

Reasons for recommendations

1. ***Extension of Section 75 agreement:*** At its meeting in November 2023, Cabinet delegated authority to the Leader of the Council with the Cabinet Member to extend the section 75 (s75) agreement for 2024/25 and a one-year extension is permitted under the 2023/24 agreement.
2. The Leader and Cabinet Member are advised that NHS England makes the release of the £24,164k element of Hillingdon's Better Care Fund (BCF) that is under its control conditional on a pooled budget being established between the Council and North West London Integrated Care Board (ICB) through an agreement established under section 75 (s75) of the National Health Service Act 2006 (NHS Act). This is in accordance with its powers under the Health and Social Care Act 2012.
3. Local authorities and ICBs can enter into s75 agreements once written notification has been received from NHS England that plans have 'assured' status. Written confirmation of assured status was received on 21st August 2024.

4. The Leader and Cabinet Member are being requested to approve the recommendations in this report at such a late stage in the year as a result of a timetable set by the Department of Health and Social Care (DHSC). This is consequently not a matter that the Council has any control over.
5. **Variation to the 2023/24 BCF s75 agreement:** The 2024/25 BCF is largely a roll forward of that for 2023/24 and therefore much of the s75 remains the same; however, there are some changes, and these are detailed in this report. Approval of the recommendation will therefore ensure that the agreement addresses the necessary changes for 2024/25, including amendments to financial arrangements. The details of the proposed changes to the agreement are set out in variation form attached as **Appendix 1**.
6. **Delegated authority to amend s75 agreement in-year:** This delegated authority recommendation will enable the Council and ICB to respond quickly to any opportunities presented by evolving national policy, such as additional funding.

Alternative options considered / risk management

7. **Not extending the s75 agreement:** The Leader and Cabinet Member could decide not to extend the 2023/24 agreement to cover 2024/25 BCF plan arrangements. This is not recommended as it would impact on the availability of £24,869k in 2024/25 NHS funding to support the local health and care system, including £8,812k to protect adult social care. It could also impact on the £5,575k Disabled Facilities Grant (DFG) that is paid directly to the Council by the Ministry of Housing, Communities and Local Government (MHCLG) and also the £7,468k Improved Better Care Fund Grant (iBCF) that is also paid directly to the Council by MHCLG. In each case, grant conditions require that the Council has an agreed BCF plan in place that meets national conditions, one of which is having a s75 agreement in place.
8. **Not delegate authority to amend s75 agreement in-year:** The Leader and Cabinet Member could decide not to approve delegation arrangements or to add some additional requirements. This option is not recommended as the recommendation is intended to create agility within the health and care system to respond to evolving circumstances, including new funding opportunities.

Select Committee comments

9. None at this time.

SUPPORTING INFORMATION

Background

10. The Better Care Fund (BCF) is a national initiative intended to deliver integration between health and social care to improve outcomes for residents. The Leader and Cabinet Member are reminded that Department of Health and Social Care's vision for the BCF is that it supports people to live healthy, independent, and dignified lives through joining up health, social care, and housing services seamlessly around the person. The vision is underpinned by the following national objectives:

- **National BCF Objective 1:** Enable people to stay well, safe, and independent at home for longer.
 - **National BCF Objective 2:** Provide the right care in the right place at the right time.
11. The BCF is also a mechanism that is being used by the Government to implement the integration duty under the Care Act 2014.
 12. The broad principles to be followed for the 2024/25 Better Care Fund (BCF) plan were set out in the policy framework published on 12th April 2024. The detailed planning requirements for 2024/25 were also published on the same date. The plan developed in 2023/24 was intended to cover a two-year period and the policy framework and planning requirements published in April 2024 were intended as an addendum to what was agreed last year. The 2023/25 narrative plan that was submitted as required in 2023/24 as well as the 2024/25 addendum documents are available via the following link: [Better Care Fund - Hillingdon Council](#).
 13. The minimum amount required to be included within the BCF pooled budget for 2024/25 is £37,206k. The 2024/25 value approved by the Health and Wellbeing Board under delegated arrangements is £100,025k, which is £58,483k above the minimum required and reflects local ambition.
 14. The minimum amount referred to in paragraph 13 includes the minimum contributions that the ICB and the Council are required to make by law. For the ICB this includes minimum contributions to support Adult Social Care (£8,811k in 2024/25) and to support health services, particularly those assisting with hospital discharge (£15,352k in 2024/25). The minimum contributions from the Council include Disabled Facilities Grant (DFG), which is £5,574k for 2024/25, and the Improved Better Care Fund (iBCF). This is £7,467k for 2024/25. DFG is intended to enable residents living with disabilities to remain in their own homes by funding adaptations to reflect their needs. The iBCF is used to contribute to support the costs of providing long-term care to residents to whom the Council has a responsibility under the 2014 Care Act to address assessed care needs.
 15. Other mandated funding streams within the BCF include the Discharge Fund, part of which the Government pays directly to the Council (£1,744k in 2024/25) and the other to the ICB (£2,590k in 2024/25). It is a requirement that this funding is used to manage seasonal changes in demand to expedite discharge from hospital.

BCF Schemes 2024/25

16. There has been no change for 2024/25 to the schemes within the BCF plan. For ease of reference, the scheme headings are shown in Table 1 below. The 2024/25 priorities within each scheme can be found in Schedule 1 of the s75 agreement variation document attached as **Appendix 1**.

Table 1: 2024/25 BCF Schemes
Scheme 1: Neighbourhood development.
Scheme 2: Supporting carers.
Scheme 3: Reactive care.
Scheme 4: Improved market management and development.
Scheme 5: Integrated support for people with learning disabilities and/or autistic people.

ICB Review of BCF Schemes

17. An ICB-instigated review of BCF across the eight Health and Wellbeing Boards within the North West London Integrated Care System (ICS) is in progress. This is intended to identify how to better demonstrate value from BCF funding and achieve greater consistency and is scheduled to produce recommendations as to achieve closer alignment of schemes across the ICS, except where difference is justified by local needs. Recommendations arising from the review are expected in the autumn. In the meantime, the Leader and Cabinet Member are advised that the review has no financial impact for 2024/25.

Key Changes from 2023/24 Plan

18. The 2024/25 plan is largely a roll forward from 2023/24, except for the following key changes:
- **NHS additional contribution reduction:** The funding, i.e., £2,464k, for the H4All Wellbeing Service, The Confederation Integrated Care Programme and Care Connection Teams has been removed from the BCF. These services are continuing in 2024/25 but are subject to a separate review being undertaken by the ICB.
 - **Mental Health Adult Social Care capacity:** A new mental health service manager post within Adult Social Care will create increased capacity to improve the flow of hospital discharge cases as well as reduce the length of time between reviews. This will be funded from NHS additional contribution paid to Adult Social Care and is linked to the capitalisation of community equipment.
 - **Commissioning infrastructure capacity:** The intention is to create dedicated commissioning posts with lead responsibility for carers, prevention and community support services and bed-based services to address gaps identified in the self-assessment against the CQC assurance framework for Adult Social Care. These posts are funded from a combination of an increase in the minimum NHS contribution to the protection of Adult Social Care and reprioritisation of existing funding. This will ensure the increased effectiveness of the discharge of the Council's market development and management responsibilities under section 5 of the Care Act 2014.
 - **Step-down block contracts:** Direct awards for 3 years in respect of Parkfield House Nursing Home (10 beds) and Drayton Village Care Centre (5 beds) have been approved by Cabinet. This followed an abortive competitive tender exercise in 2023/24. The funding for these beds is across several income streams within the BCF.

Section 75 Agreement Key Features

19. The s75 agreement is largely a roll forward from 2023/24; however, the main features are summarised in this section.
20. **Agreement duration:** Subject to the recommendation to extend the 2023/24 agreement being agreed, the term would be 1st April 2024 until 31st March 2025.
21. **Hosting:** The practice since the inception of the BCF has been for the Council to host the pooled budget, which is the equivalent of a joint bank account.
22. **Hospital discharge arrangements:** Schedule 1D of the s75 agreement variation in **Appendix 1** sets out financial arrangements supporting hospital discharge. This includes funding for short-term bed-based block contracts as well as financial arrangements for out-of-hospital services that are not bed-based. It sets out services funded from the Discharge Fund as well as other funding streams within the BCF. The agreement allows for funding arrangements for some services within the Schedule 1D to continue beyond 31st March 2025, subject to termination arrangements within the schedule, or a new s75 agreement being established.
23. **Risk share:** It is proposed that the established practice of both partners managing their own risks is extended to the 2024/25 plan.
24. **Dispute resolution:** The dispute provisions of the agreement have been rolled over from the agreement supporting the 2023/24 BCF plan.
25. **Governance:** The delivery of the successive iterations of Hillingdon's plans has been overseen by the Core Officer Group comprising of the ICB's Joint Borough Directors for Hillingdon, the Council's Corporate Director for Adult Social Care and Health, HHCP's Managing Director, and the BCF Programme Manager. The interrelationship between the Core Officer Group and the other governance structures within Hillingdon's health and care system remains unchanged.
26. **Community equipment:** Arrangements concerning the use of Disabled Facilities Grant (DFG) funding to capitalise the ICB's contribution to the community equipment service budget to support Adult Social Care services is described to provide clarity.
27. **Financial and partnership arrangements outside of the BCF pooled budget:** A new Schedule 7 has been added to the Agreement and this includes a range of joint funding arrangements in Children's Services. The rationale behind this is to keep financial and partnership arrangements within a single s75 arrangement to reduce the number of governance documents that partners are required to reference. This affects the following:
 - Designated Clinical Officer in Special Education Needs and Disabilities (SEND).
 - Speech and Language Therapist in the Youth Offending Service.
 - Children's Integrated Therapy Service.

Financial Implications

BCF Value 2024/25

28. The value of the BCF for 2024/25 as shown in Table 2 below increases from **£96,535k** in 2023/24 to **£100,025k**. The expenditure tab from the template submitted to NHSE can be accessed via this link: [Better Care Fund - Hillingdon Council](#). This provides Cabinet with a detailed breakdown of investment for 2024/25 that is within the scope of the 2023/24 section 75 agreement.

Table 2: Financial Contributions by Organisation 2023/24 and 2024/25 Compared		
Organisation	2023/24 (£)	2024/25 (£)
NHS	29,658,745	29,851,857
LBH	66,875,873	70,173,307
TOTAL (£)	96,534,618	100,025,164

29. Table 3 below provides a breakdown of the mandated funding streams for the BCF and also the additional voluntary contributions.

Table 3: Financial Contributions by Funding Stream 2023/24 and 2024/25 Compared		
FUNDING SOURCE	FUNDING	
	2023/24 (£)	2024/25 (£)
Minimum NHS Contribution	22,869,590	24,164,009
Additional NHS Contribution	5,524,379	3,096,967
ICB Discharge Fund	1,264,776	2,590,881
NHS TOTAL (£)	29,658,745	29,851,857
Minimum LBH Contribution	12,578,861	13,042,692
Additional LBH Contribution	53,250,038	55,385,658
LBH Discharge Fund	1,046,974	1,744,957
LBH TOTAL (£)	66,875,873	70,173,307
TOTAL BCF VALUE (£)	96,534,618	100,025,164

30. Table 3 shows a 4.9% increase in the Council's contribution to the BCF in 2024/25 compared to a 0.65% increase by the ICB. The difference is attributed to a combination of:
- The reduction in the ICB's additional contribution of £2,464k as a result of the removal of the services from the BCF set out in paragraph 18.
 - An increase in the mandated minimum local authority contribution.

- An increase in the local authority discharge fund allocation.
- The Government requirement that the £2,154k underspend in the 2023/25 DFG allocation be included within the additional local authority contribution.

31. Table 4 provides a breakdown of the minimum BCF financial contributions.

Table 4: BCF MINIMUM CONTRIBUTIONS SUMMARY 2023/25		
Funding Breakdown	2023/24 (£)	2024/25 (£)
NHS MINIMUM CONTRIBUTION BREAKDOWN		
• Protecting Adult Social Care	8,339,569	8,811,589
• Out of Hospital	6,489,889	6,866,726
• Other minimum spend	8,040,132	8,485,694
TOTAL (£)	22,869,590	24,164,009
LBH MINIMUM CONTRIBUTION BREAKDOWN		
• Disabled Facilities Grant (DFG)	5,111,058	5,574,889
• Improved Better Care Fund (iBCF)	7,467,803	7,467,803
TOTAL (£)	12,578,861	13,042,692
MINIMUM BCF VALUE (£)	35,448,451	37,206,701

32. Table 5 below summarises the LBH and NHS contributions for the period of the 2023 to 2025 plan by scheme.

Table 5: ICB and LBH Financial Contribution by Scheme Summary							
Scheme		2023/24			2024/25		
		LBH (£,000)	NHS (£,000)	TOTAL (£,000)	LBH (£,000)	NHS (£,000)	TOTAL (£,000)
1.	Neighbourhood development	3,052	3,025	6,077	5,527	640	6,167
2.	Supporting carers	690	471	1,161	671	308	979
3.	Reactive care	5,489	19,990	25,479	6,267	22,240	28,507
4.	Improving care market management and development.	26,232	5,083	31,315	26,336	5,489	31,825
5.	Integrated care and support for people with learning disabilities and/or autistic people.	31,412	993	32,405	31,372	1,075	32,447
Programme Management		0	97	97	0	100	100
TOTAL (£,000)		66,875	29,659	96,534	70,173	29,852	100,025

Summary of Financial Changes

33. In summary, the main financial changes from the 2023/24 plan are:

- **Additional LBH contribution:**

- **Scheme 1:** An additional £2,154k has been added for major adaptations and discretionary capital grants, which is the DFG underspend from 2023/24 and is included in the LA additional at the direction of NHS England.

- **Minimum NHS contribution to Social Care:**

- **Scheme 3:** CHC Social Work post (£20k). This enables the post already part-funded from the NHS additional contribution to be made full-time.
- **Scheme 4:** Commissioning infrastructure (£262.6k). This is intended to fund commissioning leads for carers, prevention and community services, and bed-based services. The intention is to address gaps identified in the self-assessment against the CQC ASC assurance framework. This is funded partly from growth and partly from changes to the delivery model for the Dementia Resource Centre.

- **Additional NHS contribution to Social Care:**

- **Scheme 1:** Mental Health Service Manager (£100k). See *Key Changes from 2023/24 Plan* above.
- **Scheme 3:** P3 Bed Coordinator post (£50k). The main purpose of this role is to manage flow from step-down provision.
- **Scheme 3:** Step-down block (£20.7k).

34. **Discharge Fund:** This includes a component that is paid directly to the Council as a Section 31 grant by the MHCLG and an allocation by the ICB. The values are shown in Table 3 above. The detailed breakdown of the uses of this funding are set out in Schedule 1D of the s75 agreement variation attached to this report as **Appendix 1**. In summary, of the £2,590k allocation to the Hillingdon HWB from the ICB discharge fund, it is expected £1,414k will be transferred to the Council. £934k is for schemes to support winter demand on hospital beds.

35. **Improved Better Care Fund (iBCF):** The iBCF funding is paid directly to the Council from MHCLG under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF. The grant conditions for 2024/25 are the same as for the last 4 years, namely that the funding is used for:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

36. Table 4 above shows that the Hillingdon allocation 2024/25 will be maintained at the £7,467k level it was in 2023/24. It is proposed to continue to commit the £220k uplift that the Council received in its 2022/23 iBCF allocation to contributing to the costs of short-term placements to support hospital discharge.

37. As for the last four years, it is proposed to continue to use the remainder of the funding to support the local care market, i.e., long-term placements. This will fund the annualised effect of the fee uplifts as well as additional fee increases to reflect the financial pressures faced by regulated care providers due to higher staff, energy, and supply costs.
38. **Personal Health Budgets Service:** The fixed rate per new cases charged to the ICB for delivering this service on its behalf increases from £1,176 in 2023/24 to £1,229 for 2024/25. The annual support cost charge will increase from £502 to £525.
39. **Learning disabilities case management service:** The cost to the ICB of the Council delivering this service on its behalf increases from £128.7k in 2023/24 to £130.2k in 2024/25.
40. **Financial and partnership arrangements outside of the BCF pooled budget:** Funding arrangements reflected in Scheduled 7 of the BCF s75 agreement variation attached as **Appendix 1** are shown in Table 6 below.

Table 6: Funding Arrangements Outside BCF Pooled Budget 2024/25 Funding Contributions Summary			
Post	ICB Contribution (£)	LBH Contribution (£)	Total Cost (£)
Speech and Language Therapist in the Youth Justice Service	32,038	32,038	64,076
Children's Integrated Therapy Service	2,284,100	455,163	2,739,263
Total (£)	2,316,138	487,201	2,803,339

RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon Hillingdon residents, service users and communities

The Council and ICB will be able to comply with the national BCF requirements for 2023/24.

Consultation carried out or required

The ICB has been consulted in the drafting of this report. The HHCP Delivery Board will be considering the provisions of the s75 at its meeting on 19th September 2024.

CORPORATE CONSIDERATIONS

Corporate Finance

Corporate Finance has reviewed this report and associated financial implication, noting the funding split laid out in the tables referenced above and confirm that this is consistent with both Council's Budget Monitoring and MTFF position for the Better Care Fund (BCF). The total amount for the BCF for 2024/25 is £100m made up of Council contribution of £70m and an Integrated Care Board contribution (ICB) of £30m.

Legal

Legal Services confirm that the Council is responsible for carrying out this function pursuant to section 75 of the National Health Service Act 2006.

It is confirmed within this report that the 2023/24 section 75 agreement contains clauses allowing for the proposed extension and variation. Thus, there are no legal impediments to the Council following the recommendations set out in this report.

BACKGROUND PAPERS

Better Care Fund Policy Framework and Planning Requirements, 2024/25:
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirement>

Contract Variation Form

Contract ref: 425319

Company: North West London Integrated Care Board (NHS North West London)

Service: Agreement under section 75 of the NHS Act, 2006 for the 2024/25 Better Care Fund

Hospital, Localities and Health Integration
Adult Social Care and Health
T.01895 250730
gcollier@hillingdon.gov.uk www.hillingdon.gov.uk

CONTRACT VARIATION FORM

CONTRACT VARIATION NUMBER:

WHEREAS:

- ## AMENDMENTS TO THE AGREEMENT

1.1 To delete from table 1 to clause 5.7 as follows:

Scheme	Functions Delegated
<i>Scheme 2</i>	Delegation by the ICB to the Council to act as lead commissioner on behalf of the ICB for the Carer Support Service.

2. AMENDMENT 2: COMMISSIONING ARRANGEMENTS

2.1 To add new clause 6.6 to read as follows:

6.6 *Commissioning arrangements in respect of Schedule 7 of this Agreement shall be as described in that Schedule.*

3. AMENDMENT 3: FINANCIAL CONTRIBUTIONS

3.1 To add new clause 9.3 to read as follows:

9.3 *Financial arrangements in respect of **Schedule 7** of this Agreement shall be as described in that Schedule.*

4. AMENDMENT 4: SCHEDULE 1 – SCHEME DESCRIPTIONS

4.1 To replace Schedule 1 with **Annex 1**.

5. AMENDMENT 5: SCHEDULE 1A – FINANCIAL CONTRIBUTIONS SUMMARY

5.1 To replace Schedule 1A with **Annex 2**.

6. AMENDMENT 6: SCHEDULE 1B – OPERATION OF THE COMMUNITY EQUIPMENT SERVICE

6.1 To amend clause 6 (Financial Arrangements) of Schedule 1B as follows:

2024/24 Budget

6.2 *The breakdown of the 2024/25 budget for the Service is shown in table 1 below.*

TABLE 1: TCES 2024/25 BUDGET BREAKDOWN							
Funder	ELS	Door Entry Systems	Minor Adaptations	TOTAL	Activity Cost Increase	TOTAL WITH ACTIVITY/EQUIPMENT COST UPLIFT	%
NHS	1,518,398	36,008	40,098	1,594,504	4,496	1,599,000	76%
LBH	479,403	9,854	19,280	508,537	14,652	523,189	24%
TOTAL	1,997,801	45,862	59,378	2,103,041	19,148	2,122,189	100%

6.3 *In 2024/25 the Council will capitalise the NHS community equipment contribution shown in table 1 above using Disabled Facilities Grant funding. The ICB agrees to pay to the Council a sum of equivalent value to support Adult Social Care provision. The use of this funding shall be as shown in table 2 below.*

TABLE 2: REVENUE RELEASE BREAKDOWN

Funding Use	ICB Additional Voluntary Contribution
<i>Reablement</i>	791,235
<i>Mental Health Service Manager</i>	100,000
<i>Discharge Pathway 3 Bed Coordinator</i>	50,000
<i>Step-down Block Contract</i>	21,765
<i>Hospital Discharge Approved Mental Health Practitioner (AMHP)</i>	70,153
<i>Mental Health Hospital Discharge Social Worker</i>	52,403
<i>Mental Health Discharge Floating Support</i>	50,927
<i>Learning Disability Placements</i>	462,517
TOTAL	1,599,000

- 6.4 *The cost of the Contract Operations Officer post and Hillingdon contribution to the lead local authority (LA) role for the London Community Equipment Consortium will be met by the Council in 2024/25, subject to the outcome of a CES funding review to be undertaken across the North West London Integrated Care System (ICS). These costs for 2024/25 are shown in table 3 below.*

TABLE 3: STAFFING & LEAD LA ROLE COST	
Staffing	Lead Authority Role Cost
52,758	7,980
16,661	2,520
69,419	10,500

Budget Setting

- 6.5 *The Council will propose a base CES budget for consideration by the Partners by end of Q3 2024/25 and a proposed base budget for 2025/26 will be determined by the end of February 2025. Prescribing Teams funded from the Pooled Budget will be notified of their allocation.*
- 6.6 *The proposed budget will be subject to the outcome of an ICS review of contributions to the CES to be undertaken in 2024/25.*

- 6.2 To add a second sentence to clause 6.9 so that it reads as follows:

- 6.9 *Provisions concerning over and under-spends are addressed in **Schedule 4** of this Agreement. Underspends on planned activity as shown in table 2 may be used to support other Adult Social Care provision.*

7. AMENDMENT 7: SCHEDULE 1C - OPERATION OF THE PERSONAL HEALTH BUDGETS SERVICE

7.1 To amend clause 6 (Funding) so that the fixed rate per new cases increases from £1,176 in 2023/24 to £1,229 for 2024/25. The annual support cost charge will increase from £502 to £525. Clause 6.1 of Schedule 1C will therefore read as follows:

6.1 The ICB will pay a fixed rate per case to the Council for the administration of PHBs for the duration of the Agreement. The fixed rate per new case for 2024/25 will be £1,229 with an annual support cost charge of £525 per case thereafter. These rates will be subject to review for 2025/26.

8. AMENDMENT 8: SCHEDULE 1D – OPERATION OF HOSPITAL DISCHARGE ARRANGEMENTS

8.1 To replace Schedule 1D with **Annex 3**.

9. AMENDMENT 9: SCHEDULE 1F – INTEGRATED CARE AND SUPPORT FOR PEOPLE WITH LEARNING DISABILITIES.

9.1 To replace the table 1 linked to clause 2.1 of Annex A – Financial Arrangements, as follows:

Table 1: Learning Disability Case Management Service Costings 2024/25			
Type	FTE/Service Users	Rate	2024/25 Cost
1. Staffing			
• Social Worker (POB grade)	1.5	70,784	106,176
2. Accommodation & ICT	1.5	4,500	6,750
3. Additional staff support costs, e.g., travel, training, admin, etc.	N/A	8,000	8,000
4. Finance cost: payment of providers & recharging ICB	29	320	9,280
TOTAL LD CASE MANAGEMENT SERVICE COST			130,206

9.2 To replace the table 2 linked to clause to clause 6.1 of Annex B as follows:

Table 2: Scheme 5 Financial Contributions Summary					
Service		Provider	Funder 2024/25		
			LBH (£)	NHS (£)	TOTAL (£)
8.1	Social Care Staffing	LBH	1,254,000	0	1,254,000
8.2	Homecare	Independent Sector	865,200	223,290	1,088,590
8.3	Day opportunities	Independent Sector	2,800,600	0	2,800,600
8.4	Direct Payments	Independent Sector	2,506,000	0	2,506,000
8.5	Outreach Services	Independent Sector	2,581,000	0	2,581,000
8.6	Supported Living	LBH & Independent Sector	12,187,300	0	12,187,300
8.7	Residential/Nursing Care Home Placements	Independent Sector	9,178,273	536,825	9,715,098
8.8	Respite placements	LBH & Independent Sector	0	184,339	184,339
8.9	Case Management Service	LBH	0	130,206	130,206
SCHEME 5 TOTAL			31,372,373	1,074,760	32,447,133

10. AMENDMENT 10: SCHEDULE 7 - PARTNERSHIP ARRANGEMENTS EXTERNAL TO BCF POOLED BUDGET

10.1 To insert new Schedule 7 attached as **Annex 4**.

EXECUTION OF AGREEMENTS BY THE COUNCIL

CORPORATE SEAL of **THE
LONDON BOROUGH OF HILLINGDON**

was hereunto affixed in the presence of:

Date:

EXECUTION OF AGREEMENTS BY NHS NORTH WEST LONDON

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

Schedule 1 - Scheme Descriptions

Scheme 1: Neighbourhood Development**a) Scheme Aim(s)**

To manage demand arising from demographic pressures by reducing the movement of Hillingdon residents/patients from lower tiers of risk into higher tiers of risk through proactive early identification and facilitating access to preventative pathways.

b) 2024/25 Priorities

The 2024/25 priorities under this scheme include:

- Implementation of leadership and governance arrangements for six Integrated Neighbourhood Teams.
- Integration of community nursing at Neighbourhood level.
- Integration of therapies at Neighbourhood level.
- Implementation of three Same Day Urgent Primary Care Hubs.
- Development and implementation of a third sector Neighbourhood offer.
- Improve dementia diagnosis rates.

c) Intended Outcomes/Success Measures

This scheme will contribute to the following key BCF metric:

- ***Unplanned admissions for ambulatory sensitive chronic conditions (admission avoidance metric):*** Reduction in non-elective admissions of people with ambulatory care sensitive conditions. The indirectly standardised rate of admissions per 100,000 population should be 234.1.
- ***Permanent admissions to care homes by people aged 65 and over:*** Reduction in permanent admissions to care homes per 100,000 65 + population. The ceiling for 2024/25 is 320 admissions.
- ***Emergency hospital admissions due to falls in people aged 65 and over:*** The ceiling for 2024/25 is 837 admissions.

Scheme 2: Supporting Carers**a) Scheme Aim(s)**

This scheme seeks to maximise the amount of time that carers are willing and able to undertake a caring role. This will be contributed to by carers being able to say:

- *"I am physically and mentally well and treated with dignity"*
- *"I am not forced into financial hardship by my caring role"*
- *"I enjoy a life outside of caring"*
- *"I am recognised, supported and listened to as an experienced carer"*

b) **2024/25 Priorities**

The 2024/25 priorities under this scheme are:

- Consulting on the draft all-age 2024 – 2029 Joint Carers Strategy.
- Completing restoration of carer leads in GP surgeries.
- Establishing carer registers in 100% of GP practices that are members of The Hillingdon [GP] Confederation.
- Reviewing the carers assessment process for parent carers and young carers.
- Retendering the Carer Support Services contract.
- Explore options for increasing the percentage of adult carers supported by the Council having needs met via Direct Payments.
- Supporting schools to develop their own support provision for young carers.
- Refresh the Memorandum of Understanding between health and care partners on an integrated approach to identifying and assessing carer need in Hillingdon.

c) **Intended Outcomes/Success Measures**

This scheme will contribute to the following BCF national metrics:

- ***Admission avoidance metric:*** Reduction in non-elective admissions of people with ambulatory care sensitive conditions. See scheme 1.
- ***Percentage of people who are discharged from acute hospital to their usual place of residence:*** The percentage of Hillingdon residents aged 18 and above discharged to their usual home. See scheme 3.
- ***Permanent admissions to care homes metric:*** See scheme 1.

Scheme 3: Reactive Care

a) **Scheme Aims**

The aims of this scheme are to provide a co-ordinated time limited same day community based response to:

- Unplanned rapid physical and/or mental health deterioration in the health of a patient with complex needs or multiple long term conditions in order to prevent unnecessary hospital admission/ED attendance and/or premature admission to long-term care.
- Promote faster recovery from acute (mental) illness, in order to support timely discharge from hospital and maximise independent living.

b) **2024/25 Priorities**

The 2024/25 priorities for this Scheme include:

- Implementing the new End of Life Coordination Hub Operating Model.
- Implementation of an Integrated Active Recovery Service.
- Implementation of '*Maximising HomeFirst*' programme to reduce length of stay.
- Establishing block contracts for pathway 3 discharges.

c) **Intended Outcomes/Success Measures**

This scheme will impact on the following BCF metrics:

- ***Discharge to usual places of residence:*** This is the percentage of people aged 18 and above discharged from hospital to their usual place of residence. The target for 2024/25 is 91.7%.

Other success measures include:

- ***Daily bed occupancy rate at Hillingdon Hospital:*** The bed occupancy rate should be at no more than 90%.
- ***Length of stay of seven days or more (Hillingdon Hospital):*** Percentage of people in hospital with a length of stay of seven days or more (known as '*stranded patients*') should be no more than 30% of the bed base, i.e., 90 based on 315 core beds.
- ***Out of hospital capacity:*** Health and social care capacity at no more than 90% utilisation.

Scheme 4: Improving care market management and development

a) Scheme Aim(s)

This enabling scheme supports other schemes within the BCF and aims to achieve:

- A market capable of meeting the health and care needs of the local population within financial constraints; and
- A diverse market of quality providers maximising choice for local people.

b) 2024/25 Priorities

The 2024/25 priorities under this scheme are:

- Implementing a coordinated approach to supporting the sustainability of the regulated care market.
- Implementing Market Sustainability Plan in respect of care homes for people aged 65 + and providers of homecare for people aged 18 +.
- Establishing care home block contracts to support discharge.
- Reduction in emergency admissions from care homes.

c) Intended Outcomes/Success Measures

This scheme will contribute to the following national BCF metrics:

- **Admission avoidance metric:** Reduction in non-elective admissions of people with ambulatory care sensitive conditions. See scheme 1.
- **Percentage of people who are discharged from acute hospital to their usual place of residence:** The percentage of Hillingdon residents aged 18 and above discharged to their usual home. See scheme 3.
- **Permanent admissions to care homes metric:** See scheme 1.

The following measures will be used to identify whether the scheme is working:

- Number of CQC registered care providers that experience business failure.
- Number of CQC registered providers rated 'good' or above.
- Emergency admission from care homes rate per 1,000 65 and over population.

Scheme 5: Integrated care and support for people with learning disabilities and/or autism

a) Scheme Aims

The intended aims of this Scheme are to:

- To improve the quality of care for people with a learning disability and/or autism;
- To improve quality of life for people with a learning disability and/or autism;
- To support people with a learning disability and/or autism down pathways of care to the least restrictive setting;
- To ensure that services are user focused and responsive to identified needs;
- To ensure Value for Money and efficient use of resources, maximising income where at all possible and avoiding duplication.

b) 2024/25 Priorities

The 2024/25 priorities under this scheme are:

- Continuing the development of crisis pathways for people with learning disabilities and/or autistic people.
- Reviewing integration options for the LBH Learning Disabilities and CNWL Learning Disabilities Health Teams.
- Completing the All-age autism strategy, 2024 - 2029.

c) Intended Outcomes/Success Measures

This scheme will impact on the following BCF metrics:

- **Admission avoidance metric:** See scheme 1.
- **Percentage of people who are discharged from acute hospital to their usual place of residence:** See scheme 3.

The following measures will be used to identify whether the scheme is working:

- % of people with learning disabilities known to services in paid employment.
- % of people with learning disabilities known to services in settled accommodation.
- % of people with learning disabilities known to services receiving an annual health check.
- % of Service Users with an up to date Health Action Plan.

SCHEDULE 1A - FINANCIAL CONTRIBUTIONS SUMMARY AND BREAKDOWN

1. Figures in the tables within this Schedule are subject to rounding and therefore totals given may not be the sum of the numbers provided.

FINANCIAL CONTRIBUTIONS SUMMARY

2. Table 1 summarises the total contribution by organisations in 2024/25.

Table 1: Financial Contributions by Organisation 2024/25	
Organisation	2024/25
NHS	29,851,857
LBH	70,173,307
TOTAL	100,025,164

3. Table 2 below provides a breakdown by BCF funding stream for 2024/25.

Table 2: Financial Contributions by Funding Stream 2023/24	
FUNDING SOURCE	FUNDING
	2024/25
Minimum NHS Contribution	24,164,009
Additional NHS Contribution	3,096,967
ICB Discharge Fund	2,590,881
NHS TOTAL	29,851,857
Minimum LBH Contribution	13,042,692
Additional LBH Contribution	55,385,658
LBH Discharge Fund	1,744,957
LBH TOTAL	70,173,307
TOTAL BCF VALUE	100,025,164

4. Table 3 below summarises the Council and NHS contributions for 2024/25.

Table 3: ICB and LBH Financial Contribution by Scheme Summary				
Scheme		2024/25		
		LBH (£,000)	NHS (£,000)	TOTAL (£,000)
1.	Neighbourhood development	5,527	640	6,167
2.	Supporting carers	671	308	979
3.	Reactive care	6,267	22,240	28,507
4.	Improving care market management and development.	26,336	5,489	31,825
5.	Integrated care and support for people with learning disabilities and/or autistic people.	31,372	1,075	32,447
Programme Management		0	100	100
TOTAL		70,173	29,852	100,025

5. **Annex A** to this **Schedule 1A** of the Agreement summarises the funding to be paid by the NHS to the Council for its retention.

ANNEX A: SUMMARY OF NHS FUNDING TO BE RETAINED BY THE COUNCIL 2024/25



Annex%20A%20Schedule%201A%20BCF

2024/25 FUNDING BREAKDOWN

6. **Annex B** to this **Schedule 1A** of the Agreement provides a detailed breakdown of services, related funding and funding source reflected within the 2024/25 BCF plan.

ANNEX B: 2024/25 BCF SUBMISSION TEMPLATE EXPENDITURE TAB



Annex%20B%20Schedule%201A%20BCF%2

SCHEDULE 1D: HOSPITAL DISCHARGE FUNDING ARRANGEMENTS

1. BACKGROUND AND OVERVIEW

- 1.1 The subject of this **Schedule** of the Agreement is the operation of hospital discharge funding arrangements for 2024/25. The Schedule links into Scheme 3: *Reactive care*.
- 1.2 Unless the context otherwise requires, the defined terms used in this **Schedule** will have the meanings set out in the Partnership Agreement.

2. FUNDING WITHIN THE POOLED BUDGET

Intermediate Tier Services: Step-down Nursing Care Home Beds

- 2.1 Table 1 below describes the annual funding breakdown from the 1st April 2024. The total cost of block step-down provision in 2024/25 will be **£1,014,000** as described in table 1. The funding reflected in table 1 below will be contained within the Pooled Budget.

Table 1: Nursing Step-down Funding Breakdown 2024/25				
NHS Minimum to ASC	NHS Additional to ASC	ICB Discharge Fund	LBH Discharge Fund	TOTAL
122,424	512,899	334,363	44,314	1,014,000

- 2.2 The Council has led a procurement process to identify suitable providers to deliver step-down nursing bed provision. Contractual arrangements are summarised in table 2 below. The need addressed from the provision shown in table 2 is general nursing, nursing dementia and non-weight bearing (primarily Parkfield House).

Table 2: Step-down Nursing Beds Contractual Arrangements Summary						
Setting	Provider	Bed Number	Contract Start Date	Contract End Date	Minimum Annual Cost (£)	Minimum Contractual Period Cost
Parkfield House	Canford Healthcare Ltd	10	01/04/24	31/03/27	676,000	2,028,000
Drayton Village	GCH North London Ltd	5	03/06/24	01/06/27	338,000	1,014,000
TOTAL					1,014,000	3,042,000

- 2.3 Contracts with Providers contain a three (3) calendar month break clause that is operable nine (9) months from commencement date. This means that the minimum duration of the contracts will be one calendar year.
- 2.4 The management of inflationary uplifts will be as set out in the terms of the Council's standard contract, i.e., subject to the provider (s) evidencing increased costs.

Intermediate Tier Services: Other

- 2.5 Table 3 below provides a summary breakdown of other intermediate tier services in 2024/25. A full breakdown of services funded from the Discharge Fund in 2024/25 can be found in **Annex A** to this Schedule.

Table 3: Summary of Other Intermediate Tier Funded Services 2024/25						
Service	Provider	Start Date	End Date	NHS Contribution (£,000s)	LBH Contribution (£,000s)	Total Cost 2024/25 (£,000s)
A. Bridging Care	Comfort Care Services	01/04/24	31/03/25	641	0	641
B. Additional Bridging Care capacity	Comfort Care Services	01/04/24	31/03/25	135.2	0	135.2
C. Additional Brokerage capacity	LBH	01/04/24	31/03/25	0	63.9	63.9
D. Social work manager 7-day capacity	LBH	01/04/24	31/03/25	0	57.6	57.6
E. Pathway 3 social work bed manager	LBH	01/04/24	31/03/25	50	0	50
F. Reablement	Comfort Care Services	03/04/20	02/04/26	1,198	0	1,198
G. Deep clean & house clearance contract.	Telfords Cleaners Ltd	01/04/24	31/03/26	0	8	8
H. Hospital Discharge AMHP	LBH	01/04/24	31/03/25	70.1	0	70.1
I. Mental Health hospital discharge social worker	LBH	01/04/24	31/03/25	52.4	0	52.4
J. Mental Health floating support service	Ability Housing and Care	16/01/24	31/03/25	50.9	0	50.9
K. Complex P3 capacity	Independent sector			933.4	0	933.4
L. Discharge-related residential care home placements	Independent sector	03/04/23	31/03/24	95	684	779
M. Discharge-related nursing care home placements	Independent sector	03/04/23	31/03/24	63	1,265	1,328
N. Discharge-related homecare	Independent sector	03/04/23	31/03/24	300	1,657	1,957
TOTAL				3,589	3,735.5	7,324.5

Intermediate Tier Services: Exit Arrangements

- 2.6 Funding arrangements in respect of services in Clause 2.2 shall continue beyond the term of this Agreement, subject to the terms of any successor agreement or the ICB giving three calendar months' written notice to the Council.
- 2.7 The ICB may decommission or reduce capacity of the Bridging Care Service shown in table 3 pertaining to Clause 2.5 above by issuing to the Council three calendar months' notice. Should notice not be given three months prior to the end date shown in table 3 above the service will continue until such time as notice is issued under this Clause 2.7.

Discharge Fund

- 2.8 A full breakdown of services funded from the Discharge Fund in 2024/25 can be found in **Annex A** to this Schedule. This includes services funded from both the direct funding to the Council and the funding from the ICB.

ICB Discharge Fund Schemes: ICB Directed Schemes

- 2.9 **Rehab beds on Furness Ward:** This is based at the Willesden Centre for Health and Care and specialises in complex patient care. It provides Discharge Pathway 2 rehabilitation beds for the North West London Integrated Care System. It is partially funded from the ICB Discharge Fund, with remaining costs being met by the ICB but outside of the BCF.
- 2.10 **Support for patients where there is unclear commissioning responsibility:** This scheme supports the funding of care packages for patient's post-discharge when commissioning responsibilities (NHS, CHC, or Local Authority) are unclear. Without clear accountability, patients remain in hospital beds, with a 2024 review showing average delays of 26.3 days. This initiative aims to reduce these delays, free up acute beds, and identify commissioning gaps, allowing for system-wide agreements on needed provisions and pathways. The ICB Discharge Support Service will oversee follow-up care for in scope patients, ensuring appropriate short- -term care packages for patient safety and financial oversight.
- 2.11 The key Impacts of this scheme are to:
- Achieve a 10% reduction in discharge delays for patients with unclear commissioning, supporting the ICS Joint Forward Plan target of reducing hospital stays over 21 days by 5%.
 - Improve discharge efficiency for patients with unclear responsibilities, reducing length of stay.
 - Free up beds, enhancing acute flow and reducing reliance on costly agency care.
 - Reduce risks such as hospital-acquired infections, mobility issues, and readmissions.

- Pilot programme to assess and address commissioning gaps, developing standard operating procedures (SOPs) for future collaboration with Local Authorities.

2.12 **Central ICB Support for Borough based teams:** This scheme funds senior strategic staff to enhance discharge processes in NWL by rolling out OPTICA to local authorities, improving weekend discharges, managing the ICB Discharge Grant Fund, addressing Pathway 3 gaps, and clarifying commissioning responsibilities.

2.13 It supports the Joint Forward Plan targets to:

- Reduce 21+ day hospital stays by 5% in 2024-25.
- Decrease delays for patients needing post-discharge support.
- Address treatment gaps for people on Discharge Pathway 3 with behavioural issues, dementia, and delirium by 2025/26.

2.14 **Support for Patients with Dementia, Delirium or complex behavioural needs:** It specifically aims to facilitate the discharge of patients with complex, long-term hospital stays, often identified as Pathway 3 patients. This includes commissioning specialised beds, care in the home, and essential wrap-around services and staffing across both health and social care sectors to achieve effective discharge outcomes. This provision caters to individuals requiring 24-hour care and supervision, either on an interim basis while their long-term needs are assessed or on a longer-term basis if necessary.

Monitoring of ICB Directed Schemes

2.15 The impact of the schemes summarised in paragraphs 2.9, 2.10, 2.12 and 2.14 above will be tracked by the metrics described in table 4 below, supported by agreed monthly reporting.

Table 4: Metrics for ICB Discharge Fund Mandated Schemes		
Metric	Reporting Responsibility	Reporting Level
Number of people discharged to their usual place of residence (BCF metric).	NHSE Regional Team	Trust/ICB
Absolute number of people 'not meeting the criteria to reside' and who have not been discharged.	NHSE Regional Team	Trust/ICB
Number of 'bed days lost' to delayed discharge by trust (from weekly acute sitrep)	NHSE Regional Team	Trust/ICB
The proportion (%) of the bed base occupied by	NHSE Regional Team	Trust/ICB

people who do not meet the criteria to reside by trust.		
Number of care packages purchased for care homes, domiciliary care and intermediate care (collected through new template).	Boroughs/BCF Leads	Borough Level

ANNEX A - DISCHARGE FUND SPENDING PLANS 2024/25

Table 1: 2024/25 Discharge Fund Allocation	
LBH Direct s31 Allocation	1,744,957
Total Provisional ICB DF Allocation to Hillingdon 2024/25:	2,590,881
TOTAL PROVISIONAL HILLINGDON HWB DF ALLOCATION 2024/25	4,335,838

Table 2: Updated Spending Plan	
LBH Direct Funding: s31 Grant	Allocation
Discharge-related residential	220,780
Discharge-related nursing	613,775
Discharge-related homecare	726,000
Block nursing dementia step-down	44,314
Deep clean & house clearance contract	8,000
Social Work 7-day Discharge	57,658
Additional Brokerage Capacity	63,960
Admin	10,470
LBH DIRECT FUNDING TOTAL:	1,744,957

ICB Contribution	Allocation
Additional Bridging Care Capacity	135,200
5 x Nursing Dementia step-down beds	278,128
P3 Block Nursing Step-down	56,235
Homefirst/D2A Rehabilitation (Therapy Bridging)	785,213
Rehab beds in Furness Ward, Willesden.	120,575
Supporting patients where there is unclear commissioning (non-CHC)	220,584
Central ICB Support for Borough based teams	50,500
Health funding for complex care patients in P3 beds/other settings. For conditions including dementia and challenging behaviour	934,446
Admin	10,000
ICB ALLOCATION TOTAL	2,590,881
TOTAL HILLINGDON 2024/25 DISCHARGE FUND ALLOCATION	4,335,838

SCHEDULE 7 – PARTNERSHIP ARRANGEMENTS EXTERNAL TO BCF POOLED BUDGET

1. INTRODUCTION

- 1.1 This Schedule 7 describes the financial and partnership arrangements in respect of the following:
 - 1.1.1 Designated Clinical Officer Special Educational Needs and Disabilities (SEND).
 - 1.1.2 Speech and Language Therapist in the Youth Justice Service.
 - 1.1.3 Children's Integrated Therapy Service.
- 1.2 For the avoidance of doubt, arrangements contained within this Schedule shall be excluded from the Pooled Fund arrangement described in Clause 7 of the Agreement.

2. DESIGNATED CLINICAL OFFICER, SPECIAL EDUCATION NEEDS AND DISABILITIES

- 2.1 The Partners agree to jointly fund a post the purpose of which is to support joined up working between health services, local authorities, and other SEND partners.
- 2.2 Tasks specifically undertaken by this post shall include:
 - 2.2.1 Oversight from a health perspective of education, health and care panels to discuss which children go forward for assessments and then if required have a formal Education, Health and Care Plan (EHCP).
 - 2.2.2 Supporting health professionals to contribute to the EHCP process.
 - 2.2.3 Working with others in the local area to improve the quality of EHCPs.
 - 2.2.4 Supporting the SEND team at the Council with questions and queries.
 - 2.2.5 Promoting links between the SEND team, education professionals, social care, and health services.
 - 2.2.6 Supporting the commissioners and senior leadership team with regards to meeting and assuring the SEND health requirements.
 - 2.2.7 Working alongside commissioners and stakeholders including children and young people, parents, and carers to identify and raise any commissioning gaps some of which may require joint commissioning to resolve.

2.2.8 Ensuring that it is possible to evidence clear health journeys for people aged 0-25 with SEND.

3. SPEECH AND LANGUAGE THERAPIST IN THE YOUTH JUSTICE SERVICE

3.1 The Partners agree to jointly fund a post the purpose of which is to address the issue that over 60% of young people in justice settings have speech, language, and communication needs (SLCN).

3.2 The post is intended to help children to:

3.2.1 Develop language skills for daily life (for example, metalinguistics: non-literal language, inference, multiple meanings, figurative language).

3.2.2 Understand complex information and words associated with the criminal justice system.

3.2.3 Develop conversation and social skills e.g. body language, turn taking, non-verbal communication.

3.2.4 Develop their vocabulary and the way they put sentences together.

3.2.5 Express their feelings and emotions more effectively, for example verbal or non-verbal/pictorial.

3.2.6 Aid their understanding of different types of emotions, and how these can result in a range of feelings.

3.2.7 Develop strategies to manage their own communication difficulties.

3.3 The intended outcome is that these communication skills will help to reduce re-offending by enabling offenders to:

3.3.1 Deal with the triggers that spark anti-social behaviour.

3.3.2 Find ways to overcome drug-related problems with short-term memory, to deal with authority figures, for example, coping at interviews.

3.3.3 Understand, and be understood, by professionals and services working within youth justice settings, for example, police, court officers, custodial staff social workers.

3.3.4 Cope better with the social challenges in, for example, institutional life, education, and work settings.

4. FINANCIAL ARRANGEMENTS

4.1 Funding contributions for 2024/25 shall be as set out in table 1 below.

Table 1: Schedule 7 Posts Funding Contributions 2024/25			
Post	ICB Contribution (£)	LBH Contribution (£)	Total Cost (£)
Speech and Language Therapist in the Youth Justice Service	32,038	32,038	64,076

- 4.2 The Partners acknowledge and agree that the salary cost for the Speech and Language Therapist in the Youth Justice Service shown in table 1 shall be linked to the NHS Agenda for Change increases and agree to fund any in-year increase equally, i.e., 50:50.
- 4.3 The Council shall provide to the ICB quarterly expenditure reports and an annual audited voucher for each financial year to verify actual costs incurred.
- 4.4 Table 2 below summarises the financial contributions to the Children's Integrated Therapy Service for 2024/25. For the avoidance of doubt, the ICB financial contribution shall be made directly to the Central and North West London NHS Foundation Trust.

Table 2: Children's Integrated Therapy Service Financial Arrangements Summary 2024/25		
ICB Contribution (£)	LBH Contribution (£)	Total Cost (£)
2,284,100	455,163	2,73,263

5. REVIEW OF FUNDING

- 5.1 The review mechanism for the posts under this Schedule 7 will be via the Hillingdon Health and Care Partnership on a quarterly basis.
- 5.2 Either Partner wishing to terminate its funding contribution must give to the other Partner four months' notice in writing no later than 1 December 2024. In the absence of any such notice the obligation to continue funding shall continue for 2025/26.