

Cabinet  
Council

17 March 2015  
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**Name of Cabinet Member**

Cabinet Member for Health and Adult Services – Councillor Gingell  
Cabinet Member for Strategic Finance and Resources – Councillor Gannon

**Director Approving Submission of the report:**

Executive Director, People  
Executive Director, Resources

**Ward(s) affected:**

All

**Title:**

Better Care Coventry

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**Is this a key decision?**

Yes – the proposals within the report have financial implications in excess of £1m per annum and could have an impact on residents in the whole of the city

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**Executive Summary:**

In June 2013, the Government announced the £3.8billion Better Care Fund as part of its drive to integrate health and social care. Plans were required to be submitted identifying a minimum of £3.8billion of pooled resources with an expectation larger sums would be pooled. The value of the fund is now £5.3billion, based on the plans submitted nationally. The Better Care Fund is described as a “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities”.

To ensure integration is delivered, the Better Care Fund requires a pooling of resources delivered through a Section 75 agreement. This is a partnership agreement whereby NHS organisations and local authorities contribute an agreed level of resource into a single pot (the pooled budget) that is then used to drive the integration and improvement of existing services.

Coventry’s Better Care Vision is “through integrated working, people will receive personalised support that enables them to be as independent as possible for as long as possible”. Health and Well-Being Board approved Coventry’s original Better Care Plan and this was submitted in April 2014. Subsequently, new requirements were announced and plans had to demonstrate how they would reduce emergency admissions to hospital, with a target set of 3.5%. Coventry’s revised plan was re-submitted in September 2014 and was fully approved by NHS England on 22 December 2014.

Better Care Coventry (Coventry's Better Care Fund Programme), totals £52m for 2015/16 and has four key areas of work (urgent care, short term support to maximise independence, long term care and dementia) as well as other shared priorities such as support for the implementation of the Care Act 2014 and protecting adult social care services.

As NHS England requires the Better Care Fund to be transferred into one or more pooled funds to enable the plan to be implemented, Coventry and Rugby Clinical Commissioning Group and the City Council are required to enter into an Agreement by 1 April 2015.

A 'Partnership Agreement' template, developed by Bevan Britain, was provided by NHS England and the Local Government Association to support the local development of this. This is being used to develop the agreement for Coventry.

**Recommendations:**

That Cabinet recommend to Council the approval of recommendations (1) to (4) below.

Council is recommended to:

1. Approve entering into a Partnership Agreement with Coventry and Rugby Clinical Commissioning Group for Better Care Coventry
2. Approve that the City Council is the host for the pooled budget
3. Delegate authority to the Executive Directors, People and Resources, in consultation with the Cabinet Member for Health and Adult Services and Cabinet Member for Strategic Finance and Resources to finalise the agreement with Coventry and Rugby Clinical Commissioning Group
4. Approve the proposed governance arrangements for the monitoring of the agreement and the pooled budget

**List of Appendices included:**

Appendix 1 - Partnership Agreement Template

**Background papers:**

None

**Other useful documents**

Health and Well-Being Board – 22 September 2014 – Better Care Fund Update

<http://democraticservices.coventry.gov.uk/ieListDocuments.aspx?CId=575&MIId=10355&Ver=4>

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel/other body?**

No

**Will this report go to Council?**

Yes

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## Report title:

Better Care Coventry

### 1. Context (or background)

- 1.1 In June 2013, the Government announced the £3.8billion Better Care Fund as part of its drive to integrate health and social care. Plans were required to be submitted identifying a minimum of £3.8billion of pooled resources with an expectation larger sums would be pooled. The value of the fund is now £5.3billion, based on the plans submitted nationally. The Better Care Fund is described as a “single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities”.
- 1.2 To ensure integration is delivered, the Better Care Fund requires a pooling of resources delivered through a Section 75 agreement. This is a partnership agreement whereby NHS organisations and local authorities contribute an agreed level of resource into a single pot (the pooled budget) that is then used to drive the integration and improvement of existing services.
- 1.3 Coventry’s Better Care Vision is “through integrated working, people will receive personalised support that enables them to be as independent as possible for as long as possible”. Health and Well-Being Board approved Coventry’s original Better Care Plan and this was submitted in April 2014. Subsequently, new requirements were announced and plans had to demonstrate how they would reduce emergency admissions to hospital, with a target set of 3.5%. Coventry’s revised plan was re-submitted in September 2014 and was fully approved by NHS England on 22 December 2014.
- 1.4 The minimum pooled budget required in Coventry was £24m. Following extensive work with the Coventry and Rugby Clinical Commissioning Group to identify key areas of work, as well as other shared priorities, resources to the value of £52m were identified to be pooled as part of Coventry’s plan.
- 1.5 The four key areas of work identified are:
  - Urgent care - delivering a reduction in emergency admissions to hospital
  - Short-term support to maximise independence - providing a single point of access to short-term support at home
  - Long-term care - integrated working that ensures people receive personalised support that enables them to be as independent as possible for as long as possible within their local community
  - Dementia - enabling people and their carers to live as independently as possible, and to ‘live well’

In addition to these specific workstreams, other shared priorities were included such as information sharing, support for the implementation of the Care Act 2014 and protecting adult social care services.

- 1.6 As NHS England requires the Better Care Fund to be transferred into one or more pooled funds to enable the plan to be implemented, Coventry and Rugby Clinical Commissioning Group and the City Council are required to enter into a Section 75 Partnership Agreement by 1 April 2015 enabling the pooling of funds.

- 1.7 A 'Partnership Agreement' template, developed by Bevan Britain, was provided by NHS England and the Local Government Association to support the local development of this. This is being used to develop the agreement for Coventry and is included as appendix 1.

## **2. Key elements of the Partnership Agreement**

- 2.1 The purpose of this Partnership Agreement is to support the delivery of the Better Care Fund by setting out the governance and practical management arrangements specifically associated with the Better Care Fund pooled budget.

### **2.2 Governance arrangements**

A Better Care Programme Board is in place which has membership from senior leaders from Coventry City Council, Coventry and Rugby Clinical Commissioning Group, University Hospital and Coventry and Warwickshire Partnership NHS Trust. This provides the operational oversight for delivery of the programme.

The Joint Adult Commissioning Board (Coventry and Rugby Clinical Commissioning Group and the City Council) will be responsible for ensuring Better Care Coventry is delivered and the pooled budget is managed in line with the partnership agreement.

The Health and Well-Being Board will hold the Joint Adult Commissioning Board to account for the delivery of Better Care Coventry and provide strategic direction.

As from 1 April 2015, when the pooled budget is introduced, it is proposed that there is further reporting to Health and Social Care Scrutiny Board 5.

Although the pooled budget is created from allocations from Coventry and Rugby Clinical Commissioning Group and the Council, the arrangements do not constitute a delegation of statutory responsibilities and these are retained by Coventry and Rugby Clinical Commissioning Group and the Council. Any future financial implications will be reported through each organisation's existing financial reporting arrangements.

### **2.3 Hosting the pooled budget**

The regulations require that one of the partners is nominated as the host of the pooled budget and this body is then responsible for the budget's overall accounts and audit. In Coventry, it is proposed that the Council is the host for the pooled budget.

### **2.4 Scheme specification**

The Partnership Agreement includes scheme specifications which will provide the detail for each workstream including aims and outcomes, level of the pooled budget, the specific management arrangements and risk sharing.

### **2.5 Risk sharing**

The agreement will include specific details of the risk sharing in relation to the individual elements of the programme and financial responsibility for any variation.

## **3. Options considered and recommended proposal**

- 3.1 That Cabinet recommend to Council the approval of recommendations below.

Council is recommended to:

Approve entering into a Partnership Agreement with Coventry and Rugby Clinical Commissioning Group for Better Care Coventry

Approve that the City Council is the host for the pooled budget

Delegate authority to the Executive Directors, People and Resources, in consultation with the Cabinet Member (Health and Adult Services) and Cabinet Member (Strategic Finance and Resources) to finalise the agreement with Coventry and Rugby Clinical Commissioning Group

Approve the proposed governance arrangements for the monitoring of the agreement and the pooled budget

#### **4. Results of consultation undertaken**

4.1 Initial consultation with relevant interested parties has taken place as part of the development of the Better Care plan.

#### **5. Timetable for implementing this decision**

5.1 It is a requirement that the pooled budget is in place from 1 April 2015.

#### **6. Comments from Executive Director, Resources**

##### **6.1 Financial implications**

Coventry was required to have a minimum pooled budget of £24m. As described in paragraph 1.4 above, resources to the value of £52m were identified to be pooled as part of Coventry's plan. The fund is comprised of a number of existing funding streams with relevant regulations and legislation continuing to govern how they are spent.

The pooled budget will be managed in accordance with the partnership agreement and any future financial implications will be reported through the existing financial reporting arrangements within each organisation.

##### **6.2 Legal implications**

Section 75 of the National Health Services Act 2006 allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources. A Section 75 agreement can only be entered into if such arrangements are likely to lead to an improvement in the way functions are exercised. The types of arrangements permitted by Section 75 include:

- The formation of a fund (pooled budget) out of which payments are made towards spending incurred in the exercise of prescribed NHS and prescribed local authority functions
- The exercise by an NHS body of the council's health related functions (and vice versa)
- The provision of staff, goods or services or the making of payments in connection with these arrangements

Regulations made under the Act set out the functions of NHS bodies and local authorities which can be the subject of a Section 75 and which may not.

Where, as here, a pooled fund is to be established, the Section 75 Agreement must specify:

- the agreed aims and outcomes of the pooled fund arrangements
- the contributions to be made to the pooled fund by each of the partners and how those contributions may be varied
- the functions which are the subject of the arrangements
- the persons and the kinds of services likely to be affected by the functions exercised by the partnership
- the staff, goods, services or accommodation to be provided by the partners in connection with the arrangements
- the duration of the arrangements and provision for the review or variation or termination of the arrangements
- how the pooled fund is to be managed and monitored, including which body or authority is to be the host partner

In addition, the Regulations require that the Agreement deals with management of the pooled fund, accounts, auditing, reporting and monitoring. Before entering into a partnership arrangement, the partners should ensure that their obligations to inform and consult interested parties are discharged where appropriate.

## **7. Other implications**

### **7.1 How will this contribute to achievement of the Council's key objectives/corporate priorities (corporate plan/scorecard)/organisational blueprint/Local Area Agreement (or Coventry Sustainable Community Strategy)?**

The integration of health and social care services, supported by the formation of a pooled budget will support the Council's plan to improve the health and well-being of local residents.

### **7.2 How is risk being managed?**

The agreement will include specific details of the risk sharing in relation to the individual elements of the programme and financial responsibility for any variation. These risks will be reported and managed through the Better Care Programme Board, Adult Joint Commissioning Board and Health and Well-Being Board. The risk shares will reflect where existing risks continue to remain, to ensure neither organisation is subject to further unnecessary risk allowing the programme to focus on integrating and improving services.

### **7.3 What is the impact on the organisation?**

The pooled budget will support further integration of health and social care services.

### **7.4 Equality and Consultation Analysis**

On-going consideration will be given to equality impacts and consultation requirements as the delivery programme progresses.

### **7.5 Implications for (or impact on) the environment**

None



## 7.6 Implications for partner organisations?

The pooled budget will support further integration of health and social care services. The formation of a pooled budget was presented and approved by the Governing Body of the Coventry and Rugby Clinical Commissioning Group on 11 March 2015.

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