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Health and Well-Being Board  
Cabinet  
Council

10 July 2017  
1 August 2017  
5 September 2017

**Name of Cabinet Member:**

Cabinet Member for Adult Services – Councillor Abbott

**Director Approving Submission of the report:**

Deputy Chief Executive (People)

**Ward(s) affected:**

All

**Title:**

Improved Better Care Fund

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**Is this a key decision?**

Yes, due to level of spend and City-wide implications

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**Executive Summary:**

The integration of health and care has been a long standing policy ambition based on the premise that more joined up services will help to improve the health and care of local populations and make more efficient use of available resources.

Whilst the Sustainability and Transformation Programme (STP) is the primary planning tool for health and care, the Better Care Fund is the only mandatory policy to facilitate integration. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

In March 2017 a new policy framework for the Better Care Fund covering the period 2017 to 2019 was issued at the same time as significant additional funding being made available to councils in order to protect adult social care. These sums arise from the 2015 spending review and the 2017 spring budget. Taken together these sums comprise the Improved Better Care Fund (iBCF).

This additional funding, which is being made available by the Department for Communities and Local Government direct to councils is intended for three purposes:

1. to meet adult social care need

2. to provide support to the NHS (especially through application of the 8 High Impact Changes)
3. to sustain the social care provider market

Plans for use of the grant need to be agreed by the City Council with the relevant CCG (in this case Coventry and Rugby Clinical Commissioning Group (CRCCG) and with the local Health and Well-being board. Once plans are agreed the resources can start to be spent but must be done so through a pooled budget arrangement (unless ministerial exception is granted).

Since the implementation of the Better Care Fund (BCF) in 2015, the Council has had a BCF plan facilitated by the Health and Wellbeing Board supported by a section 75 partnership agreement with Coventry and Rugby Clinical Commissioning Group (CRCCG). A new plan is required covering the period to 31 March 2019 with a supporting section 75 partnership agreement identifying how the additional resources identified in the spring budget are to be used. Once the planning tools are made available this new plan will be developed followed by the required section 75 partnership agreement.

This report and associated appendices seek approval for the use of the additional Better Care Fund resource against the three stated purposes. The use of the grant without the associated planning tools being provided, completed and assured is permissible on the basis that spend plans have been agreed by the Local Authority and the CCG through the Health and Well-Being Board

#### **Recommendations:**

Health and Wellbeing Board is recommended to:

1. Support the programme plan for the resources made available through the iBCF against the areas identified
2. Accept a further report on the BCF plan once the planning tools have been provided and completed

Cabinet is recommend to:

1. Approve the programme plan for the resources made available through the iBCF against the areas identified for 2017/19.
2. Approve entering into a new Section 75 Partnership Agreement with CRCCG for the delivery of the BCF plan once the plan is completed. This will include the governance arrangements for the operation of the Section 75 Partnership Agreement and maintain the City Council as the host for the pooled budget to enable the delivery of the BCF plan.
3. Delegate authority to the Director of Adult Services and Director of Finance and Corporate Resources, as Section 151 officer, following consultation with the Cabinet Member for Adult Services and Cabinet Member for Strategic Finance and Resources to finalise the section 75 agreement with Coventry and Rugby Clinical Commissioning Group following approval of the plan.
4. Recommend that Council approve acceptance of a grant in excess of £2.5m in relation to the additional BCF grant.

Council is recommended to:

1. Approve acceptance of grant income in excess of £2.5m in relation to the additional BCF grant.

#### **List of Appendices included:**

Appendix One: iBCF programme plan

**Other useful background papers:**

None

**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 or other body?**

Yes – Health and Wellbeing Board – 10<sup>th</sup> July 2017

**Will this report go to Council?**

Yes – 5<sup>th</sup> September 2017

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## Report title: Improved Better Care Fund

### 1. Context (or background)

- 1.1 The integration of health and care has been a long standing national policy ambition based on the premise that more joined up services will help improve the health and care of local populations and make more efficient use of available resources. There is no single way to integrate health and care and no single methodology about what elements should be integrated and what good integration looks like in terms of impact for the person that comes into contact with health and care.
- 1.2 Nationally, the primary planning tool being used to deliver improved and sustainable health and care is the Sustainability and Transformation Programme (STP), which provides a system level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service.
- 1.3 Prior to, and subsequently alongside the STP the Better Care Fund was launched in 2013 as part of a government drive to integrate health and care. The Better Care Fund was valued at a minimum of £3.8bn nationally and has covered two financial years, 2015/16 and 2016/17 (£5.3bn was pooled nationally in 2015/16 and £5.8bn in 2016/17). The resources covered by the BCF required the development of a Section 75 agreement which 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. In Coventry a total of £52m for 2015/16 and £56m for 2016/17 was pooled between the City Council and Coventry and Rugby Clinical Commissioning Group (CRCCG) across a series of project areas. The City Council is currently the host of the section 75 Partnership Agreement and it is proposed that this arrangement continues once the new BCF plan is completed and approved, the timescale for which is uncertain as it is dependent on planning guidance being issued by government.
- 1.4 In March 2017 the Department of Health and the Department for Communities and Local Government issued a new Integration and Better Care Fund policy framework covering the period April 2017 to March 2019. This made an additional £2bn available to councils arising from the 2017 spring budget which taken together with the previously announced Better Care Fund monies comprise the Improved Better Care Fund (iBCF).
- 1.5 Nationally, the additional funding made available through iBCF is a welcome response to the acknowledged national funding pressures facing Adult Social Care. However, the 2016/17 budget survey undertaken by the Association of Directors of Adult Services identified that for 2016/17 £941m of additional savings were required nationally. These additional savings equate to approximately half of the £2bn made available through the spring budget.
- 1.6 The funding pressures facing Adult Social Care in Coventry have resulted in a position where year on year the City Council has experienced significant overspends in Adult Social Care which have been offset by a combination of one off reserves and savings elsewhere in the City Council. These overspends have been incurred as a result of costs of delivering the statutory requirement under the Care Act 2015
- 1.7 In recognising these pressures on social care the CRCCG have transferred to the local authority the various sources of funding identified nationally to protect adult social care as outlined in the previous BCF guidance.

## 1.8 iBCF Policy Framework

- 1.8.1 The policy framework for iBCF was issued by the Department of Health and Department for Communities and Local Government in March 2017. Following the publication of this policy framework there has been a significant delay in the issuing of the planning guidance from the LGA and the NHS on the use of this funding. This has caused a degree of uncertainty over the precise requirements relating to iBCF, the submission of plans and how progress will be monitored. Nevertheless, the grant determination has been issued and the funds are being paid monthly to the City Council via a section 31 grant so are available for use once agreement on use has been reached. .
- 1.8.2 This report and associated appendices contain a number of proposals for the use of the funding. These are categorised against each of the three purposes described in the grant determination, these being:
- a. Meeting adult social care need
  - b. Providing support to the NHS
  - c. Sustaining the social care provider market
- 1.8.3 In addition to meeting these purposes four national conditions also exist that need to be satisfied in producing a plan for the use of the additional money, these being:
- a. Plans to be signed off by the Health and Wellbeing Board, and by the constituent councils and Clinical Commissioning Groups
  - b. NHS contribution to adult social care is maintained in line with inflation, as part of the wider BCF resourcing
  - c. Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
  - d. Managing transfers of care
- 1.8.4 The manner in which conditions (b) to (d) are met are described in each of the proposals below and the associated appendices. Condition (a) will be met through ensuring the relevant approvals are in place before spend is committed.
- 1.8.5 In delivering against the purpose and meeting the national conditions the iBCF does create an opportunity to invest over a three year period in changes that will have a long term and sustainable impact on the health and care system in Coventry and the people that use it (however it must be recognised that whilst the funding has been identified for 3 years, the planning window at this stage is only for the first two years). This is particularly important as there is no indication of the availability of further funding following year three.

## 1.9 iBCF Programme Plan

- 1.9.1 The programme plan for iBCF contained in Appendix One contains a series of project areas which deliver against the three purposes of the funding as described in sections 1.10 to 1.12 below

### 1.10 Meeting adult social care need

- 1.10.1 Ensuring that people who require Adult Social Care have the relevant care and support available in a timely and effective manner is critical to preventing further deterioration as well as helping to ensure that people's individual outcomes are met. This is recognised through iBCF through the 'meeting adult social care need' purpose. In meeting this purpose it is important that we do not just provide more of the same as this creates

financial risk in the years following expiry of the iBCF. Therefore it is proposed that we use the iBCF resource in a manner that reduces as much as possible the ongoing care and support needs of people that would otherwise require long term social care.

- 1.10.2 To this end it is proposed that a Community Promoting Independence service is developed. The purpose of this will be to support people, identified through Community Social Work teams, for a short term period to enable them to the point where social care is not required or, if this is not possible, is at a lower level than would otherwise have been the case.
- 1.10.3 In Coventry there are already Short Term Services to Maximise Independence (STSMI) in place, however the demand is such that virtually all of this resource supports hospital discharge meaning that people identified as needing social care direct from the community do not have the same opportunity to regain their independence and move away from an ongoing requirement for social care.
- 1.10.4 As the people that will be targeted for this approach would otherwise be in receipt of ongoing social care, and therefore a cost would already be incurred by the local authority, the iBCF will be used to fund the additional costs associated with the greater level of input required to make a Community Promoting Independence service a success. This includes additional Occupational Therapy and Social Work input plus a recognition that additional provider costs may be incurred through the increased input required.
- 1.10.5 In addition to maximising the independence of people when they first come into contact with social care, the iBCF provides an opportunity to invest in preventative services that reduce the requirement for health and/or social care in the longer term. Aligning this to the Proactive and Preventative workstream of the Sustainability and Transformation Programme is important to ensure overall system fit and avoid duplication. In doing this, preventative initiatives are proposed that focus on areas including support for people experiencing mental ill health, interventions to develop volunteer capacity to reduce social isolation and interventions that will enable people to take a more active role in managing their health and well-being in the community.

## **1.11 Providing support to the NHS**

- 1.11.1 The improved Better Care Fund provides the requirement for local authorities to use part of the additional funding to support the NHS. The CRCCG currently commissions residential capacity to support the Discharge to Assess pathway, this was originally commissioned on a short term basis due to availability of funds but demand has been such that to remove this capacity at this point in time would have a significant and detrimental impact on numbers of discharges. Therefore, the iBCF resource will be used to support the CCG in maintaining the existing level of discharge to assess beds. In addition to this, people awaiting a care package in their own homes is a common reason for delays so the iBCF will also be used to support an increase in short term home support capacity to facilitate discharge.
- 1.11.2 In addition to this, additional capacity will be commissioned for the period covering November to March for both years of the plan (peak seasonal pressures) to help ensure that hospital system flow is maintained over this period which is often the most challenging for the health and social care system.
- 1.11.3 As well as capacity to facilitate hospital discharge the iBCF provides an opportunity to support a system change that improves long term performance. To this end it is proposed that an element of the available resource is identified to support a programme of work to improve system performance through pre-admission, whilst in hospital and then

discharge. The details of this work are to be developed through the Accident and Emergency delivery board and external capacity may be required in order to deliver the required improvements.

## **1.12 Supporting the sustainability of social care**

1.12.1 Supporting the sustainability of social care through recognising the ongoing pressures on Adult Social Care as a result of reductions in local government funding and the impact this has had on wider city council resources is an important element of the iBCF grant. In order to meet its statutory responsibilities in respect of Adult Social Care the City Council has experienced overspends against its Adult Social Care budget which have been met through the delivery of savings in other areas and reserves. This is in addition to £5.99m of savings being delivered by Adult Social Care since 2015/16.

1.12.2 In order to set a balanced budget the City Council, through its budget setting in February 2017, identified that a proportion of BCF resources were required in order to deliver a balanced budget along with additional savings to be delivered from 2018/19. In order to resource the growing demands in ASC and deliver a balanced budget for the City Council, a proportion of the additional resources were identified as required in the Councils budget setting report in February. This is in addition to savings targets that will also need to be delivered.

1.12.3 In addition to this there are market sustainability pressures associated with costs, such as increases in the national living wage and changes to pension legislation. Where these can be evidenced, not meeting these additional costs could result in provider failure and the social care provider market becoming unsustainable. If this was to happen, this may lead to closures which would have a direct impact on the health and social economy resulting in more delayed transfers of care and possibly more admissions to hospital if providers withdrew services at short notice and no alternatives were readily available. There are also anticipated additional financial demands on the City Council as a result of Continuing Health Care reviews undertaken by CRCCG.

1.12.4 Although the provider market has remained relatively stable with only one closure of a care home since 2015/16 the number of providers requesting additional package costs has increased, and is expected to increase further. The City Council will continue to recognise a genuine sustainability issue as a result of costs increasing outside of the providers control. The resources available through the iBCF will support the City Council to meet these additional costs where required without further impacting on the need to use reserves or make other cuts to support social care.

## **1.13 Integrating commissioning**

1.13.1 As the only mandated policy for integration the iBCF provides a policy impetus to consider areas of health and social care that could be more closely integrated. In Coventry the focus of this integration activity under the iBCF will be in our commissioning activity. There are a number of enablers already in place to support the progression of this including:

- The Health and Well-Being Board Concordat agreed in October 2016 set out a number of principles for commissioning across Coventry and Warwickshire
- The establishment of a Commissioning Collaborative group across Coventry and Warwickshire which brings together the Accountable Officers for CCGs, the Director of People (Warwickshire) and the Deputy Chief Executive (People) for Coventry to consider and align commissioning issues across the STP footprint. Aligned to this a



commissioning collaborative document has been produced that outlines how commissioners across Coventry and Warwickshire will work together on significant issues to achieve better integration and improve outcomes.

- In Coventry there has been a Joint Adult Commissioning Board in place for a number of years which is chaired by the Director of Adult Services and attended by colleagues across the Coventry and Rugby Clinical Commissioning Group to agree on areas of joint commissioning. As a further step towards integration lead officers have been identified to lead on behalf of both organisations on significant areas of joint commissioning across both organisations.
- Although formal structural integration is not being progressed at this time a number of joint commissioning posts do exist across Learning Disabilities and Mental Health/Dementia. It is proposed that an element of the iBCF funding is used to ensure that the commissioning capacity is in place to work across both organisations to ensure the projects under the iBCF are delivered and impacts are evidenced.

#### **1.14 Delivering the High Impact Change Model**

- 1.14.1 The High Impact Change Model is a model endorsed by the Local Government Association, Secretaries of State for Health and for Communities and Local Government which identify eight areas that work well in ensuring that people do not stay in hospital for longer than they need to. This covers areas including early discharge planning, multi-agency discharge teams, discharge to assess, trusted assessors and enhancing health in care homes.
- 1.14.2 Significant progress has been made in implementing this model in Coventry which is overseen through the Coventry and Warwickshire Accident and Emergency Delivery Board. The iBCF is intended to support acceleration of the High Impact Change Model although it can be used to support the wider health economy in delivering the model where this is likely to result in savings for social care.
- 1.14.3 Some of the proposals described above will further support delivery of the model through increasing Discharge to Assess capacity which is often a barrier to effective discharge. As implementation of the model locally progresses the City Council will work with its health colleagues using iBCF resources where appropriate and required to ensure the model continues to be implemented and patient/service user benefits are realised.

#### **1.15 Governance of iBCF**

- 1.15.1 A set of governance arrangements are associated with the BCF including the need to produce a BCF plan which is subject to approval by NHS England (NHSE). The publication of the planning guidance associated with this has been delayed and as at 12 June 2017 had not been published. However, the policy framework was issued by the Department of Health and Department for Communities and Local Government in March 2017, and the grant determination was issued on 24 April 2017. When the planning guidance is issued it is likely that the plan will require sign off through the Health and Well-Being Board.
- 1.15.2 Although provider agreement is not required for the iBCF as the impact of the resource will be felt across the health and social care system the contents of the plan have been shared and commented on by the Coventry Accident and Emergency Delivery Group which includes representatives from University Hospital Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT).

- 1.15.3 Use of the grant will be subject to a monitoring process which, in the absence of the planning guidance will be overseen by the Department for Communities and Local Government and requires quarterly returns on progress against the national conditions.
- 1.15.4 It is not proposed that a separate BCF board is established for Coventry to oversee activity but that the Preventative and Proactive workstream of the STP becomes the main oversight group with an annual report to the Health and Well-Being Board to ensure system oversight. On a day to day basis the Joint Adult Commissioning Board will oversee progress in line with the existing Better Care Fund Programme. Specific spend decisions will be made through the appropriate governance structures of CRCCG and the City Council. Updates on progress will also be provided periodically to the Accident and Emergency Delivery Board as a key stakeholder group.
- 1.15.5 A key role of these governance arrangements for BCF will be monitoring performance against the National Performance Metrics associated with the iBCF, these being:
- Delayed Transfers of Care
  - Non-elective admissions (General and Acute)
  - Admissions to residential and care homes; and
  - Effectiveness of reablement

#### **1.16 Developing the Partnership Agreement – Section 75**

- 1.16.1 The grant determination further associated with the iBCF requires that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006. In Coventry a Section 75 partnership agreement was established to oversee the previous Better Care Fund.
- 1.16.2 The purpose of this Partnership Agreement was 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.
- 1.16.3 It is recommended that once the planning guidance is available and plans completed and approved that the City Council continue to pool resources including the additional iBCF resource into a revised section 75 Partnership Agreement covering the two years from 2017-2019 with the City Council to remain as host. As an alternative the City Council could seek written ministerial exemption from this but there are no particular circumstances in respect of Coventry that would indicate that such approval would be sought if granted.
- 1.16.4 In revising the use of the existing pooled budget, which is created from allocations from Coventry and Rugby Clinical Commissioning Group and the Council, this does not constitute a delegation of statutory responsibilities and all statutory responsibilities 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.
- 1.16.5 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 continues to be host for the Better Care Fund pooled budget.

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

- 2.1 The proportionate spend of the iBCF grant against each of the local conditions is a matter for local determination between the City Council, and the Coventry and Rugby Clinical Commissioning Group. The proposals put forward in this report represent a combination of additional capacity required to improve the effectiveness of health and social care plus schemes that will further transform the system and contribute to longer term sustainability beyond the current three years for which iBCF funding is applied.
- 2.2 In recommending the proposals in this document it does need to be acknowledged that variations in projects may be required in order to adapt to the changing circumstances across the health and social care economy. Governance arrangements will be put in place to appropriately oversee any such changes.
- 2.3 As an alternative to agreeing spend proposals at this time the City Council could wait until full planning guidance has been issued and completed and approved by NHSE. As the timescales for this are unknown and the grant conditions regarding the iBCF are clear that spend can begin once proposals are agreed, this is not recommended.
- 2.4 Health and Wellbeing Board is recommended to:
- Support the programme plan for the resources made available through the iBCF against the areas identified
  - Accept a further report on the BCF plan once the planning tools have been provided and completed
- 2.5 Cabinet is recommend to:
- Approve the programme plan for the resources made available through the iBCF against the areas identified for 2017/19.
  - Approve entering into a new Section 75 Partnership Agreement with CRCCG for the delivery of the BCF plan once the plan is completed. This will include the governance arrangements for the operation of the Section 75 Partnership Agreement and maintain the City Council as the host for the pooled budget to enable the delivery of the BCF plan.
  - Delegate authority to the Director of Adult Services and Director of Finance and Corporate Resources, as Section 151 officer, following consultation with the Cabinet Member for Adult Services and Cabinet Member for Finance and Resources to finalise the section 75 agreement with Coventry and Rugby Clinical Commissioning Group following approval of the plan.
  - Recommend that Council note the receipt of a grant in excess of £2.5m.
- 2.6 Council is recommended to:
- Approve acceptance of grant income in excess of £2.5m in relation to the additional BCF grant.

## **3. Results of consultation undertaken**

Formal consultation has not been undertaken however key stakeholders including health partners have been engaged in the development of plans through the Accident and Emergency delivery board and Sustainability and Transformation Programme board.

#### 4. Timetable for implementing this decision

Implementation of plans will commence immediately. Full implementation will be subject to a number of factors including market capacity and ability to recruit.

#### 5. Comments from Director of Finance and Corporate Services

##### 5.1 Financial implications

The City Council and Clinical Commissioning Group have pooled budgets as part of the Better Care Fund since April 2015. The pooled budget for 2016/17 and the proposed pooled budget for 2017/18 (excluding iBCF) are shown in the table below.

<b>Better Care Fund</b>	<b>2016/17 £m</b>	<b>2017/18 £m</b>
Coventry City Council	20.0	20.5
Coventry & Rugby Clinical Commissioning Group	35.9	36.2
<b>Total Pooled Budget</b>	<b>55.9</b>	<b>56.7</b>

The iBCF is additional to the existing pooled resources, and the supporting planning arrangements cover differing periods of time to the identified resource. Whilst the funding is for a 3 year period, the plan requiring approval is currently only for the 2 year period from 1st April 2017 to 31st March 2019.

The grant conditions state that the iBCF grant may be used only for the purpose of meeting adult social care needs, reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and ensuring the local social care market is supported.

They also state that the local authority must:

- pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- provide quarterly reports as required by the Secretary of State

The table below identifies the additional iBCF resources for the 3 year period, however the 2019/20 figures at this stage are for information only as they are outside the scope of the current planning timescales.

<b>Coventry Allocation of iBCF</b>	<b>2017/18 £m</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>	<b>Total iBCF</b>
Spending Review 2015	1.0	6.7	11.6	19.3
Spring Budget 2017	7.1	4.4	2.2	13.7
<b>Total iBCF Resources</b>	<b>8.1</b>	<b>11.1</b>	<b>13.8</b>	<b>33.0</b>
Included in February 2017 Budget Report	(1.0)	(6.7)	(6.7)	(14.4)
<b>Additional Resource over and above Budget</b>	<b>7.1</b>	<b>4.4</b>	<b>7.1</b>	<b>18.6</b>

Due to the late publication of guidance and the time it will take to commission new services, it is expected that local authorities will be unable to spend the whole of the first years grant in year 1 enabling it to be transferred across years. The proposed programme of spend in the table below reflects the likely spend profile.

<b>BCF Workstream</b>	<b>Category</b>	<b>2017/18 £m</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>	<b>Total iBCF</b>
Whole Population Prevention	Providing Support to NHS	0.3	0.5	0.5	1.3
Improving System Flow	Providing Support to NHS	0.2	0.3	0.0	0.5
Discharge to Access Support	Providing Support to NHS	1.3	1.3	1.3	3.9
Community Promoting Independence	Meeting asc need	0.3	0.6	0.6	1.5
Integrating commissioning - improving Capacity		0.2	0.2	0.2	0.6
Protecting Social Care	Meeting asc need/sustaining the provider market	1.4	3.6	5.8	10.8
Included in Budget Report	Meeting asc need/Sustaining provider market	1.0	6.7	6.7	14.4
Reprofiling	Transfers to/(from reserves)	3.4	(2.1)	(1.3)	0.0
<b>Total iBCF Resources</b>		<b>8.1</b>	<b>11.1</b>	<b>13.8</b>	<b>33.0</b>

In addition to the existing pooled budget arrangements this means the total pooled budget for 2017/18 will be £64.8m

The iBCF is payable as a s31 grant and is only currently confirmed until the end of 2019/20. This creates a potentially significant financial risk for the City Council and the local health system should the funding be ceased after this period. The proposals being considered will not commit all the funding on an ongoing basis to help mitigate against this risk.

## 5.2 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.

## **6. Other implications**

### **6.1 How will this contribute to achievement of the Council's Plan?**

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.

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

Risks will be reported and managed through the Preventative and Proactive workstream of the STP and the Coventry Joint Adult Commissioning Board. Although the CRCCG and Local Authority will have a section 75 joint finance agreement in place to manage the BCF pooled budget fund in 2017/19 there will be no formal financial risk share agreement in place for 2017/19 within the Better Care Fund. While no specific risk share is in place the partner organisations will work closely together to mitigate against any financial impacts across the health and social care economy.

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

The iBCF provides recognition of the funding issues in social care that have been known for some time. The grant will support the City Council in meeting its statutory duties for the delivery of Adult Social Care plus wider aims of improving the overall health and well-being of the population.

### **6.4 Equalities / EIA**

On-going consideration will be given to equality impacts and consultation requirements as the delivery programme progresses. It should however be noted that the programme contents are largely scaling up, extension and acceleration of existing elements of effective practice.

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

None

### **6.6 Implications for partner organisations?**

The proposals in respect of the iBCF will have positive impacts across a number of partner organisations within the local Health and Social Care economy including improved patient flow and sustainable social care capacity.

**Report author(s):****Name and job title:**

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People Directorate

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<b>Names of approvers for submission: (officers and members)</b>				
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Legal: Julie Newman	Legal Services Manager (People)	Finance & legal	13.6.17	15.6.17
Deputy Chief Executive: Gail Quinton	Deputy Chief Executive (People)	People	19.6.17	27.6.17
Members: Cllr Faye Abbott	Cabinet Member for Adult Services		19.6.17	23.6.17

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