



**Haringey Council**

<b>Report for:</b>	<b>Cabinet</b>	<b>Item Number:</b>	
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<b>Title:</b>	<b>Better Care Fund 2015/16 - Agreement to enter into a partnership agreement with Haringey CCG.</b>
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<b>Report Authorised by:</b>	<b>Zina Etheridge, Deputy Chief Executive</b>
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<b>Lead Officer:</b>	<b>Beverley Tarka, Director of Adults Services</b>
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<b>Ward(s) affected: All</b>	<b>Report for Key/Non Key Decisions:</b>
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**1. Describe the issue under consideration**

This report asks Cabinet approval for the Council to enter into a Section 75 Partnership Agreement with the local Haringey Clinical Commissioning Group. This is a requirement of the Better Care Fund – which is a national programme to support the transformation and integration of health and social care at a local level.

**2. Cabinet Member introduction**

2.1 I am very pleased to present this report which builds on the partnership work to develop our local Better Care Fund Plan and enables the creation of a pooled fund. I believe that closer integration of health and social care will both produce better results for local people and significantly improve their experiences of services and increase value for money.

2.2 Changing services and spending patterns will take time and the BCF is only one stage in the journey towards closer integration that lies at the heart of our ambitious strategy to enable all adults to live healthy, long and fulfilling lives. It is clear at both a national and a local level that closer working through partnership is the best way to achieve sustainable long term improvements in the health and wellbeing of our local population. I am excited about the opportunities ahead.



### **3. Recommendations**

#### 3.1 Cabinet is asked to:

- a) Approve that the Council enter into a section 75 partnership agreement with the CCG that include the commissioning of health and social care services from pooled funds;.
- b) Delegate to the Deputy Chief Executive the ability to approve the final draft of the partnership agreement after consultation with the Cabinet Member for Health and Wellbeing;
- c) Note the strategic implications of the wider Health and Social Care Integration agenda and that officers will work with CCG colleagues to explore further opportunities for integration, including further opportunities for pooled budgets, in line with the Health and Care Integration programme.

### **4. Alternative options considered**

4.1 The establishment of a section 75 agreement is one of the requirements of the Better Care Fund. If the Council and the CCG do not form such a partnership NHS England has powers to withhold Better Care Fund monies or to issue directions as to how they should be spent. It would not be in the interests of the Council not to form a section 75 partnership.

### **5. Background information**

- 5.1 The Better Care Fund was announced by the Chancellor in the June 2013 Spending Round as a two year programme. The first year funding was £1.1bn nationally to be spent by Social Services working in alignment with their health partners; the second year, 2015-16 builds on this by creating pooled Health and Care budgets of £3.8bn nationally. The intention of the fund is to encourage Local Authorities and Clinical Commissioning Groups to work together to achieve improved health and wellbeing outcomes for their local population.
- 5.2 The Haringey share of the BCF funding is £16.475m revenue and £1.88m capital. It should be noted that this is not new funding – rather the total has been mainly made up by reallocating existing funding streams including local CCG budgets, the £5.2m health funding transferred to social care in phase one of the BCF and two Local Authority capital grants: the Community Capacity Grant and the Disabled Facilities Grant.
- 5.3 The CCG and the Local Authority have together agreed the Better Care Fund plan which has been approved by the Health and Wellbeing Board. A joint board has been established to oversee an ambitious Health And Care Integration (HACI) programme, as previously reported to Cabinet.



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- 5.4 The establishment of a section 75 Partnership Agreement provides a governance framework for the Better Care Fund budget and plan. The key features of the agreement are as follows:
- The CCG will host the £16.475 revenue pooled budget while the Local Authority will remain the host for the capital budget.
  - The allocation of expenditure will be in line with our Better Care Fund plan.
  - The Local Authority will be the lead commissioner or the provider on a number of schemes as set out in the appendix.
  - The CCG Finance and Performance Group will be expanded with the addition of Local Authority Officers to form a Partnership Finance Group that will oversee the budget.
  - Any financial decisions that are not within the delegated authority of these officers will be referred to Cabinet.
  - At this stage there will be no secondment of staff but some staff teams will start to work in a more aligned way.
- 5.5 The Partnership Agreement will be a short term agreement to the end of this financial year in line with the timescales of the national programme.
- 5.6 There is an expectation nationally that in future years there will be successor programmes which build on the Better Care Fund. Our local experience of working together has shown that there are many advantages of a closer strategic partnership including the ability to commission jointly using a values or outcome based commissioning approach and the capacity to drive a whole systems approach to transforming local services.
- 5.7 It is therefore our intention to use this year as an opportunity to explore further possibilities for joint working with the CCG, which could include a focus on integrated working for children and young people as well as other areas of activity for adults, to effect the wider vision that all children, young people and adults live healthy, fulfilling and long lives. This will require careful consideration of governance, approaches to pooling funds and a focus on delivery which continues to make a difference on the ground. The local authority would need to consider the benefits of such an approach for its local population as well as any associated risks – we know already that the interdependencies of the health and social care economies are strong and that changes in one area often have an impact on the other. We believe that exploring a more joined up approach will help us to have a shared understanding of any risks and to be clear about the benefits for local residents.
- 6. Comments of the Chief Finance Officer and financial implications**
- 6.1 As set out above, the Better Care Fund is fully funded in 2015-16 and has been reflected in the Medium Term Financial Strategy. Under this agreement the authority retains any risk of overspending on these schemes; however by their nature the schemes funded within the BCF are generally low risks and within the



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local authority control (mostly staffing costs or fixed contracts.). It should be noted that in practice there is no real new funding this year and the local authority allocation (£5.2m) is similar to that received in 2014-15.

6.2 The funding is guaranteed for one year only – however we have been in receipt of additional funding from the NHS for some years now and there is an expectation that this will continue in some form or other. If it does not this will be an additional pressure on the MTFS but this is thought to be a low risk at present.

6.3 In the longer term, closer partnership with local health offers both risks and opportunities. Depending on the terms of any partnership the council may be directly exposed to a new and different set of health related risks; however the ability to take a wider view and influence decision making across the health and social care economy as a whole should offer an increased range of options for managing those risks.

## **7. Assistant Director of Corporate Governance Comments and legal implications**

7.1 The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose under Section 75 NHS Act 2006.

7.2 Section 75 of the NHS Act 2006 permit the Council and the CCG to pool their resources, delegate functions, integrate service provision and transfer resources from one party to another. The section permits: a) Pooled fund arrangements: A pooled fund arrangement provides an opportunity for the partners to bring money together, in a discrete fund, to pay for the services that are an agreed part of the pooled fund arrangement for the client group who are to benefit from one or all of the services; b) Delegation of functions – lead commissioning: where health and local authorities delegate functions to one another and there is a lead commissioner locally. Lead Commissioning provides an opportunity to commission, at a strategic level, a range of services for a client group from a single point and therefore provide a level of co-ordination which improves services for users, and provides an effective and efficient means of commissioning. In effect, one partner takes on the function of commissioning of services which are delegated to them; c) Delegation of functions – integrated provisions: this consist of the provision of health and social care services from a single managed provider. The arrangement can be used in conjunction with lead commissioning and pooled fund arrangements.

7.3 The recommendation in this report for pooled funds and joint commissioning under Section 75 would meet the funding condition of the Better Care Fund.

## **8. Equalities and Community Cohesion Comments**



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- 8.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
  - advance equality of opportunity between people who share those protected characteristics and people who do not;
  - foster good relations between people who share those characteristics and people who do not.
- 8.2 An equalities impact assessment was completed for the whole BCF Programme in December 2014 with support from the North and East London (NEL) NHS Commissioning Support Unit (CSU) Equalities lead. The EqIA summarised the consultation and engagement activities that have taken place throughout the development of the BCF programme. The overall conclusion of the EqIA was to proceed with the programme as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to the cohort of patients and services users that will be the main beneficiaries, the delivery of services in people's homes, working in a service user centred way to define health and social care goals and the intention to improve health and well-being. No negative impacts were highlighted. For each protected characteristic recommendations for further improving the equalities impact were identified.
- 8.4 The EqIA states that individual EqIAs will be completed for specific BCF schemes as these are developed. It explains that in the future delivery of BCF schemes, data from the JSNA and GP practice profiles will target vulnerable groups with protected characteristics including: Frail Older People; People with Dementia; and Adults with mental health needs. Commissioners will explore channels to reach different communities at the design stage. Workforce training will include managing issues facing protected characteristics. Equalities monitoring will be incorporated into service development – it will be signalled to providers that they need to develop rigorous collection and recording of patient and client data.
- 8.5 The EqIA carried out for the BCF programme is deemed to be sufficient and it is therefore not recommended that an additional EqIA is carried out regarding the decision to introduce a section 75 agreement. The section 75 agreement will provide the financial and governance infrastructure to facilitate the BCF programme but not have any additional equalities impacts per se.

## **9. Head of Procurement Comments**



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9.1 Any Procurement covered by this funding will be dealt with on an individual basis under normal procurement practise.

**10. Policy Implication**

10.1 Closer partnership working in our local area is a key theme in the Council's corporate plan and the local CCG is a key partner within priority two.

**11. Reasons for Decision**

11.1 It is a condition of the Better Care Fund that the council and the local CCG enter into a section 75 partnership agreement.

**12. Use of Appendices**

12.1 none

**13. Local Government (Access to Information) Act 1985**

13.1 Further information about [Haringey's Better Care Fund Plan](#) can be found [here](#).