

Public Document Pack

Southend-on-Sea Borough Council

Legal & Democratic Services

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03 September 2021

HEALTH & WELLBEING BOARD - WEDNESDAY, 8TH SEPTEMBER, 2021 SUPPLEMENTARY AGENDA ITEM 11: BETTER CARE FUND

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 8th September, 2021, the following agenda and report that had been omitted from the agenda when published.

Agenda No	Item
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11	<u>Better Care Fund</u> (Pages 1 - 46)
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Report of Director of Public Health attached

Robert Harris
Principal Democratic Services Officer

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Southend Health & Wellbeing Board

Report of the Director of Public Health

To
Health & Wellbeing Board

on
8 September 2021

Report prepared by: Benedict Leigh, Director Commissioning

Agenda
Item No.

11

For information only		For discussion		Approval required	x
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Better Care Fund

(Southend on Sea Borough Council/ Southend Clinical Commissioning Group)

Section 75 agreement 2020-2023 and Better Care Fund Plan 2021-22

Part 1 (Public Agenda Item)

Purpose

This report is seeking approval of a Section 75 partnership agreement between Southend on Sea Borough Council and Southend Clinical Commissioning Group for the management of the Better Care Fund (BCF) for the period 2020-2023. The proposed framework agreement is included in the Appendix to this report.

The report also outlines the BCF national policy framework for 2021-22 with funding priorities and conditions in preparation for further guidance and templates and submission of a local BCF plan for Southend which are expected to be issued by NHS England in either September or October 2021.

Recommendation

That the Board approves the proposed Section 75 agreement for the management of the Better Care Fund and notes that the schedules to the agreement relating to the Better Care Fund plan for 2021- 22 will need to be updated once the detailed guidance is issued from NHS England, expected by October 2021.

Following the publication of the detailed guidance and reporting templates for 2021-22, a Southend Better Care Fund Plan will need to be completed, approved by this Board and then submitted to NHS England.

Background

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWBB). These are joint plans for using pooled or non-pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

Councils are allowed to 'top up' the local fund by opting to increase resources allocated to the BCF. There is an annually agreed CCG minimum contribution for each area to the BCF. For the current (2021/22) financial year this contribution for Southend CCG is £14.3 Million. The intention is to shift resources into social care and community services from the NHS budget in England and save resources by keeping patients out of hospital.

BCF national policy framework 2021-22

Each year, the DHSC issues a BCF policy framework with national conditions and priorities for funding and guidance on the metrics to be used to measure outcomes. The policy framework for 2021-22 has only recently been published (August 2021).

The BCF funds are managed locally, and in each Local Authority area the Council is legally obliged to submit an agreed BCF plan jointly with their local Clinical Commissioning Group (CCG) which adheres to the national guidance. However, this year (2021/22) NHS England has not yet published any templates or detailed guidance for submission of this local BCF plan. This delayed guidance is now expected to be issued in either September or October 2021.

The national policy framework for 2021-22 sets out four national conditions:

- 1. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Well Being Board (HWBB)**

The local authority and CCG must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWBB.

BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current hospital discharge policy in relation to how BCF funding will support this.

- 2. NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution**

The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWBB.

These minimum expectations will be published alongside the BCF planning requirements expected in either September or October 2021. HWBBs should review spending on social care, funded by the CCG contribution to the BCF, to ensure the minimum expectations are met, in line with the national condition.

3. Invest in NHS-commissioned out-of-hospital services

BCF narrative plans should set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it.

Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this objective.

4. A plan for improving outcomes for people being discharged from hospital

This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.

The High Impact Change Model for Managing Transfers of Care aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions. It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

The local BCF plan should focus on improvements in the key metrics below:

1. reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
2. improving the proportion of people discharged home using data on discharge to their usual place of residence.

Once further guidance and submission templates are issued by NHS England, a Southend BCF plan for 2021-22 will be completed and approval sought from this Board.

BCF Section 75 agreement Southend on Sea Borough Council and Southend Clinical Commissioning Group 2020-2023

A draft Section 75 framework agreement setting out how the BCF funds will be managed by Southend on Sea Borough Council and Southend Clinical Commissioning Group (CCG) is included as an Appendix to this report.

The proposed agreement is to cover the period 1 April 2020 to 31 March 2023. The previous agreement commenced in April 2015 and has now lapsed.

The BCF arrangements allow for the operation of pooled budgets where funds are jointly managed and controlled by both parties. For the current period, both the Council and the CCG have agreed not to operate using this method but to keep the funds as non-pooled budgets. However, the aim in future years is to move towards pooled budgets and to include community equipment within the scope of a single agreement (this is currently included as a separate Section 75 agreement).

Provisional financial allocation of the BCF funds for both the Council and the CCG in 2021/22 is as set out in Schedule 2 of the framework agreement and in the table below:

Detail BCF	2021/22
	£000s
CCG Minimal Contribution	14,294
SBC Directly Commissioned Schemes	
Protecting Social Services	4,869
Reablement, including support for the Care Act 2014	1,736
Sub Total	6,606
Counter invoice from CCG to fund Directly Commissioned Schemes	7,689
CCG Directly Commissioned schemes	
EPUT community services	5,361
EPUT mental health services	1,616
Havens hospice grant	562
Contribution to Joint Pool	
Carers - no spend incurred	150
Sub-total	7,689

The Section 75 framework agreement has been shared and approved at the Southend BCF management group, a Partnership Board with representatives from the Council, CCG, NHS Acute and Provider Trusts, care provider associations and the voluntary and community sector in Southend. This group is part of the formal governance of the BCF in Southend as set out in Schedule 2 to the framework agreement.

Appendix

DRAFT SECTION 75 FRAMEWORK PARTNERSHIP AGREEMENT RELATING TO THE COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES USING THE BETTER CARE FUND
1 APRIL 2020- 31 MARCH 2023

Dated _____ **2021**

SOUTHEND ON SEA BOROUGH COUNCIL
and
NHS SOUTHEND CLINICAL COMMISSIONING GROUP

**FRAMEWORK PARTNERSHIP AGREEMENT RELATING
TO THE COMMISSIONING OF HEALTH AND SOCIAL
CARE SERVICES USING THE BETTER CARE FUND
1 APRIL 2020- 31 MARCH 2023**

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Contents

Item	Page
PARTIES	1
BACKGROUND	1
1 DEFINED TERMS AND INTERPRETATION	2
2 TERM	7
3 GENERAL PRINCIPLES	7
4 PARTNERSHIP FLEXIBILITIES	7
5 FUNCTIONS	9
6 COMMISSIONING ARRANGEMENTS	9
7 ESTABLISHMENT OF A POOLED FUND	11
8 POOLED FUND MANAGEMENT	12
9 NON POOLED FUNDS	12
10 FINANCIAL CONTRIBUTIONS	13
11 NON FINANCIAL CONTRIBUTIONS	13
12 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS	13
13 CAPITAL EXPENDITURE	14
14 VAT	14
15 AUDIT AND RIGHT OF ACCESS	14
16 LIABILITIES AND INSURANCE AND INDEMNITY	15
17 STANDARDS OF CONDUCT AND SERVICE	16
18 CONFLICTS OF INTEREST	16
19 GOVERNANCE	16
20 REVIEW	17
21 COMPLAINTS	18
22 TERMINATION & DEFAULT	18
23 DISPUTE RESOLUTION	19
24 FORCE MAJEURE	19
25 CONFIDENTIALITY	20
26 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS	20
27 OMBUDSMEN	21
28 INFORMATION SHARING	21
29 NOTICES	21
30 VARIATION	21
31 CHANGE IN LAW	22
32 WAIVER	22
33 SEVERANCE	23
34 ASSIGNMENT AND SUB CONTRACTING	23
35 EXCLUSION OF PARTNERSHIP AND AGENCY	23
36 THIRD PARTY RIGHTS	23

37	ENTIRE AGREEMENT	23
38	COUNTERPARTS	23
39	GOVERNING LAW AND JURISDICTION	23
	SCHEDULE 1 – SCHEME SPECIFICATION	26
	Part 1 – Template Services Schedule	Error! Bookmark not defined.
1	OVERVIEW OF INDIVIDUAL SERVICE	ERROR! BOOKMARK NOT DEFINED.
2	AIMS AND OUTCOMES	ERROR! BOOKMARK NOT DEFINED.
3	THE ARRANGEMENTS	ERROR! BOOKMARK NOT DEFINED.
4	FUNCTIONS	ERROR! BOOKMARK NOT DEFINED.
5	SERVICES	ERROR! BOOKMARK NOT DEFINED.
6	COMMISSIONING, CONTRACTING, ACCESS	ERROR! BOOKMARK NOT DEFINED.
7	FINANCIAL CONTRIBUTIONS	ERROR! BOOKMARK NOT DEFINED.
8	FINANCIAL GOVERNANCE ARRANGEMENTS	ERROR! BOOKMARK NOT DEFINED.
9	VAT	ERROR! BOOKMARK NOT DEFINED.
10	[GOVERNANCE ARRANGEMENTS	ERROR! BOOKMARK NOT DEFINED.
11	NON FINANCIAL RESOURCES	ERROR! BOOKMARK NOT DEFINED.
12	STAFF	ERROR! BOOKMARK NOT DEFINED.
13	ASSURANCE AND MONITORING	ERROR! BOOKMARK NOT DEFINED.
14	LEAD OFFICERS	ERROR! BOOKMARK NOT DEFINED.
15	INTERNAL APPROVALS	ERROR! BOOKMARK NOT DEFINED.
16	RISK AND BENEFIT SHARE ARRANGEMENTS	ERROR! BOOKMARK NOT DEFINED.
17	REGULATORY REQUIREMENTS	ERROR! BOOKMARK NOT DEFINED.
18	INFORMATION SHARING AND COMMUNICATION	ERROR! BOOKMARK NOT DEFINED.
19	DURATION AND EXIT STRATEGY	ERROR! BOOKMARK NOT DEFINED.
20	OTHER PROVISIONS	ERROR! BOOKMARK NOT DEFINED.
	PART 2 – AGREED SCHEME SPECIFICATIONS	ERROR! BOOKMARK NOT DEFINED.
	SCHEDULE 2 – GOVERNANCE	29
	SCHEDULE 3 – FINANCIAL ARRANGEMENTS, RISK SHARE AND OVERSPENDS	31
	SCHEDULE 4 – JOINT WORKING OBLIGATIONS	32
	Part 1 – LEAD PARTNER OBLIGATIONS	32
	Part 2 – OBLIGATIONS OF THE OTHER PARTNER	33
	SCHEDULE 5 – PERFORMANCE ARRANGEMENTS	34
	SCHEDULE 6 – BETTER CARE FUND PLAN	35
	SCHEDULE 7 – POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST	37
	SCHEDULE 8 – INFORMATION GOVERNANCE PROTOCOL	38

1 DEFINED TERMS AND INTERPRETATION¹

1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

1998 Act means the Data Protection Act 1998.

2000 Act means the Freedom of Information Act 2000.

2004 Regulations means the Environmental Information Regulations 2004.

2006 Act means the National Health Service Act 2006.

Affected Partner means, in the context of Clause 23, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event

Agreement means this agreement including its Schedules and Appendices.

Annual Report means the annual report produced by the Partners in accordance with Clause 20 (Review)

Approved Expenditure means any expenditure approved by the Partners in writing or as set out in the Scheme Specification in relation to an Individual Service above any Contract Price, Permitted Expenditure or agreed Third Party Costs.

Authorised Officers means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

BCF Quarterly Report means the quarterly report produced by the Partners and provided to the Health and Wellbeing Board

BCF 2020 Agreement means the agreement between the Parties in respect of the Better Care Fund for the period commencing 1 April 2020

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

Better Care Fund Plan means the plan agreed by the Partners for the relevant Financial Year setting out the Partners plan for the use of the Better Care Fund [as attached as Schedule 6].

Better Care Fund Requirements means any and all requirements on the CCG and Council in relation to the Better Care Fund set out in Law and guidance published by the Department of Health.

CCG Statutory Duties means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the Commencement Date

Commencement Date means 00:01 hrs on 1 April 2020.

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

¹ Definitions should be finalised once main body of Agreement is finalised.

- (a) which comprises Personal Data or Sensitive Personal Data or which relates to any patient or his treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (c) which is a trade secret.

Contract Price means any sum payable under a Services Contract as consideration for the provision of goods, equipment or services as required as part of the Services and which, for the avoidance of doubt, does not include any Default Liability.

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract to be payable by any Partner(s) as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under a Services Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Services Contract.²

Financial Contributions means the financial contributions made by each Partner to a Pooled Fund in any Financial Year.

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;
- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
- (g) any form of contamination or virus outbreak; and
- (h) any other event,

in each case where such event is beyond the reasonable control of the Partner claiming relief

Functions means the NHS Functions and the Health Related Functions

Health Related Functions means those of the health related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.³

Host Partner means for each Pooled Fund the Partner that will host the Pooled Fund and for any Non Pooled Fund the Partner that will host the Non Pooled Fund

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

² Default Liability are costs incurred by a lead partner as a result of that Partner breaching a contract. Will the Lead Partner be able to use Pooled Fund monies to cover these costs? Should this be expanded to cover other liabilities such as Judicial Review liabilities of either Partner? Further consideration will always be needed on this.

³ Here and in the definition of NHS functions the widest definition is used. This should be cut down in the relevant specification to identify the function being undertaken in the commissioning of the particular service.

Indirect Losses means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

Individual Scheme means one of the schemes which has been agreed by the Partners to be included within this Agreement using the powers under Section 75 as documented in a Scheme Specification.

Integrated Commissioning means arrangements by which both Partners commission Services in relation to an individual Scheme on behalf of each other in exercise of both the NHS Functions and Council Functions through integrated structures.

Joint (Aligned) Commissioning means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint (aligned) commissioning arrangement does not involve the delegation of any functions pursuant to Section 75.

Law means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b) any enforceable community right within the meaning of Section 2(1) European Communities Act 1972;
- (c) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (d) any judgment of a relevant court of law which is a binding precedent in England.

Lead Commissioning Arrangements means the arrangements by which one Partner commissions Services in relation to an Individual Scheme on behalf of the other Partner in exercise of both the NHS Functions and the Health Related Functions.

Lead Partner means the Partner responsible for commissioning an Individual Service under a Scheme Specification.

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

National Conditions mean the national conditions as set out in the National Guidance as are amended or replaced from time to time.

National Guidance means any and all guidance in relation to the Better Care Fund as issued from time to time by NHS England, the Department of Communities and Local Government, the Department of Health, the Local Government Association either collectively or separately.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the CCG as are relevant to the commissioning of the Services and which may be further described in each Service Schedule.

Non Pooled Fund means the budget detailing the financial contributions of the Partners which are not included in a Pooled Fund in respect of a particular Service as set out in the relevant Scheme Specification.

Non-Recurrent Payments means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause [8.4].

Overspend means any expenditure from a Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year.

Partner means each of the CCG and the Council, and references to "**Partners**" shall be construed accordingly.

Partnership Board⁴ means the partnership board responsible for review of performance and oversight of this Agreement as set out in Clause 19.2 and Schedule 2 or such other arrangements for governance as the Partners agree.

Partnership Board Quarterly Reports means the reports that the Pooled Fund Manager shall produce and provide to the Partnership Board on a Quarterly basis

Permitted Budget means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service.

Permitted Expenditure has the meaning given in Clause [7.3].

Personal Data means Personal Data as defined by the 1998 Act.

Pooled Fund means any pooled fund established and maintained by the Partners as a pooled fund in accordance with the Regulations

Pooled Fund Manager means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause [10].

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement [including the Council where the Council is a provider of any Services].

Public Health England means the SOSH trading as Public Health England.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

Regulations means the means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).

Scheme Specification means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement.

Sensitive Personal Data means Sensitive Personal Data as defined in the 1998 Act.

Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

Services Contract means an agreement entered into by one or more of the Partners in exercise of its obligations under this Agreement to secure the provision of the Services in accordance with the relevant Individual Scheme.

Service Users means those individual for whom the Partners have a responsibility to commission the Services.

SOSH means the Secretary of State for Health.

Third Party Costs means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the Partnership Board.⁵

Underspend means any expenditure from the Pooled Fund in a Financial Year which is less than the aggregate value of the Financial Contributions for that Financial Year.

Working Day means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.
- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency

⁵ For discussion between the Parties. These are costs incurred by a Lead Partner such as legal fees and any other professional fees that have to be paid to a third party. The Parties should consider whether any third party costs can be paid for using Pooled Funds. For discussion between the Parties. The current drafting provides that these can be charged where it is agreed specifically in a Service Specification or with prior agreement of both parties.

then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.

- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

2 TERM

- 2.1 This Agreement shall come into force on the Commencement Date
- 2.2 This Agreement shall continue until it is terminated in accordance with Clause [21]
- 2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification or if not set out, for the duration of this Agreement unless terminated earlier by the Partners.
- 2.4 This Agreement supersedes the BCF 2015 Agreement without prejudice to the rights and liabilities of the Partners under the BCF 2015 Agreement.

3 GENERAL PRINCIPLES⁶

- 3.1 Nothing in this Agreement shall affect:
- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
 - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
 - 3.2.2 be open with information about the performance and financial status of each; and
 - 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.

4 PARTNERSHIP FLEXIBILITIES

- 4.1 This Agreement sets out the mechanism through which the Partners will work together to commission services. This may include one or more of the following commissioning mechanisms:
- 4.1.1 Lead Commissioning Arrangements;
 - 4.1.2 Integrated Commissioning;
 - 4.1.3 Joint (Aligned) Commissioning
 - 4.1.4 the establishment of one or more Pooled Funds
- in relation to Individual Schemes (the "Flexibilities")
- 4.2 Where there is Lead Commissioning Arrangements and the CCG is Lead Partner the Council delegates to the CCG and the CCG agrees to exercise, on the Council's behalf, the Health Related

Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.

4.3 Where there is Lead Commissioning Arrangements and the Council is Lead Partner, the CCG delegates to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.

4.4 Where the powers of a Partner to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements designed to achieve the greatest degree of delegation to the other Partner necessary for the purposes of this Agreement which is consistent with the statutory constraints.⁷

4.5 [At the Commencement Date the Partners agree that the following shall be in place:

4.5.1 The following Individual Schemes with Lead Commissioning with Council as Lead Partner:

- (a) Dementia Support
- (b) Single Point of Access
- (c) Hospital Team
- (d) PCN and Locality Development
- (e) Residential Provision
- (f) Home Care
- (g) Reablement
- (h) Children with Disabilities (Section 17)
- (i) Adoption Services

4.5.2 The following Individual Schemes with Lead Commissioning with CCG as Lead Partner:

Community Service Lines

- a) Integrated Community Teams
- b) Collaborative Care Team
- c) SPOR (Health Element)
- d) Tissue Viability
- e) Leg Ulcer
- f) Stroke (Community Service)
- g) Pressure Relieving Equipment
- h) Continence
- i) Wheelchair Services

- j) Therapy Input
- k) Occupational Therapy
- l) SWIFT/UCRT Original
- m) Enhanced Heart Failure
- n) UCRT Enhanced Service

Mental Health Service Lines

- a) Older People Community Mental Health Teams (inc. Assessment Service)
- b) Dementia Intensive Support Team
- c) Older People Day Care (Mental Health)
- d) Reablement Beds

FUNCTIONS

- 4.6 The purpose of this Agreement is to establish a framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.
- 4.7 This Agreement shall include such Functions as shall be agreed from time to time by the Partners as are necessary to commission the Services in accordance with their obligations under this Agreement.
- 4.8 The Scheme Specifications for the Individual Schemes included as part of this Agreement at the Commencement Date are set out in Schedule 1 Part 2.
- 4.9 Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme shall be completed and approved by each Partner [in accordance with the variation procedure set out in Clause 30 (Variations)]. Each new Scheme Specification shall be substantially in the form set out in Schedule 1 Part 1.
- 4.10 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.
- 4.11 The introduction of any Individual Scheme will be subject to business case approval by the [Partnership Board]⁸ [in accordance with the variation procedure set out in Clause 29 (Variations)].

5 COMMISSIONING ARRANGEMENTS

General

- 5.1 The Partners shall comply with the commissioning arrangements as set out in the relevant Scheme Specification
- 5.2 The Partnership Board will report back to the Health and Wellbeing Board as required by its Terms of Reference.
- 5.3 The Partners shall comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned.

- 5.4 Each Partner shall keep the other Partner and the Partnership Board regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non-Pooled Fund.
- 5.5 Where there are Integrated Commissioning or Lead Commissioning Arrangements in respect of an Individual Scheme then prior to any new Services Contract being entered into the Partners shall agree in writing:
- 5.5.1 how the liability under each Services Contract shall be apportioned in the event of termination of the relevant Individual Scheme; and
- 5.5.2 whether the Services Contract should give rights to third parties (and in particular if a Partner is not a party to the Services Contract to that Partner, the Partners shall consider whether or not the Partner that is not to be a party to the Services Contract should be afforded any rights to enforce any terms of the Services Contract under the Contracts (Rights of Third Parties) Act 1999 and if it is agreed that such rights should be afforded the Partner entering the Services Contract shall ensure as far as is reasonably possible that such rights that have been agreed are included in the Services Contract and shall establish how liability under the Services Contract shall be apportioned in the event of termination of the relevant Individual Scheme.)
- 5.6 The Partners shall comply with the arrangements in respect of Joint (Aligned) Commissioning as set out in the relevant Scheme Specification, which shall include where applicable arrangements in respect of the Services Contracts.

Integrated Commissioning

- 5.7 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme:
- 5.7.1 the Partners shall work in cooperation and shall endeavour to ensure that Services in fulfilment of the NHS Functions and Health Related Functions are commissioned with all due skill, care and attention.
- 5.7.2 Both Partners shall work in cooperation and endeavour to ensure that the relevant Services as set out in each Scheme Specification are commissioned within each Partners Financial Contribution in respect of that particular Service in each Financial Year.

Appointment of a Lead Partner

- 5.8 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Partner shall:
- 5.8.1 exercise the NHS Functions in conjunction with the Health Related Functions as identified in the relevant Scheme Specification;
- 5.8.2 endeavour to ensure that the NHS Functions and the Health Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year.
- 5.8.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;
- 5.8.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partner;
- 5.8.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;

- 5.8.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the “Commissioner” and “Co-ordinating Commissioner” with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
- ⁹undertake performance management and contract monitoring of all Service Contracts including (without limitation) the use of contract notices where Services fail to deliver contracted requirements;¹⁰
- 5.8.7 make payment of all sums due to a Provider pursuant to the terms of any Services Contract; and
- 5.8.8 keep the other Partner and Partnership Board regularly informed of the effectiveness of the arrangements including the Better Care Fund and any Overspend or Underspend in a Pooled Fund or Non Pooled Fund.

6 ESTABLISHMENT OF A POOLED FUND

- 6.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Partners have agreed to establish and maintain such pooled funds for revenue expenditure as agreed by the Partners as set out in the Service Specifications. At the Commencement Date there shall be a single Pooled Fund in respect of this Agreement
- 6.2 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.
- 6.3 Subject to Clause 6.4, it is agreed that the monies held in a Pooled Fund may only be expended on the following:
- 6.3.1 the Contract Price;
- 6.3.2 where the Council is to be the Provider, the Permitted Budget;
- 6.3.3 Third Party Costs where these are set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the Partnership Board
- 6.3.4 Approved Expenditure as set out in the relevant Scheme Specification or as otherwise agreed in advance in writing by the Partnership Board
- ("Permitted Expenditure")
- 6.4 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Partner.
- 6.5 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by all Partners in accordance with Clause 6.4.
- 6.6 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:
- 6.6.1 holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
- 6.6.2 providing the financial administrative systems for the Pooled Fund; and
- 6.6.3 appointing the Pooled Fund Manager;
- 6.6.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

7 POOLED FUND MANAGEMENT – NB NOT CURRENTLY IN USE

- 7.1 When introducing a Pooled Fund, the Partners shall agree:
- 7.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund;
 - 7.1.2 which officer of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.
- 7.2 The Pooled Fund Manager for each Pooled Fund shall have the following duties and responsibilities:
- 7.2.1 the day to day operation and management of the Pooled Fund;
 - 7.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Scheme Specification;
 - 7.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;
 - 7.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
 - 7.2.5 reporting to the Partnership Board as required by this Agreement and by the Partnership Board;
 - 7.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;
 - 7.2.7 preparing and submitting to the Partnership Board Quarterly Reports (or more frequent reports if required by the Partnership Board) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and the Partnership Board to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met including (without limitation) comply with any reporting requirements as may be required by relevant National Guidance;
 - 7.2.8 preparing and submitting reports to the Health and Wellbeing Board as may be required by it and any relevant National Guidance including (without limitation) supplying Quarterly Reports referred to in Clause 8.2.7 above to the Health and Wellbeing Board.
- 7.3 In carrying out their responsibilities as provided under Clause 8.2, the Pooled Fund Manager shall:
- 7.3.1 have regard to National Guidance and the recommendations of the Partnership Board; and
 - 7.3.2 be accountable to the Partners for delivery of those responsibilities.
- 7.4 The Partnership Board may agree to the viring of funds between Pooled Funds or amending the allocation of the Pooled Fund between Individual Schemes.

8 NON POOLED FUNDS

- 8.1 Any Financial Contributions agreed to be held within a Non Pooled Fund will be notionally held in a fund established solely for the purposes agreed by the Partners. For the avoidance of doubt, a Non Pooled Fund does not constitute a pooled fund for the purposes of Regulation 7 of the Partnership Regulations.
- 8.2 When introducing a Non Pooled Fund in respect of an Individual Scheme, the Partners shall agree:

8.2.1 which Partner if any¹¹ shall host the Non-Pooled Fund

8.2.2 how and when Financial Contributions shall be made to the Non-Pooled Fund.

8.3 The Host Partner will be responsible for establishing the financial and administrative support necessary to enable the effective and efficient management of the Non-Pooled Fund, meeting all required accounting and auditing obligations.

8.4 [Both Partners shall ensure that any Services commissioned using a Non Pooled Fund are commissioned solely in accordance with the relevant Scheme Specification]

8.5 Where there are Joint (Aligned) Commissioning arrangements, both Partners shall work in cooperation and shall endeavour to ensure that:

8.5.1 the NHS Functions funded from a Non-Pooled Fund are carried out within the CCG Financial Contribution to the Non- Pooled Fund for the relevant Service in each Financial Year; and

8.5.2 the Health Related Functions funded from a Non-Pooled Fund are carried out within the Council's Financial Contribution to the Non-Pooled Fund for the relevant Service in each Financial Year.

9 FINANCIAL CONTRIBUTIONS

9.1 The Financial Contribution of the CCG and the Council to any Pooled Fund or Non-Pooled Fund for the first Financial Year of operation shall be as set out in Schedule 3.

9.2 The Financial Contribution of the CCG and the Council to any Pooled Fund or Non-Pooled Fund for each subsequent Financial Year of operation shall be subject to review by the Partners and in line with national guidance.

9.3 Financial contributions in each financial year shall be paid to the fund in twelve [insert alternative proposal based on previous arrangements] equal instalments receivable on the 5th working day of the month commencing April 2021.

9.4 With the exception of Clause [13], no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to a Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in Partnership Board minutes and recorded in the budget statement as a separate item.

10 NON FINANCIAL CONTRIBUTIONS

10.1 Unless set out in a Scheme Specification or otherwise agreed by the Partners, each Partner shall provide the non-financial contributions for any Service that they are Lead Partner or as required in order to comply with its obligations under this Agreement in respect of the commissioning of a particular Service. These contributions shall be provided at no charge to the other Partners or to the Pooled Fund.

10.2 Each Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Services Contracts and the Pooled Fund).

11 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS

Risk share arrangements

- 11.1 The Partners have agreed risk share arrangements as set out in Schedule 3, which provide for risk share arrangements arising within the commissioning of services from the Pooled Funds as set out in National Guidance.

Overspends in Pooled Fund

- 11.2 Subject to Clause 12.1, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall use reasonable endeavours to ensure that the expenditure is limited to Permitted Expenditure.
- 11.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT it has used reasonable endeavours to ensure that the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Partnership Board in accordance with Clause 12.4.
- 11.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Partnership Board is informed as soon as reasonably possible and the provisions of the relevant Scheme Specification and Schedule [3] shall apply.

Overspends in Non Pooled Funds

- 11.5 Where in Joint (Aligned) Commissioning Arrangements either Partner forecasts an Overspend in relation to a Partners Financial Contribution to a Non-Pooled Fund that Partner shall as soon as reasonably practicable inform the other Partner and the Partnership Board.
- 11.6 Where there is a Lead Commissioning Arrangement the Lead Partner is responsible for the management of the Non-Pooled Fund. The Lead Partner shall as soon as reasonably practicable inform the other Partner [and the Partnership Board].

Underspend

- 11.7 In the event that expenditure from any Pooled Fund or Non Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year or where the expenditure in relation to an Individual Scheme is less than the agreed allocation to that particular Individual Scheme the Partners shall agree how the monies shall be spent, carried forward and/or returned to the Partners and the provisions of Schedule 3 shall apply. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners.

12 CAPITAL EXPENDITURE

- 12.1 Except as provided in Clause 12.2, neither Pooled Funds nor Non-Pooled Funds shall normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the Partners.
- 12.2 The Partners agree that capital expenditure may be made from Pooled Funds where this is in accordance with National Guidance.

13 VAT

The Partners shall agree the treatment of each Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.

14 AUDIT AND RIGHT OF ACCESS

- 14.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund and shall require the appropriate person or body appointed to exercise the functions of the Audit Commission under section

28(1)(d) of the Audit Commission Act 1998, by virtue of an order made under section 49(5) of the Local Audit and Accountability Act 2014 to make arrangements to certify an annual return of those accounts under Section 28(1) of the Audit Commission Act 1998.

- 14.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the relevant Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.
- 14.3 The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.

15 LIABILITIES AND INSURANCE AND INDEMNITY

- 15.1 [Subject to Clause 16.2, and 16.3, if a Partner (“First Partner”) incurs a Loss arising out of or in connection with this Agreement (including a Loss arising under an Individual Scheme) as a consequence of any act or omission of another Partner (“Other Partner”) which constitutes negligence, fraud or a breach of contract in relation to this Agreement or any Services Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.
- 15.2 Clause 16.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the Partnership Board.
- 15.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16. the Partner that may claim against the other indemnifying Partner will:
- 15.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;
- 15.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);
- 15.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 15.4 Each Partner shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement).
- 15.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement.

Conduct of Claims

- 15.6 In respect of the indemnities given in this Clause 15:

- 15.6.1 the indemnified Partner shall give written notice to the indemnifying Partner as soon as is practicable of the details of any claim or proceedings brought or threatened against it in respect of which a claim will or may be made under the relevant indemnity;
- 15.6.2 the indemnifying Partner shall at its own expense have the exclusive right to defend conduct and/or settle all claims and proceedings to the extent that such claims or proceedings may be covered by the relevant indemnity provided that where there is an impact upon the indemnified Partner, the indemnifying Partner shall consult with the indemnified Partner about the conduct and/or settlement of such claims and proceedings and shall at all times keep the indemnified Partner informed of all material matters.
- 15.6.3 the indemnifying and indemnified Partners shall each give to the other all such cooperation as may reasonably be required in connection with any threatened or actual claim or proceedings which are or may be covered by a relevant indemnity.

16 STANDARDS OF CONDUCT AND SERVICE

- 16.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions).
- 16.2 The Council is subject to the duty of Best Value under the Local Government Act 1999. This Agreement and the operation of the Pooled Fund is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.
- 16.3 The CCG is subject to the CCG Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the CCG Statutory Duties and clinical governance obligations.
- 16.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

17 CONFLICTS OF INTEREST

- 17.1 The Partners shall comply with the policy for identifying and managing conflicts of interest as agreed by the Partners from time to time.

18 GOVERNANCE

- 18.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Well Being Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- 18.2 The Partners have established a Partnership Board- to be known as the "Southend Better Care Fund Management Group" to
 - 19.2.1 Approve commencement of new activity
 - 19.2.2 Approve roles and responsibilities
 - 19.2.3 Delegate assurance roles
 - 19.2.4 Review definition documents
 - 19.2.5 Agree scope extensions to existing activities

- 19.2.6 Agree addition of projects
- 19.2.7 Act as an escalation point for any issues that cannot be resolved at the project or work stream level
- 19.2.8 Monitoring and programme finances
- 19.2.9 Ensuring progress against significant milestones and strategic objectives
- 19.2.10 Approving any required changes
- 19.2.11 Monitoring any significant risks and issues
- 19.2.12 Agree communications
- 19.2.13 Agree project closures and benefit reports

The Partnership Board is based on a joint working group structure. Each member of the Partnership Board shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the Partnership Board to carry out its objects, roles, duties and functions as set out in this Clause 19 and Schedule 2.

- 18.3 The terms of reference of the Partnership Board shall be as set out in Schedule [2] as may be amended or varied by written agreed from time to time.
- 18.4 Each Partner shall nominate an overall BCF Lead. For Southend on Sea Borough Council this is Taslima Qureshi, Head of Strategic Commissioning and for Southend CCG this is Hugh Johnston, Interim Head of Transformation.
- 18.5 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.
- 18.6 The Partnership Board shall be responsible for the overall approval of the Individual Schemes and the financial management set out in Clause 12 and Schedule 3.
- 18.7 The Health and Wellbeing Board shall be responsible for ensuring compliance with the Better Care Fund Plan and the strategic direction of the Better Care Fund.
- 18.8 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the Partnership Board and Health and Wellbeing Board.

19 REVIEW

- 19.1 The Partners shall produce a BCF Quarterly Report which shall be provided to the Health and Wellbeing Board in such form and setting out such information as required by National Guidance and any additional information required by the Health and Wellbeing Board or National Commissioning Board
- 19.2 Save where the Partnership Board agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, any [Pooled Fund and Non Pooled Fund] and the provision of the Services within 3 Months of the end of each Financial Year.
- 19.3 Subject to any variations to this process required by the Partnership Board, Annual Reviews shall be conducted in good faith.
- 19.4 The Partners shall within 20 Working Days of the annual review prepare an Annual Report including the information as required by National Guidance and any other information required by the Health

and Wellbeing Board. A copy of this report shall be provided to the Health and Wellbeing Board and Partnership Board.

- 19.5 In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

20 COMPLAINTS

The Partners' own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services.

21 TERMINATION & DEFAULT

- 21.1 Unless otherwise agreed in the relevant Scheme Specification, each Individual Scheme may be terminated by either Partner giving not less than 12]Months' notice in writing or such shorter notice period agreed between the Partners provided that:

21.1.1 such termination is possible in accordance with the National Guidance and Law; and

21.1.2 that the Partners ensure that the statutory Better Care Fund Requirements continue to be met, and

for the avoidance of doubt the operation of the Agreement shall continue in respect of the remaining Individual Services.

- 21.2 If any Partner ("Relevant Partner") fails to meet any of its obligations under this Agreement, the other Partners (acting jointly) may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partners may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23.

- 21.3 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners' rights in respect of any antecedent breach and the provisions of Clauses 12,15,16,21,22,25,26,27,28,32,33,37 and 39¹²

- 21.4 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.

- 21.5 Upon termination of this Agreement for any reason whatsoever the following shall apply:

21.5.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to service users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;

21.5.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement, both Partners shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;

21.5.3 the Lead Partner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Partner in breach of the Service Contract) where the other Partner requests the same in writing Provided that the Lead Partner shall not be required to make any

payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment.

21.5.4 where a Service Contract held by a Lead Partner relates all or partially to services which relate to the other Partner's Functions then provided that the Service Contract allows the other Partner may request that the Lead Partner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract.

21.5.5 the Partnership Board shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

21.5.6 Termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.

21.6 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

22 DISPUTE RESOLUTION

22.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.

22.2 The Authorised Officer shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 22.1, at a meeting convened for the purpose of resolving the dispute.

22.3 If the dispute remains after the meeting detailed in Clause 22.2 has taken place, the Partners' respective Chief Executive and the CCG Chair or nominees shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

22.4 If the dispute remains after the meeting detailed in Clause 22.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, either Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

22.5 Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

23 FORCE MAJEURE

23.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

23.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including

evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.

23.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.

23.4 If the Force Majeure Event continues for a period of more than [sixty (60) days], either Partner shall have the right to terminate the Agreement by giving [fourteen (14) days] written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

24 CONFIDENTIALITY

24.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:

24.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and

24.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:

(a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or

(b) is obtained by a third party who is lawfully authorised to disclose such information.

24.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

24.3 Each Partner:

24.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and

24.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25;

24.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

25 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS

25.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

25.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or 2004 Regulations.

26 OMBUDSMEN

The Partners will co-operate with any investigation undertaken by the Health Service Commissioner for England or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

27 INFORMATION SHARING

The Partners will comply with the information governance protocol as agreed between the Partners from time to time.

28 NOTICES

28.1 Any notice to be given under this Agreement shall either be delivered personally or sent by facsimile or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:

28.1.1 personally delivered, at the time of delivery;

28.1.2 sent by facsimile, at the time of transmission;

28.1.3 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

28.1.4 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.

28.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the facsimile was transmitted on a tested line or that the correct transmission report was received from the facsimile machine sending the notice, or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).

28.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:

28.3.1 if to the Council, addressed to the Executive Director Adults and Communities, Tandra Forster;

Tel: 01702 215000
Fax: 01702 534618
Email: tandraforster@southend.gov.uk

and

28.3.2 if to the CCG, addressed to the NHS Alliance Director South East Essex, Patricia D'Orsi;

Tel: 07950 520 224
Email: patricia.dorsi@nhs.net

29 VARIATION

29.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners subject to approval by the Partnership Board as set out in this Clause.

29.2 Where the Partners agree that there will be:

29.2.1 a new Pooled Fund;

29.2.2 a new Individual Scheme; or

29.2.3 an amendment to a current Individual Scheme,

the Partnership Board shall agree the new or amended Individual Scheme and this must be signed by the Partners. A request to vary an Individual Scheme, which may include (without limitation) a change in the level of Financial Contributions or other matters set out in the relevant Scheme Specification may be made by any Partner but will require agreement from all of the Partners in accordance with the process set out in Clause 30.3. The notice period for any variation unless otherwise agreed by the Partners shall be 3 Months or in line with the notice period for variations within the associated Service Contract(s), whichever is the shortest.

29.3 The following approach shall, unless otherwise agreed, be followed by the Partnership Board:

29.3.1 on receipt of a request from one Partners to vary the Agreement including (without limitation) the introduction of a new Individual Scheme or amendments to an existing Individual Scheme, the Partnership Board will first undertake an impact assessment and identify those Service Contracts likely to be affected;

29.3.2 the Partnership Board will agree whether those Service Contracts affected by the proposed variation should continue, be varied or terminated, taking note of the Service Contract terms and conditions and ensuring that the Partners holding the Service Contract/s is not put in breach of contract; its statutory obligations or financially disadvantaged;

29.3.3 wherever possible agreement will be reached to reduce the level of funding in the Service Contract(s) in line with any reduction in budget; and

29.3.4 should this not be possible and one Partner is left financially disadvantaged as a result of holding a Service Contract for which the budget has been reduced, then the financial risk will, unless otherwise agreed, be shared equally between the Partners¹³.

30 CHANGE IN LAW

30.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

30.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

30.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 22 (Dispute Resolution) shall apply.

31 WAIVER

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

32 SEVERANCE

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

33 ASSIGNMENT AND SUB CONTRACTING

The Partners shall not subcontract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

34 EXCLUSION OF PARTNERSHIP AND AGENCY

34.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

34.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:

34.2.1 act as an agent of the other;

34.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

34.2.3 bind the other in any way.

35 THIRD PARTY RIGHTS

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

36 ENTIRE AGREEMENT

36.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

36.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

37 COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

38 GOVERNING LAW AND JURISDICTION

38.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

38.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Agreement has been executed by the Partners on the date of this Agreement

THE CORPORATE SEAL of **THE**)
COUNCIL OF THE BOROUGH OF)
SOUTHEND ON SEA)
was hereunto affixed in the presence of:)

Signed for on behalf of **NHS SOUTHEND
CLINICAL COMMISSIONING GROUP**

Authorised Signatory

SCHEDULE 1 – SCHEME SPECIFICATIONS

For Southend on Sea Borough Council, the following schemes have been approved for the period 2021-22:

Scheme	Service/Scheme Description
Dementia Support	A community-based dementia support offer to support those living with dementia and their carers to live well and as independently as possible in the community.
Single Point of Access	Provision of a Single Point of Access to adult social care teams.
Hospital Team	Provision of a dedicated team to support the Discharge to Assess Policy and guidance
PCN and locality development	Aligned operational teams across adult social care and health co-located in Localities of Southend and geographically aligned with the Primary Care Networks (PCNs) in Southend.
Residential provision	Provision of residential care for those 65 and over.
Home Care	This scheme seeks to manage people being discharged from Southend hospital in the most appropriate way, maximising the use of community-based provision, reablement and minimising the use of long-term residential settings. This scheme will follow the locally agreed D2A protocols and the Home First approach.
Reablement	Re-ablement complements the work of intermediate care services and aims to provide a short term, time limited service to support people to retain or regain their independence at times of change and transition.
Children with Disabilities (Section 117)	Support for children with disabilities.
Adoption Services	Support with adoption of children and young people.

For Southend CCG, the following schemes have been agreed for 2021-22:

Mental Health Schemes	Service Description
Older People Community Mental Health Teams (inc. Assessment Service)	OPCMH delivers clinical assessment, social care assessment, capacity assessment, care planning, contingency and crisis planning, review, treatment and professional to professional advice and liaison.
Dementia Intensive Support Team	Wrap around, intensive support, professional to professional liaison, expert in- reach and multi-disciplinary case management for people diagnose with dementia and those with possible dementia.
Older People Day Care (Mental Health)	Older people's day services (occupational therapy), Mental Health in reach to older people's mental health day care facilities.
Reablement Beds	Discharge to assess and step down beds

Community Schemes	Service Description
Integrated Wound Care Services	The community wound care service exists to manage patients presenting with acute and chronic wounds including leg ulcers and clinical advice on tissue viability.
Stroke (Community Service) ESD	Stroke rehabilitation service to support Early Supportive Discharge (ESD team) which includes OT, Physio, SLT, Psychology and specialist nurses.

Pressure Relieving Equipment	Equipment designed to keep people well in a bed-based setting or where mobility is limited. Support to the wound management services with pressure relieving aids.
Continence Advisory Service	The Continence Advisory Service (Adult) provides a community-based nurse-led continence promotion and treatment of incontinence service, across SEE.
Wheelchair Services	The South East Essex Wheelchair Service provides wheelchairs to people meeting national criteria for wheelchairs.
Therapy Input	Therapy support to interim beds.
Occupational Therapy	The Occupational Therapy Team exists for adults (18+) who are unable to live independently at home by maximising their independence in performing activities of daily living, promoting dignity and preventing unnecessary admissions to hospital and support discharges.
Urgent Community Resource Team	A core aim of the Urgent Community Response Team is to reduce the number of avoidable attendances to A&E and admissions to hospital, and support early discharges from hospital, providing more effective crisis care pathways closer to home in the community.
Community Heart Failure Service	The Community Heart Failure Service exists to reduce hospital admissions and readmissions and length of stay for patients with confirmed Heart Failure and to optimise treatment, manage acute exacerbations of Heart Failure in the community setting.
Community Nursing Service (CNS)	The CNS provides anticipatory case management of health and social care needs in supporting independence in partnership with the individual and their carer(s) or family to deliver personalised care in their place of choice, and only attend hospital when it is unavoidable.
Integrated Palliative Care Service (IPC)	The IPC service provides community palliative care and End of Life (EOL) service through the management of Palliative Care Support Register (PCSR) and provision of domiciliary Specialist Palliative Nursing and EOL Care.
Community Coordination Centre	The CCC consists of a multidisciplinary team providing a professional facing referral management and assessment function allowing easy access to a range of intermediate care services and onward referral to the wider health and social care system to avoid unnecessary hospital/care home admission and the facilitation of hospital discharge.
Collaborative Care Team	The collaborative Care Team is a community-based rehabilitation service, providing evidence-based care to service users following an acute incident in the community or a hospital admission that requires a period of rehabilitation following a stroke, neurological event or an unstable fracture.
Care Coordination Service	The Care Co-ordination Service exists to significantly improve the co-ordination of health and social care services required to support those who are most vulnerable, living with frailty or multiple and complex needs to maintain their optimum level of independence and wellbeing, through the

provision of effective and coordinated services reducing the need for hospital admission.

SCHEDULE 2 – GOVERNANCE

1 Partnership Board [TO BE KNOWN AS THE SOUTHEND BCF MANAGEMENT GROUP]

1.1 The membership of the Partnership Board will be as follows:

1.1.1 CCG: Tricia D’Orsi, NHS Alliance Director, Ashley King NHS Alliance Finance Director, Simon Williams Deputy NHS Alliance Director

or a deputy to be notified to the other members in advance of any meeting;

1.1.2 the Council: Tandra Forster (Executive Director, Adults and Communities), Benedict Leigh (Director Commissioning), Joe Chesterton (Executive Director Finance and Resources)

or a deputy to be notified in writing to Chair in advance of any meeting;

1.1.3 other organisations by invitation.

2 Role of Partnership Board

3 The Partnership Board shall provide:

3.1.1 Direction:

- Make recommendations to support delivery of the programme (eg: changes to the plans, schemes or budget)
- Provide a solution planning forum for barriers to delivery
- Approval of project and work-stream proposals and initiatives
- Oversee and direct the work of the programme on behalf of SBC and SCCG.

3.1.2 Assurance:

- Report on programme activity, including a quarterly report including direct reporting to the Health and Wellbeing Board
- Manage risks, issues and dependencies
- Evaluation of outcomes and associated decisions.

3.1.3 Communication:

- Stakeholder engagement and management including assisting the programme to achieve a high profile within the local area and wider community.

3.1.4 Sustainability:

- Ensure that there is a sustainable approach beyond the life of the programme, including decommissioning of projects and/or transitioning activity to “business as usual” when funding decreases.

4 Partnership Board Support

The Partnership Board will be supported by officers from the Partners from time to time.

5 Meetings

5.1 The Partnership Board will meet monthly at a time to be agreed.

- 5.1.1 The meeting will be quorate when there are:
 - 5.1.2 Two (2) voting members from the CCG: or a deputy of either to be notified to the Council in advance of any meeting; and
 - 5.1.3 Two (2) voting members from the Council or a deputy of either to be notified in writing to the CCG in advance of any meeting.
 - 5.1.4 Each party to the BCF section 75 (SCCG and SBC) shall have 3 voting members. Deputies for voting members may be notified in advance of the meeting. The appointed BCF officer for each party shall not be a voting member.
- 5.2 Decisions of the Partnership Board shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the Partnership Board. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Agreement.
- 5.3 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.
- 5.4 Minutes of all decisions shall be kept and copied to the Authorised Officers within [seven (7)] days of every meeting. Minutes of the BCF Management Group will be a matter of public record and will be shared with the Southend Health and Wellbeing Board.

6 Delegated Authority

- 6.1 The BCF Management Group is authorised within the limit of delegated Authority for its members (which is received through their respective organisation's own standing orders and financial scheme of delegation).

7 Information and Reports

Each Pooled Fund Manager shall supply to the Partnership Board on a Quarterly basis the financial and activity information as required under the Agreement.

8 Post-termination

The Partnership Board shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

SCHEDULE 3 – FINANCIAL ARRANGEMENTS, RISK SHARE AND OVERSPENDS

- 1 Unless the context otherwise requires, the defined terms used in this Schedule shall have the same meanings as set out in Clause 1 of the main body of Agreement.
- 2 Subject to any contrary provision in the relevant Scheme Specification, the Parties agree that Overspends or Underspends shall be managed in accordance with this Schedule 3.

Financial Contributions

- 3 Financial contributions in each financial year shall be paid to the fund in twelve equal instalments receivable on the 5th working day of the month commencing April 2021.

<u>Detail</u>	<u>2021/22</u>
CCG Minimum Contribution	14,294
<u>SBC Directly Commissioned Schemes</u>	
Protecting Social Services	4,869
Reablement, including supporting the Care Act	1,736
Sub-Total	6,606
Counter invoice from CCG to fund CCG Directly Commissioned Schemes	7,689
<u>CCG Directly Commissioned Schemes</u>	
EPUT Community Services	5,361
EPUT Mental Health Services	1,616
Havens Hospice Grant	562
Contribution to Joint Pool	
Carers - no spend incurred	150
Balance	
Sub-Total	7,689

Risk Share

Partners contributions will be limited to the value as identified within the included plans. There will be no risk share arrangements in place.,

Overspend

- 4 The Partnership Board shall consider what action to take in respect of any actual or potential Overspends
- 5 The Partnership Board shall act reasonably having taken into consideration all relevant factors including, where appropriate the Better Care Fund Plan and any agreed outcomes and any other budgetary constraints agree appropriate action in relation to Overspends which may include the following:
 - 5.1 whether there is any action that can be taken in order to contain expenditure;

SCHEDULE 4– JOINT WORKING OBLIGATIONS

Part 1 – LEAD PARTNER OBLIGATIONS

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

- 1 *The Lead Partner shall notify the other Partners if it receives or serves:*
 - 1.1 *a Change in Control Notice;*
 - 1.2 *a Notice of an Event of Force Majeure;*
 - 1.3 *a Contract Query;*
 - 1.4 *Exception Reports*
and provide copies of the same.
- 2 *The Lead Partner shall provide the other Partners with copies of any and all:*
 - 2.1 *CQUIN Performance Reports;*
 - 2.2 *Monthly Activity Reports;*
 - 2.3 *Review Records; and*
 - 2.4 *Remedial Action Plans;*
 - 2.5 *JI Reports;*
 - 2.6 *Service Quality Performance Report;*
- 3 *The Lead Partner shall consult with the other Partners before attending:*
 - 3.1 *an Activity Management Meeting;*
 - 3.2 *Contract Management Meeting;*
 - 3.3 *Review Meeting;*

and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings.
- 4 *The Lead Partner shall not:*
 - 4.1 *permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;*
 - 4.2 *vary any Provider Plans (excluding Remedial Action Plans);*
 - 4.3 *agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;*
 - 4.4 *give any approvals under the Service Contract;*
 - 4.5 *agree to or propose any variation to the Service Contract (including any Schedule or Appendices);*
 - 4.6 *suspend all or part of the Services;*

- 4.7 *serve any notice to terminate the Service Contract (in whole or in part);*
- 4.8 *serve any notice;*
- 4.9 *agree (or vary) the terms of a Succession Plan;*

without the prior approval of the other Partners (acting through the [JCB]) such approval not to be unreasonably withheld or delayed.
- 5 *The Lead Partner shall advise the other Partners of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Partners as part of that process.*
- 6 *The Lead Partner shall notify the other Partners of the outcome of any Dispute that is agreed or determined by Dispute Resolution*
- 7 *The Lead Partner shall share copies of any reports submitted by the Service Provider to the Lead Partner pursuant to the Service Contract (including audit reports)*

Part 2 – OBLIGATIONS OF THE OTHER PARTNER

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

- 1 *Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Partner (including the provision of data and other information) as is reasonably necessary to enable the Lead Partner to:*
 - 1.1 *resolve disputes pursuant to a Service Contract;*
 - 1.2 *comply with its obligations pursuant to a Service Contract and this Agreement;*
 - 1.3 *ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;*
- 2 *No Partner shall unreasonably withhold or delay consent requested by the Lead Partner.*
- 3 *Each Partner (other than the Lead Partner) shall:*
 - 3.1 *comply with the requirements imposed on the Lead Partner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;*
 - 3.2 *notify the Lead Partner of any matters that might prevent the Lead Partner from giving any of the warranties set out in a Services Contract or which might cause the Lead Partner to be in breach of warranty.*

SCHEDULE 5 – PERFORMANCE ARRANGEMENTS

NOT USED

SCHEDULE 6 – BETTER CARE FUND PLAN

The schedules below detail the planned use of the overall BCF funds for both 2020/21 and 2021/22.

Southend BCF	2020/21	2021/22
	£000s	£000s
CCG Minimal Contribution	13,575	14,294
SBC Directly Commissioned Schemes		
Protecting Social Services		4,869
Reablement, including support for the Care Act 2014		1,736
Sub Total	6,424	6,606
Counter invoice from CCG to fund Directly Commissioned Schemes	7,151	7,689
CCG Directly Commissioned schemes		
EPUT community services		5,361
EPUT mental health services		1,616
Havens hospice grant		562
Community Health Services	6,489	
Contribution to Joint Pool	562	
Carers - no spend incurred	100	150
Sub-total	7,151	7,689

The table below reflects the associated service lines embedded within the EPUT contract for the financial year 2021-22.

<u>Southend BCF EPUT Contract BCF Values</u>	<u>21/22</u>
<u>Service Line</u>	
Integrated Community Teams	2,333
Collaborative Care Team	169
SPOR (Health Element)	112
Tissue Viability	50
Leg Ulcer	106
Stroke (Community Service)	161
Pressure Relieving Equipment	138
Continence	509
Wheelchair Services	524
Therapy Input	-
Occupational Therapy	612
SWIFT/UCRT Original	468
Enhanced Heart Failure	73
UCRT Enhanced Service	105
Total Community	5,361
Older People Community Mental Health Teams (inc. Assessment Service)	891
Dementia Intensive Support Team	221
Older People Day Care (Mental Health)	194
Reablement Beds	311
Total Mental Health	1,616
GRAND TOTALS	6,977

NB: An agreed BCF plan for 2021-22 will be inserted here once the NHS England BCF templates are issued and these are approved by the Southend Health and Wellbeing Board.

SCHEDULE 7 – POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

NOT USED

SCHEDULE 8 – INFORMATION GOVERNANCE PROTOCOL

NOT USED

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