West Kent Health and Wellbeing Board: 20th January 2015

This paper is for:	**Information**
Recommendation:	*The Board is asked to note progress towards the development of a Section 75 agreement between the CCGs in Kent and Kent County Council, and specifically, how the West Kent system component will contribute to the overall Kent Better Care Fund.*
For further information or for any enquiries relating to this report please contact: *Louise Matthews, Reg Middleton*	

	Date: 12th January 2015
Reporting Officer: Reg Middleton	Agenda Item: 4
Lead Director: Reg Middleton	Version: 1
Report Summary: This paper presents a summary of progress to date in relation to producing a BCF section 75 pooled fund agreement and summarising the key provisions within the agreement in relation to monitoring, risk and governance. Specifically, the report focusses upon the element of the overall BCF as it relates to the West Kent system.	
FOI status: State either: *This paper is disclosable under the FOI Act;*	
Strategic objectives links:	
Board Assurance Framework links:	
Identified risks & risk management actions:	*N/A*
Resource implications:	*N/A*
Legal implications including equality and diversity assessment	N/A
Report history:	
Appendices	Annex 1 – draft West Kent schedule supporting the emerging

	Section 75 agreement between CCGs and Kent County Council
Next steps:	Work to continue on finalising the Section 75 agreement for implementation from April 2015.

1.1 Kent's Better Care Fund (BCF) plan was agreed by the Health & Wellbeing Board in September 2014 and has now been approved through the national assurance process.

1.2 At the same meeting of the Health and Wellbeing Board, it was agreed that the NHS Area team would lead a group with CCG CFO's and other senior KCC finance leads ("CFO Group") to discuss and recommend options for pooled fund arrangements with the ultimate aim of producing a s75 pooled budget agreement(s) to support and deliver the Kent BCF plan.

1.3 The purpose of this report is to update members of the West Kent Health & Wellbeing Board.

2. Update on progress

2.1 Considerable progress has been made by the CFO group which first met in October 2014. Overall principles were discussed and explored to ensure consensus that the s75 agreement would:

- Clearly articulate the key objectives and vision within the submitted Better Care Fund;
- Meet accountability requirements for CCG's and KCC;
- Provide practical arrangements that were not overly bureaucratic and sufficiently agile to serve the local community;
- Maintain local decision making and accountability with strategic oversight by the Kent Health & Wellbeing Board;
- Provide for risk sharing in line with local requirements and circumstances;
- Provide a clear framework for monitoring and reporting delivery including financial and operational performance;
- Comply with the requirements of the Better Care Fund Revised planning guidance (issued on 25/07/14).

2.2 **It was agreed that there would be one section 75 agreement with seven CCG specific schedules annexes, which will reflect the slightly different approaches to delivery and governance across local areas. In addition it has been agreed that KCC will act as host for the pooled fund.** The draft agreement reflects this approach.

2.3 The overarching agreement is being developed building on a template developed by Bevan Brittain who have been appointed by the Better Care Fund Task Force to develop a suggested model that would be acceptable to both CCGs and local authorities (reflecting the joint collaborative working of the group). In addition legal advice is currently being sought by the Council and CCGs to ensure that the agreement adequately reflects the technical

guidance, is in accordance with legislation and adequately protects the interests of the relevant partners. Based on progress to date, it is anticipated that this agreement should be ready for approval in time for the go live date of 1 April 2015.

2.4 The legal agreement will need formal approval from the KCC Cabinet Member and the CCG Governing Bodies. However the Kent Health & Wellbeing Board in its role of

> *"strategic lead on improving the health and well being of Kent residents including making arrangements under section 75 of NHS Act 2006* "

will also need to be satisfied that the s75 agreement will ensure delivery of the desired outcomes of the Kent wide Better Care Fund plan.

2.5 From a more local perspective, the West Kent Health & Wellbeing Board is seen as a key element of the governance structure that will provide oversight of the development and implementation of the Better Care Fund. Section 2 of the draft annex for West Kent sets out the proposed governance arrangements, within which, a Partnership Board will be assembled, with membership drawn from the West Kent Health and Wellbeing Board.

3. Flow of funds

3.1 Although the BCF in theory will operate as a pooled budget as required by the technical guidance, there are conditions attached to several of the funding streams which will have to be met e.g. part of the money has been earmarked as disabled facilities grant and may only be used for that purpose. Hence the funding will not entirely lose its identity as more often is the case in pooled budgets.

3.2 Where there are specific conditions, the agreement has been drafted to reflect these requirements. The guidance confirms that the accountable body is the organisation from where the money originated.

3.3 The flow of funds within the agreement is as follows:

Source of Funds		**Pooled Fund**	**Application of funds**	
KCC	£8.708m	£26.394m	SELF AND INFORMAL CARE	£3.092m
CCG	£17.686m		NEW MODEL OF PRIMARY CARE	£14.335m
Total	**£26.394m**		MOBILE CLINICAL SERVICES	£0.094m
			SYSTEM ENABLERS	£0.165m
			KCC schemes	£8.708m
			DISABLED FACILITIES GRANT	tbc
			SOCIAL CARE CAPITAL GRANT	tbc
				Total £26.394 m

4. Risk share

4.1 In line with the series of meetings hosted by Roger Gough, Chairman of Kent HWB with the CCGs as well as discussion at the HWB in September 2014 it was agreed not to share risks across CCG's at this time. The agreement has therefore been drafted in light of this as follows:

Performance element – For West Kent, there is a £2.229m performance payment linked to achievement of the 3.5% target reduction in emergency admissions that will be calculated quarterly with no cross subsidy across CCG's for under-performance. Amounts reflecting under-performance will be retained by CCG's to address the resulting pressures (in consultation with the Health & Wellbeing Board).

Over and Underspends - the s75 agreement ensures that there will be no cross subsidy across CCG localities for under or overspends. Overspends will remain the responsibility of the relevant body to which the funds have been applied and the agreement ensures mitigation of this risk to the host and fund as a whole. Proper forecasting of underspends will be required by relevant bodies to ensure that they comply with the necessary regulatory requirements.

5. Commissioning arrangements

5.1 The nature of the schemes within the Better Care Fund plan has meant that the current s75 arrangements are tailored around joint commissioning principles (i.e. two or more commissioning bodies acting together to coordinate their commissioning, taking joint responsibility for how the care is commissioned to meet the agreed list of agreed objectives within the Better Care Fund plan). In the initial year of this agreement physical contracting arrangements are unlikely to change from the current arrangements, however in time, as commissioning plans are reviewed and consulted upon, this approach may change to reflect a more integrated way of commissioning services to achieve the BCF outcomes.

6. s75 Governance arrangements

6.1 Although the pooled budget is created from allocations to CCGs and local authorities, the arrangements do not constitute a delegation of statutory responsibilities. These are retained by the CCG Governing Body and the local authority Cabinet/executive.

6.2 In practice this means CCG Governing Bodies and KCC Cabinet or executive operating through Executive delivery groups reporting to County & Local Health and Wellbeing Boards (or equivalent local groups) for oversight.

6.3 As part of the Kent Section 75 agreement, a core central model has been agreed for the governance structure which establishes local governance that reports to the Kent Health and Wellbeing Board. Within the West Kent annex to the s75 agreement, schedule 2 sets out proposed local arrangements.

7. Monitoring and reporting of spend and performance

7.1 To support the measuring and reporting of performance it is essential that all relevant financial and non-financial data that may be required is collected on a regular basis from the outset. Much of this will be at a local level and for performance data may involve local providers as well as commissioners.

7.2 The draft agreement provides for a minimum of quarterly monitoring and reporting of spend, performance and delivery against objectives at a locality level flowing up to the Health & Wellbeing Board. This will allow the Kent HWB to provide the required strategic oversight during 2015 – 2016 allowing them to

"monitor outcomes and ensure remedial action is taken when required",

as recommended by a Grant Thornton report published in September 2014 which highlighted considerations to be made by Health & Wellbeing Boards.

7.3 The local West Kent Health and Wellbeing Board will require the appropriate level of data to allow it to provide oversight of the Better Care Fund in West Kent.

7.4 The draft Annex for the West Kent system is set out as an appendix to this paper. Key elements of the annex include:

- Proposed governance arrangements;
- Scheme specifications;
- High level performance indicators and outcomes.

8. Next Steps

8.1 At the time of writing this report an agreement has been drafted and is being reviewed by all relevant parties with the intention of issuing a final draft in coming weeks. The agreement will then be progressed through the relevant decision making timetable requirements of all partner bodies with a view to final oversight by the Health & Wellbeing Board in March 2014.

9. Recommendations

9.1 It is recommended that:

Members note the progress made to date on developing the section 75 agreement to support delivery of the approved BCF plan in West Kent.

SCHEDULE 1 - SCHEME SPECIFICATIONS

Name of Locality Fund: _West Kent_

Overview of Scheme

This schedule sets out the scheme specifications for both NHS West Kent CCG and KCC.

Aims and Objectives

The aim of the Locality Fund is to deliver the health and social care services within this Section 75 agreement to the people of the area maximising quality and value for money. A key element of the agreement is a commitment to drive continuous improvement of services within resources available. To this end the services each party have included in the agreement are those which must work most closely together to benefit the provision of out of hospital health and social care services to local people.

Services, Functions and Investments

The Better Care Fund for West Kent is composed of the following schemes:

Schemes are funded and managed by the partners. The initial funding for each scheme together with the partner and lead manager are set out for each scheme below:

DRAFT ANNEX – WEST KENT SYSTEM

	NHS Schemes	Manager Responsible	Investment £
1	SELF AND INFORMAL CARE	Kallie Heyburn	£3,092,000
2	NEW MODEL OF PRIMARY CARE	Louise Matthews	£14,335,000
3	MOBILE CLINICAL SERVICES	Mark Atkinson	£94,000
4	URGENT TRANSFER SERVICE	Mark Atkinson	No direct funding identified but included for completeness of Mapping the future vision
5	NEW SECONDARY CARE	Mark Atkinson	No direct funding identified but included for completeness of Mapping the future vision
6	SYSTEM ENABLERS	Keith Price	£165,000

	KCC Schemes	Manager Responsible	Investment £
1	HEALTH & WELLBING SYSTEM		£8,708,000
2			
3	NEEDS TO BE BROKEN DOWN BY KCC		
4			
5			

KCC should complete this section using the financial breakdown into schemes provided by Mark Sage – mark.sage@kent.gov.uk / Telephone: 03000 416636. The total investment in this section must agree to the Local Authority investment figures included on the Health and Wellbeing Board expenditure plan submitted as part of the Better Care Fund Planning Template.

Monitoring, Outcomes and KPIs

KCC, as the Section 75 Host Partner will collect monitoring data on a monthly basis in a standard format. Monitoring data will provide overall assurance in relation to effective management of the Locality Fund. In addition KPIs will be collected setting out specific achievements for individual schemes.

High Level Outcomes

No.	Proposed benefits achieved from scheme	Organisation to benefit	Scheme Names	Change in Activity Measure	Unit Price £	Total Saving £

High level Metrics	Planned 15/16
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	9049 (Q4)
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	443.1
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	88.3
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	881.9 (as at Q4)
Patient user survey: % of people feeling supported to manage long term condition	53%
Injuries due to falls in people aged 65 and over (Public Health Framework 2.24i)	431.0

NHS Scheme Level Outcomes

No.	Scheme Names	Organisation to Benefit	Proposed Benefits Achieved from Scheme	Change in Activity Measure	Unit Price £	Total Saving £
1	Self & Informal Care	WKCCG	Reduced A&E attendance	104	75	7,800
1	Self & Informal Care (Elderly Care/End of Life Care)	WKCCG	Provision of integrated packages of care at home	104	3,000	312,000
2	New Primary Care (Intermediate Care)	KCC	Reduction in permanent residential admissions	2,756	423	1,165,788
2	New Primary Care (Intermediate Care)	WKCCG	Reduction in non-elective (general + acute only)	104	1,490	154,960
2	New Primary Care (Intermediate Care)	WKCCG	Reduction in delayed transfers of care	730	250	182,500
2	New Primary Care (Intermediate Care)	KCC	Reduction in non-elective (general + acute only)	351	1,490	522,990
2	New Primary Care	WKCCG	Reduced use of	104	4,000	416,000

	(Intermediate Care)		commercial beds			
2	New Primary Care (GP Out of Hours/ERRS/A&E front end)	WKCCG	Reduction in non-elective (general + acute only)	730	1,490	1,087,700
2	New Primary Care (Reablement Schemes)	WKCCG	Increased effectiveness of reablement	104	1,490	154,960
2	New Primary Care (KCHT community services)	WKCCG	Integrated Loan Store	1	100,000	100,00
2	New Primary Care – (Community Hospitals - bed usage)	WKCCG	Reduction in delayed transfers of care	1	1,000,000	1,000,000
2	New Primary Care (Community Hospitals – Therapies)	WKCCG	Integration of therapy services	1	400,000	400,000
3	Mobile Clinical Services	WKCCG	Number of journeys avoided	938	75	70,350
4	Urgent Transfer Service (Falls prevention service)	WKCCG	Number of journeys avoided	130	1,490	193,700

KCC Scheme Level Outcomes

No.	Scheme Names	Partner Responsible	Benefit Achieved	Change in Activity Measure	Unit Price £	Total Saving £
	NEEDS					
	COMPLETION					
	BY KCC					

Commissioning arrangements

In the initial year of this agreement contracting arrangements with Providers are unlikely to change from the current arrangements. This means that existing commissioners whether KCC or NHS will continue to pay providers directly.

Funds Flow

For the purposes of this agreement funds flow will be required between partners and the Host Partner. Partners will need to keep detailed records of expenditure and performance (in the format referred to earlier) to enable the Host to fulfil the reporting requirements for the Kent wide pooled fund. The funding mechanism will be as follows:

SEE TABLES FROM EXCEL SPREADHSEET SENT UNDER SEPARATE DOCUMENT

VAT

As in the initial year, the commissioning arrangements will be joined commissioning arrangements (as defined in the Agreement), the VAT regime of each respective Partner will apply to spend commissioned by them and each Partner will be accountable for ensuring compliance with VAT legislation.

Any charges made by the Host to the Pool for administration will be subject to VAT at standard rate.

The CFO Group is looking at the VAT implications of these Section 75 arrangements. Once this work is complete there may be adjustments to the way the fund operates to minimise any possible tax issues.

PART 2- Scheme Specifications

Name of Locality Fund:__West Kent_

NHS Schemes

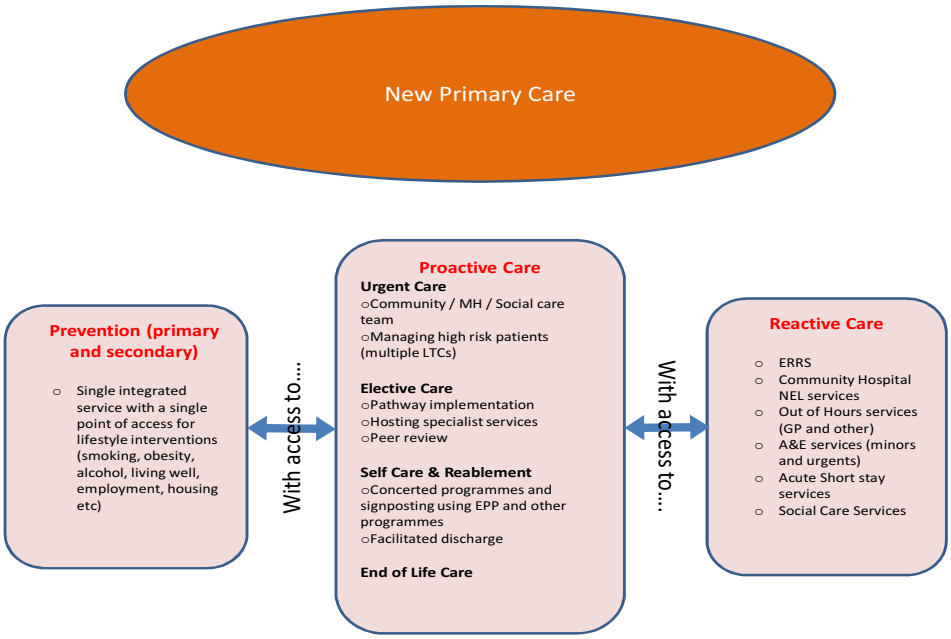
Scheme Reference Number: 1 – BCF REF WK002
Name of Scheme: SELF AND INFORMAL CARE
Summary of Scheme: The Mapping The Future blueprint places self and informal care at the centre, enhancing the capacity of communities and individuals to support themselves and each other. People are fully informed and take part in planning their care helping are supported to stay at home and independent longer. Self and informal care will be an important part of the new system, with more people and their families being supported to manage their own care and long term conditions through the use of smart technology and the development of a self-care/self-management model. Integrated telecare / telehealth solutions will be backed up, where necessary, by trained staff working in an integrated telecare / telehealth monitoring centre, who will be pro-actively monitoring changes in activity and health condition, alerting integrated community teams where further intervention to prevent increases in care needs • People are supported to take responsibility for their health and care. This includes intensive education about their conditions and how they can manage them, peer support, information and supported signposting to find appropriate voluntary and community options, fast and easy access to daily living aids • People are kept fully informed about the need for changes to health and care and are encouraged to take part in discussions about future plans • People are encouraged to make early decisions about treatment options and end of life preferences: they are active partners in planning their care • People are supported to stay independent and at home for as long as possible, e.g., using telehealth, patient held records and personal health budgets • Supported housing and domiciliary care is commissioned in a way that enables people to remain in the home as long as possible: short term stays are possible for those that have immediate needs • Local communities and voluntary organisations are encouraged to provide health and care support to people and carers

Scheme Reference Number: 2 – BCF REF WK003

Name of Scheme: NEW MODEL OF PRIMARY CARE

Summary of Scheme:

A new model of Primary Care focusing on three distinct but interlinked areas of care (preventative, proactive and reactive care) creating larger scale GP led multi-disciplinary teams which are wrapped around a suitably sized group of practices. It supports the provision of more capable and cost effective out of hospital proactive care and brings together elements of urgent care, elective care, self-care, reablement services and end of life care.



The teams will include clinically-led professionals that take a care management and coordination role for patients who are elderly and those with the most complex needs. They will operate within a framework of clear clinical pathways spanning the health and care system and will have access to consultant opinion to enable them to support patients, most often without the need to send them to hospital.

The focus will always be to support citizens to manage and coordinate their own care whenever possible

This will include:

- Comprehensive New Primary Care responds 24/7
- Practice clusters that offer diagnostics and other extended services
- Easier access 24/7
- Universal electronic record system
- MDT-teams based around health centres, or community hospitals
- Risk profiling and proactive outreach to people at risk of deterioration
- OOH is integral part of New Primary Care
- Dedicated processes for scheduled and unscheduled care
- Population health is part of NPC's responsibilities

- NPC 'owns' their patients along the entire pathway
- NPC can access intermediate care
- Integrated assessments
- Care coordinators for patients with complex needs
- Access to specialist opinion without referral

Scheme Reference Number:3 – BCF REF WK004

Name of Scheme: MOBILE CLINICAL SERVICES

Summary of Scheme:

Mobile clinical services (MCS) will provide direct care to people at the point it is needed by taking care to the patient wherever possible and clinically appropriate to do so. The MCS will work as a complementary workforce to the new Primary Care System using similar pathways, protocols and medical records.

MCS will be supported to help people remain at home, through the development of a new integrated (health and social care) intermediate care/ reablement service with a workforce trained to deliver comprehensive care that supports independence, recovery, maintenance of existing situation or for some people, quality end of life care. The breadth of these services will be enhanced to include best practice use of assistive technologies to complement hands on care and where appropriate clear referral pathways to non-clinical partners.

Community based integrated care teams will be established to provide targeted, proactive co-ordinated care and support to those people identified as being of highest risk of hospital attendance or increasing use of care services.

- NHS 111 call centre gives helpful advice and is supported by GPs
- Call handlers know what local services are available and when
- See-and-treat by paramedics in the field
- MCS are integrated part of NPC team (same care protocols/processes and medical records), or at least integrated operationally

Scheme Reference Number:4 – BCF REF WK005

Name of Scheme: URGENT TRANSFER SERVICE

Summary of Scheme:
To transfer patients with urgent care needs to the best setting (this may not necessarily only to A&E), to provide a range of treatments and diagnostic tests to patients on the way and to make more use of transport services by voluntary and community organisations.

- Enhanced assessments and diagnostics/start more care enroute
- Urgent care protocols the same regardless of care setting
- All care professionals have access to universal records all the time
- A&E is not automatic destination but patients could be taken to GP practice or other community-based care setting
- More non-urgent patient transport to be provided by others than ambulance e.g. volunteer and community support teams

Scheme Reference Number:5 – BCF REF WK006

Name of Scheme: NEW SECONDARY CARE

Summary of Scheme:
New Secondary Care will seek to manage urgent and planned care as separate entities for optimum efficiency with some highly specialised services concentrated in larger centres. Hospital based urgent care will work as part of the total system connected with primary and community services and mobile clinical services. Together they will optimise patient flows to deliver the most cost effective service with coordinated care around people with complex needs.

It is anticipated that this will allow secondary care services to be provided with a more community base model that reduces dependency on beds and buildings.

- Concentration of highly specialised services in larger centres
- Hospital-based urgent care is integrated with NPC and mobile services , providing access to senior clinical input as early as possible when needed and ensuring rapid response and rapid turnaround so that patients can be supported in most appropriate setting
- Specialists and GPs work as one team with one lead clinician
- Ongoing monitoring and rapid learning to adjust care supply to demand so that provider capacity responds to demand, rather than supply inducing demand
- Proactively link physical and mental health, with psych liaison services at hospitals
- Coordinated and simplified care for patients with complex needs

Scheme Reference Number:6 – BCF REF WK007
Name of Scheme: SYSTEM ENABLERS
Summary of Scheme: Information sharing protocols as first step towards universal medical records, allowing all care professionals access to real-time patient record and care plans from anywhere Improved communications and relationships amongst professionals of different organisations Clear risk management agreements Culture of personalised care, collaboration and joint ownership of effectiveness of care • Data sharing protocols • Suitable record system • Remote access to such system • Communications platform • Availability of care professionals to respond rapidly • Communications processes • Funding model that incentivises best outcomes at minimum costs • Shared culture and incentives

Please insert as many template boxes as required for all the schemes for each party.

KCC Schemes

Scheme Reference Number:
Name of Scheme:
Summary of Scheme: **TO BE COMPLETED BY KCC**

SCHEDULE 2 – GOVERNANCE

Name of Locality Fund:_West Kent_ *(Please insert your locality name)*

The Kent Health and Well-Being Board has strategic oversight for the Kent Better Care Fund Overall. The West Kent Health and Well-Being Board has strategic oversight for the Better Care Fund that relates to the west Kent Health Economy.

The Partnership Board *in West Kent will be known as the* ***Section 75 Group*** *is the overall decision making body for the Locality Fund. Its role is set out in Section 2 below.*

The Partnership Group is the executive body which will administer the everyday management of the schemes within the Locality Fund. Membership of this body will be composed of the line managers responsible for the services involved. In West Kent this will be the System Leadership group.

System Leadership Group

The Systems Leadership Group (SLG) in West Kent is the forum which will have oversight of the alignment of providers and commissioners five year plans and the effectiveness of partnership arrangements for strategic and operational delivery by the NHS and Local Authorities. Under the System Resilience Group there will be two sub groups – the ***Mapping the Future Leadership Forum*** and the ***System Resilience Group***.

The Partnership Board for _West Kent_ Locality Fund will be formed of members of the Local Health and Wellbeing Board (HWB) unless otherwise agreed. Where the Local HWB forms the Partnership Board, meetings of the Partnership Board will run concurrently with the HWB unless specifically agree by the members.

1 Partnership Board

The Partnership Board will be supported by officers from the Partnership Group.

NHS Members of the Partnership Group

	Name of Officer	Post
1	Ian Ayres	Chief Accountable Officer
2	Gail Arnold	Chief Operating Officer and Deputy Accountable Officer
3	Reg Middleton	Chief Financial Officer

KCC Members of the Partnership Group

	Name of Officer	Post
1	Anne Tidmarsh	Director of Older People and Physical Disabilities
2	Mark Lobban	Director of Commissioning
3	Michelle Goldsmith	Finance Manager – Social Care

2 Role of Partnership Board

The Partnership Board shall:

2.1.1 Provide strategic direction on the Individual Schemes

2.1.2 receive the financial and activity information;

2.1.3 review the operation of this Agreement and performance manage the Individual Services;

2.1.4 agree such variations to this Agreement from time to time as it thinks fit;

2.1.5 review and agree annually a risk assessment and a Performance Payment protocol;

2.1.6 review and agree annually revised Schedules as necessary;

2.1.7 request such protocols and guidance as it may consider necessary in order to enable teach Pooled Fund Manager to approve expenditure from a Pooled Fund;

3 Partnership Group

3 System Leadership Group

The membership will be Chief Officers and professional leads from all significant local commissioners and providers (including NHS Lewis Havens and High Weald CCG). This would cover health and local authorities (social care, justice, housing, education and planning).

	Name of Officer	Post	Organisation
1	Ian Ayres	Chief Accountable Officer	West Kent CCG
2	Wendy Carberry	Chief Accountable Officer	NHS Lewis Havens and High Weald CCG
3		Chief Executive	Kent and Medway NHS and Social Care Partnership Trust
4	Glen Douglas	Chief Executive	Maidstone and Tunbridge Wells NHS Trust
5	Marion Dinwoodie	Chief Executive	Kent Community Health NHS Trust
6	Anne Tidmarsh	Director of Older People and Physical Disabilities	Kent County Council
7	Mark Lobban	Director of Commissioning	Kent County Council
8	tbc	Director of Education	Kent County Council (KCC to confirm representation)
			Others tbc

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

The Systems Leadership Group (SLG) in West Kent has a remit to oversee the alignment of providers and commissioners five year plans and the effectiveness of partnership arrangements for strategic and operational delivery by the NHS and Local Authorities.

This group reviews commissioners and provider's 5 year plans and identifies areas where the plans are not aligned and areas where the plans require cross organisational working. The objective of the group is to provide a forum where it is possible to align individual organisational plans into a common

vision for the future of care services in West Kent and to co-ordinate the oversight of the major change programmes needed to deliver this vision. It does not instruct partner organisations on actions they should take nor does it take any operational leadership role in delivery of change.

The Group holds no formal delegated authority from any statutory body but it membership includes senior individuals who can influence and steer their organisations. The group has an advisory and co-ordination role rather than a decision making role. Within the CCG reports of the work of this group will go to the Governing Body.

Under the System Resilience Group there are two sub groups – the ***Mapping the Future Leadership Forum*** and the ***System Resilience Group***, and the Section 75 Group

Mapping the Future Leadership Forum

The Mapping the Future Leadership Forum has a remit to oversee and co-ordinate cross system development to deliver the changes needed to deliver Mapping the Future. This includes supporting the West Kent component of the Integration Pioneer programme and the West Kent Better Care Fund delivery. This sub-group focuses on the big strategic changes that require cross organisational working and take several years to achieve.

The Forum holds no formal delegated authority from any statutory body but its membership includes senior individuals who can influence and steer their organisations. The group has an advisory and co-ordination role rather than a decision making role. The Group reports to the Systems Leadership Board. Within the CCG reports of the work of this group go to the Clinical Strategy Group.

System Resilience Group

The System Resilience Group (SRG) has a remit to oversee, plan, and coordinate the operational delivery of key resilience targets and focuses on short term operational activities that are needed to deliver current year performance.

The SRG holds no formal delegated authority from any statutory body but it membership would include senior individuals who can take operational decision for their organisations. The Group reports to the Systems Leadership Board. Within the CCG reports of the work of this group will go to the Clinical Strategy Group.

Meetings

3.1 The Partnership Board will meet Quarterly at a time to be agreed within following receipt of each Quarterly report of the Pooled Fund Manager.

3.2 The quorum for meetings of the Partnership Board shall be a minimum of two representatives from each of the Partner organisations.

3.3 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.

3.4 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.

3.5 Minutes of all decisions shall be kept and copied to the Authorised Officers within 14 days of each meeting.

4 Delegated Authority

4.1 The Partnership Board is authorised within the limit of the delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme.

5 Information and Reports

Each partner shall supply to the Pooled Fund Manager on a quarterly basis, the financial and activity information as required under the Agreement.

6 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 - RISK SHARE AND OVERSPENDS

Any overspend or underspend incurred by a local CCG/ KCC Partnership Board will be managed within that Board and its constituent CCG and KCC. There will be no cross subsidy between Partnership Boards within this agreement.

Over or underspends in schemes will be borne by the Partner responsible for that scheme. Over and underspends will **NOT** be pooled by Partners.