Health and Wellbeing Board
12 February 2015

Agenda – Part: 1	**Item: 4**
Subject: Section 75 Agreement (Adults) 15-16	
Date: Thursday 12th February 2015	

REPORT OF:

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1. EXECUTIVE SUMMARY

1.1 Enfield Council and NHS Enfield Clinical Commissioning Group (formally Enfield Primary Care Trust) have had a Section 75 Agreement for commissioned services for adults since 2011. The current agreement has continued to work well during 2014-15.

1.2 Both parties are seeking to refresh the Section 75 Agreement and amend the schedules in order to facilitate the inclusion of the Better Care Fund pooled budget and support further effective collaborative working across health and social care.

1.3 The revised agreement will comprise of six schedules: Better Care Fund, Mental Capacity Act and Deprivation of Liberty Safeguards, Joint Commissioning Team, Integrated Community Equipment Service, Integrated Learning Disability Service, and Public Health. Voluntary and Community Sector, Wheelchair Service and Personal Budgets for Health schedules are incorporated in the Better Care Fund in the revised agreement.

1.4 This report outlines the proposed changes to the contributions and schedules and seeks approval of these to allow the revised Section 75 Agreement to be finalised to ensure appropriate governance arrangements are in place.

2. RECOMMENDATIONS

- Note the proposed changes to the financial contributions to the Section 75 Agreement (Adults) for 2015-2016.
- Recommend that the Section 75 Agreement go forward to be signed and sealed by Enfield Council and NHS Enfield Clinical Commissioning Group.

3. BACKGROUND

3.1 Enfield Council and NHS Enfield Clinical Commissioning Group have had a Section 75 Agreement for commissioned services for adults since 2011. The existing Agreement expires on 31st March 2015. Both parties are seeking to refresh the Section 75 Agreement and amend the schedules in order to prepare for the introduction of the Better Care Fund from April 2015 onwards and further support the transformation and integration of health and social care services.

3.2 The partnership arrangements have continued to work well during 2014-15 and an end of year review will be completed in April 2015 and shared with both parties.

3.3 Appendix 1 sets out the schedules and the proposed changes to the Section 75 Agreement when compared with the existing 2014-15 Agreement. The revised contributions of each Party for 2015-16 are shown below.

Schedule	NHS Enfield Clinical Commissioning Group	Enfield Council	Other Government Grants
Mental Capacity Act and Deprivation of Liberty Safeguards	£44,158	£195,217	
Joint Commissioning Team	£53,960	£519,972	
Integrated Community Equipment Service	£461,715	£972,642	
Integrated Learning Disability Service	£1,878,244	£4,461,760	
Public Health	£0	£101,000	
New Schedule Better Care Fund	£12.837m	£0	DCLG £1.345m Department of Health £0.452m NHS England £5.952m
Total	£15,275,077	£6,250,591	£7.749m

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 A number of options were considered about the most appropriate partnership arrangements prior to the production of the Section 75 Agreement. The consensus was that a Section 75 Agreement was the most suitable arrangement.

4.2 NHS England guidance requires the pooling of the Better Care Fund to be via a Section 75 Agreement.

5. REASONS FOR RECOMMENDATIONS

5.1 The existing Section 75 Agreement requires amendment to reflect changes that have occurred due to the introduction of the Better Care Fund.

5.2 Both Enfield Council and Enfield Clinical Commissioning Group have endorsed the amendments to the Section 75 Agreement, and the recommendation to re-issue and re-seal the document.

5.3 The revised Section 75 Agreement will further consolidate and improve collaborative working between Enfield Council and Enfield Clinical Commissioning Group, providing stability to existing local services and supporting the transformation and integration of health and social care services.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

6.1.1 The revised contribution under the jointly approved Section 75 agreement for 2015/16 from NHS Enfield Clinical Commissioning Group will be £15.275m. The contribution by Enfield council will be £6.25m.

6.1.2 NHS Enfield Clinical Commissioning Group contribution to the Integrated Learning Disability Service has as a result of a 2.3% uplift and inclusion of the LD Community Intervention Budget to £1.87m. Integrated Community Equipment Service has also increased by £60k to £0.461m. The contributions towards the Joint Commissioning Team remain consistent with 14/15 at £54k. Mental Capacity Act and Deprivation of Liberty Safeguards contribution has reduced to £44k on the basis that the Joint Nurse Assessor is now included in the schedule for the Better Care Fund. In addition the ECCG components of the Better Care Fund (£12.837m) have also been included.

6.1.3 Enfield council contribution has remained consistent with 14/15 at £6.2m.

6.1.4 The section 75a agreement also includes contributions from other government departments in the way of specific grants in line with the Better Care Fund pooled resources (£7.749m). It should be noted that governance for the Better Care Fund is covered under delegated authority by Health and Wellbeing board to the Better Care Fund Integration Board.

6.1.5 The detailed schedules in the Section 75 Agreement with the NHS Enfield Clinical Commissioning Group for 2015/16, are currently specific areas of budget accountability within Health, Housing and Adult Social Care (HHASC). They represent delegated budget holder and financial management responsibility and are included as part of the monthly budget monitoring and year end close down process for HHASC

6.1.6 Under the Section 75 Agreement, the Council and NHS Enfield CCG will invoice the other for their contribution quarterly in arrears.

6.1.7 The Section 75 Agreement also includes procedures for the treatment of under and over spends at financial year end. In essence the parties will jointly agree whether resources are to be rolled forward to benefit future years or divided between the parties in the proportions as contributed.

6.2 **Legal Implications**

7. KEY RISKS

7.1 **Formal approval is not obtained from NHS Enfield Clinical Commissioning Group or Enfield Council for the revised Section 75 Agreement.**
This has been mitigated by seeking approval from the Health and Wellbeing Board in advance and discussions have taken place between NHS Enfield Clinical Commissioning Group and Enfield Council. If approval is not obtained the existing Section 75 Agreement will remain operational and both parties will remain liable for the financial contributions outlined within it.

7.2 **Additional statutory or legislative changes are made throughout the duration of the Agreement.**
This has been mitigated by seeking approval to delegate any variations during the term of the Agreement to the Assistant Director of Strategy and Resources.

7.3 **The available resources at both authorities are reviewed and existing capacity levels cannot be maintained.**
This has been mitigated by specifying the contributions to pooled funds as agreed as part of the budget setting processes at both organisations and including the agreed processes for managing an over-spend and under-spend.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 **Ensuring the best start in life**

This priority is not applicable to the adults Section 75 Agreement.

8.2 **Enabling people to be safe, independent and well and delivering high quality health and care services**

The revised Section 75 Agreement will further consolidate and improve collaborative working between Enfield Council and Enfield Clinical Commissioning Group, providing stability to existing local services and supporting the transformation and integration of high quality health and social care services.

8.3 **Creating stronger, healthier communities**

The continuation of a Section 75 Agreement will further strengthen the partnership between Enfield Council and NHS Enfield Clinical Commissioning Group and support integration across health and social care and the co-ordination of resources to provide more efficient and effective services.

8.4 **Reducing health inequalities – narrowing the gap in life expectancy**

The inclusion of the Better Care Fund into the Section 75 Agreement further consolidates closer working between health and social care, ensuring that adults living in Enfield are offered a range of services in their own home or community setting, including those with long term conditions.

8.5 **Promoting healthy lifestyles**

The Section 75 Agreement enables effective collaborative working across health and social care, producing better outcomes for people living in Enfield.

Appendix 1 – Proposed amendments for 2015-16

Schedule	Pooled/ Integrated/ Lead	Existing 2014-2015 Contributions		Proposal for 2015-2016
		NHS Enfield CCG Contribution	Council Contribution	
Mental Capacity Act and Deprivation of Liberty Safeguards	Pooled	£70,908	£199,100	Joint Safeguarding Nurse Assessor is included in the Better Care Fund. £2,000 increase in CCG contribution towards Specialist Advice for Mental Capacity Act (MCA) matters for clinical staff and commissioning services due to 8x increase in DoLS applications. <u>Contributions proposed:</u> Enfield CCG - £44,158 Council - £195,217
Joint Commissioning Team	Integrated	£50,259	£587,664.92	Older People Commissioner and Physical Disability Commissioner posts combined. <u>Contributions proposed:</u> Enfield CCG - £53,960 Council - £519,972
Voluntary and Community Sector	Lead	£409,907	£0	Included in Better Care Fund Schedule.
Integrated Community Equipment Service	Pooled & Lead Commissioning	£401,715*	£972,642	CCG Contribution to increase by £60,000 due to rise in spend relating to District Nurse Equipment supporting increased activity around hospital discharge. * Talks are ongoing regarding the transfer of CHC equipment. <u>Contributions proposed:</u> Enfield CCG - £461,715 Council - £972,642

Schedule	Pooled/ Integrated/ Lead	Existing 2014-2015 Contributions		Proposal for 2015-2016
		NHS Enfield CCG Contribution	Council Contribution	
Wheelchair Service	Integrated	£776,168	£0	Included in Better Care Fund Schedule.
Integrated Learning Disability Service	Pooled & Integrated	£1,484,241	£3,970,850	2.3% uplift and LD Community Intervention budget to be included. Contributions proposed: Enfield CCG - £1,878,244 Council - £4,461,760
Public Health	Lead	£0	£101,000	No Change
Personal Budgets for Health	Integrated	£24,000	£0	Included in Better Care Fund Schedule.
New Schedule – Better Care Fund	Pooled	N/A	N/A	Total £20.586m Revenue: £18.518m Enfield CCG £12.566m NHS England £5.952m Capital: £2.068m Enfield CCG £0.271m DCLG £1.345m Department of Health £0.452m
Total		**£3,217,198**	**£5,831,256.92**	15/16 revised contributions: Enfield Council: £6,250,591 NHS Enfield Clinical Commissioning Group: £15,275,077 Government Grants: £7.749m

Appendix 2 – Section 75 Schedules 15/16

Schedule 4 - Better Care Fund

Project	Payment Obligations on either Parties:	Pooled / Integrated / Lead	Managed by:	Commencement of particular service
Better Care Fund	**Total £20.586m** Revenue: £18.518m Enfield CCG £12.566m NHS England £5.952m Capital: £2.068m Enfield CCG £0.271m DCLG £1.345m Department of Health £0.452m	Pooled	Joint	To take effect on 1st April 2015

Introduction

The Better Care Fund was announced by Government in June 2013, to ensure a transformation in integrated health and social care. The Better Care Fund creates a local single pooled budget to incentivise the NHS and Local Government to work more closely together around people, placing their wellbeing as the focus of health and care services.

A number of core aims and objectives underpin the vision for integrated care in Enfield and drive the four programmes covered by the Better Care Fund plan. The aims and objectives underpinning our vision are:

- Eradicating fragmentation and silo working across health and social care.
- Ensuring that every part of the system is working effectively.
- Maximising health and wellbeing outcomes from the available resources.
- Minimising health and wellbeing inequalities across our borough.
- Improving the ability of the local population to make lifestyle choices that reduce future demand for health and social services.

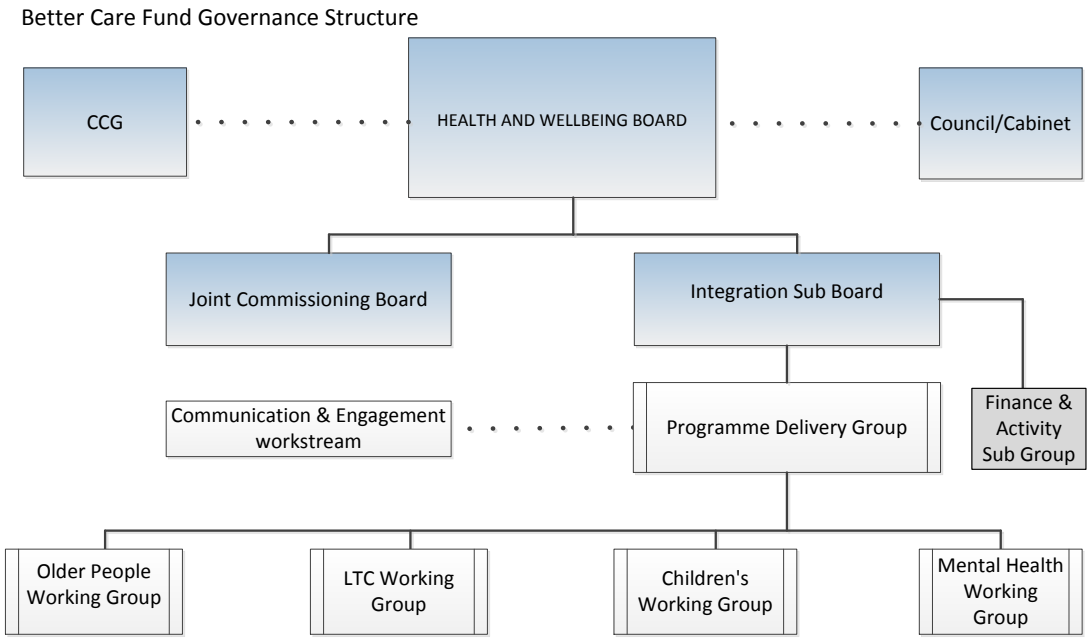
- Improving the capacity of the local population to self-care, especially for minor ailments and long-term conditions.
- Avoiding unnecessary admissions to hospitals and care homes.
- Ensuring that nobody stays in a hospital or care home longer than they need to.
- Maximising the knowledge and skills of all staff, which underpins the achievement of all other objectives.

Governance

In December 2014, the Health & Wellbeing Board (HWB) agreed the governance structure required going forward for the performance management and implementation of the joint BCF plan as well as for the financial governance, under Section 75, of the pooled BCF monies.

- An *Integration Board* has now been established as a Sub Board of the HWB, operating with delegated powers from the HWB Board, to take forward the BCF Plan and Integrated Services across health and social care in Enfield.
- A *Programme Delivery Group* (PDG) will be established beneath the integration Board to operationally manage the programmes.
- A *Finance & Activity Sub-Group* will be established to manage finance and performance against agreed metrics.
- Final authority remains with the Enfield Health and Wellbeing Board and as the Accountable Body and the HWB will approve the budget and BCF programme.

The Graphic below sets out the governance structure agreed by the Health & Wellbeing Board.



The Integration Board will meet monthly to provide appropriate levels of leadership with a view to shaping the integration agenda and overseeing implementation and delivery of the Joint Better Care Fund Plan. To ensure that the delivery of integration is happening at the pace and scale required, a Programme Delivery Group (PDG) will be established by the Integration Board and will set out the mechanisms for managing the BCF programme. The PDG will establish individual Working Groups to drive forward key programmes and engage providers and stakeholders where appropriate.

The HWB will remain the accountable body for the BCF Plan and Programme and any decisions outside of an agreed delegation of authority will need to be referred to the HWB. (See Terms of Reference.)

Financial

The lead finance officers for the Better Care Fund are Enfield CCG Chief Finance Officer and London Borough of Enfield Finance Business Partner for Health & Adult Social Care. Officers shall ensure that full and proper records are kept in respect of the Pooled Fund and all reasonable endeavours will be taken to ensure that the service requirements are carried out within the Pooled Fund each year.

The contributions from the pooled fund for 2015/16 are shown below (amount to be formally agreed by 1st April each year). Please see attached Appendix A for additional BCF categories against each of the Enfield CCG priority areas listed below.

External financial auditors have been engaged in the process and therefore this schedule is subject to change on completion of the review (findings anticipated on Friday 6th February 2015).

Capital:

	£000
DCLG - DFG	1,345
DoH – Social Care	452
Enfield CCG - Care Act	271
Total	2,068

Revenue:

	Enfield CCG £000
Integrated Care	7,147
Mental Health	886
Safe Guarding	419
Long term conditions	815
Children	175
Carers	200
Third Sector	410
Infrastructure	280
Care Bill	724
Contingency	1,510
Sub-total	12,566
	NHS England £000
Protection Social Care Services – NHS England	5,952
Total Revenue	18,518

Virements

For any value up to £250,000, with the approval of the Integration Board, funding can be transferred between schemes.

For any value over £250,000, with the approval of the Health & Wellbeing Board, funding can be transferred between schemes. However, in all instances, the following principles apply:

- The BCF as a whole, including the contingency can never overspend;
- The first call on underspends will be existing schemes which require additional investment.

Contingency

A contingency fund has been established within the pooled budget. In 2015/16, this sum will be £1.5m. The release of £1.5m contingency (or part thereof) for investment is predicated on achieving the required 3.5% reduction in emergency hospital admissions or part thereof.

Failure to achieve the required target or part thereof will result in the contingency or part thereof being "returned" to the CCG to fund acute sector activity. If the performance against this target has been achieved (or is deemed to be likely to be achieved) then the contingency fund or part thereof will be released to be committed against additional investment agreed by the HWB. Performance on this metric will be reported to the Integration Board on a monthly basis and include projections for the year-end position.

However,

- The contingency or part thereof will not be released until there is confirmation from Enfield CCG's contracting team that there is reasonable assurance that the target will be met. This will be based on forecasts at Month 9 and will be available by the end of January.
- No commitments can be made against the contingency until a decision based on the Month 9 forecast has been made.

Carry forwards at Year End

If, after all expenditure is accounted/ for at year end, there remains an underspend on the BCF, then the Integration Board will provide recommendations on how such funds will be dealt with. The Health & Wellbeing Board may agree to carry forward an agreed sum into the subsequent financial year.

Financial Monitoring

Finance will be monitored through the Finance & Activity Sub Group and also will be a standing item on the Integration Board agenda. Responsible Finance Officers will present each business case to this board. Monitoring of expenditure against each business case will be completed by the responsible lead officers via the agreed template based on delegated authority from the Health and Wellbeing Board.

Those projects which include committed funds transferred from the CCG's allocation, included under the "Existing CCG" expenditure heading in Appendix 1 (Finance Schedule for BCF Programme 2015-16), will be treated as pre-approved at the start of 15/16. Approval for payments up to the value in the approved schedule will be

deemed to be authorised as a result. Management accounting information will be provided as appropriate to facilitate payment against these schemes.

Financial Management information will be presented by the nominated CCG and LBE finance officers on a monthly basis to the Integration Board. The presentation of the pooled fund will include actual spend plus accruals vs the BCF budgeted allocation. Any identified variances will be considered by the Integration Board.

Performance

Performance metrics will be developed for each project (via the Programme Delivery Group) and monitored by the Activity & Finance Sub-Group on a scheme by scheme basis.

Performance reporting will take place on a monthly basis to the Integration Board and an overview performance report (including highlight and exception reporting) will be submitted to the Health and Wellbeing Board. Both parties will be informed of progress against all relevant indicators, outcomes and targets.

The following nationally identified performance metrics will be monitored:

- Total non-elective acute admissions in to hospital (general and acute), all-age, per 100,000 population
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)
- Patient/ Service User Experience Metric
- Diagnosis of Dementia (Local Metric)

Final Accounts Audit / Year End Close Down:

Both parties will need to include the BCF pooled budget as part of their final accounts. Chief Finance officers will ensure additional audit scrutiny of the pool budget is completed to confirm compliance with the BCF guidance.

Payments to the Pooled Budget:

- Payments are to be made quarterly to the Pooled Budget (i.e. to LBE as the hosting authority) from Enfield CCG for the transfer CCG contribution to the pool.

- Invoices are to be raised quarterly in advance by London Borough of Enfield by the 1st working day of the quarter, with confirmation of invoice sent to CCG Finance officers.
- The invoice is to be paid by Enfield CCG by 10th working day of the month.
- Enfield CCG will raise an appropriate Purchase order (PO) at the beginning of the year for the full amount, with the drawdown of the PO over the year on a quarterly basis, as agreed by the board. This PO will be shared with LBE, and quoted on quarterly invoices, to ensure payments are processed in agreed timeframes. Please note that invoices for the BCF Pool will be raised separately to existing Section 75 arrangement, to allow transparency in accounting for the pool.

Payments from the Pooled Budget to CCG and LBE:

Payments from the Pool to Enfield CCG and LBE will be in arrears and as a reimbursement of expenditure incurred on the agreed programmes. Release of resources from the pool will be authorised by the delegated officers. LBE (as hosting authority) will ensure Purchase orders (PO) are created against the Pool and shared with Enfield CCG to ensure payments are processed promptly. Payments from the Pool to LBE expenditure codes will be completed via internal recharges.

As per above payment for all pre-approved existing schemes will be made by the council to the CCG on a monthly basis on the last working day of each month.

Finance Schedule for BCF Programme 2015-16

Appendix 1 **Finance Schedule for BCF Programme 2015-16**	2015/16 Existing CCG £000	Existing LBE £000	New £000	Total £000
OPAU	2,345			2,345
Technology			80	80
Seven day working			777	777
MDTs	465			465
Falls			180	180
Tissue Viability			80	80
Intermediate care			200	200
Palliative care rapid response			150	150
Dementia			65	65
Memory clinics			160	160
Social care capacity			100	100
Community Matrons	650			650
Intermediate care	1,000			1,000
Community nursing	895			895
Integrated Care total	**5,355**	**-**	**1,792**	**7,147**
RAID	400			400
IAPT	486			486
Primary care	-			-
Mental Health total	**886**	**-**	**-**	**886**
Nurse assessors			70	70
Quality checker			80	80
Social workers			269	269

Safe Guarding total	**-**	**-**	**419**	**419**
ICES (Wheelchair Services)	790			790
Personal health budget			25	25
Long term conditions total	**790**	**-**	**25**	**815**
Child health and wellbeing			175	175
Children total	**-**	**-**	**175**	**175**
Enhanced support			100	100
Respite			100	100
Carers total	**-**	**-**	**200**	**200**
Preventative services	410			410
Total third sector	**410**	**-**	**-**	**410**
Primary care premises			80	80
Pool fund management			100	100
Data sharing			100	100
Total infrastructure	**-**	**-**	**280**	**280**
Assessment & eligibility			274	274
Veterans			13	13
Quality			27	27
Safe guarding			43	43
Personalisation			16	16
Carers			266	266
Information advice and support			133	133
law reform			48	48
Care bill total	**-**	**-**	**724**	**724**

Integrated Care total	5,355	-	1,792	7,147
Mental Health total	886	-	-	886
Safe Guarding total	-	-	419	419
Long term conditions total	790	-	25	815
Children total	-	-	175	175
Carers total	-	-	200	200
Total third sector	410	-	-	410
Total infrastructure	-	-	280	280
Care bill total	-	-	724	724
Contingency	1,510			1,510
Total	**8,951**	**-**	**3,615**	**12,566**
	71%	0%	29%	100%
Target				12,566
Protection of Social Care Services		5,952		5,952
DCLG - Disabilities Facilities Grant		1,345		1,345
DoH Social Care Grant		452		452
Enfield CCG - Care Act			271	271
Grand Total	8,952	7,749	3,886	20,586
Target				20,586

Schedule 5: Mental Capacity Act

Project	Payment Obligations on either Parties:	Pooled /Integrated /Lead	Managed by:	Commencement of particular service
Specialist Advice for Mental Capacity Act (MCA) matters for clinical staff and commissioning services	£4 000 NHS Enfield CCG	Pooled	Council	Existing arrangement
Awareness Raising at various Safeguarding Events and developing materials	£3 000 NHS Enfield CCG	Pooled	Council	Existing arrangement
Attending Community Health Care Services & Meetings to ensure MCA remains a priority	£1 500 NHS Enfield CCG	Pooled	Council	Existing arrangement
MCA Training for Clinical Staff (GPs, DNs, Dentists) and commissioned services E.g. local hospitals	20 days @ £700pd NHS Enfield CCG	Pooled	Council	Existing arrangement
Quarterly Data Reporting of DoLS Compliance in Hospitals and Care Homes	£ 1 000 NHS Enfield CCG	Pooled	Council	Existing arrangement
Sourcing Specialist Assessors for contentious cases & Negotiating Fees	£ 5 000 NHS Enfield CCG	Pooled	Council	Existing arrangement
Partnering a Mental Capacity Strategy in Enfield	£ 5 000 NHS Enfield CCG	Pooled	Council	Existing arrangement
Independent Mental Capacity Advocacy Service	70% Council 30% NHS Enfield CCG	Pooled	Council	Existing arrangement

	Estimated total costs: Council £24,867 NHS Enfield CCG £10,658			
Running of the Service	100% Council	Pooled	Council	Existing arrangement

Introduction

The Local Authority Services Act (1970) outlines the requirement for the local authority to provide services to people of all ages with mental health problems in Enfield. The National Services Act (2006) states that NHS Enfield CCG is required to provide mental health services to people of all ages in Enfield and beyond.

On 1 April 2013 the responsibilities of the functions relating to the Supervisory Body of the Deprivation of Liberty Safeguards transfers to the Council, by means of the Health and Social Care Act 2012. Clinical Commissioning Groups (CCG) retains the statutory responsibilities for the practice under the main Mental Capacity Act (MCA) 2005. NHS Enfield CCG needs to ensure that the NHS and all services they commission are compliant with the MCA. NHS Enfield CCG is required to ensure that their staff have adequate training and that they monitor practice which includes mental capacity assessments, best interest decisions and that clinicians refer the relevant service users for the Deprivation of Liberty Safeguards in a timely way. This schedule identifies a partnership arrangement which permits information sharing between the Parties and the delivery of specialist experience of delivering training and auditing services. This includes a Joint Safeguarding Nurse Assessor post to provide pivotal support for adult safeguarding and to ensure that the requirements for professional supervision are met.

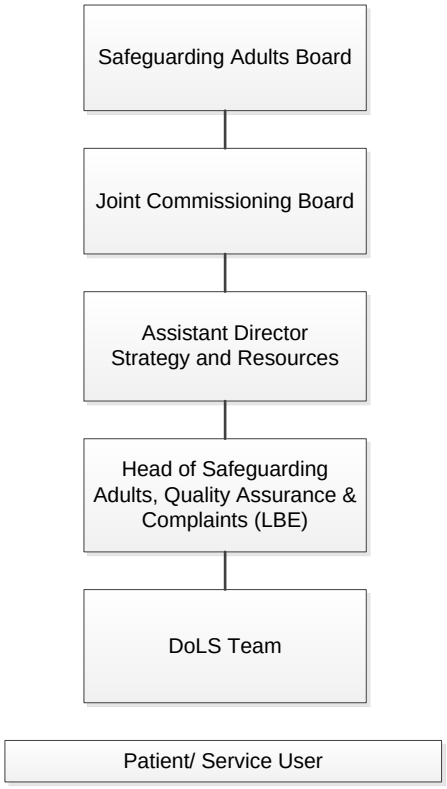
This Agreement replaces all previous agreements in place between the Parties relating to the Mental Capacity Act and Deprivation of Liberty Safeguards in line with Schedule 4 of this Agreement.

Governance

The Council will remain the lead party and will continue to raise awareness of the Mental Capacity Act and deliver specialist training. The service will be managed by the Head of Safeguarding Adults, Quality Assurance and Complaints at the Council, who reports to the Assistant Director Strategy and Resources. Decisions about running the service will be made by officers at the Council responsible for delivering

the service (Head of Safeguarding Adults, Quality Assurance and Complaints, Mental Capacity Act and Deprivation of Liberty Safeguards Manager, administrator and the Assistant Director Strategy and Resources). If deviations from the agreed scope of the service occur or if significant cost or service pressures arise, these will be brought to the attention of NHS Enfield CCG through the Assistant Director Strategy and Resources who will notify the appropriate personnel at NHS Enfield CCG and convene a meeting to discuss and agree how to respond.

The governance structure is as follows:



All major projects will be developed and scoped jointly with appropriate arrangements in place for joint monitoring and review.

Council Responsibilities:

The Council will manage the Mental Capacity Act and Deprivation of Liberty Safeguards service with a single point of access, which will include, but not limited to:

- Maintaining a system for reporting the prevalence of DoLS in NHS Enfield CCG Commissioned services;
- Submitting to NHS Enfield CCG detailed information regarding the number of applications that they commission and authorisations granted and declined, during the term of this Agreement and on a quarterly basis;

- Providing management information for both the Council and NHS Enfield CCG;
- Communicate with Managing Authorities, the Service User Relatives, IMCA's and the Service User Representatives on behalf of both the Council and NHS Enfield CCG;
- Continuing to raise awareness with hospitals and care homes commissioned by the Council and NHS Enfield CCG;
- Raising awareness about the Mental capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS) to clinical staff including GP's, District Nurses and Dentists;
- Participate in training health care staff in hospitals with relation to their responsibilities under the MCA & DoLS;
- To help source Section 12 registered psychiatrists with MCA & DoLS experience to assess service user's mental capacity for complex decisions of a contentious nature the MCA Manager will negotiate fees for such cases, which NHS Enfield CCG would need to pay to the assessors they commission;
- Alert Care Homes and Hospital Managers for NHS Enfield CCG commissioned services, so that the managers apply for the Deprivation of Liberty Safeguard where a patient or service user may need this;
- Offer advice to clinicians relating to the above to ensure best practice and the safety of vulnerable adults who may be at risk of harm and abuse;

NHS Enfield CCG Responsibilities:

NHS Enfield CCG will be responsible for:

- Promoting awareness of the Deprivation of Liberty Safeguards Service and NHS Enfield CCG/NHS responsibilities with regards to this and producing appropriate guidance;
- Promoting awareness of the Mental Capacity Act (2005) and its implications and producing appropriate guidance;
- Identifying Section 12 registered Psychiatrists, to aid in the recruitment process of Mental Health Assessors;
- Providing any statutory returns that are required to the Department of Health and other bodies as requested;

The commissioned services shall be provided to all Enfield residents who meet the agreed eligibility criteria for the service.

Financial

The contributions of both Parties will be used to run the Mental Capacity Act service by raising awareness, providing training and collating and analysing performance information. In addition, the Parties will ensure continued provision of the Independent Mental Capacity Advocacy Service (IMCA).

The Council will invoice NHS Enfield CCG for their contribution quarterly in arrears. NHS Enfield CCG must pay the Council's invoice within ninety (90) days of receipt.

The contributions are as follows:

Item	Council	NHS Enfield CCG
Mental Capacity Act Service	£170,350	£0
Specialist Advice for Mental Capacity Act (MCA) matters for clinical staff and commissioning services	£0	£4,000
Awareness Raising at various Safeguarding Events and developing materials	£0	£3,000
Attending Community Health Care Services & Meetings to ensure MCA remains a priority	£0	£1,500
MCA Training for Clinical Staff (GPs, DNs, Dentists) and commissioned services E.g. local hospitals	£0	20 days @ £700pd = £14,000
Quarterly Data Reporting of DoLS Compliance in Hospitals	£0	£ 1,000

and Care Homes		
Sourcing Specialist Assessors for contentious cases & Negotiating Fees	£0	£ 5,000
Partnering a Mental Capacity Strategy in Enfield	£0	£ 5,000
Independent Mental Capacity Advocacy Service	70% Council £24,867	30% NHS Enfield CCG £10,658
TOTAL	**£195,217**	**£44,158**

A contribution is required for the Independent Mental Capacity Advocacy Service (IMCA), which is a joint service with Barnet, Haringey and Enfield. The total cost of this is £85,000 per annum and Enfield's contribution is a third of this at £35,525. The Council will continue to fund 70% of this, which equates to £24,867 and NHS Enfield CCG will provide 30% of the funding, which equates to £10,658, derived from the volume of work received by each organisation.

If there is an under-spend of less than £10,000, funding will be carried over from one financial period to another to meet the costs associated with running the MCA service. If there is an under-spend greater than £10,000 the Parties shall agree, acting reasonably, whether the amount exceeding £10,000 shall be rolled over or if it shall be divided between the Parties proportionate to the financial contributions made by each Party for the area to which the under-spend applies.

Robust financial monitoring will be applied and the Council, as the Lead Party, will highlight any forecasted over-spends and respond in line with Section 8 of this Agreement. In the event of an over-spend the responsibility for providing the additional funding is as follows:

- A contract is held for the Independent Mental Capacity Advocacy Service. Any deviations from the contract value must be pre-agreed by both Parties and responsibility for meeting additional costs will be calculated based on the financial contributions of both Parties: 70% Council, 30% NHS Enfield CCG.
- If the over-spend relates to the activities and funding contributions listed in this Schedule it will be funded by each Party proportionate to its contribution.

The funding contribution of each Party will be reviewed after one year.

Performance

Performance reporting will take place on a quarterly basis to the Health, Housing and Adult Social Care Departmental Management Team and updates will be provided to the Safeguarding Adults Board as required. In addition the service will be responsible for monthly performance monitoring and will alert the Joint Commissioning Board to any areas of concern as necessary.

The Department of Health requires quarterly statistical returns which both Parties will be required to contribute to. At present there aren't any national or local Performance Indicators in place, however, the performance reporting will focus on the number of assessments undertaken, the number of training sessions held and the outcomes of the Independent Mental Capacity Advocacy Service (IMCA).

The service will:

- Provide additional support to professionals who have to practice within the remit of the Mental Capacity Act and who have a duty to uphold the civil and human rights of people who lack mental capacity.
- Offer a single point of access for managing all applications and authorisations.
- Improve the quality and responsiveness of services.
- Operate a single process to assess the needs of service users, to manage and deliver their care and to eliminate overlaps in provision that currently exist between health and social care.
- Provide services in a more co-ordinated way by allowing different professions to work within a single management structure and by arranging provision from a single statutory provider.
- Improve the management of services, the education, training and development of staff.
- Ensure effective use of resources, by reviewing policies and procedures and seeking to deliver efficiencies where possible in line with the Council's leaner programme and departmental initiatives.
- Extend the arrangements for research, service development and auditing of provision.
- Explore opportunities to deliver efficiency savings and continue to provide a service in the context of an increasing demand for services.

Schedule 6: Joint Commissioning Team

Project	Payment Obligations on either Parties:	Pooled/Integrated/Lead	Managed by:	Commencement of particular service
Assistant Director Strategy and Resources	100% Council	Integrated	Council	Existing arrangement
Head of Joint Commissioning	100% Council	Integrated	Council	Existing arrangement
Joint Learning Disability Commissioning Manager	50% Council and 50% NHS Enfield CCG	Integrated	Joint	Existing arrangement
Older People & Physical Disabilities Commissioning Manager	100% Council	Integrated	Council	Existing arrangement
Strategic Commissioning & Procurement Manager	100% Council	Integrated	Council	Existing arrangement
Accommodation Options Commissioning Manager	100% Council	Integrated	Council	Existing arrangement
Carers Commissioning Manager	100% Council	Integrated	Council	Existing arrangement
Research & Information Officer	100% Council	Integrated	Council	Existing arrangement
Business Support Officer	100% Council	Integrated	Council	Existing arrangement
Administrator	100% NHS Enfield CCG	Integrated	Council	Existing arrangement

Introduction

The challenge for integrated Health and Social Care is to manage ever increasing demand growth with diminishing resources. This will be achieved by reconfiguring spend to deliver outcomes which seek to reduce reliance on expensive specialist health and adult social care services. This requires an approach that maximises an individual's and a communities' capacity to self-direct, self-manage and self-care. It also demands access to all appropriate funding streams.

Commissioning can be defined as the way of obtaining the best value and health and social care outcomes for local citizens by understanding their needs. This is achieved by utilising key mechanisms that deliver detailed data, such as the Joint Strategic Needs Assessment, POPPI and PANSI, to specify and procure services in ways that can deliver the best possible outcomes within the resources available. Commissioning therefore, is the process of identifying needs within the population, and of developing policy directions, service models and the market to meet those needs in the most appropriate and cost effective way.

Procurement and contracting (also known as purchasing) are the mechanisms for purchasing a specific area of service from one or more providers and ensures that the needs and outcomes are being delivered. Procurement is determined by the commissioning process.

Figure 1 below illustrates the Commissioning cycle driving the procurement and contracting activities with each function informing each other throughout as part of on-going learning and development.

This Agreement replaces all previous agreements between the two Parties relating to the Joint Commissioning Team as outlined in this Schedule (6).

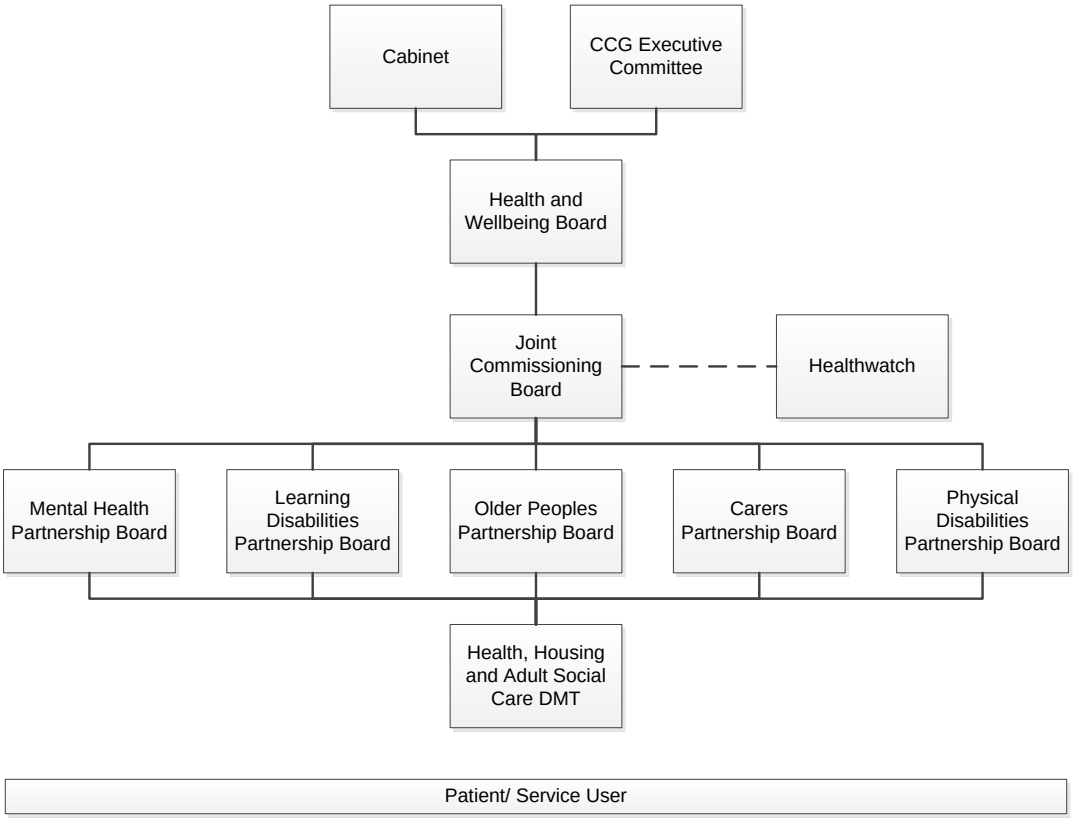
Governance

The Assistant Director Strategy and Resources reports to the Director of Health, Housing and Adult Social Care at the Council but will retain the responsibility for the joint commissioning function.

With effect from the Commencement Date, both Parties shall make the posts detailed in this Schedule available for the Partnership Arrangements alongside any other functions they must carry out for their role, outside of the Partnership Arrangements. The Partners will work together to formulate joint protocols for the management of staff included in the Partnership Arrangements.

All posts included in this schedule will be managed by the Council. The Joint Learning Disabilities Commissioning Manager will be funded 50:50 by the Parties.

The governance framework for the Joint Commissioning Team is as follows:



As highlighted above, there are a number of Partnership Boards for the different areas of commissioning, so the relevant Partnership Board will be informed of progress and any issues for the services within its remit.

Financial

Both Parties will contribute to staff salaries. The commissioning budgets are not included within this Agreement. Contributions to staff salaries within the Joint Commissioning Team are based on current resource allocations. The contributions are as follows:

Post	Council's Contribution	NHS Enfield CCG's Contribution
Assistant Director Strategy and Resources	£126,363	£0
Head of Joint Commissioning	£82,131	£0
Joint Learning Disability Commissioning Manager	£31,025	£31,025
Older People & Physical Disabilities Commissioning Manager	£69,533	£0
Strategic Commissioning & Procurement Manager	£68,387	£0
Accommodation Options Commissioning Manager	£42,651	£0
Carers Commissioning Manager	£49,025	£0
Research & Information Officer	£18,269	£0
Business Support Officer	£32,588	£0
Administrator	£0	£22,935
TOTAL	**£519,972**	**£53,960**

As the contributions of both Parties relate to staff salaries, contributions will be confirmed at the start of each financial year, taking into account any agreed salary increments therefore there will not be any deviation to the financial contributions in-year. If a post within the structure becomes vacant, the organisation responsible for funding that post as outlined in the above summary will be responsible for funding any agency workers in the interim and for recruiting to the post

Performance & Responsibilities

Performance reporting will take place on a quarterly basis to the Joint Commissioning Board and high level performance reports will be submitted to the Health and Wellbeing Board. Both Parties will be informed of progress against all relevant indicators, outcomes and targets.

The service will be required to deliver the Joint Commissioning intentions and the Joint Commissioning work programme, taking into account NHS Enfield CCG operating framework and the Council's corporate aims and values, and the Health, Housing and Adult Social Care departmental plan.

Both Parties will:

- Contribute to the delivery of the Joint Commissioning Work Programme and Joint Commissioning Intentions.
- Follow the Council's safeguarding process and NHS Enfield CCG's Serious Untoward Incidents process.
- Support the post holders to attend the Joint Commissioning Board.
- Monitor performance of the commissioned services and highlight cost pressures or risks as they arise.

The commissioned services shall be provided to all Enfield residents who meet the eligibility criteria for the service.

The intended outcomes of the joint commissioning structure include:

- Develop clear strategic commissioning intentions on an annual rolling basis;
- Deliver efficiency savings through reduced bureaucracy and duplication, and support NHS Enfield CCG efficiency initiatives, to improve services and respond to a growing demand for services;
- A Joint Commissioning Work Programme based on an agreed set of principles and priorities;
- Better and more economic use of resources and improved value for money;
- Easier identification of gaps in provision;
- Develop a set of Joint Performance Indicators so that the progress of the Joint Commissioning Work Programme can be more easily assessed and monitored;

- Production and implementation of Joint Strategies, contacts and Care Pathways to deliver a more streamlined service to local residents;
- Annual identification of the Commissioning Intentions for the borough.

Schedule 7: Integrated Community Equipment Service (ICES)

Project	Payment Obligations on either Parties:	Pooled/Integrated/ Lead	Managed by:	Commencement of particular service
Integrated Community Equipment Service	£972,642.00 Council £461,715 NHS Enfield CCG	Pooled & Lead Commissioning	Council	Existing arrangement

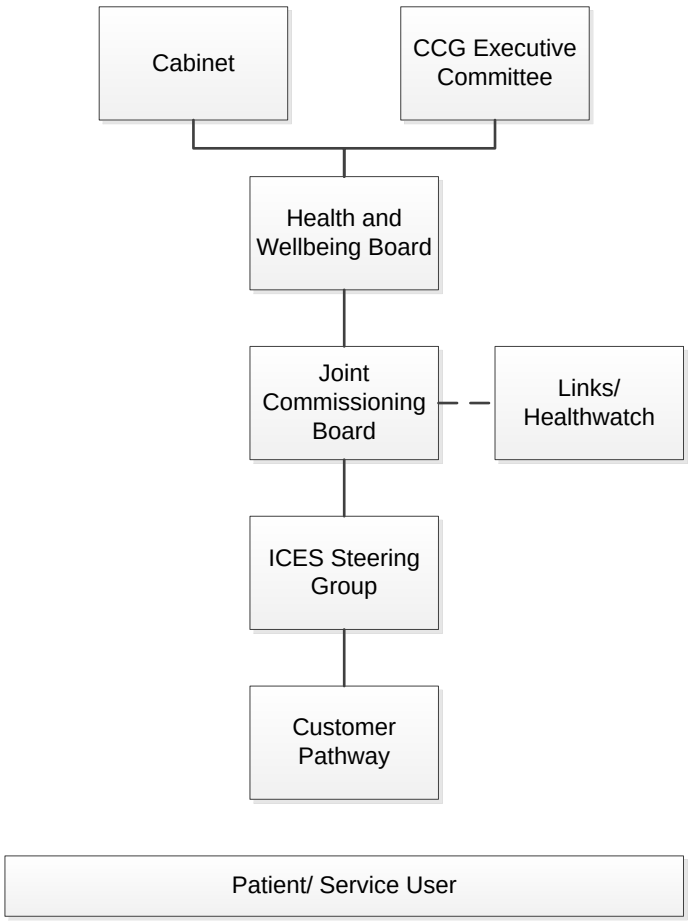
Introduction

A number of Acts are in existence, which outline the requirement for the NHS and local authority to provide community equipment and carry out assessments, in particular the NHS and Community Care Act 1990, National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970. Continuation of this integrated service will make more effective use of resources and will fulfil local and national objectives, as outlined in the Department of Health 'Guide to Integrating Community Equipment Services'. This Agreement will replace the former arrangements under the Section 75 Agreement relating to the Integrated Community Equipment Service between the Council and former Primary Care Trust dated 1st April 2012 – 31st March 2013, 2013-14 and 2014-15.

Governance

The service will be managed by the Council. There will continue to be an Integrated Community Equipment Service (ICES) Steering Group chaired by the Council, which will meet on a monthly basis and will comprise representatives from the Council and NHS Enfield CCG. The steering group will oversee the successful delivery of the ICES service, which includes identifying resources, reviewing all plans, risk monitoring, performance monitoring and service development.

The governance structure is as follows:



The Council as the Lead Party will be responsible for executing the statutory functions of the service and highlighting any issues and risks to the Parties as they arise. The Council will ensure a community equipment service is provided to residents of the borough and that innovations are sought, such as further development of the prescriptions model, so that resources can be used effectively and the service is better placed to respond to a growing demand.

NHS Enfield CCG will be required to engage in the steering group meetings and ensure payment to the Pooled Fund is received at the start of the financial year.

Financial

A pooled fund for revenue expenditure and capital is included within the agreement.

The pooled ICES budget for 2015/16 to spend on ICES employee and operating costs, and the procurement of equipment and minor adaptations is as follows:

Party	2015-16 Financial Contribution
Council	£972,642
NHS Enfield CCG	£461,715
TOTAL	**£1,434,357**

Any under-spends that are accrued within the Pooled Fund are to be resolved by mutual agreement of the Parties at the end of the Financial Year in which they were accrued. Both Parties will pay consideration to the impact the Prescription model has had on the service when reaching a decision, taking into consideration any budget pressures that arise as a result of this model. If the decision is taken to withdraw any under-spends from the Pooled Fund and divide between the Parties, this will be proportionate to financial contributions made throughout the year in which the funds were accrued.

As the implementation of the Prescription model is in its infancy, the effect of the new way of working on the Pooled budget is not yet known. As a result, both Parties will review the basis of this Agreement and the financial contributions of each Party during the term of this Agreement, so that the impact of the prescription model can be reflected accordingly.

If an over-spend occurs, both Parties will hold responsibility proportionate to their volume of activity, which will be monitored throughout the term of this Agreement to ensure the impact of the Prescription model is taken into account.

Performance

The commissioned services shall be provided to all Enfield residents who meet the eligibility criteria for the service.

Performance reporting will take place on a monthly basis to the Integrated Community Equipment Steering Group and to other partnership boards as appropriate. Both Parties will be informed of progress against all relevant indicators, outcomes and targets.

The objectives of ICES are as follows:

- Continue to deliver an integrated community equipment service with a single point of access to improve the outcomes for people with physical disabilities;
- Increase efficiency by modernising purchasing, supply and recall systems;
- To have a single assessment for community equipment needs;

- That the service meets the user needs and promotes choice and independent living;
- Partnership working;
- Explore opportunities to extend the service to other teams, particularly Continuing Healthcare for the procurement of complex aids for health, and to other London boroughs;
- Continue to implement the prescriptions model for simple aids, through the London JIP Transforming Community Equipment Service (TCES) programme, with the aim of issuing 250-300 prescriptions per month;
- Deliver against the target of 95% of equipment delivered within seven days in line with the D54 measure;
- Retain and develop the efficient and effective system for recycling and sterilizing equipment;
- Promote choice for service users and patients.

Schedule 8 - Integrated Learning Disabilities Service

Project	Payment Obligations on either Parties:	Pooled/Integrated/ Lead	Managed by:	Commencement of particular service
Integrated Learning Disabilities Service	£4,461,760 Council £1,878,244 NHS Enfield CCG	Pooled & Integrated	Joint	Existing arrangement

Introduction

An adult specialist learning disability service will continue to be provided for Enfield which covers both health and social care activities and services. This follows the previous Section 75 Agreement which commenced in September 2008 – 2011 and the later Agreements covering the period 2012-13, 2013-14 and 2014-15, and involves a pooled fund and integrated management structure. Separate agreements are in place for learning disabilities psychology services managed by the CDI service line in Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and learning disability psychiatry services managed by the Central North West London Mental Health Trust.

The staff funded by the pooled budget are employed by the London Borough of Enfield and the Enfield Community Services (ECS) Service Line in BEH MHT.

The service includes the following (not an exhaustive list):

- Assessment & Care Management
- Access & Support
- Community Nursing
- Speech & Language Therapy
- Access & Support
- Day & Community Services
- Physiotherapy
- Employment Service
- OT & Art Therapies
- Person Centred Planning
- Domiciliary care
- Adult Placement
- Psychology (SLA with BEHMHT)
- Psychiatry (SLA with CNWL)
- Administration

In the event that amendments are made to statutory or other legislation or guidance, the Parties may review the operation of the arrangements and all or any procedures of requirements of this Agreement as a result.

Both Parties recognise that this Agreement replaces the previous Section 75 Agreement relating to the commissioning functions of the Integrated Learning Disabilities Service.

The aims of the services are to:

- Deliver a comprehensive learning disability service for adults who are resident in Enfield or for whom Enfield has an ongoing funding responsibility.
- Work with service users and carers to deliver services that promote independence and inclusion and maximise the individual's choice and control over their life.
- Deliver outcome focused care planning through an integrated health and social care pathway.
- Ensure there is a comprehensive range of provision in place, delivered through a range of statutory, voluntary and private sector providers, to meet the needs of people with a learning disability in Enfield.
- Deliver community based health and social care services, which reduce the need for admission to hospital.

The Service will undertake a number of activities to contribute to the following areas:

- Health and Social Care assessment and care planning
- Social Care provision for people with Learning Disabilities
- Information, advice and assistance
- Support for service development
- Safeguarding adults
- Specialist healthcare services
- User and Carer Engagement and Involvement.

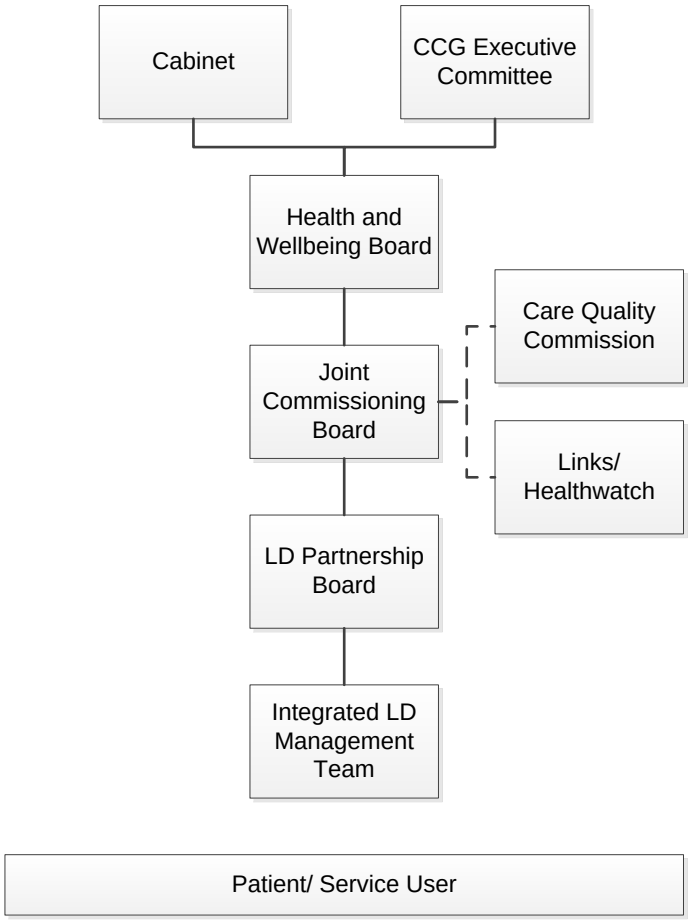
The commissioned services shall be provided to all Enfield residents who meet the eligibility criteria for the service.

Governance

The Council is the lead organisation under this Agreement; however robust clinical governance arrangements are in operation between the Integrated Learning Disabilities Service and Enfield Community Services (ECS), through which there are clear reporting lines for clinical issues through the ECS Clinical Lead to the Governance Committee. Additionally the Learning Disabilities Partnership Board will continue to influence and shape local services and reports to the Health and Wellbeing Board.

A risk register is maintained via the Datrix system and risks are regularly reviewed and reported via the risk reporting mechanisms in BEH MHT and the Council.

The governance structure is as follows:



Financial

The Pool Manager shall ensure that full and proper records are kept in respect of the Pooled Fund and all reasonable endeavours will be taken to ensure that the service requirements are carried out within the Pooled Fund each year.

Learning disabilities care purchasing budgets are not included in this Agreement; however the responsibility for managing these budgets and care purchasing expenditure sits within the Integrated Learning Disabilities Service.

The contributions to the pooled funds are shown below:

	Total net budget for year 2015/16
	Amount
COUNCIL	
Management	£209,590
Social Work Team	£623,210
Equals – LBE	£50,960
Domiciliary Care	£597,050
Formont Centre	£1,206,350
Community Link	£1,057,790
Brettenham Road	£4,800
Options	£571,170
Person Centred Planning	£50,410
Adult Placement	£90,430
Total	£4,461,760
NHS Enfield CCG	
Community Nursing	£396,915
OT/Art Therapy	£581,236
Speech Therapy	£153,872
Administration/Psychology/Safeguarding	£228,256
Equals – NHS Enfield CCG	£123,962
LD Community Intervention	£351,775
15-16 Uplift	£42,228
Total	£1,878,244

The financial contributions listed above will be payable for 2015-16 and any future allocations if the Agreement is extended will be agreed prior to the start of the next Financial Year in line with existing financial contributions.

If there is an under-spend of less than £10,000, funding will be carried over from one financial period to another. If there is an under-spend greater than £10,000 the Parties shall agree, acting reasonably, whether the amount exceeding £10,000 shall be rolled over or if it shall be divided between the Parties proportionate to the financial contributions made by each Party.

In the instance of an over-spend the contribution of both Parties will be proportionate to their financial contribution per area of spend.

Performance

A Service Centre Plan will be produced on an annual basis. Performance will be monitored through the Learning Disabilities management team on a monthly basis and by the Learning Disabilities Partnership Board on a quarterly basis, alerting other boards to any issues as appropriate. Additionally, the Council may be subject to performance management by external organisations at times and will be subject to the scrutiny of internal auditors of both parties.

The Key Performance Indicators for which targets will be set annually are:

- C30/NI136 Helped to Live at Home (18-64);
- NI130 Direct Payments/Self directed care;
- D39 % of statements of need;
- D40 reviews;
- NI 146 People with LD in Paid Employment;
- Adults with LD in Paid & Unpaid Employment;
- Adults with LD in settled accommodation;
- C73 New admissions to Residential care;
- NI135 Services to carers/carers assessments.

The Service will also monitor against:

- Delayed discharged on care;
- Referral to treatment (RTT) within 4 weeks;
- Avoidance of unplanned admissions to mainstream acute mental health services;

- Reduction in unplanned admissions to the Seacole Unit.

The Service priorities for 2015-16 are to:

- Increase the numbers of people on direct payments.
- To maintain the current excellent practice in Safeguarding Adults and ensure a timely and skilled response to alerts of potential abuse.
- To implement the social care reforms set out in the Care Act
- Implement the SEND reforms for young people in transition including the single Education, Health & Social Care Plan.
- Further develop outcome focussed support planning & review.
- Identify and achieve further savings and achieve balanced budget.
- Further reduction in the use of in-patient Assessment & Treatment beds and length of stay through enhanced community interventions.
- To complete all actions in relation to the Winterbourne View Action Plan
- To further develop the provider market to meet the needs of young people in transition
- With the CCG to agree the future specification for specialist learning disabilities services
- To work with primary care services to better meet the needs of people with learning disabilities.

Schedule 9 - Public Health

Project	Payment Obligations on either Parties:	Pooled/Integrated/Lead	Managed by:	Commencement of particular service
Healthchecks	100% LBE	Lead	Council	Existing arrangement
IUCD	100% LBE	Lead	Council	Existing arrangement
Implanon/ Nexplanon	100% LBE	Lead	Council	Existing arrangement

Introduction

On 1st April 2013 the Public Health function transferred to local authorities. As part of this the Council will commission and monitor three LES contracts with local GP Practices. However, it is problematic for the GPs to receive payment directly from the Council therefore it is proposed that the funding for three specific contracts is transferred to NHS Enfield CCG and payment is made via the Commissioning Support Unit through NHS Enfield CCG's core offer.

This schedule relates to three (LES) contracts held with GP Practices. The Council is responsible for the commissioning and monitoring of these contracts. NHS Enfield CCG (through its Core Offer) is responsible for making the payment to the GP Practices on a quarterly basis following confirmation from the Council that the service has been received and the required level of performance has been met. NHS Enfield CCG does not hold any responsibility for commissioning the three services outlined in this schedule or for the monitoring of these contracts; commissioning and monitoring is the responsibility of the Council.

Health checks

The health checks contract is for the provision of health checks for patients aged 40-74 years who are not on disease registers. This is part of the NHS Health Check programme, which is a national initiative to deliver screening every five years for vascular diseases. Individuals are assessed for vascular disease and entered on risk registers and/or given lift style advice and support as appropriate.

The service aims to invite people aged between 40 and 74 to a screening every five years or on an annual basis for those identified as being at risk. GP Practices are responsible for generating a list of patients who are most at risk of vascular disease.

Each patient identified as being most at risk should be sent a minimum of three letters.

Payments will be made on a quarterly basis based on the number of people screened, following the submission of key data.

The Council is responsible for commissioning the GP Practices, producing the service specification and monitoring the contract. NHS Enfield CCG is responsible solely for making the payment to the GPs, following confirmation from the Council that the contractual obligations have been met.

IUCD

The IUCD service aims to ensure that: a wide range of contraceptive options are available to Enfield residents; post coital IUCD fitting for emergency contraception should be more adequately provided as another means of reducing unwanted pregnancies; and the incidence of unplanned pregnancy and in particular teenage pregnancy is reduced by easy access to a highly effective and safe contraceptive option.

An annual audit is required relating to the register of patients fitted with an IUCD, usage rates, reasons for removal and any complications noted.

GP Practices are required to record activity carried out on their clinical system using READ codes and submit quarterly performance monitoring reports to the Council.

The Council will commission local GPs to:

- Fit, monitor, check and remove IUCDs licensed for use in the UK as appropriate;
- Produce an up to date register of patients fitted with an IUCD. This will include all patients fitted with an IUCD and the device fitted.

The Council is responsible for commissioning the GP Practices, producing the service specification and monitoring the contract. NHS Enfield CCG is responsible solely for making the payment to the GPs, following confirmation from the Council that the contractual obligations have been met. The payments are to be made on a quarterly basis.

Implanon/Nexplanon

This service aims to: ensure that the full range of contraceptive options are provided to Enfield residents; ensure that a specified and clinically approved contraceptive procedure is conducted within a DH approved setting and; reduce the incidence of

unplanned pregnancy and in particular teenage pregnancy by easy access to a highly effective and safe contraceptive option.

GP Practices are required to record all patients with an Implanon Contraceptive Implant on the practice system, carry out a three month check post insertion and record the patients' clinical history and other relevant details, and carry out quarterly and annual audits of records.

The Council is responsible for commissioning the GP Practices, producing the service specification and monitoring the contract. NHS Enfield CCG is responsible solely for making the payment to the GPs, following confirmation from the Council that the contractual obligations have been met. The payment is to be made on a quarterly basis to enable the practice to perform the service in the practice premises.

Governance

The Council's Public Health Commissioning Manager will notify NHS Enfield CCG at the end of each quarter of the amount to be paid to the GP Practices and confirm that all required information has been supplied. NHS Enfield CCG will then arrange for payment to be made via the National Commissioning Board within 30 days of the end of each quarter, under NHS Enfield CCG's Core Offer.

Financial

The **indicative** financial contributions of each Party are shown below. The Council will transfer the funding to NHS Enfield CCG, which will then be transferred to the Commissioning Support Unit to make the payment. The payment will be based on actual levels of activity so may be different to the estimates shown below.

Contract	Council Contribution	NHS Enfield CCG Contribution
Health checks	£46,000	£0
IUCD	£26,000	£0
Implanon/Nexplanon	£29,000	£0
TOTAL	**£101,000**	**£0**

Performance

The three contracts mentioned within this schedule will be monitored by the Council and the monitoring will fall outside the scope of this Agreement. This schedule is relating solely to the issue of payment.