

MUNICIPAL YEAR 2014/2015 REPORT NO.

PORTFOLIO DECISION OF:

**Cabinet Member for Health &
Adult Social Care**

**Director of Health,
Housing and Adult
Social Care**

Agenda – Part: 1

**Subject: Section 75 Agreement: Approval
of Revisions for 14/15**

Wards: All

Key Decision No: KD3894

Cabinet Member consulted: Cllr McGowan

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1. EXECUTIVE SUMMARY

- 1.1 In 2011 Enfield Council entered into an over-arching Partnership Agreement (as per KD 3404) with the former Enfield Primary Care Trust (PCT) in accordance with Section 75 of the National Health Service Act (2006). This was designed to consolidate and further develop joint working between Enfield Council and the former Enfield PCT, to improve the health and well-being of local people and reduce health inequalities.
- 1.2 The agreement was updated in 2012 and further reviewed and amended in March 13 and contained several schedules accounting for spend of approximately £8.282 million. The annual review of the 13/14 agreement has concluded that the partnership arrangements have continued worked well and facilitated effective collaborative working across health and social care.
- 1.3 Both parties have confirmed that they wish to continue the partnership arrangements for 2014-15 and this decision has been endorsed by the Joint Commissioning Board and the Health and Finance, Resources & QIPP Committee a subcommittee of the CCG Board.
- 1.4 The total sum under the Agreement will increase by £766k primary as a result of the inclusion of the Wheelchair Service which will be integrated into the Council managed Integrated Community Equipment Service. The revised schedules are outlined in the body of the report. Following formal approval of the amendments, the Agreement will be signed and sealed by both the Council and NHS Enfield Clinical Commissioning Group. The revised Agreement has been endorsed by approved by NHS Enfield Clinical Commissioning Group.

2. RECOMMENDATIONS

- 2.1 Approve the proposed changes to the financial contributions to the Section 75 Agreement (Adults) for 2014-2015; and
- 2.2 Agree to amend the duration of the Agreement to two years, with the opportunity to extend for a further year if both Parties agree or to terminate if desired with six months' notice; and
- 2.3 Note that the revised Section 75 Agreement has received formal approval via NHS Enfield Clinical Commissioning Group, Finance, Resources & QIPP Committee and the Joint Commissioning Board; and
- 2.4 Delegate authority to the Director of Strategy and Partnerships [CCG] to agree variations to the schedules with the Assistant Director of Strategy and Resources at the London Borough of Enfield if priorities change throughout the year; and
- 2.5 Agree to continue to conduct a twice-yearly review of the Section 75 Agreement, to include the production of a joint report of the services which considers shared learning and opportunities for joint training; and
- 2.5 Agree to seal the Section 75 Agreement following formal approval from NHS Enfield Clinical Commissioning Group.

3. BACKGROUND

- 3.1 The Council and NHS Enfield Clinical Commissioning Group have had a Section 75 Agreement for commissioned services for adults since 2011. The existing Agreement expired on 31st March 2014. Whilst there is provision within the Section 75 Agreement to extend for a further year if a letter of termination is not issued, both parties are seeking to refresh the Section 75 Agreement and amend the schedules, so a revised Agreement will be jointly agreed.
- 3.2 The partnership arrangements have continued to work well during 2014-2015 and an end of year review will be completed in April 2014 and shared with the Parties.
- 3.3 Appendix 1 sets out the schedules and the proposed changes to the Section 75 Agreement when compared with the existing 2013-2014 Agreement. The revised contributions of each Party for 2014-15 are shown below.

Schedule	NHS Enfield Clinical Commissioning Group	Enfield Council
Mental Capacity Act and Deprivation of Liberty Safeguards	£70,908	£199,100
Joint Commissioning Team	50,259	£587,664.92
Voluntary and Community Sector	£409,907	£0
Integrated Community Equipment Service	£401,715	£972,642
Public Health	£0	£101,000 (indicative)
Integrated Learning Disability Service	£1,484,241	£3,970,850
Wheelchair Service	£776,168*	£0
Personal Budgets for Health	£24,000	£0
TOTAL	£3,217,198	£5,831,256.92

- 3.4** The Section 75 partnership arrangements in the National Health Service Act 2006 (formerly Section 31 of the Health Act 1999 – Health Act Flexibilities) have been developed to give local authorities and NHS bodies the ability to respond effectively to improve services, either by joining up existing services or developing new, co-ordinated services. Section 75 agreements can be agreed for one or more of the following:

Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services.

Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation.

Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1** There are a range of governance options for delivering greater levels of joint working and integrated services across health and social care and these include: joint support services, joint service management, a single purpose commissioning body, a multi-purpose commissioning body and a full merger. All of these options were explored in 2009 and

the consensus was that a Section 75 Agreement was the most suitable arrangement.

5. REASONS FOR RECOMMENDATIONS

- The Section 75 Agreement will further consolidate and improve joint working between Enfield Council and the newly formed NHS Enfield Clinical Commissioning Group, providing stability to existing local services and facilitating the co-ordination of resources to deliver more efficient and effective local services.
- A formal Partnership Agreement will determine risk allocation between both Parties and ensure responsibilities are clearly defined and understood.

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

6.1 Financial Implications

- 6.1.1 The resource implications are outlined in the body of the report. The revised contribution from NHS Enfield Clinical Commissioning Group will be £3,217,198, which includes £776,168 for the wheelchair service, which is an existing cost to be transferred to the Section 75 Agreement in October 2013. The exact cost of the wheelchair service will be determined on the date of integration with the wider equipment store based on the costs left for the remainder of the year. The contribution has increased from £2,450,895.82 in 2013-2014 as a result of a 1.7% uplift on the Integrated Community Equipment Service and Integrated Learning Disability Service, plus the introduction of the personal budgets for health schedule. In addition there will be the cost of the wheelchair service; however, this reflects a transfer of costs from an existing contract rather than an additional contribution.
- 6.1.2 The detailed schedules in the Section 75 Agreement with the NHS Enfield Clinical Commissioning Group for 2014/15, 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.
- 6.1.2 Under the Section 75 Agreement, the Council and NHS Enfield Clinical Commissioning Group will invoice the other for their contribution quarterly in arrears.

6.1.3 The Section 75 Agreement also includes procedures for the treatment of under and over spends exceeding £10,000 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

6.2.1 The Council has the power to enter into partnership with the NHS Enfield Clinical Commissioning Group pursuant to section 75 of the National Health Service Act 2006 and the Health and Social Care Act 2012 as set out in this report. The Section 75 Agreement has been drafted in accordance with the requirements of the National Health Service Act 2006.

6.2.2 The joint commissioning of any services pursuant to the Section 75 Agreement will need to be in accordance with the Council's Constitution, in particular Contract Procedure Rules.

6.2.3 The Section 75 Agreement must be in a form approved by the Assistant Director of Legal Services. All contracts to be executed by the Council pursuant to the Section 75 Agreement must also be in a form approved by the Assistant Director of Legal Services.

6.2.4 The recruitment/secondment/transfer of any staff by the Council or jointly under the Section 75 Agreement will need to be in accordance with the HR policies and procedures of the Council and NHS Enfield Clinical Commissioning Group and must be in compliance with employment law.

6.3 Property Implications

None.

7. KEY RISKS

- 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.
- The available resources at both authorities are reviewed and existing capacity levels cannot be maintained. This is 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 COUNCIL PRIORITIES

8.1 Fairness for All

The continuation of a Section 75 Partnership Agreement will contribute to delivering access to high quality health and social care services for local people through the facilitation of further integrated working, improving outcomes for health and social care.

8.2 Growth and Sustainability

Enfield Council and NHS Enfield Clinical Commissioning Group will be able to develop the market, to ensure sufficient, high quality services are available to meet local demand, in line with the Joint Strategies.

8.3 Strong 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.

9. EQUALITIES IMPACT IMPLICATIONS

Equalities Impact Assessments will be carried out for each of the service areas within the Section 75 Agreement where necessary. The removal of the DAAT schedule has been considered but this does not impact on service users or staff as the service will remain the same, with the only change being the source of funding. It was therefore not deemed necessary to undertake an Equalities Impact Assessment for this amendment.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

The performance reporting arrangements are specified within each Schedule and set out the frequency of monitoring and what information will be collected. The continuation of the Section 75 Agreement will build on work already undertaken to integrate health and social care services and evidence the Council's ongoing commitment to a partnership with health services to improve outcomes for local residents. The Section 75 Agreement will provide the mechanism through which seamless health and social care provision can be delivered thus improving the outcomes for local people.

11. PUBLIC HEALTH IMPLICATIONS

The continuation of the Section 75 Agreement will facilitate better integration and joint working arrangements across health and social

care, which will contribute to a more strategic approach to the delivery of services and therefore offer the opportunity to improve public health as a result.

Background Papers

None

Appendix 1: Summary of Financial Contributions

Schedule	Pooled/ Integrated/ Lead	Existing Contributions		Proposal for 2014-2015
		NHS Enfield CCG Contribution	Council Contribution	
Mental Capacity Act and Deprivation of Liberty Safeguards	Pooled & Lead	£70,908	£199,100	No change to Schedule/financial contributions.
Joint Commissioning Team	Integrated	£115,650.82	£587,664.92	No change to roles. Amendments to Council posts to reflect restructure. Removal of CCG contribution towards a Mental Health Commissioner, so reduction in overall contribution of CCG of £50,259.
Voluntary and Community Sector	Lead	£409,907	£0	No changes or uplifts in line with Council policy for no uplifts to VCS.
Integrated Community Equipment Service	Pooled & Lead	£395,000	£972,642	No change to the service to be delivered and performance targets. 1.7% uplift proposed consistent with CCG contract uplifts. Revised contribution of £401,715K for CCG. NB demand is increasing. A quarterly review will be built into the schedule to check actual spend v projections.
Public Health	Integrated	£0	£101,000	No change proposed.
Integrated Learning Disabilities Service	Pooled & Integrated	£1,459,430	£3,970,850	No changes proposed to the service and performance indicators at this stage.

				<p>Consideration is being given to the introduction of a pooled fund for those clients affected by the Winterbourne Concordat on the basis of a risk share approach for those patients to be transferred to the community.</p> <p>1.7% uplift proposed consistent with other CCG contracts. Revised contribution of the CCG will be £1,484,241 for the CCG.</p>
NEW SCHEDULE – Wheelchair Service	Pooled & Integrated	£776,168	£0	<p>The wheelchair service will be added as a schedule with a view to activating this on 1st October 2014. The cost of the service currently will be transferred to the Council and it is anticipated that efficiencies will be made when integrated with the Integrated Community Equipment Service to offset an increase in demand. This reflects a transfer of cost for the CCG rather than the introduction of additional costs. This schedule will be triggered following agreement by both Parties over the course of the year.</p>
NEW SCHEDULE – Personal Budgets for Health	Integrated	£24,000	£0	<p>This schedule sets out the arrangements for the Council to manage the introduction of personal budgets for eligible patients, utilising existing systems and processes. This reflects a statutory requirement</p>

				for personal budgets to be offered to eligible patients.
TOTAL (2013-14)		£2,450,895.82	£5,832,256.92	