

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

**SECTION 75 PARTNERSHIP AGREEMENT TO UNDERPIN MORE INTEGRATED
COMMISSIONING BETWEEN THE CLINICAL COMMISSIONING GROUP AND THE
LOCAL AUTHORITY IN NORTH LINCOLNSHIRE**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To set out the proposals for joint commissioning between the Clinical Commissioning Group (CCG) and the Local Authority (LA) and the proposed legal partnership agreements that will underpin them, including the use of Section 75 NHS Act 2006.
- 1.2 To seek endorsement for the statement of intent that confirms the CCG's and the LA's commitment to working together in partnership.
- 1.3 To agree that the revised Section 75 Partnership Agreement will be presented to the Health and Wellbeing Board in September 2013.

2. BACKGROUND INFORMATION

- 2.1 The Health and Social Care Act 2012 ("HSC Act") requires each Local Authority area to establish a Health and Wellbeing Board (HWB). The HWB has four core functions. One of these core functions is to encourage closer integration between the commissioners of health and social care. Section 195 of the HSC Act specifically identifies the role of the HWB to support the use of Section 75 partnership agreements to support effective integration (see Appendix 1).
- 2.2 There is an established commitment to partnership working in North Lincolnshire between Health commissioners (Primary Care Trust up to March 2013 / from April 2013 CCG) and the LA. This work has been underpinned by a Section 75 Partnership Agreement. The current partnership agreement does not reflect the new HSC Act framework and expectations and it no longer meets our requirements. In lieu of this, a new partnership agreement is required to reflect the new governance arrangements.
- 2.3 The initial plan was to revise the existing partnership agreement to reflect the new governance arrangements. It became apparent that a more fundamental approach to partnership working was required to reflect the new governance arrangements, the new duties and responsibilities for the CCG and the LA as commissioners. There was also a need to ensure any new

partnership agreements were driven by a need to transform services so that they have a person centred approach, have a clear focus on outcomes for service users, a commitment to quality of service provision and the need to ensure provision of the right service at the right time in the right place. Section 195 of the HSC Act states that a HWB must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under [section 75](#) of the National Health Service Act 2006.

- 2.4 Under the transfer regulations from Primary Care Trusts to CCGs, provision was made for the CCG to sustain existing partnership agreements. As stated in paragraph 2.2, the existing agreement does not reflect the new approach and new governance arrangements need to be articulated. The existing Section 75 partnership agreement is concerned with services to people with Learning Disability or Mental Health.

3. **OPTIONS FOR CONSIDERATION**

- 3.1 It is proposed that a statement of intent is approved (as outlined in appendix 2). The statement of intent confirms the continued commitment to working in partnership between Health and the LA underpinned by a set of agreed principles:

- Services to be person centered
- Services to promote self care and independent living where possible
- Services to be outcome focused
- Service users to receive services in the community

The statement of intent also outlines the intention to revise the current partnership agreement to explore further opportunities for joint working to benefit the services users in the area (across all life stages). As part of this, there will be greater clarity on the circumstances which will influence the level of funding. These are:

- Changes in local demography or assessed need identified in the Joint Strategic Needs Assessment (JSNA)
- Changes in priorities in the Joint Health and Well Being Strategy
- Changes in national policy
- Changes in national funding /resources
- The impact of transformed services enabling savings to be identified to be reinvested.

- 3.2 It is proposed that a revised Section 75 Partnership Agreement is presented to the Health and Wellbeing Board for approval in September 2013. The partnership agreement will facilitate joint commissioning that can be delivered through aligned budgets or where this delivers the best outcomes a pooled budget.

4. ANALYSIS OF OPTIONS

- 4.1 The statement of intent evidences the continued commitment between Health Commissioners and the LA and enables a period of review to ensure the future partnership agreement is fit for purpose and that it meets the expectations of the HSC Act.
- 4.2 There will be individual agreements linked to particular populations of need so that local priorities can be clearly identified and there is transparency in decision making in line with expectations of the HSC Act. These arrangements will be underpinned by a Section 75 Partnership Agreement. The wider review of the partnership agreement will continue to include these two service areas but will also explore opportunities to develop closer integration for commissioning services to children and young people and other vulnerable adults. Joint work has already been undertaken linked to preventative services for family support and specialist services to children experiencing trauma following abuse. Further scoping will be undertaken to look at including services to children with learning difficulties and disabilities and services to young offenders and looked after children.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 Financial, Staffing, Property, IT – None as recommended changes can be met within existing resources.
- 5.2 Statutory - The HWB is required to produce a Joint Strategic Needs Assessment. The JSNA is used to inform the development of the Joint Health and Wellbeing Strategy (JHWS). The LA and the CCG are required to take account of the priorities in the JHWS. The development of Joint Commissioning to address areas of joint need and joint priority through agreed joint outcomes offers the opportunity for reductions in service duplication, economies of scale, and maximise the opportunity for the effective deployment of the workforce.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 6.1 The expectations of the impact on the health and wellbeing outcomes for the people of North Lincolnshire are that:
- More people will remain in their local communities
 - Fewer people will need to use specialist services in other areas.
 - Service users will experience high quality provision
 - Service users will be directly involved in their assessment and planned interventions
 - Service users will be actively involved in setting outcomes for their needs to be met
 - Commissioners will maximise the resources available for the commissioning of services.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.1 Relevant commissioners and lead officers for key strategic needs assessments have been consulted on these developments and are in agreement with the direction of travel.

8. **RECOMMENDATIONS**

That the Health and Wellbeing Board:

8.1 Endorses the statement of intent that confirms the CCG's and the LA's commitment to working in partnership.

8.2 Agrees to the proposals to revise the Section 75 Partnership Agreement that will facilitate joint commissioning across the life stages.

8.3 Accepts that the revised Section 75 Partnership Agreement will be presented to the Board in September 2013.

**DIRECTOR OF PEOPLE, NLC
AND
CHIEF OFFICER, CCG**

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Background Papers used in the preparation of this report: None

APPENDIX 1

195 Duty to encourage integrated working

(1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

(2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under [section 75](#) of the National Health Service Act 2006 in connection with the provision of such services.

(3) A Health and Wellbeing Board may encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board.

(4) A Health and Wellbeing Board may encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

APPENDIX 2



North Lincolnshire
Clinical Commissioning Group

PARTNERSHIP WORKING BETWEEN NORTH LINCOLNSHIRE COUNCIL AND NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

STATEMENT OF INTENT

May 2013

This statement is compiled by North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group. The statement sets out the intention of both organisations to maintain current joint working arrangements and to look to building closer working arrangements for the future.

North Lincolnshire Council and the North Lincolnshire Primary Care Trust entered into a Partnership Agreement on 30 September 2010 to work together to provide services to people with Learning Disability and Mental Health needs.

The North Lincolnshire Clinical Commissioning Group took over from the North Lincolnshire Primary Care Trust on 1st April 2013. In accordance with the legislation it took over all the Partnership Agreements which had been entered into by the Primary Care Trust.

North Lincolnshire Clinical Commissioning Group has had an opportunity to consider the partnership working agreement.

The North Lincolnshire Council and the North Lincolnshire Clinical Commissioning Group have met and agreed that they will continue to work together to deliver services jointly in both these areas. They will also work together to explore further opportunities for closer joint working to benefit the service users in the area of North Lincolnshire (across all life stages).

Both parties agree that as part of the review and the expansion of joint working, new agreements will be put in place which better reflect the joint approach of the organisations. It is anticipated that these agreements will be completed in September 2013.

A handwritten signature in blue ink, appearing to read 'D. Hyde'.

Denise Hyde
Director of People
On behalf of
North Lincolnshire Council

A handwritten signature in blue ink, appearing to read 'A. Cooke'.

Allison Cooke
Chief Officer
On behalf of
Clinical Commissioning Group