

MINUTES OF URGENT DECISIONS MEETING HELD ON THURSDAY, 31ST MARCH, 2022, 2.00 - 2.15 PM

PRESENT: Councillor Lucia das Neves, Cabinet Member for Health, Social Care, and Well-Being.

In attendance: Charlotte Pomery, Assistant Director for Commissioning, and Philip Slawther, Principal Scrutiny Officer.

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. SECTION 75 NHS ACT 2006 HEALTH AND SOCIAL CARE LEAD COMMISSIONING AND POOLED FUNDS PARTNERSHIP AGREEMENT BETWEEN THE COUNCIL AND NCL CCG

The Cabinet Member for Health, Social Care, and Well-Being considered the report which noted that Haringey Council (the Council) and North Central London Clinical Commissioning Group (the CCG) had in place, since March 2017, a model of commissioning and pooled budgets supported by a partnership agreement under S.75 of the National Health Services Act 2006. The partnership agreement set out shared outcomes and objectives, and contained detailed schedules enabling:

- i. Lead commissioning for specified care groups
- ii. Pooled budgets for specified care groups

The report noted that the partnership agreement acted as a framework for a range of schedules, which had allowed flexibility and adaptability and ensured that the commissioning and pooled budgets in place met local need. The partnership agreement was initially in place for five years with the option to extend for a further two years. As the agreement expired at the end of March 2022, the report proposed use of the further 2 year extension period.

Officers noted some additional detail relating to paragraph 1.2 of the report and recommendation 3.1.1 (recommendation 1 below). It was explained that, as the agreement expired on 1 March 2022, the report proposed that the agreement be extended for a further 13 months through to 31 March 2023, with a further 1 year extension through to 31 March 2024 if agreed during 2022-23. A correction was also provided in relation to recommendation 3.1.2 (recommendation 2 below). It was noted that the delegation should be to the Director of Adults and Health, rather than the

Assistant Director for Commissioning. It was also noted that the delegation should give the authority to finalise and agree any further schedules to the S.75 Partnership Agreement between the Council and the CCG, rather than to finalise and agree the terms of the extension. The Cabinet Member noted and agreed these corrections.

The Cabinet Member RESOLVED

1. To approve the extension of the existing Section 75 Partnership Agreement between the Council and the CCG (Section 75 NHS Act 2006 Health and Social Care Lead Commissioning and Pooled Funds Partnership Agreement between the Council and NCL CCG) which provides for lead commissioning and pooled budgets across a range of schedules **for a period of 13 months to 31 March 2023 with an option to extend for a further 12 months to 31 March 2024.**
2. To delegate to the ~~Assistant Director for Commissioning~~ **Director of Adults and Health**, after consultation with the Lead Member for Health, Social Care and Well-Being, the authority to finalise and agree ~~the terms of the extension~~ **any further schedules to the S.75 Partnership Agreement between the Council and the CCG.**

Reasons for decision

The s. 75 Partnership Agreement has supported greater levels of integration between the NHS and the Council by enabling lead commissioning and pooled budgets across partners within a strategic framework as set out in the National Health Services Act 2006.

It remains the case that over the past five years of the Partnership Agreement's operation, local residents have continued to call for integration of health and care provision locally to support a better experience and to improve outcomes. By focusing on arrangements for pooling funding and integrating commissioning, the s. 75 Partnership Agreement already in place has enabled fuller integration creating greater strategic coherence to the joint work being developed. The Partnership Agreement in and of itself does not lead to changes to models of service delivery and any consultation on any redesigned services has taken place separately.

The s. 75 Partnership Agreement will expire if the extension is not put in place, which would undermine the joint approaches which continue to be developed as part of the work to create an Integrated Care System and a local Place-based Partnership in line with the Health and Care Bill, currently making its way through Parliament. The vision set out in the Partnership Agreement aligns with the focus on integration at both place and system indicated in the Bill's current provisions and both signatories support the proposed extension.

Alternative options considered

Consideration was given by officers to allowing the s. 75 Partnership Agreement to lapse at the end of its current term, in March 2022. This approach, however, would risk the joint arrangements and increasing drive towards greater integration reflected by both local working patterns and national policy.

Consideration was also given to a deeper strategic review of the s. 75 Partnership Agreement currently in place, but as the Government in its recently published Integration White Paper has committed to a review of the legislation covering pooled budgets (ie section 75 NHS Act) it is felt that a wider review could risk being out of kilter with the government's approach.

The Chair of Overview and Scrutiny has agreed that the decision is both reasonable in all the circumstances and that it should be treated as a matter of urgency. The s. 75 Partnership Agreement expired on 1 March 2022 and provides a framework for lead commissioning, pooled budgets and integrated services as set out within the scope of the National Health Services Act 2006. It is imperative for this Agreement to be extended for a further term and the Agreement provides for this. There are several joint arrangements between the Council and the CCG that are currently in place across Haringey, detailed in a series of Schedules to this overarching Agreement, to best meet the needs of local residents with specific additional health and care needs.

These Schedules require the overarching Partnership Agreement to be in place in order to enable them to continue. As noted above, the Agreement expired on 1 March 2022 and it is imperative it is extended. With the changes to the health and care landscape set out in the Health and Care Bill currently going through Parliament, it was anticipated that the requirements for the s. 75 Partnership Agreement would differ and therefore an extension might not be required in its current form. This has turned out not to be the case, hence the urgency in requesting this extension be approved.

Given the above, it is not practicable to comply with the 28-day notice requirement in Part Four, Section D, Rule 13 of the constitution or the 5-day notice period requirement for key decisions. This is set out in Part Four, Section D, Rule 17, of the Constitution. As set out below, the decision is urgent and time critical in accordance with Part 4 Section H paragraph 18 (a) and 18 (b).

Please be advised that the Chair of Overview and Scrutiny has further agreed that the call-in procedure shall not apply to this urgent decision. This is because the decision is urgent and any delay in implementation caused by the call-in procedure would seriously prejudice the Council's or the public's interests as there is a need to continue with the current health and social care partnership arrangement between the Council and the CCG. This decision is considered to be urgent as extension of the agreement would enable the Council and CCG to continue with the existing commissioning and service provision arrangements and for the benefit of local residents. The Chair of Overview and Scrutiny Committee has agreed that the decision is both reasonable in all circumstances, and that it should be treated as a matter of urgency. This is in accordance with Part 4, Section H, and Paragraph 18 (a) and (b) of the Council Constitution.

4. SECTION 75 NHS ACT 2006 HEALTH AND SOCIAL CARE HARINGEY LEARNING DISABILITY PARTNERSHIP AGREEMENT

The Cabinet Member for Health, Social Care, and Well-Being considered the report which noted that Haringey Council (the Council), Barnet, Enfield and Haringey Mental Health Trust (the Mental Health Trust), Whittington Health NHS Trust (the Trust) and North Central London Clinical Commissioning Group (the CCG) worked together in partnership to deliver the Haringey Learning Disabilities Partnership (the Partnership). This Partnership operated as an integrated service hosted by the Council. The Partnership was supported by a health and social care partnership agreement under S.75 of the National Health Services Act 2006. The agreement has since lapsed and approval was sought for an updated agreement.

The report noted that the overall aim of the integrated service arrangements was to ensure that services for people with learning disabilities were planned, commissioned and provided in an integrated manner. The Agreement, presented for approval, supported this aim by enabling an integrated service offer, underpinned by pooled funds and a lead commissioning arrangement described in Haringey's s. 75 commissioning partnership agreement.

The Cabinet Member RESOLVED

1. To approve the draft Section 75 NHS Act 2006 Partnership Agreement (Haringey Learning Disability Partnership Agreement) attached at Appendix 1 between the Council, the Mental Health Trust, the Trust and the CCG which provides integrated service arrangements for adults with learning disabilities hosted by the Council.
2. To delegate to the Director of Adults and Health, after consultation with the Lead Member for Health, Social Care and Well-Being, the authority to finalise and agree any further details within the Section 75 Partnership Agreement between the parties.

Reasons for decision

The s. 75 Partnership Agreement has supported greater levels of integration between the NHS and the Council by enabling an integrated service for adults with learning disabilities in Haringey within the framework set out in the National Health Services Act 2006. However, the Agreement has now expired and its approval is urgently required to ensure the integrated service can continue to develop and to facilitate partner contributions to the pooled fund which underpin its operations.

The integrated service ensures that adults with learning disabilities are able to access integrated health, care and support services which meet their needs in a joined up and holistic way. The integrated service helps to support parity of esteem between mental and physical health and supports the most efficient use of resources across partners.

Partners have taken the opportunity to refresh the s. 75 Partnership Agreement to ensure that it aligns with the work being developed to create an Integrated Care System and a local Place-based Partnership in line with the Health and Care Bill, currently making its way through Parliament. The proposed five year period for the

Agreement will support a sustainable approach to integration which is in line with the wider policy and legislative landscape for health and care delivery over the coming years.

Alternative options considered

Consideration was given by officers to redesigning the service to separate out the elements which together create the integrated service. This approach, however, would by its very nature undo the joint arrangements which enable a holistic offer to adults with learning disabilities in Haringey and was therefore disregarded.

The Chair of Overview and Scrutiny has agreed that the decision is both reasonable in all the circumstances and that it should be treated as a matter of urgency. The s. 75 Haringey Learning Disability Partnership Agreement provides a framework for an integrated service for adults with learning disabilities in Haringey as set out within the scope of the National Health Services Act 2006. The existing s. 75 agreement which governs the integrated service has expired. In order to ensure that the contractual framework is in place to enable both the partners' continued funding for and the Council's continued management of the integrated service, it is necessary to renew the agreement urgently and by 1 April 2022. Without the contractual framework which enables funding transfers between the NHS and the Council, payments from partners will be at risk. Likewise, the Council's ability to manage the integrated service as a single entity across the partnership will be constrained.

With the changes to the health and care landscape set out in the Health and Care Bill currently going through Parliament, it was anticipated that the requirements for the s. 75 Partnership Agreement would change and that therefore an extension might not be required in its current form. This has turned out not to be the case, hence the urgency in requesting this extension be approved. Given the above, it is not practicable to comply with the 28-day notice requirement in Part Four, Section D, Rule 13 of the constitution or the 5-day notice period requirement for key decisions. This is set out in Part Four, Section D, Rule 17, of the Constitution. As set out below, the decision is urgent and time critical in accordance with Part 4 Section H paragraph 18 (a) and 18 (b).

Please be advised that the Chair of Overview and Scrutiny has further agreed that the call-in procedure shall not apply to this urgent decision. This is because the decision is urgent and any delay in implementation caused by the call-in procedure would seriously prejudice the Council's or the public's interests as the s. 75 Haringey Learning Disability Partnership Agreement, which provides a framework for an integrated service for adults with learning disabilities in Haringey has expired. This decision is considered to be urgent as approval to enter into and continue the partnership agreement would enable the Council, the Barnet, Enfield and Haringey Mental Health Services Trust, Whittington Health Services NHS Trust, and the North Central London Clinical Commissioning Group to continue to provide the integrated service arrangement and meet their respective obligations, in particular, relating to payments and funding. The Chair of Overview and Scrutiny Committee has agreed that the decision is both reasonable in all circumstances, and that it should be treated

as a matter of urgency. This is in accordance with Part 4, Section H, and Paragraph 18 (a) and (b) of the Council Constitution.

5. SECTION 75 NHS ACT 2006 HEALTH AND SOCIAL CARE COVID-19 HOSPITAL DISCHARGE PARTNERSHIP AGREEMENT

The Cabinet Member for Health, Social Care, and Well-Being considered the report which noted that Haringey Council (the Council) working in partnership with the four other local authorities (Barnet, Camden, Enfield and Islington) within the North Central London sub-region and the North Central London Clinical Commissioning Group (the CCG) had in place, since March 2020, a partnership agreement under S.75 of the National Health Services Act 2006 in response to the global Coronavirus pandemic.

The report noted that the Partnership Agreement acted as a framework for a range of schedules and already covered three Schemes designed to support effect hospital discharge arrangements between the NHS and local government. It was introduced with the support of the Department for Health and Social Care (DHSC) over the period to March 2022. Partners had now determined that a further 3 Schemes, 4, 5 and 6, as detailed in the attached variation, would continue to support smooth discharge arrangements between partners. The report therefore sought approval for the partnership agreement and the additional Schemes now deemed to be required.

Officers provided a correction in relation to recommendation 3.1.3 (recommendation 3 below). It was noted that the delegation should be to the Director of Adults and Health, rather than the Assistant Director for Commissioning. The Cabinet Member noted and agreed this correction.

The Cabinet Member RESOLVED

1. To approve Haringey Council's participation in the existing Section 75 Partnership Agreement (Covid-19 Hospital Discharge Partnership Agreement) between the Councils of North Central London and the CCG which provides for lead commissioning and pooled budgets across a range of schedules.
2. To approve the variation to include three further Schemes, 4, 5 and 6, as set out in Appendix 2.
3. To delegate to the ~~Assistant Director Commissioning~~ **Director of Adults and Health**, after consultation with the Lead Member for Health, Social Care and Well-Being, the authority to finalise and agree any further schedules to the Section 75 Partnership Agreement between the Councils of North Central London and the CCG.

Reasons for decision

The s. 75 Partnership Agreement has supported greater levels of integration between the NHS and the Councils of North Central London by enabling lead commissioning and pooled budgets across partners within a strategic framework as set out in the National Health Services Act 2006.

The Agreement has enabled additional NHS funding to be made available to local government through the CCG to support hospital discharge arrangements during the Coronavirus pandemic. Given the existing pressures on both the NHS and local government social care such support is required to meet local need.

The Council will fail to benefit from significant additional funding being made available to support local social care arrangements should the approvals sought not be forthcoming. The vision set out in the Partnership Agreement aligns with the partnership work, effective use of pooled budgets and integrated working at pace which have been features of the Covid response across North Central London.

Alternative options considered

Consideration was given by officers to suggesting the Council does not participate in this s. 75 Partnership Agreement. However, this approach would reduce the funding available to the local authority to support residents being discharged from hospital and directly therefore affect the funding available to the wider adult social care cohort.

The Chair of Overview and Scrutiny has agreed that the decision is both reasonable in all the circumstances and that it should be treated as a matter of urgency. Partners are keen to vary the s. 75 Hospital Discharge Partnership Agreement to ensure that additional funding very recently made available in light of the Covid-19 pandemic can be used most effectively to respond to local need and support the longer-term sustainability of health and social care.

The proposal for a variation to enable additional funding to be safeguarded for local residents has recently come forward and partners have had to act at pace to ensure that Councils can agree to accept the additional funding as indicated. Given the above, it is not practicable to comply with the 28-day notice requirement in Part Four, Section D, Rule 13 of the constitution or the 5-day notice period requirement for key decisions. This is set out in Part Four, Section D, Rule 17, of the Constitution. As set out below, the decision is urgent and time critical in accordance with Part 4 Section H paragraph 18 (a) and 18 (b).

Please be advised that the Chair of Overview and Scrutiny has further agreed that the call-in procedure shall not apply to this urgent decision. This is because the decision is urgent and any delay in implementation caused by the call-in procedure would seriously prejudice the Council's or the public's interests as the variation of the 75 Hospital Discharge Partnership Agreement would ensure that additional funding very recently made available in light of the Covid-19 pandemic can be used most effectively to respond to local need and support the longer-term sustainability of health and social care. This decision is considered to be urgent as the Council needs to accept the additional funding as soon as possible to enable additional funding to be safeguarded for local residents. The Chair of Overview and Scrutiny Committee has agreed that the decision is both reasonable in all circumstances, and that it should be treated as a matter of urgency. This is in accordance with Part 4, Section H, and Paragraph 18 (a) and (b) of the Council Constitution.

CABINET MEMBER: Cllr Lucia das Neves

Signed by Cabinet Member

Date ...1 April 2022.....