

MINUTES OF THE Cabinet Member Signing HELD ON Thursday, 19th March, 2026, 3.00 - 3.06 pm

PRESENT:

Councillors: Lucia das Neves

9. FILMING AT MEETINGS

RESOLVED:

The filming at meetings notice was noted.

10. APOLOGIES FOR ABSENCE

There were none.

11. DECLARATIONS OF INTEREST

There were none.

12. URGENT BUSINESS

There was none.

13. DEPUTATIONS / PETITIONS / QUESTIONS

There were none.

14. SECTION 75 PARTNERSHIP AGREEMENT

The Corporate Director of Adults, Housing and Health introduced the report. The rationale for the report was outlined.

It was noted that there were some national policy and Better Care Fund framework agreements which may be subject to change in future, and it was noted that the proposed report would provide stability while awaiting these potential changes.

It was stressed that the proposal would seek to streamline funding arrangements across the Council.

It was explained that joint care packages with the North Central London NHS Integrated Care Board would also be covered by the funding within this proposed framework.

RESOLVED:

That the Cabinet Member for Health, Social Care and Wellbeing:

1. Approved the extension of the Section 75 partnership arrangement, as permitted under CSOs 18.03.3 and 2.01(d), between Haringey Council and NHS North Central London (NCL) Integrated Care Board (ICB) to continue lead commissioning arrangements for the commissioning of various adult and children's services and the alignment of budgets for some of the commissioned services. This covered March 2025/26 and therefore the full financial year for 2025/26, and also made provision for an agreement for 2026/27. This was retrospective for March 2025/26 at the time of the decision.
2. Approved the delegation to the Corporate Director of Adults, Housing and Health, in consultation with the Corporate Director of Finance and Resources, to negotiate, agree and finalise the terms of the Section 75 Agreement between the Council and the ICB for the period set out above.

Reasons for Decision

The commissioning of universal and targeted services for adults and children had allowed the Council and the NCL ICB to continue working together in a coordinated way to deliver services focused on promoting good health for all and tackling health inequalities.

By continuing to place the identified commissioned services in the Section 75 partnership agreement, the Council and the NCL ICB had identified several outcomes:

- Integrated, more flexible commissioning across care groups with a focus on outcomes
- A coordinated preventative approach for care groups
- A significant focus on driving up quality in community health services for Haringey residents
- A preventative and early intervention approach providing access to a range of universal and targeted services in hospital and community settings
- Improved inter-agency working and improved communication across frontline practitioners

Streamlined decision-making and reduced administrative burdens were achieved, while maintaining a focus on delivering person-centred care.

The agreement for a Section 75 arrangement had originally been approved on 13 September 2016 to commence for financial year 2017/18 through to 2021/22 (five years). An extension had subsequently been agreed for a further two years, meaning that provision for a Section 75 agreement was in place until the end of February 2026.

A further agreement was therefore required for a Section 75 arrangement to incorporate March 2025/26, covering the full 2025/26 financial year, and to make provision for 2026/27. This would allow the schedule for the budgets to be agreed and applied.

Alternative Options Considered

Exiting the arrangement: Officers had considered discontinuing the Section 75 agreement; however, this had been dismissed as it would have dismantled a framework that had enabled strong working relationships with the NHS in commissioning predominantly specialist clinical services delivered by local NHS Trusts, services that could not be provided elsewhere. Ending the Section 75 agreement would also have placed additional pressures on joint contract management and commissioning arrangements and could have resulted in duplication of effort and resources. Given current financial pressures, joint commissioning and monitoring of local services was more economical.

Doing nothing: This had not been a viable option, as the current agreement was due to end in February 2026.

Recommended option: Renewing the legal framework for joint funding of local services had been considered the preferred option, as it reduced duplication in contract management, monitoring and reporting. It also allowed for streamlined decision-making and reduced administrative burdens while maintaining a focus on delivering person-centred care. A joint legal framework supported collaborative working across agencies and enabled whole-system approaches to long-term planning.

CHAIR:

Signed by Chair

Date

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