

Report for: Cabinet Member Signing – 6th February 2018

Title: Section 75 Partnership Agreement - children's services schedule

Report

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Ward(s) affected: All

Report for Key/

Non Key Decision: Key

1. Describe the issue under consideration

1.1 On 1st March 2017 Haringey Council (the Council) and Haringey Clinical Commissioning Group (the CCG) entered into an overarching Partnership Agreement which provides for: i) The Partners to establish and maintain a pooled fund and lead commissioning arrangements for the commissioning of learning disability services for adults; ii) The Partners to establish and maintain a pooled fund and lead commissioning arrangements for the commissioning of adult mental health services for adults; iii) The Partners to establish and maintain a pooled fund and lead commissioning arrangements for the commissioning of long term conditions and older people's services, including those identified in the Better Care Fund Plan dated June 2016, for adults; iv) The Partners to establish and maintain a pooled fund and joint commissioning for the commissioning of child and adolescent mental health services; and v) The Partners to establish and maintain lead commissioning arrangements for the commissioning of the Independent Domestic Violence Advocacy Service and the Identification and Referral to Increase Safety Service. The details of the partnership arrangement are also set out in Schedules 1 to 5 to the Agreement. The Agreement envisaged that as the Partners develop further partnership arrangements, the Schedules may be varied or supplemented to include other services which the Partners consider would be better provided through the partnership arrangements under the Agreement.

1.2 The Council and the CCG propose adding a further partnership arrangement to establish and maintain lead commissioning arrangements for the commissioning of various children services and aligning budgets for some children's commissioned services. This will be in the form of a new Schedule 6 to the current Agreement.

The development of this schedule builds on the strong, informal joint working arrangements already in place between the CCG and the Council to support improved outcomes for children, young people and families. It aims to drive

improvements in community health services for children and young people by allowing a more flexible, joint and integrated approach to commissioning for outcomes across entire pathways. The current discrete contracts held by the CCG and Council mean that resources can often be duplicated unnecessarily and that a focus on outcomes can become less sharp.

2. Cabinet Member Introduction

- 2.1** I am fully supportive of adding this schedule to the existing Section 75 partnership agreement as it continues the strong joint working arrangements between the CCG and the Council.
- 2.2** Families have told us on a number of occasions that joined up health and care matter to them and can improve their experience and outcomes. It is by working together that the Council and the CCG can best ensure that we optimise the use of our shared resources and deliver the most impact.
- 2.3** This additional schedule will allow greater flexibility and provide an opportunity to commission across an entire integrated 0-19 year-old pathway. By working in this way, we can deploy resources more efficiently across services to meet both the needs of users and the fluxes in demand and capacity regularly experienced. This will improve the experience of children, young people and families and bring benefits to the whole local health economy.

3. Recommendations

3.1 The Lead Member is asked to approve:

- 3.1.1** The proposal to enter into a new Section 75 partnership arrangement between Haringey Council and Haringey Clinical Commissioning Group for the establishment and maintenance of lead commissioning arrangements for the commissioning of various children's services and aligning budgets for some children's commissioned services;
- 3.1.1** That the partnership arrangement be consolidated into the existing Section 75 Partnership Agreement between Haringey Council and Haringey Clinical Commissioning Group dated 1st March 2017 by adding a new Schedule 6 which is attached as Appendix 1 and by making any other consequential amendments to the Agreement.
- 3.1.2** Delegate to the Deputy Chief Executive, in consultation with the Monitoring Officer the authority to finalise and agree the amended S.75 Partnership Agreement that includes the new Schedule 6.

4. Reasons for decision

- 4.1** Adding the proposed Schedule 6 (appendix 1), the commissioning of universal and targeted services for children and young people, to the existing Section 75 agreement will align budgets and allow the Council and the CCG to work together in a more coordinated way, to deliver children's services focused on promoting good health for all and tackle health inequalities.

4.2 Adding this schedule to the existing Section 75 partnership agreement provides opportunities to offer integrated services that improve the outcomes for children and families in Haringey and will support the development of the Haringey and Islington Wellbeing Partnership.

4.3 At this stage, there is no proposal to pool budgets but should the alignment of budgets deliver benefits, commissioners are open to exploring pooling budgets in relation to this set of children's services.

5. Alternative options considered

5.1 Consideration was given by officers to continuing the current arrangement of close liaison in relation to commissioning children's services. This new arrangement builds on this approach, enabling further integration of 0 – 19 year old services.

6. Background information

6.1 The overarching Section 75 Partnership Agreement was approved by the CCG's Governing Body and the Council's Cabinet in Autumn 2016 and implemented from April 2017. The Partnership Agreement as originally agreed has five schedules covering various care groups predominantly for the adult population although it does include a schedule for child and adolescent mental health services. The intention was always to add more schedules, particularly commissioned children's services as and when appropriate. The overarching partnership agreement allows for any or all of the functions of lead commissioning, pooled budgets and integrated provision to be set in place within the schedules, according to the requirements of the service.

6.2 The Council and the CCG, through Public Health, Commissioning and CCG Children's Commissioners have worked together to develop the proposed Schedule 6 addition. This will in the first instance support the alignment of key related budgets and facilitate the Council and the CCG working together more consistently where they are commissioning children's services. This more co-ordinated approach will support delivery of outstanding children's services for local residents focused on promoting good health and wellbeing for all and tackling health inequalities.

6.3 The new Schedule provides opportunities to offer integrated services that improve outcomes for children and families in Haringey and supports the development of the Haringey and Islington Wellbeing Partnership's priorities.

6.4 At this stage, there is no proposal to pool budgets but should the alignment of budgets deliver benefits, commissioners are open to exploring pooling budgets in relation to this set of children's services.

6.5 Both the CCG and the Council recognise the fundamental importance of ensuring that all children and young people have the best start in life with access to nurturing support which facilitates their development and their progress towards adulthood. This belief is at the heart of this work which brings together a range of services to focus on the key outcomes children and young people need to develop independently and to have the best start. Whilst much

of this paper rightly focuses on the vehicle for greater integration of approaches, the central driver remains improved outcomes for children, young people and families in Haringey.

- 6.6** There is a high degree of synergy between the outcomes and objectives sought by the Council and the CCG for local families, as demonstrated in the outcomes laid out in the Corporate Plan and the CCG's Five Year Plan.
- 6.7** In addition, the Council and partners, including Haringey CCG, are also working together to develop a Borough Plan that will identify and work together on joint priorities for Haringey from June 2018.
- 6.8** This proposal is in alignment with - and will facilitate the implementation of - the outcomes and objectives of the Haringey & Islington Wellbeing Partnership, which supports an outcomes-based approach to commissioning and already has a specific focus on children, young people and families.
- 6.9** In Autumn 2017 members of the Haringey Joint Commissioning Finance and Management Group suggested that the proposed Schedule 6 could be a test approach for a new approach to commissioning through the Wellbeing Partnership to bring forward the benefits of:
- reduction in transactional costs
 - a focus on commissioning for outcomes for children, young people and families
 - genuine and detailed transparency of budgets and;
 - a shift in the commissioner/provider relationship towards greater collaboration
- 6.10** Islington Council and Islington CCG already have a number of these commissioned services within their own Section 75 partnership agreement. This offers a further opportunity to explore joint commissioning across the boroughs, again under the auspices of the Haringey and Islington Wellbeing Partnership.
- 6.11** Within the proposed Schedule 6, Haringey CCG will be the lead commissioner and will contract these services on behalf of Haringey Council. The contractual agreement will be between the current provider and the CCG.
- 6.12** A section 75 agreement will allow greater flexibility and provide an opportunity to commission across an integrated 0-19-year-old pathway. In reality, this will seek to support children, young people and families as they develop particularly where additional physical and mental health needs have been identified. By working in this way, we can deploy resources more efficiently across services to meet both the needs of users and the fluxes in demand and capacity regularly experienced. It would mean breaking down the artificial barriers between services commissioned by the Council (public health and commissioning) and by the CCG for children and young people, which will improve the experience of children, young people and families and bring benefits to the whole local health economy.
- 6.13** It is important to note that in financial terms, some of the combined service totals from the NHS and local authority for the services listed in Schedule 6 are subject to the community services financial work (block disaggregation) and the specialist therapies review for children and young people taking place in 17/18. This is likely to change the values – notably for the review of therapies

identifying some savings to be taken by commissioners from adopting a new model of service delivery.

- 6.14 The Council's public health team and the commissioning team will retain responsibility for the performance management of the commissioned public health services and the early year's health services as they are part of major transformation programmes in terms of service re-design and delivery.
- 6.15 By placing the identified commissioned children's services in the section 75 partnership agreement the Council and the CCG have identified a number of expected outcomes;
- i. Integrated, more flexible commissioning across 0-19 year olds (up to 25 years of age with special needs) with a focus on outcomes.
 - ii. A co-ordinated preventative approach for children and young people, parents/carers and families across the children's workforce.
 - iii. A significant focus on driving up quality in community health services for children and young people with a spotlight on young people transitioning to adult services.
 - iv. A preventative and early intervention approach that provides access to a range of universal and targeted services in hospital and community settings.
 - v. Flexible services that meet the preferences and developmental needs of children and young people.
 - vi. Improved inter-agency working and improved communication across frontline practitioners.
 - vii. Better engagement with under-represented communities/groups.
- 6.16 A number of risks have been identified, officers are confident that the mitigations are robust.

Risk	Mitigation
Fail to agree and effectively measure outcomes	Discussions have already started and the commissioners and provider are confident an agreement will be reached by March 2018 for universal services.
The provider's performance in particular services deteriorates	Commissioners will continue to have regular performance meetings with the service leads. There is a strategic group that oversees implementation and quality of community services; this will be led by the Wellbeing Partnership. There would still be the same opportunities to tender services where it is thought to be in the best interests

	of the needs of the population and/or where the current provider is not able to deliver a service specified.
Governance for management of risk and incident including serious injury (accident/medication errors/equipment errors) or child death	Processes in place within the CCG/NHS structures will continue to cover all children's services.
Addition of the Children's Schedule brings no real change to services/ improvement in outcomes	<p>There is a plan to bring children's commissioning in the CCG together into one team and to link the head of this team into the reporting structures of the council. The Head of Children's Commissioning and Director of Commissioning at the CCG will prioritise the development of stronger, working relationships by working more closely with the Council's Director of Children's Services in 2018.</p> <p>Discrete contracting and procurement processes at the council (for a shared health and wellbeing provider) mean that there is duplication of management resource and there is often a need to procure services despite this not bringing any tangible benefits to the population. This has significant cost implications to the wider health economy. There are known quality issues related to demand and capacity within children's community health services and this Partnership Agreement will drive improvements across the entire pathways for children and young people aged 0-19 by removing the 'artificial' boundaries of having one provider but two different commissioners and commissioning organisations.</p>

7. Contribution to strategic outcomes

7.1 The proposal supports Priority 1 in Haringey Council's Corporate Plan 2015-18 and the four core priorities in Haringey CCG's Strategy 2014/15 – 2018/19:

- Explore and commission alternative models of care
- More partnership working and integration as well as a greater range of providers
- Engaging communities in new and more innovative ways to build capacity for populations to enhance their own health and wellbeing
- A re-defined model for primary care providing proactive and holistic services for local communities supporting healthier Haringey as a whole and supports the Haringey and Islington Partnership

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

8.1.1 This new schedule is a financial agreement where the Council is aligning funding it would normally have managed itself, together with contributions from the CCG, administered by a Lead Commissioner and managed according to the governance arrangements set out in the existing Section 75 Agreement.

8.1.2 The financial management arrangements for the aligned budgets are set out in the Cabinet report from 13th September 2016. The Council's financial contribution within this new schedule is outlined in Appendix 1 of the report.

Procurement

8.1.3 Strategic procurement notes the contents of this report and supports the recommendation made within the report. The proposal aligns with Strategic Procurement's longer term strategy of working with partners across the region to optimise efficiencies and reduce unnecessary bureaucracy in processes.

8.1.4 Strategic procurement would however, recommend there are period reviews of the performance of the arrangement to ensure the partnership is achieving best value within the markets.

8.2 Assistant Director for Corporate Governance

8.2.1 Section 75 of the NHS Act 2006 (arrangements between NHS bodies and local authorities) and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) permits the Council and the CCG to pool their resources, delegate functions, integrate service provision and transfer resources from one party to another. The provisions provide for:

a) Pooled fund arrangements: A pooled fund arrangement provides an opportunity for the partners to bring money together, in a discrete fund, to pay for the services that are an agreed part of the pooled fund arrangement for the client group who are to benefit from one or all of the services; b) Delegation of functions – lead commissioning: where health and local authorities delegate functions to one another and there is a lead commissioner locally. Lead Commissioning provides an opportunity to commission, at a strategic level, a range of services for a client group from a single point and therefore provide a level of co-ordination which improves services for users, and provides an effective and efficient means of commissioning. In effect, one partner takes on the function of commissioning of services which are delegated to them; c) Delegation of functions – integrated provisions: this consists of the provision of health and social care services from a single managed provider. The arrangement can be used in conjunction with lead commissioning and pooled fund arrangements.

8.2.2 The partnership arrangement must lead to an improvement in the exercise of the CCG functions and the Council's health-related functions.

8.2.3 The proposed partnership arrangement will require an amendment to the existing overarching partnership agreement between the Council and the CCG dated 13th September 2016. Such amendment was envisaged in the agreement.

8.3 Equalities

8.3.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

8.3.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status apply to the first part of the duty.

8.3.3. The report makes recommendations to add a schedule to the existing Section 75 partnership agreement across the CCG and the Council, affecting some commissioned services for children and families. The services within the additional schedule are universal services and targeted services delivered to meet the needs of some of the most vulnerable residents within our communities.

8.3.4. The proposed schedule and the implementation of aligned budgets is intended to deliver more flexible use of resources which should better meet identified need and demand and is therefore expected to have a positive impact in relation to the Public Sector Equality Duty. Future commissioning decisions which fall within the scope of the additional schedule will continue to be subject to assessment for their equalities impact and reported to the relevant decision-making body.

9. Use of Appendices

9.1 Schedule 6. Children's commissioned services

10. Local Government (Access to Information) Act 1985

10.1 Cabinet paper 13th September 2016. S.75 Partnership Agreement between Haringey Council and Haringey Clinical Commissioning Group

Schedule 6

Children's commissioned services

Name of service	Children's commissioned services
Type of agreement	Section 75
Type of service	CCG lead commissioner with aligned budgets
Delegated function	The Council's children health-related commissioning
The services	Haringey CCG will commission on behalf of itself and the council a range of services and pathways to improve the health outcomes of 0-19 year olds (up to 25 years of age with special needs) and to support parents/carers.
Aim of the services	<ol style="list-style-type: none"> 1. To improve the health and wellbeing of 0-19 year olds (up to 25 years of age with special needs) and to support parents/carers. 2. To meet and deliver the outcomes outlined in the Haringey council corporate plan and the Haringey CCG strategy.
Outcomes of the services	<ol style="list-style-type: none"> 1. A co-ordinated preventative approach for children and young people, parents/carers and families across the age range from 0 – 19. 2. Improved access to community health services. 3. Improved quality of community health services for children and young people. 4. An early intervention approach that provides access to a range of universal and targeted services in hospital and community settings and takes into consideration the needs of young people who are transitioning into adulthood.

	<p>5. Flexible services that meet the preferences and developmental needs of children and young people.</p> <p>6. Improved inter-agency working and improved communication across frontline practitioners.</p> <p>7. More engaged children, young people, families and practitioners, and especially within under-represented communities/groups.</p> <p>8. Integrated commissioning across 0-19 year olds (up to 25 years of age with special needs).</p>
Strategy/framework documents	<p>Four core priorities in Haringey CCG's Strategy 2014/15 – 2018/19.</p> <p>Priority 1 in Haringey Council's Corporate Plan 2015-18.</p> <p>Haringey and Islington Wellbeing Partnership's Community Services Transformation Programme and the Children and Young People's work stream Priorities to reduce A&E attendances in under 5s, improve outcomes for children and young people with asthma and viral-induced wheeze and improve the transition of children and young people in health and care.</p> <p>North London Partners in Health and Care: children's work stream (School Readiness Priority)</p>
Eligibility and assessment procedures	<p>Various dependent on the specific services included in the schedule (universal, targeted and specialist)</p>
Key performance indicators	<p>For each of the services commissioned there are agreed local KPIs in addition to any existing national indicators.</p> <p>This agreement will support driving improvements in children and young people community services which are part of a long-standing block</p>

	arrangement and where there are known issues, for example, waiting times.
Resources for managing the partnership	
	<p>The partners will make available staffing resources and capacity to enable the operation of the agreement from their existing establishments.</p> <p>Any alterations to those establishments which may impair the operation of the partnership will be notified to the other partner in sufficient time to allow mitigations to be agreed.</p>
Aligned budgets	

Service	LBH	NHS Haringey CCG
Health visiting	£4,388,588	Not applicable
Family nurse partnership	£443,441	Not applicable
School nursing	£644,000	Not applicable
Oral health promotion	£77,000	Not applicable
Community paediatrics	Not applicable	Part of the provider block contract, subject to the community services financial work between the CCGs and the Trust.
Children's community nursing	Not applicable	Provided by local hospital and part of a block arrangement.
Speech and language services (early years and schools)	Final amount to be agreed following the service review of specialist therapies taking place during 17/18	Part of the provider block contract. The total service amount is made up of NHS and LBH contributions and is subject to the community services financial work being undertaken between the CCG and the Trust.
Occupational and physiotherapy	£840,000 Final amounts to be agreed as part of the Specialist Therapies Review	Part of provider block contract, subject to the community services financial work between the CCGs and the Trust.
Children in Care and Adoption Health Assessment Services	£54,696	Part of the provider block contract, subject to the community services financial work between the CCGs and the Trust.

Outline specification - arrangements for lead commissioning

1. Context

- 1.1 The development of this schedule builds on the strong, informal joint working arrangements already in place between the CCG and the Council to support improved outcomes for children, young people and families. It aims to drive improvements in community health services for children and young people by allowing a more flexible, joint and integrated approach to commissioning for outcomes across entire pathways. The current discrete contracts held by the CCG and Council mean that resources can often be duplicated unnecessarily and that a focus on outcomes can become less sharp.
- 1.2 A section 75 agreement will allow greater flexibility and provide an opportunity to commission across an entire integrated 0-19-year-old pathway. In reality, this will seek to support children, young people and families as they develop particularly where additional physical and mental health needs have been identified. By working in this way, we can deploy resources more efficiently across services to meet both the needs of users and the fluxes in demand and capacity regularly experienced. It would also mean breaking down the artificial barriers between services commissioned by the Council (public health and commissioning) and by the CCG for children and young people, which will improve the experience of children, young people and families and bring benefits to the whole local health economy.
- 1.3 Schedule 6 provides opportunities to offer integrated services that improve outcomes for children and families in Haringey and support the development of the Haringey and Islington Wellbeing Partnership's priorities.
- 1.4 Schedule 6 is in alignment with and will facilitate the implementation of the outcomes and objectives of the Haringey & Islington Wellbeing Partnership, which supports an outcomes-based approach to commissioning and already has a specific focus on children, young people and families.

2. Expected outcomes

- 2.1 The identified commissioned services in the schedule have identified a number of expected outcomes;
 - i. Integrated, more flexible commissioning across 0-19 year olds (up to 25 years of age with special needs) with a focus on outcomes based commissioning.
 - ii. A co-ordinated preventative approach for children and young people, parents/carers and families across the children's workforce.
 - iii. A significant focus on driving up quality in community health services for children and young people with a spotlight on young people transitioning to adult services.
 - iv. A preventative and early intervention approach that provides access to a range of universal and targeted services in hospital and community settings.

- v. Flexible services that meet the preferences and developmental needs of children and young people.
 - vi. Improved inter-agency working and improved communication across frontline practitioners.
 - vii. Better engagement with under-represented communities/groups.
3. Budgets
- 3.1 At this stage, there is no proposal to pool budgets but should the alignment of budgets deliver benefits, commissioners are open to exploring pooling budgets in relation to this set of children's services.