

NHS Act 2006 Section 75 Agreements 2015

Joint Commissioning Board, Adults & Children 3rd March 2015

Author: Board Director, Commissioning DCS/DASS
Wards: All Wards
Locality Affected: All Locality Area
Parishes Affected: All Parish Area

1. Purpose and Reasons

- 1.1 To discuss with members of the Joint Commission Boards (JCB) changes for the new National Health Services Act 2006 Section 75 Agreements starting 1st April 2015 including governance.
- 1.2 The Strategy is informed by the priorities set out in the Community Strategy – A shared vision for Swindon 2008-2030, the Better Care Fund Plan, the Corporate Strategy of Swindon Borough Council and the five year vision for the CCG.

2. Recommendations

The Committee is recommended to:

- 2.1 Discuss the proposals, make any amendments and recommend to the Health and Wellbeing Board, FULL Council and the Governing Board of the Clinical Commissioning Group (CCG) NHS Swindon.
- 2.2 Authorise the Group Director, Commissioning and the Accountable Officer of the CCG to enter into a new National Health Services Act 2006 Section 75 Agreement working with the Director of Law and Democratic Services and the Director of Finance and Chief Financial Officer for a period of five years.
- 2.3 Recommend to the Health and Wellbeing Board changes to the Health & Wellbeing Board terms of reference and the establishment of a Joint Commissioning Group across Adult and Children's Services (**Appendix 1**).
- 2.4 Discontinue the Joint Commissioning Board Adults & Children from 31st March 2015.

3. Detail

- 3.1 Swindon Borough Council (SBC) has two National Health Services Act 2006 Section 75 Agreements for adults and children.
- 3.2 The existing Section 75 Agreements were for a period of three years and expire on 31st March 2015. Furthermore in December 2014 the Better Care Fund Plan was agreed by NHS England with a requirement that a pooled fund is established. Therefore there is now a requirement to develop a new NHS Act 2006 Section 75 Agreement, covering adults and children as well as the Better Care Fund.

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- 3.3 Over the past three years the Joint Commissioning Board has monitored the Section 75 Agreements. In light of the responsibilities of the Health and Wellbeing Board in relation to joint commissioning and the Better Care Fund, it is proposed that in future the Health and Wellbeing Board leads joint commissioning with strategic decisions taken by Swindon Borough Council Cabinet and the CCG Governing Body.
- 3.4 In order to ensure good governance, it is proposed that an officer group of the Council and the Clinical Commissioning Group monitors the Section 75 Agreements on a monthly basis and reports to the Health and Wellbeing Board. As the Health and Wellbeing Board would be accountable for the delivery of the Section 75 Agreements, the Joint Commissioning Board would no longer be required.
- 3.5 Swindon Borough Council has two National Health Services Act 2006 Section 75 Agreements for adults and children. These agreements enable Swindon Borough Council and the Clinical Commissioning Group to jointly commission community health, adult social care, mental health and children's services. The agreements also include joint commissioning of services from the voluntary and third sector. The budgets are aligned rather than pooled.
- 3.6 Both agreements were amended in March 2013 with the establishment of the Clinical Commissioning Group and Public Health moving to Swindon Borough Council.
- 3.7 Joint commissioning has achieved the following benefits for children and young people:
 - 3.7.1 Children – the teenage conception rate has reduced from 36 per 10,000 in 2009 to 10,000 young women in 2012 due to the joint work between school nurses, schools, youth engagement workers, sexual health service and the Healthy Schools Team. The target set in 2011 of 29 per 10,000 has been exceeded.
 - 3.7.2 The percentage of young people not in education, training and employment has reduced to 4.8% (320 young people) compared to 6.2% in 2010/11 and reaching the ambitious target set in 2011.
 - 3.7.3 The number of Troubled Families we have worked with has increased from 13 in 2010 to 384 in October 2014 and 65% of families have achieved improvements in their lives through better school attendance, reduction in exclusions and gaining employment.
 - 3.7.4 4.1% of young people were persistently absent in 2013/14 compared to 3.4% of young people in 2009/10 and although higher, the rate is

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below the national average. This means the good performance has been maintained through joint work between Early Help Services and schools.

- 3.7.5 The number of first time young offenders has reduced from 319 in 2010/11 to 179 in 2013/14. Since then rates have reduced even further to 59 young people in the first six months of 2014/15. The reduction is due to increased use of community resolutions and proactive work by YOT with young people. Introduction with YOT of 'rapid English' programme to divert young people and increase levels of qualifications in English.
 - 3.7.6 The number of young people in care was 245 in March 2011 and has remained stable with 252 currently. Although this is above the target of 220, national increases have been higher than those seen in Swindon.
 - 3.7.7 There is excellent progress in reaching the target of increasing the number of health visitors by 50% to 52FTE with 48 FTE in post.
 - 3.7.8 HPV immunisation rates have been consistently high with improvement from 89% to over 96% in 2014 and exceeding targets set. Breast feeding rates at 6-8 weeks have improved from 40% in 2010 to 51.6% in quarter 1 2014-15 meeting ambitious target following good joint work between midwifery, health visiting and children's centre services.
 - 3.7.9 The number of children with a child protection plan has increased significantly from 95 in March 2011 to 214 in March 2014. There has been significant work of all services to identify children in need of protection and Ofsted judged the threshold appropriate in 2014.
- 3.8 The following benefits have been achieved for adults through the joint commissioning of services
- 3.8.1 Adults – The reablement services provided by SEQOL are jointly funded by SBC and the CCG. The aim of the service is to enable older people who are discharged from hospital to regain their skills and abilities as quickly as possible in order to remain at home for longer. Between April 2014 and October 2014 the reablement domiciliary service has supported a total of 153 adults, compared to 147 in the same period last year. The majority of people supported with reablement are aged 75 or over (83%) with only 8% of people aged between 18-64. This prevention service is mainly targeting people who do not already have services in place, aiming to reduce the need for mainstream care for longer. Performance has been good with over 90% of service users still at home after 91 days. The residential

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reablement service has only been in place since September 2013 and between April and October 2014, 33 adults had received and completed an episode of reablement. Of those 72.7% required no long term services following completion.

- 3.8.2 The completion of carers assessments supports personalisation, helping to maintain the independence and resilience of service users and their carers being supported within the community. As well as the two main providers of SEQOL and AWP, this indicator is additionally supported by the Swindon Carers Centre, who complete assessments, which are then validated by an SBC care manager.
- 3.8.3 It is recognised that the admissions to residential and nursing care indicators (C72 and C73) are joint indicators with commissioning and both providers to ensure the strategies are in place and working to support only necessary and appropriate admissions to care. By the end of October 2014, 120 people aged 65plus were placed in residential/nursing care. Although admissions have increased over the last year Swindon is a comparatively good performer when compared to the national trend. There are two key elements that are impacting on numbers, population growth and people being maintained in the community for a longer period of time. Population growth is a significant factor effecting admissions and the recently published ONS mid 2013 population statistics show another 1015 increase for the age group 65plus rising to 31,361. Analysis in 2013/14 also found that length of stay in residential care reduced with age at the point of admission increasing. The average age of new admissions is 85 years and over.
- 3.8.4 Admissions to hospital continue to increase which is also a picture reflected nationally. The target is to reduce admissions by between 1.6-2% between January 2015 – April 2016 as set out in the revision to Better Care Fund Plan.

3.9 National Health Services Act 2006 Section 75 Agreement 2015

- 3.9.1 The analysis of outcomes shows that improvements have been achieved through joint commissioning and integrated services in health and social care. Further details of the progress is outlined in the Joint Commissioning Delivery Plan update (**Appendix 3**).
- 3.9.2 There is continued demand for services for vulnerable children and adults as shown in the increase in child protection work, support for young people in care and increase in admission to hospital, residential care and care packages.

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- 3.9.3 In addition there are a number of national policy changes with the introduction of the Care Act 2013 and the NHS England Forward View. Both policies promote integration and joint commissioning. Furthermore, there is an emphasis in both policy areas to promote prevention and early intervention.
- 3.9.4 These principles have been at the centre of joint commissioning in Swindon with integrated early help services, joint commissioning of the voluntary and community sector and public health services. It is therefore recommended to develop a new Section 75 Agreement for adult and children services. This will include Joint Commissioning Intentions and a delivery plan so that progress of joint commissioning can be monitored.
- 3.9.5 The new Section 75 Agreement will include a pooled fund as set out in the approved Better Care Fund Plan.
- 3.9.6 It is proposed that officers of SBC and the CCG work together to develop the new Section 75 Agreement and that the Agreement is for five years starting 1st April 2015.

3.10 Governance Arrangements

- 3.10.1 Strong governance has been in place through the Joint Commissioning Board which has monitored the existing Section 75 Agreements since April 2012. Since then the Health and Wellbeing Board has been established in April 2014.
- 3.10.2 The statutory guidance for Health & Wellbeing Boards places the lead for joint commissioning, promotion of integrated working and prevention and early intervention to improve the health and wellbeing of the population with the Board.
- 3.10.3 This has been reinforced through the Care Act 2014 as well as the lead role of the Board in the development of the Better Care Fund Plan.
- 3.10.4 It is therefore proposed that the Health and Wellbeing Board becomes responsible for the monitoring of the Section 75 Agreements with changes to the Terms of Reference to incorporate this duty.
- 3.10.5 As the Health and Wellbeing Board is a strategic body, it is proposed that the day to day joint commissioning is monitored by a Joint Commissioning Group of SBC and CCG officers (**Appendix 2**). The Joint Commissioning Group will meet monthly, monitor progress against financial and performance targets and prepares reports for the

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Health and Wellbeing Board. There will be an annual review and additional reports outlining changes to the joint Commissioning Group.

3.10.6 This would mean that there is no longer a need for a member led Joint Commissioning Board as the function will be undertaken by the Health and Wellbeing Board.

3.10.7 The proposed changes will be discussed by the Health & Wellbeing Board in March 2015 before recommendation to FULL Council and the CCG Governing Board.

3.10.8 The proposed start date is 1st April 2015.

4. Alternative Options

4.1 Maintenance of the Joint Commissioning Board for Adults and Children

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

There are no direct financial implications from this report.

Legal and Human Rights Implications

5.1 Legal services will lead the changes of the terms of reference for the Health and Wellbeing Board.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.2 No other implications arising from this report.

Diversity Impact Assessment

5.3 Refer to the author for DIA information.

Risk Management

5.4 None.

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports. Accountable Officer and Chief Financial Officer, CCG

7. Background Papers

7.1 None.

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8. Appendices

- 8.1 Appendix 1 - Draft Terms of Reference for Joint Commissioning Group
- 8.2 Appendix 1a - Governance Chart
- 8.3 Appendix 2 - Terms of Reference for Health & Wellbeing Board
- 8.4 Appendix 3 - Joint Commissioning Delivery Plan