

**Subject:** 'Section 75' Arrangements: an Overview  
**Date of Meeting:** 22 April 2009  
**Report of:** The Acting Director of Strategy and Governance  
**Contact Officer:** Name: Giles Rossington Tel: 29-1038  
E-mail: Giles.Rossington@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

1.1 This report aims to provide:

- (a) a general explanation of 'section 75' arrangements which enable local authorities and NHS trusts to jointly fund, commission and/or provide certain health services;  
and,
- (b) a summary of the specific section 75 arrangements involving the city council.

#### 2. RECOMMENDATIONS:

2.1 That members consider this report and determine whether they require more information on the subject.

#### 3. BACKGROUND INFORMATION

3.1 Section 75 of the National Health Service Act (2006) contains provision for the formal integration of certain local authority services with NHS services. (This provision was formerly referred to as 'section 31', in reference to section 31 of the Health Act (1999) which initially introduced these powers.)

- 3.2 Section 75 arrangements allow for three types of integrated working:
- (a) Pooled Budgets – where local authority and local NHS (Primary Care Trust) budgets for a particular service are combined;
  - (b) Joint Commissioning – where a local authority and a Primary Care Trust (PCT) agree to share responsibility for commissioning the entirety of a service for their area (i.e. in situations where the PCT and the local authority have separate responsibility for commissioning elements of a service). In such instances, one organisation may be designated lead commissioner, or commissioning responsibilities can be shared;
  - (c) Integrated Provision – where a local authority and NHS provider trusts create a formally integrated team to deliver a specific service. This will typically involve the secondment of staff from one organisation to another in order to make the day-to-day management of the service as efficient as possible.
- 3.3 Section 75 legislation is intended to address and ameliorate problems inherent in local authorities and NHS trusts providing closely related health and social care services. Such risks may include:
- (a) The duplication of services. NHS trusts and local authorities may each be obliged to provide services with parallel or overlapping aims - for example, the provision of care to clients in their own homes. In such situations, it may make little sense to supply a local authority care worker providing social care support *and* an NHS worker providing health support, particularly in instances where the types of care provided are very similar or overlapping.
  - (b) ‘Gaps’ in service. In situations where two or more providers are responsible for delivering services to a client, there is the potential for ‘gaps’ to appear: i.e. for someone to fail to receive a service because each provider assumes the other agency is responsible for its delivery.
  - (c) Problems with co-working. Local authorities and NHS trusts do, of course, work together to try and ensure that their services are as effectively aligned as possible. However, different organisational structures, working cultures, performance targets, software systems etc. can make effective co-working very difficult in situations where there is no formal integration of services.

- 3.4 The formal integration of budgets, provision and/or commissioning, via section 75 arrangements, seeks to address some or all of the above issues.
- 3.5 Section 75 legislation permits a good deal of latitude in terms of the types of integrated services created at a local level. In some instances, section 75 is used principally to assign effective responsibility for particular services to one of the local commissioning bodies or to a single provider – e.g. a PCT is empowered to commission services both for itself and for the local authority, or vice versa. In such instances, partner organisations will typically seek to maintain an oversight of the service, but will not engage with day-to-day management or budgeting issues.
- 3.6 In other instances, section 75 may be used to create new organisations which are much more active partnerships between NHS Trusts and local authorities. Brighton & Hove Children & Young People’s Trust (CYPT) is an example of this type of integrated service.
- 3.7 Section 75 arrangements are not a panacea. Formal integration of services may not always be more effective than parallel working, and even when it is considered desirable to integrate services, much work may be needed to ensure the effective coalition of different working cultures, software systems etc. However, it is evident that, used appropriately, section 75 is an important tool in facilitating better partnership working between local authorities and NHS trusts.
- 3.8 The council has established a number of section 75 arrangements. These include agreements with NHS Brighton & Hove (i.e. Brighton & Hove City Teaching PCT) to pool budgets and commissioning responsibilities.
- 3.9 Current agreements for adult services are with NHS Brighton & Hove in relation to commissioning, with the Sussex Partnership Foundation Trust in relation to Mental Health and Substance Misuse services, and with South Downs Health NHS Trust in relation to Intermediate Care, the Integrated Community Equipment Store (ICES), and HIV/AIDS services. The local authority hosts Learning Disability services (utilising seconded Sussex Partnership Trust staff). A more detailed description of these Section 75 arrangements is provided in **appendix 1** to this report.
- 3.10 Current arrangements for children’s services are with NHS Brighton & Hove in relation to commissioning and South Downs Health NHS Trust in relation to provision. A more detailed description of these Section 75 arrangements is provided in **appendix 2** to this report.

## **4. CONSULTATION**

- 4.1 This report has been compiled in consultation with officers from the Children and Young People's Trust, Adult Social Care, and NHS Brighton & Hove.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 5.1 There are no direct financial implications to this report for information.

### Legal Implications:

- 5.2 *"Broad legal implications are contained in the body of the report and it is not considered that there are any other legal implications which need to be drawn to the attention of Members."*

*Lawyer Consulted: Anna MacKenzie; Date: 19.02.09*

### Equalities Implications:

- 5.3 None directly, although services provided via section 75 arrangements typically seek to address the needs of some of the most vulnerable and disadvantaged people in the city. Ensuring that such services are as effective as possible is key to reducing a range of inequalities.

### Sustainability Implications:

- 5.4 None directly, although there may be opportunities, via effective integration of local authority and NHS services, to create services which are more financially and environmentally sustainable.

### Crime & Disorder Implications:

- 5.5 None directly, although local services forming part of section 75 agreements may link to these issues (e.g. substance misuse services).

### Risk and Opportunity Management Implications:

- 5.6 None identified.

### Corporate / Citywide Implications:

- 5.7 Effective partnership working with local NHS Trusts is key to delivering many of the council's corporate priorities, particularly in terms of the pledge to: "Reduce inequality by increasing opportunity".

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Details of the council's section 75 agreements with local NHS Trusts (adult services).
2. Details of the council's section 75 agreements with local NHS Trusts (children's services).

### **Documents in Members' Rooms:**

None

### **Background Documents:**

1. The National Health Service Act (2006)

