

Health Service Circular Local Authority Circular

Series Number: HSC 2000/010 : LAC (2000)9
Issue Date: 27 March 2000
Review Date: 27 March 2003
Category: Planning
Status: Good Practice
for information only

IMPLEMENTATION OF HEALTH ACT PARTNERSHIP ARRANGEMENTS

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It is also available on the Department of Health web site at
<http://www.doh.gov.uk/coinh.htm>

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Implementation of Health Act 1999 Partnership Arrangements

SUMMARY

This Circular provides information about the use of Partnership Arrangements under section 31 of the Health Act 1999, and the related Regulations (*The Health Act 1999 Partnership Arrangements 2000/617*) which can be found on www.legislation.hmsso.gov.uk The circular is supported by detailed implementation advice, which can be found on the DH website at www.doh.gov.uk/jointunit/index.htm

BACKGROUND

- 1 The aim of the Health Act 1999 Partnership Arrangements is to improve services for users, through pooled funds and the delegation of functions, (lead commissioning and integrated provision), thus fulfilling national and local objectives. They are permissive powers to support better co-ordination and innovative approaches to securing services across a wide range of NHS and local authority functions. Partners wishing to use the arrangements must fulfil the conditions identified in the Regulations and notify the appropriate NHS Executive Regional Office of their intention to use the powers.
- 2 Raising standards and improving the quality and responsiveness of services are integral to the objectives identified in *The new NHS* and *A First Class Service*, and *Modern Local Government*. The Partnership Arrangements are mechanisms through which these objectives can be fulfilled in response to local situations and needs. There is no limit to the size of the partnerships, or the number of partners. Partners will agree on the functions to be fulfilled by the partnership, which can include all health related local authority functions, such as social service, housing and education functions, and community and acute health services (with specified exceptions – see Regulations 5 and 6).

Who can use them and what are the conditions?

- 3 Health Authorities (working with Primary Care Groups), NHS Trusts, Primary Care Trusts, and Local Authorities can use the Partnership Arrangements. These statutory partners will work closely with users, carers, staff organisations, other providers, Community Health Councils, and the wider community. The statutory partners must fulfil the following conditions:-
 - Partners should be satisfied that the arrangement will improve services for users
 - Joint consultation with appropriate stakeholders should have taken place
 - The arrangement should fulfil the objectives identified in the Health Improvement Programme
 - There should be a clear written agreement, as specified in the Regulations.

The Pooled Fund Arrangement

- 4 The aim of a pooled fund is flexibility in the use of funds contributed by partners, to respond to the needs of an identified group of people, with a specified range of services for those who fulfil the agreed eligibility criteria. The use and size of the pool will be set on the basis of agreed aims and outcomes and pooled funds will be revenue expenditure. Pooled funds may be spent on any of the services identified according to the needs of users. Capital expenditure will be made through section 28A and 28BB transfers (see HSC/LAC ??? for this and other aspects of the use of money transfer under this power). Local Authorities will be able to contribute to a pooled fund from the Partnership Grant, as long as the grant conditions can be met. Pooled funds can be used in conjunction with lead commissioning and integrated provision.
- 5 Pooled funds will be subject to a separate annual audit return which will be based on the contributions and the total expenditure (Section 28 Audit Commission Act, 1998(a)).

Delegation of Functions – Lead Commissioning

- 6 Lead commissioning provides an opportunity to commission a range of services for a client group from a single organisation. One agency takes on the commissioning of the services delegated to it by all the partner agencies. The partners must decide what functions the lead agent will commission, and the payments to finance each of them.
- 7 The delegation of functions could lead to the secondment or transfer of staff. Lead commissioners can be Health Authorities, local authorities and Primary Care Trusts. NHS Trusts will be able to be responsible for operational commissioning as an integrated provider, e.g. assessment and care management activities to provide individual packages of care.

Delegation of Functions - Integrated Provision

- 8 Integrated provision is an opportunity to provide services in a more co-ordinated way by allowing different professionals to work within one management structure, and to arrange provision from one statutory organisation. This does not preclude the use of the independent sector for the provision of services.
- 9 Integrated provision can be used in conjunction with lead commissioning and pooled funds. Local partners will need to determine the balance between the use of the partnership arrangements and their continued accountability, and the effectiveness of the monitoring arrangements. They may wish to form a joint committee or partnership board to oversee the arrangement.

Issues that arise in establishing a partnership arrangement

- 10 The partners will set out a written agreement as identified in the Regulations. Some of the issues on which partnerships will require agreement can be difficult to resolve, especially as partners have different regimes; detailed implementation advice on these is on the website above.

Notification of schemes

- 11 Notification of the intent to use the Partnership Arrangements will be confirmed when the relevant NHS Executive Regional Office receives the form (available on the website). The Regional Office will give advice and support where required, working with the local partnership, SSI Social Care Regions and Government Offices for the Regions.

- 12 Partnership Arrangements will figure in relevant local Plans. The performance of the partnerships will be reported in Best Value Performance Plans and NHS Performance Assessments framework. Partnerships may be established at any time and should not be held up to simply to fit in with the normal planning process timetables.

This Circular has been issued by:

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