



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	13 March 2024
Subject:	Development of Joint Committees – North East Lincolnshire Place (Section 75 agreement between Humber and North Yorkshire ICB and North East Lincolnshire Council)
Director Sponsor:	Amanda Bloor, Deputy Chief Executive/ Chief Operating Officer
Author:	Helen Kenyon, Place Director North East Lincolnshire

STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The attached report is to provide the ICB Board with a progress update on the development the Section 75 (S75) agreement between Humber and North Yorkshire Integrated Care Board (ICB) and North East Lincolnshire Council (NELC). The development of the S75 was approved in principle by the Board in November 2023, with the intention of it being operational by 1st April 2024.

The S75 that has been developed is an amendment to the existing S75 agreement between the ICB and NELC.

Since the last Board update provided in November 2023 further work has been undertaken as follows:

- The main body of the S75 agreement has been updated.
- The Schedules to the S75 have been updated, with a particular focus on Schedule 4 which details the services to be included within the S75 by the 2 partners, and Schedule 7 which details the support services that the ICB will be providing to NELC to support it with discharging its statutory duties, and those that NELC will be providing to the ICB in support of its duties.
- Further refinement of the financial contributions by each partner has been undertaken and has been included within an updated Annex 1 to Schedule 4 of the agreement. Meetings have taken place with the Executive Director of Finance & Investment of the ICB, and the Section 151 Officer of NELC.
- A meeting has been held with DAC Beachcroft's, the jointly appointed legal advisor, one of the ICBs solicitors and the Executive Director of Corporate Affairs, NELCs Chief Legal Officer, and Chief Executive to provide an overview of the revised S75, and to provide assurance that nothing proposed within the agreement is out with the current remit of what can be included.
- The Terms of Reference for the Joint Committee which will be the decision-making forum for the partnership between the ICB and NELC has been reviewed and amended by

Beachcrofts to ensure that the committee is established with all the relevant responsibilities and accountabilities included within it.

The agreement is now at a point of formal sign off by the ICB and NELC, in preparation for commencement on 1st April 2024.

RECOMMENDATIONS:

Members are asked to:

i) Note the progress that has been made on the development of the refreshed S75 since the last Board update.

ii) Formally approve the Section 75 partnership agreement and agree for the ICB Chief Executive to sign the document on behalf of the ICB Board to enable the new agreement to start on 1st April 2024.

ICB STRATEGIC OBJECTIVE

Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

IMPLICATIONS

Finance	<p>The section 75 will be bringing together ICB and Council funding to promote and enable integration and joint decision making. Under the agreement £132m (4%) of the ICBs budget and £63m (36%) of NELCs budget will be included in the arrangement. This is expected to increase over time with the inclusion of additional areas, such as Public Health / health improvement and additional children’s areas.</p> <p>The values included in this report are all based on 2023/2024 budgets and so will be subject to amendment, once the budget setting processes for the council and ICB have been concluded for 2024/25. These will be incorporated via a partnership variation if required.</p>
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Quality	<p>The section 75 will have a positive impact on the quality and experience of care people receive as it will over time reduce the number of hand offs between providers, reduce some of the administrative delays that accompany a transfer of care between the NHS and Social care, and will empower people through the adoption of a social care strengths-based approach to assessment and provision.</p> <p>The North and North East Lincolnshire places Director of Nursing has been involved in the development of the agreement and is currently working within the existing arrangements.</p>
HR	There are no HR implications from the proposed S75 agreement, however if it is not completed and signed then there could be HR implications if NELC decide to take back its Adult and Social Care responsibilities currently undertaken on its behalf by the ICB directorates.
Legal / Regulatory	The S75 is a legal agreement that will be entered into by the ICB and NELC and will govern how the 2 parties will work together, pooling resources and sharing decision making to maximise the opportunity of improving North East Lincolnshire's (NEL) population health, and delivering the premium of integration at place.
Data Protection / IG	The proposal supports the existing Data protection / IG arrangements in place.
Health inequality / equality	NEL has some of the most deprived populations in the ICB, the commitment that the ICB and NELC is making to work together, and pool resources will enable a more targeted approach to working with those communities will have a positive impact over time on the population's health.
Conflict of Interest Aspects	NA
Sustainability	Working together, having single contracts and conversations across health and care will reduce the administration and management burden within providers and thus support sustainability.

ASSESSED RISK:

The proposed Section 75 is a development of an existing agreement between the ICB and NELC, and therefore the existing and proposed governance and operational arrangements will help to mitigate the risks relating to a deterioration in finance, performance, and the quality of services.

Therefore, the main risk would be from having to uncouple those existing arrangements if a new partnership agreement cannot be agreed. The ICB and NELC will continue to work together to over time further develop the proposed partnership agreement and ensure that it continues to reflect and support the operating arrangements of the ICB and NELC.

Both parties have been supported by DAC Beachcroft who have been jointly appointed to undertake the revisions to the agreement and have advised that nothing included within the agreement would breach the current regulations.

MONITORING AND ASSURANCE:

The development of the partnership arrangements has been overseen by the ICBs Deputy Chief Executive from an operational perspective, the ICBs Executive Director for Corporate Affairs and a legal officer from a governance perspective and the ICBs Executive Director of Finance and Investment from a finance perspective.

A Finance, Audit and Governance Group will be established by the ICB and NELC to periodically meet and review the arrangements and ensure that the partnership is operating effectively to meet the needs and requirements of both parties.

An initial review of the arrangements will be undertaken in 6 months to provide assurance to both parties that the partnership is working effectively, and to support learning for the development of the arrangements with the other five places.

Routine reporting will be through the existing COO arrangements.

ENGAGEMENT:

Engagement and consultation was undertaken as part of the development of the original section 75 agreement. Further public engagement in relation to the amendments has not been undertaken as the aims and outcomes of the original agreement have not materially altered, and the amendments made have been predominantly made to reflect the changes in NHS architecture.

Development work is being undertaken in partnership with NELC and with the support of the Health and Care providers in NEL as stakeholder partners.

Community engagement and co-production will be built into the work of the joint committee and the Health and care partnership going forward.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

North East Lincolnshire Joint Committee establishment (Section 75 agreement between Humber and North Yorkshire ICB and North East Lincolnshire Council)

1. INTRODUCTION

- 1.1. North East Lincolnshire Health and North East Lincolnshire Council (NELC) have a long history of working together, with formal partnership arrangements first being established in 2004 around Mental Health Services, this was followed in 2007 by more comprehensive partnership arrangements covering Health, Adult Social Care, Public Health and Childrens Services.
- 1.2. The arrangements in place have been amended over time to reflect the changes in legislation relating to health and care with the last amendment to the partnership arrangement taking place in June 2022 immediately prior to the formal establishment of the ICB.
- 1.3. The ICB and NELC are now working together to re-establish the partnership arrangements that were in existence prior to the 1st July 2022, and will bring together Health and Adult Social Care resources to enable joint strategic, operational and financial planning, joint decision making, and joint policy development, all supported by single contracting and performance processes.
- 1.4. There is already an established operating model in North East Lincolnshire, with a Joint Committee operating in shadow form, the majority of staff in the ICB NEL place structure are joint appointments working across health and adult social care.
- 1.5. The proposed arrangements take full account of the ICB operating framework, 6 places, 5 collaboratives and one System, and NEL place is cognisant of the work taking place in relation to the further refinement of those arrangements currently.
- 1.6. The aim is to have the amended Section 75 agreement in place with effect from 1st April 2024.

2. BACKGROUND

- 2.1. The development of the amended Section 75 agreement between the ICB and NELC has been presented at the ICBs Board development meeting on the 11th October 2023, followed by a paper presented to the ICB Board at its meeting on the 8th November 2023.
- 2.2. At both meetings the Board supported the development of the Section 75.
- 2.3. At the October development session there was a question raised why the proposal did not include everything that had previously been in in the NEL Clinical Commissioning Group (CCG) and NELC agreement. It was noted that the current proposal reflected the new operating arrangements established by the ICB, i.e., 6 places, 5 collaboratives and one system, and some of the changes that over time it was hoped that the agreement being put in place would be built upon to include more resources and areas of responsibility from the two partners.
- 2.4. At the meeting in November the board “approved in principle the establishment of a formal partnership agreement between the ICB and NEL council underpinned by a Section 75 legal agreement and managed by the establishment of a Joint Committee.” The Joint committee being the formal decision-making forum determining how the resources delegated to it from the ICB and NELC will be used.
- 2.5. It was also agreed in principle that the Section 75 should be completed and signed in time for the agreement to become operational from 1st April 2024.

- 2.6 Since the meeting on the 8th November 2023 work has continued to agree and finalise the scope of services and associated funding to be included in the agreement. Work has also taken place on the main Section 75 documentation and its schedules, to ensure that they reflect the scope of services to be included and the extent of the support services that will be provided by the ICB on the councils' behalf as part of the agreement, as well as those services that will be provided by NELC on behalf of the ICB.

3. ASSESSMENT

- 3.1 Since the last update to the Board further work has been undertaken to update the main body of the Section 75 agreement and the accompanying schedules which document:

- the aims and outcomes expected from entering into the formal Section 75 agreement.
- the scope of services and the financial value attributed with those services.
- whether the funding will be managed via a pooled or non-pooled fund.
- whether the services will be managed on a lead commissioning (one party delegating authority to the other), or on an integrated commissioning (the parties working together to jointly make decisions) basis.
- the support services that will be carried out by the ICB of behalf of NELC, and NELC on behalf of the ICB.

- 3.2 The aims and outcomes of the Section 75 agreement have been defined as:

- improving the quality and efficiency of the Section 75 Services.
- employing a whole systems approach to prevention and well-being.
- employing a whole system approach to planning for Service Users and their families across their life course.
- more effectively 'join' services and systems together to better support the Service Users to positively manage their health and well-being.
- effectively using the combined workforce and skill sets of the Partners.
- maximising the funding available to the Partners through collaborative commissioning initiatives.
- achieving organisational and financial sustainability with the ethos of "stronger together".
- accelerating the integration opportunities to provide more seamless service experience for Service Users and their families.
- creating and encouraging 'collective ownership' of key issues across the leadership of the Partners.
- taking forward, fulfilling and contributing to:
 - each Partners' respective priorities and corporate objectives.
 - each Partners' joint obligations and priorities to improve the health and wellbeing of the local population and
 - the continued and further integration of health and social care functions and arrangements.
- redesigning (as appropriate) the Section 75 Services around the Service Users and their carers, placing them at the heart of the Section 75 Services so that the Partners better understand and can respond to their needs.
- ensuring care is provided and co-ordinated as part of a seamless, faster and more effective service which provides better value and enables better communication.

- making access to the Section 75 Services as easy as possible for the Service Users.
- ensuring that decisions about the level and nature of the Section 75 Services provided are made in a manner that is transparent, fair and equitable, promoting the wider involvement of the community, Service Users and Staff in the development of the Services.
- where appropriate, facilitating the development of a skilled and motivated health and social care workforce, with access to high quality training and development opportunities.
- ensuring that the value for money principle of "continuous improvement" is evident in all of the Section 75 Services delivered.
- lead, promote and assure delivery of the statutory joint Health and Wellbeing Strategy pursuant to Section 116A of the Local Government and Public Involvement in Health Act 2007, supported by an effective public health function that supports the Partners in the achievement of their health and wellbeing objectives and
- ensuring appropriate accountability insofar as the Partners exercise the Functions in accordance with this Agreement.

3.3 It has been determined that all the services will be managed on an integrated commissioning basis, i.e. jointly, which then enables the continuation and expansion of integrated provider services across sectors and population groups, for example the continuation of integrated mental health services provision by NAVIGO CiC.

3.4 The total value of the proposed agreement is £195m (ICB £132m, NELC £63m), with £144m being subject to a pooled arrangement and £51m being subject to a non-pooled arrangement. A high level summary of the proposed funds is attached below.

3.5 Meetings have taken place with a number of ICB Executives or their representatives, and with Council Executives and the relevant Cabinet members to ensure that they are all comfortable with the scope of services that have been included at this point, recognising that this can be subject to amendment, (variation do to agreed savings targets from either partner, and addition or removal of services depending on changes to ICB or Council operating model arrangements) in the future.

3.6 The support services carried out by jointly funded staff within the ICB on behalf of NELC, and by NELC staff on behalf of the ICB have been further defined in the section 75 schedules, so that it is clearer what each partners obligation is to the other.

3.7 The Terms of Reference for the Joint Committee have been reviewed and updated to ensure that they include the full scope of responsibilities that it will have to undertake as part of the agreement.

3.8 Recognising the increasing levels of operational and financial risk going forward across the NHS and Local Authorities, the Section 75 contains a section on how risks will be mitigated and managed by the partnership, with the expectation that the partnership will work together to find solutions and generate efficiencies, taking full opportunity to maximise the premium of place.

- 3.9 Final checks of the documentation have taken place to ensure that everything that needs to be built into the latest version of the formal documentation has been included ready for final review and agreement by the ICB board and NELC cabinet.
- 3.10 It has been suggested and agreed that an “independent” (made up of relevant ICB and council colleagues not directly involved in the Joint Committee) Finance, Audit and Governance Group be established that will meet periodically and provide assurance to both the ICB and council on the operation and benefits of the partnership.
- 3.11 A review will be carried out after 6 months of operation to ensure that the partnership is working effectively, identify and changes required including opportunities for further expansion, and to identify the learning that can then be used to support the further development of the ICBs operating model.

4 CONCLUSION

- 4.1 The amendment to the refresh and restatement of the Section 75 partnership agreement is now completed, and is ready to go live from 1st April 2024 subject to final sign off by the ICB and North East Lincolnshire council.
- 4.2 Assurance had been received by the jointly appointed legal experts, Beachcroft, that the proposed scope of services is in line with currently permitted areas.

5 RECOMMENDATIONS

5.1 Members are asked to:

- i) Note the progress that has been made on the development of the refreshed S75 since the last Board update.
- ii) Approve the ICB Chief Executive to sign the Section 75 partnership agreement on behalf of the ICB Board with a start date of 1st April 2024.

GOVERNANCE ARRANGEMENTS
PART 1 JOINT COMMITTEE – TERMS OF REFERENCE

(PURSUANT TO THE SECTION 75 AGREEMENT MADE BETWEEN NORTH EAST
LINCOLNSHIRE COUNCIL AND HUMBER AND NORTH YORKSHIRE INTEGRATED CARE
BOARD)

1. BACKGROUND

- 1.1 The Partners have developed commissioning arrangements for the s75 Services as defined in the s75 Agreement.
- 1.2 The Partners have agreed to comply with the framework for making decisions as set out at Clause 4 of the s75 Agreement and have regard to the matters specified in paragraph 7.
- 1.3 This document describes the role and workings of the Joint Committee.

2. ROLE OF THE JOINT COMMITTEE

- 2.1 The Joint Committee will be responsible for:
 - 2.1.1 leading the development of the s75 arrangements in accordance with the Principles of Collaboration;
 - 2.1.2 oversight, strategic direction and leadership of the s75 arrangements and the development, implementation and on-going operation of the s75 Services which shall be documented in the Strategic Plan;
 - 2.1.3 receiving the Annual Strategic Plan Review and providing any necessary approvals;
 - 2.1.4 receive the Joint Committee Quarterly Reports from the Pooled Fund Manager(s);
 - 2.1.5 receive reports and assurances from the HCCG;
 - 2.1.6 improving the Place population's health and wellbeing in line with Schedule 1 (Aims and Outcomes);
 - 2.1.7 receiving notifications as regards "high" residual risks in relation to the delivery of the Commissioning Plans;
 - 2.1.8 receiving notifications and assurances of actions taken to appropriately address any complaints in relation to the operation of the s75 arrangements;
 - 2.1.9 monitoring and reviewing the effectiveness of the arrangements and making recommendations to the Partners (for example, in the event of any changes to legislation, developments in best practice or requirements imposed by or on the Partners) in relation to the s75 arrangements;
 - 2.1.10 making recommendations to each of the Partners regarding budget and resources and by no later than early December in each year submitting these to the Partners for approval and each Partner's budget setting process;
 - 2.1.11 agreeing the Financial Contributions to be included within each of the Commissioning Plans for each of the relevant financial years and where appropriate any variations to the same;
 - 2.1.12 considering and agreeing redeployment, retention or apportionment of any projected or unplanned underspend in respect of a Pooled Fund;
 - 2.1.13 co-operating with and participating in Overview and Scrutiny exercises of the Partners regarding the s75 Services and ensuring that the engagement and consultation obligations of the Partners are undertaken appropriately;

- 2.1.14 self-reviewing and reporting to the Partners on the operation and effectiveness of the Joint Committee arrangements and the s75 Agreement at least every two years (having regard to Aims and Outcomes) and considering ways in which the arrangements can be developed and continuously improved; and
- 2.1.15 identifying, develop and approving appropriate methodologies to support further integration of the Partners so as to achieve the objectives of efficiency and value for money across the Partners as against the Aims and Outcomes.

3. MEMBERSHIP

- 3.1 Each Partner will nominate four members (for the Council drawn from the Council's Cabinet and for the ICB drawn the Place Committee of the ICB) to attend meetings of the Joint Committee ("Joint Committee Members").
- 3.2 Each Member will nominate a deputy member (for the Council drawn from the Council's Cabinet and for the ICB drawn the Place Committee of the ICB) to attend meetings of the Joint Committee in the event that a Member is unable to attend. The Nominated Deputy will be entitled to be considered a Member, where the Member is not personally present and do all the things which the appointing Member is entitled to do.
- 3.3 The Partners will ensure that, except for urgent or unavoidable reasons, their respective Joint Committee Members (or their Nominated Deputy) attend and fully participate in the meetings of the Joint Committee .

4. STANDING

- 4.1 Joint Committee Members shall at all times act in accordance with, and within the limits of, the powers and delegations accorded to them by law and the internal governance arrangements of their nominating Partner.

5. PRINCIPLES OF COLLABORATION

- 5.1 The partners collaborative efforts will be taken forward with a view to supporting equity for the local population, the sustainability of services and learning from one another to improve.
- 5.2 The Partners will have regard to the likely effects of their work on the health and well-being of Service Users living within NEL Place and outside of the area they serve and on the quality, efficiency and sustainability of services.
- 5.3 The Partners will put Service Users first and deliver are to their communities they serve by focusing on population need.
- 5.4 The Partners will work to reduce inequalities, level up care and promote opportunities to address inequalities including those related to access and outcomes from services.
- 5.5 Given the increasing complexity of the health and care system, the Partners recognise the importance of establishing good relationships (based on a commitment to trust, honesty, collaboration, innovation and mutual support across stakeholders) within the health and care system locally and will develop and strengthen connections with community based services (such as primary care, mental health, social care, care homes and voluntary and community sector health and care providers) so they can safely manage care for people in the community.
- 5.6 The Partners commit to giving timely reasoned responses to proposals for collaboration between them and will consult with other parties before unilaterally taking any step related to or having a significant impact on current or planned collaborative activities.
- 5.7 The Partners recognise that their workforces are central to the achievement of their collaboration ambitions and will commit to optimising their combined workforce by identifying and solving problems and working as one team where possible.
- 5.8 Recognising the significant financial challenges confronting the health and care services the Partners will work together to deliver efficiencies while continuing to improve quality and will engage constructively with other stakeholders in developing system wide initiatives.

6. PROCEEDINGS OF THE JOINT COMMITTEE

- 6.1 Subject to the provisions of this paragraph, the Joint Committee may regulate their proceedings as they see fit.
- 6.2 The Joint Committee will meet at least quarterly, or more frequently if the Joint Committee so require.
- 6.3 The Partners have agreed that the chair of the Joint Committee shall be the Executive Place Lead which shall be reviewed annually.
- 6.4 The Partners have agreed that the Place Director will deputise as chair the Joint Committee meetings which shall be reviewed annually.
- 6.5 The resignation of a Member from their role with a Partner shall require resignation from the Joint Committee and replacement of that Member with another Member in accordance with Paragraph 3.1 before the next meeting of the Joint Committee.
- 6.6 Meetings of the Joint Committee shall take place in private where this is appropriate to facilitate discussion and decision-making on matters deemed to be commercially sensitive or confidential.
- 6.7 For Joint Committee meetings to be quorate, each of the Partners must be represented by three Members, or their Nominated Deputies. No decision may be taken at any Joint Committee meeting unless a quorum is present.
- 6.8 Declarations and notifications of interests in relation to an item of scheduled or likely business must be made at the beginning of each meeting in accordance with the ICB's Constitution and Standards of Business Conduct / Conflicts of Interest policies (ICB Joint Committee Members) or the Council's Constitution and Members Code of Conduct (Council Joint Committee Members), together with NHS England statutory guidance on managing conflicts of interest. The chair shall be responsible for ensuring the management of conflict of interest at each meeting of the Joint Committee.
- 6.9 Joint Committee meetings may take place remotely by telephone or video conference, provided each Member participating is able to speak to each of the others, and to be heard by each of the others simultaneously.
- 6.10 Each Joint Committee Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of Collaboration.

7. DECISION MAKING WITHIN THE JOINT COMMITTEE

- 7.1 The Joint Committee must comply with the framework for making decisions as set out at Clause 4.15 of the s75 Agreement and have regard to the matters specified in this paragraph.
- 7.2 Recognising that some decisions may not be of obvious benefit to or impact directly upon the Partners, when making decisions at Joint Committee meetings Joint Committee Members shall have regard to the need to invest in a sustainable system of health and care which is in the best interests of the wider population, and act in accordance with the Principles of Collaboration.
- 7.3 The Joint Committee will seek to make decisions on a consensus basis.

8. INVOLVEMENT AND ATTENDANCE OF THIRD PARTIES AT JOINT COMMITTEE MEETINGS

- 8.1 The Joint Committee may have regard to the impact of its work on the Partners (outside of the s75 Agreement), the wider Humber and North Yorkshire Health and Care Partnership parties and other partners and potential partners outside of partnership (together, "stakeholders") and the work of those stakeholders on the s75 arrangements. It may give consideration to involving stakeholders in specific items of business to be considered at Joint Committee meetings.
- 8.2 The Joint Committee may invite any person to attend but not take part in making decisions at meetings of the Joint Committee.

9. ADMINISTRATION OF THE JOINT COMMITTEE

- 9.1 The administration of Joint Committee meetings, including the provision of any governance advice, maintaining the register of interests and the preparation of minutes, will be provided by the Partner from which the chair Member is drawn.
- 9.2 Agendas for meetings will be determined by the Executive Place Lead in consultation with the chair and deputy chair.
- 9.3 No matters shall be considered which are not included in the agenda for the meeting unless this is agreed by the chair and the Executive Place Lead. The reason for urgency shall be minuted.
- 9.4 At least 10 clear working days prior to a meeting of the Joint Committee:
 - 9.4.1 notice of the time and place of the intended meeting shall be published by the Partners; and
 - 9.4.2 an invitation to attend the meeting shall be sent in writing (email permitted) to each Joint Committee Member and any other stakeholders.
- 9.5 Papers for each meeting will be sent by email to Joint Committee Members no later than five clear working days prior to the meeting. By exception, and only with the agreement of the Chair or Executive Place Lead, amendments to papers may be tabled before the meeting.
- 9.6 The draft minutes of each Joint Committee meeting will be circulated promptly to all Joint Committee Members as soon as reasonably practical after the date of the meeting to ensure their inclusion in the private agenda of each of the Partners' respective Cabinet and Board meetings. The Chair of the meeting will be responsible for approving the first draft set of minutes for circulation to members. The Executive Place Lead will provide a summary of the meeting for sharing in the public domain as required.
- 9.7 The Joint Committee will prepare an annual report to the respective Cabinet and Board of each of the Partners.

10. REVIEW

- 10.1 The Joint Committee will review these Terms of Reference at least annually and provide a report to the Partners.

Financial Contributions

	Pooled £'000	Non Pooled £'000
Integrated Commissioning with the pooled fund held by the ICB on behalf of the ICB and Council		
ADULTS / ALL AGE (EXCLUDING WHERE 100% CHILDRENS)		
Population Health Management	608	0
Statutory Adult Social Care:	51,044	0
Focus CIC (ASC & Health)	0	6,037
Prevention and Early Help Services – (inc relevant ASC accountabilities – so preventing delays to care:	1,008	0
Primary Care	0	44,639
Adult Social Care, Community Health and Mental Health, but excluding the approvals of Approved Mental Health Practitioners Services (including Better care funded schemes) relating to adults	82,561	0
Palliative and End of Life Care inc Hospice care	571	0
Transitions from child to adulthood – aligned whilst transitioning and once in adults it is part of the pooled service	0	0
Integrated Commissioning with the pooled fund held by the Council on behalf of the ICB and Council		
CHILDRENS		
Childrens mental health	5,861	0
Childrens Complex care including palliative, end of life care, equipment etc	963	0
SUPPORT SERVICES	2,088	tbc*
TOTAL	144,704	50,676

**to include the staffing costs in relation to the health element of the Childrens Complex Health Team & the NEL Place CHC team (Nursing & Support Staff)*

The values included in this report are all based on 2023/2024 budgets and so will be subject to amendment, once the budget setting processes for the council and ICB have been concluded for 2024/25. These will be incorporated via a partnership variation if required.