

REPORT FOR DECISION



DECISION OF:	Council
DATE:	10 July 2019
SUBJECT:	Integrating Health and Care - Bury One Commissioning Organisation
REPORT FROM:	Deputy Leader and Cabinet Member for Health and Wellbeing – Councillor A Simpson
CONTACT OFFICER:	Geoff Little, Chief Executive Jayne Hammond, Assistant Director - Legal & Democratic Services
TYPE OF DECISION:	Council
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain.
SUMMARY:	This report sets out the strategic approach and required steps to progress the strategic integrated commissioning function with an expanded pooled and aligned budget; and the establishment of a Strategic Commissioning Board, comprising Cabinet Members and Members of NHS Bury Clinical Commissioning Group Governing Body.
RECOMMENDED OPTIONS	<p>That the Council as a core statutory partner with NHS Bury Clinical Commissioning Board, is requested to:</p> <ol style="list-style-type: none"> 1) Agree the proposed strategic approach and framework described in this report; 2) Agree that a Strategic Commissioning Board will be established as a Joint Committee with delegated functions, to operate from 1 October 2019 3) Authorise the Council Solicitor to make the necessary amendments to the Constitution to enable implementation of the arrangements (these can be reported to Council at its meeting on 11 September 2019)
IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? The proposals will require

	amendments to the Constitution.
Statement by the S151 Officer: Financial Implications and Risk Considerations:	The proposed new arrangements will see an extended pooled budget and other aligned budgets across the Council and Clinical Commissioning Group which will enable reduced costs for integrated commissioning. This will contribute to a 20% saving which is required of all Clinical Commissioning Groups.
Health and Safety	The proposals will be implemented in line with Health & Safety guidance
Equality/Diversity implications:	There are no impacts on equality issues as a result of the recommendations.
Considered by Monitoring Officer:	<p>Yes JH</p> <p>The NHS Act 2006 says that Councils and NHS bodies such as Clinical Commissioning Groups can enter into partnership arrangements to provide more streamlined care services and to pool resources. Powers in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (2000 Regulations) give rise to legislative flexibilities. These are that the partners may enter into any partnership arrangements and establish a "pooled budget" in relation to the exercise of NHS functions and Council health related functions; if the partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised. Where the partners have decided to enter into partnership arrangements for the exercise of NHS functions and the Council's health related functions, they must enter into an agreement in writing. The regulations also provide that the partners may establish a joint committee to take responsibility for the management of the partnership arrangements and to receive reports and information on the operation of the arrangements. The Regulations therefore define the nature of the partnership arrangements, the joint committee and establishment of the "section 75" pooled fund or budget (made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions).</p> <p>In terms of approval to the arrangements, the Council's health related functions will be executive functions which the Cabinet will be delegating within the scope of the statutory powers to a joint committee established</p>

	under the 2000 Regulations. The joint committee will be approved constitutionally by Council (and Cabinet will approve the delegation of executive functions to it).
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS

DIRECTOR: Geoff Little

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
√	√		√
Scrutiny Committee	Committee	Council	

1.0 Context and Background

- 1.1. As part of the Bury Locality Plan for Health and Social Care Transformation 2017 -2021 there is a commitment to form a "Bury One Commissioning Organisation."

Key elements of this are:

- 1) Bringing together the health and social care commissioning functions of the Council and Clinical Commissioning Group (CCG) into one commissioning organisation
- 2) Having a "pooled" and aligned budget arrangements for health and social care
- 3) A single health and social care commissioning strategy
- 4) A shared approach to maximising social value
- 5) Strategically commissioning for outcomes against a wide ranging and dynamic local evidence base
- 6) Recognising the role of the new Local Care Organisation as a single provider accountable for delivering all age services at neighbourhood level

- 1.2. As part of the wider Public Service Reform agenda and the devolution arrangements within Greater Manchester there is also a move to integrate public services more widely, joining up not only health and social care services but health services with the full range of Council functions; and together with wider public service and community partners.

- 1.3. By joining up CCG functions with "everything the Council does" the Council and CCG will be able to set joined up objectives to improve further the health and wellbeing of the people of Bury and bring to bear the full powers, influence, resources and capability of the CCG and Council; working together to achieve those objectives.

- 1.4. Many of the localities in Greater Manchester have made significant progress in integrating health and social care commissioning, and with the wider integration agenda. Our proposals for Bury have learned from their experiences; whilst adapting them to be right for Bury.
- 1.5. By creating the Bury One Commissioning Organisation the CCG and Council will be able to work together better to:
 - Improve health and wellbeing outcomes for and with the people of Bury, and reduce inequalities
 - Provide a single and consistent commissioning voice to providers, including the Locality Care Organisation
 - Enable commissioning staff to work together to commission more joined up services which are more cost effective and possibly less costly
 - Make a real shift towards enabling and supporting people to stay well and independent in their own communities
- 1.6. Key to this joining up of CCG and Council functions is how leaders in the Council and in the CCG respectively will work together to make joined up decisions and oversee performance and success.
- 1.7. Cabinet received a report on 16 October 2018 on progress with the implementation of the Locality Plan including establishing the Bury One Commissioning Organisation as Bury's single commissioning function. A Partnership Board comprising clinicians, lay members of the the CCG Governing Body and members of the Council's Cabinet have been meeting to develop the arrangements.
- 1.8. A single Strategic Commissioning Board will be the foundation of these arrangements, with equality of representation from Members of the Council and the CCG Governing Body. This report sets out the framework for this and requests formal approval to the establishment of the Board as a Joint Committee, as part of the Council's constitutional arrangements. Cabinet approval will be required to delegate executive functions to the joint committee and a more detailed report will be presented to the Cabinet on 4 September 2019. Reports have been submitted to the CCG Governing Body to obtain approval and the arrangements will be submitted to NHS England on 16 August. The approval should be within 6 weeks to enable an implementation date for 1 October 2019.

2.0 Strategic Commissioning Function

- 2.1 Significant work has taken place to develop the strategic intent, structures and processes required to move to an integrated commissioning system.
- 2.2. The Chief Executive of the Council was appointed as Accountable Officer of the CCG in 2018. This joint role is accountable for the pooled commissioning programmes and provides leadership for the strategic commissioning function. The roles of Joint Financial Officer, and joint Director of Communications and Engagement, working across the Council and CCG, have also been established. This builds on the strong history of partnership working between the Council and the NHS by bringing together two leadership teams together using their skills working as part of a wider place based system. All of these joint posts have enabled savings to be made.

- 2.3. Co-location of CCG and Council teams began in 2018. The CCG's senior management team have moved into the Town Hall and are co-located alongside the Council's management team. Commissioners have worked with health and social care partners and a Shadow Partnership Board has been operating since 2018 bringing together health and social care leaders to explore the process of jointly exploring objectives, strategies and new ways of working.
- 2.4. The development of a strategic commissioning function, the "Bury One Commissioning Organisation" comprises development of two distinct but connected elements:
- i) **Governance** – key to the success of a strategic functions will be a strategic commissioning board, bringing together the leadership of the CCG and the Council across the two organisations and across a full range of functions, providing governance of health and social care commissioning specifically and promoting integration and alignment with wider Council activities by inclusion of all Council executive functions and CCG health and social care functions within the remit of the "Strategic Commissioning Board."

Section 75 of the National Health Service Act 2006 ("Section 75") is the main legal mechanism provided by legislation to structure integration between the Council and the CCG, as a health body, if the arrangements are likely to lead to an improvement in the way in which prescribed functions are exercised.

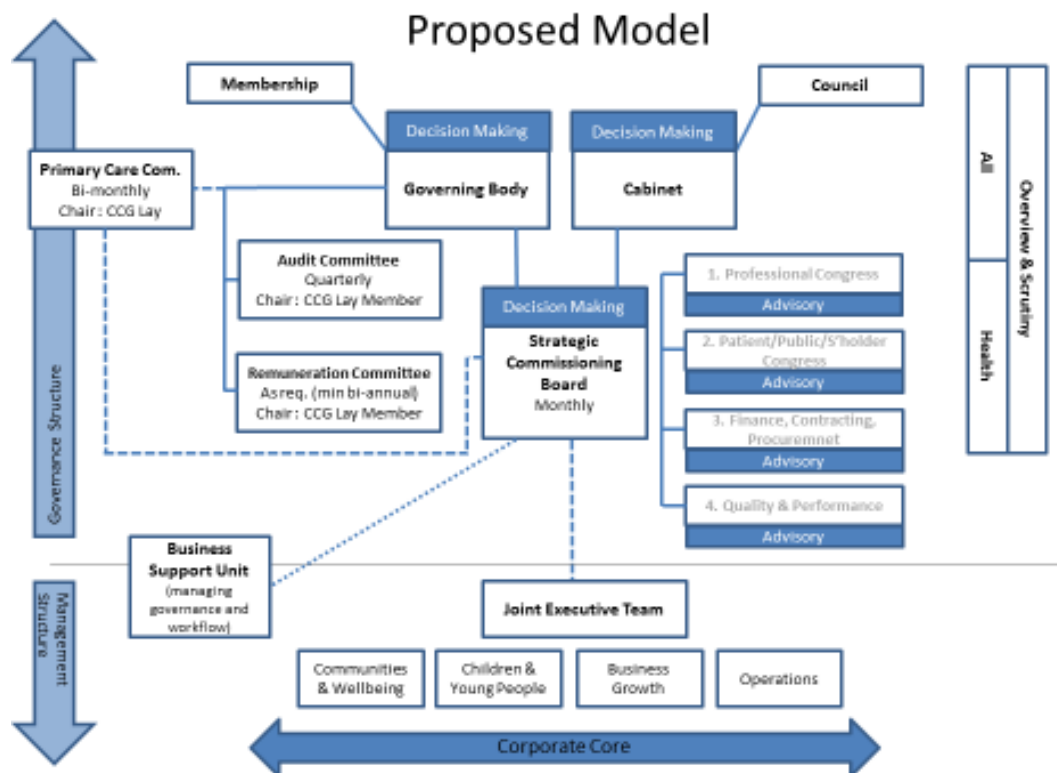
 - ii) **Operations** – a single commissioning function comprising integrated health and social care commissioning teams, supporting the Board's decision making and enacting its commissioning decisions; working with the Council and CCG Joint Executive Team and with communities, the Local Care Organisation and wider public service partners.
- 2.5. Key Principles proposed for the Bury One Commissioning Organisation are that strong and effective political and clinical leadership must be maintained and that it progresses a "place based" approach, focusing on outcomes, engaging communities and using community assets.

3.0. Pooled and Aligned Budgets

- 3.1. Section 75 enables the Council and the CCG to enter into partnership arrangements and to pool resources (known as "pooled budgets"). To ensure that we are able to expand the pooled budget and therefore move to further integrated working, a revised partnership agreement/financial framework to enable pooling of budgets and to support closer working will be put in place. The areas prioritised will be aligned with the Locality Plan. (A "pooled budget" agreement already exists for the Better Care Fund).
- 3.2. In the spirit of further collaboration and ensuring better value for money and improved outcomes, integrated working for both pooled and non-pooled areas will be adopted, the latter will be developed by aligning budgets. Work is ongoing to expand the Section 75 arrangements and the real challenge is to bring together the financial systems and processes.

4.0 Governance Arrangements

- 4.1. Given the scale of health and social care integration over the last three years, the partnership has developed interim governance arrangements to enable oversight and accountability for the Locality Plan objectives. It is now proposed that a Strategic Commissioning Board (the Board) is integrated into the existing Council governance structure as the diagram demonstrates:



- 4.2. This will not replace either of the existing statutory bodies, instead it will be a Joint Committee of the two statutory organisations established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. Provision will also be made to ensure the duties and responsibilities of the statutory roles of Director of Children's Services, Director of Adult Social Care Services, Director of Public Health, Section 151 officer and Monitoring Officer are reflected in the decision making arrangements.
- 4.3. The Board would have wide ranging responsibility for all matters relating to health, social care and the Council's "health related" functions, which can be delegated to it (subject to reserved matters). The Council's health related functions are set out in Schedule 1 attached to this report and reserved matters in Schedule 2.
- 4.4. It is also proposed that there will be alignment of wider Council, CCG and public services by inclusion so far as legally possible within the role of the Board, , so that members of the Clinical Commissioning Group Governing Body and Councillors can contribute to and make decisions to benefit the population of Bury. In respect of this and the aligned funds, the Board will be an advisory

group making recommendations for decision to the Cabinet or CCG Governing Body.

4.5. In practice it is therefore proposed that:

- Council decisions previously taken individually by Cabinet will in the future largely be taken jointly with CCG colleagues at the Strategic Commissioning Board. Where it is not possible to delegate such decisions to the Strategic Commissioning Board the Board will enable collaborative joint discussions to take place with the aim of developing mutually supported and integrated policy for subsequent Cabinet decisions.
- CCG decisions previously taken individually by the CCG Governing Body will in the future largely be taken jointly with Council colleagues at the Strategic Commissioning Board. Where it is not possible to delegate such decisions to the Strategic Commissioning Board, the Board will enable collaborative joint discussions to take place with aim of developing mutually supported and integrated policy for subsequent Governing Body decision.

4.6. Proposed terms of reference have been drafted for the Board, which would be approved at the first meeting and detailed work will be carried out on committee processes to ensure clear decision making is in place by September 2019.

4.7. It is proposed that the Board's membership will be as follows:

- i. CCG Governing Body Members – 9 members to include 7 voting members, of which the majority will be clinicians and 2 non voting;
- ii. Councillors – Cabinet Members of the Council to include no more than 7 voting Cabinet Members, plus two opposition party representatives in attendance (non voting).
- iii. The Joint Chief Executive/Accountable Officer, the Joint Chief Finance Officer and the Director of Strategic Commissioning as voting members.

4.8. The Board will be quorate with three members of the Cabinet present which must include the Leader or Deputy Leader, three members of the CCG Governing Body, which must include at least two practising clinicians and at least one Joint Officer. The Board will be jointly chaired by the Leader of the Council and the Chair of the CCG with chairing responsibilities rotated between meetings. In the absence of the Leader, the Deputy Leader will Chair the meeting. In the absence of the CCG Chair, the CCG Chair will nominate a deputy drawn from the CCG members of the Strategic Commissioning Board.

4.9. The Board will aim to achieve consensus for all decisions and securing the support of both partners will be critical to the success of most of the decisions made. In exceptional circumstances where consensus cannot be reached and should a vote be required, it will be by a simple majority of voting members present. If the vote is tied it is proposed that the presiding Chair will have a casting vote to be exercised in a way that is respectful of the partnership arrangements.

4.10. The Board will be directly supported by four key advisory committees (titles are indicative only):

- 1) Professional Congress – advice from a clinical and professional perspective
- 2) Patient/Public/Stakeholder Congress – advice from a citizen and user perspective
- 3) Finance/Contracting and Procurement Committee – detailed scrutiny of finances and commissioning contracts and to provide assurance (allowing the Board to maintain its strategic focus)
- 4) Quality and Performance Committee – detailed scrutiny of compliance and performance and to provide assurance

5.0 Recommendations

Council is requested to agree the recommended options as follows:

- 1) Agree the strategic approach and framework described in this report;
- 2) Agree that a Strategic Commissioning Board will be established as a Joint Committee with delegated executive functions, to operate from 1 October 2019
- 3) Authorise the Council Solicitor to make the necessary amendments to the Constitution to enable implementation of the arrangements (subject to approvals from Cabinet, the CCG Governing Body and NHS England).

For further information on the contents of this report, please contact:

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