

REPORT FOR DECISION



DECISION OF:	Cabinet
DATE:	4 September 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:	Key
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain.
SUMMARY:	The Council and the NHS Bury Clinical Commissioning Group (CCG) have a strategic aim to improve population health for the people of Bury. The partners have been working together to create an integrated care system as the framework to align, integrate and transform health and social care. This report proposes revised governance arrangements for the system with the establishment of a Strategic Commissioning Board.
RECOMMENDED OPTIONS	That the Cabinet is requested to: <ol style="list-style-type: none"> 1) Approve a new governance system with the NHS Bury Clinical Commissioning Group to support the strategic aim of an integrated health and care system. 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) Exercise its power to delegate executive functions for health, social care and health related functions (as set out in the attached Appendix 1) subject to reserved matters (as set out in Appendix 2); to the Joint Committee from 1 October 2019 4) Approve the Terms of Reference for the Strategic Commissioning Board (as at Appendix 3) 5) Approve the proposed expansion of the health and social care commissioning pooled budget and delegate to the Chief Executive, Chief Finance Officer and Council Solicitor in consultation with

	the Cabinet Member for Finance and Housing the power to finalise the terms of the Section 75 pooled budget agreement and financial framework.
IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes
Statement by the S151 Officer: Financial Implications and Risk Considerations:	<i>The proposed new arrangements anticipate a 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.</i>
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 in this report.
Considered by Monitoring Officer:	Yes JH 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

	<p>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 under the 2000 Regulations. The establishment of the joint committee has been approved by Council and Cabinet are asked to approve the delegation of executive functions to it within the remit of this legislation.</p>
Wards Affected:	All
Scrutiny Interest:	

TRACKING/PROCESS

DIRECTOR: Geoff Little – Chief Executive

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 Bury NHS Clinical Commissioning Group (CCG) into one commissioning organisation
- 2) Having "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 strategic 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. The proposals for Bury have used learning 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 of CCG and Council functions is how leaders in the Council and in the CCG respectively will work together to make integrated decisions and oversee performance and success. Key principles of 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.
- 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 CCG Governing Body and members of the Council’s Cabinet have been meeting since then to develop the arrangements. On 10 July 2019, the Council agreed the strategic approach and framework for new governance arrangements, with the creation of a Strategic Commissioning Board established as a joint committee with delegated functions. This is to operate from 1 October 2019.
- 1.8. A single Strategic Commissioning Board will be the foundation of new arrangements, with equality of representation from Members of the Cabinet and the CCG Governing Body. By creating Bury One Commissioning Organisation the CCG and the Council will be able to work together to improve health and wellbeing outcomes for the people of Bury and reduce inequalities; provide a single consistent commissioning “voice” to providers and make a real shift towards enabling and supporting people to stay well and independent in their own communities.

2.0 Statutory Framework

- 2.1 The Strategic Commissioning Board is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality but will be a joint Committee of the two statutory organisations, the Council and NHS Bury CCG.

- 2.2 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. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 give local authorities the power to enter partnership arrangements in relation to the exercise of any NHS functions and health related functions if they are likely to lead to an improvement in the way in which the functions are exercised. These Regulations also provide the power to form a joint committee to take responsibility for the management of the partnership arrangements and the creation of Agreements under Section 75 enable delegation of some of the Council's functions. Schedule 1 sets out the functions that can be delegated. The exceptions to this relate to matters excepted by the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and these are set out in Schedule 2 to this report.

- 2.3 Delegation of functions to a Joint Committee does not absolve the Council of responsibility for these functions and duties and it remains legally accountable for the way in which the functions are carried out. It is intended for these purposes to delegate executive powers, in relation to the functions set out in Schedule 1 to the Strategic Commissioning Board as a joint committee. The Strategic Commissioning Board will have overarching responsibility for all powers delegated to it by the two statutory organisations, subject to any reserved matters. The intended delegation of functions of the CCG is set out in Schedule 3.

3.0. Pooled and Aligned Budgets

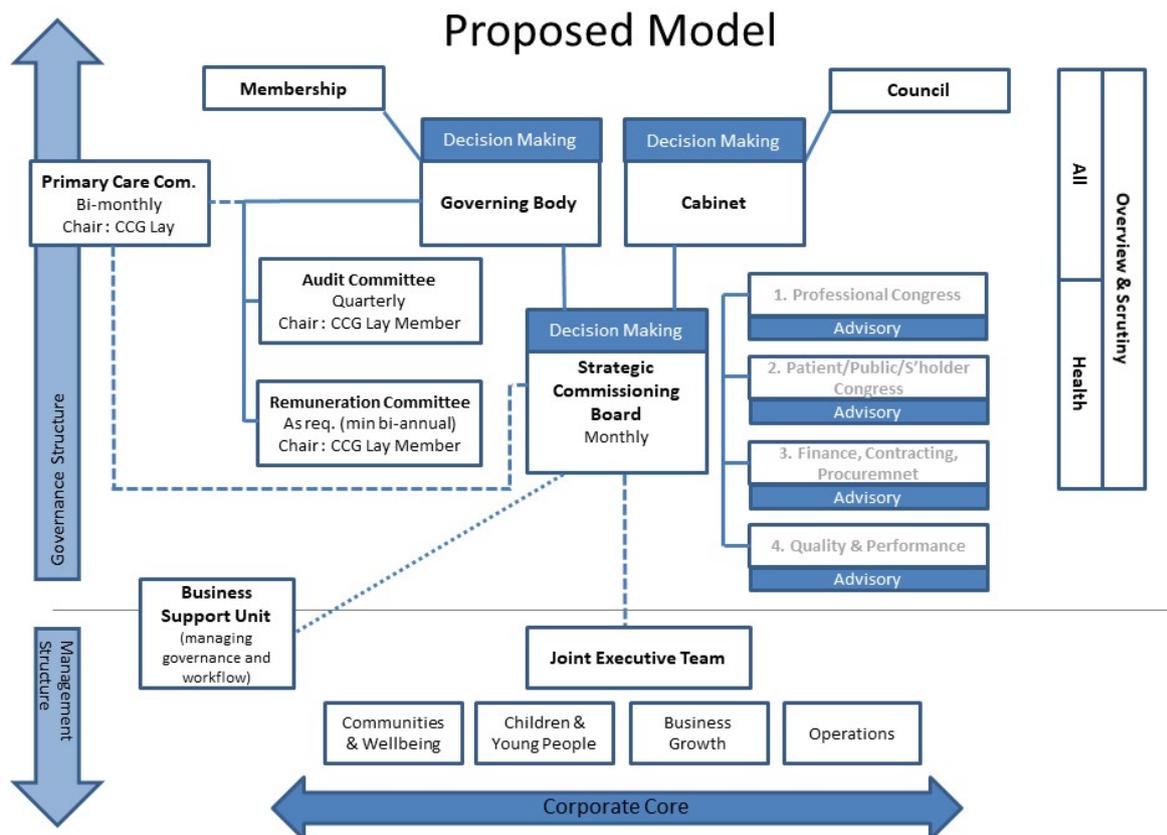
3.1. Section 75 enables the Council and the CCG to enter into partnership arrangements and to pool resources (known as "pooled budgets"). To ensure that it is possible to work in an integrated way beyond what is possible through the pooled budget arrangements, a comprehensive partnership agreement will be developed, which will include within it the S75 permissions, and will reference the arrangements in respect to those budgets agreed as 'aligned' and 'in-view'. The areas prioritised will be aligned with the Locality Plan. (A 'pooled budget' agreement already exists for the Better Care Fund).

The functions that will be delegated to the SCB and can legally be done so under S75 partnership arrangements, are set out in detail at Appendix

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. Work is ongoing to expand the arrangements and the real challenge is to bring together the financial systems and processes.

4.0 Strategic Commissioning Board

4.1. Council agreed on 10 July 2019 to integrate the Strategic Commissioning Board (the Board) into the existing Council governance structure as the diagram demonstrates:



4.2. 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, the Board will be an advisory group making joint recommendations for decision to the Cabinet or CCG Governing Body.

In practice it is therefore proposed that:

- a) Cabinet decisions previously taken individually by the Cabinet will in 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 decision making; and

b) 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 the aim of developing mutually supported and integrated policy for subsequent Governing Body decision

- 4.3. The Strategic Commissioning Board will be responsible for setting the principles and high level strategic direction across the full responsibilities of health and care commissioning and will align wider Council, CCG and public services by inclusion as far as possible. It has been established to make decisions on the objectives, priorities, strategic design, commissioning and overall delivery of health and care services.
- 4.4. Terms of reference have been drafted for the Board. Cabinet are asked to approve these as set out at Appendix 1 (these will also be approved at the Board's first meeting). 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 members;
 - 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.

Meetings and business will be conducted in accordance with legal obligations and the provisions of both organisations Constitutions, Standing Orders, Schemes of Reservation/Delegation and the functions delegated to it by the respective organisations as set out in this report (Schedules 1 to 3).

4.5. 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 and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

- 4.6 The SCB will be directly supported by key advisory committees. Current thinking reflects four sub-committees; however, these are for illustrative purposes only and final proposals will be developed in partnership before being submitted for approval to the Governing Body.
- Professional Congress – advice from a clinical and professional perspective
 - Patient/Public/Stakeholder Congress – advice from a citizen and user perspective
 - Finance/Contracting and Procurement Committee – detailed scrutiny of finances and commissioning contracts and to provide assurance (allowing the Board to maintain its strategic focus)

- 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) Approve a new governance system to support the strategic aim of an integrated health and care system.
- 2) Agree that a Strategic Commissioning Board will be established as a Joint Committee with delegated functions, to operate from 1 October 2019
- 3) Exercise its power to delegate executive functions for health, social care and health related functions (as set out in the attached Appendix 1) subject to reserved matters (as set out in Appendix 2) to the Joint Committee from 1 October 2019
- 4) Approve the Terms of Reference for the Strategic Commissioning Board (as at Appendix 3)
- 5) Approve the proposed expansion of the health and social care commissioning pooled budget and delegate to the Chief Executive, Chief Finance Officer and Council Solicitor in consultation with the Cabinet Member for Finance and Housing the power to finalise the terms of the Section 75 pooled budget agreement and financial framework.

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

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