

Report To:	EXECUTIVE CABINET
Date:	18 October 2017
Executive Member/Reporting Officer:	Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) Jessica Williams, Care Together Programme Director
Subject:	GOVERNANCE OF THE SINGLE COMMISSION
Report Summary:	To propose some revisions to the governance arrangements for the Single Commissioning Board to enhance the governance of strategic commissioning in the context of changes to the clinical commissioning leadership structure to drive improvements in provision across the life course, determine the required population outcomes, reduce health inequalities, and to hold providers to account for delivery.
Recommendations:	Council is recommended to agree: the proposed changes to the Terms of Reference of the Single Commissioning Board set out in Section 4 and appendix 1 and to note the changes to CCG governance arrangements.
Links to Community Strategy:	The purpose of this report is to improve the commissioning decisions upon how the Integrated Commissioning Fund is utilised to improve services for the public and patients of Tameside and Glossop by strengthening the clinical expertise and the political leadership of the Single Commissioning Board.
Policy Implications:	<p>The Council recognises the strength of its integrated commissioning arrangements with the Clinical Commissioning Group. It is through these arrangements that the two statutory organisations come together in the Single Commissioning Board to make joint decisions over the allocation of the Integrated Commissioning Fund (which for 2017/18 is currently £483 million).</p> <p>This report aims to build upon the current excellent joint working between these two organisations and to improve their effectiveness.</p>
Financial Implications: (Authorised by the Section 151 Officer)	<p>The historic cost of clinical governance & leadership in the CCG was £1,098k p.a. The recommendations set out in the report would cost £970k. Therefore if accepted a recurrent QIPP saving of £128k would be made.</p> <p>This saving assumes that the other posts which are due for review will not be required in the future. Should the review determine that the current clinical leads need to be retained in addition to implementing the new structure, there would be an additional cost of £223k making the proposed structure more expensive than current arrangements.</p>
Legal Implications: (Authorised by the Borough Solicitor)	Only Council can change the terms of the Single Commissioning Board although clearly given this is a joint arrangements it would not do so unless there was agreement on those changes.

Risk Management:

There is the risk that, if they were not routinely reviewed, the joint commissioning arrangements between the Council and the Clinical Commissioning Group might cease being supportive of the collaborative relationship.

The terms of reference remain valid until such time as there is a need to implement revised governance arrangements.

Access to Information:

The background papers relating to this report can be inspected by contacting Paul Pallister, Assistant Chief Operating Officer, NHS Tameside and Glossop CCG, on:



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1. BACKGROUND

- 1.1 In January 2016 the Interim Single Commissioning Board was established as a shadow joint committee between Tameside Metropolitan Borough Council (TMBC) and NHS Tameside and Glossop Clinical Commissioning Group (CCG). In April 2016 these arrangements became substantive and, since that date, the Single Commissioning Board (SCB) has been the body responsible for making commissioning decisions funded by the largest element of the Integrated Commissioning Fund as held within the section 75 agreement between the two organisations. The Integrated Commissioning Fund also contains TMBC and CCG Aligned Funds; the SCB makes recommendations to the statutory body regarding commissioning proposals to be funded from these aligned monies.
- 1.2 This report provides information regarding recent decisions by the CCG's Governing Body pertaining to its own governance. It is recognised that some aspects of these changes would impact upon TMBC due to the close working relationship of the two organisations. From this perspective the report concludes with a request that TMBC considers some proposed changes to the Single Commissioning Board.

2. INTRODUCTION

- 2.1 Over the past 18 months the Tameside and Glossop locality has implemented a comprehensive single health and social care commissioning system. This has involved the creation of a single decision-making structure with the introduction of a Single Commissioning Board, the appointment of a single substantive Accountable Officer, a single leadership team, and an Integrated Commissioning Fund currently at £483 million for 2017/18. These extensive developments have shown how strong relationships and clear leadership can drive integration and also have enabled the locality to meet stringent contract deadlines for 2017/18 despite an extremely challenging financial position.
- 2.2 The next step is to incorporate wider public sector commissioning roles and ensure alignment of health and social care into Place-based provision. This will move the locality further towards an accountable care system where a variety of providers can work together to take responsibility for improving population health outcomes, enable care and support to be accessed closer to home, and reduce health inequalities.
- 2.3 Strategic commissioning requires clear, consistent and effective governance structures and clinical leadership which is innovative, provides appropriate challenge to public services, and is able to work with and influence the whole economy. This report proposes some revisions to the joint committee to enhance the governance of strategic commissioning in the context of changes to the clinical commissioning leadership structure to drive improvements in provision across the life course, determine the required population outcomes, reduce health inequalities, and to hold providers to account for delivery. The proposals also include the strengthening of democratic accountability by increasing the elected representation on the SCB as well as including attendance by both a representative from Derbyshire County Council and from High Peak Borough Council.
- 2.4 This report marks an exciting time for the development of Place-based commissioning in the locality. It is recognised across Greater Manchester that Tameside and Glossop is leading the localities in its development of the Single Commission. It is hoped that the proposals set out within this report will support the strengthening of the partnership working between the two statutory organisations. By the further combining of clinical expertise and political leadership we will continue to build upon our successes to deliver excellent care to the residents of Tameside and Glossop.

3. GOVERNANCE OF THE STRATEGIC COMMISSION

Changes to the CCG's Governance

3.1 At its meeting on 26 July 2017 the CCG's Governing Body considered a report proposing revisions to its governance. The main driver for the review was the recognition that the governance arrangements for the Single Commission are becoming more embedded and mature and this provides an opportunity for reflection. There is the opportunity to consider if the existing structures continue to be fit for purpose, if the clinical leadership is appropriate for each constituent part, and if it is delivering value for taxpayers' money. Also it has previously been noted that at times it felt to Governing Body members and officers alike that there were two systems running in parallel and it was hoped that this review could help to remove aspects of duplication.

3.2 The Governing Body supported the following recommendations:

'The Governing Body **agreed** the following key proposals within the intended governance structure which include:

- Introduction of a Stakeholder/Partners Strategic Engagement Forum, to be held quarterly and chaired by the Executive Member for Health and Social Care
- Monthly meetings of the Strategic (to be renamed from Single) Commissioning Board, Finance Committee, Primary Care Committee, and Health and Care Advisory Group
- Introduction of a new Quality, Performance, and Assurance Group to meet bi-monthly and to be chaired by the CCG's Governing Body Nurse
- Audit Committee moves to five times a year and the Governing Body to quarterly. The Remuneration and Terms of Service Committee will continue to meet at least annually
- Proposed new Chair arrangements included for the majority of committees.

3.3 The Governing Body **agreed** the following recommendations in relation to the clinical leadership:

- Chair of the Single Commissioning Board/CCG Governing Body to continue the leadership role within the GM HSCP Primary Care Reform programme or other programme as appropriate, as well as within the locality
- Four new leadership GP roles are created with explicit responsibilities to support the Chair, provide clinical input into strategic commissioning decisions, and bring wider GP perspectives to Place-based public services
- Three of these GP leadership roles will drive commissioning of the Starting, Living, and Ageing Well public sector agenda. They will be accountable to the Chair of the SCB and be expected to work across organisational boundaries to support delivery of new models of care. For example, the Living Well agenda could be developed and led by a lead GP, with a senior commissioning manager, employment specialist, public health consultant, finance manager, and business intelligence lead collectively working to identify population outcomes which support a new method of commissioning mental health services, employment support, Active Tameside etc.
- The fourth GP leadership role will provide clinical support for General Practice and Primary Care
- One of the posts will need to be elected by the Governing Body membership as Clinical Vice-chair
- An additional clinical role is created as a Post-CCT Fellowship to cement Tameside and Glossop as an innovative place for training and development and also to aid succession planning within the strategic clinical commissioning leadership. The specific responsibilities for the post will be agreed with the successful candidate and according to their interests
- The role of Chair of the SCB/CCG GB moves to six sessions per week

- Four GP clinical leadership posts at three sessions per week with the Fellowship currently costed as two days per week
- Each of the leadership clinicians will need to take specific commissioning responsibility for a Neighbourhood and link to the corresponding ICFT Neighbourhood Leads
- An advert to be drafted to recruit three Governing Body GPs (from 1 April 2018) and to be employed by the CCG subject to clarification of the Employment Status of the Governing Body GPs
- The Chair ensures clarity on the deliverables required in each leadership area on an annual basis
- Each lead will be a member of the Strategic Commissioning Board and of the CCG Governing Body. Other statutory committees will not require representation from all and, collectively, the GP clinical leads will allocate responsibilities and determine best coverage and use of time
- The previous five CCG Neighbourhood Leads posts transferred to the ICFT on 1 April 2017. This arrangement needs to be formalised to provide the ICFT with £228,150 to support these sessions. Should the ICFT wish to increase the number of sessions, the additional funding will be a matter for the ICFT
- The Named GP for Children's Safeguarding remains with one session per week to ensure the continued focus in this area
- The Chief Finance Officer, Lay Members, and Governing Body Nurse costs all remain as agreed in the opening budget for 2017/18
- All other posts within the commissioning clinical leadership structures will be reviewed to determine future need for these roles and, if clear objectives remain, whether it is more appropriately a SC or ICFT role.

3.4 The Governing Body was of the opinion that these recommendations strengthen the clinical leadership within the Strategic Commission and Clinical Commissioning Group, reduce some capacity back into the system through a reduction in the frequency of some meetings, and represent good value for the public purse. It is noted that the introduction of the post-CCT Fellowship Governing Body role is highly innovative and will help to evidence how Tameside and Glossop is a dynamic place in which to work as a GP.

3.5 In line with the CCG's Constitution these recommendations were put to the wider GP membership of Tameside and Glossop by an email from Dr Alan Dow on 7 August 2017. The feedback received by the stated deadline of 31 August 2017 was overwhelmingly positive.

3.6 The key next steps taking place during September 2017 are as follows:

- The five GP Neighbourhood Groups are recording in the minutes of their September meetings that they have reviewed and supported the recommendations. This will provide useful evidence of the CCG's membership support when applying to NHS England for the Constitution changes
- Dr Alan Dow was invited to the 11 September meeting of the Local Medical Committee to explain the proposals to this GP representative group and these were supported
- At its meeting on 27 September the Governing Body meeting will receive a report summarising the membership responses and seeking formal support to approach NHS England in order to make the formal changes to the Constitution
- From October 2017 work will be undertaken in preparation for the anticipated approval from NHS England.

3.7 The Governing Body is proposing that the Professional Reference Group is replaced by a Health and Care Advisory Group that will consider commissioning proposals to ensure that they are aligned to clinical best practice and are predicated upon a sound clinical evidence base. It is proposed that the Health and Care Advisory Group is chaired by the CCG's Secondary Care Consultant Governing Body Member. The HCAG is a CCG body, not a

strategic commissioning body and its operating arrangements will be determined by the CCG.

4. PROPOSED CHANGES TO SINGLE COMMISSIONING BOARD

4.1 It is recognised that the changes listed in the section above will impact upon the joint working between TMBC and the CCG. It is anticipated that these impacts will be positive as the CCG's governance will now be better aligned to the governance of the Single Commission.

4.2 The most significant aspect of this is the proposed changes to the Single Commissioning Board, the joint committee of the two statutory organisations. The report invites the Council to consider the following changes to the Terms of Reference of the Single Commissioning Board:

- A name change to Strategic Commissioning Board (which will mirror the Single Commission moving into being a strategic commissioner with operational commissioning moving to the Integrated Care Foundation Trust)
- That the CCG's membership of the SCB increases to being all of its Governing Body GPs plus the Lay Member for Commissioning
- A requirement to ensure democratic accountability and balance the membership with an equal number of Elected Members
- The membership changes will drive a need to revisit quoracy as the total number of members will have increased. The intention will be to retain the requirement of there being at least one representative from both TMBC and the CCG and it is now stated that this requirement is not met by the Single Accountable Officer
- Confirming that the SCB has decision-making powers over the pooled funds, and that it makes recommendations to the relevant statutory body regarding commissioning proposals to be funded from the aligned funds
- Clarifying that approval of the Terms of Reference lies with the statutory bodies.

The draft Terms of Reference are appended to this report.

5. RECOMMENDATIONS

5.1 As set out on the front of the report

APPENDIX

Strategic Commissioning Board

Terms of Reference

Context

1. On 23 September 2015 the three Care Together partner organisation Boards met together to establish a set of principles for the development of the Integrated Care Foundation Trust and for the establishment of a single commissioning function. It was agreed that the Integrated Care Foundation Trust would be established from 1 April 2017, and that the Single Commission would be established from 1 April 2016 with interim arrangements in place from 1 January 2016 and these arrangements became permanent in April 2016.
2. The following document sets out the Terms of Reference for the Strategic Commissioning Board (SCB).

Statutory Framework

3. The Strategic Commissioning Board is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a joint committee of the two statutory organisations (Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group). The SCB has decision-making powers as have been delegated to it by the two statutory organisations.

Role of the Strategic Commissioning Board

4. The Strategic Commissioning Board has been established to enable members to make decisions on the design, on the commissioning, and on the overall delivery of health and care services including the oversight of their quality and performance.
5. In performing its role the Strategic Commissioning Board will exercise its functions in accordance with the Tameside and Glossop Locality Plan.
6. Members of the Strategic Commissioning Board have a collective responsibility for its operation. In undertaking its role clinical and democratic accountability will be implicit within all decisions as will respect for all professional areas of knowledge and expertise.

Geographical Coverage

7. The responsibilities of the Strategic Commissioning Board will cover the same geographical area as of NHS Tameside and Glossop CCG (that is fully coterminous with Tameside Metropolitan Borough Council and the Glossop locality of Derbyshire County Council).

Membership

8. The Strategic Commissioning Board shall consist of the following members:
 - The Chair of the CCG (Chair)
 - The five CCG Governing Body GPs
 - The CCG Governing Body Lay Member with responsibility for Commissioning
 - The Single Accountable Officer of the local authority and of the CCG
 - The Council's Executive Leader

- The Council's Executive Member for Adult Social Care and Wellbeing (Deputy Chair)
- The Council's Executive Member for Children and Families
- The Council's Executive Member for Healthy and Working
- Three further TMBC elected members.

In the event of the Chair being unavailable for a meeting the CCG's Clinical Vice-Chair will assume the chairing of the Board meeting to maintain the meeting being clinically-led. In the event that both the Chair and the Clinical Vice-Chair are conflicted regarding an agenda item and leave the meeting then the Deputy Chair will assume the chairing of the meeting.

The following will have a standing invitation to attend the meetings of the Strategic Commissioning Board:

- Single Leadership Team;
- The Chair and Programme Director of the Care Together Programme;
- A representative of Derbyshire County Council;
- A representative of High Peak Borough Council.

Meetings and Voting

9. The Strategic Commissioning Board will give no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five days before the date of the meeting.
10. Each member of the Board shall have one vote. The aim of the Board will be to achieve consensus decision-making wherever possible. However, should a vote be required it will be by a simple majority of members present but, if necessary, the Chair has a second or casting vote.

Conflict Of Interest

10. As a statutory Joint Committee formed by the two statutory organisations when making decisions as the Strategic Commissioning Board all members must comply with the standards set by the Local Government Act 2000 as set out in Part 5(a) of the Council's Constitution.
11. Members of the Board will be asked at each meeting to declare any conflicts of interest for any items of business for that meeting. In addition a Single Register of Interest will be maintained for the members of the Single Commissioning Board and published on the Council and CCG websites.

Quorum

11. The quorum will be three of the fourteen members to include both a member from the CCG and a member from the Council who is not the Single Accountable Officer.

Frequency of meetings

12. It is anticipated that the Strategic Commissioning Board will routinely meet at monthly or six-weekly intervals.
13. The meetings of the Strategic Commissioning Board shall be held in public:
 - a) subject to any exemption provided by law as set out under 13(b)
 - b) the Strategic Commissioning Board may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated

in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.