**Manchester Health and Wellbeing Board**
**Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 13 January 2016

**Subject:** Governance and Accountability Framework for Health and Social Care Integration

**Report of:** Lorraine Butcher, Joint Director, Health and Social Care Integration

## Purpose

The purpose of this report is to seek approval from the Health and Wellbeing Board to establish a governance and accountability framework to support the development and implementation of an integrated health and care system in Manchester.

## Recommendations

The Board is asked to:

- Support and comment upon the proposals contained in this report;
- Consider the enhanced role of the HWBB and proposed amendments to membership between the Board and Executive for the Council to approve;
- Note the establishment in shadow form of the Joint Commissioning Board;
- Note the establishment of the Manchester Provider Group;
- Note the establishment of the Locality Plan Programme Board;
- Note the need to confirm representation of primary care on the HWBB and Executive;
- Endorse the proposal to establish the governance arrangements in shadow form from 13th January 2016;
- Subject to review and individual engagement with partner organisations, including any necessary changes to constitutional arrangements, provisionally support formal introduction from 1st April 2016; and
- Note that at the meeting in March 2016 the HWBB will be asked to approve the governance and accountability arrangements before they move from shadow to full implementation from April.

## Board Priority(s) Addressed:

| Health and Wellbeing Strategy priority | Summary of contribution to the strategy |
|---|---|
| Getting the youngest people in our communities off to the best start<br><br>Educating, informing and involving the community in improving their own | The Manchester Locality Plan aims to support the Health and Wellbeing Strategy by identifying the most effective and sustainable way to improve the health and social care of Manchester people. |

| | |
|---|---|
| health and wellbeing<br>Moving more health provision into the community<br>Providing the best treatment we can to people in the right place at the right time | |
| Turning round the lives of troubled families | |
| Improving people's mental health and wellbeing | |
| Bringing people into employment and leading productive lives | |
| Enabling older people to keep well and live independently in their community | |

**Lead board members:**

**Contact Officers:**

Name: Lorraine Butcher
Position: Joint Director, Health and Social Care Integration
E-mail: Lorrainebutcher@nhs.net

Name: Geoff Little
Position: Deputy Chief Executive
Telephone: 0161 324 3280
E-mail: g.little@manchester.gov.uk

Name: Caroline Kurzeja
Position: Chief Officer, South Manchester Clinical Commissioning Group
Telephone: 0161 765 4051
E-mail: caroline.kurzeja@nhs.net

**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Health and Wellbeing Board 11th November 2015 – Health and Social Care Locality Plan

## 1. Introduction

The purpose of this report is to set out proposals relating to governance arrangements for health and social care integration in Manchester.

Across Greater Manchester and within the city, health and social care partners are working together to reform health and social care services to support the shared ambition of improving health outcomes for residents as quickly as possible. At the local level revised governance arrangements are required to enable the ambition and vision contained in Manchester's Locality Plan to be realised.

This paper sets out the proposals for governance in shadow form initially from 13th January 2016, and subject to review formally from 1st April 2016.

The proposals are set within the framework of the Memorandum of Understanding and the governance and accountability arrangements agreed at GM level where responsibility for the GM Strategic Plan and GM wide commissioning arrangements resides.

Additionally these proposals must take account of and interface with the governance arrangements of individual partner organisations. Over forthcoming months changes may be required to the constitutional arrangements of statutory organisations before these arrangements 'go live' in April 2016.

Finally it remains imperative that robust safeguarding arrangements remain at the fore. Strong links to both of the safeguarding boards for children and adults must be cemented in these new governance proposals.

## 2. Background

With the advent of health and social care devolution, the context within which Manchester's Health and Wellbeing Board operates has changed significantly. The City is in the process of agreeing its Manchester Strategy for the next 10 year period and the HWBB has recently agreed to refresh the city's Health and Wellbeing Strategy for the next 10 year period to support both this and the health and social care devolution programme.

Additionally, there needs to be a strengthened interface with the emerging governance arrangements within Greater Manchester, and furthermore it is imperative that the right governance and accountability mechanisms are in place to effectively drive and own implementation of Manchester's Locality Plan.

A report to the joint meeting of the GMCA / AGMA Executive Board on 18 December 2015 is attached as an appendix to this report, and outlines the updated Greater Manchester governance proposals.

At the local level in August 2015 the Health and Social Care Transformation Oversight Group (a time-limited group tasked with providing leadership for the pace of change required to deliver devolution in Manchester) requested a review of the governance arrangements supporting the Health and Well Being Board.

A small working group was tasked with leading a review of governance arrangements relating to health and social care integration in Manchester.

The review involved a facilitated workshop at which a broad consensus was reached regarding the key elements that would comprise the new governance arrangements, with a shared commitment to transparency and accountability in all decisions taken.

The review acknowledged that there are a number of anomalies in representation of the HWBB and it's sub-structures which would need to be resolved as part of this review. Key issues that emerged in the review included:

- Maintaining the right balance of executive and non-executive representation and avoiding duplication of membership across more than one group;
- Acknowledgement that current governance arrangements had 'evolved' and now needed to be 'strategically designed' to ensure fitness for purpose in the context of health and care integration and devolution; and
- The fast changing strategic environment associated with devolution and the need to be prepared to 'learn and adapt' within this context.

Feedback has been received by partner agencies, including the CCGs Joint Board in December, on the proposals contained in this report. Key feedback to date includes:

- Ensuring a strong clinical voice is secured in the governance arrangements
- Ensuring commissioner/provider engagement
- Alignment to the pooled budget arrangements
- Securing appropriate primary care engagement on the HWBB and Executive

Currently work is underway to confirm appropriate representation of primary care providers within the governance structure, acknowledging the breadth and range of primary care including pharmacies, general practice, dental and optometry practices. This matter is also being considered at GM level, with a report considered at the Programme Board on 16th December 2015 on this matter. Locally good engagement is developing across the wider primary care partners who are keen to play a full role in this transforming agenda.

Finally, the Governance and Accountability Framework will be subject to further refinement and review throughout Spring 2016 with a further report to be considered by the HWBB in March to inform 'go live' arrangements from April.

## 3. Proposed Arrangements

The proposed structure is set out in more detail below and has 2 requirements. Firstly, it must enable the Health and Wellbeing Board to fulfil its statutory duties. Secondly, it has to enable better lives for Manchester people by ensuring implementation of the health and wellbeing strategy and, in particular the Locality Plan.

In revising the governance and accountability arrangements associated with the Plan it is important to note that no changes will be made to the relationship of the Board to Health Scrutiny, or the local safeguarding boards for children and adults.

The Health and Wellbeing Board will continue to be held to account for its decisions by Health Scrutiny which has a specific remit to look at the work of the Board as part of its overall programme. The Committee can continue to call for action on to be taken on topics were there are public concerns about decisions or about the application of policies that impact upon the health and wellbeing of the population. This power extends to the decisions taken by the HWBB as a collective Board. The decisions or application of policies by individual members of the Board will continue to be scrutinised through the existing scrutiny function.

In relation to the children's and adults safeguarding boards the HWBB will continue to have regard to the work of both Boards, will continue to liaise accordingly on matters that impact upon shared priorities, and will continue to receive and consider their annual reports on safeguarding matters.

Manchester's Locality Plan – A Healthier Manchester, is the whole system plan outlining the partners (commissioner and providers) approach to improving the health outcomes of residents while also moving towards financial and clinical sustainability of health and care services.

To date and in its formulation the Plan has been considered by the Health and Wellbeing Board and by the Council's Health Scrutiny Committee. Currently it remains a working draft with a final version to be considered by March 2016. Within this report it is proposed that the responsibility for finalising the Plan and for its delivery will rest with the Health and Wellbeing Board, supported by an Executive, with implementation delivered through a Programme Board, and formalised commissioner and provider forums.

Other task groups associated with implementation of the Plan will continue to meet and report appropriately within this governance framework (para 7)

## 4. Health and Wellbeing Board

### 4.1 Functions

It is proposed that the Health and Wellbeing Board fulfils the functions of a strategic partnership board in relation to Manchester's Locality Plan.

The Health and Social Care Act 2012 introduced Health and Wellbeing Boards with the following responsibilities:

- To promote the integration of health, social care and public health;
- To promote joint commissioning;
- To lead on public health by aligning the various activities of the Local Authority behind an integrated health improvement approach;
- To Lead on the production of the Joint Strategic Needs Assessment (JSNA) – an analysis of local health and wellbeing needs across health, social care and public health;

- To produce a Joint Health and Wellbeing Strategy based on the JSNA

These functions align to the requirements of the Locality Plan which require representatives on the Board, and the Board as an entity to:

- Agree the health and social care priorities for Manchester;
- Approving the content of the Plan;
- Ensuring that there remains ongoing and significant organisational commitment across the health and care economy in Manchester to the ambition and priorities contained in the Plan;
- To be responsible to the people of Manchester and to each other for the financial and clinical sustainability of the health and care economy through the agreement and delivery of the Locality Plan;
- To provide a mutual assurance function over the outcomes linked to the commissioning decisions taken by members to deliver the Locality Plan.

Additionally it is expected that the Board will ensure that organisational interests of participating organisations, align with the ambition and vision agreed, that there is a visible commitment from all agencies to authorising shared decisions made by the Board, and that these decisions are visible to regulatory bodies

Functions to be undertaken by the Board will include:

- Receiving regular update reports from the Executive on the ongoing progress and delivery of the Locality Plan;
- Receiving regular reports from the Executive about the commissioning decisions of the Manchester Commissioning Board, and the performance linked to those decisions;
- Receiving regular reports from the Executive with respect to progression towards financial sustainability;
- To work within the assurance framework, developed jointly with regulators, that reflects the outcomes required by Greater Manchester and Manchester, because the formal assurance that each individual party is delivering on their commitments to the Locality Plan will be provided in the usual way by the relevant statutory body.
- Receiving regular reports of Manchester's performance against agreed assurance metrics;
- Receiving regular reports as appropriate on key quality surveillance issues as they relate to Manchester.

**4.2 Health and Wellbeing Board Membership**

The Health and Wellbeing Board is a formal committee of the Local Authority. This report proposes amended arrangements for membership of the Board, split between the Board and an Executive. Importantly it will also include representation from commissioners and providers of health and care across the city.

It is proposed to revise the membership of the Board to include non HWB executive members wherever possible as follows;

- Leader of the Council (Chair)
- Executive Member for Adults (MCC)
- Executive Member for Public Service Reform (MCC)
- Executive Member for Children (MCC)
- Chair, Central Manchester Clinical Commissioning Group
- Chair, North Manchester Clinical Commissioning Group
- Chair, South Manchester Clinical Commissioning Group
- Chair, Central Manchester Foundation Trust
- Chair, University Hospital South Manchester
- Chair, Penine Acute Hospital Trust
- Chair, Manchester Mental Health and Social Care Trust
- VCS representative
- Healthwatch representative
- **Primary Care – to be confirmed**

**4.3 Health and Wellbeing Board Executive - functions**

The HWBB will delegate the following functions to the Executive. These will include a requirement:

- To develop the health and social care strategic priorities in the context of GM devolution and Manchester's Locality Plan. The priorities and vision as defined by the Board will be formal recommendations to each of the members to adopt within their respective organisations or joint committees (where relevant);
- To be accountable to the HWBB and to provider regular reports as outlined in para 4.1 above;
- To operate within the framework set by the Health and Wellbeing Board;
- To provide the leadership and challenge required to ensure that the Locality Plan is delivered;
- To receive regular reports on the delivery of the Locality Plan; and
- To be responsible individually and collectively for the financial and clinical sustainability of the Manchester health and care economy, and for the delivery of the Locality Plan.

**4.4 Health and Wellbeing Board Executive – membership**

The Health and Wellbeing Board Executive will comprise Chief Executives and Chief Officers of commissioner and provider organisations and including VCS and HealthWatch. It therefore will comprise the following members:

- Chief Executive, MCC
- Deputy Chief Executive, MCC
- Deputy City Treasurer, MCC
- DASS, MCC
- DCS, MCC
- Director of Public Health, MCC
- Joint Director Health and Social Care Integration
- Chief Clinical Officer, North Manchester CCG
- Chief Officer, Central Manchester CCG

- Chief Officer, South Manchester CCG
- Chief Finance Officer, Manchester CCG's
- Chief Executive, CMFT
- Chief Executive, PAHT
- Chief Executive, UHSM
- Chief Executive, MMHSCT
- Chief Executive, VCS
- Chief Executive, Healthwatch
- **Primary Care – to be confirmed**

**4.5 Meetings of the Health and Wellbeing Board and Executive**

Frequency – The Health and Wellbeing Board will continue to meet bi-monthly and, and the Executive will meet monthly. The meetings of the Board will continue to be held in public.

**4.6 Decision Making Capability - Health and Wellbeing Board**

No change is proposed in current voting arrangements as outlined in the report to the Health and Wellbeing Board on 20th March 2013.

Wherever possible it is anticipated that decision making should be on the basis of consensus.

**4.7 Dispute Resolution**

In the event of dispute at Board or Executive level, or in the event that one or more organisations do not approve the Plan, a dispute resolution process will be implemented. The focus of this process will be three fold: to understand why the dispute has occurred; to determine/understand the potential implications of the dispute; and to resolve where possible.

Locally it is proposed that first steps to secure resolution will be through recourse to the Transformation Oversight Group, independently chaired and facilitated, providing the means to more rigorously analyse and challenge partners on the issues in dispute or to be reviewed.

**5. Joint Commissioning Arrangements**

**5.1 Greater Manchester Joint Commissioning Board**

Within GM there will be GM Joint Commissioning Board which will also be a joint committee where each participant makes joint decisions which are binding on each other. It is important that there is clarity regarding the joint commissioning decisions to be taken at the local level and GM level respectively.

It is anticipated that Specialised Services Commissioning will take place at GM level. As these services cannot be dealt with by way of s75 arrangements without a change in the s75 regulations, any joint commissioning of specialised services will need to be

undertaken through a joint committee made up of NHSE, CCGs, GMCA, and local authorities.

The GMJCB will have significant commissioning decision making responsibility as the largest single commissioning vehicle in GM.

In order to comply with regulatory requirements the GMJCB will function independently of providers.

Importantly, the key functions of the GM Joint Commissioning Board are as follows:

- To develop a commissioning strategy based upon the GM Strategic Plan;
- Be responsible for the commissioning of health and social care services on a GM footprint;
- Have strategic responsibility for commissioning across GM;
- Be responsible for the delivery of the pan GM strategy via its commissioning decisions (local commissioning will remain a local responsibility)
- To operate within existing commissioning guidelines following key principles of co-design, transparency and broad engagement.

The GMJCB will only take on GM wide commissioning decisions. Any decision that currently sits with the commissioning responsibilities of LAs and CCGs will stay with these organisations.

Whiles the core principle of the GMJCB will be that those commissioning decisions which are currently made in localities will remain in localities, there will be mechanisms developed to ensure that the remit of GMJCB can be broadened should localities agree that it is in their best interests to do so.

**5.2 Criteria for Commissioning at a Greater Manchester Level**

Work is currently underway to identify which services can be more effectively and efficiently commissioned on Greater Manchester footprint and therefore delegated to Greater Manchester. It will be for the GMJCB and local stakeholders to formally approve and agree what services these are.

Consideration is also currently being given to whether the commissioning of primary care should be undertaken at a GM level, with the exception of General Practice which will be commissioned by CCGs. However, the GMJCB will have a significant role to play in developing and implementing a GM wide framework within which general practice is commissioned.

The criteria by which existing activity would be commissioned at a GM level will focus upon whether decisions taken on a broader footprint achieved a greater benefit for the population, e.g. increased value for money; greater levels of efficiency; or increased clinical sustainability.

### 5.3 Manchester Joint Commissioning Board

Across the Manchester locality there will be single place based commissioning body comprising the 3 Manchester Clinical Commissioning Groups and the Local Authority. The Joint Commissioning Board is not a separate legal body but a Board where each participant makes joint decisions which are binding on each other. It will be a Joint Committee and will be required to be formally constituted. This will require changes to the CCGs constitutions to reflect powers to be delegated to the new Board.

The key role of the Manchester Joint Commissioning Board will be:

- to have regard to Manchester's Locality Plan and the recommendations of the HWBB;
- to make commissioning decisions or agree recommended decisions to the HWBB Executive;
- to act under the delegated authority on behalf of commissioning bodies.

The bodies delegating functions to the Joint Commissioning Board will remain accountable for meeting the full range of their statutory duties.

Locally the Joint Board will;

- commission integrated health and social care services for community based multi-disciplinary teams – 'One Team';
- commission the Single Manchester Hospital Service.

Key principles will include:

- a joint committee where decisions are binding on all parties;
- Members must have delegated authority;
- Must function independently of providers;
- Makes decisions Citywide;
- Will develop a commissioning strategy based upon the agreed Locality Plan;
- There must be patient engagement on commissioning plans and all decisions must be transparent, reasonable, rational, defendable from Judicial Review challenge;
- Any decision currently within the commissioning responsibility of the Local Authority/3 CCGs stays with those organisations unless all parties agreed to it moving into the JCB;
- From April 2016 the JCB will hold a Manchester wide pooled budget

### 5.5 Decision Making Framework/scheme of delegation

A scheme of delegation will need to be developed and agreed.

### 5.6 Joint Finance Committee

The Joint Commissioning Board will be supported by appropriate financial governance arrangements in the form of a Joint Finance Committee, comprising

representation from the 3 CCGs and Council. This will specify authorising officers to act on behalf of the CCG Boards and Council with the appropriate financial scheme of delegation and updated on definitions of permitted expenditure.

Among its key functions listed below, this Committee will be responsible for tracking and monitoring the re-distribution of resources from the acute and residential sector to the out of hospital care sector, and for the delivery of the savings associated with the Plan. Additionally, the Committee will:

- Prepare a joint financial plan for the totality of the health and care resources including the pooled budget;
- Oversee revision to the Section 75 agreement and the overall financial management arrangements for the pooled fund;
- Develop an updated scheme of delegation for the pooled fund including definitions of permitted expenditure;
- Agree a joint approach to prioritisation and development of business cases to access transformation funding; and
- Agree the principles by which the financial savings and the impact of investment schemes will be tracked across partners and the whole resource quantum using cost benefit analysis (CBA) methodology and benefits sharing arrangements.

The Joint Finance Committee will comprise senior finance and performance representatives of the 3 CCGs and Council.

**6. Manchester Provider Group**

The Manchester Provider Group was established in May 2015 with the main purpose of preparing a response to the One Team specification for place based care.

As work to progress the shaping of the Locality Plan and One Team in particular has developed, it is apparent that the role of the group now needs to expand to be come a stronger strategic coalition with a specific focus on the out of hospital integrated community model of care. It is also now required to focus on delivering the requirement of commissioners for a single contract and a single contract holder as agreed by the HWBB on 11th November.

Existing local provider partnerships will continue to be important forums for engaging and informing the development of the city wide model of care.

Finally, it should also be noted that the GM Provider Federation (which includes members of the Manchester Provider Group) are working with national regulators to explore options for place based regulation and collaboration within the terms of the licensing regime.

**6.1 One Team – a place based model of care**

The MPG will therefore govern the design and delivery of the One Team model. This responsibility includes ensuring provider resources are made available as necessary, and in a co-ordinated and equitable way, to deliver one Team. This will also result in

the MPG taking on responsibility for owning the citywide service designs for One Team working, currently being developed through the CWLG by the LLLB Practitioner Design Team (PDT).

The objectives of the MPG in relation to One Team are as follows:

- Development of the provider delivery model of care (for out of hospital services) within the strategic parameters agreed by the HWBB and as determined by the Manchester Joint Commissioning Board;
- Provide expert clinical and care professional advice on the One Team care model development;
- Govern the delivery of One Team integrated services, resulting in 12 neighbourhood teams being established across the City including primary care, community health services, community mental health, adult social care and community and voluntary services;
- Formulate governance arrangements for care model delivery for One Team through a single contract and a single contract holder.

**6.2 Membership of the Manchester Provider Group**

The following organisations are standing members of the MPG and should be represented by a member of their organisation's senior management team:

- Central Manchester Foundation Trust (CMFT)
- Go-to-Doc (GTD)
- Macc
- Manchester City Council (MCC),
- Manchester Local Medical Committee (LMC)
- Manchester Local Pharmaceutical Committee (LPC)
- Manchester Mental Health & Social Care Trust (MMHSCT)
- North Primary Care Federation
- North West Ambulance Service (NWAS)
- Pennine Acute Hospital Trust (PAHT)
- Primary Care Manchester
- South Manchester GP Federation
- University Hospital South Manchester (UHSM)

The MPG should look to continually evolve its membership to represent both the changes in organisations composition and remit, and meet the challenges of further integration.

**6.4 Meeting schedule & support**

The MPG will meet monthly for the foreseeable future. Administrative support for the meeting will be identified by the Chair.

**7.0 The Single Manchester Hospital Service**

The Single Manchester Hospital Service is the other major strand of provider collaboration work that is underway and a key element of the Locality Plan.

At the meeting of the HWBB held on 11th November 2015 agreement was reached to progress key actions associated with the development of a Single Manchester Hospital Service. This work is progressing, led by an Independent Review Director and is currently in its early stages.

At the HWBB meeting in November 2015 governance arrangements for this developing work was agreed. These are that:

- Regular reports will be provided to the Trusts Boards ad to the HWBB Executive, culminating in a stage 1 report being received at the HWBB on 9th March 2016;
- That regular updates would be provided in the same way throughout the stage 2 review with the final stage 2 report being presented to the HWBB on 8th June 2016.

Governance arrangements will be reviewed following the reports being presented to HWBB in March and June 2016.

**7. Locality Plan Programme Board**

The Board's focus will be on implementing the Locality Plan. Membership will comprise Executive Leads for the Transformation Priorities contained in the Plan, and those leading on the enabling workstreams (workforce, communications/engagement, information management and technology).

These workstreams are being shaped and delivered through appropriate groups which include the City Wide Leadership Group (for One Team) and associated sub groups, the Primary Care Transformation Group and others, which will continue to function and report as appropriate into the Programme Board, and where necessary into the relevant decision making forum.

This Board will be chaired by a senior sponsor agreed by the Executive. The Senior Responsible Officer for the Plan, the Joint Director for Health and Care Integration will co-ordinate implementation of the Plan.

**7.1 Functions**

- To oversee implementation of the Locality Plan as agreed by the HWBB;
- To provide updates to the HWBB/Exec on the delivery of the Plan and refer any concerns that are identified;
- To develop an Implementation Plan with clear milestones for delivery;
- To report quarterly to the HWB Executive on progress against the milestones contained in the Implementation Plan;
- To make recommendations to the Manchester Commissioning Board to inform commissioning intentions;

This Board should be chaired by a Sponsor for the Plan with a nominated Deputy and supported by the Senior Responsible Officer for the Plan. Meetings should be held on a fortnightly basis.

**7.2 Membership**

- To comprise Executive Leads for the Transformation Priorities, executive leads for the enabling workstreams and chairs of the MPG and JCB as follows:

| Workstream | Lead |
|---|---|
| • Public Health | Director of Public Health |
| Cancer Care | Chief Officer, SMCCG |
| • Primary Care Transformation | Head of Commissioning and Quality, CMCCG |
| • LLLB/One team | Deputy Chief Officer,SMCGG |
| • Mental Health | Director of City Wide Commissioning, Citywide CCG |
| • Dementia | Director of Adult Services, MCC |
| • Learning Disability | Director of Adult Services, MCC |
| • Single Manchester Hospital Service | tbc |
| • Children and Young People | Director of Children's Services, MCC |
| • Housing and Assistive Technology | Director of Housing, MCC |
| • Health and Social Care Estate | Director of Estates and Facilities, CMFT |
| • Information Management and Technology | Chief Operating Officer, UHSM |
| • Workforce Transformation | tbc |
| • Communications and Engagement | Head of Corporate Services, Citywide CCGs |
| • Manchester Provider Group | Deputy Chief Executive, CMFT |
| • Joint Commissioning Board | tbc |
| • Locality Plan Finance Lead | Chief Financial Officer, Citywide CCG |
| • Performance and evaluation (inc Quality) | tbc |

**8. Shadow Arrangements**

It is proposed that the new arrangements commence in shadow form January 2016, to enable a period of further shaping and refining of these governance arrangements. Subject to review and appropriate engagement on changes to constitutional matters by individual partner organisations it is proposed that these arrangements are formally introduced from 1st April 2016.

**8b.**

**JOINT GREATER MANCHESTER COMBINED AUTHORITY & AGMA EXECUTIVE BOARD MEETING**

Date: 18th December 2015

Subject: Updated Governance Proposals

Report of: Councillor Peter Smith, Portfolio Lead for Health & Social Care and Liz Treacy, Monitoring Officer

---

**PURPOSE OF REPORT:**

This paper builds upon the governance principles that were agreed by Greater Manchester in September 2015 and sets out proposals and recommendations from the governance focus session held with representatives of all stakeholders on 17th November. In particular it sets out a role for primary care providers in the governance structure, it confirms the process for agreement of the Strategic Plan and it sets out progress on GM wide joint commissioning arrangements.

The paper was taken to the Strategic Partnership Board on Friday 27th November, where its contents and recommendations were agreed.

**RECOMMENDATIONS:**

1. Members are asked to agree the GMCA and AGMA representation on the Strategic Partnership Board Executive. AGMA have four seats, these are currently occupied by members from Cllr Peter Smith (Wigan), Cllr Cliff Morris (Bolton), and Cllr Sue Murphy (Manchester). Members are asked to appoint one further representative.

2. The AGMA Executive Board is also requested to endorse the recommendations agreed by the Strategic Partnership Board on 27th November. As follows:

   i. To agree that primary care providers will receive four seats on the Strategic Partnership Board, and have one seat at the Strategic Partnership Board Executive.

ii. To agree that voting arrangements for the Strategic Partnership Board and Strategic Partnership Board Executive are revised to reflect those set out in the report.

iii. To agree that the Terms of Reference for the Strategic Partnership Board and Strategic Partnership Board Executive are amended to reflect (1) and (2).

iv. To agree that the Governance Sub Group work with Primary Care partners to develop their governance arrangements.

v. To agree the Strategic Plan approval process.

vi. To agree the role of the Strategic Partnership Board in respect of the Transformation Fund, and to instruct the Strategic Partnership Board to develop the criteria by which such funding will be accessed.

vii. To agree the role of the Strategic Partnership Board in shadow form.

viii. To agree the principles of the conflict resolution process for the Strategic Partnership Board, and instruct the Governance Sub Group and Strategic Partnership Board Executive to further develop.

ix. To agree the functions and form of the GM Joint Commissioning Board.

x. To instruct the Governance Sub Group to develop terms of reference for the Joint Commissioning Board.

xi. To agree that a GM Commissioning Strategy is developed aligned with the Strategic Plan.

xii. To instruct the Governance Sub Group to develop the criteria by which NHSE could exercise its ability to request that decisions are not considered at the Joint Commissioning Board.

xiii. To agree that the Joint Commissioning Board be supported by smaller Executive Group.

xiv. To agree that the GMJCB establish a research and innovation board to inform its decisions.

xv. To agree that existing scrutiny arrangements are reviewed, and request that a report be brought to a future meeting.

**CONTACT OFFICERS:**
Liz Treacy
l.treacy@manchester.gov.uk

## 1. INTRODUCTION

1.1 Across Greater Manchester, we are working together to reform health and social care services. To support Greater Manchester achieve its ambition of improving heath outcomes for its residents as quickly as is possible, robust and inclusive governance structures need to be developed and put in place.

1.2 This paper builds upon the governance principles that were agreed by Greater Manchester in September 2015 and sets out proposals and recommendations from the governance focus session held with representatives of all stakeholders on 17th November. In particular it sets out a role for primary care providers in the governance structure, it confirms the process for agreement of the Strategic Plan and it sets out progress on GM wide joint commissioning arrangements.

1.3 The principles that were agreed in September 2015 were set within the context of the MoU signed in February. This update is provided within the context of those principles:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate;
- Clinical Commissioning Groups and local authorities will retain their statutory functions and their existing accountabilities for current funding flows;
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements;
- GM commissioners, providers, patients and public will shape the future of GM health and social care together;
- All decisions about GM health and social care to be taken with GM as soon as possible;
- Accountability for resources currently directly held by NHS England during 2015/16 will be as now, but with joint decision making with NHSE in relevant areas to reflect the principle of "all decisions about GM will be taken with GM.

## 2. FUNCTIONS OF STRATEGIC PARTNERSHIP BOARD (SPB)

2.1 GM has agreed that the SPB will be responsible for setting the overarching strategic vision for the Greater Manchester Health and Social Care economy.

2.2 As it is not a legal body, its decisions are not binding decisions of its members, but it will make recommendations for its members to formally adopt following their own governance procedures.

2.3 Its primary responsibilities were set out in the report of 25th September and include:

- To set the framework within which the Strategic Partnership Executive will operate.
- To agree the GM Health and Social Care Strategic priorities in accordance with the NHS five year forward view.
- To endorse the content of the GM Strategic Plan for financial and clinical sustainability.
- To agree the criteria that determine access to the Transformation fund.
- To ensure that there remains ongoing and significant organisational commitment across the GM health economy to both the devolution agenda and a devolved health system.
- To agree an assurance framework, developed jointly with regulators where required, that reflects the outcomes required by Greater Manchester.
- To provide leadership across the GM health economy to ensure that the key strategic priorities for a GM health system are achieved.

## 3. SPB MEMBERSHIP AND VOTING

3.1 As previously agreed the membership of the will include:

- Independent Chair
- GMCA (The Chair of the GMCA)
- 10 AGMA authorities (Leaders or Lead Members)
- 12 Clinical Commissioning Groups ( Chairs or Chief Officers)
- 15 providers - all acute NHS Trusts and Foundation Trusts, mental health and community providers and NWAS ( Chairs or Chief Officers)
- NHS England (as they determine).

3.2 Monitor/TDA (NHS Improvement), CQC, Public Health England, Health Education England, Greater Manchester Fire and Rescue Service (Chair), and Greater Manchester Police and Crime Commissioner will also be invited to attend as non voting members of the Board.

3.3 In shadow form, the voluntary and community sector will be represented by GMCVO. This is an interim solution which recognises further work will be undertaken to ensure that Greater Manchester is able to appropriately engage the VCS within the new governance structures; across both the Strategic Partnership Board and as part of the Provider Forum.

3.4 In shadow form patient voice representation in the governance structures will be through an agreed Greater Manchester Healthwatch representative. Further work is being developed to ensure that the patient voice is appropriately represented within the new governance structures, and as part of the public’s engagement on the Strategic Plan

3.5 There is a report elsewhere on this agenda recommending that primary care providers have four representatives on the SPB, one for each of the principal disciplines: General Dental Practice; General Medical Practice; Optometry; and, Pharmacy. This is reliant on primary care providers developing governance structures that will support representation in this way.

3.6 It is proposed that a Greater Manchester Health and Social Care Workforce Engagement Forum is developed as a joint Greater Manchester wide forum for employers and trade unions to discuss at City Region level matters arising from the planning and implementation of devolution in health and social care across Greater Manchester.

3.7 Over the coming weeks discussions with Trade Union Representatives and Employers will take place to identify the role and remit of such a Greater Manchester Health and Social Care Workforce Engagement Forum. The forum would seek to ensure that the principles of meaningful partnership working operate effectively throughout Greater Manchester and will promote good practice in all areas of staff engagement, development and management.

3.8 The SPB will be supported by an SPB Executive. The SPB Executive will have membership that is representative of the key stakeholder groups, and will work within a framework that is set by the SPB. The form and function of the SPB Executive was agreed by the SPB in September 2015 and consists of 4 representatives of CCGs, Providers, and local authorities. It is proposed that primary care have one place on the Executive.

3.9 The SPB and the SPB Executive will have the same independent Chair. The process for recruiting the Chair will begin in January 2015. As interim measure the SPB and SPB Executive will be chaired by the AGMA/GMCA Portfolio Leader with responsibility for Health and Social Care. The Chair of Association of Greater Manchester CCGs will deputise.

**VOTING ARRANGEMENTS**

3.10 It was previously agreed that the voting arrangements for the SPB would be the with the four principal stakeholder groups: CCGs; Providers; NHSE; and, AGMA/GMCA. For any vote to carry, it was agreed that 75% of the four membership groups eligible to vote must vote in favour of the proposal, with each of the four membership groups holding one vote apiece, and the person with that vote being accountable to their constituent stakeholder group.

3.11 However, due to primary care accounting for approximately 90% of contact across the health and social care system; and having agreed, in principle, to put in place accountable governance arrangements, the voting arrangements will be revised. As such it is proposed that primary care will receive one vote, and therefore become the fifth stakeholder group with voting rights.

3.12 The amendment in voting rights is reliant on primary care partners developing the necessary governance structures to support representational aggregated voting.

3.13 As a result of the amendment to voting rights, it is proposed that for any vote to carry at the partnership Board 80% of those eligible to vote, must vote in favour of a proposal.

3.14 As a result of the amendments to the membership and voting arrangements for the SPB, the voting arrangements for the SPB Executive will also be revised to replicate those set out above. Primary Care will continue to have one place on the Executive. These amendments are conditional on Primary Care developing governance arrangements to support representation in this way.

3.15 Meetings of the SPB will be quorate if each of the vote holding stakeholder groups are represented. Attendees with voting rights will be expected to attend with the authority to vote on behalf of the stakeholder grouping the represent.

## 4. APPROVAL OF GREATER MANCHESTER STRATEGIC PLAN

4.1 The GM Strategic Plan will be recommended to the Board by the Executive in December.

4.2 The role of the SPB is not to agree the plan, but to provide endorsement at a Greater Manchester level, and recommend that it be taken for approval by CCG governing bodies, Council cabinets, and NHS Trust Boards.

## 5. DECISION MAKING CAPABILITY – TRANSFORMATION FUND

5.1 It is likely that any transformation funding received by Greater Manchester will be channelled from Treasury to NHSE and, it is anticipated, delegated to the commissioners to allocate in line with recommendations from the SPB Executive which will ensure that GM is able to direct and agree its usage.

5.2 The SPB will determine the criteria for access to the fund, and will receive assurance from both the Chief Officer and SPB Executive on the

application of transformation funding, and delivery of expected outcomes from investments made.

5.3 The SPB Executive will review proposals received against the criteria agreed by the SPB, and will recommend the distribution of transformation fund to commissioners.

5.4 The SPB Executive will receive assurance on the outcomes relating to the activities commissioned by commissioners from the transformation fund.

## 6. ROLE OF THE SPB IN SHADOW FORM AND NEXT STEPS

6.1 In shadow form, the SPB has the following functions:

- To endorse the Strategic Plan, and recommend it for approval by the 37 organisations in Greater Manchester.
- To endorse the ten locality plans as part of the Strategic Plan
- To agree the criteria that determines access to the transformation fund and request that these be developed by the SPB Executive.
- To agree the criteria for judging whether organisational reform or reconfiguration needs Greater Manchester sign off
- To endorse the Greater Manchester joint commissioning strategy, which will be constructed in line with the Strategic Plan.

6.3 The SPB will also hold a system management function. That is, it will be responsible for ensuring that the Strategic Plan is delivered, and that the component parts of the Greater Manchester health and social care economy i.e. the ten localities; and 38 organisations (including NHS England), continue to work within the parameters set by the Plan, and continue to work toward the aims objectives of the Plan.

6.4 The SPB will have clear regard for Vanguard applications both on a Greater Manchester basis, but also at a locality level. The SPB will also provide assurance of the Greater Manchester health and social care system, ensuring that the Plan is delivered. Work is required to further develop the assurance framework for Greater Manchester.

6.5 It is proposed that the SPB will be informed of any applications by organisations and localities in Greater Manchester for additional funding outwith that already in Greater Manchester. It is proposed that such applications will meet the requirements of the Strategic Plan. Any GM wide applications for additional funding will be agreed by the Board.

## 7. CONFLICT RESOLUTION

7.1 In the event of dispute at Board or Executive level; or in the event that one or more organisations do not approve the plan, a dispute resolution process will be implemented. The focus of this process will be three fold:

to understand why dispute has occurred; to determine/understand the potential implications of the dispute; and to resolve where possible.

7.2 A key principle of the dispute resolution procedure is that disputes will be resolved at the most appropriate place level, i.e. for organisation with a singular district footprint the issue will be resolved at a locality level following consideration by the Chairs and Leaders of all of the stakeholders in the locality.

7.3 Where disputes cannot be resolved at place level, a group comprised of an agreed number of Chairs and Leaders from each stakeholder group outside of the locality representing each of the stakeholder groups will be formed to arbitrate and make recommendations to the parties in dispute. It is intended that the recommendations made by the dispute resolution group are binding on those parties in dispute, however work is ongoing with regulators to confirm the detail of how this could be made to operate.

7.4 A detailed procedure will be drafted through the Governance Sub Group and SPB Executive based on these principles and referred back to the Board for endorsement.

## 8. JOINT COMMISSIONING BOARD

8.1 The GM Joint Commissioning Board will be a Joint Committee where each participant makes joint decisions which are binding on each other.

8.2 As Specialised Services Commissioning cannot be dealt with by way of s75 arrangements without a change in the s75 regulations, any joint commissioning of specialised services will need to be undertaken through a joint committee made up of NHSE, CCGs, GMCA, and local authorities.

8.4 The GMJCB will have significant commissioning decision making responsibility as the largest single commissioning vehicle in GM.

8.5 In order to comply with regulatory requirements the GMJCB will function independently of providers.

8.6 The key functions of the GMJCB are as follows:

- To develop a commissioning strategy based upon the agreed Strategic Plan.

- Be responsible for the commissioning of health and social care services on GM footprint
- Have strategic responsibility for commissioning across GM
- Be responsible for the delivery of the pan GM strategy via its commissioning decisions (local commissioning will remain a local responsibility).

- To operate within existing commissioning guidelines following key principles of co-design, transparency, and broad engagement.

8.7 The GMJCB will only take GM wide commissioning decisions; any decision that currently sits with the commissioning responsibilities of LAs and CCGS will stay with these organisations (or at a locality level where new commissioning arrangements are being developed)

8.8 Whilst the core principle of the GMJCB will be that that those commissioning decisions which are currently made in localities will remain in localities, there will be a mechanisms developed to ensure that remit of the GMJCB can be broadened should localities agree that it is in their best interests to do so.

8.9 It is accepted that there are certain specialised services that would be impractical to commission on a Greater Manchester footprint. However, NHSE will work collaboratively with the GMJCB to ensure that these services are not commissioned in isolation of Greater Manchester.

8.10 The GMJCB will be required to produce a clear Commissioning Strategy that is aligned with aims and objectives of the Strategic Plan. The Commissioning Strategy will be reviewed periodically, or at times when the priorities for the Greater Manchester health and social care economy change; thus necessitating a shift in commissioning priorities. Any changes to the Commissioning Strategy would require agreement by the GMJCB in line with voting arrangements set out below (see 9.5).

**9. JOINT COMMISSIONING BOARD: MEMBERSHIP AND VOTING**

9.1 The membership of the GMJCB will be comprised of the 23 commissioning organisations in Greater Manchester, and the Greater Manchester Combined Authority:

- CA x 1
- NHSE x 1
- The CCGs x 12
- The LAs x 10

Total 24 representatives

9.2 It is anticipated that CCGs will be represented on the GMJCB by their accountable officer, NHSE will be represented by the GM H&SC Chief Officer, the Greater Manchester Combined Authority will be represented by the lead Chief Executive for Health and Wellbeing and local authorities will be represented by their Chief Executive.

9.3 However, organisations may nominate whomever they see fit to represent them. The representative must however attend with a delegated authority

and have an ability to participate fully in the decision making process. The seniority of the membership of the GMJCB should reflect both the size of the budget and the significance of the decisions taken.

9.4 The GMJCB will be supported by specialised officer groups such as the Cancer Board, Specialised Service Commissioning Oversight Group, and in recognition of the need for innovation a health research and innovation group will be formed to support the commissioning process.

9.5 The GMJCB will be jointly chaired by local authorities and CCGs. The GMCA, NHSE, CCGs and LAs will each have one vote (i.e. four votes in total). Decisions will require a 75% majority of the participant organisations.

9.6 NHSE will be represented on the GMJCB by the GM H&SC Chief Officer, however there may be circumstances where NHSE has no present interest in a particular matter e.g. where the matter relates to a function that NHSE has delegated to GMCA and/or CCGs. In such circumstances the Chief Office, who would cast the vote on behalf of NHSE, will pass the NHSE vote to CCGs or align their vote to that of CCGs. This will ensure parity across GM commissioning agencies

9.7 Due to the fact that NHSE commissions many services on a national basis, notably some very specialised services, there will be a proportionate ability for NHSE to notify the GMJCB where an item due for consideration could have significant ramifications for NHSE, eg proposed spending beyond existing budget(s); or potential and significant adverse implications for communities beyond GM.

9.8 The exact circumstances, in which these arrangements apply, have yet to be determined and further is required to develop such criteria. This will be taken forward by the Governance Sub Group. In these instances, any decision will need to be taken with the consent of NHSE.

9.9 NHSE also reserve a right of veto over certain commissioning decisions relating to specialised services. However this right of veto is not absolute, for it to be exercised it would need to satisfy clear and agreed criteria e.g. where the commissioning of services would give rise to a significant financial risk for NHSE. The exact circumstances, in which this would apply, have yet to be determined and further is required to develop such criteria.

## 10. CRITERIA FOR COMMISSIONING AT A GREATER MANCHESTER LEVEL

10.1 Greater Manchester will need to consider whether it is beneficial for certain services to be commissioned on a Greater Manchester footprint

and therefore by the GMJCB. Work is now underway to identify which services can be more effectively and efficiently commissioned on Greater Manchester footprint and therefore delegated to Greater Manchester. It will be for the GMJCB and local stakeholders to formally approve and agree what services these are.

10.2 It is also proposed that the GMJCB consider the commissioning of primary care at a Greater Manchester level; with the exception of general practice which will be commissioned by CCGs. However, the GMJCB will have a significant role to play in developing and implementing a Greater Manchester wide framework within which general practice is commissioned.

10.3 Greater Manchester has already agreed that those services currently commissioned at a local level, will continue to be done so (albeit under potentially significantly differing commissioning arrangements). However, GM will need to develop a clear mechanism to ensure that it is able to commission at both a cluster and GM level.

10.4 The criteria by which existing activity would be commissioned at Greater Manchester level will focus upon whether decisions taken on a broader footprint achieved a greater benefit for the population, e.g. increased value for money; greater levels of efficiency; or increased clinical sustainability.

10.4 The criteria will be designed by commissioners (the GMJCB), and kept under constant review to ensure that commissioning in Greater Manchester can be as efficient and effective as is possible.

10.5 It is acknowledged and recognised that commissioning organisations cannot be compelled to delegate a commissioning function up to the GMJCB against it wishes, as such each organisation currently responsible for commissioning a service/function will have to approve the proposal that is being identified to potentially fall within the scope of the GMJCB.

10.6 It is proposed that any health and social care commissioning activity currently undertaken on a GM footprint, whether it be by AGMA/GMCA, GM CCGs, or NHSE (subject to the general exclusion set out above) will now be commissioned by the GMJCB.

10.7 The GMJCB will need to agree a clear decision making process to ensure that it is able to take decisions about shifting commissioning activity into the GMJCB from localities.

10.8 Where agreement cannot be reached a dispute resolution process would be enacted, following the principles of that set out in section 7. Where the dispute related to the potential commissioning of services on a GM

footprint, the GMJCB will reserve the right to proceed and commission on a smaller footprint should it be beneficial (and agreed) to do so. However, the GMJCB can also draw upon the dispute resolution process which will broadly replicate that set out for the SPB (see section 7).

10.9 The dispute resolution procedure will be clearly set out in the written agreement that will be required to support the proposed joint commissioning arrangements; this will either be in the form of a s.75 agreement or follow the structure of such an agreement.

## 11. JOINT COMISSIONING BOARD SPECIALISED SERVICE COMMISSIONING

11.1 The key principle by which specialised services will be commissioned is that GM commissioners, providers, patients and the public will shape the future of health and social care provision in Greater Manchester. This is subject to Greater Manchester, via the GMJCB, formally agreeing to accept responsibility for commissioning those Specialised Services that are best served commissioned by Greater Manchester.

11.2 If it is agreed to commission specialised services the commissioning will be in line with the content and direction of the Strategic Plan. The GMJCB will produce a GM commissioning strategy to complement and deliver the Strategic Plan; this plan will require the endorsement of the SPB.

11.3 As part of the GMJCB commissioning process, the GMJCB will be required to clearly define the process that will be followed to commission a service. This process will need the support and approval of the SPB (including NHS Trusts).The process will be required to give due consideration and ultimately make provision for the co-design of services; the actual commissioning of service will remain the sole domain of the GMJCB which will operate fully independently of providers.

11.4 It is recognised that there is no mechanism that Greater Manchester can develop that will eliminate the risk of decisions being challenged, or subjected to a judicial review. However, the governance that is being developed by Greater Manchester and the process that is being outlined to commission services should reduce significantly the risk of decisions being challenged from within Greater Manchester. Where a commissioning process has been agreed by the Strategic Partnerhsip Board and subsequently followed, the GMJCB would not expect the outcome to be challenged by an organisation with Greater Manchester. As the regulatory bodies are SPB members it is anticipated that the outcome of commissioning decisions would be supported by regulators.

11.5 Greater Manchester has already committed to reviewing the existing scrutiny arrangements for health and social care. Scrutiny is recognised

as playing a vital role in supporting both service delivery and transformation. It is therefore proposed that prior to a decision taken being referred to an Independent Review Panel, that Greater Manchester reviews a decision at the SPB. However, this does not remove or replace the right of scrutiny committee to refer decision taken.

## 12. JOINT COMISSIONING BOARD – SERVICE RECONFIGURATION

12.1 The premise of the Memorandum of Understanding signed in February 2015 was two fold: that decisions about Greater Manchester will be taken with Greater Manchester; and that decisions on health and social care spend would be taken to benefit the residents of Greater Manchester not necessarily be taken based on the institution that serve them.

12.2 The GMJCB have a key role to play in commissioning services across Greater Manchester, as part of the transformation required this may result in significant organisational change.

12.3 The GMJCB will be required to consult with the public about proposals that could result in service reconfiguration, and work collaboratively with the regulatory bodies.

12.4 Any such activity will need to be delivered within the context of the Strategic Plan. Where a proposed change at a Greater Manchester level could potentially adversely impact the sustainability of a service or organisation; and or, have a material impact at a locality level or on the deliverability of a locality plan, the proposal will be referred to the SPB.

## 13. JOINT COMMISSIONING BOARD – OTHER SERVICES

13.1 There are a number of services that are currently commissioned at a locality level that may be best commissioned within a Greater Manchester framework of quality and standards. These include General Practice, a significant amount of social care services, and certain Public Health services. The GMJCB will consider the commissioning of such services within its Commissioning Plan.

## 14. JOINT COMMISSIONING BOARD SUPPORTING STRUCTURE

14.1 The GMJCB will be supported by a smaller executive, which will operate within a framework developed and agreed by the GMJCB.

14.2 The smaller executive will have responsibly for taking forward the next steps set out within this report (see section 15), and will be responsible for receiving clear updates from the commissioning advisory groups (see 8.4), making recommendations to the broader GMJCB as required.

14.3 The membership of the smaller executive will be drawn from the commissioning organisation across Greater Manchester, and be supported by members of the Greater Manchester Health and Social Care Team.

## 15. JOINT COMMISSIONING BOARD IN SHADOW FORM AND NEXT STEPS

15.1 The GMJCB will meet in shadow form and carry out the following functions:

- To agree the scope of its remit from April 2016, including agreeing line by line which Specialised Services will be commissioned by Greater Manchester.
- To have oversight and be cognisant of those services that will be commissioned on a Greater Manchester footprint from April 2016-17.
- In recognition that commissioning cycle may already be in train, the Joint Commissioning Board will therefore be required to be appraised of those take decisions that need to be taken, and make recommendations to the decision makers.
- To develop the Greater Manchester Commissioning Strategy.

## 16. RECOMMENDATIONS

16.1 See front cover of the report.