

**Manchester City Council
Report for Resolution/Information**

Report to: Resource and Governance Scrutiny Committee
21 June 2018

Subject: Health and Social Care Budget

Report of: City Treasurer, City Solicitor and Executive Director of Strategic Commissioning

Summary

The purpose of this report is to provide an update on:

- The GM Health and Social Care devolution arrangements with a focus on governance and the financial arrangements particularly with the Transformation Fund.
- The governance for the integration of Health and Social Care in Manchester including Manchester Health and Care Commissioning (MHCC), the Locality Care Organisation (LCO) and the underpinning Partnership Agreement,
- The Adult Social Care budget position set in the Council's four year Budget Strategy and the joint Locality Plan including progress on the delivery of planned savings.

Recommendations

The Committee is asked to comment on and note the report.

Wards Affected:

All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the City in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs

A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

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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.

2017-20 Budget agreed March 2017

2018-20 Budget agreed March 2018

1. Introduction and background

1.1 The purpose of this report is to provide an update on:

- The Greater Manchester (GM) Health and Social Care devolution arrangements with a focus on governance and the financial arrangements particularly with the Transformation Fund. The report is accompanied by a slide pack '*GM Health and Social Care and Transformation Fund Governance*'.
- The governance for the integration of Health and Social Care in Manchester including Manchester Health and Care Commissioning (MHCC), the Locality Care Organisation (LCO) and the underpinning Partnership Agreement. The report is accompanied by a slide pack '*Health and Social Care Governance in Manchester*'.
- The Adult Social Care budget position set in the Council's four year Budget Strategy and the joint Locality Plan including progress on the delivery of planned savings.

2. Greater Manchester Governance Arrangements

2.1 The Greater Manchester (GM) Health and Social Care Devolution Memorandum of Understanding (MoU), signed in February 2015 facilitated the establishment of a governance approach that would be responsible for the delivery of the GM vision for Health and Social Care. The MoU was aimed at supporting GM to assume full responsibility for NHS funding streams in Greater Manchester. The governance structures put in place enable all parts of the system in GM to have input into and influence over the overall vision for GM, creating a dispersed model of leadership and reflects the existing accountability arrangements and responsibilities held by local authorities, Clinical Commissioning Groups and NHS Providers.

2.2 The GM Health and Care Board (GM HCB) provides the overall strategic vision and direction for health and social care in GM. To ensure the GM HCB takes a holistic approach its membership is whole system with a locality focus, incorporating all GM CCGs, Local Authorities, NHS Providers and Primary Care as well as representation from NHS England, NHS Improvement, Public Health England. The Combined Authority is represented through the GM Mayor and Chief Executive. GM Fire and Rescue Service and GM Police also have representation.

2.3 The GM Strategic Partnership Board Executive (GM SPBE) is responsible for operational and transactional issues relating to delivering the GM health and social care vision. Membership includes three representatives each from CCGs, Local Authorities, NHS Providers and Primary Care and one representative from NHS England. Membership of GM SPBE includes the Voluntary, Community and Social Enterprise (VCSE) with the specific representatives being agreed through GM VCSE Reference Group (without voting rights).

- 2.4 Both the Board and the Executive Board are chaired by Lord Peter Smith, GMCA Portfolio Holder for Health and Social Care, supported by Jon Rouse, Chief Officer GMHSC Partnership. Meetings are live streamed and reports are accessible on the GMCA Website. Manchester membership is from the Executive Member for Adults, Health and Wellbeing, Chief Executive Manchester Foundation Trust, MCC Deputy Chief Executive and Chief Accountable Officer, MHCC. The Executive Member for Adults, Health and Wellbeing has membership on both the GM HCB and the GM SPBE.
- 2.5 The GM Mayor and Combined Authority carry no formal responsibilities with respect to health and care, although the Governance arrangements do include an informal relationship between the GM Health and Care Board and the GM Reform Board.
- 2.6 Jon Rouse, the Chief Officer for the Health and Social Care Partnership and has a GM role with a direct reporting line to the Chief Financial Officer for NHS England. The GMCA currently contribute £600k to the running costs of the Partnership Team.
- 2.7 As part of the devolution arrangements, a Transformation Fund (TF) of £450m was agreed for GM. This pulls together existing numerous streams of funding into one Fund that is governed by GM rather than via national bidding or allocation processes. The TF is held on behalf of GM by the partnership and has been allocated to either Districts on the back of their investment proposals in their Locality Plans to deliver clinical and financial sustainability or across the transformation themes such as the reconfiguration of acute services. The Strategic Partnership Board Executive makes decisions on the advice of the Transformation Fund Oversight Group chaired by Jon Rouse that review proposals and progress.
- 2.8 Manchester has been awarded £47m to fund the costs of forming the single hospital service for Manchester. The first stage of this has been completed with the formation of the Manchester Foundation Trust from Wythenshawe and CFMT. In addition £37.9m has been awarded from GMTF for the transformation through Manchester Local Care Organisation and other system enablers.
- 2.9 The current governance arrangements for GM Health and Social Care and the Transformation Fund are summarised in a presentation accompanying this report.
- 3. The Integration of Health and Social Care in Manchester**
- 3.1 In April 2017 Manchester City Council and NHS Manchester CCG entered into a single commissioning arrangement for health, adult social care and public health. This brought together the leadership and delivery of commissioning for these services into a single arrangement. The partnership organisation, called Manchester Health and Care Commissioning (MHCC), is a key part of the Manchester Locality Plan 'Our Healthier Manchester'. MHCC was established with a view to achieve the following benefits:

- To make best use of the collective resources (financial and non-financial).
 - To be more effective in the context of new health and care provider arrangements within the City - Local Care Organisation, the Single Hospital Service and Greater Manchester Mental Health.
 - To be more strategic in terms of its commissioning role including a more outcome focussed approach and broader influence across the wider public sector and Greater Manchester footprint.
 - To enable more integrated and proactive care delivery through a more co-ordinated commissioning arrangement.
 - To enable a proactive approach to the early intervention and prevention
- 3.2 MHCC operates a single planning, delivery and assurance process from April 2018. This will oversee all commissioning responsibilities for health, adult social care and public health and will include single budget arrangements.
- 3.3 This will generate the following benefits:
- Joined up commissioning of health, social care and public health enabling more proactive and joined up care.
 - More co-ordinated transformation; oversight of quality and performance; and financial management.
 - More effective and efficient spending
 - Clear commissioning voice within and for the Manchester health and care system
- 3.4 Manchester governance arrangements will sit within MHCC and be led through MHCC's Executive committee, reporting to the Board. City Council representation includes at least one Executive Member and another position nominated by an Executive Member, currently the City Council Chief Executive, with the City Treasurer in attendance.
- 3.5 The City Council has entered into a partnership to formally establish the Local Care Organisation (LCO) and to ensure the delivery of integrated health and social care services. The partnership comprises four provider organisations Manchester City Council, Manchester Foundation Trust, Manchester Primary Care Partnership and Greater Manchester Mental Health. Each of the four partners have two places on the LCO Board and one vote. For Manchester the LCO Board is represented by an Executive Member and another position nominated by the Executive Member, currently the Deputy Chief Executive.
- 3.6 The Health and Social Care governance arrangements for Manchester are summarised in a presentation accompanying this report. .
- 4. The Manchester Investment Agreement and Pooled Fund**
- 4.1 Manchester City Council and NHS Manchester CCG have agreed a pooled single commissioning budget for health, adult social care and public health from April 2018 with a Section 75 Partnership Agreement and Financial Framework. There is the Manchester Agreement, which sets the overall

financial context for health and social care, including detailed financial and activity assumptions.

- 4.2 The single budget will include the all of the CCG budget and the majority of the Council's adult social care budget, excluding the budget for Homelessness, Adults Safeguarding Service and Our Manchester Voluntary and Community Sector grants. When the Council's budget was approved in February 2018 the total single MHCC budget for 2018/19 was £1.117billion, made up of £930m (Health) and £186.5m (MCC).
- 4.3 The aims of the single health and care budget are:
- To commission joined up health, social care and public health, through the Local Care Organisation, Hospital services and other providers.
 - To shift investment upstream enabling proactive and co-ordinated care within neighbourhoods to reduce demand on high cost, acute or long term institutional care.
 - To realise benefits of cost efficiency through increased purchaser power, reduced duplication and reduced detrimental decisions at a system level.
 - To develop opportunities for a more strategic approach to capital and revenue financial planning.
- 4.4 The investment of resources and shifting of provision into community services, with more people supported in their own homes will be supported by the Manchester Agreement which will formalise the joint commitment of organisations' to the Our Healthier Manchester strategy and to create governance mechanisms to enable effective implementation. The Manchester Agreement is not legally binding but acts as a commitment to a joint vision, strategy and collective ways of working which will enable more effective implementation. This explicitly commits the health and care system to its role in strengthening the wider determinants of health and achievement of longer term clinical and financial sustainability.
- 4.6 The current Manchester Agreement is a starting point for more formal system governance and supporting working arrangements. It is intended that this will evolve and grow in both scope and maturity of the working arrangements

5. Impact on the Council Adult Social Care Budget

- 5.1 As part of the four year period, there was a one year budget for 2016/17 and in 2017 the Council set a three-year budget for 2017/18 – 2019/20. This came on top of continuing cuts since 2010/11 which saw £271m of savings and budget cuts made across Council services. The 2017-20 budget reflected extensive engagement and consultation with Manchester residents about their priorities, which included looking after the most vulnerable.
- 5.3 In order to help put the health and social care system on a sustainable footing, savings were required from budgets over the three year period. However it was recognised that implementing further significant cuts in social care spend would not help if all that happened was people were at risk of staying in

- hospitals longer than necessary. Need was increasing faster than funding available and the acceleration of new care models accompanied by an increased level of social care investment is a key part of the strategy to remain within budget and impact on outcomes.
- 5.4 The Locality Plan 'Our Healthier Manchester' set the ambition to radically improve people's health in the city and close an estimated £135 million financial gap that there would otherwise be by 2020/21. It aims to do this by reducing demand for acute services, through better integrated care that keeps more people independent for longer.
- 5.2 The three year 2017-20 budget agreed in February 2017 set out the approach to delivering transformation of health and care services, and achieving efficiencies. As part of this budget significant additional investment was made into adult social care, partly funded by the Improved Better Care fund and the additional council tax precept. The Council worked with partners to implement a significant savings programme to meet demands through new approaches and not just by cutting services. It was also recognised that implementing significant cuts in social care spend would not help if all that happened was people were at risk of staying in hospitals longer than necessary. The acceleration of new care models accompanied by an increased level of social care investment is a key part of the strategy to remain within budget and to impact on outcomes.
- 5.3 As part of the suite of budget reports agreed at the February 2017 Executive, the total investment from the Council into the pooled budget over the period 2017-20 was £35m. This was part funded by the Improved Better Care fund and council tax precept. This led to an approved pooled budget contribution from MCC of £165m in 2017/18, £170m in 2018/19 and £173m in 2019/20. Total savings required over the three year period were £16.8m, which was made up of saving from ASC budgets within the pool of £12m and joint savings with partners to be reinvested to fund Social Care of £4.8m.
- 5.4 The Adult Social Care grant for 2017-20 was not included in the pooled budget at this time as it was announced after the budget was set. The Council's Executive subsequently agreed in July 2017 that it should be included in the Pooled Budget and its use agreed by MHCC Board and the Health and Wellbeing Board.
- 5.5 Savings of £10.8m were identified towards the £12m savings 2017-20 savings target approved in 2017. The areas where savings were not achieved predominately related to the provision of Extra Care. Here progress was delayed due to the reluctance of housing partners to deliver extra care schemes due to proposed adverse changes to housing benefit payments. Following recent government announcements work on extra developments has recommenced.
- 5.6 In addition, in line with the position for social care nationally, demand for services continued to increase. As reported in the Revenue Monitoring Report previously received by this committee the Adult Social Care budget overspent by £3.679m in 2017/18. This position was supported by the use of non-

recurrent resources, in particular the Adult Social Care grant, but the underlying position reflected:

- Unachieved savings of £2.5m.
- Increase in activity of £5.7m, of which £3.7m was funded as part of 2017/18 budget process.
- Joint locality issues of £7m. This included the need to identify permanent savings for the £4.8m, a funding model for medicines management provided by social care and the impact of more people requiring social care as a result of people with Learning Disability cases moving from the NHS following the findings of the Winterbourne review into people in long stay hospitals of £1m. The MHCC Board agreed £4m of non-recurrent resource from the pooled fund in 2018/19 towards this.
- In-house services had a challenging 12 months following safeguarding issues which were raised at the start of the previous financial year by the Care Quality Commission (CQC). A level of agency usage has been necessary to maintain safe staffing levels and stabilise the service which put pressure on the budget of £1.2m.
- Homelessness pressures largely from temporary accommodation of £2m following loss of the Temporary Accommodation Management Fee (TAMF) from Government in April 2017.

6. Budget 2018/19

6.1 The full year effect of increased demand for ASC during 2017/18 led to a need for additional investment from the Council of £5.8m in 2018/19. In total £9.8m additional funding went into Adult Social Care in 2018/19 with £4m of that from a non-recurrent risk reserve from the Pooled Budget. The investment requirement from the Council rises to £15.1m in 2019/20 which was approved as part of the 2018-20 budget in March 2018.

6.2 A revised savings plan was also agreed which is set out below.

Adult Social Care Savings 2018-20	2018/19	2019/20	Total
	£,000	£,000	£,000
New Delivery Models			
Carers' support	0	23	23
Reablement	-1,887	1,044	-843
Extra Care	-1,523	874	-649
Assistive Technology	-1,889	569	-1,320
High Impact Primary Care	-211	-293	-504
Prevention	-834	-535	-1,369
	-6,344	1,682	-4,662
Other savings			
Public Health	-545	0	-545
High Cost Placements	-950	-500	-1,450
Minor Schemes	595	0	595

Adult Social Care Grant - non-recurrent	250	0	250
	-650	-500	-1,150
New Social Care Savings			
Strengths based support planning	-775	0	-775
Homecare: Implement outcomes based commissioning	0	-750	-750
Re-commissioning of low value packages	-250	-250	-500
Contract Review	-500	0	-500
Prepaid Cards for Cash Individual Budgets	0	-200	-200
	-1,525	-1,200	-2,725
Total	-8,519	-18	-8,537

6.3 The savings will be delivered using investment from the GM Transformation Fund and ASC grant to release future savings. This focussed on improving out of hospital and community care and includes:

- High Impact Primary Care (HIPC) expansion of the service from the roll out in the North to South and Central Manchester.
- New Extracare provision.
- Community Links for health prevention operational in North Manchester with plans to mobilise in Central and South underway.
- Expanding and transforming reablement through significant recruitment, focusing on unemployed and those furthest away from the job market.
- Expanding the opportunities for the use of Assistive Technology to meet people's needs whilst maintaining their independence.

6.4 Taking all of the above into account, the agreed contribution to the pooled budget is set out below. This includes the approved new investment from the Council and MHCC non-recurrent resource.

Proposed Pooled Budget	2017/18 £000	2018/19 £000	2019/20 £000
Pool base budget	164,522	164,522	156,770
Demographic pressures*	0	2,335	2,335
Less			
Savings - 17/20 approved budget	0	(4,814)	(4,000)
ASC Grant Reduction		(5,273)	(3,869)
Approved Pooled Budget	164,522	156,770	151,236
MHCC Contribution		4,000	0
National Living Wage*	385	4,643	8,901
Inflation (estimated)*	710	4,951	9,192
Proposed Council investment		5,759	15,115
Health visiting service		10,352	10,352
Proposed pooled budget	165,617	186,475	194,796

*as required subject to approval

6.5 The Final Local Government Finance Settlement announced in February resulted in very little change for the Council. It did include additional funding of £150m for the Adult Social Care Support Grant with Manchester's allocation being £1.667m. As this was so late in the process and a one-off resource, it was agreed as part of the February Budget process that this would be added to the pooled budget for 2018/19 but release the use of other one off resources to support the position in 2019/20.

7. Current position

7.1 A balanced budget for 2018/19 was set for the Council in February. Likewise the CCG governing body approved a balanced budget for 2018/19.

7.2 Critical to the delivery of that budget will be the delivery of the savings. The revised implementation timescales for Reablement and Assistive Technology and a reassessment of the prevention savings means that the savings as originally envisaged will not be achieved. The table below sets out the full position on the MHCC Financial Sustainability Programme. The £5m risk for Adult Social Care was also flagged in the Revenue Outturn Report previously seen by this committee.

Rag Rating	NHS Manchester CCG	MCC	MHCC Total
	Forecast ('000)	Forecast ('000)	Forecast ('000)
Red	5,212	3,793	9,005
Amber	4,201	483	4,684
Green	190	545	735
Sub-Total	9,603	4,821	14,424
Not deliverable in current form	1,151	5,051	6,202
Total	10,754	9,872	20,626

7.3 MHCC Board is in discussion with providers, in particular the LCO to determine how the risk can be mitigated in 2018/19 and 2019/20 considering:

- Further mobilisation of new care models
- Development of arrangements between commissioners and providers to share risks and minimise the impact on partner organisations during the transformation period and to sustain the health and care system in the longer term.
- Implementation of MHCC joint commissioning arrangements across all MHCC health and social care portfolios to lever maximum benefit from the use of joint resources.
- Determine the overall impact of the system change and new care models on system benefits
- Available non-recurrent resources held by partners.

- Reconfiguration of the total LCO budget to achieve savings and be better aligned to understanding the financial impact of the milestones set out in the LCO delivery plan.



in Greater Manchester



**GM Health and Social Care and
Transformation Fund Governance**

Resources and Governance
Scrutiny Committee

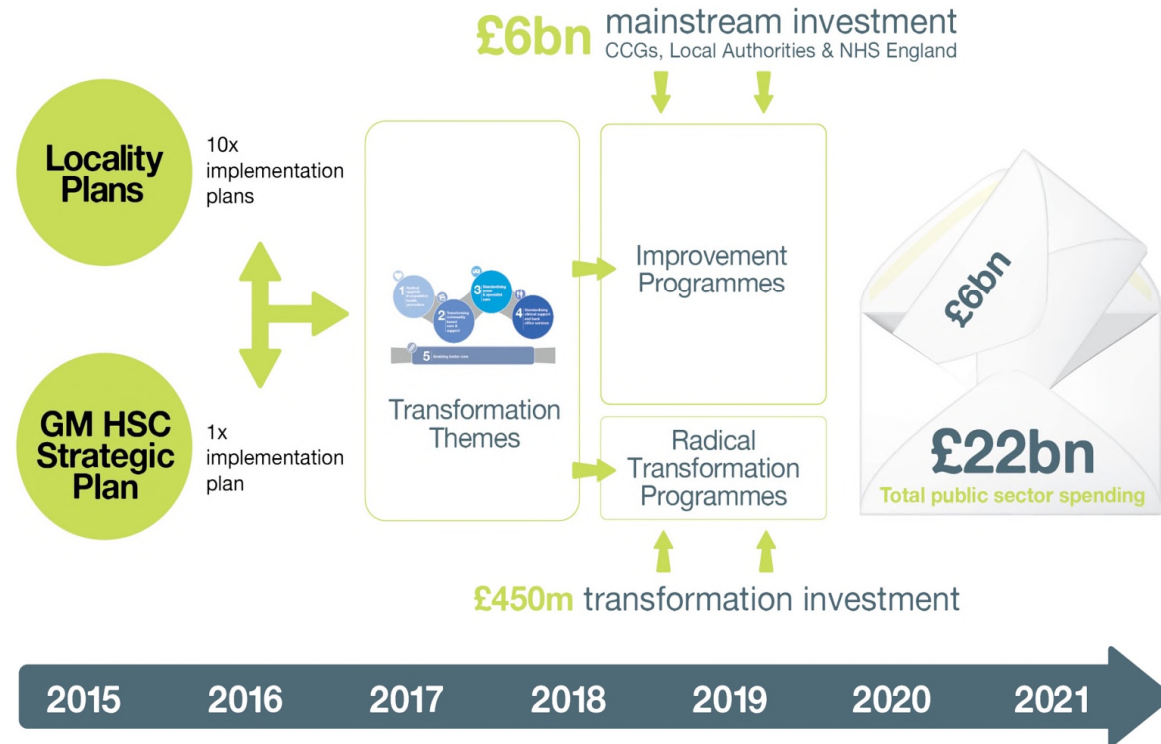
21st June 2018

Vision:

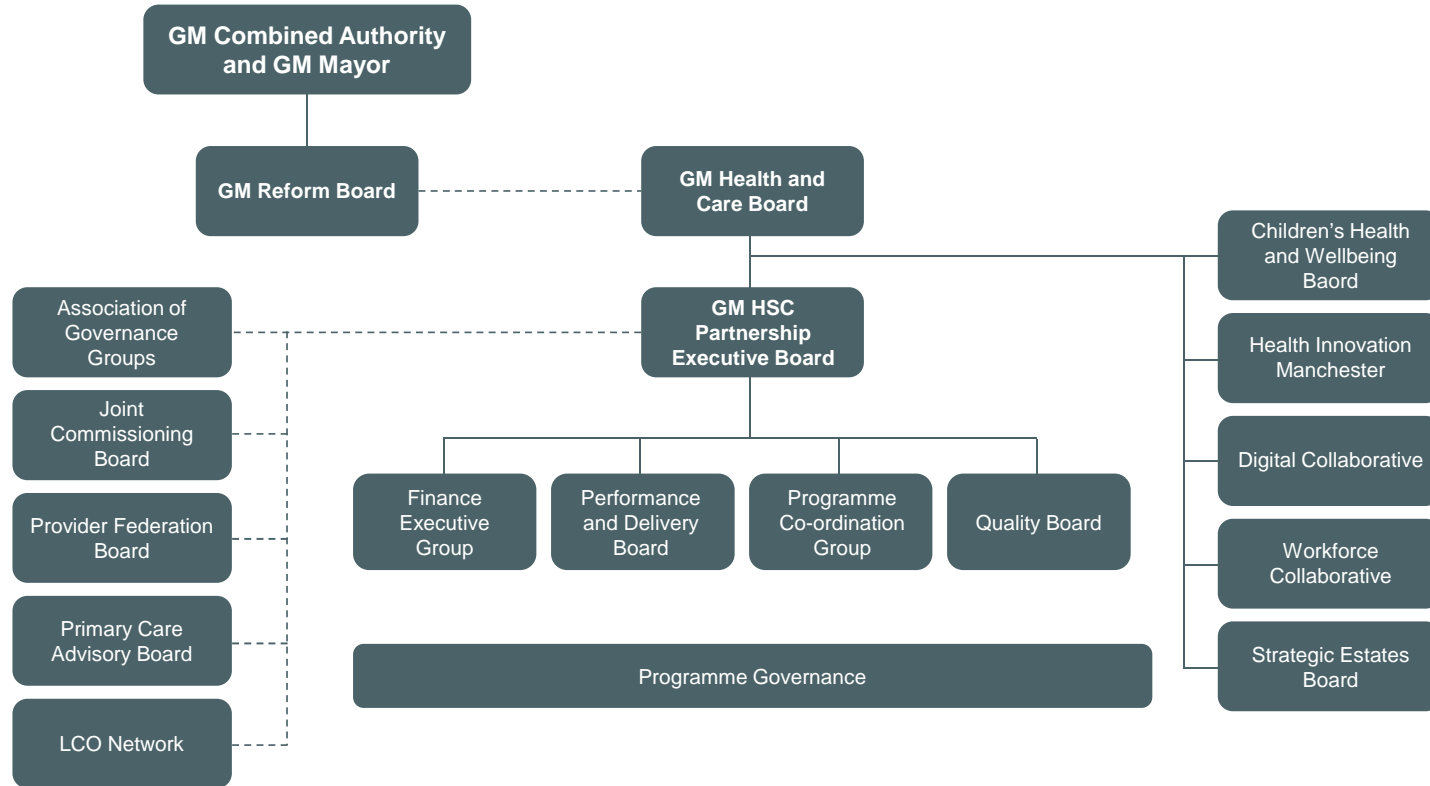
To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester

We will do this by:

1. Creating a transformed health and social care system which helps more people stay well and takes better care of those who are ill
2. Aligning our health and social care system far more widely with education, skills, work and housing
3. Creating a financially balanced and sustainable system
4. Making sure the system remains clinically safe throughout.



GM Governance

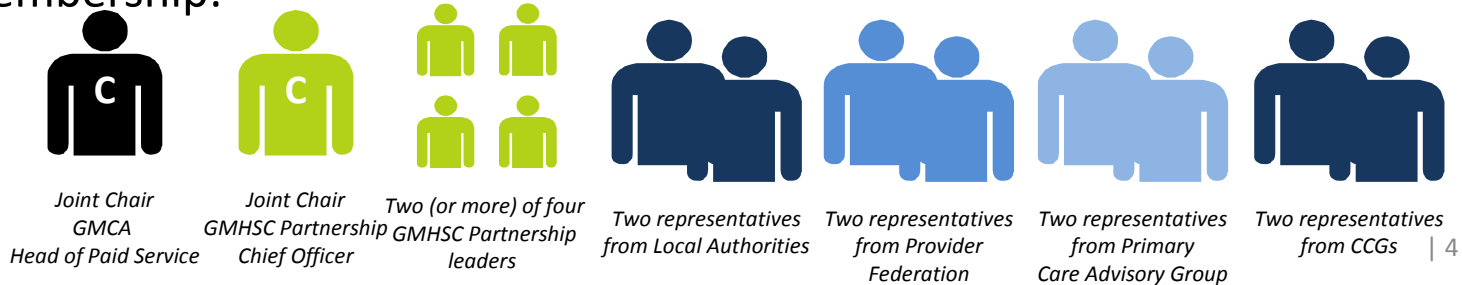


GM Health and Social Care Governance

- GM Health and Care Board provides the overall strategic vision and direction for health and social care in GM.
- Operational and transactional issues related to delivering the GM HSC vision is the responsibility of the Strategic Partnership Board Executive
- Membership and voting rights from CCGs, Local Authorities, NHS Providers, GM Primary Care Advisory Group (80% agreement). Dual roles to be accountable back to both their sector and their locality.
- Representation from NHS England, NHS Improvement, Public Health England. and the Combined Authority
- Both the Board and the Executive Board chaired by Lord Peter Smith, GMCA portfolio holder for health and social care, supported by Jon Rouse, Chief Officer GMHSC Partnership
- Boards work closely with the Mayor and Combined Authority including through the existing GM Reform Board
- Membership of Strategic Partnership Board Executive includes the VCSE with the specific representatives being agree through GM VCSE Reference Group (no voting rights)
- Manchester membership from Councillor Bev Craig, Sir Mike Deegan, Geoff Little and Ian Williamson. Cllr Craig has membership on both the Board and the Executive Board.
- Not a legal entity and no regulatory responsibility to require partner organisations to implement the decisions it makes
- Meetings are live streamed and reports are accessible on the GMCA Website

Transformation Fund Oversight Group Membership

- Members are drawn from across the GM Health and Social Care economy to ensure wide stakeholder engagement in relation to the allocation of the Transformation Fund monies.
- Each of the core stakeholder groups (local authorities, providers, primary care, CCGs) were asked to nominate representatives to form an initial pool. From this pool, two from each group are selected to avoid any conflicts of interest.
- These are then joined by senior leaders from GMHSC Partnership, along with the joint chairs, the GMHSC Partnership Chief Officer and the GMCA Head of Paid Service
- Membership:



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Manchester Health & Care
Commissioning

A partnership between
Manchester City Council
and NHS Manchester CCG



MANCHESTER
CITY COUNCIL



Manchester
Clinical Commissioning Group

Health and Social Care Governance in Manchester

Resources and Governance
Scrutiny Committee

June 21 2018



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MANCHESTER
CITY COUNCIL



Manchester
Clinical Commissioning Group

Manchester's Locality Plan

- 'Our Healthier Manchester'
- 10 year plan
- Co-produced with health and care partners, informed by engagement
- Details the transformation plans for health and care in Manchester
- Launched in 2016, refreshed in 2018
- Overseen and approved by Health and Wellbeing Board
- 2017/18 - focus on organisational change to enable transformation
- 2018 onwards – transformation to improve outcomes and reduce costs



Manchester Health & Care Commissioning

A partnership between
Manchester City Council
and NHS Manchester CCG



Manchester
Clinical Commissioning Group

Where we were

- 4 Commissioners
- 3 hospital sites run by 3 Trusts
- 3 Community services
- 100+ separate GP practices
- Poorly performing Mental Health services
- Little integrated planning across GM

Where we are

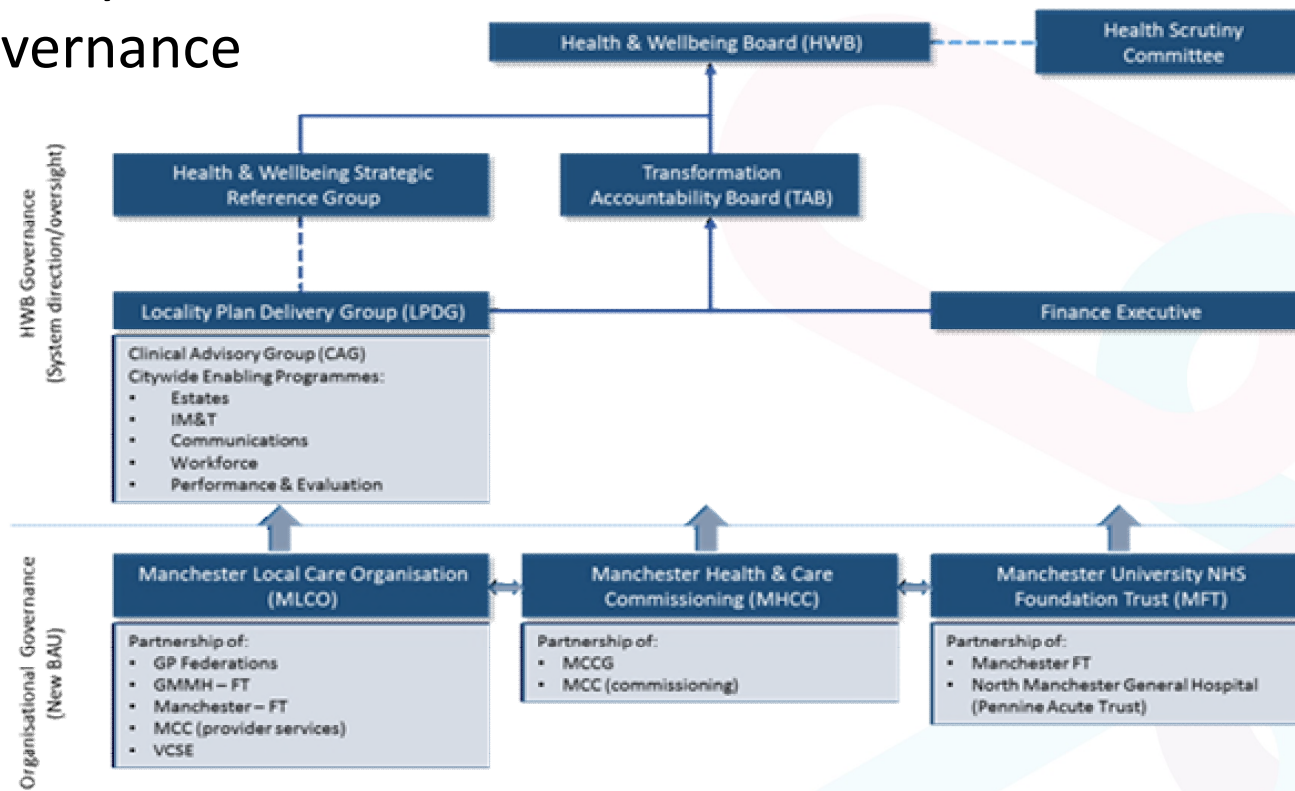
- Single Commissioning Function
- Single Hospital Service – Manchester FT
- Established Local Care Organisation (LCO)
- Single citywide GP federation
- New Mental Health Trust
- Greater Manchester Devolution

 Manchester Health & Care Commissioning

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and NHS Manchester CCG



Locality Plan Governance

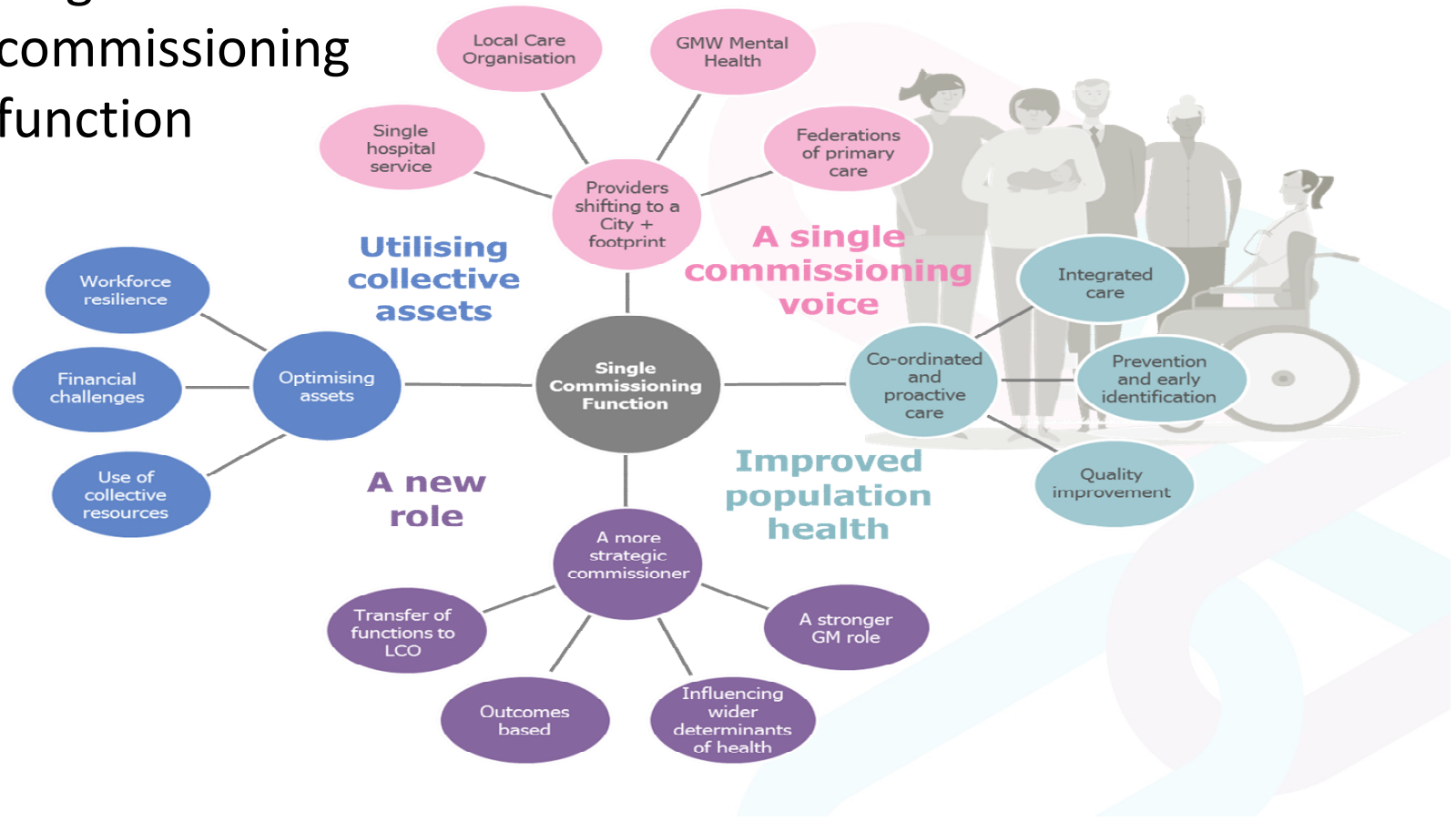




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Manchester City Council
and NHS Manchester CCG



Single commissioning function





Manchester Health & Care
Commissioning

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Manchester City Council
and NHS Manchester CCG



MANCHESTER
CITY COUNCIL



Manchester
Clinical Commissioning Group

Manchester Health and Care Commissioning (MHCC)

- Single commissioning function for health, public health and adult social care
- Formal Section 75 Partnership Agreement between MCC and Manchester Clinical Commissioning Group (MCCG)
- Single governance structure and management team overseeing all in scope functions
- Single workforce on existing terms and conditions
- MHCC Commissioning Strategy = Locality Plan



Manchester Health & Care
Commissioning

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and NHS Manchester CCG



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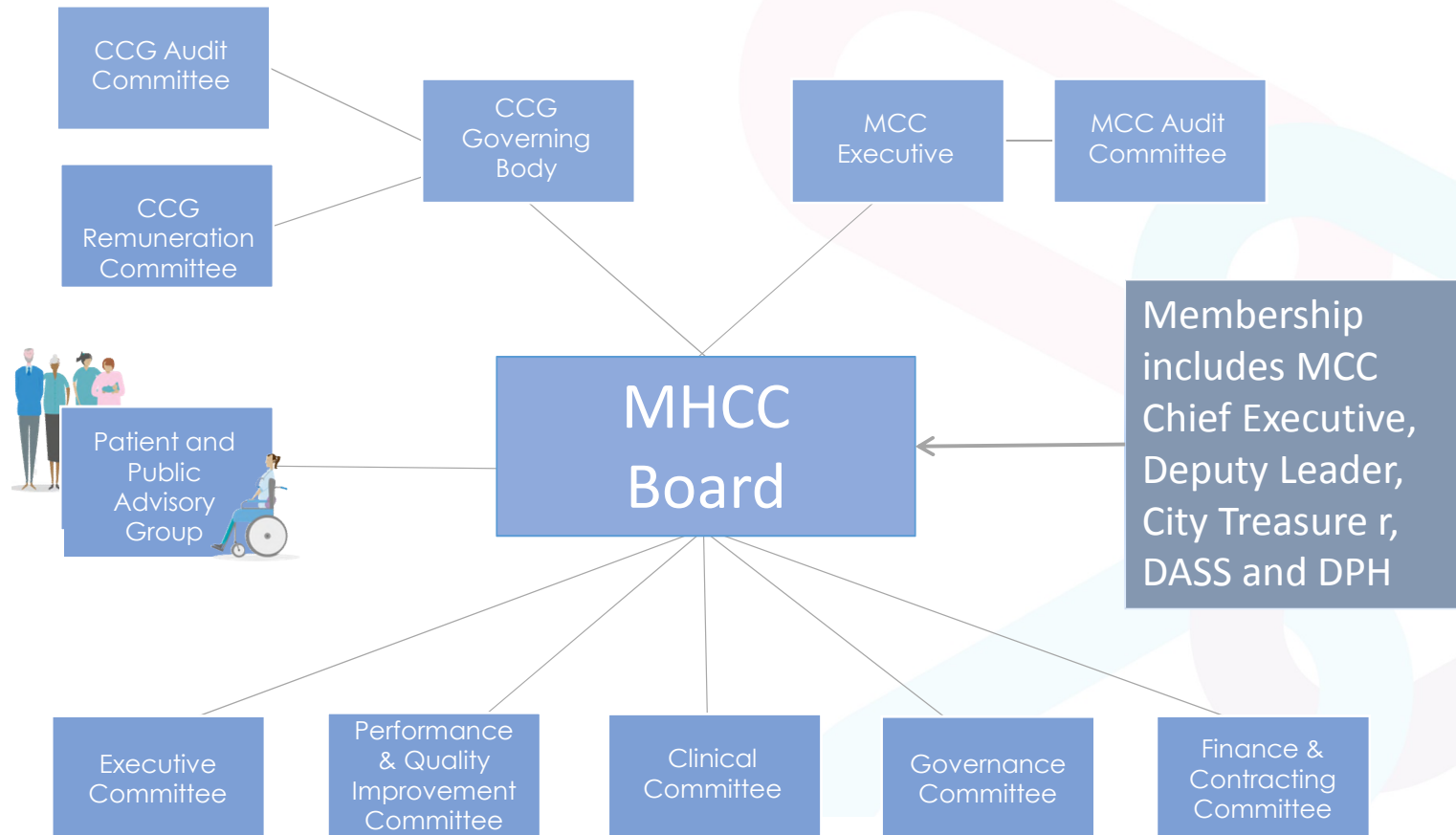


Manchester
Clinical Commissioning Group

Section 75 Partnership Agreement

- Original version agreed in April 2017, not implemented as planned largely due to VAT issues
- Decision making for MCC statutory functions remains with DASS and DPH, exercised as part of MHCC Board and Executive to ensure integrated decision making
- City Treasurer will continue to exercise Section 151 duties and authorise some specific responsibilities to MHCC Chief Finance Officer
- Full Council will still approve Adult Social Care / Population health contribution to Integrated Care Budget
- Detail re. operation of the Integrated Care Budget set out in Financial Framework (appended to Section 75)

MHCC Governance

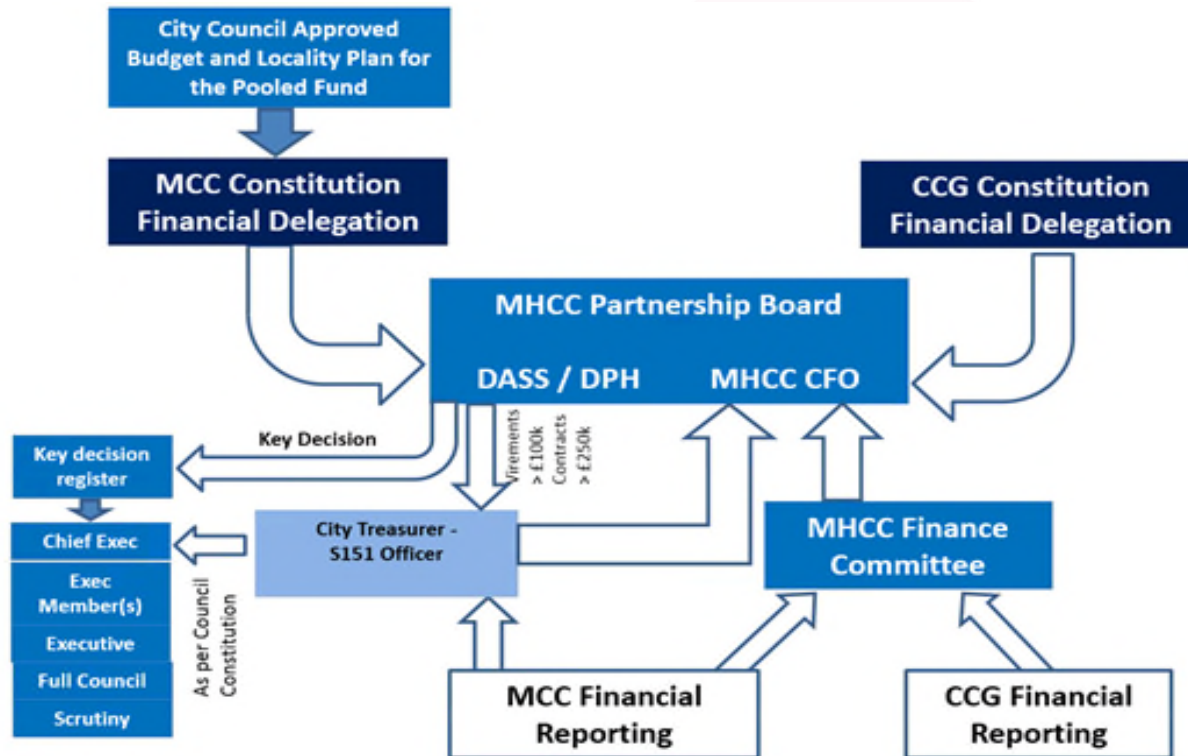




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Financial arrangements



MLCO internal governance June 2018

