

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th November 2015
Report of: Joint Commissioning Leadership Team
Subject/Title: Review of Joint Commissioning Leadership Team (JCLT)

1 Report Summary

- 1.1 The Joint Commissioning Leadership Team (JCLT) was formally created in April 2013, with a shared purpose of collaboratively commissioning and reviewing services across Cheshire East.
- 1.2 A number of drivers led to the need to review the form and function of JCLT both as a joint commissioning group and a Better Care Fund (BCF) governance group.
- 1.3 The review involved a series of small group or individual conversations with strategic partners to gather the views and experiences and most importantly to identify what collective commissioners believe needs to be in place to support integrated service delivery and commissioning for the future.
- 1.4 The review work commenced in July and concluded mid August. This report was shared with the JCLT / BCF group, at its September 2015 meeting; this has informed this final report of the group to the Health and Wellbeing Board.
- 1.5 A number of key areas of agreement plus one of lack of agreement were identified.
- 1.6 A number of recommendations arising and the rationale for these are presented below.

2 Recommendations

- 2.1 The following recommendations are made to HWB:
 - i) Acknowledge the findings of the review as highlighted above.
 - ii) Advise on the future expectations of JCLT.
 - iii) In the interim, consider delegating authority for developing joint commissioning governance to key members of HWB (namely CCG Chief Executives, Directors of Adults' and Children's Social Services and the Director of Public Health).
 - iv) Approve BCF governance being withdrawn from JCLT and managed via a discrete sub-group comprising finance and commissioning leads from the CCGs and CEC. This group will provide assurance and monitoring prior to

formal reports going to HWB for approval. Reports to JCLT will be by exception.

- v) Approve the draft Terms of Reference for both JCLT and BCF Governance Group (see Appendices 1 and 2 respectively).

3 Reasons for Recommendations

3.1 The reasons for the above recommendations are:

- i) Ensure there is a consistent understanding across the system regarding the purpose and outcomes of this review.
- ii) Ensure there is clarity and consistency across the system regarding the mutual roles and expectations and HWB and JCLT.
- iii) To ensure that any delays in reaching the above consistency and clarity do not impact on much-needed work to progress joint commissioning to meet the integration and transformation agenda.
- iv) Free capacity in JCLT to focus on the wider priorities across the system whilst giving BCF the due governance and scrutiny required.
- v) Ensure consistency and mutual understanding across the system of the roles and responsibilities of each group.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The strategic alignment of local priorities, informed by the Joint Strategic Needs Assessment, national system development and other evidence bases, should shape the governance form locally. The key message here being that 'Form' should follow 'Function', and the effectiveness of the form of governance model for the future requires interval review points that align to key decision making points such as the annual comprehensive spending review for local authorities, and the budget settlement for NHS .

4.2 There have been two key publications that consider integrated commissioning:

- Options for Integrated Commissioning – Beyond Barker: June 2015, by Humphries & Wenzel, a Kings Fund publication.
- Reconsidering Accountability in an Age of Integrated Care: July 2015, by Jupp, a Nuffield Trust Viewpoint publication.

4.2.1 The above documents discuss the following points:

- What do we require at a geographical place based level, an individual level and at a strategic level?
- What have we set out in writing about our formal structures for commissioning at a place, individual and strategic levels? The 'form' would provide clear governance and transparency for Cheshire' East residents?

- What do we know about how individuals, families and communities access or want to access services? This should influence the future form. This could mean that providers offer seamless care and support early with account for employment, housing, continued learning and leisure interventions that would prioritise preventing/ delaying ill health interventions. Multi-specialist providers who are able to offer a range of support when someone's needs escalate will be needed. The service provider form[s] for the future will require system commissioners to unite to provide system leadership.
- Service quality and the role of national inspectors and regulators in system governance must inform local governance and assurance mechanisms.
- These would then shape arrangements such as the 'Pooling' of resources, and designated 'Lead' roles, potential co-location of relevant staff and the forms of service delivery vehicles (solely provider or an integrated mix of commissioner and provider entities).

4.3 System Leadership: The approach to system integration must ensure the connection and integration of responses by system partners, so delivery of services make sense to those who need to use them and are efficient and financially sustainable. Recognition of the key roles of schools / education, employment and housing on wellbeing is essential if preventative and early help service access is to be fully realised. The ambition now for system wide change is for development locally. The Health and Wellbeing Board has a key system leadership role here, as the 'change agent', charged with delivering system-wide:

- Leadership,
- Governance,
- Strategy and route map that depicts how change will be achieved,
- Communications for populations and stakeholders

4.3.1 All of these elements are important. However, the leadership of the Health and Wellbeing Board of local strategy and collective system wide ambition will be paramount for positive change to occur.

4.4 Conclusions: To conclude, this review of the Joint Commissioning Leadership team in Cheshire East is timely as similar discussions are taking place on national, regional, sub-regional and local levels.

4.4.1 There are a number of areas where a consensus of opinion has emerged during this review. These being:

- There have been some good examples to date of effective partnership-working and these should be recognised and built upon.
- Joint commissioning relationships are developing quickly and positively
- The required functions of JCLT and/or its successor should be agreed and the structures required to deliver those functions should be fitted around these, rather than forcing functions into existing or new structures.

- HWB needs to advise on what it requires of JCLT to ensure an efficient joint commissioning system.
- BCF business should be removed from JCLT with reports only coming by exception. A JCLT sub-group should be established to oversee the assurance function.
- Any future emerging work programmes, similar to BCF, should be developed by task and finish so as not to distract from the core business of JCLT.
- Multiple routes of financial approval going back into individual organisations can cause significant delay in progressing joint commissioning work. Therefore, some level of delegated authority to JCLT would be beneficial to improve efficiency.

4.4.2 There are also issues where there is not a consensus of opinion, such as the optimal geography for a joint commissioning group to operate on. Following national guidance and direction of travel might be the best option for resolving these areas.

5 Background and Options

5.1 Purpose of the Review

5.1.1 The Joint Commissioning Leadership Team (JCLT) was formally created in April 2013, with a shared purpose of collaboratively commissioning and reviewing services across Cheshire East. A signed Terms of Reference and Memorandum of Understanding were established for this group which is a sub group of the Health and Wellbeing Board.

5.1.2 The emergence of CCG transformation programmes and other national transformation and integration programmes such as the Better Care Fund and Pioneer Programme have resulted in the role and focus of JCLT changing. It is therefore timely to review this group and its governance, to assist the Health and Wellbeing Board in determining its arrangements for collective commissioning in the future.

5.1.3 As part of the development of the two Cheshire East section 75 partnership agreements for the Better Care Fund, it was agreed that the governance arrangements supporting the review, delivery and commissioning of Better Care Fund related schemes required a review (Health and Wellbeing Board, 24th March 2015 and Schedule 2: Governance Arrangements of BCF s75 agreements). This review work fulfils this requirement.

5.2 Approach Taken

5.2.1 The review approach involved a series of small group or individual conversations with strategic partners (CEC, ECCCCG, NHSE, PCC, SCCCCG) to gather the views and experience of JCLT / BCF - what has worked well,

what challenges have been presented and also importantly what collective commissioners believe needs to be in place to support integrated service delivery and commissioning for the future.

5.2.2 A discussion was held with JCLT / BCF at its July 2015 meeting to consider the existing health and social care governance structures within the Cheshire East geography and the Cheshire wide geography.

5.2.3 The review work commenced in July and concluded mid August. This report was shared with the JCLT / BCF group, at its September 2015 meeting; this has informed the final report of the group to the Health and Wellbeing Board.

5.3 *Findings*

5.3.1 Providers' Contribution: Conversations with service providers were not the primary focus of this review. However a naturally occurring opportunity provided some key points for consideration:

- Collective commissioners need to work together to ensure that no unintended consequences of service commissioning occur.
- Collective commissioners must provide clear leadership to shape and develop the supplier market for the future.
- Commissioners should focus on outcomes to be achieved and not necessarily be over prescriptive as to how the service form is delivered to achieve these.

5.3.2 Collective Commissioners: The unanimous view was that JCLT / BCF was the only forum where all commissioners come together and discuss commissioning work within the Cheshire East Local Authority area. The following are the key messages from system commissioners:

- Collective priority alignment is seen as essential to maximise the benefits for the statutory sector as a whole. That this should be designed and led by the Health and Wellbeing Board to ensure alignment with the priorities set out in its Joint Health and Wellbeing strategy.
- Clarity of role for JCLT was seen as important, is it a decision making forum? Or an advisory forum? Could there be a level of agreed delegated authority within set financial limits? This could avoid multiple reporting to individual / organisational governance forums. It was agreed that the HWB needs to provide this clarity as part of its current review of its own form and function. This is to ensure that there are no gaps or duplication in the system that impact inappropriately on the pace of change.
- Need for a clearly defined work programme that can be reported to the Health and Wellbeing Board for approval. This should include timescales, the approach, the outcomes sought, planning and the identification of key decision making points to ensure timely governance reporting.
- That local work is informed by wider work, such as that of the Sub Regional Leaders / Executives groups and the Pioneer Programme

Board. Other regional or national learning from vanguard and or devolution programmes.

- That consideration is given to how joint commissioning arrangements due to be established within each CCG integration programme, and borough wide working groups that exist (e.g. Children & Families Commissioning, Provider Forums), inform these developments.
- That all commissioning focuses on outcomes for individuals, families and the local community and that the how services are organised enables innovation and co-production to thrive.
- That representation at a system commissioner leadership forum be prioritised and attendance be consistent.
- That consideration is given to developing a common and agreed 'Commissioning Cycle with Underpinning Principles' for system commissioners to follow. This would provide transparency, a common understanding of commissioning responsibilities and related funding.
- That 'Commissioning Intentions' are evidence based, considering commissioning and funding options, as well as giving due consideration to the potentially unintended consequences, system risks and scale of any work to be undertaken.
- Generally the scale of the system commissioning forum was felt best to be at a local Cheshire East level. However for the Police and SCCCG who also work with other commissioners within CWaC local authority, consideration should be given to a broader footprint commissioning forum, with identified functions for larger scale working.

5.3.3 Better Care Fund (BCF): System commissioners collectively agreed that the BCF governance would be best aligned to the two integration programmes (Caring Together and Connecting Care). Both programmes are developing joint commissioning structures which will have financial sub groups. Membership of these sub-groups needs to include representatives from all partners. This would mean that discussion in relation to each of the S75 agreements and spending proposals would be connected to operational integration work. However, it was acknowledged that there is a need for a Cheshire East level of oversight and assurance of BCF and that a new JCLT sub-group comprising commissioning and financial leads from CEC, ECCCCG and SCCCG could undertake this role. An agreed collective report would then go to the Health and Wellbeing Board for approval for national reporting.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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Appendix 1: Draft Terms of Reference for JCLT

TERMS OF REFERENCE

Joint Commissioning Leadership Team

1.0 RESPONSIBLE TO

- 1.1 The Joint Commissioning Leadership Team (JCLT) will be accountable to each of the participating governing bodies; Cheshire East Borough Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups.
- 1.2 The JCLT will provide reports to the Cheshire East Health and Wellbeing Board and be responsible for ensuring the Commissioning Strategy and priorities are aligned to and cognisant of the Joint Health & Wellbeing Strategy and the general responsibilities of the Health & Wellbeing Board to promote joint (integrated) commissioning.
- 1.3 NHS England and Police and Crime Commissioner's representatives will engage in the JCLT work where there is clear collective commissioning required.
- 1.4 The JCLT will provide update reports twice yearly to the Health and Wellbeing Board.

2.0 PURPOSE

- 2.1 The purpose of the JCLT is to provide systems leadership to identify and implement strategies to ensure the effective joint commissioning of a range of defined services where the respective statutory bodies have agreed to establishing a common commissioning model, including strategic direction, governance, health and social care outcomes, patient/carer engagement, community safety and resource allocations (financial and staff).
- 2.2 Joint commissioning is a process whereby organisations work together to ensure resources are best allocated to meet care requirements, where the needs of individuals, patients, carers cross organisational boundaries. The process involves jointly assessing need, planning the approach, procuring services and defining and evaluating the outcomes for individuals, patients and carers.
- 2.3 The community to be included in this joint approach covers the whole population of the Cheshire East Local Authority Footprint.
- 2.4 The areas defined by the statutory bodies as benefiting from a joint approach using a single commissioning model will be determined by the Health and Wellbeing Board strategic priorities.

3.0 OBJECTIVES

- 3.1 To recommend to the Health and Wellbeing Board the strategic direction for identified services taking account of national, regional and sub-regional policy and guidance and local need, e.g. devolution.
- 3.2 To be accountable for implementing a common commissioning model for each defined area.

- 3.3 To provide assurance to the statutory governing bodies and Health and Wellbeing Board on delivery of agreed quality standards and financial control.
- 3.4 To provide system support to ensure concerns, issues and risks are identified and resolved or appropriately escalated.
- 3.5 To identify priorities for change, re-commissioning and or managed service improvement and agreed redesign. This includes changes required due to emerging policy and strategy at a national, regional, and sub-regional level.
- 3.6 To provide assurance to the Health and Wellbeing Board on the effectiveness of change and improvement in outcome delivery.
- 3.7 To oversee current and future opportunities for joint working and funding.
- 3.8 To identify and make recommendations on resource requirements (staff and finances) commensurate with effective discharge of the commissioning duties of the JCLT.
- 3.9 To ensure close partnership working with associate commissioners and provider organisations across appropriate footprints.

4.0 GROUP COMPOSITION / MEMBERSHIP

- 4.1 The composition of the JCLT will be made up of following:
 - Director of Transformation (South Cheshire CCG)
 - Chief Finance Officer (South Cheshire CCG)
 - Associate Director of Commissioning (Eastern Cheshire CCG)
 - Chief Finance Officer (Eastern Cheshire CCG)
 - Director of Adult Social Services (Cheshire East Council)
 - Director of Children’s Social Services (Cheshire East Council)
 - Consultant in Public Health / Public Health Senior Manager (Cheshire East Council)
 - Corporate Manager (Health Improvement) (Cheshire East Council)
 - Principal Accountant (Cheshire East Council)
 - Head of Communities (Cheshire East Council)
 - BCF Programme Manager / BCF Finance Lead
 - Police and Crime Commissioner’s Office
- 4.2 Associate members will be invited to attend depending on agenda/priorities.

5.0 CODE OF CONDUCT

5.1 All Group Members will:-

- Represent the interests of their respective organisations
- Strive to secure improvements in quality and efficiency through partnership working
- Be honest and open but listen to advice and comment
- Make their contributions concisely and keep focused on the desired outcomes
- Respect others by allowing them to speak in silence and without interruption
- Accept/respect the consensus of the group both inside and outside the meeting subject to the individual organisations' delegated authority

6.0 MEETING / QUORACY ARRANGEMENTS

6.1 The group will be considered quorate if the following people are present:-

- Director of Transformation (South Cheshire CCG) or Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG) or Chief Finance Officer (Eastern Cheshire CCG)
- Director of Adult Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)
- Director of Children's Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)

6.2 The meeting frequency will be on a monthly basis on the first Friday of the month.

6.3 A final agenda with papers will be released 5 working days in advance of the meeting.

Appendix 2: Draft Terms of Reference for BCFGG

TERMS OF REFERENCE

Better Care Fund Governance Group

1.0 RESPONSIBLE TO

- 1.1 The Better Care Fund Governance Group (BCFGG) is a sub-group of the Joint Commissioning Leadership Team and as such will be accountable to each of the participating governing bodies; Cheshire East Borough Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups.
- 1.2 The BCFGG will report to the Health & Wellbeing Board on a quarterly basis in line with the required national criteria for BCF.
- 1.3 The BCFGG will be responsible for the governance of the Cheshire East Better Care Fund programme including performance reporting, financial reporting, decision-making, strategic leadership and adherence to the section 75 agreements.

2.0 PURPOSE

- 2.1 The purpose of the BCFGG is to provide a system-wide governance function for the Cheshire East Better Care Fund.
- 2.2 In Cheshire East there are two Section 75 agreements as part of the Better Care Fund in place in line with legal requirements for health and local authority bodies to pool funding arrangements. These two agreements are between:
 - Cheshire East Council and Eastern Cheshire Clinical Commissioning Group
 - Cheshire East Council and South Cheshire Clinical Commissioning Group

3.0 OBJECTIVES

- 3.1 To be accountable for implementing the Cheshire East Better Care Fund programme.
- 3.2 To provide assurance to the Health and Wellbeing Board on delivery of agreed milestones, quality standards and financial control.
- 3.3 To provide system-wide support to ensure concerns, issues and risks are identified and resolved or appropriately escalated.
- 3.4 To identify priorities for changes to locally agreed plans and to support the development of plans or changes required due to emerging policy and strategy at a national, regional, and sub-regional level.
- 3.5 To provide assurance to the Health and Wellbeing Board on the effectiveness of change and improvement in outcomes.

- 3.6 To identify and make recommendations on resource requirements (staff and finances) commensurate with effective discharge of the duties of the BCFGG.
- 3.7 To ensure close partnership working with associate commissioners and provider organisations across appropriate footprints.

4.0 GROUP COMPOSITION / MEMBERSHIP

4.1 The composition of the BCFGG will be made up of following:

- Director of Transformation (South Cheshire CCG)
- Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG)
- Chief Finance Officer (Eastern Cheshire CCG)
- Director of Adult Social Services (Cheshire East Council)
- Principal Accountant (Cheshire East Council)
- BCF Programme Manager
- BCF Finance Lead

5.0 CODE OF CONDUCT

5.1 All Group Members will:

- Represent the interests of their respective organisations and the population of Cheshire East
- Strive to ensure the Cheshire East Better Care Fund is implemented efficiently and effectively
- Be honest and open but listen to advice and comment
- Make their contributions concisely and keep focused on the desired outcomes
- Respect others by allowing them to speak in silence and without interruption
- Accept/respect the consensus of the group both inside and outside the meeting subject to the individual organisations' delegated authority

6.0 MEETING / QUORACY ARRANGEMENTS

6.1 The group will be considered quorate if the following people are present:-

- Director of Transformation (South Cheshire CCG) or Chief Finance Officer (South Cheshire CCG)
- Associate Director of Commissioning (Eastern Cheshire CCG) or Chief Finance Officer (Eastern Cheshire CCG)

- Director of Adult Social Services (Cheshire East Council) or Principal Accountant (Cheshire East Council)
- 6.2 The meeting frequency will be on a monthly basis on the first Friday of the month and where possible directly precede JCLT.
- 6.3 A final agenda with papers will be released 5 working days in advance of the meeting.