

Agenda item:

Title of meeting: Health and Wellbeing Board

Date of meeting: 20th March 2019

Subject: Health and Wellbeing Board sub-board - Health and Care Portsmouth Commissioning Board

Report by: Tracy Sanders, Managing Director, PCCG
Kelly Nash, Corporate Performance Manager, PCC

Wards affected: All

Key decision: No

Full Council decision: Yes

1. Purpose of report

- 1.1 To consider and approve proposed terms of reference for the Health and Care Portsmouth Commissioning Committee, which will be a subcommittee of the Health and Wellbeing Board.

2. Recommendations

- 2.1 The Health and Wellbeing Board are recommended to:
- i. approve the proposed terms of reference for the establishment of the Health and Care Portsmouth Commissioning Board as a subcommittee of the health and Wellbeing Board

3. Background

- 3.1 Revisions to the Health and Care Operating Model in Portsmouth have previously been considered by the Health and Wellbeing Board, and the decision-making boards in both the CCG and local authority (Governing Board and Cabinet, respectively). These revisions included the establishment of a Commissioning Board, as a sub-board of the Health and Wellbeing Board, to allow for joint deliberation and consideration of resource deployment across the operating model, to support the development of recommendations to the Board.
- 3.2 The Terms of Reference attached at Appendix 1 have been developed to set out how such a sub-board would operate in support of the aims of Health and Care Portsmouth.

4. Key features of the Health and Care Portsmouth Commissioning Board (sub-board of the Health and Wellbeing Board)

4.1 The full proposed Terms of Reference are attached at Appendix 1. The Board will be accountable to both PCC Cabinet and PCCG Governing Board, through the Health and Wellbeing Board.

4.2 Under the direction of the Portsmouth Health and Well Being Board the Board will act as the single health and care commissioning body for Portsmouth. It will be a deliberating and formulating group that will develop recommendations for decision makers.

4.3 The Board has been established to ensure effective collaboration, assurance, oversight and good governance across the entirety of its health and care commissioning arrangements and those other functions which influence to the wider determinants of health

4.4 The Board will have oversight of all commissioning that are the responsibilities of PCCG and PCC (in relation to its health and care functions across children's, adults and public health functions). Other functions within PCC which influence the wider determinants of health will also be considered in relation to delivery of the strategy and vision of the Board.

5. Reasons for recommendations

5.1 The Health and Wellbeing Board is recommended to support these proposals as they will support the Board to operate effectively and continue to enable the council to fulfil its statutory requirements with regard to the Health and Wellbeing Board and in relation to the requirements of the Crime and Disorder Act 1998. The proposals will also enable the implementation of the Health and Care Portsmouth Operating Model as agreed at the Health and Wellbeing Board, CCG Governing Board and PCC Cabinet.

6. Equality impact assessment (EIA)

6.1 A preliminary EIA has been completed, indicating that there is no requirement for a full EIA at this stage.

7. City Solicitor comments

7.1 The basis and legality for the proposed amendments is set out in the body of the report. The appendix attached reflects the proposed changes to the Health and Wellbeing Constitution.

8. Head of finance's comments

8.1 As far as possible these changes need to be achieved within existing available resources. The proposals currently focus on utilising existing resources to consolidate functions and reduce duplication.

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Signed by:

Appendices:

Appendix 1 - Terms of Reference for Health and Care Portsmouth Commissioning Board (sub-board of the Health and Wellbeing Board)

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

.....
Signed by: Name and Title

Appendix 1 – Health & Care Portsmouth Commissioning Board (sub-board of
the Health and Wellbeing Board)

Draft Terms of Reference

1. Introduction

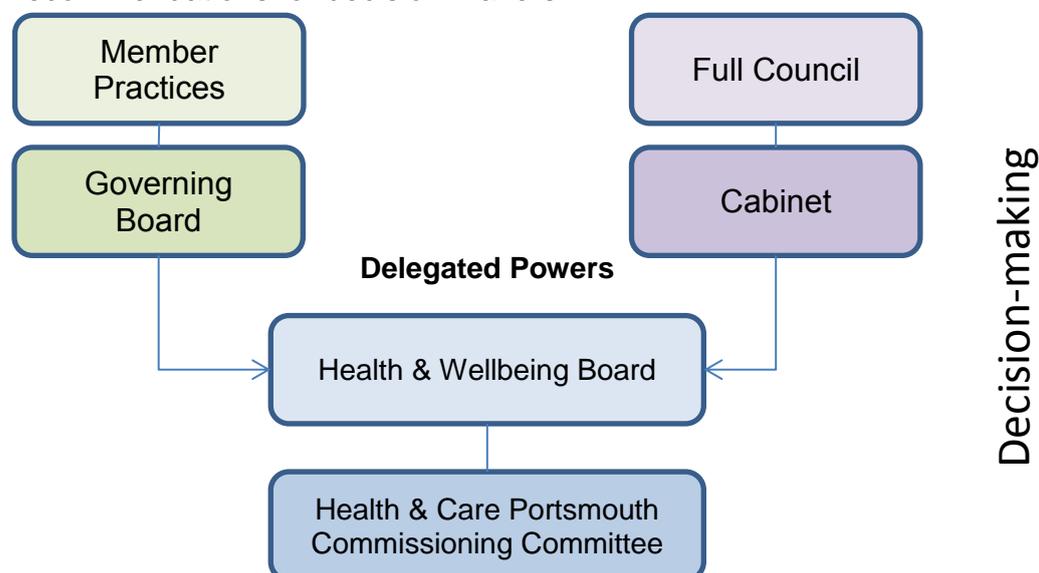
- 1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have a long history of successful integrated working across health and care for the City. This is demonstrated through its single vision and blueprint of 'Health & Care Portsmouth' (HCP) and is underpinned by shared teams and posts as well as pooled funds utilising legislative measures such as section 75 and section 113 agreements.
- 1.2 In recent months, PCC and PCCG have been reviewing its operating model in the context of broader system reform discussions and the emerging ambitions of the long term plan. This has resulted in a strong commitment to advance integration plans further building on existing integrated working in the city.
- 1.3 PCC and PCCG have a strong appetite to advance integration plans and to build on existing integrated working in the city. Both organisations, through these arrangements, aim to strengthen leadership for health & care in Portsmouth, make best use of our combined resources (people and money), reduce waste by avoiding duplication of management and achieve a better focus on health & care outcomes.
- 1.4 Strengthening arrangements for HCP will allow the city to work effectively, with a single voice, as a key partner in the Portsmouth and South East Hampshire System and the broader Hampshire and Isle of Wight Strategic arrangements currently led by the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) with the City having a clear unified approach and a single voice for health and care for the
- 1.5 This would allow us to take an integrated City perspective in our working relationships with the Portsmouth and South East Hampshire Integrated Care Partnership.
- 1.6 In addition the integrated health and care approach described would enable clear City executive leadership in each of the partnership programmes to ensure alignment between the partnership strategies and the work of Health & Care Portsmouth.
- 1.7 PCCG Governing Board, PCC Cabinet and the Portsmouth Health and Well Being Paper have all considered and strongly supported the recommendations set out within '*Health & Care Portsmouth – Integrated Working Next Steps*'.
- 1.8 In order to progress this ambition, it is proposed to establish a '*Health and Care Portsmouth Commissioning Board*' to oversee and direct the commissioning of health and care. It would also provide a direct alignment to policy on broader children's services, housing, community safety and other aspects of city

management that have a direct impact on the determinants of health and care.

- 1.9 It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to PCCG Governing Board and PCC Cabinet via the Health and Wellbeing Board on the progress and outcomes of the work to deliver our *'blueprint for Health & Care'* and supporting programmes and plans.
- 1.10 Throughout this document, the Health and Care Portsmouth Commissioning Board hereafter will be referred to as 'the Board'

2. The Board

- 2.1. Under the direction of the Portsmouth Health and Well Being Board the Board will act as the single health and care commissioning body for Portsmouth. It will be a deliberating and formulating group that will develop recommendations for decision makers.



- 2.2. The Board will convene and exercise their functions following consensus/consultation with each other on those functions in scope as defined in Annex A. This includes those areas of health and care commissioning covered by any Section 75 agreement including the Better care Fund. (BCF)
- 2.3. PCCG Governing Board and PCC Cabinet may grant delegated authority (with any appropriate caveats) to those of its members or officers participating in the Board to make decisions on their behalf, whilst retaining overall responsibility for the decision made by those members or officers. It is therefore the individual member or officer who has the delegated authority to make a decision rather than the Board itself.
- 2.4. The Board has been established to ensure effective collaboration, assurance, oversight and good governance across the entirety of its health and care

commissioning arrangements and those other functions which influence to the wider determinants of health.

- 2.5. Evidence based commissioning will be key to achieving our vision and the Board will be informed and driven by needs assessment, market analysis, user experiences, consultation and engagement.
- 2.6. The Board will have oversight of all commissioning that are the responsibilities of PCCG and PCC (in relation to its health and care functions across children's, adults and public health functions). Other functions within PCC which influence the wider determinants of health will also be considered in relation to delivery of the strategy and vision of the Board.
- 2.7. The Board will incorporate all schemes established under any existing or newly agreed partnership agreements including all Section 75 which in some cases may have their own specific Partnership Management Group, under the NHS Health Act 2006 flexibilities, and Local Government Act 1972 (s.113).
- 2.8. Review of schemes under development and scrutinising their suitability for future inclusion in formal partnership arrangements (including the BCF).
- 2.9. Monitor the performance of the HCP operating model and ensure that it delivers the statutory and regulatory obligation of the partners.
- 2.10. Maintain oversight of the programme of work to be delivered by Health and Care Portsmouth Commissioning.

3. Scope

- 3.1. The scope of the Board is outlined in Annex A
- 3.2. The Board may, where appropriate and in conjunction with the Health and Well Being Board, add to or vary the scope subject to final approval of PCCG Governing Board and PCC Cabinet.
- 3.3. Subject to the agreement of PCCG Governing Board and PCC Cabinet, the Board membership may be amended to include any other partner who jointly commissions with PCC or PCCG and other agency representatives may be co-opted as necessary.

4. Role and Objectives

- 4.1. On behalf of the Health and Well Being Board the Board will bring together PCC Elected members with PCCG Governing Board members at a strategic

level acting as the board for health and care commissioning in the City to oversee and direct:

Strategy and Planning

- 4.2. Place based planning driven by population needs assessment
- 4.3. Integrated Local Authority and NHS planning and delivery
- 4.4. Single strategy and plan for the City – Health & Care Portsmouth
- 4.5. To promote quality and identify how the health and wellbeing strategic intentions and priorities of partners will be supported and enabled through integrated commissioning.

Care redesign

- 4.6. Developing new models of care across health, social care and public health
- 4.7. Delivery of new models of care with providers including integrated primary and community care teams in place across health and care
- 4.8. Programme management with providers to enable delivery of care redesign strategies

Workforce Development

- 4.9. Developing the right workforce with the right roles including new/extended roles, innovative workforce solutions to address city workforce challenges and to meet the needs of the blueprint including a focus on pathways to qualifications and multi-agency working
- 4.10. 'Organisational' development to cluster and other new ways of working

Accountability & Performance Management

- 4.11. Oversight of delivery of the blueprint for Health & Care Portsmouth including clusters/PCNs/new models of care
- 4.12. Delivery (and recovery) of constitutional standards/city agreed outcomes and driving improvement and reducing unwarranted variations in the City
- 4.13. A single approach to performance management
- 4.14. To ensure that all commissioning decisions are made in line with the principles set out in the HCP Blueprint and other strategies and plans
- 4.15. To seek assurance on the quality and safety of commissioned services in relation to key performance indicators and standards. Where performance is outside of expected threshold to receive exception reports.

Managing collective resources

- 4.16. Aligning health, care and other sector resources to focus on delivering improved outcomes building on existing integrated working arrangements
- 4.17. Pooled/delegated funds for range of health and care services – adults, children, public health
- 4.18. Directing resources to priorities and to address risks and perverse incentives
- 4.19. Developing and monitoring aligned financial plans and financial performance including forecasts for the year and development of long term financial strategies for Health and Care.

- 4.20. To ensure compliance with rules and restrictions associated with any other blocks of funding, including specific grant funding.
- 4.21. To ensure management response to risks identified, actions taken and the assurances against them
- 4.22. To agree, subject to the financial decision making limits of PCC and PCCG, all financial planning commitments across areas of commissioning responsibility for pooled and aligned resources.
- 4.23. Shared support services

Leadership & Governance

- 4.24. A single coherent entity (Health & Care Portsmouth) bringing together agreed PCCG and PCC functions
- 4.25. To provide system leadership and direction to those working as part of HCP.
- 4.26. Care professionals leading service integration and improvement
- 4.27. Working in collaboration with partners to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment
- 4.28. A united voice/representation in the integrated care partnership and Hampshire and Isle of Wight wider system arrangements
- 4.29. To ensure compliance with any specific reporting requirements associated with the formal pooled fund described in the Section 75 agreements.
- 4.30. To receive and consider reports on service development, budget monitoring, audit and inspection reports in relation to those services which are the subject of formal partnership arrangements.
- 4.31. To maintain oversight of the Section 113 and section 75 arrangements between the two organisations and ensure the terms and requirements within them are complied with.

5. Governance and Reporting

- 5.1. The Board will be accountable to both PCC Cabinet and PCCG Governing Board working as a deliberative and formulating sub-board of Health and Wellbeing Board.
- 5.2. The Board will need to demonstrate contribution to the Health and Wellbeing Strategy outcomes.
- 5.3. The Board will need to be informed by the Joint Strategic Needs Assessment, needs assessments, market analysis and feedback from consultation and engagement with residents and patients.
- 5.4. The Board will normally meet bi-monthly and be formally minuted.
- 5.5. The Board shall be entitled to call a meeting, at any time, outside of the

agreed meetings schedule, for any purpose, subject to compliance with any statutory requirements in relation to decision making under the Local Government Acts and CCG Constitution.

- 5.6. All minutes from the Board will be reported to PCCG Governing Board and made available to PCC Cabinet via the Health and Wellbeing Board.
- 5.7. Agendas will be jointly agreed in line with an annual work programme and will be circulated at least 5 working days in advance of the meeting. All new agenda items are subject to agreement of the Chair or Vice Chair.
- 5.8. The Health and Wellbeing Board have delegated responsibility for Better Care to the Board and the Board will be accountable to the Health and Wellbeing Board for this.

6. Membership

6.1. Voting members on the Board will be:

- Cabinet member for Children and Families
- Cabinet member for Health, Wellbeing and Social Care
- Leader of the Council or his nominated representative
- 3 independent, lay or clinical members from the PCCG Governing Board

Deputies may be nominated by the representatives to cover any absences.

6.2. Other attendees will include:

- PCC Chief Executive
- PCCG Chief Clinical Officer & Clinical Leader
- Director of Children's Services
- Chief of Health and Care Portsmouth
- Director of Public Health
- Other key senior managers from PCC and PCCG as required.
- The relevant commissioning lead for each of the pooled budgets under the S75 Partnership Agreements will attend as appropriate to present the performance reports for S75 Partnership Agreements as required

6.3. The Chair will be an elected member from PCC or a PCCG Governing Board member who will rotate on an agreed basis. The Vice Chair of the Board will be from the alternate partner organisation.

7. Quorum, Decision Making and Voting

7.1. The Board will work on the basis of consensus; consensus will be demonstrated by a show of hands. Securing the support of both partners will be critical to the success of this Board. The Board will be quorate if there are

at least 4 members in attendance with a minimum of 2 from each organisation.

- 7.2. In those circumstances where consensus cannot be reached, the matter will be deferred for further consideration by the parties and will be reconsidered after discussions between the Chair and respective partner lead or returned to the relevant decision making body..
- 7.3. Functions outside the decision making scope of the Board, but related to health and social care will be discussed for information only at the Board, with the considerations and any recommendations of the Board formally minuted. Items will then be referred to the relevant decision maker (e.g. PCCG Governing Board, PCC Cabinet).

8. Dispute Resolution

- 8.1. If disputes relating to the any Section 75 or Partnership Agreement arise then the Dispute Resolution process within these arrangements will be followed. Otherwise any matter of dispute will be referred for further discussion by the Leader of PCC and Chair of PCCG before referring back to the Board for further consideration. It is recognised that as the desire is to reach agreement on any matter by consensus that if this is not reached that matter may not move forward. There will be no formal and binding external arbitration procedure.

9. Scrutiny

- 10.1 The work of the Board will be subject to formal scrutiny undertaken by the Health Overview and Scrutiny Panel, on behalf of PCC. Health scrutiny is a fundamental way by which democratically elected councillors are able to voice the views of their constituents, and hold NHS bodies and health service providers to account.

10. Conflict of Interests

- 10.1. The Board will be bound by the Standing Orders/Standing Financial instructions and Codes of Conduct of both parent bodies. Declaration of interests will need to be declared annually and at each meeting of the Board in line with the agenda. Depending on the topic under discussion and the nature of the conflict of interest appropriate action will be taken and recorded in the minutes

11. Variation

- 11.1. The parent bodies may agree from time to time to modify, extend or restrict the remit of the Board.
- 11.2. The Terms of Reference will be reviewed on an annual basis or sooner at the

request of the Chair or Vice Chair.

TS/04.03.19

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Annex A

Health and Care Portsmouth Commissioning Board – Potential scope

1. All resources from PCCG and PCC related to :
 - NHS Commissioned services
 - Public Health services commissioned by PCC
 - Children’s Health and Care services commissioned by PCC
 - Adult Health and Care services commissioned by PCC
2. As is currently the case, the assumption is that some of the services in scope will be jointly funded and jointly commissioned under a S75 or S256/76 arrangement
3. However there will also be services in scope for which the commissioning responsibility/ decision making remains solely with PCCG or PCC but the funding is aligned to deliver a jointly agreed strategy.
4. Beyond this, there may be areas of shared commissioning where PCC and PCCG will want to discuss and share information about relevant commissioning intentions budget and spend. The Board could also consider bids that are of joint interest.
5. Summary of types of services and functions in scope:
 - Jointly commissioned/funded services
 - Single agency commissioning aligned under a jointly agreed strategy
 - Other areas relevant for the achievement of the outcomes – e.g. functions within PCC which influence and impact the wider determinants of health
 - Support or shared services/function arrangements