

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>30<sup>th</sup> March 2017</b>
<b>TITLE OF PAPER:</b>	<b>Health and social care decision making in Kirklees</b>
<b>1. Purpose of paper</b>	<p>To set out:</p> <p>(a) the current and changing landscape of health and social care decision making in Kirklees, West Yorkshire and nationally</p> <p>(b) an approach to developing proposals that respond to the initial Peer Challenge recommendation to ‘simplify and strengthen the governance and approval framework’ for health and social care in Kirklees.</p>
<b>2. Background</b>	<p><b>2.1 Peer Challenge</b></p> <p>The recent Peer Challenge process had leadership and governance as one of its foci. The initial feedback from the process contains a series of recommendations including:</p> <p><i>“Now is the time for action</i></p> <ul style="list-style-type: none"> <li>• <i>Political, clinical and management leadership working together</i></li> <li>• <i>This is not joint working, this is a single system working to enable you to do things once and better, with a single commissioning voice”</i></li> </ul> <p>There was also a specific recommendation to ‘simplify and strengthen the governance and approval framework’.</p> <p><b>2.2 Current arrangements</b></p> <p>The current decision making landscape is shown in Appendix 1.</p> <p>It has evolved over the last few years to suit individual organisational needs and expectation. This has led to a system that is complex and time consuming to navigate and resource. There are numerous examples of reports having to be presented, often in very slightly different formats but with no substantive changes, to multiple Boards/meetings. Often with a lack of clarity about the scope of decision making for that meeting, or whether the purpose is engagement as the actual decision making authority lies with another body.</p> <p>This complexity is compounded by the different approaches, criteria and thresholds across the Council and CCGs in relation to delegating decision making authority. In addition to these differences in rules and procedures there are also different expectations around engagement with stakeholders prior to decision making.</p> <p>This complex and confusing set of arrangement risks acting as a barrier to our aspirations around integration.</p> <p><b>2.3 Emerging approaches</b></p> <p><b>Working across the two CCGs and the Council</b></p> <p>The Board received an update on integration of health and social care in August 2016. This highlighted the importance of appropriate formal governance arrangements and that one approach that is already working successfully in a number of areas is where partners delegate decision making for specific areas of responsibility, and the associated budget, to a formally constituted joint body/committee.</p>

In order to test this out locally it was agreed that the decision about the award of the Healthy Child Programme contract would be taken at a one-off meeting set up as a prototype joint committee with senior representatives from the Council and CCGs. The whole process of developing the service model, contract specification and evaluation process had been fully integrated, with regular reporting and engagement with all relevant stakeholders. As the Governing Bodies of each CCGs had already agreed to enter into a lead commissioning arrangement with the Council, supported by a pooled budget, the HCP became a Council contract and so the authority to make the decision about the award of the contract rested with the Council Director responsible, Richard Parry. Had the Contract award been made by the CCGs, it would have required a decision by a formal committee of each CCG (in this case, the Governing Body).

The level of engagement at all stages of the process meant that making the actual decision was very straightforward and did not require a formal committee arrangement. However this would not necessarily be the case for all decisions across all areas that we are intending to establish fully integrated arrangements.

There is a strong history of collaborative working and arrangements such as the Better Care Fund have created pooled budgets with associated joint decision making arrangements. There is a strong commitment to building a new approach in 2017/18 to Continuing Health Care with a view to there being a single "Kirklees pound" supported by pooled budgets, single policies and co-located staff teams.

Pooled fund arrangements are another device for supporting operational joint decision making once the strategic decision to identify the areas that will be the subject of the pooled fund has been taken.

### **Working across CCG boundaries**

On both sides of the patch the CCGs have been developing governance processes that reflect the need to align decision making with acute services configurations. The Right Care Right Time Right Place decisions were taken by the Greater Huddersfield and Calderdale CCG Governing Bodies meeting in parallel. North Kirklees CCG has had a joint Chief Operating Officer with Wakefield CCG leading on commissioning acute service for the past year and a Mid Yorkshire Hospital Trust System Oversight and Assurance Framework has been developed across Wakefield, North Kirklees and Mid Yorkshire Hospital Trust footprint to provide the foundations upon which planned care transformation and clinical threshold management programmes will be delivered.

In addition, Greater Huddersfield CCG and North Kirklees CCG have been moving to an increasing common approach to decision making around a number of changes in order to create consistency across Kirklees. For example, the recent Talk Health campaign was run jointly by both CCGs and, whilst the decisions about changes needed to be taken by each CCG individually, meetings in parallel were established to support this.

### **Kirklees Democracy Commission**

The Council established the Kirklees Democracy Commission in June 2016 to look into how the council can create a stronger local democracy. The Commission is looking into three interlinked themes: elections, role of councillors and accountability, governance and decision-making. There has been a wide range of activities over the last 9 months. The Commission's report will be published in April and the report and recommendations will be considered by Kirklees councillors at the Full Council meeting on 26th April 2017. Full details of the Commission and its work is at

[www.democracycommission.org.uk/](http://www.democracycommission.org.uk/)

Any proposals to simplify the governance and approval framework for health and social care would need to reflect the decisions made at Full Council about the Commission's recommendations.

## **West Yorkshire Joint Committee**

The 11 CCGs involved in the West Yorkshire and Harrogate STP have signed a memorandum of understanding and terms of reference to form a joint commissioning committee. NHS England needs to approve the changes to CCG constitutions necessary for the committee to make decisions on behalf of the CCGs. The committee will be able to make decisions about how STP-wide services are commissioned. The committee's priorities have not been confirmed, but could include: cancer; urgent and emergency care; mental health; and standardising commissioning policies.

Each CCG will have two members and there will be an independent chair and two lay members. The CCGs will still make local commissioning decisions and decisions can also be delegated to a lead commissioner or contractor if relevant.

The scope of the Joint Committees work will be set by an annual work plan which will need to be agreed by each CCG. It will set out which decisions will be made by CCGs, the joint committee or lead commissioners.

### **National picture**

There are a range of models starting to emerge across the country – and each reflects local circumstances such as the devolution deal, plans for development of 'accountable care organisation', co-terminosity, history of local collaboration and the strength of relationships between partners.

## **4. Financial Implications**

None

## **5. Sign off**

Richard Parry, Director for Commissioning, Public Health and Adult Social Care

## **6. Next Steps**

- Review current decisions making mechanisms in light of the aim to 'simplify and strengthen the governance and approval framework'. The review will consider West Yorkshire STP footprint developments, acute services commissioning developments, lessons from other areas across the country, the implications of the Democracy Commission and ongoing discussions between the 2 Kirklees CCGs and the Council.
- Identify what specific issues require what type of decision, and clarify the requirements for decision making and engagement for each issue – it is clear that different issues will require different mechanisms and there will not be a 'one – size fits all' solution
- Develop proposals to simplify and strengthen the governance arrangements in Kirklees and present these proposals to the relevant committees in each organisation and to the Health and Wellbeing Board.

## **7. Recommendations**

That the Board

- Endorse the aim of simplifying and strengthening the governance and approval framework for health and social care in Kirklees in order to facilitate the integration of commissioning and service delivery.
- Note the concerns about the complexity of the current arrangements, and the range of developments nationally, regionally and locally that must inform any proposals.
- Ask that specific proposals for changes to the current arrangements be developed and considered by each organisation and presented to a future Board meeting.

## **8. Contact Officer**

Phil Longworth

Kirklees Council

[phil.longworth@kirklees.gov.uk](mailto:phil.longworth@kirklees.gov.uk)

# Health & wellbeing decision making landscape in Kirklees – Council & CCGs in Oct 2016

