

For general release

Meeting: Integrated Services Board

Date: July 29th 2003

Report of: Director of Housing and City Support and Head of Integrated Commissioning

Subject: Integrated Service Governance Arrangements between the City Council and the NHS

Ward(s) affected: All

1. Purpose of the report

1.1 To advise the Board on the outcome of the recent stakeholder seminar regarding governance and to recommend a phased approach to revising the existing arrangements.

2. Recommendations

2.1 That the Integrated Services Board (ISB) recommend, in principle, the merger of the Integrated Services Board (ISB) and the Joint Commissioning Board to form the Strategic Integrated Board (SIB) from September / October 2003.

2.2 That officers develop a detailed proposal in relation to 2.1, taking appropriate legal advice, for approval via Primary Care Trust Board, South Downs NHS Trust Board and the Policy & Resources Committee of the City Council by September 2003.

2.3 As part of this process that the terms of reference, membership and related matter need to be detailed and the links between the Strategic Integrated Board, Adult Social Care Committee, the Primary Care Trust Board and South Downs NHS Trust Board clarified.

2.5 That Brighton and Sussex University Hospital Trust (BSUH) are fully engaged in future planning re governance as part of the process of future integration planning.

2.5 That the Board approves officers undertaking further work in relation to the to the development of Service Level Partnership Groups so

that a report can be considered by the new Integrated Board for implementation of phase 2.

3. Information/background

- 3.1 In November 2002, a review of the strengths and weaknesses of the section 31 arrangements was undertaken. In terms of corporate governance it highlighted duplication in process between the JCB, the ISB and the Adult Social Care Sub Committee (ASCSC). It also showed time consuming processes, a lack of understanding of governance arrangements, inadequate Member and NHS non-executive involvement, lack of certainty about decision making processes, that the BSUH was not included and partner organisation representation was in need of review. The recommendations from the review are in appendix 1.
- 3.2 Based on these views, a joint stakeholder seminar on the 26th March 2003. The list of invitees and attendees is in appendix 2.
- 3.3 This report is based on the paper presented at that seminar which outlined the current arrangements for governance of section 31 integrated services and offered an option for a new model for integrated governance. The recommendations outlined above in 2.1 presented at the seminar were agreed in principle.

4 Current arrangements for corporate governance

- 4.1 Section 31 arrangements have had a major impact on governance in the past year. Partners have maintained their own identities whilst working to new governance and accountability arrangements suiting both the Council and the NHS.
- 4.2 The model for integrated governance arrangements included the JCB and the ISB alongside the existing ASCHSC. The JCB and the ISB were both developed to 'determine strategy and policy and to monitor the section 31 agreements, including performance and financial objectives'.
- 4.3 The JCB consists of two separate and independent committees of the City Council and the Brighton and Hove City Primary Care Trust and is the Commissioning Board for adult services. The ISB consists of two separate and independent committees of the City Council and South Downs Health NHS Trust, with responsibility for service delivery

for adult services. The JCB set the terms of reference for the Integrated Services Board.

- 4.4 The Boards meet separately every quarter. Apart from the Commissioning and the Provider function, the main objectives of the Boards as outlined in the Commissioning and the Integrated Provision agreements is to evaluate and monitor performance.
- 4.5 The Adult Social Care and Health Sub-Committee of the Education and Social Services Committee is responsible for integrated services governance. It is chaired by the Lead Councillor for Adult Social Care. It exercises the functions of the Council in respect of adult social services and the joint delivery of services with the NHS, including exercising the Council's functions under or in connection with section 31 of the Health Act 1999 (Brighton and Hove City Council Constitution 2002).

5. Other examples of integrated governance/Care Trust and Sec31

- 5.1 The section 31 arrangements in Brighton and Hove are larger scale than many other areas in the country. Looking for other models of governance in similar circumstances has been difficult. It is clear that no one model is in place which could provide a national template; each Local Health Community is developing models that fit with their particular circumstances. The seminar for stakeholders considered some of these other models.
- 5.2 In terms of comparisons with other councils, Brighton and Hove City Council is the only authority in England with Social Services responsibilities that does not operate through a cabinet system. This means that it is not possible for the council to delegate decision making to individual Elected Members.

6. The local context to take into consideration

- 6.1 The revising of the governance arrangements need to take account of the local context regarding integration;
 - 6 service areas subject to section 31 notifications since April 2002
 - Recent review of these arrangements provided a positive indication re progress, though it is clear the process is underway not complete

- Boards / Committees have approved working towards further integration of services with a target date of April 2004 in place
- Integration will be supported through the work underway to implement the Single Assessment Process and develop the model for Community Integrated Teams / Hospital Integrated Teams
- The scale of the agenda for change across the Local Health Community (LHC) often driven by government requirements and targets.
- The recent reshaping in the City Council and the introduction of the Directorate for Housing & City Support Services.
- There are capacity issues across the LHC in delivering the scale of change at the required pace and in a co-ordinated manner
- The proposal to pilot a Commissioning Childrens Trust

6.2 The development of revised governance arrangements will need to take account of the broader context and be flexible and robust enough to respond.

**7. The phasing in of a new model of integrated governance.
Phase 1: Merge Integrated Services Board and Joint Commissioning Board**

7.1 It is recommended that the Integrated Services Board and the Joint Commissioning Board merge to form the one new strategic Integrated Commissioning and Provider Board as soon as possible.

7.2 Legal services have advised that the commissioning and the provider function can be under the one committee with the ASCHSC role remaining unchanged, however, the existing section 31 agreements will need to be altered to reflect any change made to the commissioner and provider governance arrangements.

7.4 When the new Integrated Board meets there would be in effect 3 sections to the meeting - the provider, the commissioning and their joint roles. The role of the Adult Social Care and Health Sub

Committee would continue as it currently exists in the JCB and the ISB in that it would be held within the integrated board meeting with voting rights being protected. Where necessary a separate ASCHSC could be held but as services merge in the future fewer topics would need to be discussed outside the forum of the Integrated Board.

- 7.6 The membership and voting arrangements for the Integrated Board would need consideration. Providers and commissioners would need to declare an interest and withdraw on issues where there would be a conflict of interests

Phase 2: Development of Service Level Partnership Boards: Development work starting ASAP with implementation from April 2004

- 7.7 This proposal emerged from the stakeholder seminar but will require more detailed working before a detailed proposal can be presented. It is proposed this is viewed as stage 2 of the process so that the integration of the JCB and ISB is not delayed. A mapping exercise will take place to look at what style of management is occurring through the current National Service Framework Groups, focusing on how to reform these groups into the Service Level Partnership Groups. The new Integrated Board would set the strategic direction and service priorities, it would monitor financial and performance through devolved responsibility to the Service Level Partnership Groups. These Service Level Partnership Groups would consist of both providers and commissioners in each specific client group and would report formally every quarter to the new Integrated Board for authorisation of decisions and for internal scrutiny of performance. Further work is being done to determine the appropriate membership, terms of reference and legal framework for these boards.

8. Consultation

- 8.1 These proposals were discussed and agreed in principle at the 26th March 2003. The list of people invited and the attendees is in appendix 2

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Financial implications

These will be included in the detailed report on future governance arrangements.

Legal implications

The proposal to integrate the JCB and ISB will require a supplemental agreement to the existing s.31 agreements and a new constitution to reflect the composition and ways of working of the new board. The new constitution will need to give particular attention to arrangements for dealing with potential conflicts of interest. It is proposed to bring a draft of these documents for approval to the next JCB Board meeting.

Lawyer consulted ; Elizabeth Culbert 21.5.03

<p>Corporate/Citywide implications</p> <p>Recommendations support streamlined governance across organisations for integrated services, leading to improved accountability and improved service planning and delivery.</p>	<p>Risk assessment</p> <p>The risk of not developing robust integrated governance will mean lack of accountability between partners organisation, poor and unstructured delivery of services and financial and performance monitoring.</p>
<p>Sustainability implications</p> <p>There are none.</p>	<p>Equalities implications</p> <p>Improved accountability in terms of planning and provision of integrated services. Additional involvement of user and client groups in decision making.</p>

Implications for the prevention of crime and disorder

There are none.

Background papers

1. Review of Section 31 Arrangements, Committee report of JCB, 16th December 2002.
2. Draft Agreement relating to Integrated Provision of Health and Social Care, Brighton and Hove City Council and South Downs Health NHS Trust
3. Agreement relating to Commissioning of Health and Social Care Services, East Sussex Brighton and Hove Health Authority and Brighton and Hove City Council

Contact Officer

Margaret Cooney

Appendix 1

Recommendations – Section 31 review (November-December 2002)

- 2.1 That the partners continue to implement the existing section 31 arrangements and that staff secondments are extended to March 31st 2005.
- 2.2 That closer working between the Council and the NHS continues in relation to services for older people and people who are physically disabled, for example through the single assessment process.
- 2.3 That an overarching plan is developed across the Local Health Community in relation to future plans for integration through the Section 31 Development Group, looking towards April 2004 for agreement to formally link services under section 31 for older people and the physically disabled.
- 2.4 That the project planning includes support services and takes account of the current issues in relation to support services.
- 2.5 That the Brighton and Sussex University Hospitals Trust is fully engaged in future planning for integration.
- 2.6 That the project planning takes account of managerial and development capacity to manage the change process.
- 2.7 That future planning is fully informed by the experiences locally to date, by the National Evaluation Report and through active networks with other local health communities.
- 2.8 That integrated performance reporting is further developed to support this process including a more systematic and integrated approach to both the outcomes and views of service users and carers.
- 2.9 That the current governance arrangements are fully reviewed through a stakeholder seminar in February 2003.
- 2.10 That the experience of staff to date informs future planning and the engagement of staff in the process.

Appendix 2 List of invitees and attendees to seminar 26th March 2003.

Attended

Ann Norman (Cllr)
Quintin Barry (Chair SDHNNHST)
Ian Long (BHCC)
Jane Simmons (BHCPCT)
Jean Spray (Chair BHCPCT)
Margaret Cooney (BHCC)
Philip Letchfield (BHCC)
Sarah Healey (SDHNNHST)
Terry Hutt (BHCPCT)

Mo Marsh (Cllr)
Natasha Watson (BHCC)
Elizabeth Culthbert (BHCC)
John O'Sullivan (SDHNNHST)
Michael Rosenberg (SDHNNHST)
Chrissy Wright (Barnsley SS)
Ann Meadows (Cllr)

Apologies

Gerry Kielty (Cllr)
Andy Horne (SDHNNHST)
Brian Pidgeon (Cllr)
Catherine Shelley (Cllr)
Daphne Obang
David Panter (BHCC)
Francis Tonks (Cllr)
Gary Needle (BHCPCT)
Janice Robinson
Judith Corcho
Lynda Hyde (Cllr)

Michael Evans
Pat Murphy (Cllr)
Richard Child (Cllr)
Ruth Marshall (DoH)
Stuart Welling (BSUH)
John Chapman
David Owens
Ruth Smith
Anne Palmer
Anne Caborn
Phillip Diamond