

## RECORD OF EXECUTIVE DECISION

Tuesday, 18 July 2017

**Decision No:** (CAB 17/18 19230)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	LEADER
SUBJECT:	SHARED COMMISSIONING BETWEEN SOUTHAMPTON CITY COUNCIL AND SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP
AUTHOR:	Stephanie Ramsey

### THE DECISION

- (i) To approve the establishment of a Joint Commissioning Board between the Council and Southampton City Clinical Commissioning Group to undertake Executive functions within the Boards proposed Terms of Reference.
- (ii) To delegate authority to undertake joint commissioning functions that are executive functions within agreed budgets to individual members of the Board (Officers and Members as appropriate) acting at Board meetings within the procedures set out in the terms of reference.

### REASONS FOR THE DECISION

1. There is an opportunity to strengthen existing joint commissioning arrangements to achieve the level and pace of service change and integration needed to meet current and future challenges. This will enable both organisations to provide the seamless health and care which residents need and to meet quality and sustainability challenges. The current governance structures require changes for both organisations to be able to implement the necessary changes jointly and at pace.
2. National direction, such as Integration and Better Care Fund Policy Framework 2017, requires integration between health and care services. Success measures for such are being developed nationally and the Care Quality Commission has the remit to carry out targeted reviews.
3. Nationally there is an expectation that full integration of health and social care will be implemented by 2020. Southampton is ideally placed to increase the pace and depth of integrated commissioning, with its asset of co-terminosity between health and local government; its track record of delivering benefits through integration, its existing integrated commissioning functions and good working relationships. A shared ambition for change has been agreed between SCC Cabinet and the Clinical Commissioning Group (CCG) Governing Body:

'Commissioning together for health and wellbeing will allow us to push further and faster towards our aim of completely transforming the delivery of health and care in Southampton so that it is better integrated, delivered as locally as possible, person centred and with an emphasis on prevention and intervening early to prevent escalation'.

## **DETAILS OF ANY ALTERNATIVE OPTIONS**

1. Eight options were rigorously tested against a range of (weighted) financial and non-financial assessment criteria. They included:
  - Resident and patient outcomes: increasing resident and patient benefits through maximising new commissioning possibilities
  - System efficiency and sustainability :financial benefit through making savings for both organisations; effective decision making; ease of deliverability
  - Accountability: democratic accountability; strategic alignment of priorities for both organisations; legal and regulatory compliance.
2. The options considered and rejected during this first stage were to:
  - do nothing
  - continue with or reverse current arrangements
  - joint commissioning by a Combined Authority.

These were rejected on the basis of an agreed scoring criteria which comprised ranking the weighted benefit criteria; through this process it was ascertained that these options did not deliver the same benefits as other options.
3. Four shortlisted options were analysed further to assess their benefits in terms of :
  - Strategy (i.e. which option has the greatest potential to drive service innovation, provider integration and ultimately maximise benefits for citizens and patients)
  - Governance (i.e. which option has the structures, powers and duties to maximise integration, whilst minimising complexity and the possibility of legal challenge)
  - Financial (i.e. balance of pooled and aligned budgets for each option).
4. As a result of further assessment an additional three options were rejected at this stage:
  - Joint commissioning hosted by either the CCG or Council
  - Commissioning overseen by the Health and Wellbeing Board (H&WB). This was rejected as the Health and Wellbeing Board is a sub-committee of Council, not the Executive and as such cannot legally exercise Executive powers. The H&WB has statutory functions wider than the scope of shared commissioning as well as statutory membership which would impact on the balance of the proposed new board as the members have particular voting rights in law. The current H&WB advisory / scrutiny role could also be lost from the system.
  - Establishing a Regulation 10 committee as allowed within a Section 75 agreement (an agreement made under section 75 of National Health Services Act 2006 between a local authority and an NHS body in England). This was rejected as it would limit decision making to pooled budget items only and not areas where budgets are aligned rather than formally pooled.

**OTHER RELEVANT MATTERS CONCERNING THE DECISION**

None.

**CONFLICTS OF INTEREST**

None.

**CONFIRMED AS A TRUE RECORD**

We certify that the decision this document records was made in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date: 18 July 2017

Decision Maker:  
The Cabinet

Proper Officer:  
Richard Ivory

**SCRUTINY**

Note: This decision will come in to force at the expiry of 5 working days from the date of publication subject to any review under the Council's Scrutiny "Call-In" provisions.

Call-In Period expires on

Date of Call-in *(if applicable) (this suspends implementation)*

Call-in Procedure completed *(if applicable)*

Call-in heard by *(if applicable)*

Results of Call-in *(if applicable)*