Greater Manchester Health and Social Care Strategic Partnership Board

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Date: 19 January 2018

Subject: GM HSC Partnership Governance Review: Proposals

Report of: Jon Rouse, Chief Officer, GMHSC Partnership

SUMMARY OF REPORT:

This paper sets out the review of the current governance arrangements for the GM HSC Partnership and proposes a number of changes to recognise and support the Partnership's move into its next phase of delivery of Taking Charge Together..

KEY MESSAGES:

In drawing together the proposals in this report, all key stakeholders have been consulted. In addition the recommendations from a recent NHS England Internal Audit of governance have been incorporated.

The proposals were supported by SPBE at their meeting in November 2017 and have been updated to reflect that discussion.

PURPOSE OF REPORT:

The purpose of the report is to set out a proposed revised governance structure for the GM HSC Partnership that supports the principles agreed within the GM HSC Devolution MoU but that recognises the move into what is now the deep implementation phase of Taking Charge. The proposals seek to create clarity around responsibilities, accountabilities and decision making, support engagement across all parts of the system and reduce bureaucracy and duplication of effort.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the issues with and limitations of the current governance approach

- Note the high level findings from the governance audit
- Agree the proposed changes.

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1.0 EXECUTIVE SUMMARY

1.1 Background

1.2 The Greater Manchester (GM) Health and Social Care Devolution Memorandum of Understanding, signed in February 2015 facilitated the establishment of a governance approach that would be responsible for the delivery of the GM vision for Health and Social Care. The MoU was aimed at supporting GM to assume full responsibility for NHS funding streams in Greater Manchester.

1.3 A principle of subsidiarity runs throughout the MoU, seeking to ensure no decisions about GM are made without GM and that all decisions are made at the most appropriate level. The governance structures put in place through the MoU enable all parts of the HSC system in GM to have input into and influence over the overall vision for GM, creating a dispersed model of leadership. This has ensured collective ownership of the vision and a collaborative approach to delivery, although still have considerable potential to go further in this respect.

1.4 The GM MoU is cognisant of the existing accountability arrangements and responsibilities held by local authorities, CCGs and NHS Providers. The MoU also contained a commitment to regularly review the governance as Greater Manchester Health and Social Care Partnership (The Partnership) developed, recognising that alignment of the development of the Partnership with the most appropriate governance arrangements would be an iterative process and therefore those arrangements would need to change over time.

1.5 Since the establishment of the Partnership the governance arrangements have indeed adapted to address new and changing needs. This is a natural consequence of GM being the first locality in England to have a devolved arrangement for Health and Social Care (HSC). The last review was in autumn of last year and resulted in a sub-governance that blended system oversight and delivery of transformation programmes. As we now move more deeply into implementation of our programmes and also start to think about our future operating model post this transformation phase, it is right to take a fresh look. We also need to recognise the introduction of the Mayor and although his office carries no formal responsibilities with respect to health and care, our governance should recognise his ambitions, particularly with respect to public service reform, and also his ability to use powers and influence to help us achieve our objectives in Taking Charge.

1.6 Opportunities through refreshed governance arrangements

1.7 Our objective for this review is that a refreshed governance framework for GM HSC Partnership will enable us to:

- Clearly outline what we are trying to achieve through the GM Health and Social Care governance and each of its constituent parts and how best to fulfil these roles

- Ensure an approach that facilitates leadership and participation across the system

- Clearly sets out the responsibilities and accountabilities at each level of governance, giving clarity over how decisions are made, aligned to statutory responsibilities, enabling GM to transact business efficiently and effectively

- Improve depth of engagement across the system, reaching further into organisations and in particular strengthening links to primary care and Elected Members, enabling all sub governance groups to input into the GM governance as effectively as possible

- Secure greater clarity over decision-making processes, including the role of sectoral representatives

- Ensure the whole system holds the whole system to account, including a place for localities to hold GM to account for the delivery of GM and cross-cutting programmes of work

- Reduce the amount of bureaucracy and duplication

- Clarifies and supports the role of the GM Health and Social Care Partnership Team as a facilitator of the governance

- Establishes a clear approach for the ongoing monitoring of the use of the GM HSC Transformation Fund and other similar GM funds such as the GM Digital Fund

- Ensure all elements of the system and all localities have input into governance groups without requiring all organisations to be on all groups.

1.8 Although this refresh provides the opportunity to ensure the GM HSC governance is fit for purpose and will support the delivery of the GM vision set out in Taking Charge it will be dependent on the whole system taking ownership and being accountable for their part. A key question for consideration will be the system readiness for change and the maturity of relationships at both GM and locality levels.

1.9 Summary of key proposals

1.10 To support the principles of the GM MoU and achieve the opportunities outlined above, it is proposed that:

- The current Strategic Partnership Board becomes a GM Health and Care Board (GM HCB) which would be non-statutory, public facing and focused on impacting the determinants of health by working across public services and beyond, including the role of the VCSE. It would meet bi-monthly and will be more public facing and develop a strong relationship with the local statutory

Health and Wellbeing Boards in pursuing their local strategies and with the Mayor on his big public service reform priorities. The Board would also receive regular reports on progress against the Taking Charge plan and hold the Executive to account for their work. The work of the Children's Health and Wellbeing Board will also feed directly into the new GM HCB.

- The operationalisation of the GM Strategic Vision for Health and Social Care will be more clearly delegated to the GM HSC Partnership Executive (GM HSC PE). These meetings will become more formal with clearer respect for the sectoral representation reflected in the agreed voting rights. As well as receiving reports from the sub-governance the Executive will focus time on the development of the future target operating model for the GM Health and Care system beyond the current transformation phase.

- We will work towards establishing the Joint Commissioning Board (JCB) as a genuine Joint Committee of CCGs and Local Authorities. The Joint Commissioning Board will be serviced by the GM Commissioning Hub, as set out in the adopted Deloitte Commissioning Review, with key roles including agreeing common standards, models of care, undertaking some provider engagement and taking responsibility for some commissioning responsibilities directly.

- The role of the Provider Federation Board to be enhanced, with a more deliberate strategy of asking the PFB to lead collectively on some key transformation programmes, as well as developing a stronger model of collaboration and mutual aid.

- The Workforce and Digital Collaboratives, the integrated estates team and Health Innovation Manchester are each supported to become core parts of our legacy architecture.

- The sub-governance below the Executive is simplified so that there will ultimately be three committees undertaking system oversight – finance, quality and performance & assurance.

- The new governance structures will require us to work in a new way with collective values and behaviours, as a result organisational development activity will be essential to making this proposal work.

1.11 A diagram of the proposed governance structure is included as appendix A.

2.0 GM HSC GOVERNANCE JOURNEY

2.1 There are a number of key principles upon which the existing GM HSC Partnership governance is based. These remain fundamental building blocks of the proposed governance structure:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate
- Clinical Commissioning Groups and Local Authorities will retain their statutory functions and their existing accountabilities for funding flows, pending any future changes to legislation that would allow us to create a true Single Commissioning Function
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements
- GM commissioners, providers, patients and public will shape the future of GM Health and Social Care together
- All decisions about GM Health and Social Care to be taken within GM and by GM
- The partnership will reflect the contributions and competencies of all parties

2.2 The initial governance proposed in the MoU consisted of a Strategic Partnership Board, Joint Commissioning Board and Provider Federation. It was proposed a series of innovation groups would take forward specific workstreams and the whole governance framework would be supported by a devolution programme office.

2.3 The GM Health and Social Care Partnership Team was established to support the development and delivery of the GM Plan: Taking Charge. From the outset the team has had a role in enabling the governance arrangements, ensuring it facilitates participative leadership across the system.

2.4 These arrangements still form the core of the governance for the GM HSC Partnership but they have developed significantly over the last eighteen months in order to provide structures for decision making and assurance such as the establishment of the Transformation Fund Oversight Group (TFOG) to facilitate the HSC Transformation Fund allocation process.

2.5 Following the signing of the MoU and the establishment of the governance outlined above an accountability agreement set out the delegation of internal responsibility for the operational management of the delivery of the NHS constitution and mandate in Greater Manchester to the Greater Manchester Chief Officer (GMCO) reporting to NHS England's Chief Financial Officer. This agreement came into effect from 1 April 2016 and enables GM to take responsibility for NHS England's assurance and commissioning functions as well as providing overall executive leadership to GM's devolution, integration and strategy implementation. Quarterly meetings with the NHS England Regional team focus on ensuring the commitments in the accountability agreement and set milestones are being met.

2.6 As GM progressed on its devolution journey, additional groups to those initially outlined in the MoU have been added to the overall GM HSC Governance arrangements including:

- **Performance and Delivery Board** – providing oversight to constitutional and mandated requirements of the GM HSC Partnership and initiating direct performance taskforces to support improvement and recovery where appropriate.

- **Transformation Portfolio Board** – established to oversee delivery of the Strategic Plan; aligning activities across themes; developing a clear programme management approach to implementation and generating links between localities and GM

- **Finance Executive Group (FEG)** – connecting finance leadership across the system to support transformation and day-to-day financial management; working with the Programme and Delivery Board to co-ordinate planning round activity and budget setting

- **Transformation Fund Oversight Group** – established to oversee the pipeline of Transformation Fund applications, ensuring proper process and independent evaluation

- **Quality Board** – a statutory function of NHS England working collaboratively to bring together a system wide focus on driving quality improvement, developing a shared view of risks with an early warning system around safeguarding the quality of care in GM

2.7 Given the strength and wide variety of primary care providers in Greater Manchester the governance outlined above is now supplemented by an engagement framework established in November 2015 incorporating all aspects of primary care. This framework consists of:

- Representatives from all four aspects of primary care (GP, Dentistry, Optometry and Pharmacy) on Strategic Partnership Board

- Representation on Strategic Partnership Board Executive, taken from the primary care representatives on Strategic Partnership Board

- Primary Care Advisory Group – drawing membership from all four disciplines of primary care, this group ensures a strategic collective voice for primary care in wider GM HSC governance discussions and programmes of activity

- Discipline specific advisory groups – facilitating specific conversations amongst the four disciplines of primary care to inform the work of the Primary Care Advisory Group

2.8 The current governance arrangements were set out in a paper to Strategic Partnership Board on 30 September 2016. A diagram showing this governance structure is included as appendix B. Since this point however there have been further changes to the overall governance arrangements as outlined below.

2.9 In December 2016 GM established a LCO Network with a primary focus on supporting the work of Theme 2: Transforming Community Based Care and Support. The network is focused on aligning the ten localities in GM, public service reform, primary care, adults and children's social care, Transformation Theme 1: Radical Upgrade in Population Health Prevention, Theme 3: Standardising Acute Hospital Care and the cross cutting themes of the overall GM Transformation Programme. In addition the network takes account of regulatory landscape and the national Integrated Support and Assurance Process (ISAP), identifying common issues and developing solutions.

2.10 In order to improve engagement and involvement of the community, voluntary and social enterprise sector in the delivery of the GM vision for health and social care, a Memorandum of Understanding was agreed and signed in January 2017. This provided a framework for engagement across GM's devolution agenda aimed at achieving a step change in understanding and involvement of people and communities to drive better services and support for the residents of GM. In addition this framework would provide increased mutual learning and joint professional development, improving our ability to leverage the talent, capacity and social value of the VCSE organisations.

3.0 WIDER SYSTEM CONSIDERATIONS

3.1 In reviewing and refreshing the current governance arrangements, consideration should be given to wider system changes including:

- Changes to the number of organisations within the Partnership arrangement due to the mergers of the Manchester CCGs, the acquisition of Manchester Mental Health and Social Care by Greater Manchester West creating a new organisation, Greater Manchester Mental Health, and most recently, the merger of CMFT and UHSM to create Manchester University Foundation Trust. Our governance should be adaptable to further changes

- Establishment of new organisational forms at the locality level and links to locality Heath and Well Being Boards including Single Commissioning Functions and Local Care Organisations that will have implications for our existing governance arrangements such as Joint Commissioning Board and Provider Federation Board

- The need to clarify assurance mechanisms for the use of the GM Transformation Fund within our governance arrangements (This is not within

the original ToRs for SPB or SPBE and is a specific audit action identified for the Partnership)

- Implications of the recommendations within the GM Commissioning Review
- Impact of the Greater Manchester Mayor and the portfolio holders within the Combined Authority and the linkages across to the wider governance structures within the GM Combined Authority
- The Order currently completing its progress through the Houses of Parliament to convey public health duties and powers on the Combined Authority.

3.2 In addition to these changes some of the thematic areas of our HSC Strategy have already or are soon to progress to the point of decisions needing to be made by the system, which may require specific decision making mechanisms to be in place. This has already been the case within Theme 3: Hospital Based Services for example where a proposal was approved by SPBE in May for a revised sub-governance structure to enable the delivery of the strategy.

4.0 LOCALITY CONSIDERATIONS

4.1 There are a number of further locality considerations that should influence the shape of future governance proposals:

- A need to strengthen connections between locality and GM governance providing clarity for localities and their relationship with GM
- Assurance of the GM Transformation Fund and delivery against locality investment agreements
- Ensuring confidence at the local level of system performance for GM programmes, particularly where they influence localities ability to deliver against their locality plan commitments, for example Mental Health
- That we learn from the locality approaches to integrated arrangements to support joint commissioning decisions currently being implemented and apply to the GM level to ensure approaches are complementary
- Linking with locality Health and Wellbeing Boards as a statutory function of local authorities

5.0 STATUTORY CONSIDERATIONS

5.1 It is important to also note that whilst there have been changes since the initial establishment of the GM HSC Partnership, there are a number of key factors that remain unchanged and need to be considered in a refresh of governance:

- Accountability back to NHS England is set out in the GM Accountability Agreement which delegates responsibility to the role of the Chief Officer of the GM Health and Social Care Partnership

- Accountability for Social Care remains with Elected Members at the locality level

- CCGs remain accountable to NHS England but are assured locally through the GM HC Partnership

- Foundation Trusts are responsible to their Board of Governors

- GM HSC Partnership has no regulatory responsibilities which are discharged through NHSI and CQC. It should however be noted the Director of Delivery and Improvement is a joint appointment across NHSI and GM HSC Partnership

5.2 **Health Scrutiny**

The Health and Social Care Act 2001 saw the establishment of Locality Health Scrutiny Committees as a statutory role of local authorities. The regulations and responsibilities of these committees have been updated since 2001 but the intention that they strengthen the voice of local people, ensuring their needs and experiences and considered as an integral part of commissioning services remains.

5.3 Health Scrutiny also has a strategic role in understanding how well integration of health, public health and social care is working. Locality Health and Social Care Scrutiny Committees hold local organisations to account and will therefore have an important role in ensuring the delivery of local HSC Transformation plans and the use of Transformation Funding at the locality level.

5.4 In addition the Greater Manchester Combined Authority has a Joint Health Scrutiny Committee. This committee has a different role to that of the locality Health Scrutiny Committees who each delegate powers to the GM Committee to undertake all necessary functions of health scrutiny relating to health matters at the GM level. The GM HSC Partnership Governance already provides regular updates across all areas of Taking Charge, which will continue under a refreshed governance structure.

5.5 **Changes to the Public Health Functions**

5.6 This refers to the Order amending the role of the GM Combined Authority to include the Public Health Functions currently undertaken by Local Authorities. The Order is intended to ensure the Combined Authority can play a full part on the GM Health and Social Care Partnership and support integrated, strategic commissioning decisions focused on improving health outcomes and reducing health inequalities.

5.7 The changes will enable the Combined Authority to enter into partnership arrangements with NHS bodies under section 75 of the NHS Act 2006 in respect of public health functions and will therefore empower the GMCA to:

- Support a Greater Manchester-wide strategic leadership approach to the delivery of agreed public health functions and commissioning responsibilities—for example, public health intelligence, health needs assessment and health protection.

- Enable a Greater Manchester-wide approach to tackling health inequalities, variation in quality and service improvement, fair and equitable access, and to achieve an upgrade in health outcomes for the population of the wider City Region.

- Support strengthened collaborative decision-making for population health through the identification of city-wide commissioning priorities and intentions, underpinned by shared principles and common commissioning standards —for example, commissioning for whole-system sexual health and substance misuse services.

- Enable population health to be embedded across the city's health, social care and wider public services through the Greater Manchester Strategy and the Greater Manchester Population Health Plan.

5.8 The order progressed through the Department for Health and Legal processes and received clearance from the Joint Committee for Statutory Instruments. The final Approvals Motion was passed on 28th November 2017 and the Order received ministerial approval on 29th November 2017.

6.0 NHS ENGLAND INTERNAL AUDIT

6.1 Governance has also formed part of 2017/18 GM HSC Partnership Internal Audit programme set by NHS England. The key findings from this work have fed into this paper along with the recommendations. This review had three key objectives:

- Evaluate the operating effectiveness of NHS England's arrangements to oversee and support the GM Health and Social Care model.

- Evaluate the design and operating effectiveness of the GM Health & Social Care Partnership's governance arrangements.

- Understand the implementation status of the agreed management actions from the Governance over Transition to Devolution Internal Audit Report undertaken in FY2015/16, where these remain applicable

6.2 The audit noted that significant progress had been made in developing an effective governance framework and that this framework has allowed wide stakeholder engagement and secured consensus of a number of key strategic and policy decisions affecting GM. It also recognised the need to review the current governance arrangements to confirm they are fit for purpose and that new governance framework should:

- Give clarity over how the functions delegated to the Chief Officer are being discharged
- Ensure risks and issues are being managed at SPBE
- Review the GM Accountability Agreement as set out in the agreement itself
- Reconstitute the Joint Commissioning Board with the legal authority required to commission GM-wide services
- Define a documented approach to recording stakeholder input to and approval of papers submitted to SPB and SPBE
- Implement a process to control the formation of new governance groups or changes to existing groups

7.0 PROPOSALS FOR FUTURE GOVERNANCE ARRANGEMENTS

7.1 The proposals below are split by governance group. In addition there are a number of practical proposals that will apply to all parts of the GM HSC Partnership governance.

7.2 GM Health and Social Care Partnership Board

7.2.1 The GM HSC Partnership Board is focused on providing the overall strategic vision and direction for health and social care in GM, through a clear, shared understanding of need. The Partnership Board galvanises partners across all parts of the GM HSC system behind a joint focus on action and change, promoting integration to improve health and wellbeing for residents and creating a greater sense of place.

7.2.2 It is suggested that the Partnership Board needs to become more public facing, providing opportunities for the voice of GM residents to influence the development of strategy. To support this, the meetings themselves will need to be more focused on the implications of change for residents rather than the operational considerations of how strategy is implemented. The introduction of service user stories and case studies could be used to demonstrate impact. To support this, agendas may also need to be shortened, allowing for more discussion, debate and involvement from the members of the board. We need to minimise duplication with the work of the Partnership Executive while ensuring that the Partnership Executive is publicly held to account for progress.

7.2.3 The focus and scope of the GM Strategic Partnership Board is aligned to the ambition in the 2012 Health and Social Care Act behind the establishment of locality Health and Wellbeing Boards. The membership of the GM Board also replicates the intention for HWBs, bringing together partners and creating a greater sense of place. Because of this it is suggested the GM HSC Partnership Board becomes a non-statutory GM Health and Care Board (avoiding the use of 'Wellbeing' to prevent confusion with statutory bodies at the locality level) with links back to locality Health

and Wellbeing Boards in each of the 10 GM localities to ensure service user and care voices are heard.

7.2.4 To ensure the GM HCB takes a holistic approach its membership should remain whole system with a greater locality focus, incorporating all GM CCGs, Local Authorities and providers as well as representation from NHS England, NHS Improvement, Public Health England. Primary Care will be represented through the GM Primary Care Advisory Group. The Combined Authority will be represented through the GM Mayor and Chief Executive. GMFRS and GMP will also have representation on GM HCB.

7.2.5 It was agreed as part of the original governance arrangements for the Partnership that the four principal stakeholder groups (CCGs, Providers, NHSE and Local Authorities) party to the GM MoU would be voting members of the Strategic Partnership Board with a vote of 75% in favour required for any proposal to carry. To reflect the significant proportion of contacts across the health and social care system being in primary care it was later agreed primary care would also receive a vote and the level of support would need to reach 80%. It is proposed that the move to a non-statutory Health and Care Board would not change this arrangement.

7.2.6 To enable more detailed discussion and consideration of implications on residents it is suggested the GM HCB should meet every two months and consider a smaller number of agenda items. In addition agenda items and papers focused on the operational and transactional issues of making the partnership work effectively should be the responsibility of the Strategic Partnership Board Executive (see below). This could include for example:

- Performance across the whole GM HSC system
- Delivery of strategy
- Transformation fund allocation and assurance
- Management of risk

7.2.7 As a GM HCB would not be a legal entity and would have no regulatory responsibility requiring partner organisations to implement the decisions it makes, it will therefore need to use other mechanisms for ensuring formal adoption of agreed policy and strategy.

7.2.8 The new GM HCB will work closely with the Mayor and Combined Authority, including through the existing GM Reform Board, responsible for co-ordinating Public Service Reform in GM, ensuring the two agendas are aligned and complementary and driving a greater collective ownership of the wider determinants of health.

7.2.9 The GM HCB should continue to be chaired by the GM Combined Authority portfolio holder for health and social care, supported by the Chief Officer of the GM HSC Partnership Team.

7.2.10 Specific thematic groups including the Children and Young People Health and Wellbeing Board will be directly accountable to the GM HCB as will Health Innovation Manchester. Over time there may be additional areas of work and governance groups that feed directly into the GM HCB.

7.2.11 Draft terms of reference for the GM Health and Care Board are attached at appendix C

7.3 GM Strategic Partnership Board Executive

7.3.1 It is suggested above that the operational and transactional issues related to delivering the GM HSC vision is the responsibility of the Strategic Partnership Board Executive. In this way SPBE will act as a true executive to the GM HCB and the "engine room" of the GM Partnership. It is suggested therefore that it is renamed Partnership Executive, it will meet on a monthly basis and will have specific responsibility including:

- Ensuring the delivery of the GM strategy: Taking Charge
- Accountability and performance across the system. This includes GM holding localities to account and localities being able to hold GM to account for the delivery of cross-cutting and GM level programmes such as Mental Health
- Allocation of the GM Transformation Fund and any subsequent, similar GM level funding streams such as the delegated Digital Fund
- On-going monitoring of the use of GM funding allocations and sign off to further funding being released in-line with agreed investment agreements
- Management of the GM risk register and delivery of actions
- Development of the future Target Operating Model

7.3.2 It is proposed SPBE provides a quarterly summary report to the GM HCB to update on progress against the areas which are delegated to it. This will be planned in advance on the forward plan for the GM HCB. A decision log will be taken to each GM HCB to outline the decisions that have been made by the Partnership Executive

7.3.3 The membership of the Partnership Executive will need to reflect the whole GM health and social care system, without needing to have representation from all organisations in the partnership itself. This will enable the executive to function effectively whilst making sure all parts of the system and all localities are able to influence the discussion and decisions at Partnership Executive.

7.3.4 This approach would require members of the Partnership Executive to have dual roles and to be accountable back to both their sector and their locality. The initial membership of the Partnership Executive was agreed as four representatives each from CCGs, Local Authorities and Providers and one representative from NHS England (which is fulfilled through the Chief Officer of the GM HSC Partnership.) To accommodate the proposals below we propose that the three sectors above reduce their representation to three members each.

7.3.5 To strengthen the representation from the primary care sector and to recognise the important role primary care plays in achieving the GM vision for HSC, it is suggested there also be three representatives from primary care, to be agreed by the Primary Care Advisory Group.

7.3.6 The voluntary, community and social enterprise (VCSE) sector is also a key partner in delivering the GM vision at both the GM and locality levels. The GM VCSE MoU agreed in January 2017 set out a shared ambition to enable the sector to have a stronger role in the delivery of the GM vision. Supporting VCSE leaders to represent their peers at a wide range of strategic boards was a key principle of the MoU. To enable this to be realised it is proposed the membership of the Partnership Executive includes the VCSE with the specific representatives being agree through GM VCSE Reference Group.

7.3.7 The voting rights of the new Partnership Executive will remain the same as for the previous Strategic Partnership Board Executive and reflect those of the GM Health and Care Board. This gives voting rights to Providers, CCG, Local Authorities and Primary Care representatives on Partnership Executive and require an 80% agreement. It is recognised that although the CVSE sector would play an important role in shaping the discussion and direction set at Partnership Executive they would not have voting rights on the Partnership Executive itself. To do so would be to expect the representatives of the CVSE sector on the Executive to represent the collective views of the whole sector when making voting decisions.

7.3.8 Members of the Partnership Executive should be identified by each sector through their respective governance groups, for example Provider Federation Board should identify the Provider representatives on Partnership Executive. Every effort will be made through this process to coordinate nominations across the various sector specific governance groups to ensure representation from all localities whilst respecting the decision on nominations must sit with the sectoral groups themselves.

7.3.9 To support members of the Partnership Executive to fulfil their roles a role definition will be developed and agreed by the GM HCB.

7.3.10 To enable members to represent their sectors, sub governance groups will be requested to clarity their collective position on proposals / papers taken to them prior to decisions at Partnership Executive. For example, where proposals are discussed at AGG, PFB, WLT and PCAG prior to the Partnership Executive itself, each of those

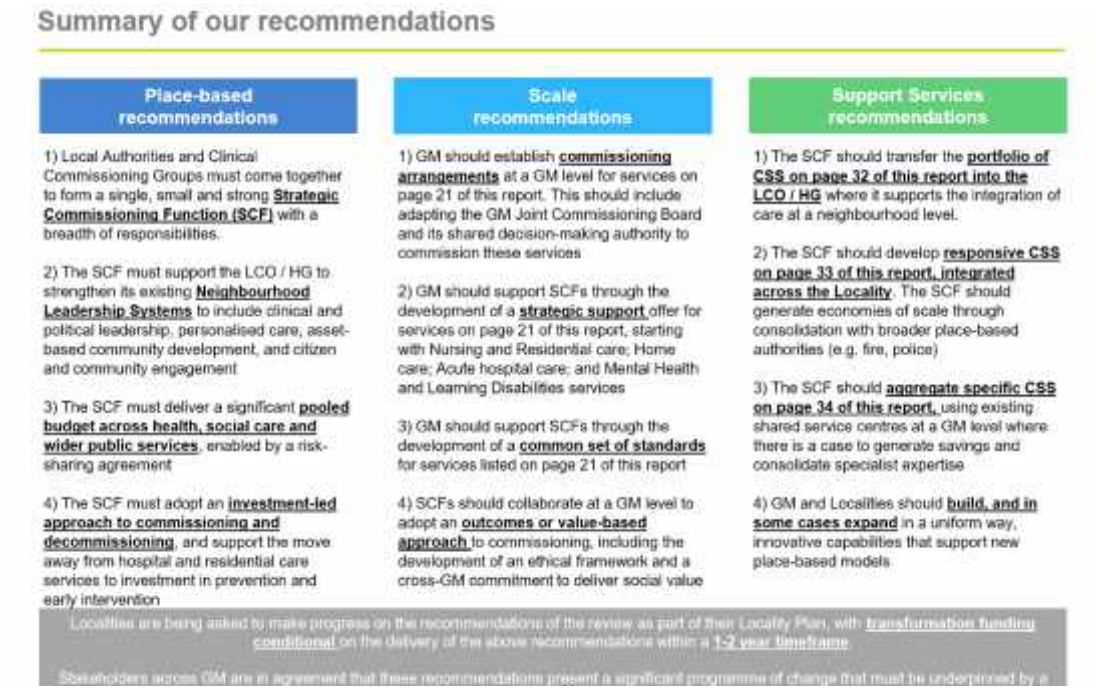
groups will be asked to respond to the proposals and recommendations. These responses will then be included in the final papers taken to the Partnership Executive. To enable this process, papers will need to be available in a timely manner and should highlight the key issues / areas for discussion and resolution.

7.3.11 As with the GM HCB and to provide consistency across the two governance groups the Partnership Executive will be chaired by the GM Combined Authority portfolio holder for Health and Social Care, supported by the Chief Officer of the GM HSC Partnership Team. The GM HSC Partnership Team will provide support to the Partnership Executive and its members in executing their responsibilities as outlined above.

7.3.12 Draft terms of reference for the new GM HSC Partnership Executive are attached as appendix D

7.4 Joint Commissioning Board

7.4.1 The initial principles for the governance of the GM HSC Partnership set out a requirement for local Authorities and CCGs to retain their statutory functions, accountabilities and funding plans. This will remain under new governance arrangements. The GM Commissioning Review agreed by Strategic Partnership Board in July 2017 however, set out a vision for how a revised approach to commissioning could look across the health and social care landscape in GM. This included a number of recommendations as outlined in the diagram below, some of which have implications for the current governance arrangements and how JCB will need to be constituted.



7.4.2 The preferred approach to delivering the joint aspects of this review is through a GM Commissioning Hub working to a Joint Commissioning Board that would discharge specific functions on behalf of localities, supported by a team of commissioners. In order for this to work the Joint Commissioning Board needs to be constituted in a way that enables JCB to make decisions on behalf of localities and for health and care organisations within localities to be able to delegate those functions to JCB.

7.4.3 This could be done through the establishment of a Joint Committee. The current legal framework enables the collective CCGs to enter into a joint committee with the GM Combined Authority but not directly with local authorities. As the GM Combined Authority does not at this time have a health function, local authorities in GM cannot delegate their health functions to it.

7.4.4 As described above (section 5.5) there are current proposals to change the responsibilities of the GM Combined Authority to include Public Health Functions. This will enable the Combined Authority to enter into partnership arrangements with NHS bodies under section 75 of the NHS Act 2006 in respect of Public Health Functions. As a result the Combined Authority will be able to work with the JCB in making joint commissioning decisions aimed at improving health outcomes for residents of Greater Manchester.

7.4.5 Alongside these legal changes, as we move towards joint management structures across CCGs and LAs, individual locality representatives on JCB will be able to represent a locality view in decision making.

7.4.6 To ensure a truly collective approach to commissioning it is also suggested:

- The JCB will have a chair who is independent of the individual ten localities within GM
- Membership of the JCB will have equal representation from both local authorities and CCGs
- Input from clinicians and practitioners form both health and social care will be sought in all joint commissioning proposals
- Commissioning decision will be made on the basis of the greatest benefit to GM as a collective. It is important to recognise this may mean some localities benefit more than others from individual commissioning decisions but that this is likely to balance out when considered across the whole range of commissioning decisions being taken at the GM level
- Overall affordability and quality will be key determinants off all proposals considered by the JBC

- Decisions will be binding on all members delegating responsibility to the JCB this includes where joint decisions are to be made at the GM level and enacted locally

7.4.7 Individual commissioning proposals will either require:

- CCGs and Local Authorities to maintain the budget for services to be jointly commissioned at the locality level through the use of section 75 agreements. In this instance the individual organisations are responsible for enacting the binding decisions made by JCB

  or

- CCGs and Local Authorities (via the Combined Authority) delegate the budget for jointly commissioned services to the JCB for the JCB to directly commission services on behalf of the collective health and care organisations

7.4.8 Given the Joint Commissioning Board will be constituted with representatives from all localities this provides assurance to the whole GM system on delivery against the areas delegated to it. Regular update reports will also be provided to the Partnership Executive demonstrating delivery against the implementation of the Joint Commissioning Review.

7.4.9 To be successful the Commissioning Hub will need to have strong links to reforming commissioning at the locality level and the development of single commissioning functions. In addition delivering the ambition of the Commissioning Review will require some resource to be moved into the Commissioning Hub from localities and deployed alongside resources from the Partnership Team. This may be on a temporary basis depending on current workstreams and to ensure best collective use of expertise across the system.

7.5 Provider Federation

7.5.1 The GM HSC Provider Federation was established in January 2016 to enable increased collaboration on strategic issues and to fulfil three key objectives:

- Providing a structured provider voice for Greater Manchester Health and Social Care Devolution;

- Providing a strategic approach to transformation;

- Addressing provider quality and efficiency.

7.5.2 In addition to these original objectives Provider Federation Board may also take on a leadership role for the development of relevant policies, plans and programme on behalf of the Partnership Executive.

7.5.3 Provider Federation Board enables GM providers to collectively influence and inform GM approaches at the developmental phase through a single conversation. This is particularly important as GM localities develop their LCOs which will have a potentially significant impact on the overall provider landscape across GM. Ensuring a mechanism for providers to input into these approaches through PFB, is therefore be essential.

7.5.4 In responding to this new landscape Provider Federation Board will provide:

- A system of mutual aid and support, including peer benchmarking and review
- A leadership environment for the development of relevant policies, plans and programmes on behalf of the Partnership Executive
- A space for providers to hold each other to account for acting in accordance with the objectives of the Taking Charge Plan

7.5.5 In addition to this the overarching Theme 3: Strategy for Hospital Based Services will require collective input from providers across GM. The Theme 3 Programme sets out a number of workstreams which will require input for the Provider Federation Board collectively. It was acknowledged in the proposal that the overall programme represents a large scale change that will affect GM Providers and as such the involvement and engagement of Trust Leadership and Boards is crucial to its successful delivery.

7.5.6 A proposal on the governance of Theme 3 was agreed by SPBE in May 2017. These revised governance arrangements included provider representation on the Theme 3 Executive and Delivery Boards. A commitment to also gain formal feedback on proposals being taken through the GM HSC governance by Provider Federation Board is incorporated as a specific step to improving overall engagement and involvement.

7.5.7 To ensure the dialogue with providers is as effective as possible, PFB needs to be incorporated into the route map for decision making and signing off GM proposals prior to discussions at Partnership Executive. This will be incorporated into the developing forward plans.

8.0 OTHER PROPOSED AMENDMENTS TO SUB GOVERNANCE STRUCTURES

8.1 There are a number of additional changes that are proposed to other sub-elements of the current GM HSC governance as outlined below:

8.2 **Performance and Delivery Board**

Performance and Delivery Board will be the single point for reviewing performance across GM HSC including system delivery and transformation programmes. This approach will enable a more streamlined assurance process at GM and locality level,

aligning together key STP, transformation and CCG IAF indicators. It will also be the place to ensure we are delivering the strategic objectives set out within Taking Charge, aligned to the broader devolution programme.

8.3 **Transformation Portfolio Board**

It is proposed Transformation Portfolio Board becomes a Programme Co-ordination Group and will manage the relationships between and alignment across programmes, facilitating locality input via the designated SRO's into the development of GM level and cross-cutting programmes. This is the forum that will be used to prioritise transformational activities, and ensure programme objectives and timescales are appropriately aligned to the delivery of the ambition within Taking Charge. Whilst the Performance and Delivery Board will undertake assurance of delivery, Programme Coordination Group will review programme and portfolio scope, to ensure the required transformational change is delivered. Given the nature of the group it is suggested it is time limited to March 2019 but that this is reviewed prior to this date.

8.4 **Finance Executive Group (FEG)**

The Finance Executive Group was established to provide a system wide strategic financial advisory and assurance function. Membership of the group is drawn from the finance community in local authorities, CCGs and providers. It has had a significant role in developing and challenging the financial elements of the transformation plans agreed through the GM HSC governance. In addition FEG has had a crucial role in the processes for agreeing and allocating the GM HSC Transformation Fund.

8.5 Finance Executive Group has recently revised its terms of reference and as a result will continue in its current form.

8.6 **Transformation Fund Oversight Group (TFOG)**

TFOG was initially established to oversee the pipeline of applications and to make recommendations on the allocation of GM HSC Transformation Funding. This process will largely cease at the end of 2017. It is suggested therefore that TFOG ceases to exist within no more than a few months. Ongoing monitoring of the use of the fund and recommendations on the release of further funding in line with investment agreements will be made by the Finance Executive Group.

8.7 **Quality Board**

Quality Board if a statutory function of NHS England. Its terms of reference for Quality Board were reviewed in December 2016. Its purpose is to bring together the system together to:

- Create a shared view of risks to quality through sharing intelligence

- Develop an early warning mechanism for risk and poor quality
- Create opportunities to coordinate actions and drive improvement across the GM system

8.8 The Quality Board is primarily concerned with NHS and local government commissioned care from public, private, not for profit and third sector organisations. It focuses on primary, secondary and tertiary services, holding commissioners to account for the effectiveness of how quality is managed within the system

8.9 Quality Board is recognised as a key part of the GM governance and has the ability to provide a quality and safeguarding perspective on proposals being taken through the wider GM governance. It is proposed Quality Board is increasingly used in this capacity, consulted with and recognised as part of the route map for strategy development and sign off prior to discussion and agreement at Partnership Executive.

9. PRACTICAL PROPOSALS

9.1 These proposals apply to all governance groups and should be adopted as best practice:

- Governance routes for papers should be mapped out to provide clarity to the system about how the decision making process works in GM, recognising this may be different for different issues the GM HSC Partnership Team will provide advice and guidance on this process
- Papers should be focused with summaries upfront outlining the key points and recommendations and highlighting key issues to be disused and resolved
- Sectors will be expected to undertake work in advance of meetings to consider their positions and be ready to input into discussions at their respective sector led governance group. Papers will need to be available in enough time to enable sectors to undertake this work.
- System responses to papers should be clear prior to proposals going to the Partnership Executive for agreement. This will enable members of governance groups such as Partnership Executive to fulfil the requirements of their role and represent the views of the whole sector in discussions
- Agenda items and corresponding papers should be themed for example update reports on finance, performance and transformation should be brought together into one overall assurance paper
- Forward plans should be prepared for all key governance groups identified in this paper, ensuring clarity on where items are being discussed and agreed

- Decision logs will be developed and kept up to date following each key governance group meeting and fed into the quarterly assurance meetings with NHS England

- A gateway process will be used for requests out to the system from the Partnership Team, these should be through a nominated single point of contact within the locality, potentially the locality SRO.

9.2 **Thematic Governance**

As the work on delivering Taking Charge has progressed, there has been a corresponding increase in the thematic based governance arrangements put in place. As a result there are numerous thematic and cross cutting governance groups across the whole HSC system in GM. In recognition of this it is suggested that each thematic area undertakes a review of groups. This should aim to address the opportunities and principles for governance outlined in this paper. It is also suggested any further changes or requests to establish new governance groups be submitted to the Programme Coordination Group as part of the gateway process being put in place for GM Programmes. This will prevent the number of governance groups creeping back up to an unmanageable number and ensure clarity over the role each existing group has within the overall system.

10. MAKING IT HAPPEN – NEXT STEPS

10.1 The proposals set out in this paper highlight a different way of working and as a result will require a number of additional pieces of work to be undertaken including:

- **Accountability Agreement** – the current accountability agreement came into effect on 1 April 2016 and is now due to be reviewed. This process will enable the Partnership to review and agree where accountability sits across the governance structure

- **Organisational Development** - the proposals set out will require the members of the governance structures and the partnership as a whole to work in a different way. As a result the GM HSC Partnership needs to develop clear values, behaviours and expectations owned by all its members.

- **Approaches to managing conflict** – the Partnership will need to set out clear expectations in terms of managing conflict between localities, organisations and GM.

- **System leadership** – members of the Partnership and its various governance groups will need to take on the role of system leaders. This may cause conflicts of interest for individuals which the governance arrangements need to recognise and respond to. A role profile will need to be developed to enable members of governance groups to undertake this responsibility

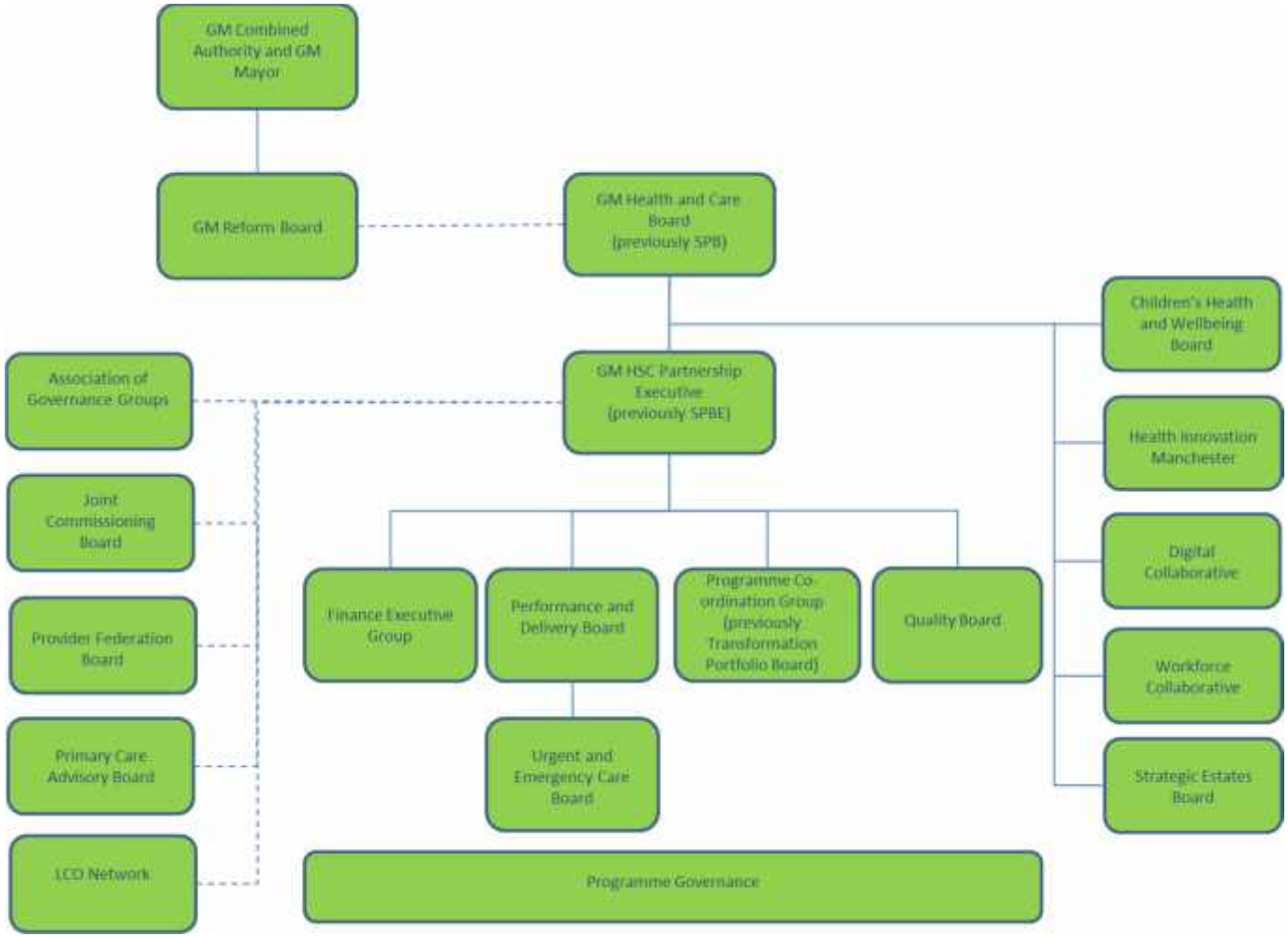
- **Review of detailed programme governance** – numerous thematic and programme boards and groups that have been established to take forward specific pieces of work across the partnership. These will need to be reviewed in light of the proposals outlined above to ensure the overall governance approach is as efficient as possible. In doing this it is important to differentiate between transformation and service improvement and to understand the appropriate governance required in each case. As an outcome of this review it is suggested we develop a complete governance map across the GM HSC programmes and that this piece of work is led by a cross-sector group.

11.0 RECOMMENDATIONS

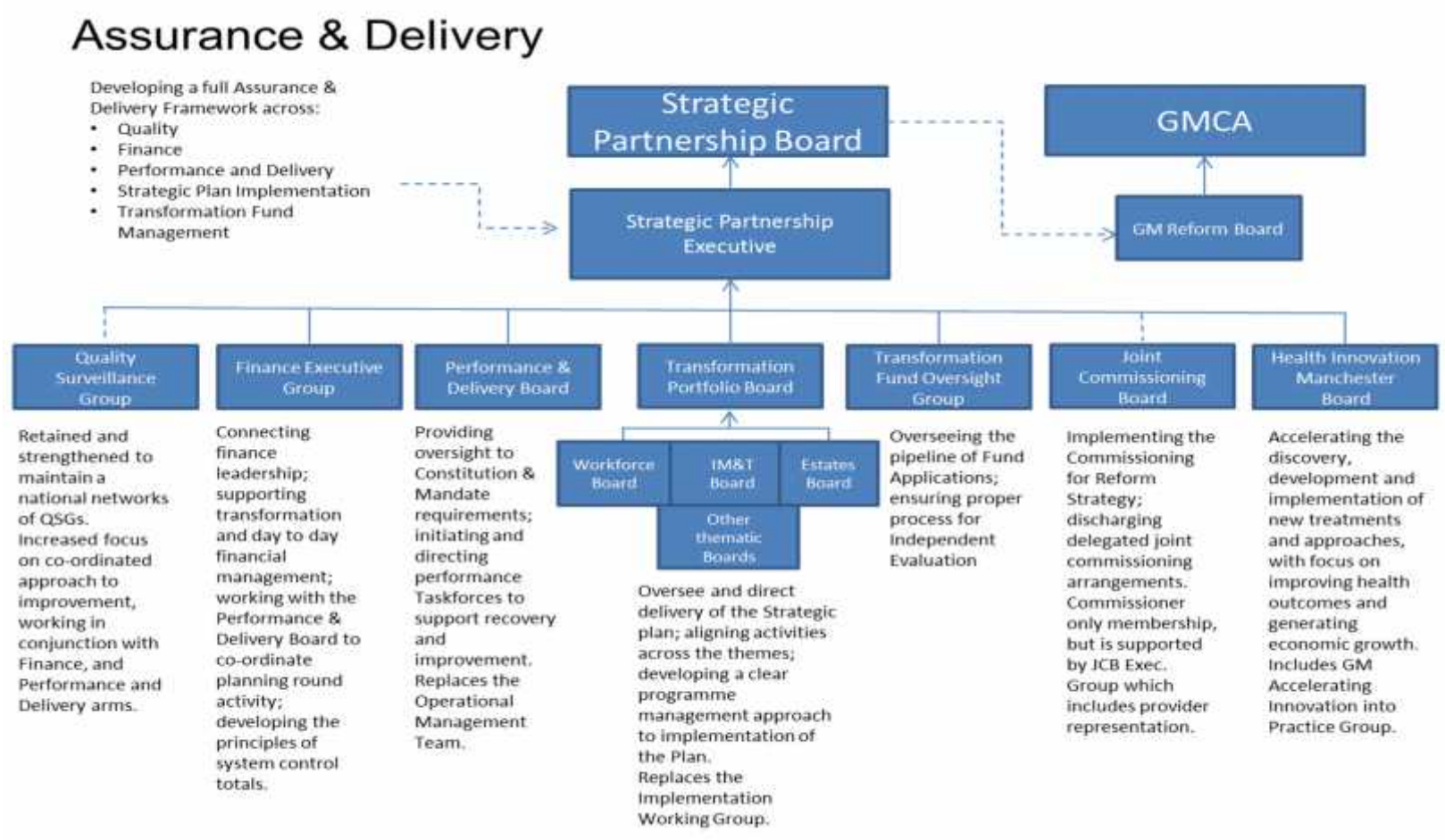
11.1 Strategic Partnership Board is asked to:

- Note the issues with and limitations of the current governance approach
- Note the high level findings from the governance audit
- Agreed the proposed changes.

Appendix A: Proposed governance for GM Health and Social Care Partnership



Appendix B: Governance arrangements (as outlined in SPB paper September 2016)



Appendix C: Draft terms of reference – GM Health and Care Board

Greater Manchester Health and Care Board

Terms of Reference (draft)

1. Background

1.1 The Greater Manchester (GM) Health and Social Care Devolution Memorandum of Understanding, signed in February 2015 facilitated the establishment of a governance approach that would be responsible for the delivery of the GM vision for Health and Social Care. The MoU was aimed at supporting GM to assume full responsibility for NHS funding streams in Greater Manchester.

1.2 A principle of subsidiarity runs throughout the MoU, seeking to ensure no decisions about GM are made without GM and that all decisions are made at the most appropriate level. The governance structures put in place through the MoU enable all parts of the HSC system in GM to have input into and influence over the overall vision for GM, creating a dispersed style of leadership. This has ensured collective ownership of the vision and a collaborative approach to delivery, although we could and should go further in this respect.

1.3 The GM MoU is cognisant of the existing accountability arrangements and responsibilities held by local authorities, CCGs and NHS Providers. The MoU also contained a commitment to regularly review the governance as Greater Manchester Health and Social Care Partnership (The Partnership) develops, recognising the governance arrangements would be an iterative process and would therefore need to change over time.

1.4 As we move more deeply into implementation of our programmes and start to think about our future operating model post transformation phase we are refreshing the governance arrangements for the Partnership. Proposals for a new governance structure incorporate a non-statutory GM Health and Care Board focused on providing the overall strategic vision and direction for health and social care in Greater Manchester.

2. Aims and objectives

The primary aim of the GM Health and Care Board is the provision of strategic direction for health and social care in Greater Manchester. It will do this through a clear and shared understanding of need across GM.

3. Principles

The GM Health and Care Board will:

- Be the public face of the GM Health and Social Care Partnership
- Ensure the voice of residents influences the development of strategy

- Focus on the implications of change on residents

4. Roles and responsibilities

The GM Health and Care board will be responsible for:

- Oversight of the vision for health and social care in Greater Manchester as outlined in the GM Strategy: Taking Charge
- Ensuring a full understanding of the health and care needs of our population and the assets and resources that exist to help meet those needs.
- Galvanising support across all parts of the GM HSC system behind a joint focus on action and change
- Promoting integration across organisations and localities to improve health and wellbeing for residents
- Ensuring that citizens are properly engaged in the development all plans and programmes.
- Creating a greater sense of place within GM health and social care organisations ensuring this influences the development and implementation of strategy
- Delegation of aspects of delivering the GM vision for health and social care to the relevant governance groups and holding those groups to account
- The use of GM health and care funding including the GM Transformation Fund and any similar GM level funding allocations aligned to the GM HSC Strategy.

The GM Health and Care Board will delegate responsibility for the operationalisation of the GM Strategy: Taking Charge to the GM Health and Social Care Partnership Executive. This will include but is not limited to:

- Performance across the GM HSC system
- Delivery of strategy
- Transformation fund allocation and assurance
- Management of risk

5. Membership

The membership of the GM Health and Care Board will represent the whole health and social care system in GM incorporating representatives from:

- Each of the Greater Manchester CCGs (Chair and Chief Officer)
- Each of the Greater Manchester Providers (Chair and Chief Executives)
- Each of the Greater Manchester Local Authorities (Leader and Chief Executive)
- NHS England through the Chief Officer of the GM HSC Partnership
- NHS Improvement
- Public Health England
- Primary Care through the LMC
- The GM Combined Authority through the GM Mayor and Chief Executive
- GM Fire and Rescue Services
- GM Police
- Community, voluntary and social enterprise sector representatives

- Healthwatch representatives

The Board will be chaired by the GM Combined Authority portfolio holder for Health and Social Care.

Members of the GM Health and Care Board will be expected to represent both their organisation and locality at the Board.

6. Voting

As outlined in the GM Health and Social Care Devolution MoU, the voting members of the GM HSC Partnership are those sectors who were original signatories to the devolution agreement with the addition of primary care representatives, in recognition of the significant proportion of the health and care system they represent.

Where a vote is required to agree a particular proposal, 80% support is required for the proposal to be carried.

7. Meeting frequency

GM Health and Care Board will meet every two months. The venue for the meeting will move around the ten localities of GM ensuring a locality dimension to the meetings themselves and increasing public accessibility across GM.

8. Accountability and wider governance

The GM Health and Social Care Partnership Executive is directly accountable to the GM Health and Care Board. In addition the GM Children's Health and Wellbeing Board, Health Innovation Manchester, the Digital Collaborative and the GM Workforce Collaborative will also be report directly into the GM Health and Care Board.

9. Declarations of interest and decision log

Declarations of interest will be requested and logged at the start of each meeting and a decision log will be completed following every meeting in line with the requirements of the GM accountability agreement.

10. Support arrangements

The GM Health and Care Board will be supported by the GM Health and Social Care Partnership and the GMCA Governance and Scrutiny Team.

11. Date agreed and review date

These terms of reference were agreed on (include sign off date) and will be reviewed on an annual basis to ensure they reflect the changing requirements of the GM Health and Social Care Partnership.

Appendix D: Draft terms of reference – GM HSC Partnership Executive

Greater Manchester Health and Social Care Partnership

Partnership Executive

Terms of Reference (draft)

1. Background

1.1 The Greater Manchester (GM) Health and Social Care Devolution Memorandum of Understanding, signed in February 2015 facilitated the establishment of a governance approach that would be responsible for the delivery of the GM vision for Health and Social Care. The MoU was aimed at supporting GM to assume full responsibility for NHS funding streams in Greater Manchester.

1.2 A principle of subsidiarity runs throughout the MoU, seeking to ensure no decisions about GM are made without GM and that all decisions are made at the most appropriate level. The governance structures put in place through the MoU enable all parts of the HSC system in GM to have input into and influence over the overall vision for GM, creating a dispersed style of leadership. This has ensured collective ownership of the vision and a collaborative approach to delivery, although we could and should go further in this respect.

1.3 The GM MoU is cognisant of the existing accountability arrangements and responsibilities held by local authorities, CCGs and NHS Providers. The MoU also contained a commitment to regularly review the governance as Greater Manchester Health and Social Care Partnership (The Partnership) develops, recognising the governance arrangements would be an iterative process and would therefore need to change over time.

1.4 As we move more deeply into implementation of our programmes and start to think about our future operating model post transformation phase we are refreshing the governance arrangements for the Partnership. Proposals for a new governance structure incorporate a GM Health and Social Care Partnership Executive focused on delivering the ambition set out in GM Strategy: Taking Charge.

2. Aims and objectives

The primary aim of the GM HSC Partnership Executive is the delivery of the ambition within the Greater Manchester health and Social Care Strategy: Taking Charge. It is the engine room of the GM Health and Social Care Partnership.

3. Roles and responsibilities

The GM HSC Partnership Executive will be responsible for:

- Ensuring the delivery of the GM strategy: Taking Charge
- Performance across the system. This includes GM holding localities to account and localities being able to hold GM to account for the delivery of cross-cutting and GM level programmes such as Mental Health
- Allocation of the GM Transformation Fund and any subsequent, similar GM level funding streams such as the delegated Digital Fund
- On-going monitoring of the use of GM funding allocations and sign off to further funding being released in-line with agreed investment agreements
- Management of the GM risk register and delivery of actions
- Development of the future Target Operating Model

4. Membership

The membership of the GM HSC Partnership Executive will represent the whole health and social care system but will not have all organisations as members. Membership will therefore include:

- 3 representatives from Greater Manchester CCGs to be identified and agreed by the Association of CCGs
- 3 representatives from Greater Manchester Providers to be identified and agreed by the Provider Federation Board
- 3 representatives from the Greater Manchester Local Authorities to be identified and agreed by the GM Wider Leadership Team
- 3 representatives from primary care to be identified and agreed by the Primary Care Advisory Group
- NHS England through the Chief Officer of the GM HSC Partnership
- 2 representatives from the community, voluntary and social enterprise sector to be identified and agreed by the GM VCSE Reference Group

The Board will be chaired by the GM Combined Authority portfolio holder for Health and Social Care.

Once representatives have been identified, a cross check will be undertaken to ensure all localities are represented. Where this is not the case, alternative representation will be sought in dialogue with the sectoral governance groups, the Chair of the GM HSC Partnership Executive and the Chief Officer of the GM HSC Partnership Team to ensure the membership appropriately covers all organisations and localities.

Members of the GM Health and Care Board will be expected to represent both their organisation and locality at the Board. To support this:

- The Partnership Executive will develop a role profile for members, setting out their responsibilities as members of the Executive
- Sectoral governance groups will be required to respond as a collective to proposals being taken through governance. These responses will be included with papers being taken to Partnership Executive.

5. Quorum and voting

The GM HSC Partnership Executive will be considered quorate if:

- At least 2 members from each sector (CCGs, Providers, Local Authorities and Primary Care) are present and
- The NHS England is represented at the meeting

The voting rights for the Partnership Executive will mirror those of the GM Health and Care Board which relate to the original signatories to the devolution agreement with the addition of primary care representatives, in recognition of the significant proportion of the health and care system they represent.

Where a vote is requires to agree a particular proposal, 80% support is required for the proposal to be carried.

6. Meeting frequency

GM HSC Partnership Executive will meet every month. A forward plan of agenda items will be produced ensuring clarity on when items are to be discussed and agreed.

7. Accountability and wider governance

The GM HSC Partnership Executive is responsible to the GM Health and Care Board and will produce a quarterly report to the Board outlining progress in relation to the delivery of the GM Health and Social Care Strategy

The following groups will report into the GM HSC Partnership Executive:

- Finance Executive Group
- Performance and Delivery Board
- Programme Coordination Group
- Quality Board

Each of these groups will also be required to provide regular updated to the GM HSC Partnership Executive on progress in the areas they are responsible.

8. Declarations of interest and decision log

Declarations of interest will be requested and logged at the start of each meeting and a decision log will be completed following every meeting in line with the requirements of the GM accountability agreement. The decision log will form part of the quarterly update to the GM Health and Care Board.

9. Support arrangements

The GM Health and Care Board will be supported by the GM Health and Social Care Partnership and the GMCA Governance and Scrutiny Team.

10. Date agreed and review date

These terms of reference were agreed on (include sign off date) and will be reviewed on an annual basis to ensure they reflect the changing requirements of the GM Health and Social Care Partnership.