

Full Council

Agreement to management arrangements to support participation in Borough Based Board

Date: 22 January 2020

Key decision: Yes.

Class: Part 1.

Ward(s) affected: All

Contributors: Executive Director, Community Services

Director of Organisational Development and Human Resources

Outline and recommendations

Outline

The purpose of this report is to approve management arrangements in order to allow the Council to effectively engage with Lewisham Borough Based Board of the NHS South East London Clinical Commissioning Group when it is established.

Recommendations

Council is asked, subject to Mayor and Cabinet agreeing to participate in the Borough Based Board:

• To agree to the establishment of a new Council post of Director of Integrated Care and Commissioning at a level of remuneration on the JNC 2 salary scale (currently up to £114,132 per annum).

Timeline of engagement and decision-making

On 12th December 2019 Mayor and Cabinet agreed in principle to participate in the Lewisham Borough Based Board of the proposed NHS South East London Clinical Commissioning Group.

1. Summary

- 1.1. On 12 December 2019 Mayor and Cabinet agreed in principle to participate in the Lewisham Borough Based Board, which is to be a committee of the proposed NHS South East London Clinical Commissioning Group (SELCCG). It is expected that SELCCG will be established on 1st April 2020. SELCCG intends to establish a Lewisham Borough Based Board and arrangements in which the Council has a role.
- 1.2. This paper seeks the approval of Council to the management arrangements which will allow the Council to effectively engage with Lewisham Borough Based Board of the NHS South East London Clinical Commissioning Group by the establishment of a new Council post of Director of Integrated Care and Commissioning at a level of remuneration on the JNC 2 salary scale (currently up to £114,132 per annum).

2. Recommendation

- 2.1. Council is asked, subject to Mayor and Cabinet agreeing to participate in the Borough Based Board:
 - To agree to the establishment of a new post of Director of Integrated Care and Commissioning at a level of remuneration on the JNC 2 salary scale (currently up to £114,132 per annum).

3. Policy Context

3.1. A detailed breakdown of the policy context was provided in the previous Mayor and Cabinet paper on this issues considered on 12 December 2019. This paper is attached as Appendix 1 and the policy context is not repeated here.

4. Background

- 4.1. Government issued the NHS Long Term Plan in 2019. As part of the delivery of the NHS Long Term Plan, local NHS bodies are expected to work at a sub-regional level within the local 'Sustainability and Transformation Partnership' (STP) and therefore with local authority partners to develop and implement strategies for the next five years, to take local action to improve services and the health and wellbeing of local communities. The name given to the South East London STP was Our Healthier South East London (OHSEL). This is a collaborative working arrangement between the partners; there is no contract or formal arrangement between the parties and it is not a separate legal entity.
- 4.2 In part in response the NHS Long Term Plan, Our Healthier South East London (OHSEL) was designated as an aspirant Integrated Care System (ICS) on 19 June 2019, in which the participants in OHSEL work in collaboration. The partners in OHSEL are local health and care organisations and local councils with the joint aim being to re-design care and improve population health, through shared leadership and collective action. The aims of the ICS are to build on existing collaboration, to integrate local services, and to help

people stay well for longer by supporting them to lead healthier lives, manage their own health conditions and provide good access to care when they need it, often closer to where they live.

- 4.3 Lewisham Council and Lewisham CCG have, over the years, sought to strengthen integration, including through their existing local commissioning arrangements. It is intended that these will be further strengthened as part of the development of the place based system which is referred to below. The partnership for Lewisham is currently called Lewisham Health and Care Partners (LHCP)1. This is not a formal contractual arrangement; it is a working arrangement between the partners. LHCP's vision is to achieve a sustainable and accessible health and care system to support people to maintain and improve their physical and mental wellbeing, to live independently and have access to high quality care when they need it, through local and collective south east London action. A key focus of the partnership's work is on the integrated delivery of proactive, co-ordinated and accessible community based care, and establishing effective working across that and secondary provision. Four priorities have been identified as areas where improvements in delivery and outcomes are required: Frailty, Mental Health, Respiratory and Diabetes. Various particular steps have been taken or are intended, as set out below.
- 4.4 On 1st July 2019 OHSEL agreed the development of 6 Primary Care Networks (PCNs) in Lewisham, involving 35 GP practices. These are groups of GP practices coming together locally in partnership with community services, social care and other providers of health and care services around the needs of local patients. Again, OHSEL's involvement is not a formal contractual arrangement involving the Council.
- 4.5 Lewisham Council and Lewisham Clinical Commissioning Group have worked together to prepare a joint health and wellbeing strategy. This strategy explains what priorities the local Health and Wellbeing Board has set in order to tackle the needs identified in the joint strategic needs assessment (JSNA). The 2019 JSNA programme was agreed by the Health and Wellbeing Board in March 2019.
- 4.6 The NHS Long Term Plan envisages the creation of a number of area-based Clinical Commissioning Groups which will absorb the current more localised Clinical Commissioning Groups. In south east London there are currently six CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). The six borough approach has been in existence since 2017 when commissioning for acute hospital services (e.g. for Lewisham and Greenwich NHS Trust) began being undertaken at a sub-regional level. The NHS intends to establish a single CCG to operate across the six boroughs from 1 April 2020. This will be the 'NHS South East London Clinical Commissioning Group' (South East London CCG). In considering the establishment of that new CCG, the NHS has engaged with a wide range of stakeholders, including the Local Authority and residents. The proposal seeks the restructure of NHS commissioning organisations and will not make any changes to services that residents receive.
- 4.7 An application to create South East London CCG was made to the CCG regulator, NHS England and Improvement, at the end of September 2019 following endorsement by NHS Lewisham CCG's Governing Body at their Public Meeting on 12 September 2019 and subsequently agreement by the CCG Membership on 17 September 2019.
- 4.8 The creation of South East London CCG means that local arrangements need to established for the on-going strategic management and commissioning of those

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¹ Lewisham Health and Care Partners (LHCP) consists of: London Borough of Lewisham (LBL), Lewisham Clinical Commissioning Group (LCCG), Lewisham and Greenwich NHS Trust (L&G), Lewisham Local Medical Committee (LLMC), One Health Lewisham Ltd (OHL), Primary Care Networks (PCN) and South London and Maudsley NHS Foundation Trust (SLAM)

functions and services best determined at a local level. It is intended to achieve this through the establishment of a formal 'Borough Based Board' for Lewisham (full details in Mayor and Cabinet paper submitted on 12 December 2019 – attached as appendix 1).

5. Creation of Council post of Director of Integrated Care and Commissioning

- 5.1 Mayor & Cabinet have agreed in principle to participate in the Lewisham Borough Based Board being a committee of South East London CCG and management arrangements to support this are being jointly developed.
- 5.2 As part of these arrangements, it is proposed to create a Council post of Director of Integrated Care and Commissioning with joint accountability to the Council's Chief Executive and the South East London CCG Accountable Officer for the relevant outcomes for the Council and South East London CCG and with responsibility for management of both Council and South East London CCG employees within the proposed arrangements.
- 5.3 This is a key role leading on the strategic interface between the Council, South East London CCG and providers in driving forward integrated commissioning across health and social care in Lewisham, and ensuring that the necessary provider infrastructure in in place for the effective service delivery of the Council and South East London CCG's Corporate Strategy. The Director will be accountable for the strategic delivery of the NHS Long Term Plan and Place aspects of the South East London (SEL) Integrated Care System (ICS).
- 5.4 The post has been independently evaluated in accordance with the Council's usual procedures by HAY at JNC Band 2. The top point of the salary band for JNC 2 is £114,132 per annum.
- 5.5 The Council's Pay Policy Statement requires Council agreement to the remuneration of all new posts where that remuneration is more than £100,000 per annum. Council agreement is therefore required in order to establish the new Council post of Director of Borough Based Commissioning.

6. Financial implications

- 6.1 The creation of this post would be at a current maximum salary of £114,132 plus oncosts. The post would be funded out of existing resources. The overall reorganisation will be cost neutral for the Council as our contribution to the overall structure is funded from existing base and BCF budgets. The post would be jointly funded with the South East London CCG.
- 6.2 The new arrangements are expected to secure improvements to commissioning for both health and social care although it is too early to quantify these.

7. Legal implications

- 7.1 The Localism Act 2011 requires the Council to prepare a 'pay policy statement' for each financial year, and to have regard to Secretary of State's guidance (Localism Act 2011, Pt 1, Chapter 8). Decisions in relation to matters covered by those provisions are not the responsibility of the executive of the authority and so may only be taken by full Council. The purpose of this report is to request full Council to take such a decision.
- 7.2 On 3rd April 2019 Council approved the Pay Policy Statement for 2019/20. That Statement complies with the requirements of Section 38 Localism Act 2011 which requires all local authorities to prepare an annual Pay Policy Statement. The Pay

Policy Statement contains the required information and takes account of relevant quidance.

- 7.3 The Pay Policy Statement requires approval of Council to remuneration for new posts where pay exeeds £100,000 per annum. The proposed new Director post is one which was not in existence at the time of the publication of the Pay Policy Statement for 2019/20, and the proposed remuneration is more than £100,000 per annum. In those circumstances, the Pay Policy Statement for 2019/20 states that 'Where it is proposed to appoint to [such] a post ... the appointment may not be made unless the Council has agreed to the level of remuneration attaching to the position.' It also states that 'This provision does not apply to any roles which transfer to the Council through either TUPE or any other equivalent or similar statutory transfer process. This requirement does not apply to roles arising out of restructures to which the Council is obliged to match existing employees to or conduct a ring fenced recruitment exercise'.
- 7.4 Accordingly, this report seeks approval from Council to the level of remuneration proposed for a new post of Director of Integrated Care and Commissioning, being above £100,000 (stated by the report to be on the JNC 2 salary scale currently up to £114,132 per annum).
- 7.5 The Council has a public sector equality duty (the equality duty or the duty The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 7.5 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the decision maker, bearing in mind the issues of relevance and proportionality. The decision maker must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 7.6 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 7.7 The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they

apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

8. Equalities implications

8.1 There are no equalities implications arising from this report as no services will be changed as a result of the changes outlined. However, it is expected that the creation of the Borough Based Board will bring decision making between the Council and NHS closer together and therefore allow for more focused work taking into account inequalities, particularly health inequalities, in the borough.

9. Climate change and environmental implication

9.1 There are no direct crime and disorder implications arising from this report.

10. Crime and disorder implications

10.1 There are no direct crime and disorder implications arising from this report.

11. Health and wellbeing implications

11.1 As highlighted above it is expected that the creation of the Borough Based Board will bring decision making between the Council and NHS closer together and therefore allow for more focused work taking into account inequalities, particularly health inequalities, in the borough.

12. Social Value implications [to be completed only when awarding a contract]

N/A

13. Background papers

Mayor and Cabinet paper - Update on Integration with NHS and the creation of a Borough Based Board – 12 December 2019

14. Glossary

Term	Definition
CCG	Clinical Commissioning Group. NHS body will responsibility for the organisation and purchase of medical services within a particular area.
South East London CCG	South East London Clinical Commissioning Group

15. Report author and contact

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