

Transforming Local Health and Care Services by Integrating Local Commissioning

Section 75 Consultation

Proposal to expand the current Section 75 Agreement between
Wigan Council and NHS Wigan Borough CCG

5th October – 4th November 2018

1. Introduction

We at Wigan Council and NHS Wigan Borough CCG are changing the way we commission local health and care services. We are working together and will begin to commission local services as if we are one organisation.

We are working closer together and bringing together the commissioning of the different services to make the process more efficient and effective. This will also make it simpler for the local health and care services we commission.

This is a long standing commitment of CCG and Council to improve the way we commission local services and is set out in the Wigan Locality plan (2015-2020).

The voice of local people has been integral to the development of the Wigan Locality Plan. This includes:

- 3 months of engagement on integrated care to help us develop the locality plan (spring 2014)
- 4 months of engagement for an Equalities Impact Assessment on the Locality Plan (Spring 2016)
- The establishment of a Wigan Borough Engagement Group to work with us involving local people in the delivery of the Locality Plan (2016)
- 3 months of engagements on the development of the Healthier Wigan Partnership (our Local Care Organisation) and the next phase of the Locality Plan (summer 2017)
- Specific engagement with the CCG's patient engagement groups on the development of the Strategic Commissioning Function
- Consultation and engagement on specific projects within the Locality Plan, for example, Start Well, Urgent Primary Care and Share to Care.

These conversations and the engagement with local residents have highlighted the challenges that local people face when they need help from more than one service, for example from a health visitor and a social worker. Often services struggle to work together and people can feel lost in the system.

Bringing commissioning together is an important step in overcoming these challenges and delivering the improvements residents have asked for.

To do this in Wigan, we have set up a Joint Commissioning Committee that brings together members of our decision-making bodies, the Council's Cabinet and the CCG's Governing Body. This is a development of existing strong working relationships and both decision-making bodies retain responsibility for their statutory duties.

Until April 2019, the Joint Commissioning Committee will meet in "shadow" which means that they are not making any final decisions, but are working through the best way to make the Committee work.

In order to deliver the work of the Joint Commissioning Committee, a mechanism is needed to allow for:

- Pooling budgets
- Lead commissioner arrangements
- Delegating commissioning powers

Our preferred way to deliver this is to extend our existing arrangements under, Section 75 of the National Health Service Act 2006.

The purpose of this consultation is to:

- Seek feedback on our proposal to extend our Section 75 arrangements and understand any impact it may have; and,
- Find out if there are any further alternatives to the use of Section 75 arrangements that we should consider.

2. Background

To transform services and deliver the improvements residents' need, the Council, the CCG and local NHS organisations including GPs set up Healthier Wigan, our Local Care Organisation.

Healthier Wigan will help us deliver huge improvements in the way care is delivered, helping us to achieve better outcomes for local residents.

However, to support the work of Healthier Wigan, we must also integrate local commissioning of services to make the best use of resources and provide the right services for our residents.

Together, the Council and CCG are responsible for commissioning and delivering £1.2billion worth of services, from A&E to bin collections. How the decisions on these budgets are taken has an impact on the services that local residents receive. When the Council makes decisions, there is often an impact on services that the CCG is responsible for, and the same is true the other way.

The Joint Commissioning Committee meets to ensure that decisions of the Council's Cabinet and the CCG's Governing Body are taken with due regard to the impact of those

decisions on the services provided by each body. It brings together the political leadership of the Council, Councillors, with the clinical leadership of the CCG, GPs.

Both the Cabinet and the Governing Body are still responsible under law for the proper discharge of their functions, but they agree that it is better to work in an integrated way. To help with this, the Council and the CCG share a Chief Executive (the Single Accountable Officer) and will begin to commission jointly as if we are one organisation, but without merging.

The Joint Commissioning Committee needs a sensible and legal process that enables them to make joint decisions. The legal mechanism for this is an agreement under Section 75.

3. Section 75 Arrangements

As local authorities and NHS organisations work under different legislation and rules, there is a specific legal power that is designed to enable formal joint working between them.

This is Section 75 of the National Health Service Act 2006.

Section 75 allows NHS organisations and local authorities to make arrangements to undertake certain functions together, if working together will lead to improvements for residents.

Section 75 means that CCGs and Councils can:

- **Pool budgets** – each of us contribute funds to a single pot of money that we take joint decisions on
- **Set up a lead commissioner** – we can agree to delegate the commissioning of services to one lead organisation
- **Integrate services** – the partners can join together management, staff and resources to integrate services

We already have a Section 75 Agreement to pool a small proportion of our collective budgets. This has allowed us to commission services differently and transform care.

Examples of how we have used the current pooled budget:

Community Link Workers

We used the pooled section 75 agreement budget to fund Community Link Workers in local GP practices. They help people who need more than medical help and link in with groups and support in their local area to overcome isolation, anxiety and many other challenges.

Share to Care

The Section 75 Agreement allowed us to connect all health and social care systems together, so that with the permission of the resident, a professional can see relevant information that will help them deliver the best care.

4. Extending our Section 75 Arrangements

We want to extend our current Section 75 arrangements to include budgets that total over £330million.

We also want to establish the CCG as the lead commissioner, operating through the Joint Commissioning Committee.

Lead Commissioner

Some services in the CCG budget, the core GP funding for example, cannot legally be delegated to the Council. Therefore, our preferred proposal is that the CCG acts as lead commissioner.

This means that under these proposals, the Joint Commissioning Committee will be set up as a committee of the CCG and, where possible, this committee will be responsible for the total budget to be covered by the proposed Section 75 arrangement. The Joint Commissioning Committee will continue to have both Council Officer and Member representation (councillors) on it, as well as the CCG Officer and Clinical representation (GPs).

This will mean that the CCG budgets that can't be delegated can still be managed through the Joint Commissioning Committee, allowing us more opportunity to improve services.

The CCG will be accountable to the Council for how it manages the budget, and the Council will have the appropriate level of control over the Joint Health and Wellbeing Strategy and Commissioning Plans. The Health and Wellbeing Board will continue to oversee everything.

Pooled budgets

The Council and the CCG have a list of service budgets worth just over £330million that they want to pool under the Section 75 arrangements.

The Council hosts the small pooled budget we currently have under our existing Section 75 arrangements and they will be host of the new budget under these proposals.

The table below sets out which budgets we want the Section 75 arrangements to cover:

CCG Budgets	Council Budgets
Community health services	Adult social care
Continuing health care services	Public health
Mental health services	Some children's services
Most hospital and urgent and emergency care services	Some housing services
Some GP services	

Any elements of the Council functions contained in the above list, which Section 75 does not cover, parts of housing services for example, will remain the responsibility of the

Council. However, they will be exercised where possible by decisions of Executive Members who also sit on the Joint Commissioning Committee.

The Joint Commissioning Committee will also have a view on decisions taken on the rest of the £1.2 billion we have to spend at the Council and the CCG, but they won't be the formal decision-makers on it.

5. Alternatives to Section 75 Arrangements

We believe that using the Section 75 Arrangements, which is designed specifically for this purpose, is the simplest and most effective way to pool budgets. However, there are other ways we can do this:

- We can continue as we are with no formal process and separate budgets
- We can keep the budgets in the separate organisations, but agree a process to align them wherever possible to take collective decisions

If we continue as we are with no formal process, we will continue to face the challenges that have long created individual services that struggle to work together. Local residents tell us that this makes it hard to use services and want this to change.

Aligning budgets with an agreed process to make decisions, but with separate budgets is where we are currently. We are seeing benefits from this, but it does mean spending more time making decisions, which does cost money and slow down the improvement of services.

Extending the current Section 75 arrangement is the next step up available to us and it will create a legally safe, formal way to share budgets and make decisions. It will simplify decision-making and make it quicker and easier for us to improve local services.

6. The Potential Impact

On residents and patients:

It is not expected that there will be any immediate and direct impact on residents and patients. However, by improving the process for commissioning by sharing budgets and decision-making, it is expected that we will be able to use resources more efficiently, whilst also improving services.

On staff:

Staff are already working closely together in the Council and the CCG. We have one Chief Executive (Single Accountable Officer) and a joint management structure. Therefore, the impact of the Section 75 arrangements on staff will be limited.

On organisations:

In the long term, we want this to have a positive impact on local organisations. We want it to help them to develop sustainable, joined-up services that focus on supporting local residents to stay well, offering more services in local communities.

If we have any proposals coming from the use of Section 75 arrangements that might have an impact on local residents or any other groups, we will carry out further consultation.

7. The Equality Act 2010

This proposal is about the way we commission services and not on how services are delivered, and so it shouldn't have any direct impact on any people who use services. . As such, we do not believe that this proposal disadvantages or unfairly treats any particular group. However, we would be keen to understand any views from protected groups on this and will be updating the EIA with any further information provided.

We have an Equality Impact Assessment on the wider plans for services based on engagement with protected groups. This can be found on the CCG website.

8. Give your Feedback

This consultation is open throughout October. It will close on 31st October 2018.

We want to know what you think of the proposal to extend the Section 75 agreement and to understand any impact it may have. We also want to know if you think we should consider any alternative way to deliver the work of the Joint Commissioning Committee.

To give your feedback, please contact us:

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