

NORTH LINCOLNSHIRE COUNCIL

LEADER OF THE COUNCIL

**HEALTH AND CARE INTEGRATED COMMISSIONING COMMITTEE
(COMMITTEE IN COMMON)**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The Council has a demonstrable track record of partnership working and joint commissioning with North Lincolnshire Clinical Commissioning Group ('CCG').
- 1.2 This report seeks to create a Health and Care Integrated Commissioning committee of the Executive (Cabinet) in partnership with the CCG and to discharge its functions through the auspices of a Committee in Common.
- 1.3 The proposed terms of reference of the Health and Care Integrated Commissioning committee is attached for approval at Appendix 1.

2. BACKGROUND INFORMATION

- 2.1 The Council and the CCG have worked in partnership to lead, commission and develop integration across the health and care system. Recently, the Health and Wellbeing Board agreed the North Lincolnshire Health and Care Integration Plan.
- 2.2 The formation of Committees in Common enables local authorities and CCGs to better align shared decision-making processes, particularly in areas of mutual commissioning interest.
- 2.3 The attached terms of reference sets out the proposed remit of the Health and Care Integrated Commissioning committee, which together with its counterpart Integrated Commissioning committee established by the CCG, acting as a Committee in Common, would meet to have oversight of:
 - Joint commissioning between the CCG and the Council.
 - The integrated financial plan and other aspects of aligned budgets.

- The Better Care Plan and Section 75 agreement.
 - Agreement of complimentary decisions relating set out and agreed by Cabinet and the CCG Governing Body annually, and
 - Approval and implementation of a single prioritisation framework for areas of mutual interest.
- 2.4 From a governance perspective, the Health and Care Integrated Commissioning committee and its counterpart CCG Integrated Commissioning committee will, as a Committee in Common, meet together at the same time and place with the same agenda. Both committees though will take decisions in their own capacities and remain accountable to their parent authority, so in the case of Health and Care Integrated Commissioning committee this will remain accountable to the Executive and the Council under the Council's constitution.

3. OPTIONS FOR CONSIDERATION

- 3.1 Option 1: To approve the creation of a Health and Care Integrated Commissioning committee to meet as a Committee in Common with the Integrated Commissioning committee of the CCG to discharge the terms of reference detailed in Appendix 1.
- 3.2 Option 2: To continue with the existing governance arrangements.

ANALYSIS OF OPTIONS

- 4.1 Option1: The creation of a Health and Care Integrated Commissioning committee to meet as a Committee in Common is a practical means through which the Council can better align shared decision-making processes with the CCG, particularly in areas of mutual commissioning interest.
- 4.2 Option 2: To continue with the existing governance arrangements will not facilitate the shared decision-making that both organisations are committed to developing.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 The administration to the Health and Care Integrated Commissioning committee will be met from existing resources. The committee will be subject to the same meeting and governance requirements as the cabinet, as prescribed in the Council's constitution. As a committee of the Executive, it will discharge executive functions only and is not subject to political balance requirements.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

- 6.1 There are no additional implications arising from this report.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 No conflicts of interest have been identified.

8.2 The Governing Body of North Lincolnshire CCG has met and established its own Integrated Commissioning committee to meet as a Committee in Common alongside the Council's Health and Care Integrated Commissioning committee, as is proposed to be established in this report.

9. RECOMMENDATIONS

9.1 That option 1 be approved and a Health and Care Integrated Commissioning committee of the Executive be established, as a Committee in Common, in partnership with the CCG.

9.2 That the Deputy Leader, the Cabinet Member for Children, Families and Culture, and the Cabinet Member for Connectivity are appointed to the Health and Care Integrated Commissioning committee.

9.3 That the terms of reference at Appendix 1 be approved and adopted.

9.4 That the Council's constitution be updated to reflect the contents of this report.

DIRECTOR OF GOVERNANCE AND PARTNERSHIPS

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Background Papers used in the preparation of this report: None

Appendix 1

HEALTH AND CARE INTEGRATED COMMISSIONING COMMITTEE (COMMITTEES IN COMMON) – TERMS OF REFERENCE

Delegated

- (a) To facilitate joint commissioning arrangements between North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council, via a 'Committees in Common' approach.
- (b) To consider and approve the integrated financial plan and other aspects of aligned budgets.
- (c) To administer, oversee and approve the Better Care Plan and Section 75 agreement.
- (d) To consider and agree any proposals relating to the planning and successful implementation of the Better Care Plan and Section 75 agreement.
- (e) To consider, approve and implement a single prioritisation framework for areas of mutual interest.

MEMBERSHIP

This Committee is a Committee of Cabinet, acting in accordance with the council's constitution, including the Executive Procedure Rules and Access to Information Procedure Rules. The Committee has three members, each of whom is a member of the Executive. As such, political proportionality does not apply.