

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	Action	Approve
Item No	05	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board Governance		
Presented By	Geoff Little, Chief Executive and Accountable Officer		
Author	Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.</p> <p>This paper sets out the governance and supporting administration arrangements that have been developed to enable the Strategic Commissioning Board to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Approve the governance and administration arrangements for the Strategic Commissioning Board as presented

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes
GB1920_PR_4.1 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
or public/patient) been undertaken in relation to this report?						
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The SCB will support delivery of the health and Well-being Strategy through collective decision making to support the health and well-being of the patients, residents and population of Bury.					
How do proposals align with Locality Plan?	Establishing the OCO is explicit within the Locality Plan.					
How do proposals align with the Commissioning Strategy?	The SCB will support delivery of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The SCB will bring together the Council and CCG to ensure that future decisions are made jointly and for the benefit of the population of Bury					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications	
Additional details	The establishment of the SCB has been socialised with key stakeholders, including staff, elected members, clinicians and other interested parties over the last 6 months. This engagement has informed the shape and remit of the SCB, which has set out its membership and terms of reference in accordance with what is legally permissible under existing legislation.

Governance and Reporting		
Meeting	Date	Outcome

Strategic Commissioning Board Governance and Administration

1.0 Introduction

- 1.1 The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.
- 1.2 This paper sets out the governance and supporting administration arrangements that have been developed to enable the Strategic Commissioning Board to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.

2.0 Background

- 2.1 In September 2015, NHS Bury CCG and Bury Local Authority signaled their ambition to work more closely to ensure better outcomes for the Borough of Bury through the most economic, efficient and effective use of the Bury pound to improve outcomes for the residents of the Borough.
- 2.2 This ambition is very much in keeping with the advent of health and social care devolution.
- 2.3 The Bury Locality Plan for Health and Social Care Transformation 2017-21 further reinforced this ambition and set out the desire to form a 'One Commissioning Organisation' which would have a remit to:
- Bring together health and social care commissioning functions of the CCG and Council into one structure
 - Create pooled and aligned budget arrangements for health and social care;
 - Develop a single health and social care commissioning strategy;
 - Create a shared approach to maximizing social value;
 - Strategically commission for outcomes against a wide ranging and dynamic local evidence base; and
 - Recognise the role of the new Local Care Organisation as a single provider accountable for delivering all age services at a neighborhood level.
- 2.4 During the last 18 months, work has been undertaken to progress and develop the arrangements needed to enable this, and a number of significant developments have established a more solid base from which future developments can be shaped, including:
- Co-location of the CCG and Council staff members within the Bury Campus from June 2018;
 - Establishment of an OCO Shadow Partnership Board in April 2018 which includes Clinicians, Lay Members, Executives and Elected Members
 - Reviewed 4 areas to test how commissioning would work through an integrated model – Mental Health, CHC and LD, Carers and SEND;
 - Established a single Joint Executive Team across both CCG and Council;
 - Appointed a single CCG Chief Executive and CCG Accountable Officer in October 2018; and
 - Appointed a single Chief Finance Officer across both the CCG and LA in June

2019.

- 2.5 Key principles that underpin the establishment of the One Commissioning Organisation are that:
- strong and effective clinical and political leadership must be maintained; and
 - a place-based approach, focusing on outcomes, engaging communities and using community assets must be embraced.
- 2.6 By creating the Bury One Commissioning Organisation the CCG and Council will be able to work together better to:
- Improve health and wellbeing outcomes for and with the people of Bury, and reduce inequalities;
 - Provide a single and consistent commissioning voice to providers, including the Local Care Organisation;
 - Enable commissioning staff to work together to commission more joined up services which are more cost effective and possibly less costly; and
 - Make a real shift towards enabling and supporting people to stay well and independent in their own communities.
- 2.7 Each organisation will remain accountable as a statutory body for discharging its duties, however through changing the way in which both organisations work, and the application of effective and appropriate governance arrangements, the emergence of the One Commissioning Organisation formalises the working arrangements between both organisations.
- 2.8 The Terms of Reference (see Appendix 1) for the Strategic Commissioning Board have been approved through the respective governance arrangements of each organisation.
- 2.9 The SCB will have wide ranging responsibility for all matters relating to health, social care and the Council's 'health related' functions, which can be delegated to it (subject to reserved matters). These matters are set out in Appendix 2 – 5
- 3.0 Governance and Administration of the Strategic Commissioning Board**
- 3.1 In order for the Strategic Commissioning Board to operate efficiently and effectively, the following arrangements have been agreed:
- **Meeting Dates**
- 3.2 Meetings have been scheduled, with the exception of the inaugural meeting, for the first Monday of each month from 4.30pm – 6pm. A meeting schedule is attached at Appendix 6.
- 3.3 Meetings will be held in public, and questions will be invited.
- 3.4 Papers will be made publicly available and circulated to both Members and colleagues in attendance 5 clear working days in advance of the meeting, not including the day of publication or the day of the meeting.
- 3.5 Authors of papers will be expected to submit papers for review through the Business Support Unit in accordance with the agreed timelines.

- **Forward Plan**

- 3.6 A forward plan will be developed and kept under review which will inform the items for consideration at each meeting.
- 3.7 A draft agenda, which will be agreed by the Chairs of the meeting following review of the forward plan will be circulated to all Members and colleagues in attendance in good time for papers to be prepared.
- 3.8 Included on the agenda will be a suite of standing items, including reports from the agreed sub-structure supporting the Strategic Commissioning Board, including but not limited to Finance, Performance and Risk.
- 3.9 It should be noted that the reporting arrangements in respect to Performance and Risk will be prepared for presentation from November 2019.
- 3.10 The SCB will be asked to undertake one of the following actions in respect to reports submitted:
- Approve (A) – where the decision is delegated for the SCB to make;
 - Recommend (R) – where the decision is reserved to the Council Cabinet or Governing Body however a collective SCB view is required to inform their decision making;
 - Consider (C) – where reports are shared as a source of assurance or information (the SCB may still agree actions to be progressed following consideration); or
 - Inform (I) – no time will be allocated to these items which are intended provide updates or information on emerging developments / activity across the wider system

- **Membership and Voting**

- 3.11 The Membership of the SCB is summarised as follows and reflected further at Appendix 7, including voting status:
- Councillors: Cabinet Members of the Council to include no more than 7 voting Cabinet Members, plus two opposition party representatives in attendance (non-voting);
 - CCG Governing Body Members: 9 of the clinical and lay members to include 7 voting members, of which the majority will be clinicians and 2 non-voting members;
 - The Joint Chief Executive/Accountable Officer, the Joint Chief Finance Officer (including S151 responsibilities) and the joint Executive Director of Strategic Commissioning as voting members.
- 3.12 In addition, other officers and representatives will be invited to the SCB and will be recognised as in attendance, enabled to participate fully in the discussions to inform the decisions of the SCB, but will not hold voting rights.
- 3.13 The SCB requires the following attendance to achieve quoracy:
- three members of the Cabinet present which must include the Leader or Deputy Leader;
 - three members of the CCG Governing Body, which must include at least two

- practicing clinicians; and
- at least one joint Officer.

3.14 The SCB will aim to achieve consensus for all decisions and securing the support of both partners will be critical to the success of most of the decisions made. In exceptional circumstances where consensus cannot be reached, and should a vote be required, it will be by a simple majority of voting members present. If the vote is tied and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

- Sub-Structure**

- 3.15 The SCB will be directly supported by key advisory committees. Earlier papers suggested four sub-committees however, these were for illustrative purposes only. Work is progressing on the development of the sub-structure to ensure that appropriate scrutiny and assurance can be provided to the SCB to inform its decision making, and these will be presented at a future meeting.
- 3.16 Notwithstanding these developments, the CCG's previous governance structure included sub-committees in respect to Finance, Performance and Quality, Clinical perspective and Patient Involvement. It is proposed that whilst the new arrangements are developed and widened sufficiently to address the requirements of the integrated agenda, these committees continue to operate, reporting to the Strategic Commissioning Board rather than the Governing Body, under existing arrangements and Terms of Reference, to ensure the CCG continues to discharge its duties.
- 3.17 The Strategic Commissioning Board is required to support this proposal and is assured that the work to further develop these will be progressed at pace with a formal proposal presented to the next meeting.
- 3.18 It should also be noted that the Strategic Commissioning Board will respect the role of scrutiny and the 'call-in' of decisions it makes, which could be made from both the Health Scrutiny Committee and the Overview and Scrutiny Committee.
- 3.19 Statutory Committees of both the Council and CCG, for example respective Audit Committees, will continue to operate in accordance with existing provisions, providing assurance and reporting as required.

- Business Support Unit**

- 3.20 To support the administration of the Strategic Commissioning Board, a virtual Business Support Unit will be established across the CCG Corporate Office and Council Democratic Services. It is anticipated that the proposed organisational re-structure and further integration of back office functions, this team will sit within the Corporate Core.
- 3.21 The remit of the Business Support Unit, which will be empowered and authorised to manage the flow of business agreed, is to:
- review all papers received and scrutinise for quality, ensuring all requirements have been fulfilled before they are released into the public domain and onto SCB members;

- ensure that papers are presented to the SCB for the most appropriate action, whether decision or recommendation onto the Governing Body or Cabinet, in accordance with matters reserved and key decisions;
- work in a way that supports and manages on a Political (Council) and political (CCG) context;
- support elected members, clinical directors and officers to navigate the system in the best interest of partnership working to achieve desired outcomes;
- utilise and adopt a critical friend approach that provides professional guidance both prior to and during meetings, prompting, raising concerns and keeping the business of the SCB on track and aligned to the core priorities as set out.

3.22 The decision-making process and implementation of decisions will be key to the success of the Strategic Commissioning Board. Decisions will be informed from the information presented and the subsequent discussions. The quality of the reports will therefore be paramount, and it will be important that all reports include the required information to enable the reader to reach an informed decision without the need for any additional information.

3.23 In addition to the formal processes, there are a range of informal aspects that are also identified as integral to the operation of the BSU. This includes building strong relationships across the Political and Clinical landscape to ensure sound judgements on navigating the system, supporting authors to develop papers through the wider organisational management and governance arrangements, understanding the wider requirements of the business and decision-making cycle and ensuring that the work of the Strategic Commissioning Board is promoted both internally and externally through strong working arrangements with the Communications and Engagement Team.

4.0 Recommendations

4.1 The Strategic Commissioning Board is recommended to:

- Approve the governance and administration arrangements for the Strategic Commissioning Board as presented

Lisa Featherstone
Deputy Director of Business Delivery
September 2019

Appendix 1: Strategic Commissioning Board Terms of Reference

Context

1. As part of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021 and to progressing the wider public service reform agenda there is a commitment to full alignment and integration between the Council and the Clinical Commissioning Group to form Bury Health and Social Care One Commissioning Organisation.
2. As part of this commitment the statutory bodies have agreed to form a single “Strategic Commissioning Board” in Bury to bring together the integrated governance of health and social care commissioning in its widest sense.
3. The following document sets out the terms of reference for the Strategic Commissioning Board (SCB).
4. Any changes to these Terms of Reference must be approved by the Council Cabinet and the CCG Governing Body

Statutory Framework

5. The SCB is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a joint committee of the two statutory organisations, Bury Metropolitan Borough Council (“the Council”) and NHS Bury Clinical Commissioning Group (“the CCG”). The SCB will have overarching responsibility for all powers as have been delegated to it by the two statutory organisations (subject to any reserved matters) and set out in the associated Scheme of Delegation.

Role of the Strategic Commissioning Board

6. The SCB will be responsible for setting the principles and high-level strategic direction across the full responsibilities of health and care commissioning that is the responsibility of the two partners and will align wider Council, CCG and public services by inclusion so far as possible.
7. The SCB has been established to make decisions on the objectives, priorities, strategic design, commissioning and overall delivery of health and care services, including the oversight of their effectiveness, quality and performance.
8. In performing its role, the SCB will exercise its functions in accordance with duties delegated to it to support the delivery of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021, and its successor strategies and plans; including the Bury Strategy.
9. Members of the SCB have a collective responsibility for its operation. In undertaking its role, clinical and democratic accountability will be implicit within all decisions, as will respect for all professional areas of knowledge and expertise. Decisions will be based on achieving

better outcomes and experience for the residents of Bury and those that use services within the Borough, better quality and better value.

10. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the population of Bury.
11. The SCB will have responsibility for providing a Bury response to Greater Manchester commissioning matters.

Core Business

12. As the SCB will operate as a “place based”, strategic, outcomes-based commissioner, the items of business for the SCB are likely to be:
 - a) Understanding the aspirations, strengths and needs of Bury communities
 - b) Leading collaboratively agreement of priorities for improvement
 - c) Leading collaboratively the agreement of commissioning and enabling strategies and associated use of financial and other resources
 - d) Enabling and supporting others to fulfil their roles within the system
 - e) Providing oversight and gaining assurance in respect of outcomes, quality, performance and finance
 - f) Providing leadership, oversight and assurance in respect of the development of an effective “One Commissioning Organisation”
13. The items of business for the SCB are unlikely to include detailed plans for operational service design and re-design.

Membership

14. The Strategic Commissioning Board shall consist of the following members:
 - Councillors – Cabinet Members of the Council to include no more than 7 voting Cabinet Members;
 - CCG Governing Body Members – 9 members to include 7 voting members, of which the majority will be clinicians; and 2 non-voting members;
 - The joint Chief Executive and Accountable Officer;
 - The joint Chief Finance Officer (including S151 responsibilities); and
 - The joint Director of Strategic Commissioning.
15. In addition, other Officers and representatives will be invited to the SCB, and will be recognised as in attendance, enabled to participate fully in discussions to inform the decisions of the SCB, but will not hold voting rights. This will include, but is not limited to:
 - 2 opposition party representatives;
 - additional members of the CCG Governing Body (who are not members of the SCB)
 - additional members of the CCG/Council Joint Executive Team or any such equivalent successor team (who are not members of the SCB)

Chair

16. The SCB will be jointly chaired by the Council's Leader on behalf of the Council and the CCG Chair on behalf of the CCG, with chairing responsibility rotated between meetings.

17. In the event of the Chair of the SCB being unavailable for all or part of the meeting, the following deputising arrangements will apply:

- The Deputy Council Leader will deputise for the Council Leader; and
- The CCG Chair will nominate a deputy drawn from the CCG members of the SCB.

Quorum

18. The meeting will achieve quoracy if the following requirements are satisfied:

- A minimum of 3 elected members, of which 1 must be the Leader or Deputy Leader of the Council;
- A minimum of 3 Governing Body representatives, of which 2 must be practicing clinicians; and
- At least one joint Officer.

Voting

19. It is anticipated that decisions will be made by consensus, however in the event that this cannot be achieved, a vote will be undertaken. Each voting member of the SCB will have one vote and a simple majority vote will be sufficient to carry the decision.

20. In the event that the vote is tied, and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

Deputies

21. Deputies are only permitted in respect to the Chairing of the SCB or Officer members.

22. With the exception of deputising arrangements for the Chair of the SCB, nominated deputies will not hold a vote nor will they count towards quoracy.

Frequency of meetings

23. The SCB will routinely meet at monthly times; a schedule of pre-arranged meeting dates will be distributed on an annual basis with a proposed annual calendar of business.

24. The meetings of the SCB shall be held in public:

- a) subject to any exemption provided by law
- b) the SCB may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from

time to time) and the Local Government Act 1972.

Attendance

25. Members are expected to attend every meeting.
26. Where a member is unable to attend a meeting, apologies should be notified in advance to the Chair of the meeting.

Conduct of Meetings

27. The SCB will give no less than five clear working days' notice of its meetings.
28. The agenda and supporting papers will be published at least 5 clear working days in advance of the meeting, not including the publication day and the day of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the SCB Chair.
29. The SCB will be appropriately resourced to ensure the timely distribution of papers, production of minutes, action and decision tracking, and the maintenance of the formal record and documentation of the business of the SCB.
30. Presenters of papers can expect all SCB members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues arising since the time of publication which may materially influence the decision or actions of the SCB. SCB members and others in attendance may question the presenter.

Conflict Of Interest

31. As a statutory Joint Committee formed by the two statutory organisations, the SCB must comply with the standards set by the Local Government Act 2000 as set out in Part 5(a) of the Council's Constitution and Section 140 of the National Health Service Act 2006 (as amended) as set out in Section 6 of the CCG Constitution.
32. In addition, the Register of Interests will be maintained for the members of the SCB and published on the Council and CCG websites.

Reporting

33. A highlight report from the SCB will be submitted to the Governing Body and Cabinet meetings, drawing the attention of the respective Statutory Committee to any items where further action is required. The SCB minutes will be included as an appendix to this report.

Monitoring Compliance

34. Meetings of the SCB shall be conducted in accordance with the provisions of both bodies Constitutions, Standing Orders, Scheme of Reservation and delegation of the respective partners and the duties delegated.
35. The SCB shall submit an annual report to the Governing Body and Council, incorporating progress, reporting arrangements, frequency of meetings and membership attendance. A summary of which will be included within the respective Governance Statements.
36. A review of effectiveness of the SCB will be undertaken at the end of the first year of operation and at further intervals as agreed appropriate.
37. The Terms of Reference of the SCB will be reviewed at least annually and submitted through the appropriate Governance arrangements for approval.

Appendix 2: Functions of NHS Bodies that can be subject to S75 partnership arrangements

Legislation	Function
<p><i>Sections 3 & 3A of the NHS Act 2006 (NHS Act)</i></p> <p><i>*Note these functions need to be read together with the exclusions in Annex 2</i></p>	<p>Duty of a CCG to arrange for the provision of the following to the extent it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility:</p> <p>hospital accommodation;</p> <p>other accommodation for the purposes of any service under the NHTA;</p> <p>medical, dental, ophthalmic, nursing and ambulance services;</p> <p>such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the CCG considers are appropriate as part of the health service;</p> <p>such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the CCG considers are appropriate as part of the health service;</p> <p>such other services or facilities as are required for the diagnosis and treatment of illness.</p> <p>Power of a CCG to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement:</p> <p>in the physical and mental health of the persons for whom it has responsibility; or</p> <p>in the prevention, diagnosis and treatment of illness in those persons.</p> <p>NB: This includes rehabilitation services and services intended to avoid admission to hospital.</p>
<p><i>Section 3B of the NHS Act</i></p> <p><i>*Note these functions need to be read together with the exclusions in Annex 2</i></p>	<p>Regulations may require NHS England (NHSE) to arrange the provision, to such extent as it considers necessary to meet all reasonable requirements, for the provision as part of the health service of:</p> <p>dental services of a prescribed description;</p> <p>services or facilities for members of the armed forces or their families;</p> <p>services or facilities for persons who are detained in prison or in other accommodation of a prescribed description;</p> <p>such other services or facilities as may be prescribed.</p>
<p><i>Section 83 of the NHS Act</i></p>	<p>From 1 April 2016 the function of arranging the provision of primary medical services where these are commissioned under an APMS contract.</p>

<p><i>Section 117 of the Mental Health Act 1983 (MHA)</i></p>	<p>Duty of the CCG to arrange for the provision of, in co-operation with relevant voluntary agencies, after-care services for persons who are:</p> <p>detained under section 3 of the MHA; or</p> <p>admitted to a hospital in pursuance of a hospital order made under section 37 of the MHA; or</p> <p>transferred to a hospital in pursuance of a hospital direction made under section 45A of the MHA; or;</p> <p>a transfer direction made under section 47 or 48 of the MHA;</p> <p>and then cease to be detained and (whether or not immediately afterwards) leave hospital, until such time as the CCG and the local social services authority are satisfied that the person concerned is no longer in need of such services (but they shall not be so satisfied in the case of a community patient while he remains such a patient).</p>
<p><i>Section 12A(1) of the NHTA and the National Health Service (Direct Payments) Regulations 2013</i></p>	<p>Function of providing the after-care services referred to above.</p>
<p><i>Regulation 8A of the Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005</i></p>	<p>The function of making direct payments</p>
<p><i>Schedule 1A of the Mental Capacity Act 2005</i></p>	<p>The function of arranging the provision of Healthy Start vitamins.</p>
<p><i>Schedule 1A of the Mental Capacity Act 2005</i></p>	<p>Functions relating to the Deprivation of Liberty</p>

Appendix 3: Functions of NHS Bodies that cannot be the subject of Section 75 partnership arrangements

Legislation	Function
<i>Sections 3, 3A & 3B of the NHS Act 2006 (NHSA)</i>	<p>The function of arranging the provision of:</p> <ul style="list-style-type: none"> • surgery; • radiotherapy; • termination of pregnancy; • endoscopy; • the use of Class 4 laser treatments and other invasive treatments; • emergency ambulance services.
<i>Sections 83*, 92 & 99 of the NHSA</i>	<p>The function of arranging the provision of:</p> <ul style="list-style-type: none"> • primary medical services • primary dental services <p>(*From 1 April 2016 the function of arranging the provision of primary medical services where these are commissioned under an APMS contract will be able to be the subject of a S75 partnership arrangement.)</p>

Appendix 4: Functions of local authorities (Health-Related Functions) that can be the subject of S75 partnership arrangements

Legislation	Function
<i>Schedule 1 of the Local Authority Social Services Act 1970</i>	<ul style="list-style-type: none"> • This Schedule covers a wide range of social services functions (these are subject to exclusions – see appendix 5)
<i>Regulation 8A of the Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005</i>	<ul style="list-style-type: none"> • The function of providing Healthy Start vitamins.
<i>Sections 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986</i>	<ul style="list-style-type: none"> • Duty to arrange an assessment for persons on discharge from hospital, having received medical treatment for mental disorder as an in-patient for a continuous period of not less than 6 months, of their needs for healthcare services. (This duty is not yet in force). • Duty of local authority to take into account abilities of a carer
<i>Section 19 of the Local Government (Miscellaneous Provisions) Act 1976</i>	<ul style="list-style-type: none"> • The functions of providing or securing the provision of recreational facilities.
Section 578 Education Act	<ul style="list-style-type: none"> • The functions of local authorities under the Education Acts as defined
<i>Part I of the Housing Grants, Construction and Regeneration Act 1996 and under Parts VI and VII of the Housing Act 1996</i>	<ul style="list-style-type: none"> • Functions of local housing authorities.
<i>Section 126 of the Housing Grants, Construction and Regeneration Act 1996</i>	<ul style="list-style-type: none"> • Functions relating to regeneration and development.
<i>Environmental Protection Act 1990</i>	<ul style="list-style-type: none"> • Functions of waste collection or disposal.
<i>Sections 180 & 181 of the Local Government Act 1972</i>	<ul style="list-style-type: none"> • Functions of providing environmental health services.
<i>Highways Act 1980 and Section 39 of the Road Traffic Act 1988</i>	<ul style="list-style-type: none"> • Functions of local highway authorities.

<p><i>Sections 63 & 93 of the Transport Act 1985</i></p>	<ul style="list-style-type: none"> • Functions relating to passenger transport and travel concession schemes.
<p><i>Care Act 2014</i></p>	<ul style="list-style-type: none"> • Where the partners enter into a Section 75 partnership arrangement in respect of meeting needs for care and support under section 18 or 19 of the Care Act 2014 (duty and power to meet needs for care and support) the function of carrying out the financial assessment in relation to the making of a charge under section 17
<p>Care Act 2014</p>	<ul style="list-style-type: none"> • Where the partners enter into a Section 75 partnership arrangement in respect of providing or arranging for the provision of services, facilities or resources, or taking steps under section 2(1) of the Care Act 2014, the function of making a charge for that provision, arrangement or taking of steps under regulations under section 2(3) of that Act.
<p>Functions under or by virtue of Sections 2B or 6C(1) of, or Schedule 1 to, the NHSA</p>	<ul style="list-style-type: none"> • Functions relating to the improvement of public health; • Public-health functions of the Secretary of State (where local authorities are required by Regulations to exercise these); • Local authority functions under Schedule 1 of the NHSA, including: <ul style="list-style-type: none"> - medical inspection and treatment of pupils; and - weighing and measuring of children.

Appendix 5: functions of local authorities that cannot be the subject of S75 partnership arrangements

Legislation	Nature of Function
<i>Section 14 Care Act 2014 (subject to sub paragraph k), section 17 of the Care Act and section 69 of Care Act)</i>	<ul style="list-style-type: none"> • Power to charge, assessment of financial resources and recovery of charges or under regulations under section 2(3) of the Care Act, charging for preventing needs
<i>Section 6 of the Local Authority Social Services Act 1970</i>	<ul style="list-style-type: none"> • Function of appointing an officer, to be known as the director of adult social services.
<i>Section 3 of the Adoption and Children Act 2002</i>	<ul style="list-style-type: none"> • Function of maintaining an adoption service and providing the requisite facilities for that purpose.
<i>Sections 114 & 115 of the Mental Health Act 1983 (MHA)</i>	<ul style="list-style-type: none"> • Function of approving a person to act as an approved mental health professional for the purposes of the MHA. • Power of an approved mental health professional to enter and inspect premises.
<i>Parts VII to IX and Section 86 of the Children Act 1989</i>	<ul style="list-style-type: none"> • Functions relating to: <ul style="list-style-type: none"> ○ the provision of accommodation for children by voluntary organisations; ○ private children’s homes/ limits on number of foster children; ○ privately fostered children; ○ children accommodated in care homes or independent hospitals.

Appendix 6: Meeting Schedule

Date	Time	Venue
2 nd October 2019	4.00pm -5.30pm	Committee Room A and B Bury Town Hall
4 th November 2019	4.30pm – 6 pm	Committee Room A and B Bury Town Hall
2 nd December 2019	4.30pm – 6 pm	Committee Room A and B Bury Town Hall
6 th January 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall
3 rd February 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall
2 nd March 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall

Draft Agenda	Papers Submitted	Papers Published
—	17 September 2019	24 September 2019
3 rd October 2019	18 October 2019	25 October 2019
6 th November 2019	15 November 2019	22 November 2019
4 th December 2019	18 December 2019	24 December 2019
8 rd January 2020	20 January 2020	24 January 2020
4 th February 2020	17 February 2020	21 February 2020

Appendix 7: Membership and Voting Status

Role	Current Post Holder	Membership Status	Voting Status	Deputy Permitted
Council Leader	Cllr David Jones	Member	Voting	✓ (Deputy Leader)
Council Deputy Leader	Cllr Andrea Simpson	Member	Voting	-
Council First Deputy and Portfolio Holder for Children and Young People	Cllr Tamoor Tariq	Member	Voting	-
Council Elected Member and Portfolio Holder for Finance and Housing	Cllr Eamonn O'Brien	Member	Voting	-
Council Elected Member and Portfolio Holder for Communities	Cllr Sharon Briggs	Member	Voting	-
Council Elected Member and Portfolio Holder for Environment	Cllr Alan Quinn	Member	Voting	-
Council Elected Member and Portfolio Holder for Corporate Affairs and HR	Cllr Jane Black	Member	Voting	-
Council Opposition Member	Cllr James Daly	In attendance	Non-Voting	-
Council Opposition Member	Cllr Tim Pickstone	In attendance	Non-Voting	-
CCG Chair (Clinical)	Dr Jeff Schryer	Member	Voting	✓ (when Chair of Mtg)
Clinical Director	Mr Howard Hughes	Member	Voting	-
Clinical Director	Dr Cathy Fines	Member	Voting	-
Clinical Director	Dr Daniel Cooke	Member	Voting	-
Clinical Director	Vacant	Member	Voting	-

Lay Member - PPI	Mr David McCann	Member	Voting	-
Lay Member – Finance and Audit	Mr Chris Wild	Member	Voting	-
Governing Body Registered Nurse	Mrs Fiona Boyd	Member	Non-Voting	-
Governing Body Secondary Care Consultant	Mr Peter Thompson	Member	Non-Voting	-
Chief Executive and Accountable Officer	Mr Geoff Little	Member	Voting	✓
Joint Chief Finance Officer (S151 responsibilities)	Mr Mike Woodhead	Member	Voting	✓
Joint Executive Director of Strategic Commissioning	Vacant	Member	Voting	✓
Governing Body Members (not members of the SCB)				
Lay Member – Quality	Mr Peter Bury	In Attendance	Non-Voting	-
Director of Commissioning and Business Delivery / Deputy Chief Officer	Ms Margaret O'Dwyer	In Attendance	Non-Voting	-
Executive Nurse / Director of Quality	Mrs Catherine Jackson	In Attendance	Non-Voting	-
JET Members (not members of the SCB)				
Executive Director of Communities and Well-Being	Mrs Julie Gonda (interim)	In Attendance	Non-Voting	-
Director of Public Health	Mrs Lesley Jones	In Attendance	Non-Voting	-
Executive Director of Business, Growth and Infrastructure	Mr Paul Patterson	In Attendance	Non-Voting	-
Deputy Chief Executive (Corporate Core)	Lynne Ridsdale	In Attendance	Non-Voting	-
Executive Director of Operations	Mr Dave Brown (interim Director)	In Attendance	Non-Voting	-
Executive Director of Children and Young People	Mrs Karen Dolton	In Attendance	Non-Voting	-

Assistant Director of Legal and Democratic Services / Monitoring Officer	Mrs Jayne Hammond	In Attendance	Non – Voting and Advisory	-
Other Colleagues				
Head of Communications, Marketing and Engagement	Mrs Karen Johnston	In Attendance	Advisory	-
Business Support Unit Representative		In Attendance	Advisory and Minutes	-