Central Bedfordshire Shadow Health and Wellbeing Board

Contains Confidential No or Exempt Information

Title of Report Opportunities for Collaboration in Central

Bedfordshire to Deliver Better Outcomes for Residents

Meeting Date: 6 September 2012

Responsible Officer(s) Julie Ogley, Director of Social Care, Health and Housing,

Central Bedfordshire Council

Diane Gray, Director of Strategy and System Redesign.

Bedfordshire Clinical Commissioning Group

Presented by: Julie Ogley, Director of Social Care, Health and Housing

John Rooke, Chief Operating Officer

Action Required: The Board is asked to:

 consider the report which identifies key opportunities to collaborate to deliver better outcomes for people across the health and social care agenda; and

2. note the establishing of the Joint Strategic Commissioning Group to facilitate the joint working of the Health and Well Being Board and Bedfordshire Clinical Commissioning Group Board".

Executive Summary

1. The shadow Health and Well Being Board is keen to establish the Central Bedfordshire approach to integration/joint working, in response to the Health and Social Care Act 2012. It is likely that there will also be a duty in the Care and Support Act to encourage this. The proposal to set up the Joint Strategic Commissioning Group provides a process that supports the Health and Wellbeing Board to promote integration and joint working and to take account of existing partnership arrangements such as the Children's Trust and the Healthier Communities and Older Peoples Partnership.

Background

Improving quality of care is at the heart of the Health and Social Care Act 2012. One key means to achieve this is to ensure care is integrated around the needs of patients. The Act sets out a number of provisions to encourage and enable the NHS, local government and other sectors, to improve patient outcomes through far more effective co-ordinated working.

ership working and			
at all levels. This is further ards to agree a Joint n improving the a duty on Boards to ed budgets, when			
The Future Forum's second phase report on Integration sets out that Health and Wellbeing Boards should drive local integration – through a whole-population, strategic approach that addresses local priorities and is defined around the patient.			
s must become the crucible missioners must fully and missioning and pooled ns requiring integrated mental health problems, ded including the d this recommendation and re will be measured as part			
The NHS Midlands & East has as one of its ambitions to: "Ensure radically strengthened partnerships between the NHS and local government, which accelerate the integration of services to improve the health & wellbeing of local people".			
In Bedfordshire, the opportunities for collaboration between the NHS and Local Authorities have not been fully explored for a variety of historical reasons. Opportunities for Central Bedfordshire include co-location and wider integration of care pathways and services.			
An officer advisory group has been convened to consider, identify and propose key areas and opportunities for joint working which will help to deliver both improved outcomes for patients and customers as well as better value for money.			
as for consideration:			
These are very wide areas and decisions will need to be made in time how integrated approaches will deliver improved outcomes and how such work is prioritised. It will take account of the Joint Strategic Needs Assessment (JSNA), the Health and Well Being Strategy, the Council's Medium Term Plan and the BCCG Strategy.			

The approach recommended is that the JSCG takes responsibility for ensuring that commissioners working in these areas consider the opportunities for integrated approaches and these are reported over time through to the HWB Board and would include engagement with the current partnership arrangements, such as, Children's Trust and the Healthier Communities and Older People Partnership Board (HCOP).

Joint Commissioning opportunities

- **11.** Key areas for collaboration and joint commissioning identified in the preliminary discussions include:
 - Children's health and Social Care
 - Adults and Older People with complex needs including community beds/services, for instance, sub acute, intermediate care, rehab/reablement, rapid intervention/fast response, nursing homes, residential (dementia) care, extra care schemes
 - Drugs and Alcohol
 - Sexual Health
 - Continuing Health Care.

Delivery/Service provision

- Delivery and service provision will be focused on four localities in Central Bedfordshire across health and social care groupings, and should include opportunities for co-location. The JSCG will also promote "Care closer to home" exploring asset opportunities in Biggleswade/Ampthill/Leighton Buzzard. Other key delivery processes will include:
 - Risk stratification prevention and early intervention
 - Therapy services
 - Integrated care pathways.

Back office/corporate/support services

- As opportunities arise and taking account of the need to deliver better value for money for Central Bedfordshire, considerations could include:
 - HR/legal/asset and facilities management/ICT
 - procurement/contract management.

The emerging Commissioning Support Unit (GEM), although not currently focused on collaboration with Councils, intends to produce a Local Authority Strategy in coming months. The Council and the Clinical Commissioning Group may wish to form a view on how to deliver best value for money and cost effectiveness.

Principles 14. The following set of principles could inform decision making around collaboration, taking account of the national and local economic position shown through the QIPP and Council efficiency challenges: improved outcomes for people improving quality of experience value for money/cost effectiveness addressing inequalities in health reducing variations in care shaping the market – Any Qualified Provider/Voluntary Community & Social Enterprises. Consideration would need to be given to maintaining the viability of commissioning organisations. **Conclusion and next steps 15**. This report sets out some initial considerations for a way forward to consider integration/joint commissioning and the time scale for doing so at a time of very significant change in roles and responsibility. The Health and Well Being Board, staff, providers are seeking a direction of travel and approach and it is timely to begin to detail this. 16. Next steps will be for each subset of the joint commissioning opportunities to be discussed by the Health and Wellbeing Board with an agreed way forward on approaches to delivery and service provision. **Recommendations:** 17. To convene a workshop of senior commissioners and specialists to consider where the opportunities are and how to prioritise these. In time, this could lead to business cases to the BCCG Board and HWB Board to endorse. 18. Require Heads of Partnerships for the lead commissioners to: a) Produce a report to develop the principles that would guide integration/joint commissioning/ delivery. b) Produce a proposal for a workshop for senior commissioners and experts. 19. Health and Wellbeing Board to note the newly formed Joint Strategic

Commissioning Group.

Issues						
Strategy Implications						
1.	These proposals will underpin the delivery of the Joint Health and Wellbeing Strategy and ensure the Health and Wellbeing Board is supported to discharge its statutory duties to promote joint commissioning and ambition to ensure care is integrated around the needs of patients.					
2.	The proposal is aligned with the Commissioning Plan and priorities of the Clinical Commissioning Group.					
Gover	nance & Delivery					
3.	The Joint Strategic Commissioning Group is an officer Advisory Group of the Health and Wellbeing Board and will provide reports to the Health and Wellbeing Board and the Board of the Clinical Commissioning Group.					
Mana	Management Responsibility					
4.	The Director of Public Health is the Chair of the Joint Strategic Commissioning Group. Service Directors will be responsible for respective delivery areas.					
Public Sector Equality Duty (PSED)						
5.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.					
6.	Are there any risks issues relating Public Sector Equality Duty Yes/No					
	No Yes Please describe in risk analysis					

Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
The Health and Wellbeing Board has a key duty to promote integration and encourage joint commissioning of health and care services. This has important implications for the delivery of priorities set out in the Health and Wellbeing Strategy	High	High	Consideration of opportunities for collaboration is being undertaken by the Joint Strategic Commissioning Group. The JSCG will develop and coordinate commissioning across Health and Social Care for all care groups. A development session to explore the appetite for integration and to establish the intent of partner organisations is being set up.

Source Documents	Location (including url where possible)

Appendix 1 - Draft Terms of Reference for the Joint Strategic Commissioning Group (JSCG)

Appendix 1

Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group

Joint Strategic Commissioning Group (JSCG)

Draft Terms of Reference

The proposal is to establish an integrated commissioning arrangement for health, well being and social care in Central Bedfordshire. It will also take account of the vision to provide care close to home with an emphasis on locality based commissioning and integrated care delivery.

The JSCG will provide the overall strategic oversight and direction to joint commissioning arrangements and will be responsible for planning the way the Council, Bedfordshire Clinical Commissioning Group and other health commissioners work together to commission health and social care for agreed care groups. It will manage and monitor pooled, non-pooled budgets and resources for services identified and agreed for joint commissioning.

The JSCG will work in an advisory role to support the Health and Wellbeing Board in delivering improved health and wellbeing outcomes for the population of Central Bedfordshire. It will identify and advance opportunities for joint commissioning and promote the wider integration of health and social care across the age spectrum.

The JSCG will take account of existing partnership structures including the Local Strategic Partnership (LSP) and the relationship with the Children's Trusts and the Healthier Communities and Older People Partnership Board to ensure a more coordinated approach to joint commissioning and the delivery of the vision of the Health and Wellbeing Board.

Purpose of the Group

- To ensure the delivery of the shared vision and priorities of the Health and Wellbeing Board through promotion of joint commissioning arrangements and the delivery of integrated care. The JSCG will develop and coordinate commissioning across Health and Social Care for all care groups.
- To identify opportunities and promote the development of plans which represent significant financial and service planning commitments across areas of joint commissioning responsibility for pooled or non-pooled budgetary provision.
- To promote an integrated commissioning approach focused on improving health and well being outcomes, cost effective use of resources and support a shift in investment into preventative approaches.

 To have oversight of and provide coordination and support to the overall agenda for Health and Wellbeing Board meetings.

Proposed Scope

- 1. The JSCG will provide advisory support and oversee the delivery of a joint commissioning approach across services for children and adults in Central Bedfordshire, in conjunction with other governance partnerships.
- 2. The JSCG will optimise opportunities to integrate commissioning and service delivery of effective health and social care services.
- 3. To enable the commissioning of services across health and social care including the use of Section 75 Agreements or Section 256 agreements.
- 4. To work closely with the Children's Trust and the partnership for Adult Health and Wellbeing.

Proposed Relationship to Other Groups

The Joint Strategic Commissioning Group is an officer Advisory Group of the Health and Wellbeing Board.

The JSCG will provide reports to the Health and Wellbeing Board and the Board of the Clinical Commissioning Group.

Proposed Core Membership

Director of Social Care, Health & Housing
Director of Public Health
Director of Children Services
Chief Operating Officer – Bedfordshire Clinical Commissioning Group
Clinical Director – Bedfordshire Clinical Commissioning Group
Director of Strategy & System Redesign, Bedfordshire Clinical Commissioning
Group

Reporting arrangements

Health and Wellbeing Board Bedfordshire Clinical Commissioning Group Children's Trust Adult Health and Wellbeing Partnership (HCOP)

Frequency of meetings

Monthly and preceding the meeting of the Health and Wellbeing Board.