

Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	11 July 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2432
TITLE:	Joint Working Arrangements with the NHS beyond April 2013	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

- 1.1 To update the cabinet on the development of joint working arrangements with the NHS from April 2013, when some key elements of the Health and Social Care Act 2012 come into effect.

2 RECOMMENDATION

The Cabinet agrees to:

- 2.1 Note the work underway to enable the continuation and further development of joint working arrangements with the NHS beyond April 2013;
- 2.2 Receive more detailed proposals for approval by Full Council in September 2012.

3 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications directly arising from this report. The more detailed proposals being developed will include a financial framework to ensure proper governance of aligned, pooled and delegated budgets between the two organisations.

4 CORPORATE OBJECTIVES

- 4.1 The development of joint working arrangements between the Council and Primary Care Trust (PCT) has enabled more integrated commissioning and delivery of health and social care services, resulting in improved outcomes for our population, as well as ensuring efficient and effective use of our combined resources. Continued joint working after NHS reform in April 2013 will help both organisations to ensure we are **promoting independence and positive lives for everyone**.

5 THE REPORT

- 5.1 Bath and North East Somerset Council and NHS have a history of integrated working, developed through many years of collaboration to improve health and social care services for our residents. The Council approved the development of joint working arrangements with the PCT in May 2009, which covered the commissioning and delivery of health and social care services. These arrangements have enabled a number of positive developments, including the launch of the Community Interest Company, 'Sirona Care and Health' to deliver a range of local services on our behalf as well as helping us to achieve improved outcomes and effective use of our resources.
- 5.2 The Health and Social Care Act 2012, which gained Royal Assent in March this year, means that GPs working as a Clinical Commissioning Group (CCG) will take on responsibility for commissioning most health services from 1 April 2013 and local Public Health will become the Council's responsibility. The Council has created a single People and Communities Department including adult social care commissioning and children's services. It is therefore both timely and necessary to review and refresh the Joint Working Arrangements to reflect the organisational arrangements that will be in place from 1 April 2013 and to ensure that they are fit for purpose to deliver best outcomes in future.
- 5.3 Senior officers from the PCT and Council, together with the Executive Member for Wellbeing and GPs from the CCG, met recently to discuss the benefits of partnership working, to consider lessons learnt from the operation of the existing arrangements and to map out the next steps to cement joint working arrangements between the Council and CCG for April 2013.
- 5.4 The proposal is to develop a new model for joint working which brings together the commissioning of all of the Council's key services for Adults and Children with the Public Health Department and the CCG, to ensure we are maximising our ability to promote positive lives for everyone in our communities and working together to ensure that people receive the services they need, provided in a joined up way around them and their families.
- 5.5 It is likely that this would be based on the use of 'section 113' of the Local Government Act 1972, which was used in the existing partnership arrangements to allow designated NHS staff to be 'seconded' to undertake tasks for the Council

and vice versa. It would mean that for most staff involved their employment by either the NHS or Council would be unaffected. The joint management team would consist of the Strategic Director and Divisional Directors for People and Communities, Director of Public Health together with the Accountable Officer(GP) and senior managers of the CCG. This would enable all of the strategic and commissioning functions of these teams to be aligned as far as is possible and beneficial, with the opportunity to improve pathways of care across children's services, adult social care, public health and health care services

- 5.6 Existing pooled budgets would also be replicated under the new arrangement, with a clear aspiration to extend and further develop the joint working arrangements over time, which could lead to broadening the scope and/or pooling more funding to deliver better outcomes for our population.
- 5.7 We have established the main constraints within which the arrangements must be developed, including making sure that each organisation can fulfil its statutory obligations and continue to collaborate with other key partners.
- 5.8 A Joint Working Framework is being drawn up and subject to further engagement with Council members, the PCT Board and the wider membership of the CCG, the aim is to agree this ahead of the CCG's application for authorisation, at the beginning of October.

6 RISK MANAGEMENT

- 6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An EqIA has not been completed at this stage, as the joint working arrangements already exist and the proposal is to continue with these. An EqIA will be completed as part of the process to finalise the joint working framework, when more detail is available about how it is proposed that it will operate.

8 RATIONALE

- 8.1 The existing joint working arrangements between the Council and PCT have enabled more integrated commissioning and delivery of health and social care services, resulting in improved outcomes for our population, as well as ensuring efficient and effective use of our combined resources.
- 8.2 From 1 April 2013, the PCT's Public Health commissioning functions will transfer to the Council and the majority of its local health service commissioning functions will pass to the Clinical Commissioning Group.
- 8.3 Continued joint working after this significant NHS reform will help both organisations to ensure we are promoting independence and positive lives for everyone.

9 OTHER OPTIONS CONSIDERED

9.1 The option of discontinuing joint working arrangements was rejected as it would potentially lead to fragmentation of strategy and service commissioning, resulting in poorer outcomes for our population and less effective use of our resources.

10 CONSULTATION

10.1 *Cabinet members; Trades Unions; Staff; CCG and PCT; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

10.2 Discussion at Informal Cabinet meeting; staff and trade union consultation on proposals for future structure of People & Communities Department; seminar with GPs and senior officers of CCG and PCT.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 *Customer Focus; Young People; Impact on Staff; Other Legal Considerations*

12 ADVICE SOUGHT

12.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Sponsoring Cabinet Member	<i>Councillor Simon Allen</i>
Background papers	<i>Council Meeting papers 14 May 2009</i>
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