

Bath & North East Somerset Council

MEETING:	Council
MEETING DATE:	13 September 2012
TITLE:	Framework for Joint Working between the Council and NHS (Clinical Commissioning Group) from April 2013
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
1. Draft Joint Working Framework	
2. Draft terms of reference for the Joint Committee for the Oversight of Joint Working	

1 THE ISSUE

- 1.1 To present to the Council for approval, proposals for 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

Council is asked to agree that:

- 2.1 The Joint Working Framework attached is approved as the basis for finalising joint working arrangements with the Bath & North East Somerset NHS Clinical Commissioning Group (CCG), due to be established on 1 April 2013;
- 2.2 The Chief Executive, in consultation with the Monitoring Officer and Chief Financial Officer, is authorised to approve the detailed documentation that will support this framework, such as an agreement for the secondment of staff and specific arrangements for pooled budgets;
- 2.3 A Joint Committee of the Council and Clinical Commissioning Group should be established to oversee the joint working arrangements, as described.

3 FINANCIAL IMPLICATIONS

3.1 The Joint Working Framework is intended to provide appropriate arrangements for the management and governance of existing budgets where the two bodies have a mutual interest, rather than committing the Council to any additional costs. One of the overall aims is to make the most efficient use of the resources available.

3.2 Under this framework a range of specific types of funding agreements will be developed with the CCG to secure continuation of existing joint arrangements. There may be opportunities for these to be extended over time, where it can be shown to be beneficial. The key types of funding agreement are as follows:-

- a) Section 75/Section 10 Agreements where the Council and CCG agree to operate pooled funds for specific purposes, with responsibility for hosting and managing the pooled budget undertaken by the Council
- b) Section 256 Agreements where the CCG passes monies to the Council for specific purposes, usually connected with expenditure on social care which also benefits health
- c) Recharges connected to the use of the Section 113 agreement for specific management posts which have formal joint accountability
- d) Other arrangements by which the Council or CCG either provides services to the other or effectively act as paymaster for the other in respect of specific areas of commissioned service
- e) There are also significant areas of spend where the alignment of our commissioning arrangements means we can work hand-in-hand to ensure the most effective and efficient use of resources without funding passing from one organisation to the other, for example in jointly managing the contract with Sirona Care and Health.

3.3 All of these arrangements are being jointly reviewed to ensure the nature and form of the agreement remains the most appropriate for future use. Some of the major budgets involved are set out below to demonstrate the scale of joint working. A full schedule will be included with the Joint Working Framework before it is finally approved.

Section 75/Section 10 pooled funds	Council Contribution	Health Contribution	Total Value
<i>2012/13 recurring value (£000)</i>			
Learning Difficulties Pool	18,270	4,898	23,168
Community Equipment Pool	285	218	503
Drug & Alcohol Treatment Pool	682	2,123	2,805
Children's Pool	2,484	131	2,615

Section 256 Arrangements	Health Payment to Social Care
<i>2012/13 agreements (£000)</i>	
National funding per 12/13 allocation	1,896
Local re-ablement/post discharge support funding	900

Aligned Expenditure	Council Expenditure	Health Expenditure	Total Value
<i>2012/13 value (£000)</i>			
Sirona Care and Health: Contract for Community Health and Social Care Services	18,441	25,397	43,838

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 the Council and Clinical Commissioning Group 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 The draft Joint Working Framework (attachment 1) sets out 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.

5.4 The arrangements are based on the use of 'section 113' of the Local Government Act 1972, which is used in the existing partnership arrangements to allow designated NHS staff to be partially 'seconded' to undertake tasks for the Council and vice versa. It would mean that for the staff involved, their employment by either the NHS or Council would be unaffected. The operation of a joint leadership team linking the senior management of the People and Communities Department, including the Director of Public Health, with the Accountable Officer (GP) and senior managers of the CCG will 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.

- 5.5 Existing pooled budgets will be replicated under the new arrangement.
- 5.6 The framework expresses a clear aspiration to extend and further develop the joint working arrangements over time. This could include the alignment of working systems and processes, as well as exploration of opportunities for shared support functions. Over time, this could lead to consideration of the potential benefits of broadening the scope of the arrangement and/or pooling more funding to deliver better outcomes for our population.
- 5.7 It is proposed that the Council and CCG establish a Joint Committee for the Oversight of Joint Working. This committee would oversee the operation of the Joint Working Framework, including the joint management and staffing arrangements, pooled budgets and proposals for further development of the framework, as well as acting as a route to escalate disputes if necessary. The Committee's role would not be as a decision-making body in terms of how budgets are allocated, more of an oversight function of the way existing budgets are being jointly operated. Proposed terms of reference are attached (Attachment 2).
- 5.8 The arrangements proposed will ensure that each organisation can fulfil its statutory obligations and also continue to collaborate with other key partners as appropriate.
- 5.9 The PCT Board, which is responsible for the development of the CCG, is also being asked to endorse the proposed Joint Working Framework ahead of the CCG submitting to the NHS Commissioning Board its application for authorisation, at the beginning of October.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An EqIA has been completed. No adverse or other significant issues were found. The Joint Working Framework has a built in process for ongoing review and we will be seeking to better track the benefits delivered.

8 CONSULTATION

- 8.1 *Cabinet Members; Wellbeing Policy Development and Scrutiny Panel; PCT Board and emerging CCG governing body; Section 151 Finance Officer; Chief Executive; Monitoring Officer*
- 8.2 All of the above have been briefed during the development of the joint working proposals and have had chance to comment.

9 ISSUES TO CONSIDER IN REACHING THE DECISION

- 9.1 *Social Inclusion; Customer Focus; Young People; Impact on Staff; Other Legal Considerations*

10 ADVICE SOUGHT

10.1 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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Background papers	<i>Council Meeting papers 14 May 2009</i>
Please contact the report author if you need to access this report in an alternative format	