Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Partnership Board for Health and Wellbeing Report
Date: 15 June 2011
Report Title: Interim Commissioning Arrangements
Agenda Item: 11
List of attachments to this report: None

Summary

Purpose

1 To update the Partnership Board on the interim arrangements for the continuation of integrated commissioning of care and health services within Bath and North East Somerset from 1 June 2011

Recommendation

2 To note the report

Rationale

3 These arrangements have been discussed and agreed between senior officers from NHS B&NES, The Council and the GP Commissioning Committee and the Chair of the NHS B&NES Board and Cabinet Member for Wellbeing. Formal agreement of the NHS B&NES and Restructuring Implementation Committee of the Council will also be required

Other Options Considered

4 "None"

Financial Implications

5 Over the rest of the financial year 2011-12 work will be undertaken to apportion budgets and spend in line with the emergent structures that will replace the Primary Care Trust. There will be some small in-year transfers to reflect the movement of a small number of key staff into new positions to support the interim arrangements.

Risk Management

6 These proposals prevent the risk of a 'fracturing' of our integrated commissioning and provision services during the transitions related to NHS reforms and Council re-structuring.
The proposals enable all key agencies to ensure that we retain sufficient senior leadership expertise and capacity to deliver the required changes whilst retaining an absolute focus on safety and safeguarding of customers/clients/patients

Equality issues

7 The proposals will maintain our focus on equalities issues during the transition.

Legal Issues

8 The proposals for the interim arrangements can be delivered through the existing partnership arrangements between NHS B&NES and the Council, using section 113 of the Local Government Act 1972.

Engagement & Involvement

9 The Chief Executive of NHS B&NES and the Council have been consulted as have the Chair of the GPCC and the Cabinet Member for Wellbeing, Chairman of NHS B&NES Board. This report has been viewed by the Council monitoring officer and section 151 officer.

Partnership Board for Health and Wellbeing Report
Date: 15 June 2011
Report Title: Interim Commissioning Arrangements
Agenda Item: 11

The Report

1. Purpose

1.1 The current context is in flux as National Government considers amendment of the proposed Health and Social Care Bill which will bring into being a range of new local and national health commissioning and service delivery structures including the emergent of role of GP-led Commissioning Consortia. The Council has also embarked on a major change programme to deliver its vision of a 'Core' Council.

1.2 Both PCT & Council (with cross party support) agree the benefit of integrated commissioning of health and social care services. During the life of the Partnership to date it is clear that alignment around community based health and social care has been particularly beneficial to:

- Care pathway design & achievement of improved patient / user outcomes – e.g. stroke services, reablement
- System health – particularly the stabilisation of urgent care systems
- Effective joint agency planning & resource application – with demonstrable advantage to both health & social care budgets – eg control of individual placement & package expenditure

1.3 In the face of uncertainty and wishing to preserve the options for future decision making when the landscape becomes clearer, we wish to put in place interim arrangements that preserve the benefits to integration to date, and lay the foundation for even greater integration of adult and children's services, and for interventional and preventative services.

1.4 In this context we are looking for a solution that is simple, clear and "fit for purpose" rather than the final design.

1.5 In the current context it is particularly important that the lines of accountability are clear. There needs to be a clear line of accountability from the DASS & DCS to the Council CEO, and there needs to be clear line of accountability from the PCT CEO to the PCT Board for the commissioning of all NHS services.

1.6 The newly forming Health & Well Being Partnership Board provides a helpful new structure to oversee the formation of these interim arrangements and to ensure that they add value for local people.

2. Progress to date

2.1 An outline “Route Map” for commissioning has been developed and has been used as a prompt for debate amongst group leaders, O&S, GP Consortium and PCT Board & the integrated commissioning team.

2.2 There is general agreement to the concept of integrated commissioning, and growing acceptance that this is particularly important for community health & social care, and that it may therefore be possible / desirable to have different solutions for the commissioning of community as opposed to hospital based services.

2.3 It is fully recognised that there are inter-dependencies between the commissioning and operation of community-based and hospital-based/acute services. The proposals recognise this and seek to ensure that sufficient capacity is in place to enable specific work streams to be delivered and to ensure that these inter-dependencies are recognised in the development of new local, regional and national commissioning structures.

3. Proposed Way Forward

3.1 The Acting Strategic Director for People Services within the Council (Ashley Ayre) will hold the two statutory roles of Director of Children's Services and Director of Adult Social Services, this role will also take responsibility for Housing.

3.2 Jo Gray will report to Ashley in her new role as Divisional Director for Adult Safeguarding, Care and Practice Development

3.3 The commissioning of Acute NHS Services will be aligned with the Cluster and therefore Tracey Cox, Programme Director for Acute Services and team will be part of the PCT Cluster. However, the close working relationship of Tracey Cox and her team will be crucial to the delivery of the QIPP agenda.

3.4 Public Health services are expected to transfer to the Council as part of the NHS reforms. In anticipation of this (and recognising that Public Health is already part of the Council / NHS Partnership) the intention is for line management of the PCT public health team to be brought under the Acting Strategic Director for people Services in the next few months. At this point, Pamela Akerman, the Acting Joint Director of Public Health will report to the Acting Strategic Director for People Services. Until the formal transfer to the council in April 2013 Public Health will continue to be accountable to the NHS B & NES Board.

3.5 NHS Bath and North East Somerset and the GPCC have agreed that the commissioning of Community Health Services should be orchestrated through the Acting Strategic Director for People Services until the GPCC are in a position to confirm and implement their future commissioning structures. The Acting Strategic Director (Ashley Ayre) will be accountable for these services to the PCT Cluster CEO (Jeff James) and therefore to the PCT Board.

3.6 In relation to the above, Jane Shayler, Programme Director for Non-Acute Care, Social Care and Housing and team will report to the Acting Strategic Director for People Services

3.7 All other commissioning staff within NHS Bath and North East Somerset i.e. Finance, Information, Medicines management, Primary Care Commissioning and Corporate Services will also be within the Cluster.

3.8 These decisions will have to be formally agreed by the NHS B&NES Board and the Council in due course.

3.9 It is proposed that the existing partnership arrangements between the Council and NHS B&NES are sufficient to enable the interim management arrangements described for community health service commissioning and Public Health, using section 113 of the Local Government act 1972 to make named senior council managers available to perform functions on behalf of the PCT and vice versa.

3.10 There will be no changes to the location of colleagues although there will be some re-alignment of line management which will be discussed with individual colleagues. The arrangements described above are transitional: there will be further changes associated with the finalisation of the Health Bill and the implementation of the Council Change Programme. Until the final structures become clear there will be no changes in employer for any individual.

3.11 The intention is to establish the principle of even greater integration in the commissioning of community health, social care, public health and housing services for adults and children. In setting this up we need to be very careful not to “disintegrate” the commissioning relationship between acute and community based services and to get the balance right as to what is done locally and what is done at Cluster level. It will be very important, despite changes in line management, for commissioning colleagues to continue to work closely with each other to ensure that together we build on the achievements to date and maintain an integrated system of care that supports local people.

Contact person/Author	Ashley Ayre
Responsible Director	Ashley Ayre
Background papers	

If you would like this document in a different format, please contact the author