

**B&NES Wellbeing Policy Development and Scrutiny Panel
Contributors Session
29th November 2011**

B&NES Clinical Commissioning Group Briefing

The B&NES Clinical Commissioning Group (CCG) made clear its views that the very short time scale for board merger by 1st December represented an unwanted distraction as we considered how best to configure the CCG to face the huge challenges ahead. It was obvious to us that the local arrangements of partnership with the council gave us different options and opportunities to other emerging CCGs given the degree of existing integration and collaboration. It was our belief to take full advantage of this required sufficient time to avoid the risk of unwittingly undermining existing arrangements that might be otherwise in the interests of the council, public and the CCG.

The CCG had been consulted about, and were happy with, the 1st April date for a board merger agreed between NHS Wiltshire and NHS B&NES.

So I wrote the following letter (dated 2nd November) to John Everitt as part of a wider submission to the Strategic Health Authority from the B&NES Council, NHS B&NES and LiNK. This summarises effectively the views of the CCG.

Dear John

You have asked for confirmation of the views of the Clinical Commissioning Group with regard to the DH proposals for a single board and single executive for NHS B&NES and NHS Wiltshire by 1 December 2011. These comments are provided in the context of our plans for maintaining and developing the close partnership with the Council and as members (2) of the Health & Wellbeing Partnership Board which we have been pleased to have joined and been warmly welcomed by our Council colleagues.

It is very apposite to consider the reasons why an early board merger is not appropriate for B&NES as I leave the National Association of Primary Care (NAPC) conference in Birmingham. We have heard from a wide range of speakers including:

- Sir David Nicholson*
- Andrew Lansley*
- Dr David Colin-Thome OBE, recently retired National Director for Primary Care at the DH*
- Professor Steve Field, Chair of the NHS Future Forum*
- Sophia Christie Chief Executive Birmingham East on secondment to DH as Director of Alignment and Coordination*

There was a very strong theme running through the meeting regarding the imperative of good, close and supportive relations with your local authority. Andrew Lansley noted that a year ago Health and Wellbeing Boards had been only a concept, but there were now 132 across the country. He also stressed the role of the new tariff structure due to be announced shortly to facilitate integrated commissioning of services.

Nigel Edwards, senior fellow at the Kings Fund and former Policy Director of the NHS Confederation, said that the reforms will deliver a strong National Commissioning Board and potentially strong localities. The latter though, is not a given and will require CCGs to make it happen: fundamental to this will be the relationship with the council as well as the public, through the Health and Wellbeing Boards.

Both Steve Field and David Colin-Thome confirmed the view of the vital importance of HWB in personal conversations we had with them. The latter has firsthand experience of what the Partnership has delivered locally from his attendance at the Sirona Workshop day last week.

It has been our experience that the joint approach has delivered key benefits to us locally and this is noticeable not only in Sirona's existence as joint provider of Health and Social Care, but by what it

help deliver even before it became a Social Enterprise. The DTOCs (Delayed Transfers of Care) in B&NES are less than 1% as opposed to over 5% in Wiltshire in the most recent figures from the RUH monthly quality scorecard. DTOCs rates have been consistently low for BANES over the last 12 months, and this is in no short measure due to the integrated approach we have taken with our Local Authority and community provider and the effective partnership working that has been developed. This joined up approach is one the key ways of delivering the enormous challenges we have ahead of us and reflects our almost unique position with the existing Partnership and HWB. We are aware that neighbouring local authorities look to BANES as a good example of partnership working and are keen to learn from our experience and success in achieving what we have.

It also needs to be acknowledged that there are already established formal contractual arrangements of senior managers between the LA and NHS BANES and the current timetable of clustering does not take adequate account of the need for consultation with regard to the changes.

There was a lot of discussion about the role of clusters being customer focused and responsive to the requirements and requests of CCGs as they start to develop into intelligent clients for commissioning support. To that extent, one might reasonably argue that clusters have a responsibility to respond to what their constituent CCGs views are on an issue such as this. It is clear that at no point were we directly asked for our views about the proposed merger date (by the cluster executive).

Also, much was made of the choices that CCGs need to consider about what support they wish to obtain and where from. Local authorities were noted to be an obvious and significant potential alternative to clusters for obtaining support.

Given the additional general agreement from Andrew Lansley down, stressing the practical importance of integrated commissioning and delivery to reshape radically the models of care and the importance of the HWB and CCG relationship, it is crucial that we allow sufficient time to explore how this will impact on the CCG's plans for its commissioning support and where it chooses to get it from. We are also concerned that the other part of the cluster has yet to establish a close relationship and we would be concerned at the potential for major distraction for us a CCG and wider community, including the Council, over the coming vital 5 months, should an early merger take place. This period is likely to be pivotal as we flesh out the details regarding our commissioning structure and requirements.

For all these reasons outlined above, it remains the firm view of the CCG that a there is an overwhelming argument for a delay in board merger to April 2012 to take into account the peculiar local factors in play.

Best wishes

Ian

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