

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>5 October 2017</b>
<b>TYPE</b>	<b>An open public for information item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Integration Programme Update
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<b>List of attachments</b>	None
<b>Background papers</b>	Report to Health and Wellbeing Board 6 September 2017, " <i>Better Care Fund Plan 2017-19</i> "
<b>Summary</b>	<p>The overarching aim of this report is to describe the role the two key organisations, B&amp;NES Council and BaNES CCG, could play in the B&amp;NES system in leading the extension and enhancement of integrated commissioning for the benefit of the population and to create a more sustainable approach to Health and Care going forward.</p> <p>Each organisation has its own constitution and separate accountabilities but has a common interest in the health and wellbeing of local people. There is now an opportunity to strengthen existing joint arrangements to achieve the level and pace of service change and integration needed to meet current and future challenges. This will enable both organisations to provide the seamless health and care which residents need and to meet the sustainability challenge faced by both organisations.</p>
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Agree broad support for the proposal to develop an Integrated Commissioning model between the Council and CCG, that is fit for purpose, sustainable and responds effectively to emerging issues and pressures across health and social care;</li> <li>• Note the benefits of this integrated commissioning model as an enabler for delivering the Joint Health and Wellbeing Strategy and improved health and wellbeing outcomes for the people of B&amp;NES; and</li> <li>• Note the links to the early work of the Board in considering the development of an Accountable Care model across Bath &amp; North East Somerset.</li> </ul>

<p><b>Rationale for recommendations</b></p>	<p>The proposals set out in this report are considered to be key enablers in the commissioning and delivery of more integrated health and care services in line with both national and local policy agendas and plans.</p> <p>It is considered that the development of a more integrated commissioning model will support improved utilisation of resources and a greater focus on and investment in preventative services. It will also make a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy.</p>
<p><b>Resource implications</b></p>	<p>There are no direct resource implications associated with the recommendations in this report for the Health and Wellbeing Board.</p> <p>As set out in the report and, in particular, paragraph 2.2, key benefits of a more integrated commissioning model include effective use of pooled resources, including funding; reduced bureaucracy; more efficient and streamlined systems and processes; and more effective and timely decision-making.</p>
<p><b>Statutory considerations and basis for proposal</b></p>	<p>As briefly outlined in the report, both the CCG and Council will retain their statutory responsibilities under the proposed arrangements. However, a more integrated commissioning model will support both organisations in meeting those statutory responsibilities and in achieving improved health and wellbeing outcomes for the people of Bath and North East Somerset and effective utilization of the available resource.</p>

<p><b>Consultation</b></p>	<p>A wide range of officers from both the Council and CCG are actively engaged in developing the proposed integrated commissioning model, including subject matter experts from finance, governance, commissioning and organisational development. Proposals are the subject of more detailed reports to be presented to both Council Cabinet and CCG Board in November.</p> <p>Informal briefings have been given to Council Cabinet, CCG Board, Council Strategic Management Team, CCG Executive Team and Council/CCG Joint Commissioning Committee.</p> <p>The Council Section 151 Officer and Monitoring Officer have been consulted in the preparation of this report.</p>
<p><b>Risk management</b></p>	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

## **THE REPORT**

### **1.1 Introduction**

The overarching aim of this report is to describe the role the two key organisations, B&NES Council and BaNES CCG, could play in the B&NES system in leading the extension and enhancement of integrated commissioning for the benefit of the population and to create a more sustainable approach to Health and Care going forward. Each organisation has its own constitution and separate accountabilities but has a common interest in the health and wellbeing of local people. There is now an opportunity to strengthen existing joint arrangements to achieve the level and pace of service change and integration needed to meet current and future challenges. This will enable both organisations to provide the seamless health and care which residents need and to meet the sustainability challenge faced by both organisations.

The current governance structures require changes for both organisations to be able to implement the necessary changes jointly and at pace. National direction, such as The Integration and Better Care Fund Policy Framework 2017, requires and enables integration between health and care services. Success measures for such are being developed nationally and the Care Quality Commission has the remit to carry out targeted reviews, particularly in relation to integrated arrangements to avoid hospital admission and reduce Delayed Transfers of Care from hospital into community settings.

The Health and Wellbeing Board are asked to comment and provide input in to these proposals to inform the development of a future model for integrated commissioning ahead of discussion at Council Cabinet on 8<sup>th</sup> November and CCG Board on 9<sup>th</sup> November.

### **1.2 Background to and history of Integration in B&NES**

The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

B&NES Council and the local NHS have a long history of constructive joint working. Joint health and social care structures have been in place in B&NES since 2009, with commissioning arrangements implemented in that year and provider arrangements consolidated by the creation of an integrated health and social care provider in 2011. This was supported by a formal Partnership Agreement that described how the then Primary Care Trust (PCT) and Council would work together to deliver improved outcomes for the population. Joint financial arrangements, primarily pooled budgets, were implemented alongside the original joint structures and have expanded and developed since. Following NHS reconfiguration, the CCG and Council reconfirmed their commitment to joint working and agreed a Joint Working Framework. The commissioning arrangements were reviewed and redesigned in 2013 in response to the creation of the CCG and the reaffirmation of the commitment by both CCG and Council to joint working and to the integrated commissioning and provision of services.

A Partnership Board for Health and Wellbeing (the precursor to the current Health and Wellbeing Board) was established in 2008 to oversee, monitor and make recommendations in respect of the development of strategy and performance management of adult health and social care, children's health and social care and public health.

In B&NES, the journey towards closer integration is set out within the *your care your way* programme. The two organisations worked in strategic partnership over a two year period (2014 to 2016) to review community health and care services through “*Your Care Your Way*”. Through a process of extensive engagement with a wide range of partners, including service users, carers, staff and provider organisations this review helped to set out a future vision for health and care services and supported the delivery of services better co-ordinated around the individual to ensure the right care is offered at the right time and in the right place. The review also supported the development of outcomes based commissioning based on those outcomes that are most important to the people and communities of Bath and North East Somerset and against which success can be measured.

### **1.3 Current arrangements**

Established under the Health and Social Care Act 2012, the B&NES Health and Wellbeing Board is the overarching strategic forum where key partners with a role in the health and wellbeing agenda come together to improve local health and wellbeing. The Board is responsible for having oversight of the health and care system and for setting the strategic direction for meeting local health needs. The Board has adopted co-chairing arrangements between the Council and CCG, recognising the value and importance of the shared ambition between these two organisations in promoting good health and wellbeing. These arrangements seek to facilitate real and clear joint ownership for the whole health and care system.

The Health and Wellbeing Select Committee is responsible for scrutinising the planning, provision and operation of local health and care services and for holding local health organisations to account when they are make significant decisions about the future of health care provision in B&NES.

As described in paragraph 1.2, currently the commitment to and arrangements under which the BaNES CCG and B&NES Council work together are described in the Joint Working Framework (April 2013). This document sets out aspirations around common goals and shared working practices. The partnership arrangements are underpinned by formal Section 75 and Section 10 pooled budget agreements.

The operation of joint working arrangements, including the operation of pooled funds and the exercise of functions by either body on behalf of the partner body, is overseen by a Joint Committee for the Oversight of Joint Working. In October 2014 the Joint Commissioning Committee replaced the previous structure, further strengthening governance of our joint commissioning arrangements. The Committee consists of senior managers from BaNES CCG and B&NES Council, and clinical representatives. The overall role of the group is to develop the overarching vision of joint working, review joint strategies, plans, performance and risk and develop integrated commissioning of adult health and social care and children’s health services. JCC is a sub-committee of the CCG Board.

Under these arrangements the CCG and Council currently commission a range of community health and care services together and to strengthen these arrangements a number of commissioners are jointly funded by, and are accountable to, both organisations including in relation to the Better Care Fund Plan, for Mental Health, Learning Disabilities and Children’s services. There is also a joint finance lead to support joint commissioning and the management of associated pooled budgets. However both organisations believe

that there is a clear opportunity to go beyond the existing joint arrangements to create a single commissioning function in B&NES.

As part of the programme of work to develop the proposed integrated commissioning model a review of the current governance arrangements has been undertaken and further detailed work will continue in the coming weeks. This work includes a review of and revisions to financial reporting, oversight and assurance of pooled funding arrangements, in the context of a significantly expanded Better Care Fund pooled budget as well as the proposed further integration of Council/CCG commissioning arrangements.

At a high-level the proposed revised governance arrangements will be the subject of reports to both Council Cabinet and CCG Board in November 2017.

## **2.1 Principles to support integrated commissioning**

The intent is to seek to develop a model which would ensure that future arrangements are fit for purpose, sustainable and able to respond effectively to emerging issues and pressures across health and social care. In summary the broad principles of such a model would include:

- The two statutory organisations will still exist – BaNES CCG and B&NES Council will continue to remain responsible for and will retain statutory governance and assurance mechanisms. There is not a new organisation being created, instead a new Governance model and ultimately a new leadership and integrated commissioning structure would be proposed which is capable of providing the mechanisms within which the two statutory organisations continue to meet their obligations through extended joint working and financial arrangements.
- The Health and Wellbeing Board and Health and Wellbeing Select Committee will continue to operate as described in the current arrangements
- The model will have an assumption that this is a “partnership of equals” and this will be reflected in design and detail.
- The new model must be capable of adding value. It will need to work differently to better shape and manage pooling of responsibilities, budgets and resource and the harnessing of greater commissioning power. Importantly it will need to reduce, not add to the burden, in terms of governance, process and delivery.
- There will be a need to understand how the new model will connect and work with the wider system leadership at local, regional and national level.
- Creating a united “voice” for Bath and North East Somerset during the current wide scale system reform is seen as the best route to ensure our local interests are best represented and protected.

## **2.2 Benefits of proposed further integration**

- In developing these arrangements attention has been paid to how they will support the effective delivery of the Joint Health and Wellbeing Strategy
- Integrated commissioning arrangements enable achievement of a single vision and shared focus on prevention and early intervention and community solutions to promote independence and a shared commitment to achieve improved health and wellbeing outcomes for the people of B&NES.
- The ability to share risks and benefits associated with the pooling of resources and delivery of the shared vision.
- The opportunity to share information results in more intelligent commissioning and the development of more innovative solutions to meet people’s needs.

- Integrated commissioning enables the effective use of pooled resources, including funding, to ensure the individual's whole needs are at the centre of decision making, resulting in improved outcomes and the ability to target resources to the most effective place in the system to meet need. This avoids potential wasted resource and sub-optimal outcomes.
- It is not always clear to the public which organisation is responsible for the services that they need. Integration of commissioning arrangements between the Council and CCG will mean that it is less important for people in need of health and care advice, support or assistance to know which organisation to refer to as holding the statutory responsibility for meeting their need, as whichever entry point they use the system will be able to support them to the right point.
- By working more closely together to achieve a single vision the CCG and Council would be better able to influence the way that health and care services are delivered for the population through a stronger voice at local, regional and national level.
- There is the opportunity for greater synergy between the adults and children's agenda where transitions can be managed more effectively.
- Providers will benefit from a single commissioning and contracting process for the services commissioned by the Council and CCG.
- More integrated commissioning helps identify gaps in provision as well as overlaps and duplication enabling the development and delivery of seamless pathways from prevention to specialist and acute care and through all life stages.
- Reduced bureaucracy, timely decision-making, ability to identify opportunities to develop shared support and "back-office" functions are all potential benefits of further integration between the Council and CCG.

### **3.1 Next steps**

The proposals for further integration of commissioning arrangements between the Council and CCG still require significant work but can be seen as a natural development of the current joint working arrangements with the aim of further improving outcomes for the local population. These proposals may result in resource reallocation and, possibly, one off costs but also the potential for efficiencies which will help support the longer-term sustainability and resilience of the Council and CCG in meeting their respective statutory responsibilities and those of the local health and care economy.

Proposed phases:

- Description of possible integrated governance model to Council Cabinet on 8<sup>th</sup> November and CCG Board on 9<sup>th</sup> November.
- Whilst the broad framework, accountabilities and responsibilities will be described within this initial model, if approved, much more detailed work will be required to test out and map the full set of governance arrangements.
- Options appraisal to look at the optimum organisational model to deliver a B&NES Health and Care Integrated Commissioning Function. Through this commissioning functions and associated teams and individuals from the CCG and Council (People and Communities Directorate) will come together to deliver integrated commissioning as described by the Integrated Governance Model.
- Subsequent phases will look to bring in the broader determinants of health and wellbeing in terms of the other services provided or commissioned by other Council Directorates such as housing, education and leisure facilities as well as the potential for integration of other functions, for example shared back-office services.

## **4.1 Communications**

A communications plan is being developed for key stakeholders to set out the proposals in further detail, highlight the benefits of the proposed model and clarify how key stakeholders can be engaged in future phases. All communications will be jointly undertaken by both the CCG and Council.

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