

Report of the Interim Strategic Director of Adult and Community Services and Director of Collaboration, NHS Airedale, Wharfedale & Craven, Bradford City and Bradford District CCGs to the meeting of the Health & Well Being Board to be held on 14 May 2013.

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Subject:

Collaborative commissioners – collaboration between Bradford and Airedale CCGs with other commissioners (Local Authority and NHS England West Yorkshire Area Team)

Summary statement:

In March 2013 the Shadow Health and Well Being Board approved the structure of appropriate groups and partnerships across the district to support the delivery of the Health and Well Being Strategy, and in the accompanying appendix identified the role of the Collaborative Commissioning arrangements. This group will report into the Health and Well Being Board and creates a platform for health and social care to review evidence, debate and consider strategic commissioning priorities and how they can best be delivered.

This report describes the approach of the collaborative commissioners arrangements including the key work-streams agreed.

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Portfolio:

Adult Services & Health

Overview & Scrutiny Area:

Health



2006-2007
Improving Rural Services
Empowering Communities



INVESTOR IN PEOPLE

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1. **Summary**

In March 2013 the Shadow Health and Well Being Board approved the structure of appropriate groups and partnerships across the district to support the delivery of the Health and Well Being Strategy, and in the accompanying appendix identified the role of the Collaborative Commissioning arrangements. This group will report into the Health and Well Being Board and creates a platform for health and social care to review evidence, debate and consider strategic commissioning priorities and how they can best be delivered.

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2. **Background**

- 2.1 The Health and Social Care Act 2012, the White Paper 'Caring for Our Future: reforming care and support' and the draft Care and Support Bill all re-enforce the expectation of integration across health and social care services. A key function of the Health and Wellbeing Boards is to support the integration agenda and drive forward models of integration locally.
- 2.2 The Shadow Health and Well Being Board at its January 2013 meeting received presentations by the Clinical Commissioning Groups (CCGs) and the Local Authority Adult and Community Services which presented the high level commissioning intentions of respective organisations.
- 2.3 In March 2013 the Shadow Health and Well Being Board approved the structure of appropriate groups and partnerships across the district to support the delivery of the Health and Well Being Strategy, and in the accompanying appendix identified the role of the Collaborative Commissioning Group. This group will report into the Health and Well Being Board and creates a platform for health and social care to review evidence, debate and consider strategic commissioning priorities and how they can best be delivered.

3. **Report issues**

- 3.1 This report seeks to describe the approach of the Collaborative Commissioning arrangements (currently known as collaborative commissioners – Bradford and Airedale CCGs with other commissioners).
- 3.2 Preliminary work has been undertaken over the past few months and dialogue has been ongoing locally around the desire for integrated commissioning and a mechanism for commissioners of health and social care to work together to consider strategic commissioning priorities and their delivery across health and social care. This is particularly important given the changing landscape of the NHS commissioning architecture from April 2013 and is intended to enhance what exists and support all commissioners in working collaboratively to deliver health and well being priorities.
- 3.3 The establishment of a collaborative commissioner's arrangement involving the Bradford & Airedale CCGs and other commissioners, including the Local Authority is intended to create a collaborative mechanism that will provide a formal platform for Health and Social Care to review evidence and to debate and consider strategic

commissioning priorities and their delivery across the local health and social care economy. This arrangement will also allow collaboration with other commissioners including NHS England, as required

- 3.4 The purpose of this collaborative mechanism is to enable high level joined up planning and prioritisation of commissioning plans to take place between each of the three Clinical Commissioning Groups (CCGs), and the relevant commissioning leads within the Local Authority (LA), and NHS England, where appropriate. This collaborative forum will, where appropriate, make recommendations to each commissioner through their formal decision making committee arrangements in line with their delegated powers of decision making. The collaborative itself will not operate as a committee of any commissioning organisation. The CCG clinical boards, the Children's Trust Board and the Health and Well Being Board each has a potential role in terms of being provided with assurance on delivery of outcomes of this group.
- 3.5 At its first meeting in February the collaborative commissioning group considered its role, draft terms of reference (see Appendix 1), its fit with accountability and governance arrangements within respective commissioning organisations, and in particular, its ability to enhance what exists already and support all commissioners in working collaboratively to deliver health and well being strategic priorities.
- 3.6 At the first meeting representation was not available from NHS England West Yorkshire Area team as not all senior appointments were complete at that point. The collaborative commissioning group was clear that they collectively see the need to engage with the West Yorkshire Area Team as commissioners of services for the Bradford and Airedale population. An appointment to the West Yorkshire Area Team Director of Commissioning has subsequently been made and their input and engagement is being picked up imminently.
- 3.7 The collaborative commissioning group agreed it would meet at least 3 times per year to allow progress to be made on key issues through a number of sub groups and/or work-streams, as well as to align with the wider business planning process and Health and Well Being Board meetings.
- 3.8 The collaborative commissioning group is developing structures and work-streams to deliver its aims and objectives. Five work-streams have been identified initially (summarised below) where it is believed that a joint commissioning approach will achieve better services and better outcomes for citizens and where a joint commissioning approach is not currently in place.

3.8.1 Work-stream 1 – Public Health Funding 2013/14

The Director of Public Health confirmed top line allocation figures as £32m for 2013/14 and £34m in 2014 and detailed the process the team are going through to review budgets, priorities and pressures to develop their public health service plan, informed by the Health and Well Being Strategy and dovetailing into other organisations plans. Discussion took place on the opportunity to quickly engage with CCG clinical boards and other commissioners within the Local Authority to inform the public health service planning process, as well as inform other commissioners' plans to:

- a) Establish a set of principles – what is recurrent, where can we have the most impact, establish principles of spending, potential use of CCG non recurrent investment to support prevention. This could be achieved through this group in the future, but recognising urgency to inform 2013.
- b) Undertake discussions with CCGs and Local Authority commissioners to inform commissioning plans and seek to align commissioning intentions and consider respective budgets for 2013

3.8.2 Work-stream 2 – CCG non-recurrent monies

Although funding streams are separate it has been agreed investment opportunities provided by CCG non-recurrent monies will be incorporated into work-stream 3 as part of service transformation - see below.

3.8.3 Work-stream 3 – Monies transferred from NHS to Local Authority under S256 Agreement

The collaborative group were presented with a paper on the funding transfer from the NHS for Adult Social Care (2013/14) – in total £8.2m for this financial year and it was noted that the current funds are underpinned by a Section 256 agreement and provide a good window for collaborative working to improve services. In addition to these funding transfers for social care is the “reablement funding” which is now within CCG budgets and amounts to £3m across the 3 CCGs. It was confirmed that the reablement funds should be used for health gain and that both Local Authority and CCGs need to look at way of organising services to be successful.

It was confirmed that of the £8.2 million, £7m will be utilised as part of the adult social care service transformation, whole system service delivery as in 2012/13, but the additional £1m is not committed and provides scope for new investment.

Discussion took place regarding investment opportunities over and above the £1m, including winter funds, CCG non recurrent funds and the ability to draw together a collective plan to support service transformation, include children’s services and to make a real impact. It was agreed any plans for investment would need to be supported by measurable outcomes and will need to meet the rules on how funds are controlled and accounted for.

It was agreed representations of CCGs and Local Authority Commissioners will establish a sub group to focus on the development of outcomes and an associated plan for recommendation to the Health and Wellbeing Board, as well as look at ways to identify and align and maximise the use of the all the funds in the system.

3.8.4 Work-stream 4 – Voluntary Sector Commissioning

Adult and Community Services, BMDC and health commissioners shared their high level intentions for services traditionally commissioned from the VCS to stimulate a discussion on the benefits of collaboration that could take place in the future.

Discussion took place on the split between commissioning for VCS between public health and CCGs in the future, (£2.2m transferred to public health and remaining £4m with CCGs), the potential to achieve joint aspirations, greater efficiencies, and to achieve success in the future is not to commission in isolation, but rather to look at areas jointly that will deliver clear and measurable outcomes.

It was agreed that any commissioning process needs to stack up against Health and Wellbeing priorities and needs to make a real difference. It was recognised the commissioners all have a desire to commission jointly.

It was confirmed that contracts will roll forward for 2013, but to have contracts in place for 2014 agreed commissioning priorities will need to be out to the market by October 2013. It was reported that there is already a commissioning and procurement framework in the Local Authority and considerable investment in the voluntary sector which also needs to be taken into account.

It was agreed to co-ordinate a working group to establish a joint commissioning process and priorities and provide a progress update into the next meeting, as well as reporting into the Health and Well Being Board.

3.8.5 Work-stream 5 – Continuing Health Care

It was agreed that a collaborative approach to the decision making processes of Continuing Health Care provision between the Local Authority and CCGs was highly desirable, alongside risk sharing protocols and agreed processes for S117 aftercare provision. Work is underway to reach such agreement.

4. **Options**

None

5. **Contribution to Corporate Priorities**

5.1 Commissioned Services are there to support vulnerable adults, children and families to improve health and wellbeing across the District and to reduce health inequalities

6 **Recommendations**

6.1 That the Board comments on the establishing of the Collaborative Commissioning arrangements.

6.2 That the Board considers its expectations of collaborative commissioning arrangements for the District and how it wishes progress to be reported back to the Board

6.3 That the Board considers the five work-streams identified.

7. **Background documents**

8. **Not for Publication Items**

None

9. **Appendices**

Appendix 1 Collaborative Commissioners - Bradford and Airedale CCGs with other commissioners – Draft Terms of Reference