

Report of the Directors of Public Health and Adult Services, Bradford MDC and Directors of Finance for Bradford MDC, NHS Airedale, Wharfedale & Craven, Bradford City and Bradford District CCGs and the Director of Collaboration for the CCGs to the meeting of the Health and Wellbeing Board to be held on 16th September 2015.

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Subject: Working Better Together- Developing a whole system approach to Health and Social Care

Summary statement:

The report provides an update on development tasks commissioned at a development session of the Health and Wellbeing Board on 7th July 2015 to accelerate improvements in health and wellbeing outcomes and to create a sustainable health and wellbeing economy

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

This report provides an update on work commissioned at a development session of the Health and Wellbeing Board on 7th July 2015 to put the district on track to accelerate improvements in health and wellbeing outcomes and to create a sustainable health and wellbeing economy. These were:

- Develop a joint prioritisation framework for strategic commissioning of health and social care outcomes for 2016/17 and beyond;
- Develop principles and terms of reference for a Commissioner Alliance to act as the operational decision-making body for strategic commissioning,
- Develop terms of reference for a Provider Alliance;
- Review and provide recommendations on aligning and streamlining key strategic Health and Wellbeing documents to provide clear shared priorities for the health and social care economy.

2. BACKGROUND

In January 2015 the report of a Local Government Association Peer Challenge of Health and Wellbeing arrangements across the District was published. The report commended the partnership working evident at the Bradford and Airedale Health and Wellbeing Board but advised that the Board needed to step up to drive improvement in health and wellbeing outcomes and to lead the work on system change to ensure that the local health economy remains sustainable as public sector budgets reduce up to 2020.

At its first development session of the 2015-16 year, held in April 2015, the Health and Wellbeing Board agreed that it would set the strategic direction for system change in health and social care to secure improvement in the health and wellbeing of the District's population. In practical terms this means that the Board will review and co-ordinate work on system change and will also lead the third outcome of the emerging New Deal approach - Better health, Better lives. The New Deal programme is developing new ways for the council and its partners to co-ordinate and delivers services with and for local people.

A second development session in early July explored:

- the need to integrate and streamline service delivery to improve health and wellbeing outcomes
- how best to focus more resource on maintaining good health and wellbeing, reducing preventable disease and maintaining independence for as long as possible in old age
- how to ensure that individual organisational change programmes are co-ordinated and working towards the same ends



- how to drive integration including integration of finances and strategic objectives at a broader level

The development session concluded with an agreement to work towards the establishment of a total pooled joint commissioning budget and a single prioritisation process for health and social care. The Board acknowledged that this was a long term objective and that we should aim for this to be the position within five years. The Board agreed that in the first instance, and with this aim in mind, it would accelerate the development of joint planning and commissioning by scoping a governance framework and developing the necessary financial arrangements to support real, joint prioritisation, planning and commissioning against shared priorities and outcomes. This was reported at the Health and Wellbeing Board Meeting on the 29th July.

Tasks were delegated to Board members to shape a joint approach to prioritisation, planning and commissioning, and to scope how decisions on use of shared resources would be made through a Commissioning Alliance, with a parallel Provider Alliance to be established.

The Board has adopted the principles of the council's emerging New Deal Programme to align this work with the broader programme of system change that will be developed across the District over the next five years. The Principles are:

- Enabling Community Leadership
- Integrated Local State
- Reducing demand, Changing expectations and Behaviour
- Investing in Prevention and Early Intervention
- Reducing Inequalities and Tackling Poverty
- Subsidiarity (devolving decisions to the appropriate level)
- Productivity and Value for Money

An interim update on the development tasks was scheduled for the September 2015 Board meeting.

3. OTHER CONSIDERATIONS

3.1 Joint planning and prioritisation framework

A first meeting of the Directors of Finance has taken place and a number of actions have been agreed by the parties. A further two meeting are scheduled prior to the Health and Wellbeing Development Day taking place in October. It is necessary to complete these discussions before a formal planning and prioritisation framework can be produced.



3.2 Principles and Terms of reference for a Commissioner Alliance

Strategic commissioning is one of the key products expected of the Health and Well-Being partnership arrangements with the emphasis on 'Making a difference for our customers' through a clearly articulated vision and set of priorities. The overall objective is to establish an accountable care system for Bradford District & Craven which would be created through new ways of procurement and contracting which in turn would lead to changes in the models of providing services. It is envisaged that much of the current, operational commissioner activity would sit within these new models of care and therefore one consequence would be the need to create a smaller, more strategic commissioning function.

The development of a set of shared principles will underpin the way Health and Social Care Partners in Bradford, Airedale, Wharfedale and Craven will work together to make a difference to health and wellbeing. The principles will address person-focused services, collective ownership, value for money, a focus on learning and development and proposes an approach to governance.

See Appendix 1 to this report for the full detail of the proposed principles and terms of reference.

3.3 Terms of reference for a Provider Alliance

A meeting was held to start discussions about a vision for an overall alliance of providers in the arena of Health, Care and Wellbeing. The group agreed that the alliance was something that should be and would be worked towards, however agreed to hold further meetings to address the issues outlined below before drafting terms of reference:

- What did it mean to be an alliance?
- Was it beneficial to the provider?
- Who would be included / not?
- What impact would an alliance have on a market?
- How would the 3rd sector and independent sector be able to contribute/ be involved?
- If funding streams were created to support smaller providers how would they be incorporated into the whole?
- Who would the alliance be accountable to?
- Who has/will set the quality?
- How would we distinguish between the commissioner and provider in the local authority?

Further work will provide opportunities for learning and will commence at a meeting to be arranged in October 2015 to test out some of the harder issues. The meeting will consider a desktop approach to gather information on approaches to Provider Alliances from other Health and Wellbeing Boards to better inform our position.



3.4 Alignment and streamlining of key strategic Health and Wellbeing documents

A group of partners has begun to plan the review of the Five Year Forward View and to reconcile this with the priorities of the Health and Wellbeing Strategy to facilitate the development of a single, shared vision and set of priorities to guide the improvement of health and wellbeing outcomes.

The review has identified the work to be undertaken to ensure that local strategy supports a whole system approach to the commissioning of services that will deliver the key priorities for partners in areas where there is evidence to support the re-modelling of services.

A meeting of responsible officers has been held to allocate roles, responsibilities and timelines for the delivery of the report and a two stage process has been agreed.

See Appendix 1 to this report for the full detail.

4. FINANCIAL & RESOURCE APPRAISAL

A full financial and resource appraisal will be commissioned as the development of a joint commissioning fund progresses.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

A full assessment of risk will be undertaken and a risk register will be established for the Health and Wellbeing Board in relation to the further integration work proposed here.

6. LEGAL APPRAISAL

6.1 This initial legal appraisal has been undertaken by the Council. The first issue that will need to be addressed is whether the organisation has the legal powers to participate in the Commissioner Alliance. Section 1 of the Localism Act 2011 allows the Council to do anything that individuals generally may do subject to the limitations set out in the same Act and any prohibitions on activities contain in other legislation. In addition the Council's Constitution (Article 13) allows the Council and the Executive to enter into joint arrangements to deliver services. The other participants will need to provide assurances that they have similar powers and are not prohibited from entering into an agreement to facilitate the Commissioner Alliance.

6.2 The second issue is whether the individual representatives of the organisations have delegated authority to take decisions on behalf of their organisations.



Bradford Council sets its budget annually at Full Council and allocates funding to each department for the provision of its services. Article 14 of the Council's Constitution gives delegate authority to officers to implement decisions of the Council. This would include the allocation of budgets to deliver services. Similarly each CCG has to submit a financial and operational plan to NHS England approved by each CCG Governing Body. The individual CCGs whilst being authorised to spend their resources as they sit fit to deliver their objectives have to ensure all NHS constitution standards and other statutory obligations are fulfilled. Each participant will need to ensure that their representative has the necessary authority to take decisions as part of the Commissioners Alliance that will bind their organisation.

- 6.3 All parties will need to understand the legal and governance framework within which each participant undertakes their commissioning and procurement activities. Bradford Council and the CCGs must comply with all legislation that applies to Local Authorities and the NHS respectively in terms of securing value for money and in particular the European Union Procurement Regulations relating to public sector contracts. In addition Council officers must exercise their delegated authority in accordance with the Council's agreed budget and policy framework and comply with the Council's Contract Standing Orders and Financial Regulations and CCG officers and clinical leaders have a similar governance framework through their CCG constitutions with which they have to comply. To ensure that any joint commissioning and procurement is undertaken within the permitted framework of each participant, processes will have to be agreed that comply with all these requirements as well as any others that apply to other organisations.
- 6.4 Finally clarity about where decisions are to be taken is needed. If it is proposed that they are taken by the Health and Wellbeing Board then the Terms of Reference of the Board as set out in the Council's Constitution will need to be amended to reflect the additional responsibility. This will then address the issue of delegated authority in relation to the Council as it is a sub-committee of Full Council and, as such, if Full Council agrees the amendment to the Constitution then that is the delegation from Council to the Board. CCGs will need to establish the authority to do this through their constitutions and their schemes of delegation amended accordingly.
- 6.5 Consideration will also need to be given to the position of providers who sit on the Board as they may have a conflict of interest if they are to participate in decisions about which services should be commissioned where they may also be the providers of those services.
- 6.6 Further legal advice can be given on specific issues as identified as the proposal is developed.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY



An Equality Impact Assessment will be undertaken following the full report to the Health and Wellbeing Board at the October 2015 development session.

7.2 SUSTAINABILITY IMPLICATIONS

The system change work that will continue throughout 2015-16 and beyond provides an opportunity to further embed the principles of sustainable development to contribute to a sustainable financial footing for the future provision of healthcare.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

The UK health and care system contributes 32 million tonnes of CO2 per year. The impacts are often attributable to pharmaceuticals, energy, travel and transport, waste and anaesthetic gases. There are three notable areas which have opportunity to address greenhouse gas emissions (carbon footprint);

- Good lifestyle habits
- Redesigning services
- Integrated working

Close attention to buildings energy, waste, procurement and commissioning and travel and transport would allow baseline for improvement on greenhouse gas emissions.

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable.



8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None

10. RECOMMENDATIONS

The Health and Wellbeing Board supports the principles outlined in this report 'Working Better Together- Developing a Whole System Approach to Health and Social Care. Further reports are to be brought to the next Board meeting following the October Health and Wellbeing Board development session.

11. APPENDICES

Appendix 1 – Full details for sections 3.2 and 3.4.

12. BACKGROUND DOCUMENTS

None

