

Joint Commissioning Framework – Adult Health and Social Care

Purpose of Report

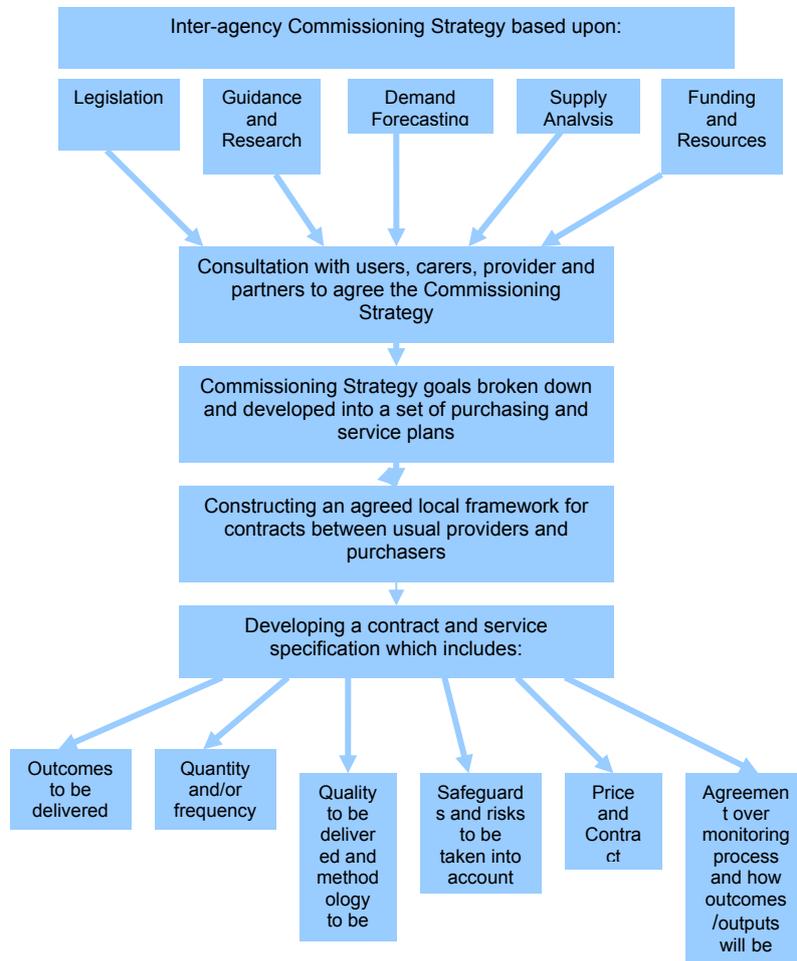
1. The Council is looking to develop a joint commissioning framework with NHS Wiltshire for adult health and social care.

These arrangements will:

- establish a Joint Commissioning Board (JCB) between the Council and NHS Wiltshire
- establish the existing statutory user partnerships groups for mental health and learning disabilities as the lead bodies to determine the strategic direction for joint commissioning for mental health and learning disabilities
- establish two forums for older people and people with a physical impairment to provide a strategic forum for determining key strategic priorities for older people and people with a physical impairment – specifically related to services for people with long term and continuing care needs.

Background

2. The national policy direction for commissioning for adult social care and the PCT includes a mandate to strengthen joint commissioning arrangements between Local Authorities and PCT's, to improve services and value for money.
3. An illustration of the functions to be taken into account for an interagency commissioning strategy is featured in Figure 1 below:



4. The Council and NHS Wiltshire have together begun to explore the opportunity for joint commissioning of services.
5. During late 2007, the Institute of Public Care (IPC) was commissioned by the two organisations to review joint commissioning arrangements and consider options for development within the Council and PCT.
6. The review concluded that the two organisations should develop joint commissioning models. These models should focus on:
 - Adults services
 - Children's services
7. It was recognised in the report that there were significant synergies within the Council between Adult and Children's services, however it was felt that

the Council and NHS Wiltshire could benefit from developing joint commissioning arrangements focused within the care groups of children and adult services, rather than across.

8. Since the publication of the IPC report discussions and work have progressed including:
 - The development of joint commissioning strategies agreed for mental health, carers, and in development for learning disabilities, older people and physical impairment.
 - Joint work on falls prevention, reducing patient who are delayed in hospital, out of hours services (Telecare), equipment and stroke services.
 - Establishment of joint commissioning groups

Main Considerations for the Council

9. In response to the national policy direction on integration, and the work developed locally for joint working, the PCT and Council propose an incremental approach to strengthening and formalising joint commissioning arrangements.
10. It is proposed that as a next step governance arrangements for joint commissioning are established in the form of a Wiltshire Council and NHS Wiltshire Joint Commissioning Board.
11. The JCB would have the responsibility in the first instance for overseeing and monitoring the development and implementation of strategies and plans, and making recommendations to the Council Cabinet and PCT Board on priorities for service redesign, investments and disinvestments for mental health, learning disabilities, older people and adult physical impairment services.
12. The JCB would report to the Cabinet of Wiltshire Council and the Primary Care Trust Board of NHS Wiltshire.
13. It will be important that the JCB works closely with other strategic Partnership Boards / Groups outside the direct area of Adult Health and Social Care to ensure that the wider social inclusion and transformation agenda is considered by these other Partnership Boards / Groups. To ensure these key Corporate priorities are coordinated within the framework of the Local Area Agreement it is proposed that a representative of the JCB attends the Co-ordinating Group of the Family of Partnerships.
14. The JCB will ensure the plans respond to the Joint Strategic Needs Assessment, key strategic performance issues, benchmarking of services and investments against national standards and comparators, and will

ensure effective joint approaches between the Council and PCT for community engagement and consultation in the development of plans.

15. The functioning of the JCB will be reviewed after twelve months to evaluate its effectiveness. Following this review, the JCB will report to the Cabinet and Board and take consideration in this report to any proposals for further delegated authorities to the JCB and future integration options, such as joint commissioning posts, financial alignment and other commissioning functions.
16. The proposed constitution for the JCB is:
 - Two Cabinet members from Wiltshire Council
 - Two Non Executive Directors from NHS Wiltshire
 - The Director of Community Services – Wiltshire Council
 - The Service Director – Commissioning, Strategy and Procurement – Wiltshire Council
 - The Chief Executive – NHS Wiltshire
 - Director of Nursing, Midwifery and AHP – NHS Wiltshire
 - Director of Finance – NHS Wiltshire
 - Head of Finance (Adult Social Care) – Wiltshire Council
17. The formal constitution and terms of reference (TOR) will be considered at the first meeting of the JCB, including consideration of appropriate user representation. The TOR will then be taken to the Council's Cabinet and NHS Wiltshire's Board for approval.
18. Similarly to the Children's Trust Board arrangements it is proposed that an Executive Group of the JCB is established to manage the delivery of the JCB work plan. This arrangement will be included in the further report on the JCB Constitution.
19. The JCB will be supported and informed by Partnership Boards. There are statutory Partnership Boards in place for mental health and learning disabilities. It is proposed that partnership groups are established for older people and physical impairment. The terms of reference for these Boards/groups would cover the following areas:
 - Listen and take into account of the views and aspirations people, families and communities.
 - Identify priorities for transformation and change, taking into account national strategies and policies.
 - Determine key priorities and actions for de - commissioning and commissioning, making recommendations to the JCB.
 - Responsible for identifying high level performance issues and taking these into account when identifying priorities.
20. The work of these Boards/groups will be supported by officers and staff of Wiltshire Council and PCT.

Conclusion

21. There is an expectation set out in national policy that Local Authorities and PCT will adopt joint commissioning arrangements. Progress has been made in Wiltshire in the development of joint commissioning strategies and joint working to improve services for people in Wiltshire.
22. This work has laid the foundation to move forward to formalise joint commissioning arrangements between Wiltshire Council and NHS Wiltshire. It is proposed that the next step is to agree the governance arrangements for joint commissioning for older people, adults with disabilities, mental health and learning disabilities services through the establishment of a Joint Commissioning Board. This Board will have the responsibility for overseeing the development and implementation of strategies and plans and making recommendations to the Wiltshire Council Cabinet and NHS Wiltshire Board on priorities for service redesign and improvement, investment and dis – investment.

Environmental Impact of the Proposal

23. The establishment of a joint local authority and NHS Wiltshire joint commissioning framework and JCB responds to the national drive from the DH for more effective joint commissioning across local authorities and PCTs.

Equalities Impact of the Proposal

24. The establishment of a JCB, in partnership with NHS Wiltshire, will allow both organizations to ensure the needs of the population of Wiltshire are more appropriately met and that resources are used efficiently.

Risk Assessment

25. The further report on the Constitution for the JCB will provide the Council and NHS Wiltshire with a framework for managing risk associated with the joint commissioning framework and the key commissioning strategies and work plans.
26. The Strategic Health Authority, NHS South West, the Government office for the South West and CSCI all have an expectation that local government and the health will work closer together around commissioning. The Council and NHS Wiltshire will be judged by our respective regulatory agencies on our willingness to collaborate on commissioning. If either organisation is not assessed as moving towards a more collaborative approach this could have an affect on our CAA assessment.

Financial Implications

27. The establishment of the JCB does not have any direct financial implications. However, the further report on the Constitution will need to consider any financial management implications for the Council and NHS Wiltshire.

Legal Implications

28. The terms of reference and constitution of the JCB will need to be reviewed by the legal unit to check that there are no adverse legal implications and that the proposed arrangements accord with the Council's constitutional documents.
29. As both the Council and NHS Wiltshire are public bodies any decisions of the JCB, if the constitution is approved, will need to be consistent with each of those body's obligations pursuant to the Human Rights Act 1998.
30. If the governance arrangements of the JCB are to be reviewed in 12 months' time, this should be reflected in the JCB constitution

Options Considered

31. As part of the work with IPC the following options were considered:

Continue with existing separate arrangements between Wiltshire Council and NHS Wiltshire

32. It was felt that existing arrangements were not allowing the two organisations to make the best use of existing resources and were not delivering a joined up health and social care service to the public. All the national research and government strategies have supported the bringing together of commissioning arrangements between Local Government and the NHS at a local level

A Single County Council Adults and Children Planning and Commissioning Unit

33. This proposal does have some long term strategic attractions:
 - It might help the Council to address boundary issues between Children's and Adult services, particularly in areas where there are significant overlaps, such as children with disabilities in transition between childhood and adulthood, or where there are support needs for both adults and children in the same family
 - There may be the potential for efficiencies through a single commissioning function covering both populations.

34. However, there are also significant difficulties in creating a specific single commissioning unit to cover both populations in the short term. For example, national requirements, legislation, guidance and inspection arrangements are very different in these 2 areas. Almost all authorities around the country have responded to this divergence by a structural separation between Children and Adults services. There are a few exceptions, mainly in small authorities, although Surrey is exploring this option as part of a range of radical changes – but the danger of such an integrated approach is that a singly managed function will be trying to integrate 2 very different agendas, and different LAA priorities, with the resulting loss of detail on the part of officers that this would entail. The two Directorates are also at very different points in developing their commissioning functions, DCS has an established commissioning unit while DCE are slowly beginning to establish their structure proposals.
35. Nevertheless, there is value in holding this model as a longer term objective, and certainly in the shorter term in developing systems and practical arrangements to ensure that activities are undertaken jointly where appropriate.

A joint Wiltshire Council and NHS Wiltshire Adults and Children's Planning and Commissioning Unit.

36. This option is even more radical than the second option. In addition to the issues discussed above, discussions with the PCT about future commissioning are at an early stage and it is difficult to see how this could be a realistic option for the foreseeable future. This option has not been pursued in comparable local authorities with their local NHS partners. It was felt this was not a viable option at present but at a later date, when Wiltshire Council and NHS Wiltshire have a more robust and tested joint commissioning framework this could be re- considered.

Separate Wiltshire Council and NHS Wiltshire Adult Health and Social Care and Children Services commissioning arrangements.

37. This is the option considered the most suitable for Wiltshire Council and NHS Wiltshire at present. Similar arrangements have been established for other areas, for example Oxfordshire, Milton Keynes, Buckinghamshire and the London Borough of Southwark.
38. The Director of Children and Education will be presenting a report on the proposal for joint commissioning arrangements for Children between Wiltshire Council and NHS Wiltshire at a later date

Conclusions

39. Following consideration of the above options it is recommended that at present the most appropriate option for a joint commissioning framework between Wiltshire Council and NHS Wiltshire should be around Adult

Health and Social Care and that a Joint Commissioning Board should be established to oversee these arrangements.

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Background Papers

The following unpublished documents have been relied on in the preparation of this report:

None

Appendices

None