

By: Roger Gough, Cabinet Member for Business Strategy, Performance & Health Reform

To: Health and Wellbeing Board

Subject: Structure of the Health and Wellbeing Board

Classification: Unrestricted

Purpose

The actual designated responsibilities of the Health and Wellbeing Board (H&WB Board) are relatively few:

- Ensuring that a Joint Strategic Needs Assessment (JSNA), a Pharmaceutical Needs Assessment and a Joint Health and Wellbeing Strategy (JHWS) are produced
- Ensuring that the commissioning decisions of the Clinical Commissioning Groups and the local authority, for public health, meet the needs and priorities identified in the JSNA and the JHWS
- Promoting the integration of commissioning of health and social care services

Whilst few in number if the H&WB Board is to discharge these responsibilities properly it will require support to enable it to influence complex processes and make informed decisions. There are also limitations on how frequently and for how long the Board can meet. It is therefore essential that a robust infrastructure is created for the Board to operate effectively.

This infrastructure needs to be able to inform the Board on technical matters such as commissioning and integration of service delivery as well as ensuring that appropriate relationships are fostered with key partners, especially the CCGs and District Councils.

In addition to ensuring good relationships with key partner organisations the Board also needs to ensure it is communicating effectively with patients in Kent and the wider population.

Commissioning will be a key area of activity for the Board to understand and influence. This report focuses on proposals for an Integrated Commissioning Executive and a Health Improvement Commissioning Board that have been developed to ensure that the Board is advised appropriately and is able to ensure that the commissioning decisions made for health, social care and public health in Kent meet the needs of the people of Kent and are commensurate with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

Integrated Commissioning

Whilst current arrangements often work well at a local level to promote co-operation and joint working there is no formal framework to develop properly integrated commissioning between agencies. We need to establish an integrated commissioning framework which will then be able to consider best possible arrangements for integrated services and commissioning support.

Commissioning services and moving towards integrated commissioning

The issue for service commissioning is what degree of integration is necessary to achieve the greatest added value.

The proposal divides service areas where health and social care need to work together into 3 broad categories in order to break down the work to make it manageable and group service areas together where it makes sense to take an overview. It is accepted that this not always a perfect fit and there must be a read across and we must avoid creating silos. The service areas proposed are:

- Children and Young People
- Older People and People with a Disability
- Mental Health

It is proposed that groups are established for each of these consisting of the appropriate Directors and other senior managers from the PCT cluster and KCC as well as lead GPs representing Clinical Commissioning Groups and Members as appropriate.

Each group will review existing arrangements within their respective area and agree outcomes to be achieved (referenced to the 3 DH outcome frameworks). Priorities will be identified and potential degrees of integration evaluated. Each group will produce a report for the Strategic Oversight Board and Clinical Commissioning Groups. The report will also address how principles of prevention, personalisation, incentivisation and localism will be achieved.

Possible models of engagement with districts and CCGs at a more local level are being considered as part of the current Kent Health Commission work.

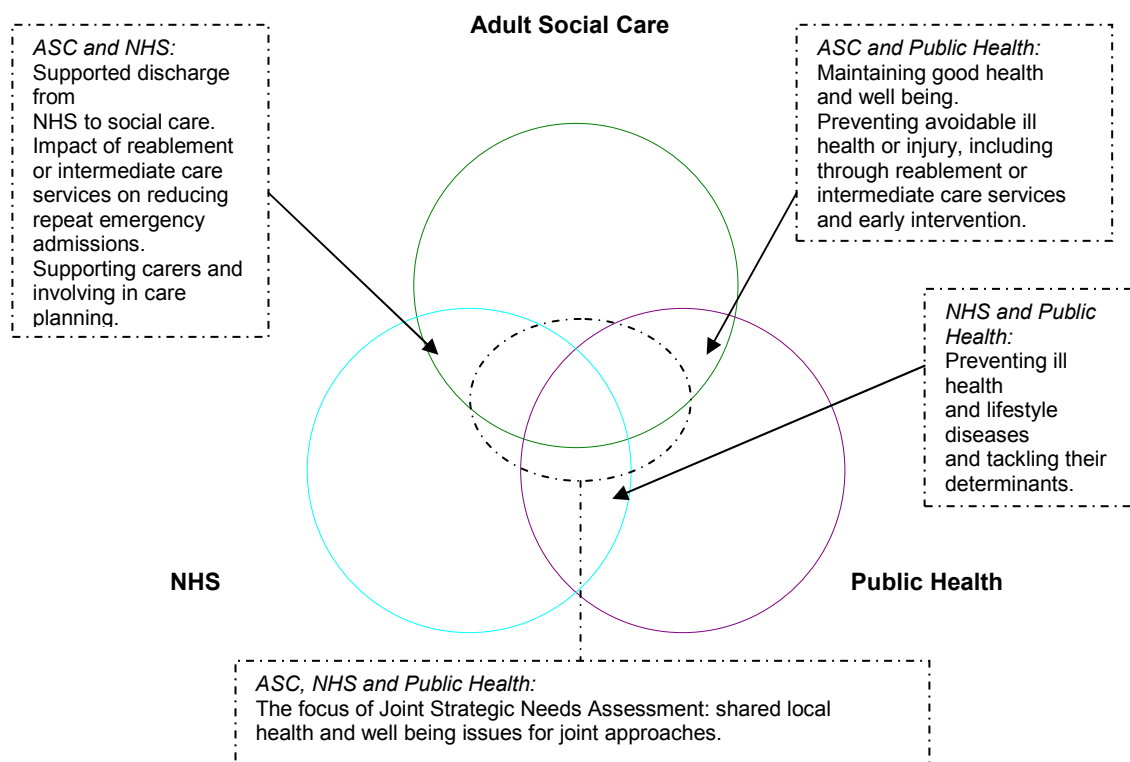
Once plans have been agreed the groups could move to an Executive function with an appropriate sub structure put in place. The NHS Kent and Medway Director of Whole System Commissioning and KCC Director of Strategic Commissioning will ensure that the groups work seamlessly together and that cross cutting areas such as prevention and support to carers are co-ordinated.

It is proposed that a quarterly meeting of an Integrated Commissioning Executive is established to oversee the work of the groups. The Executive will comprise of PCT Cluster Chief Executive and the Corporate Director of FSC, KCC and their Directors as well as lead GP's representing the CCGs.

The combined priorities contained with the plans will form the basis of the Joint Health and Wellbeing Strategy. The integrated Commissioning Executive will decide where decisions need to be sought, CCG Board, KCC Cabinet or Health and Wellbeing Board.

It is suggested the work to align outcomes of health, public health and social care should shape the basic framework within which the integrated commissioning strategy should operate. Identifying the overlapping areas between the respective agencies strongly encourages integrated working and commissioning and supports a “whole systems” approach. This is illustrated in the diagram below.

Figure 2. Aligning NHS and Adult Social Care Outcomes



Commissioning support

Dependent upon the degree of integration of services consideration can then be given to the best possible arrangements for commissioning support.

Health Improvement Commissioning Board

Changes to the NHS and transition of public health to KCC from April 2013 offer opportunities to redesign the commissioning landscape and enable much better integration across functions. It is important that commissioning services for health improvement is properly aligned with the other elements of commissioning for health and social care and the Health and Wellbeing Board, the Clinical Commissioning Groups and KCC. The Kent Forum and associated Locality Boards, or other local arrangements, will also be important elements of the structure. The arrangements to support the Board to discharge its functions towards the commissioning of public health may therefore be more complicated than those for integrating the commissioning of health and social care services.

Current commissioning arrangements

The total public health budget that will be allocated to KCC is expected to be in the region of £30-£40 million but this is subject to revision when the indicative budgets are published by the Department of Health. A large proportion of this is tied into block contracts for screening and other preventative measures commissioned from the acute hospital trusts leaving c. £17.2 million that has been identified as commissioning services for healthy lifestyles.

The majority of this budget (c £15 million) is within contracts with the Community Health Trust for services such as smoking cessation, sexual health and healthy weight. Most of these contracts are renewed annually and would require a 6 month notice of variation. Contract performance review and monitoring is currently the responsibility of a group established by the PCT Cluster following the establishment of the Community Health Trust.

c £1 million is currently placed with district councils, mainly in the West of Kent for healthy lifestyle interventions. District Councils are concerned about whether this funding will be maintained and what arrangements for commissioning services will be in the future.

The formal accountability for commissioning public health services still rests with the PCT Cluster Board but the responsibility for commissioning has been delegated to KCC under a Memorandum of Understanding. Current arrangements are that commissioning decisions are taken at the Public Health Directorate Management Team in consultation with the Cabinet Member. Performance management of commissioned services within the Community Health Trust is carried out jointly with the PCT Cluster.

The necessary arrangements for effective joint working with District Councils and others at a local level are still subject to discussion but will need to be incorporated into the new structures.

It is intended that the Health Improvement Commissioning Board/Committee would replace the commissioning functions of the Public Health Directorate Management Team and other groups such as the West Kent Health Policy Board.

Functions of a Health Improvement Commissioning Board

A Health Improvement Commissioning Board should:

- Provide robust and comprehensive commissioning, and de-commissioning, arrangements to meet the needs identified through the JSNA and aligned with the Health and Wellbeing strategy
- Ensure the outcome frameworks for public health, NHS and social care are embedded in commissioning for health improvement
- Support integrated commissioning of services across health and social care and link with other community services
- Complement the other commissioning groups in new integrated structure
- Ensure effective relationships with the Health and Wellbeing Board, Kent Forum, CCGs, Districts and KCC.
- Review and evaluate the performance of commissioned services
- Deliver measurable improvements to health and wellbeing and reduce health inequalities in Kent

Membership

The proposed membership of the Health Improvement Commissioning Board would include: the Director of Public Health; Director of Health Improvement; KCC directors; Senior district officers, PCT Cluster and CCG representatives and Members as appropriate. It would be helpful if some membership was shared with the Integrated Commissioning Executive.

Linkages and Reporting

The relationship between the Board and the Districts will be particularly important in order to deliver health improvements and Locality Boards, where they exist, potentially offer the best mechanism to achieve this. The detail of this will need to be resolved as Locality Boards mature. In other areas existing bodies that consider local public health matters, such as local Health and Wellbeing Groups, could be appropriate. An important issue that remains outstanding is how the links with Districts and CCG's will operate at a local level. Both will have a crucial role to play in delivery of public health but more consideration of how the linkages will be made is still required.

Regular reports from the Health Improvement Commissioning Board would be provided to the H&WB Board, Strategic Oversight Board, KCC, CCG's, Integrated Commissioning Executive, and for the Kent Forum. Reports should also be available to Locality Boards and other local bodies as appropriate.

Conclusion and recommendations

The Health and Wellbeing Board is asked to consider what advice, analysis and support it requires to discharge its responsibilities concerning the commissioning of health, social care and public health services and whether the outline proposals contained in this report form a basis for further development.

The Board may also want to consider the administrative support that will be necessary which could include a Steering Group to assist the work of the Commissioning Boards which would replace the existing Strategic Oversight Board.