

Report to:	Adult Social Care and Community Safety Scrutiny Committee
Date:	10 November 2011
By:	Director of Adult Social Care
Title of report:	Integrated Joint Commissioning in East Sussex
Purpose of report:	To consider progress on establishing new arrangements for integrated joint commissioning for key client groups in East Sussex

RECOMMENDATIONS

The Committee is recommended to:

- 1. Consider progress on establishing integrated commissioning arrangements for key client groups in East Sussex; and**
 - 2. Receive an update on progress and any further developments in March 2012**
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1. Financial Appraisal

1.1 There are no financial implications associated with this report.

2. Background Information

2.1 East Sussex PCTs, ESCC Adult Social Care and Children's Services have worked together for several years on developing and implementing Joint Commissioning Strategies within a "strategic commissioning framework", accountable to PCT Boards and Cabinet, where it has been clear that a joined up strategic approach across health and social care improves outcomes.

2.2 A number of strategic commissioning posts, some of which are jointly funded, have supported this "strategic commissioning framework" and, working with counterparts across both health and social care, examples of joint commissioning activity include:

- Developing the second Joint Commissioning Strategy for Mental Health Services;
- Implementing the re-design of dementia care;
- Re-commissioning the Integrated Community Equipment Service;
- Improving access to a range of support including specialist and generic health care support for people with learning disabilities;
- Redesigning the pathway across health and social care for people with long term conditions;
- Ensuring End of Life Care includes appropriate social care support to extend choice and support people's preferences to have a good death; and
- Rationalising investment of third sector commissioned services through a joint commissioning prospectus approach.

2.2 To maximise the benefits of an integrated approach ESCC and the PCTs agreed an Integrated Plan for Health, Social Care and Wellbeing in East Sussex in April 2010, with a commitment to further integration of commissioning functions and resources for adult services, in parallel to the integration of Children's Services commissioning.

2.3 Action to date has delivered significant benefits including reduced duplication and aligned investment and service development to make best use of public resources across health and social care, with increasingly integrated care pathways; rooting joint commissioning strategy in the needs of the community and a joint approach to engagement of service users and citizens.

2.4 The Integrated Plan was written and agreed before the Government's health reforms and 2010 Spending Review which presented further incentive to ensure commissioning is aligned at a strategic, East Sussex population level, to get the best results for local people across the whole system and to deliver efficiencies from our respective, diminishing resources.

3. The Challenge

3.1 The scale and pace of the health and social care reform is demanding. The creation of Clinical Commissioning Groups, abolition of PCTs and Strategic Health Authorities in 2013, development of Health and Wellbeing Boards and the integration of Public Health into local

government adds weight to the need to join up efforts at strategic, executive and operational levels to enable stakeholders to manage this period of change and maintain service continuity. However, East Sussex is well positioned to meet these challenges given the long standing and effective joint and integrated commissioning arrangements already in place.

4. Developments to Date

4.1 A number of developments have taken place to further enhance integrated commissioning arrangements that build on, join up and support existing and emerging structures such as Joint Partnership Boards and Clinical Commissioning Groups.

4.2 NHS Sussex, the Sussex wide PCT Cluster, was formed in June this year to sustain PCT capacity until the PCTs are abolished in 2013.

4.3 In addition, to ensure that we do not lose the benefits of joint strategic commissioning as outlined above, line management of strategic commissioning posts for Long Term Conditions, Mental Health, Substance Misuse, Whole Systems and Children's Health Services has been transferred from the PCTs to Adult Social Care and Children's Services and staff relocated to County Hall.

4.4 Two Clinical Commissioning Groups have been established (Hastings and Rother, Eastbourne and surrounds). Two more CCGs covering Lewes and the Havens, and High Weald are in the process of establishing themselves and this will be completed around the New Year – well before the April 2012 deadline. Pathfinder status has been given by the Department of Health to the established Groups who have now had elections and have 'lead' GPs in place. NHS Sussex is currently supporting CCGs towards gaining authorisation, a pre-requisite to gaining control of their commissioning budgets.

4.5 A shadow Health and Wellbeing Board has been established and will identify priorities for East Sussex, based on the JSNA, and set these out in a Joint Health and Wellbeing Strategy. A Joint Commissioning Board is being set up to translate these priorities, as appropriate, into joint commissioning priorities across the NHS and ESCC for services where pooled budgets and/or other joint commissioning arrangements are in place.

4.6 It is proposed that the Joint Commissioning Board will also develop and plan for effective joint commissioning arrangements across the NHS in East Sussex and ESCC following the planned transfer of commissioning responsibilities to Clinical Commissioning Groups in April 2013.

4.7 The Joint Commissioning Board's Terms of Reference are to be considered at its first meeting on 2 November 2011, however its members will include the Director of Adult Social Care, ESCC; Assistant Director Adult Social Care (Strategy & Commissioning); Director of Children's Services, ESCC; Director of Public Health; Executive and Non Executive Directors, NHS Sussex; Chief Operating Officer/s of Clinical Commissioning Group/s; and GP leads. NHS Sussex will Chair and provide the secretariat for the Board in the first year of operation.

4.8 Key adult services likely to fall within the remit of the Joint Commissioning Board include mental health, re-ablement, community equipment, dementia, stroke, physical and sensory impairment and learning disabilities.

5. Conclusion and Reasons for Recommendation

5.1 ESCC is managing the transition demanded by NHS reforms effectively and efficiently. Alongside NHS colleagues, it has both experience of and a track record in integrating health and social care commissioning and an established and successful strategic commissioning framework on which to build.

5.2 Establishing new arrangements is advancing well, but requires an incremental and developmental approach that aligns with the timetable for implementing the NHS reforms in East Sussex and nationally - such as the establishment of Clinical Commissioning Groups and the NHS Commissioning Board.

Keith Hinkley, Director of Adult Social Care

Contact Officer: Lisa Schrevel Tel No. 01273 481177