

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date: 14 June 2012

By: Director of Adult Social Care

Title of report: Integrated Joint Commissioning in East Sussex

Purpose of report: To receive an update on new arrangements for integrated joint commissioning for key client groups in East Sussex

RECOMMENDATIONS

1. To consider and comment on progress of the new integrated commissioning arrangements for key client groups in East Sussex; and
 2. To receive an update on progress and any new developments in December 2012
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1. Financial Appraisal

- 1.1 There are no financial implications associated with this report.

2. Background Information

2.1 In November 2011 the Committee received a report setting out progress on establishing new arrangements for integrated joint commissioning for key client groups in East Sussex including:

- a. the formation of NHS Sussex, the Sussex wide Primary Care Trust (PCT) Cluster;
- b. establishment of two Clinical Commissioning Groups (CCG) (Hastings and Rother, Eastbourne and surrounds), with two more CCGs covering Lewes and the Havens, and High Weald being in the process of establishing themselves;
- c. establishment of a shadow Health and Wellbeing Board for East Sussex; and
- d. establishment of a Joint Commissioning Board;
- e. transfer of line management and relocation of some strategic commissioning staff from the PCTs to ESCC.

3. Developments to Date

- 3.1 Since November a number of developments have occurred:
 - a. A CCG covering High Weald, Lewes and Havens has now been established. This complements Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG so that East Sussex CCGs in totality are co-terminous with East Sussex County Council boundaries. All three East Sussex CCGs will be amongst the 212 CCGs nationally that will go forward through the "authorisation process", which will be in four "waves" starting in July and progressing through the autumn. Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG will go in Wave 3 (September – October 2012) and High Weald, Lewes and Havens in Wave 4, in November 2012.
 - b. The shadow Health and Wellbeing Board meets regularly and has agreed a forward plan of activity. Alongside an ongoing programme of Board development, its focus over the next 6 months will be on developing engagement arrangements and the East Sussex Health and Wellbeing Strategy.
 - c. A time limited Public Health System Partnership has been established sitting under the Health and Wellbeing Board with the key objective of developing an effective public health delivery system for East Sussex engaging wider partners.
 - d. The Joint Commissioning Board meets regularly. A key task has been to align business planning cycles and commissioning intentions for 2012/13, including their relationship to NHS QIPP (Quality, Innovation, Productivity and Prevention) savings plans, across children's and adults services. The Board has also signed off the joint Learning

Disability Commissioning Strategy, the draft Dementia Delivery Plan (2012-15), the Drug and Alcohol Action Team Plan for 2012/13, as well as receiving reports on Continuing Healthcare, the Integrated Community Equipment Service, Intermediate Care and Reablement Funding. With representation from all of the East Sussex CCGs, NHS Sussex, Public Health, children's and adults services it is fast becoming a very effective forum for developing and driving delivery of joint commissioning objectives across health and social care. The Terms of Reference are attached at Appendix 1.

- e. Early discussions with NHS Sussex Commissioning Support Unit regarding how we might develop a "joint" commissioning support offer for East Sussex CCGs were overtaken by a national authorisation process which was quite prescriptive in terms of the requirements of future Commissioning Support Services, which in due course led to a joint bid across NHS Surrey and NHS Sussex being submitted. Twenty-three out of twenty-six commissioning support service plans were approved by the NHS Commissioning Board in May, amongst them Surrey and Sussex, although the Surrey and Sussex proposal was one of nine which was considered to have passed one or two of three required domains "marginally" and thus will be subject to a strict development plan under the Commissioning Board's business development unit. It is essential that we maintain close links with the emerging service in order to ensure it best supports CCG and joint commissioning at local level.
- f. Effective management of the joint commissioning posts within adults and children's services continues successfully with all indications being that CCGs are likely to wish to continue with these arrangements in order to make best use of our collective commissioning resource going forward.
- g. The Integration with the NHS Project Group is overseeing ongoing transitional arrangements regarding transfer of staff from the NHS to ESCC, and potential change of status for those already co-located to ESCC but not employed by the authority, subject to NHS HR transition guidance yet to be released.

4. Conclusion and Reasons for Recommendation

4.1 ESCC continues to manage the transition demanded by NHS reforms effectively and efficiently, and continues to build on the established and successful strategic commissioning framework that exists within the county.

4.2 The new arrangements are advancing well. However, they are still bedding in and further development work is required to ensure all aspects of integrated commissioning are fully functioning by the time the PCTs are abolished in March 2013 and East Sussex CCGs and the County Council take on their new statutory responsibilities.

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**Terms of reference
Joint Commissioning Board: East Sussex
Draft (V4)**

Context

The East Sussex Health and Wellbeing Board, once established, will assess the health, social care and wellbeing needs of the population of East Sussex, based on the JSNA, and agree and produce a Health and Wellbeing Strategy to address needs. It is the responsibility of the Health and Wellbeing Board to promote joint commissioning and that the work undertaken at the Joint Commissioning Board is in line with the Health and Wellbeing Strategy.

The Joint Commissioning Board will translate these needs as appropriate into joint commissioning priorities, reviewing for the NHS and ESCC, to propose annual joint commissioning strategies, while ensuring they are in line with the Health and Wellbeing Strategy. The JCB will approve and monitor the deployment of budgets (where budgets are pooled) and resources outlined in those strategies, ensuring the best use of available resources.

The Joint Commissioning Board would have a remit covering health, social care and wellbeing activity in East Sussex for specific services that are jointly commissioned between ESCC and the PCTs (with their CCGs).

Until April 2013, the 2 PCTs in East Sussex remain the accountable organisations for the commissioning of NHS services. At that time Clinical Commissioning Groups will be authorised to take on this role; if CCGs are not able to achieve this, the NHS Commissioning Board will take on this role for a period of time.

Purpose

The purpose of the Joint Commissioning Board is twofold:

- (i) To oversee all joint commissioning activity across the NHS and ESCC for services where pooled budgets and/or other joint commissioning arrangements are in place, providing overall strategic direction and ensuring that mechanisms established to undertake detailed joint planning and commissioning in specific areas are operating effectively. The Joint Commissioning Board will be a sub committee of both the East Sussex integrated Governance Committee and ESCC Chief Officers Group.
- (ii) To 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. In exercising this function the JCB will need to take account of the changing legal landscape and national policy.

Membership

The membership of JCB will be as follows:-

- Director of Children's Services, ESCC (or their nominated representative)
- Director of Adult Social Care, ESCC
- Assistant Director Adult Social Care (Strategy & Commissioning)
- Executive director(s), NHS Sussex
- Director of Public Health (or nominated representative)
- Non executive director(s), NHS Sussex
- Chief operating officers of Clinical Commissioning Groups, East Sussex
- Clinical Commissioning Group Chairs (or nominated representative)
- Deputy Director of Finance

Attendance from Joint Commissioners and other officers as required.

Note: The configuration of the Clinical Commissioning Groups (CCGs) may change over time and membership of the JCB will need to reflect this and be amended, through mutual agreement.

Quoracy

Decisions can only be made at the JCB if the following members are present:

- two or more CCG clinical representatives
- one NHS Director / Manager
- one ESCC Director / Manager

Functions

The JCB will be responsible for:

- Agreeing proposals to the PCTs and ESCC for joint commissioning strategies, ensuring that they are consistent with the Health and Wellbeing Strategy
- Agreeing proposals for and monitoring an Annual Commissioning Plan (including the PCT's Annual operating plan and QIPP), including the budget, and proposing financial contributions from both the NHS and ESCC. The Board will propose any in year amendments to the Plan required.
- Agreeing all plans are in place to deliver the Annual Commissioning Plan commitments across areas of joint commissioning responsibility for pooled or non-pooled budgetary provision.
- Receiving and considering reports from the management group and/or Partnership boards on service development, budget monitoring, audit and inspection reports in relation to those services which are the subject of formal partnership arrangements.
- Confirming the allocation of the budget approved by the partner organisations including any additional non-recurring contributions
- Reviewing and proposing annually a risk assessment and risk sharing protocol when required and agreeing actions arising from the review.
- Agreeing proposals for procurement exercises when required, which shall be undertaken in accordance with the PCT and Council's Standing Orders on Procurement and Contracts, and variations to contracts entered into by either Party for the delivery of Services.
- Ensuring the appropriate contract terms are used in relation to specific services.

Urgent decisions

In circumstances of urgency in which it is not reasonably practicable to consult all members of the JCB, the chair and vice chair are empowered to make decisions on behalf of the JCB.

That person shall take reasonable steps to consult as many members of the JCB as possible before making an urgent decision, and after making such an urgent decision, shall notify all members of the JCB that an urgent decision has been made, and the circumstances leading to that decision, as soon as reasonably practicable.

Joint Commissioning Board support

The JCB will be supported by The 2 PCTs in East Sussex, and ESCC officers as appropriate, in particular those supporting specific partnership/commissioning groups. The Secretariat function to the JCB will be provided via the offices of the current chair.

Joint Commissioning Board meetings

- The JCB will meet bi-monthly.
- The dates will be aligned with the Health and Wellbeing Board and the East Sussex Integrated Governance Committee so that relevant reports from the JCB are timely.
- The chair and vice chair of the JCB will rotate on a 12 monthly basis between director leads in ESCC and the 2 PCTs in East Sussex /CCGs. The lead executive director from the 2 PCTs in East Sussex will be the chair for the first 12 months, supported by an ESCC executive director as vice chair, with these roles being exchanged from November 2012.
- The agenda and all reports will be published a minimum of five working days before the meeting
- A Board decision will be by mutual agreement.
- The unconfirmed minutes of the meeting to be published within five working days of the meeting.
- Joint Commissioning arrangements will be reported through the East Sussex Integrated Governance Committee which is a sub-committee of the Quality and Delivery Board of the NHS Sussex Board.

Date Agreed: May 2012

Latest Date to be Reviewed: November 2012

Schedule A: Draft list of services and budgets overseen by the joint commissioning arrangements in 2011/12

| Budget area | ESCC | H&R PCT | ESDW PCT | Total |
|---|-------------------|-------------------------|-------------------|--------------------|
| Children's services: | | | | |
| Children | £11,739,708 | Included in ESDW PCT | £15,353,289 | £27,092,997 |
| Children's Commissioning Included within contract: | | | | £1,768,700 |
| Community Paediatrics | | | | £247,854 |
| Youth Offending | | £44,706 | £59,094 | £103,800 |
| Delmelza Children's Hospice | | £25,000 | | £25,000 |
| Well Child | | | £100,000 | £100,000 |
| Safeguarding | | £17,500 | £17,500 | £35,000 |
| Health Improvement (PH) | | | £297,273 | £297,273 |
| Children's Continuing Health Care | | £797,500 | £2,914,600 | £3,712,100 |
| Adult's services: | | | | |
| Integrated Community Equipment Services | £1,796,949 | £668,465 | £1,128,483 | £3,593,897 |
| Adult Mental Health Crisis Response & Home Treatment | £201,000 | | | £201,000 |
| Adult Mental Health Community Forensic | £134,000 | | | £134,000 |
| HMP Lewes | | | £3,851,500 | £3,851,500 |
| Residential Rehabilitation for Adult Drug Users | | £155,000 | | £155,000 |
| Continuing Health Care | | £10,648,700 | £17,791,700 | £28,440,400 |
| Free Nursing Care | | £ 4,192,900 | £ 7, 893,800 | £12,086,700 |
| 2011/12 Reablement Funding | £519,000 | | £572,000 | £1,091,000 |
| Carers Breaks Dementia Team Project | | £95,000 | £55,000 | £150,000 |
| Stroke Association | £116,000 | £43,000 | | £159,000 |
| Living at Home Programme | £329,000 | £67,000 | | £396,000 |
| Living at Home Service – Physiotherapy | £56,000 | | | £56,000 |
| Firwood House | £1,090,000 | | £570,000 | £1,660,000 |
| Older People's Forum | £10,000 | £10,000 | | £20,000 |
| Disabled Persons Participation Group | £2,000 | £2,000 | | £4,000 |
| Health Transfer to Social Care | | £4,485,000 | £2,415,000 | £6,900,000 |

