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North Tyneside Strategic Partnership

BRIEFING

To: Health and Wellbeing Partnership Board

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Title of Report: North Tyneside Health and Social Care Commissioning Arrangements

1. Introduction

The purpose of this report is to take stock of the existing adult health and social care commissioning arrangements in North Tyneside and to review these in light of the proposals set out in the Government's White Paper on health care reform, Equity and Excellence: Liberating the NHS (July 2009).

This report has been updated following an initial workshop with key stakeholders in North Tyneside on 1 December 2010. The workshop reviewed existing commissioning arrangements in the borough and explored future opportunities presented by The White Paper. Feedback from the workshop is built into section 5 of this report.

2. Policy Context

The coalition Government believes that involving local Councils in the delivery of wider health and wellbeing services will increase democratic accountability and provide the perspective of local place. The Paper proposes that this enhancement of the local Council role will encompass the following areas:

- Taking the lead on Joint Strategic Needs Assessments (JSNAs).
- Supporting the engagement of communities and the development of patient choice.
- Ensuring a more joined-up approach towards commissioning of local NHS services, social care and health improvement.
- Undertaking joint commissioning with GP consortia.
- Leading the health improvement and prevention agenda at a local level.

2.1. GP Led Commissioning

The White Paper "Liberating the NHS" envisages that most NHS Services will be commissioned by GPs working in consortia. Services will be provided by a wider range of foundation NHS Trusts and other independent providers. There will, therefore, be a substantial change in NHS responsibilities, financial flows and accountabilities to transfer power, funds and accountability from PCTs and SHAs to GP Consortia and Health and Well Being Boards. This change will need to be delivered at the same time as a significant slow down in growth of NHS funds alongside anticipated reductions in local government budgets of between 25 and 40%.

2.2. Patient and Public Engagement

Existing Local Involvement Networks (LINks) will become local HealthWatch, retaining LINks' existing powers and obligations. They will continue to have rights to visit to local providers, but will also be able to report any concerns regarding the quality of the provision of local NHS or social care services to the national body,

Local HealthWatch are envisioned as being not only "consumer champions"[1] but also acting effectively as a citizen's advice bureau" for health and social care. However the Government proposes awarding additional functions and funding. Local Council's will:

- Commission NHS complaints advocacy services through either local or national HealthWatch

- Help members of their local community to exercise choice, with the example of GP practices specifically cited in the White Paper.

- Continue to both fund and contract local patient engagement services, while also holding local HealthWatch to account for delivering effective and efficient services.

GP consortia will also have a duty to engage the public in the planning of and any proposed changes to services.

2.3. Health and Wellbeing Boards

The Government expresses its concern about the limited take-up of joint commissioning to date, arguing that its "full potential…remains untapped.1"

Therefore it advocates a statutory role for each upper tier local authority to support joint working in health and wellbeing. The preferred vehicle is a health and well-being board situated within the local Council, with assurances made that "requirements…would be minimal." The Boards are intended to replace existing arrangements for local partnership where they exist and also work with the local strategic partnership.

Furthermore the statutory functions of Overview and Scrutiny Committees would pass into the hands of the Board.

[1] Equity and Excellence: Liberating the NHS (July 2009)

It is proposed that the Boards would have the following functions:

- Examine local health needs and lead the JSNA.

- Promote integration and partnership working.

- Support joint commissioning and pooled budgeting, in circumstances where all involved believe this to be a sensible approach.

- Scrutinise significant service redesign proposals.

Both the local Council and commissioners (GP consortia and the NHS Commissioning Board) will have a statutory obligation to act as board members and collaborate on the delivery of these functions. The objective is that the former can yield influence over commissioning and the latter can wield influence over the health improvement agenda. Other board members would include social care and local HealthWatch (once established) with Elected Members determining who is appointed as the chair.

Councils will be able to invite provider organisations into relevant Board discussions, although the Government emphasises the need for engagement "in an equal and transparent manner.[1]"

The boards can also agree NHS and social care commissioning or plan the allocation of place-based budgets (an evaluation of which will be undertaken in collaboration with the LGA).

2.4. Health improvement

Local Councils will assume responsibility and acquire the funding for health improvement when PCTs are abolished. Disease prevention services such as smoking cessation are intended to come under the umbrella of health improvement funding.

There is also confirmation that the new National Public Health Service (PHS) "will integrate and streamline health improvement and protection bodies and functions.[1]"

The PHS will manage public health emergencies and work with local authorities on national campaigns. Local Councils and the PHS will appoint local directors of public health jointly, with accountability to both their councils and the Secretary of State.

2.5. Maintaining Independent Living

Although an interchangeable term, prevention is often used to describe the provision of accessible public services for vulnerable adults to reduce, delay or prevent them from becoming socially excluded and needing more intensive, costly support from social and health care agencies.

A holistic concept of prevention carries within it both the idea of social inclusion and social engagement:

- Services that prevent/delay the need for more costly intensive services.
- Services that promote the quality of life of people and their engagement in their community.
- The building of a stronger community infrastructure in neighbourhoods/localities.

Making a strategic shift towards prevention and early intervention is one of the central objectives of Putting People First (PPF) and the Social Care Reform Grant (SCRG) provides resources to facilitate this kind of transformation. The transformation of social care, as identified in PPF, sets out a clear direction to ensure a strategic shift towards early intervention and prevention by public services.

As part of the PPF milestones, Adult Social Care must:

- Publish a Prevention Strategy by March 2011.
- Be able to evidence cashable efficiencies that have been reinvested into prevention services.

Likewise NHS services need to shift resources from the acute sector to community support, through the development of community based preventative services. The imperative for NHS and Council services is to work together to achieve better health and wellbeing outcomes for their local population.

2.6. Putting People First (PPF)

The Department for Health is currently working with ADASS, LGA, and the Local Government Improvement and Development Agency (formerly IDeA) on a new partnership agreement with the sector to replace the 'Putting People First' concordat, published in 2007. The new partnership agreement will be published later this year. However the key principles are unlikely to change and the coalition agreement makes clear that the Government "will extend the greater roll out of Personal Budgets to give people and their carers more control and purchasing power".

3. Existing Arrangements in North Tyneside

3.1. Health and Social Care Commissioning Arrangements

3.1.1 In March 2009 a new structure (shown in Appendix 1) to take forward North Tyneside joint commissioning and the JSNA was established between the NHS and the Council. Operating around the four main client categories for social care departments[2], the structure has provided a useful platform for producing joint commissioning strategies and engaging key representatives from user and carer groups as well as the wider third sector.

However the structure has been limited in its ability to influence and direct key decision makers and truly governs the way budgets are used. This, in part, is due to the insufficient link up with strategic boards and platforms such as the North Tyneside Joint Board or engagement with other relevant organisations such as GPs and Northumbria Healthcare Foundation Trust.

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[2] Older People, Mental health, Learning Disability, Physical Disability

3.1.2 As part of the Local Government Finance Settlement, the Minister of State for Local Government announced changes to the Supporting People programme grant in 2009. From 2010/11 this has been paid as part of the Area Based Grant. The removal of the ring fence provides Councils with the opportunity to come up with flexible and innovative ways to support vulnerable people in a range of different situations. Within North Tyneside we continue to operate a separate Commissioning Body and governance structure for SP services. Future integration of SP funding and services into the wider wellbeing and prevention work streams will be essential.

3.1.3 In addition there needs to be better integration with strategic housing and health and social care commissioning. Although strategic housing needs analysis now forms part of the 2010 refresh of the JSNA, the older people's strategic housing group was disbanded in 2009 and there is a general lack of synergy across these areas.

3.2. Shared Priorities and Other Strategies

In May 2010 the North Tyneside Joint Board agreed a single set of health improvement priorities[3]. The priorities were closely aligned to those in the four joint commissioning strategies produced by Council and PCO commissioners; however some gaps around the wider wellbeing, prevention and drug and alcohol agendas can noted.

In addition we have a separate SP commissioning strategy and a Health and Wellbeing Schedule which is an innovative, agreement between the PCO and Council, to deliver on the wider health improvement agenda.

3.3. JSNA

In April 2008 North Tyneside Primary Care Trust (PCT) and North Tyneside Council began a statutory duty to work together and with other partners to develop a Joint Strategic Needs Assessment for the local area.

The JSNA aims to collate and refine available information to give an oversight of the overall needs of the population. The JSNA pulls together a wide range of information about the current and future health and well-being needs of the local population. This is largely taken from national and local sources and is used to take a longer-term view of the likely need and demand for services in the future. It provides an opportunity to look forward so that we can plan now to ensure that we are able to meet the needs of our local communities in the future.

The JSNA should be one of the major influences in directing our commissioning priorities and planning service developments.

- [3] Delivering improved services for people who have suffered from a stroke and working to prevent strokes in those at risk.
- Minimising hips, trips and falls.
- Accelerating re-ablement.
- Improving the health of people with a learning disability.
- Delivering improved services for people with dementia.
- Reducing the harm caused by alcohol and smoking.

In North Tyneside, as part of the refresh for 2010, the JSNA has been reformatted into key topics and themes. Thirty five topics have been identified and mapped to five key themes:

- Adults,
- Children
- Mental Health and Wellbeing
- Health Lifestyles
- Health Inequalities

The full JSNA can be viewed at http://www.northtynesidejsna.org.uk/

Work to produce and update the North Tyneside JSNA is currently led by a local project board made up of representative leads for each of the JSNA key topics.

The recent refresh of the JSNA has identified a way of addressing key topics and themes. Although the JSNA project board is embedded in the partnership structure, the delivery of the commissioning priorities is not embedded within the partnership. This requires further work to raise awareness about the utility of and the responsibility for delivering the JSNA.

3.4. QIPP

The quality, innovation, productivity and prevention (QIPP) challenge was launched in March 2010 and aims to prepare the NHS and other key partners, to deliver high quality care in the current tight economic climate.

The Strategic Health Authority, NHS North East, has sought to ensure a consistent approach to QIPP across the North East with an agreed common set of QIPP projects. Nine local QIPP Programme Boards (with representation from all providers and local authorities) are being established:

- Urgent care Systems
- Long Term Conditions
- Planned Care Services
- Reform of Primary and Community Care Services
- Reform of End of Life Care
- Continuing Healthcare and Funded Nursing Care
- Medicines Management in Primary Care
- Improvements in Mental Health and Learning Disability Services
- Improvements in Prevention Services

Since the initial agreement on the structure of the Programme, a decision has been made locally to merge the existing North of Tyne QIPP Urgent Care Programme Board with the QIPP Long Term Conditions Programme Board. As part of this proposed change, a number of sub-groups have also been created to deliver specific work.

In addition it has also been suggested that QIPP delivery should be locality based and not delivered across North of Tyne.

3.5. The 2010 Comprehensive Spending Review (CSR) Settlement

The settlement represents an excellent opportunity to further the work to integrate health and social care commissioning and delivery at a local level. "We will expect local authorities and the NHS to work together to agree how this funding should be best used[4]…"

The settlement also announced two new grants that will be issued from the Department over the SR period:

- Learning Disabilities and Health Reform grant
- The Public Health grant

Both grants reflect increasing transfer of responsibilities for these two areas to local Councils but again evidence the need for greater joint working in local commissioning decisions.

4. New Structures?

North Tyneside already has existing arrangements for the commissioning of health, wellbeing and social care services but a new, invigorated approach is needed to take forward the significant proposals in the White Paper and ensure local arrangements continue to deliver cost effective services and the right outcomes.

A workshop held with key stakeholders and partners in December this year, looked at the existing commissioning arrangements and reviewed these in light of:

- The alignment of the local QIPP programme.

- Support for the implementation of GP led commissioning.

- How North Tyneside's JSNA (Joint Strageic Needs Assessment) can align with and drive forward adult health, wellbeing and social care commissioning.

- Integration of adult health and social care commissioning with a shadow "Health and Wellbeing Board.

- Strengthening of wellbeing and prevention commissioning arrangements.

Models 1 and 2 (shown in appendix 1 and 2) were used at the workshop to facilitate discussion. They build upon existing arrangements whilst embracing the opportunities from new and emerging policy.

4.1 Model 1

This model is based on the existing joint commissioning structure but has sought to strengthen and include work streams with:

[4] Gateway 14970 Department of Health

- Primary and secondary care services
- Prevention
- Reablement
- Health and wellbeing
- Health promotion
- Housing and housing related support

If adopted, this model will require clear link up with North of Tyne QIPP arrangements.

Priorities for each of the workstreams are:

Health Improvement and Prevention
- Implementation and management of the Older People's Strategy
- Public health priorities from the JSNA
- Falls prevention including oversight of the Integrated Fall's Pilot
- Assistive technologies

Living well at Home
- Supporting People
- Ongoing modernisation and management of reablement and Intermediate Care
- Avoiding / reducing hospital admission
- Management of the Adaptation services
- End of life care

Long Term Conditions
- Dementia
- Stroke
- COPD
- Neurological
- CHC and free funded nursing care

Learning Disability
- Managing growth and demand from transitions
- Reducing current health and social care budgets and high cost care packages
- Health improvement
- Helping people back to work
- ASDs
- Review of the Integrated Community Learning Disability Team

Mental Health
- Modernisation of employment and day services
- Reorganisation / service changes from NTW
- Modernisation of accommodation based services

4.2 Model 2

This model is based on the existing structure of the North of Tyne QIPP programme and includes recent changes to integrate the LTCs and Urgent Care workstreams.

Priorities for each of the workstreams are as defined in the North of Tyne QIPP programme.

If adopted, this model will require additional workstreams outside of the QIPP to be established to take forward issues such as:

- Housing related support
- Public health
- Health promotion and prevention
- Older people's strategy

4.3 Standard Approach

Both models show the establishment of a Health and Wellbeing Board as the executive commissioning decision maker.

Both structures would utilise the North of Tyne QIPP Board and associated projects and sub groups, as part of the delivery or provider arm for commissioning intentions.

Group / Board	Functions
JSNA Management Group	• Coordinating JSNA updates • Ongoing maintenance of JSNA website • Producing an annual statement of priorities to be signed off by the Health and Wellbeing Board
Health and Wellbeing Board	• Executive strategic lead for health, social care and wellbeing commissioning • Examine local health needs and manage progress of the JSNA Management Group • Promote integration and partnership working • Support joint commissioning and pooled budgeting • Scrutinise significant service redesign proposals • Agree and monitor joint commissioning strategies
Commissioning Boards	• Annual refresh of joint commissioning strategies • Creating and monitoring of commissioning work plans • Managing procurement activity • Annual refresh of JSNA data and needs analysis • Communicating and resolving contract performance issues • Monitoring spend, activity and performance • Feedback to the Health and Wellbeing Board
Partnership Boards	• Bring together key partners across the health and social care system • Influence and inform commissioning activity • To reflect the views of the organisation/sector/user group that they

	represent • Initial engagement platform • JSNA engagement
Forums	• Individual forums for users, carers and providers. These may be linked to the Partnership Board themes or could be more sectors based such as residential care. • Formal route for engagement and involvement.

5. Feedback from the Workshop

5.1 Current and Model Structures

- Both current and proposed model structures were considered to have too many workstreams and groups that would create a lot of duplication and involve the same people attending multiple meetings. Moving forward with even fewer resources means this approach is simply not sustainable.

- We need to remember that any structure is not the answer, merely the delivery mechanism. Joint work and agreeing priorities will make the real difference.

- The existing structure has many elements that work effectively and we should not be too quick to discount all of it. The main problems appear to stem from duplication and lack of reporting and accountability.

- We should look at the key issues which affect us all, rather than fit the issues into a structure.

- There needs to be an alignment of decision making boards and a smaller number of groups.

- Future groups should not be fixed but should be flexible to change to new / emerging priorities.

- The North of Tyne Strategic Plan uses three key areas and could be a model to build upon:

    - Improve prevention and wellbeing in order to minimise the reliance on healthcare;
    - Improve health outcomes through early detection and intervention;
    - Improve the delivery of high quality care in the most appropriate setting and reduce reliance on hospital care.

- We should continue to utilise the expertise of the Partnership Boards to engage with the wider health and social care community.

- Commissioning boards should have more focused work programmes.

5.2 Priorities and Other Key Issues

- Agreement of shared priorities was seen as the most important step. An obvious example is non elective admissions, where we are the highest in the region.

- The existing list of priorities in all of the joint commissioning strategies is too long. Agreed priorities need to be shortened and then agreement reached on which ones to take forward first.

- A co-ordinated approach is needed to understand and agree approaches to prevention. A clear understanding of what we mean by prevention should be developed and agreed with all stakeholders.

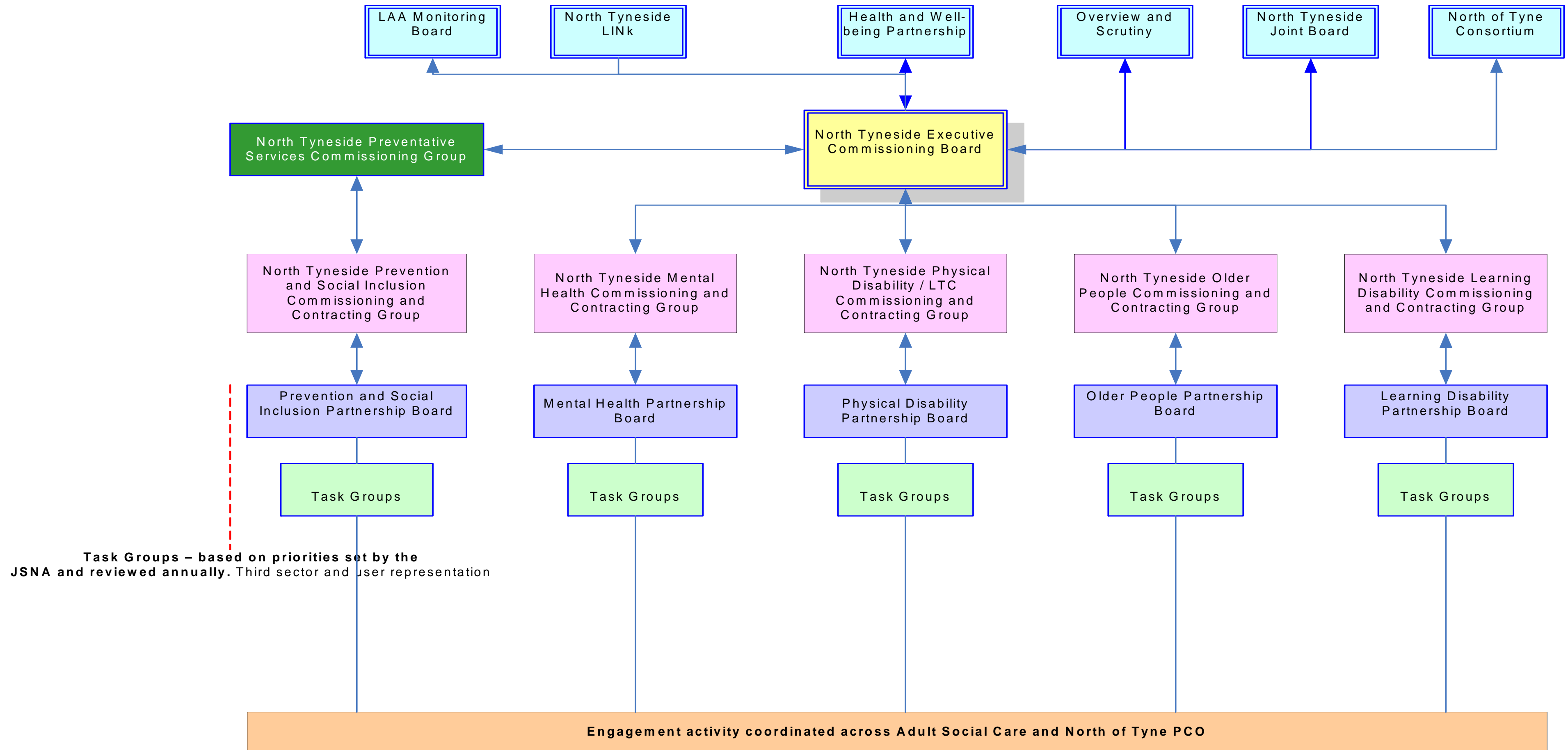
- All organisations still hold disparate information about activity and future demands; we need to bring all intelligence together to obtain a comprehensive picture.

- We need to continue to engage with GPs over the coming months about the work, progress and priorities for the Council and PCO.

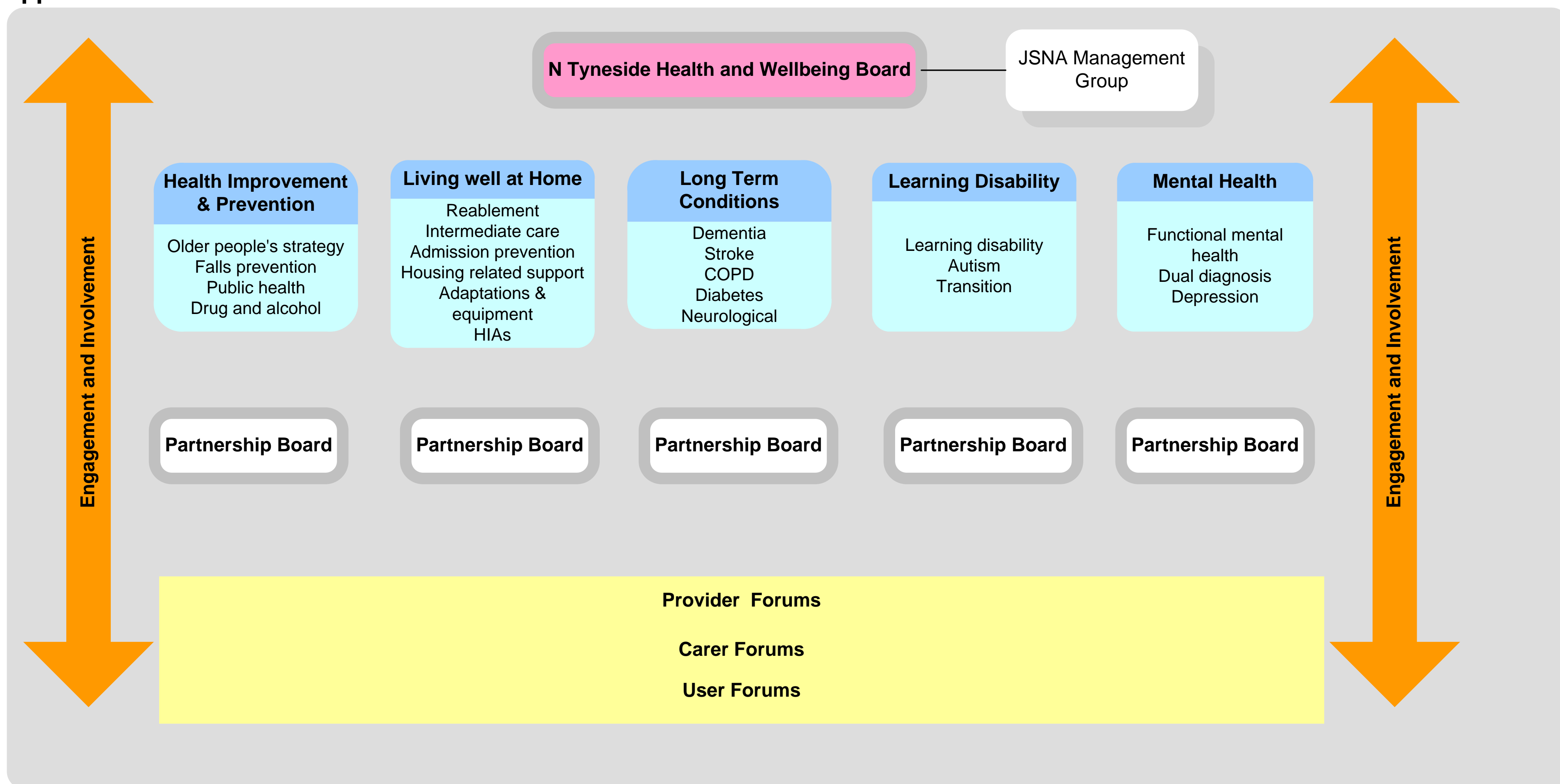
- We need to embed the JSNA work in any new structures and ensure the priorities identified in the Assessment, truly drive what we do.

- A more joined up approach is needed for all care pathways.

Appendix 1



Appendix 2 - Model 1



Appendix 3 - Model 2