

Panel discussion - Commissioning for Integrated Health and Care

Purpose of Report

To provide an update on the priorities for the year ahead.

Summary

The report outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board in the areas of Commissioning and work towards an integrated health and care system.

Appendices A and B provide biographies of Jo Webber, (Deputy Policy Director, NHS Confederation) and Ivan Ellul, (Director of Partnerships and Engagement, NHS Commissioning Board), who have been invited to take part in a panel discussion on commissioning for integrated Health and Care.

Recommendation

Members are invited to discuss the focus of the Board's work on commissioning for integrated Health and Care for the rest of this financial year and to begin to identify likely priorities for 2013/14.

Action

To be taken forward by officers as directed by members of the Board.

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Panel discussion - Commissioning for Integrated Health and Care

Vision

1. We would welcome the Board's steer on the following overall vision for commissioning for integrated health and care:
 - 1.1. A more integrated health and care experience for individuals, delivered through different integrated ways of working locally, held together by local government through Health and Wellbeing Boards.
 - 1.2. Working together to take a whole-system approach to the use of resources, building on the pooled budget pilots to deliver value for money, better services and improved outcomes for individuals and communities.
 - 1.3. A greater emphasis on the wider determinants over the whole health and care system to ensure best use of resources to shift from acute to preventative and community services. The future challenge is to scale up small-scale integration models so that it becomes mainstream.

Suggested LGA priorities for the coming year

2. The priorities for the LGA that we believe will help to deliver this vision are:
 - 2.1. To form close partnerships with all health and care commissioners nationally (e.g. Public Health England [PHE], NHS Commissioning Board [NHS CB]) to support local areas in delivering integrated commissioning and integrated services and pathways of care;
 - 2.2. To support Health and Wellbeing Boards, Councils, Clinical Commissioning Groups (CCGs) and Commissioning Board Local Offices to work in full partnership locally;
 - 2.3. To ensure that Commissioning Support Services, hosted by the Commissioning Board, will support and encourage joint and integrated commissioning including with local government, and not undermine existing successful arrangements;
 - 2.4. To recognise and promote different forms of integration which best meet the needs of local areas;
 - 2.5. To agree joint arrangements with local government as equal partners to oversee policy development and support arrangements at a national level;
 - 2.6. To promote transparency of information and advice to service users and information and data sharing between providers;

- 2.7. To promote alignment of budgets, incentives and develop funding mechanisms that ensure shared budgets with shared management of risk.

Proposed Outline of Work

3. The main work scheduled includes:
 - 3.1. A Compact agreement with the NHS Commissioning Board, which outlines how we intend to work together on shared priorities and ambitions around three key principles – local planning, local leadership and sector led improvement.
 - 3.2. We have also worked with the Department of Health and Commissioning Board to develop joint accountability, and roles and responsibilities papers to ensure a shared understanding of the accountabilities of the new system through transition.
 - 3.3. We are currently working with both the Department of Health and Commissioning Board to put in place a joint governance model to ensure our integration work is aligned and builds upon existing local expertise.
 - 3.4. The Community Wellbeing Board has continued to oversee our policy development work, responses to consultations and emerging agreements with national bodies. Current consultations are around scrutiny, JSNAs and the Mandate between DH and the NHS CB.
 - 3.5. The joint LGA/DH Health Transition Task Group continue to bring together a group of local authority chief executives and health leaders from across the country on a monthly basis to discuss various aspects of the health transition and identify gaps and risks to be addressed through the various health networks. This group has, for example, negotiated local authority involvement in the CCG authorisation process, and will be taking a leading role in the public health assurance process.
4. Over the coming months, we will be working with key partners to deliver a range of products including:
 - 4.1. A package of tools and support for local commissioners with the Commissioning Board;
 - 4.2. A series of case studies to showcase the opportunities for joint commissioning, including through Commissioning Support services;
 - 4.3. A report modelling the possibilities for integration and system leadership with the Kings Fund;
 - 4.4. An integrated commissioning conference in October.
5. We will also be working across teams in the LGA to join up work around the interface between adult social care and health, working in particular with the finance and

localism teams around community budgets and the LGA's broader commissioning work. Also working with public health colleagues on the development of integration and commissioning 'must know' documents and events.