

Health and Wellbeing Board	HWB/27/03/13
Date: 27 March 2013	

INTEGRATED COMMISSIONING PLANS

Report by: Dave Hill, Executive Director for Schools, Children and Families

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Purpose of Report and Decision Areas and Recommendations	<p>Health & Wellbeing Boards (HWB) have a formal statutory role in relation to CCG commissioning plans, ensuring that they are in alignment with the Joint Health & Wellbeing Strategy (JHWBS). At the January meeting of the HWB an initial presentation was given from each of the CCGs and it was agreed that 2 HWB members would be assigned to review each plan, before the near final plans were presented to the HWB in March. Whilst the Council's commissioning plans are not subject to the same statutory requirements, ECC has agreed to put its plan through the same process with 2 members of the HWB assigned to the Council's 6th plan.</p> <p>The HWB is required to consider each plan's alignment to the JHWBS and produce a statement on each CCG commissioning plan which is to be published with the plan. If the HWB has particular concerns regarding the alignment of a CCGs plan to the JHWBS then it can refer the matter to the NHS Commissioning Board.</p> <p>It should be noted that the plans are still in draft, the CCG plans are due to go to their respective Boards for sign off before being submitted to the NHS Commissioning Board on the 5th April. Likewise the Council's commissioning plan is in draft and will be finalised after the 5th April and then go through the appropriate ECC governance.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> i. the HWB considers the draft statement for each plan and agrees a final statement to be published with each CCG plan or reported back to Essex County Council in relation to its plan. ii. the HWB considers if it needs to refer any CCG plan to the NHS Commissioning Board for not having regard to the Joint Health & Wellbeing Strategy.
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Background and context

HWB role:

The draft statutory guidance for health and wellbeing boards states that:

- CCGs must involve the relevant HWB when preparing their commissioning plan... In particular, they must give the HWB a draft of the plan and consult it as to whether (the Board) considers the draft plan have taken proper account of the joint health and wellbeing strategy;
- The HWB must provide its opinion and its final opinion must be included in the published commissioning plan;
- The HWB will also be able to refer their opinion on CCG commissioning plans to the NHS Commissioning Board, if for example, in its opinion, the published commissioning plan has not had regard to the joint health and wellbeing strategy.

Process:

At the last HWB meeting the secretariat was asked to develop a process (in conjunction with the HWB Business Management Group) for the HWB to review the plans before presentation of the near final plans to the March meeting of the HWB. It was agreed that 2 members of the HWB would be assigned to each plan including the Council's 6th plan. In addition to the lead plan members a senior member of the public health team was assigned to support the HWB members.

Plan	HWB Member	HWB member	Officer support
North East Essex	Ian Davidson	Joanna Killian	Jo Broadbent
Mid Essex	John Aldridge	Mike Gogarty	Krishna Ramkhelawon
West Essex	Malcolm Morley	Ray Gooding	Maggie Pacini
Basildon & B'wood	Ann Naylor	Dave Hill	Ian Wake
CP & Rochford	Terry Cutmore	Mike Adams	Danny Showell
ECC	Kamal Bishai	Gary Sweeney	Mike Gogarty

A checklist was developed to support the lead plan members is considering the plans alignment to the JHWBS. The checklist asked for alignment of the plan with the 3 key priorities and the 5 cross cutting themes within the JHWBS. As the aim of the HWB and the JHWBS is to further the integration of health and wellbeing commissioning the checklist included questions around integration. A copy of the checklist questions is attached as Annex 1. The lead members with support from the public health officer were asked to develop a draft statement for the HWB to consider on the 27th March.

Timetable:

The timetable for the process was extremely challenging and unfortunately there was not an opportunity to incorporate the HWB into the NHS Commissioning Board process before that was set. The key deadlines were:

27th Feb: Draft plans submitted to be circulated to the lead HWB members

8th March: Initial feedback on the plans

8th-18th March: on-going discussion/ feedback

19th March: plans submitted for HWB agenda

27th March: HWB meeting

27th March HWB meeting:

At the meeting each CCG and the Council will present on their commissioning plan, they have been asked to cover:

- Overview of what the commissioning plan is going to deliver highlighting any changes from January;

	<ul style="list-style-type: none"> • Why these priorities have been selected (link to the JSNA); • How they are going to deliver including QIPP savings and any risks and issues; • Alignment to the JHWBS priorities and cross cutting themes; • Commitment to integration as evidence by joint commissioning activity and resources particularly covering section 256 agreements. <p>Following that 1 HWB lead plan member will give a summary of their discussions with the CCG and present a draft statement for discussion and agreement. There is 15 minutes allocated for each plan.</p> <p>Lessons learnt:</p> <p>The process this year has been challenging, not only because this is the first year and we have no baseline to assess plans from but also because of the incredibly tight timescales. The HWB Business Management Group have committed to review the process, exploring lessons learnt to inform the process for next year and intend to have the process for next year defined by the end of September. Comments from HWB members should be fed to Clare Hardy to feed into the HWB Business Management Group process.</p>
Options/ Proposals	The draft statements on each plan are currently being finalised and will be presented at the Board meeting for discussion and agreement.
Conclusions	<p>The HWB needs to consider the alignment of the plans to the JHWBS and their contribution to integrated commissioning. The Board needs to agree a statement on each plan and to consider if any CCG plan has not taken account of the JHWBS and if so warrants referral to the NHS Commissioning Board.</p> <p>It is worth noting that not all HWBs have been in a position to undertake this process this year as they are still finalising their JHWBS, whilst there are lessons to be learnt, this year's process will provide us with a baseline from which to develop.</p>

Alignment with JHWBS priorities	Question: to what extent does the commissioning plan make a significant contribution to some/ all of these priorities?
<p><u>Starting & developing well:</u> teenage pregnancies, breast feeding, MMR take up, pre-school and educational achievement, outcomes for children with special educational needs, reduce risk taking behaviours, families with complex needs, transition from children to adult services, childhood obesity through improved diet and exercise.</p>	
<p><u>Living well:</u> physical activity and diet, alcohol misuse and smoking reduced, opportunities for training, apprenticeships, employment & skills, affordable housing, substance misuse, employment/ opportunities for people with mental illness.</p>	
<p><u>Ageing well:</u> end of life care, dementia services, integrated pathways for elderly care, maintenance/ regaining independence (technology, equipment, carers and reablement), community based support, carers loneliness.</p>	
Alignment with JHWBS cross cutting themes	Question: are the JHWBS cross-cutting themes embedded and at the heart of the commissioning plan?
<p><u>Talking health inequalities and the wider determinants of health and wellbeing:</u> Addressing geographical differences and groups such as travellers, homeless people, victims of domestic abuse.</p>	
<p><u>Transforming services: developing health and social care system:</u> prevention and managing demand through integrating services and focusing on local community provision. Whole-life pathway, shift to community / primary setting, self-help/ community resources, quality safe services.</p>	
<p><u>Empowering local communities and community assets:</u> Engagement of communities and individuals in</p>	

development of commissioning plans. Supporting investment in local community activity and networks.	
<u>Prevention and effective interventions:</u> Interventions that delay or avoid future use of services. Individual needs plotted through whole life-course.	
<u>Safeguarding:</u> Robust assurance to understand and improve safeguarding arrangements.	
Integrated Commissioning	Question: does this commissioning plan consider the implications of integrated working and are there proposals/ a process for taking this forward?
Has consideration been given to the Community Budget areas of work? Families with Complex Needs Domestic Abuse Strengthening Communities	
Has the impact of the QIPP/ ECC savings on the whole system been consider and mitigation plans/ engagement with partners in place to manage appropriately?	
Is there evidence of the transformation money/ 256 agreements being used to support integrated working?	
Has consideration been given to resourcing joint programmes of work (financial and staff resource)?	
Has consideration been given to agreeing a joint timeframe for stocktaking and evaluating progress on joint programmes?	
Are the 3 local measures for quality framework aligned with the JHWBS priorities?	