

Agenda Item no 7

Briefing Paper for Dudley Shadow Health and Wellbeing Board -30th January 2012

PURPOSE

The purpose of this report is to describe how the Black Country PCT Cluster is working to support the Shadow Health and Wellbeing Boards in Dudley, Sandwell, Walsall and Wolverhampton to develop into fully-fledged Boards by April 2013.

BLACK COUNTRY PCT CLUSTER

Individual PCT Boards no longer meet as the Black Country PCT Cluster Board is now in effect the Board for each of our four PCTs.

The role of the Black Country PCT Cluster is to create a stronger management system for transition, paving the way for a single national approach from 2013.

THE SINGLE NATIONAL APPROACH FROM 2013

Responsibility for local commissioning will rest with GP consortia, supported and overseen by the NHS Commissioning Board. The new architecture will take on many of the roles and responsibilities currently discharged by the Department of Health, Strategic Health Authorities and Primary Care Trusts. PCTs, Clusters and SHAs will be abolished in March 2013.

The NHS Commissioning Board has overall responsibility for a budget of £80bn, of which it will allocate £60bn directly to GP consortia. It will directly commission a range of services including primary care and specialised services and have a key role in improving broader public health outcomes.

The relationship between the National Commissioning Board and the HWBBs has yet to be determined. However the precise makeup of the NHS contribution to HWBBs has been set out in the Health and Social Care Bill. It states that each Board must include

- a representative from each of the Clinical Commissioning Groups.
- the director of public health for the local authority

These members have the following responsibilities

- Production of the JSNA
- Develop a joint health and well being strategy
- Have regard to both the JSNA and joint health and well being strategy when commissioning services
- Work in partnership to improve the wellbeing of children
- Achieve more efficient and integrated delivery of services

The Black Country PCT Cluster is working to ensure that those delegated by the CCG's to sit on the HWBBs and the Directors of Public Health have access to the appropriate resources and development opportunities to fulfil their roles and responsibilities.

CLINICAL COMMISSIONING GROUPS (CCGs)

From April 2013 the commissioning of healthcare will transfer from the Black Country PCT Cluster to CCG's. For Dudley CCG this means £412.5 millions.

Partnership Working

Improved joint working should help ensure that each member of the Health and Wellbeing Board can draw on their strengths, whether that's clinical expertise, local knowledge or understanding the needs of patients and the public, to help shape commissioning strategies to meet local needs.

This means CCGs playing a full role on the HWBB.

The Black Country PCT Cluster has undertaken an assessment of CCGs capacity to engage fully with HWBB and identified development and support opportunities that will compliment the national training and support available through the communities of interest web based learning networks. This offer forms part of the Organisational Development Plan for CCGs in the Black Country.

System Plan

The Black Country PCT Cluster is required to submit a plan derived from the NHS Operating Framework 2012/13, the SHA Regional Commissioning Framework, DH Planning Guidance and informal feedback from the System Quarterly Review for formal sign-off at the end of March.

The Black Country System Plan brings together in a single document our four PCTs' QIPP (Quality, Innovation, Productivity and Prevention) plans. Delivery of these plans is crucial if we are to further improve the quality of healthcare for local people, reduce health inequalities, improve outcomes and hit some challenging cost improvement targets.

The Black Country System Plan

- Identifies a range of common features when it comes to health issues
- Sets out a number of shared priorities for improving the health of local people
- Explains how the QIPP programmes will help to meet the significant financial challenge of coming years

Within this context CCGs will be required to draw up their annual plan setting out how it intends to exercise its functions and mobilize its resources to deliver quality services and identified efficiencies. CCGs will be expected to consult with the HWBB

to ensure that their plans align with the Health and Wellbeing strategy and are in keeping with the needs identified in the JSNA.

As part of the on-going process of the development and validation of the System Plan for the Black Country Cluster for 2012/13 and beyond the Black Country PCT Cluster will seek evidence from the CCGs that there is a clear alignment between CCG plan, the System Plan for the Black Country PCT Cluster and the local Health and Wellbeing Strategy. This work will be overseen by the Director for Commissioning Development and his team who will work closely with the CCG Chairs and the SHA.

Joint Commissioning

The HWBB has a responsibility to promote joint commissioning and integrated provision and to ensure that the commissioning plans for health, social care and public health align. The Bill also encourages local government and the NHS to take much greater advantage of existing opportunities for pooled budgets, commissioning budgets, section 75 and 256 of the Health Act etc.

To be clear about the scale of joint commissioning of health and social care services in the future, Directors of Adult Social Care and Childrens' Services from each Local Authority and members from the Cluster Executive Team have established a forum where this can be discussed and agreed within the context of the development of the commissioning support services offer to CCGs.

PUBLIC HEALTH

Subject to the passage of the Health and Social Care Bill, from 1 April 2013 local authorities will take on critical new functions in public health. The approach to managing the transition period has been set out in the Operating Framework for the NHS in England 2012-2013 and other national documents.

The Black Country PCT Cluster will be accountable for delivering a successful public health transition and it will need to do so in co- production of the new system with local authority colleagues. The Assistant Chief Executive for the Black Country PCT Cluster will oversee this work and work closely with the DsPH and the responsible Directors in the local authorities.

Local Public Health Transition

Each Borough has been invited to establish a mechanism (Local Public Health Transition Board) to take this work forward.

- Both Sandwell and Walsall have established local Public Health Transition Boards.
- Wolverhampton is about to establish one.

- Dudley has established a Public Health Transition Project Team chaired by the LA Chief Executive.

Local Public Health Transition Boards are complimented by the Black Country DsPH Network and the recently established group of local authority officers responsible for the public health transition into local government.

The common issues for each of these groups are leadership and configuration.

Public Health Transition Key Milestones

The ultimate milestone is April 2013 when local authorities will take on critical new functions in public health. However, the next pressing milestone is April 2012.

Each Cluster is required to have an integrated plan, submitted through its Strategic Health Authority cluster to the Department of Health by the 5 April 2012, which reflects the outcomes of the local Joint Strategic Needs Assessment, and ensure the public health transition elements have been developed with local authorities.

An early draft is to be submitted in January 2012 detailing progress in each of the Boroughs.

NHS RESOURCES & FINAL DESTINATIONS

As the transition to the new NHS structures gathers pace, this year the challenge for the Cluster will be to maintain and in some areas accelerate momentum on a number of projects already under way to ensure that the NHS workforce and its resources are allocated to one of six 'final destinations'.

1. CCGs
2. National Commissioning Board
3. Local Authorities
4. Commissioning Support Services Unit
5. Provider organisations
6. Other

Whilst still delivering quality services and agreed efficiencies