

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Gary Thompson Chief Operating Officer South CCG and Glen Garrod Director of Adult Social Services

Report to	Lincolnshire Health and Wellbeing Board
Date:	24 March 2015
Subject:	Joint Commissioning Arrangements in Lincolnshire

Summary:

This paper describes the organisational structure and reporting lines that support joint commissioning arrangements in Lincolnshire between health and social care partners.

Actions Required:

1. For Members of the Health and Wellbeing Board to note and comment on the report.
2. To consider how best the Health and Wellbeing Board can support these arrangements in progressing a central requirement on the Board itself: that is to further closer working/integration between health and social care.

1. Background

It is important to remember that joint commissioning arrangements have been in place for many years. Such arrangements as existed prior to 2013 were typically specific to a particular agreement – often a 'Section 75' agreement - in which a formal pooled budget or transfer of functions existed between health and social care and which required a governance structure. Two particular examples are the Section 75 agreement that exists between the County Council and Lincolnshire

Partnership Foundation NHS Trust (LPFT) for the delivery of Adult Mental Health services commissioned by Adult Care. Another is the integrated commissioning of all Learning Disability services for adults across both health and social care undertaken by Adult Care. Both of these arrangements were framed by a legal agreement approved by relevant executive bodies and overseen by a Governance Board. These formed a patchwork of joint commissioning arrangements. The Integrated Community Equipment Service (ICES) is a further example.

There existed also other and similar arrangements for joint planning, the development of joint strategies and to oversee '256 agreements' – another vehicle for transferring funds for one organisation to another for the delivery of a particular function eg. carer or advocacy services.

By the end of 2013 Lincolnshire Health and Care (LHAC) and the Better Care Fund (BCF), then called the Integration Transformation Fund were two specific influences that required a greater degree of joint organisational structures across health and care organisations. Without a joint commissioning infrastructure the operationalization and oversight of key activities would be disjointed and ultimately dysfunctional.

It should also be noted that similar structures exist across the Country and largely represents similar influences. There are more evolved structures that pre-exist the BCF or indeed LHAC but these tend to be in areas where health and social care were integrated when Primary Care Trusts were created.

As such joint commissioning is not new. At the end of 2013 it became clear that in order to organise around the growth in jointly managed service arrangements, the support required for LHAC and, particularly the BCF that a more comprehensive set of joint commissioning arrangements were necessary. For want of a better phrase this can be interpreted as a senior operational arm of the Health and Wellbeing Board (see attached Appendix A).

What is important to remember is that this infrastructure seeks to make operational sense of a mixed set of influences that derive from either national (BCF) or local initiatives (LHAC). It is also a critical vehicle for managing working relationships across a large number of organisations.

The structure and configuration of Joint Delivery Boards was heavily influenced by LHAC (eg. Proactive Care and Womens and Children's) and was reported to both the Executive/Informal Executive of the County Council and the Health and Wellbeing Board on several occasions during 2014 – most notably as part of previous BCF submissions. The last of these was to Health and Wellbeing Board in December 2014 and the Informal Executive in January 2015. The 4 CCGs have received the same reports throughout the period.

The Joint Commissioning Board and the Joint Delivery Boards have agreed Terms of Reference as do the LHAC Stakeholder Board and the BCF Task Group.

These arrangements will also help monitor progress at an operational level throughout 2015/16 to ensure appropriate levels of oversight of BCF performance

which is a collective endeavour – health and social care. It has already been agreed that the Health and Wellbeing Board will receive a monitoring report at each quarter during 2015.

2. Conclusion

Joint commissioning is not new. However, what is new is the growth of joint commissioning. An infrastructure that manages the consequences of national and local initiatives surrounding increasingly joint working across health and social care agencies has been developed during 2014. It continues to evolve. These arrangements seek to 'make sense' of what would otherwise be a fragmented and dilute set of ad hoc arrangements to manage the work. The resulting Joint Commissioning infrastructure sits within but does not alter the existing Governance structures of the 4 CCGs or, the County Council. Neither do they change the decision-making arrangements that preceded them.

3. Consultation

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Organogram of Joint Commissioning Arrangements in Lincolnshire

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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