
SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

Date: 23rd July 2012

Joint Report of the Director of Adult, Community & Housing Services, Acting Director of Children's Services, the Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group

Title: DEVELOPMENT OF INTEGRATED COMMISSIONING

Purpose of Report

1. To consider, in the context of the future role of the Health and Wellbeing Board, issues in relation to the development of integrated commissioning arrangements.
2. To note existing developments.
3. To note current arrangements in relation to the use of Section 75 of the Health Act 2006.

Background

4. The Board will be aware that having reviewed the Joint Strategic Needs Assessment and being in the process of agreeing a Joint and Health Wellbeing Strategy, it is expected to identify how integrated commissioning arrangements and the use of Section 75 of the NHS Act 2006 can deliver identified joint priorities.
5. In Dudley, a number of arrangements already exist in this context, including the use of Section 75.
6. This report sets out those areas which already exist and identifies areas for potential future development.

Section 75 of the NHS Act 2006

7. This legislation enables NHS bodies and Local Authorities to develop integrated arrangements in three particular areas:-
 - the use of pooled budget arrangements;
 - lead Commissioning arrangements were one organisation acts as the Lead Commissioner for a particular service area;
 - integrated service delivery.
8. Attached as Appendix 1 is a schedule showing those arrangements which exist at present. The Board will note there are already examples in Dudley relating to the three categories identified above.

9. The recent Audit Commission report “Joining Up Health and Social Care” – reinforces this. As it states, joint working applies to structural arrangements and to less formal cooperation, it includes:-

- jointly provided services, such as community based intermediate care teams that include both nursing and social care staff;
- jointly commissioned services, such as support from voluntary and community organisations;
- aligned services, where partners agree to work on shared priorities.

Future Potential Development

10. A number of areas have been identified for further consideration in terms of the potential development of these arrangements. These are as follows:-

a) Adults

- (i) **Learning Disabilities** – following the transfer of circa £9m for the commissioning of social care for clients with learning disabilities from Dudley PCT to Dudley MBC in April 2009, the scope of the commissioning budget for the Primary Care Trust/Clinical Commissioning Group is limited to specialist health services commissioned from Black Country Partnerships NHS Foundation Trust, limited amounts from other NHS providers in the West Midlands and a limited number of out of area placements. It is suggested that the existing lead commissioning arrangements could be extended to cover those services commissioned by the Primary Care Trust/Clinical Commissioning Group. The relevant budget is circa £5m.
- (ii) **Mental Health Services** – in many local health and social care economies, it is considered appropriate to give the local authority lead commissioning for learning disability services, as indicated above, whilst the Primary Care Trust/Clinical Commissioning Group takes lead commissioning responsibility for Mental Health Services. In Dudley, the Primary Care Trust has had some success in containing expenditure on specialist placements for health clients with mental health problems and in the recent past has provided more of an input into supporting the management of placements for clients with social care problems. It is suggested that there are two potential developments:-
- giving the Primary Care Trust/Clinical Commissioning Group lead commissioning responsibility for mental health services across health and social care;
 - subject to negotiation with Dudley and Walsall Mental Health Partnership NHS Trust, considering the social care placement budget being managed by the Primary Care Trust/Clinical Commissioning Group.
- (iii) **Intermediate Care** – there is an existing close working relationship between the Intermediate Care staff managed by the Primary Care Trust/Clinical Commissioning Group and those managed by the Council. It is suggested that a full integration of this service can be obtained by

the staff being seconded to, or directly managed by, Dudley MBC.

(iv) Continuing Health Care – learning from experience elsewhere and the potential for achievement through integration, it may also be useful to reflect on developing our approach to Continuing Health Care

b) **Children's Services** – as a result of the recent inspection report into safeguarding and looked after children and in the context of the transfer of some health commissioning responsibility for children's services to the Public Health function within Dudley MBC, the Primary Care Trust/Clinical Commissioning Group has been considering appropriate future commissioning arrangements for children's services and a report will be submitted to the Children's Strategic Commissioning Board. There are two areas for further exploration.

(i) Children with disabilities and with additional needs

Children with disabilities receive support from specialised health services but also typically have a wide range of additional services and professionals involved in their care. Dudley already has a joint health and social care team supporting this vulnerable group and a pooled budget for the provision of some elements of the work. Therefore this provides a good basis to develop a more co-ordinated and effective approach to supporting this group of children in the future.

(ii) Emotional Health and Well-being

Work is already underway to develop a comprehensive health and wellbeing strategy which is able to respond to children and young people's needs from primary mental health to specialist CAMHS services. Integrated service provision would afford us the opportunity to prioritise early intervention and commission targeted provision within a wide range of services provided jointly by health and children's services.

Future Approach to Service Commissioning

11. The Audit Commission's report states that "joint working should start with the needs of the person. This will in turn, help to tackle system difficulties". This would suggest that, as part of the process of designing implementation mechanisms for the Joint Health and Wellbeing Strategy, the following approach might be taken:-

- a) identify the relevant care pathway where joining up across the health and social care interface is required;
- b) review the resources allocated by relevant agencies to commission the different elements of that pathway;
- c) consider whether, once a pathway has been redesigned, it might be appropriate for those resources to be pooled.

12. Dementia Services are one area which might benefit from this and discussions are taking place between colleagues from the Council and the Clinical Commissioning Group to review how this might take place. This will include any potential management arrangements that need to underpin the commissioning of a suitable care pathway.

13. The Audit Commission's report identifies 5 areas which they consider to be worthy of further review in terms of looking at home resources within the NHS and local government can be used to support joint working. The five indicators involved are as follows:-

- Emergency admissions for people aged 65 and over
- Emergency bed days for people aged 65 and over
- Admissions to residential and nursing care
- Admissions to residential and nursing care direct from hospital

14. For Dudley, in relation to all but one of these indicators, the performance of the health and social care economy is either in the lower quartile or at median. The one area of variation is in relation to those patients admitted to hospital from home for emergency care and then discharged to residential or nursing care, as a percentage of all discharges. This is above the median. This is an area which may merit further review in terms of identifying whether integrated arrangements can deliver a better outcome.

15. In addition, the Department of Health has now published a national evaluation of the Integrated Care Pilots. These covered a range of service areas including:-

- End of Life Care
- Structured care for dementia
- Mental Health Care
- Older People
- Long Term Conditions
- Chronic Obstructive Pulmonary Disease
- Cardio Vascular Disease
- Diabetes
- Prevention of admissions of older people to hospital

The lessons learned from these pilots may also provide pointers in terms of identifying potential improved outcomes for Dudley residents that could be delivered through more integrated approaches.

Recommendation

- 1) That those areas identified for the potential further development of integrated arrangements be noted and further reviewed.
- 2) That consideration be given to those care pathways which may benefit from an integrated approach in both adult and children's services, starting with dementia and mental health and wellbeing
- 3) That the Audit Commission's report and the outcome of the evaluation of integrated care pilots, for people aged over 65, be used to inform this process for the relevant groups.



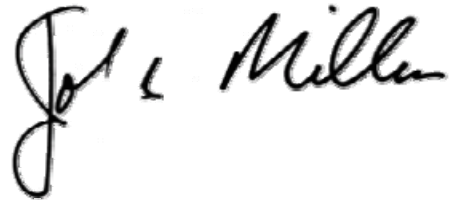
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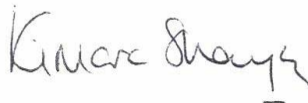
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Dudley PCT/CCG and Dudley MBC**Agreements under Section 75 of the Health & Social Care Act 2006**

Scope	Type
Lead Commissioning of Learning Disabilities Services	Lead Commissioning
Placements for Children under 19 with Disabilities	Pooled Budget
Community Equipment Service	Pooled Budget
Falls Service	Integrated Provision
Acquired Brain Injury Team	Integrated Provision