

HEREFORDSHIRE PUBLIC SERVICES UPDATE

MARCH 2012

A GOVERNANCE

- 1 The Herefordshire Public Services (HPS) Board has considered the future governance for the Herefordshire Public Services (HPS) partnership – the three way partnership between Herefordshire Council, NHS Herefordshire and the new Clinical Commissioning Group, Herefordshire Health-Care Commissioners (HHCC), over the transition period to April 2013 when Primary Care Trusts (PCT) are due to be abolished.
- 2 The new arrangements are intended to achieve local aims whilst being consistent with national requirements for PCT Cluster governance, the PCT Cluster Board having replaced the previous separate PCT Boards in the West Midlands. The new HPS Board does not involve any transfer of accountabilities from the statutory partners. The purpose is to provide a forum for discussion about local accountabilities during the transition period, and to facilitate joint working where this will achieve particular outcomes.
- 3 Jo Newton has been appointed as the Chair for the new Cluster Board. Sue Mead has been appointed to the Cluster Board as the Herefordshire Locality Non-Executive Director (NED). The new arrangements also provide for Associate NEDs to have a role in supporting the transition locally.
- 4 The current West Mercia Cluster arrangements are subject to a Partnership Agreement signed by the Council, NHS Herefordshire, the Clinical Commissioning Group and West Midlands Strategic Health Authority.
- 5 During any large scale reorganisation, clarity of accountabilities is vital and lessons from previous change reinforce this, particularly in relation to quality and safety.
- 6 Whilst everyone involved shares a common ambition for better health and social care outcomes for Herefordshire and the smooth management of the transition process, it is clearly important that there is an understanding of who is responsible for what and how this may change during the transition process.
- 7 The Board has agreed further work required to clarify governance arrangements and accountabilities, including how to ensure that there is close and complementary working with the West Mercia Cluster Board.

B HPS BOARD WORK PROGRAMME

- 8 The Board has considered the key issues on which it wished to focus in the coming year and agreed an action plan and work programme for the Herefordshire Public Services (HPS) partnership.
- 9 The action plan has been developed to deliver a number of shared outcomes

that were agreed as part of the governance review and as underpinning objectives within the Herefordshire Public Services Partnership Agreement:

HPS Outcomes

- **Herefordshire:** the further integration of public services is an essential response to meeting the challenges facing Herefordshire over the next decade or more, particularly so during the present period of transition when maintaining a focus on local solutions to local needs will be key
- **Better Outcomes:** our partnership is based on delivering better outcomes for residents, not simply being a better partnership; this can only be achieved by working together at all levels, using the new integrated needs assessment as our focus, and ensuring locality-specific responses to locality-specific issues are developed
- **Integration:** customers and patients expect services that are designed around their needs, and delivered as locally and efficiently as possible; integration and service change is essential to break down silo delivery and create service pathways that provide better outcomes and earlier intervention, whilst ensuring clear accountabilities for quality and safety
- **Capacity and Capability:** our organisations are small and stretched in many directions; we do not have the capacity and capability to deliver what we need to do alone, but together – sharing leadership, skills, knowledge and resources – we can
- **Value for Money:** there are still areas of duplication, waste and separate processes which add to our costs, reduce funding for direct service delivery and do not offer value for money for local tax payers; shared services needs to enter a new phase, and locality working needs to be accelerated
- **Community Engagement:** we share the aim of a step change in our relationship with residents so that they are better informed, take greater personal responsibility for their lives and we can plan services around their needs

Draft Action Plan and Work Programme

- 10 We need to be clear about the actions that the new Board will address over the next 14 months to achieve these outcomes, and how this will be turned into a work programme.
- 11 A number of issues have already been identified as benefitting from Board consideration:
 - **Hoople:** Confirming the commitment to and process for establishing the

2012/13 service requirement from Hoople. This is part of the Commissioning Support discussion. The transfer of PCT shares to the CCG will also need to be agreed.

- **Whole System Planning:** Ensuring the system-wide QIPP plan has sufficient focus on the integration required across health and social care systems as well as the geographical integration required by the NHS transitional arrangements. The latest West Mercia plan has very little reference to social care or other service issues
 - **Joint Corporate Plan:** Clarifying the future scope of the Joint Corporate Plan and/or mechanisms for linking relevant partner plans and planning processes. The suggestion is that the JCP becomes joint between the CCG and the Council and that we build in key aspects of the new Health and Public Health outcome frameworks
 - **Resource Allocation:** Building on the above, clarifying the approach to resource allocation across the system, including the process for agreeing planned investments over the medium term
 - **HR Transition:** There are a number of important, sensitive and urgent HR issues arising from the transition (e.g. changes in staff management and deployment during the transition; employment models for the future; outcome from Employment Opinion Survey etc). Central to this is partner intentions re the future potential for joint appointments (eg COO), building on the benefits of the approach adopted by HPS
 - **Health and Wellbeing Board:** Establishing and maximising the system leadership role of the Health & Wellbeing Board – and understanding the linkages between this and other governance bodies across the partnership. Clarity about the role of this Board in supporting the development of the HWB will be important
 - **Communications:** Internal and external communications across the partnership underpin all of the above and will be central to the transition – see below
- 12 A common theme linking most if not all of the above issues is that of engagement and communication between the partners in Herefordshire and the West Mercia Cluster.
- 13 Work is currently in hand, building on the partnership agreement signed in April 2011 and the subsequent exchange of correspondence forming an addendum to that agreement, to clarify respective high level accountabilities arising from the new cluster governance system. This work is being developed further to establish greater clarity throughout the system.
- 14 The HPS Board has acknowledged the need to demonstrate how it will add value, given the accountabilities elsewhere in the health and social care system for delivery. It has adopted the following way of working that can add value to what other parts of the system are already doing.

How We Will Work

- *A focus on outcomes for local people – residents, patients, carers*
- *Increasing confidence in delivery*
- *Less bureaucracy, meetings without purpose, rapid decision making*
- *Changing the system when it gets in the way of outcomes or delivery*
- *Practical actions that have a rapid result, innovation*

C COMMISSIONING SUPPORT

- 15 The Board has also considered the development of commissioning support to the new Clinical Commissioning Group, Herefordshire Health-Care Commissioners (HHCC).
- 16 Commissioning support has been identified nationally as one of the most crucial factors in the development of clinically led commissioning. It is also a key element of the authorisation criteria for CCGs.
- 17 Proposals have been drawn up in parallel with the work being undertaken across West Mercia Cluster for commissioning support. Since the work started, the national expectation that there will be commissioning support service “units” based on clusters has become clear. However, there is also an expectation that Clusters will have a role in “brokering” other local support.
- 18 Key to the current proposals is the amount of money that the CCG will have to spend on Commissioning Support, regardless of where this comes from. The national view on this appears to have changed, with the previous headline figure of £25 per head of running costs, apparently replaced with £15 per head for core commissioning support and £10 (or £9) per head for other running costs. The current overall cost of commissioning support is closer to £37 per head. This raises fundamental questions about the level and quality of service that can be delivered for this sort of funding.
- 19 A project is underway, with dedicated support, to develop the detailed proposals, including specific functions, skills and costs. Support will come from Hoople as well as from within HPS.
- 20 The West Mercia Cluster Commissioning Support Prospectus refers to a “placed based” solution, with a blend of directly employed CCG support, support from the local authority and support from the West Mercia commission support services. The balance between this – and any nationally prescribed services – will develop over time. There is clearly a value for money case for some support to be provided across a larger geographical area, but this needs

to be balanced with local knowledge, responsiveness and a whole system perspective.

- 21 Also of note is the paper produced by the DoH and the Local Government Association, "NHS & Local Government as Partners in Commissioning for Health & Wellbeing". This highlights the potential of local authorities to provide commissioning support and the importance of avoiding short term decisions that may impact on integration, particularly given that this is seen as even more important in the future:

"It is important that emerging commissioning support arrangements, which in the first instance are likely to be coordinated by PCT clusters as 'brokers', should not damage the potential for effective collaboration between CCGs and local government either in the transition period to 2013 or over the longer term"

- 22 This is a complex area and one that will require close communication over the next few weeks as proposals for commissioning support are finalised as part of the CCG authorisation process.
- 23 Finally, It is important to note that it is CCGs who will have the final decision about how commissioning support is provided.