

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	22 JANUARY 2016	AGENDA ITEM:	8
TITLE:	ALIGNMENT OF COMMISSIONING INTENTIONS FOR 2016-2017		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	ALL
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report aims to summarise the key themes, features and potential areas for alignment across the Health and Social Care Commissioning intentions of RBC and the CCG.

#### 2. RECOMMENDED ACTION

- 2.1 That the Board convenes a workshop in early autumn 2016 to ensure co-creation of commissioning intentions based on HWB strategic aims and priorities

#### 3. POLICY CONTEXT

- 3.1 The Health and Wellbeing Board is a partnership of the Local Commissioning Authorities in Reading, with accountability to ensure the alignment of all health and social care commissioning activity.
- 3.2 The remit and accountability of the HWB is defined by the Health and Wellbeing Strategy, and in its terms of reference.
- 3.3 The commissioning intentions outline the strategic interventions each Authority is planning to improve the way they commission, review, and transform local services. In Health Commissioning Authorities, this focuses on the Five Year Forward View and 5 year Strategic Plan, and local operational plans to deliver sustainable consistent care standards. In Council services this describes a path to putting into operation the ambitions in the Corporate Plan and Service Plans and Commissioning Strategies for various cohorts of customers and wider determinants of Health.

## 4. CURRENT POSITION

- 4.1 Decisions relating to the commissioning of health services are made by the CCGs, (Co-commissioning with NHSE for Primary Care, and via NHSE for Specialised Services), and decisions relating to the delivery of Public Health, Adult Social Care, Childrens Services and Education (and many services identified as the wider determinants of health) are made by Reading Borough Council and its sub Committees. Many other stakeholders contribute to these decisions and would ideally have been included in the work to co-create the Commissioning Intentions. These stakeholders include Healthwatch, representatives of the VCS, and major Health care providers. There is potential for greater synergy if, at a local level, all Commissioning authorities and stakeholders work together more closely to develop joint commissioning plans and to jointly operationalise these plans.

Commissioning Intentions have been drafted (and have already been approved by CCG Board for the CCG Commissioning Intentions) by each Commissioning Authority and are attached for members to receive and comment on. Respective schedules for submission of key documents to NHSE, Reading Policy Committee and Council meetings are difficult to align, and it tends to be the case that NHSE require submission of Commissioning Intentions ahead of Reading Borough Council deadlines. It is therefore unfortunate that each document has been separately drafted this cycle, though hopefully with the benefit of the Officers Integration Programme activities to influence alignment

## 5. THE PROPOSAL

- 5.1 Key Themes emerge from the Commissioning documents albeit interpreted in different ways in each document. These could be summarised as
- Prevention
  - Choice and control
  - 7 day working
  - Community resilience/ social capital
  - Efficient use of resources
- 5.2 A more in depth analysis would be beneficial for the Board, and will be undertaken to inform future commissioning. Critical aspects of this analysis would be:
- 5.3 **Co-ordinated approach (timescales and methodology)**  
It may be helpful for the HWB to convene a workshop in early autumn to ensure that shared priorities and aspects of commissioning that would enable a more joined up service response are agreed, as authorities determine their constitutional accountabilities.
- 5.4 **Aligning Priorities**  
The HWB could usefully ask for a report from the Integration programme on the evaluation of the BCF projects, to contribute to a debate on identification of appropriate priorities

## 6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 These documents aim to deliver the Five Year Forward View and 5 year Strategic Plans, the RBC Corporate Plan “Narrowing the Gaps”, and support the Integration Programme agenda and Better Care Fund activities.

## 7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 Commissioning Intentions will now be taken to consultation with colleagues in VCS, Care Providers, Health and Well Being Board and Council Members.

## 8. EQUALITY IMPACT ASSESSMENT

- 8.1 This paper identifies further opportunities to ensure health inequalities are addressed.

## 9. LEGAL IMPLICATIONS

- 9.1 None.

## 10. FINANCIAL IMPLICATIONS

- 10.1 This paper seeks to set up procedure to enhance efficiency and better use of resources

## 11. BACKGROUND PAPERS

- 11.1 None.

## Commissioning Intentions

<b>Goal One:</b> Promote and protect the health of all communities particularly those disadvantaged: communicable diseases, immunisations and screening, BME groups
<b>Goal Two:</b> Increase the focus on early years and the whole family to help reduce health inequalities: maternity, family support, emotional health, domestic violence
<b>Goal Three:</b> Reduce the impact of long term conditions with approaches focused on specific groups: self-care, carers, learning disability
<b>Goal Four:</b> Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities: tobacco, drugs and alcohol, obesity

Themes	CCG	Adult Social Care	Childrens Services	Public Health
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Living Well Programme</li> <li>• Mental Health Crisis Concordat</li> <li>• Personal Health Budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Crisis Concordat</li> <li>• Right 4 U pilot</li> <li>• Reablement and recovery focus</li> <li>• Personal budget as default</li> <li>• Wellbeing strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Early Help strategy</li> <li>• Prevention of Neglect strategy</li> <li>• Transitioning to independence</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying people at risk of preventable disease and disability and targeting those at greatest risk and tailoring approaches to them in ways most likely to achieve their engagement</li> <li>• Smoking cessation</li> <li>• Overweight and obesity in both children and adults</li> <li>• Identifying and referring people with pre-diabetes to a risk reduction programme</li> <li>• Encouraging and enabling people to be more physically active as part of their everyday lives</li> </ul>

				<ul style="list-style-type: none"> <li>Encouraging and enabling people to drink alcohol sensibly</li> </ul>
<b>Patient/Service User Control and choice (information, person centred,</b>	<ul style="list-style-type: none"> <li>Making smarter use of data and intelligence through the West of Berkshire Interoperability Project (Connected Care).</li> </ul>	<ul style="list-style-type: none"> <li>Learning Disability Transforming Care Programme</li> </ul>	<ul style="list-style-type: none"> <li>Making smarter use of data and intelligence through the West of Berkshire Interoperability Project (Connected Care).</li> <li>Place of Safety</li> <li>Care Homes Enhanced Support</li> </ul>	
<b>7 day working</b>				
<b>Financial activity/ resource use/ outcome focused contracts/ evidence base decision making</b>	<ul style="list-style-type: none"> <li>Work to manage whole system performance, inc DTOC and DtA</li> </ul>	<ul style="list-style-type: none"> <li>Work to manage whole system performance, inc DTOC and DtA.</li> <li>Use of technology, both in front line services and back office functions</li> <li>Fair Price for Care</li> <li>National Living Wage</li> </ul>	<ul style="list-style-type: none"> <li>Use of technology, both in front line services and back office functions</li> <li>National Living Wage</li> </ul>	
<b>Community Enhanced Services from Primary care</b>	<ul style="list-style-type: none"> <li>CAMHS Transformation Plan</li> <li>Care Homes Enhanced Support</li> </ul>	<ul style="list-style-type: none"> <li>Developing our support for carers, using Care Act requirements</li> </ul>	<ul style="list-style-type: none"> <li>Developing our support for carers, using Children and Families Act requirements</li> <li>CAMHS Transformation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Fully integrated 0-19 service specification</li> <li>HV/FNP services fully embedded into RBC</li> </ul>
<b>Decommissioning</b>		<ul style="list-style-type: none"> <li>Market Failure Protocol</li> </ul>	<ul style="list-style-type: none"> <li>Market Failure Protocol</li> </ul>	
<b>Better Care Fund</b>		<ul style="list-style-type: none"> <li>Rapid Response and Treatment Service</li> <li>Frail Elderly Pathway redesign</li> </ul>		