

READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

19 JANUARY 2018

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Accountable Care System

There is much support for the flexible, innovative, integrated working which is promised by the Accountable Care System (ACS) collaboration, but at the same time there is much concern about the possibility of the population's healthcare being traded or obscured by commercial confidentiality. There is also a pending national Judicial Review of regulations introduced to enable transition to new models of care.

It may be helpful to compare the development of the ACS to the evolution of the Foundation Trust concept.

At present the ACS has no corporate existence, which assures against it being subject to trading but affords none of the governance and responsiveness standards which other NHS organisations adhere to.

It seems strongly in the interests of patients that a way be found to take integration forward while allaying fears of a radical change to the basis on which the ACS is working, so that it continue on the present collaborative basis for an extended time.

Given an extended period of working on a collaborative basis it would seem sensible for governance to be provided on a parallel collaborative basis between the governing bodies of the institutions involved - Trust governors, councillors, patient organisations.

Does this offer a way forward for all the organisations involved to proceed?

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

We welcome the local support we have received for the Berkshire West ACS. You are correct that the primary purpose of the ACS is to promote closer working and collaboration between the CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and GP practices and to support the ongoing integration work with Local Authorities through the Berkshire West 10 programme. By doing this we hope to offer people more integrated care which improves health outcomes and makes the best use of the NHS and LA pound locally.

As you observe ACSs have no legal form - this would require legislative change. The model is one of the statutory bodies - CCGs and Foundation Trusts - working together on a collaborative basis. The governance of the statutory bodies remains in place along with the responsibility for decision making in public boards and the duties of engagement and consultation, for example. This provides the assurance the public and partners expect in relation to governance and wider NHS standards. We agree with you that continuing this collaborative approach represents the way forward for us at this current time.

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QUESTION No. 2 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

GP Alliances

The Government is encouraging the formation of larger primary care providers with patient lists around 30,000-40,000.

What is the corporate form of the GP alliance in South Reading?

And of any similar organisations in North Reading? Are these public or private bodies? Are they subject to NHS standards and FoI?

Could they be the principal contract holders for primary care within the next few years?

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

You are correct that national policy is for primary care to work in multidisciplinary teams serving networks or neighbourhoods of 30,000 - 40,000. This does not necessarily require practices to merge to create a single practice but could be achieved by practices working together. In recognition of this the practices across Berkshire West have come together to form 4 GP Alliances. These are companies limited by share.

It is unlikely that individual practices will move off their current GMS and PMS contracts for the provision of core primary care in the short term. However, they may wish to respond as an Alliance to the opportunity to provide extended access 7 days per week. This is something that individual practices would find it hard to do. The Alliances may also wish to work together with Royal Berkshire Foundation Trust and Berkshire Healthcare Trust to redesign pathways so that patients can receive more of their care in a primary care setting. Where contracts are placed with the Alliances they will be subject to the same standards, monitoring and quality assurance as other NHS providers. Freedom of Information Act requests can be made to the CCGs about any contracts that they may place with the Alliances.

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QUESTION No. 3 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Approaches to Intervention in GP Practices

Over several years we have seen quite a few GP practices in Reading show signs of difficulty, eg partnership unable to continue or CQC rating of inadequate. We have seen two approaches to intervening in these cases - either re-tendering of the contract or supportive action, possibly involving changes to the providing partnership. It now seems clear that the latter - pre-emptive and supportive - approach has been far more successful than re-tendering in present circumstances.

Isn't there now enough evidence for a supportive approach for local partnerships wherever possible?

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

You are correct that a number of the smaller practices in Reading have struggled to meet the standards required of modern primary care. National policy recognises this, hence the requirement for practices to work at scale to improve their resilience.

We agree that getting alongside practices and supporting them is the best approach to driving improvement and the CCG has provided support in a number of ways: Financial support; practice manager and GPs from other practices working in and alongside challenged practices; expert advice eg infection control, and access to the Royal College of General Practitioners' support package.

However, where GPs hand back their contracts the CCG is legally obliged to test the market via competitive tender, unless it is an urgent situation in which case the CCG can disperse the registered list of patients to other practices. The CCG may also determine that contractual action is required if practices fail to improve after a sustained period of support. Each situation has to be judged on its own merits. The CCG's primary duty is to ensure safe, high quality services for patients.

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QUESTION No. 4 in accordance with Standing Order No 36

Sarah Morland to ask the Chair of the Health & Wellbeing Board:

Partnership with the Voluntary Sector

Reading Voluntary Action is asking this question on behalf of local voluntary and community organisations which deliver services and activities to support the health and wellbeing of vulnerable people in Reading.

We understand the financial challenges facing both Reading Borough Council and the Berkshire West Clinical Commissioning Groups. As a result, there have been reductions in funding to the voluntary sector from both statutory agencies. Over the past two years we have seen more than 50% cuts from Reading Borough Council and the CCG Partnership Development Fund.

A recent example is the CCG Partnership Development Fund which awarded 24 grants for 17/18 and we understand that only 8 or 9 will be awarded for 18/19 across Berkshire West.

Would the Health and Wellbeing Board outline future plans for working in partnership with the voluntary sector in the light of reduced funding and increased demands across all health and social care agencies (both statutory and voluntary).

REPLY by the Chair and Vice-Chair of the Health & Wellbeing Board (Councillor Hoskin & Dr Andy Ciecierski):

You are right that the Council and the CCG both face significant financial challenge but we both wish to support the voluntary sector to the extent that we can and recognise the value which third sector providers bring in how we commission services.

The CCG will move away from an annual bidding round and will seek to place two to three year contracts to give security and stability to voluntary sector organisations.

Both the CCG and the Council share an ambition to work more closely together on voluntary sector commissioning. Unfortunately due to the pressures we both face we have not been able to put this in place across our commissioning programmes for 2018/19.

However, the CCGs included local authority representatives on the appraisal panel for the Partnership Development Fund this year. The Berkshire West 10 programme is committed to looking at the opportunities for joint commissioning of the voluntary sector across the whole of Berkshire West.