

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE: Transfer of Adults' Community Health Services to the Camden Clinical Commissioning Group	
REPORT OF: Cabinet Member for Tackling Health Inequality and Promoting Independence	
FOR SUBMISSION TO: Health and Adult Social Care Scrutiny Committee Cabinet	DATE: 4 December 2017 6 December 2017
<p>SUMMARY OF REPORT</p> <p>The Council and Camden Clinical Commissioning Group (CCG) have a contract dating back to 2006, known as a Section 75 (s75) agreement, under which the Council carries out commissioning and other functions on behalf of the CCG. The arrangement covers the commissioning of community health services for adults and children and the full range of mental health and learning disability services' commissioning. The teams are also responsible for commissioning a range of Council services. In November 2016, the CCG and the Council agreed that they would extend the existing arrangements to make the commissioning of CCG and Council services fully integrated within the Council's management structure. The Director of Integrated Commissioning undertook a staffing restructuring to give effect to this agreement and the new arrangements began in January 2017. There is also a s75 agreement for the management of the Better Care Fund.</p> <p>However, in light of additional challenges that have emerged in the health system, the CCG governing body decided on 8 November 2017 to take back responsibility for the adults' community health commissioning functions. The CCG has made it clear that its decision is not a reflection on the work of the team but because of the additional pressures in the system, particularly preparing for an especially demanding winter and the additional financial challenges in the NHS. The Council understands the pressures that have led to this change of mind by the CCG and we know this winter will be a difficult one for our NHS colleagues. Therefore officers have accepted the CCG's decision and, as a result, the Executive Director, Supporting People, acting under the terms of the agreements, has given written approval to the necessary variations to the s75 agreements.</p> <p>It is important that the Council continues to work collaboratively with the CCG and all partners to integrate front-line services to deliver the objectives of the Camden plan and the Camden local care strategy to benefit Camden residents.</p> <p>The report sets out the progress made to date in adults' integrated commissioning and the implications of the CCG's decisions for the Council and its staff. It should be noted that officers and the CCG will work closely together to manage the transfer so that it doesn't impact on the care of residents. At the time of writing, the date of transfer has not been agreed by the CCG.</p>	

This report is coming to Cabinet because the CCG's decision to resume responsibility for adults' community health commissioning is of significance in relation to the future arrangements for important services for Camden residents.

LOCAL GOVERNMENT ACT 1972 – ACCESS TO INFORMATION:

No documents which require listing were used for this report.

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RECOMMENDATIONS

The Health and Adult Social Care Scrutiny Committee is asked:

1. To consider the proposal and forward any comments to the Cabinet.

The Cabinet is asked:

1. To note the decision of the Camden Clinical Commissioning Group that it wishes to assume direct responsibility for the commissioning of adult community health services and the consequential actions of officers to vary the Section 75 agreements between the Council and the Camden Clinical Commissioning Group and transfer the relevant staff and functions.

Signed:



Martin Pratt
Executive Director, Supporting People
Date: 24 November 2017

1. WHAT IS THIS REPORT ABOUT?

- 1.1 The s75 agreement between the Council and the CCG covers adults' community services, children's services such as child and adolescent mental health services (CAMHS) and all adult mental health services including in-patient and community provision. The CCG has explained that it does not wish to take back responsibility for adults' mental health, adults' learning disabilities and children's services. Officers have been given assurances by the CCG about this.
- 1.2 The adults' team is responsible for a wide range of health and social care commissioning. The health services include district nursing, continuing health care assessment and care planning, commissioning for people with long-term conditions and community bed provision. The total value of the community health budgets managed by the team is £43m. The social care responsibilities include support for the development of the adult social care transformation programme, commissioning of home care, residential homes and day support and the accommodation strategy for those in receipt of social care support. The team also leads on the management of the Better Care Fund (BCF), which is a pooled budget between the Council and the CCG totalling £25m a year.
- 1.3 There are 23 posts in the adults' integrated commissioning team comprising a combination of Council and CCG staff working together in an integrated structure, as set out at Appendix A. The team has been organised thematically to reflect the joint strategies of the two organisations under the Camden local care strategy. So, for example, there is a post entitled "strategic commissioner - supporting people at home" leading the programme, including the integration of all home-based services across health and care, such as home care and district nursing. As the organisation chart shows, the team also supports the more "front-line" health services, such as continuing health care. The funding for the team is from both the Council and the CCG.
- 1.4 The governance of the s75 agreement is through the line management arrangements within the Council and to the CCG governing body and its committees. An important recent change has been to establish the Integrated Commissioning Committee (ICC) which has CCG governing body and senior Council officer representation from the Supporting People Directorate. The committee is responsible for considering transformation proposals across health and care services. The chair alternates between the CCG and the Council with the CCG taking the chair in 2017/18. A significant proportion of business of the committee has originated from the adults' integrated commissioning team. Since April 2017 the team has produced 36 reports to the committee either proposing new transformation initiatives or presenting reviews for the committee's consideration. It is proposed that the Council's representation on the committee should remain unchanged so that it can continue to contribute to the integration of front-line health and care services, and oversee the remaining integrated commissioning arrangements.

2. WHY IS THIS REPORT NECESSARY?

- 2.1 As a result of the CCG's decision it has been necessary for officers to give authority to vary the s75 agreement to remove adults' community health services from the responsibilities that the Council fulfils on behalf of the CCG.

3. OPTIONS

- 3.1 The CCG has made clear to the Council that it has reached a settled view that it wishes to assume responsibility for adults' community health services. There is therefore no other option that is under consideration.
- 3.2 The decision of the CCG will mean that the community health responsibilities described above will be the responsibility of the CCG from the date of implementation.
- 3.3 The consequence is that the teams that manage the continuing health care and delayed transfers of care functions, that are health service duties, will move to the CCG, together with NHS employed commissioning staff. In total nine members of staff will be line managed by the CCG, including five staff employed by the Council, three members of staff employed by the CCG on health service terms and conditions and one interim manager, whose contract with the Council will cease on the implementation date. No job losses are anticipated arising from the transfer. Council officers and the CCG will work closely together to effect the transfer in a managed way so as to ensure there is no impact on residents' care.
- 3.4 The total cost of the adults' team is £1.314m a year (excluding funding for GP clinical leads). The team is funded from a mixture of core Council resources, Better Care Fund (BCF) resources, core CCG funding and section 256 payments. The last of these are payments that pass from the CCG to the Council to fund health posts and total £0.296m; these will need to be reviewed dependent upon the detailed implementation arrangements. The BCF funding totals £0.329m and will remain unchanged. The BCF s75 agreement will need to be amended to reflect the transfer of the responsibilities for health delayed discharges of care responsibilities. The Council resources will be used to pay for the adult social care commissioning activity that will now be the function of the staff remaining with the Council.
- 3.5 There are no other financial consequences arising from the transfer.
- 3.6 Of equal importance is the leadership of some of the key plans that were being led by the adults' integrated commissioning team. These include, for example, integrated care teams which largely relate to the development of new models of health care provision in local GP neighbourhoods. As a result, it is appropriate that the leadership of the plan should transfer to the CCG. However, it is important that the remaining officers in the Council's adults' commissioning team continue to be at the forefront of the development of the new arrangements so that Council and voluntary and community sector (VCS) services can be joined up effectively with health services.

4. WHAT ARE THE REASONS FOR THE RECOMMENDED DECISIONS?

- 4.1 The CCG has explained that they want to directly manage adults' community health commissioning for two reasons. First, the NHS is facing what it likely to be a very challenging winter and the CCG therefore wants to be able to directly manage the health services that will be needed to respond to the consequent additional pressures. Second, Camden CCG is facing an extremely challenging financial position with savings of £23m (or about 6%) of its budget in the current financial year and at least a further £20m next year.
- 4.2 Given the CCG's decision, it is important to record the work of the adults' team since the start of the integrated arrangements. The report has already referred to the supporting people at home programme. This is a substantial transformation programme to integrate health and care involving a number of linked projects and the team has taken a number of reports to the Integrated Commissioning Committee securing agreement to the implementation of new initiatives within the programme. It has been crucial to bring these proposals forward quickly given the imperative within the NHS to reduce the number of residents going to hospital. Key developments include:
- Simplified discharge arrangements – a whole system redesign of the arrangements by which residents are discharged from hospital, to minimise delayed transfers of care and ensure that residents get the most appropriate support to enable them to return home as quickly as possible, where this is in their best interests;
 - Rapid response – the enhancement of the service that visits residents in their homes to give them the support they need to stay at home when they might otherwise have had to go to hospital;
 - Integrated care teams - the development of an innovative model of multi-agency core teams to work together in neighbourhoods, including social workers, district nurses, therapists, GPs and the voluntary and community sector; and
 - Support for more residents in Camden to die well in their chosen place of care by ensuring providers have the necessary arrangements in place to meet residents' wishes.
- 4.3 As noted earlier, the CCG is facing a challenging financial environment. The adults' team has played a full part in supporting the CCG to make savings. A significant proportion of the savings will be realised through the measures set out in paragraph 4.2 above to reduce hospital activity. However, given the scale of the financial challenge for the CCG, the adults' integrated commissioning team has worked very hard to identify additional savings; overall the team's savings' plans total £6.7m of health resources in 2017/18. The team has already developed its savings plan for 2018/19 that achieves the target that has been set for it by the CCG.
- 4.4 A further significant part of the team's work since April 2017 has been a fundamental review of the BCF. The fund is a pooled budget managed by the

local authority on behalf of both the Council and the CCG. Its purpose is to support the integration of health and care services so that a system wide approach can be taken to reducing emergency hospital admissions and delayed transfers of care. The BCF is also intended to protect adult social care services and to assist in the reduction of permanent admissions to residential and nursing care. All these aims rely on the existence of coherent community based services. The Integrated Commissioning Committee asked the team to review all the schemes in the BCF to ensure that they met BCF targets and that the schemes represented value for money. The resulting reviews have led to a number of changes to schemes.

5. WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?

5.1

Risk	Impact	Mitigation Strategy
The potential for a separation between health and social care services	Integration not delivered leading to duplication or gaps in service provision, confusion and lack of join up for residents.	The Council and the CCG will still be working collaboratively at both the Health and Wellbeing Board, the Integrated Commissioning Committee and at officer level.
Staff turnover increases because staff were attracted to working in an innovative integrated commissioning team	Delays in the delivery of the adult social care transformation programme and the key shared programmes with the CCG with the loss of key staff.	Ensuring a speedy transfer of health responsibilities to the CCG so that the Council can minimise uncertainty and drift for the remaining Council staff.
Delay in agreeing the date of transfer	Delay causing confusion for providers and uncertainty for staff.	Both parties to agree a clear transfer plan and implement it promptly.

6. WHAT ACTIONS WILL BE TAKEN AND WHEN FOLLOWING THE DECISION AND HOW WILL THIS BE MONITORED?

- 6.1 The decision will be implemented through the transfer of the relevant staff and functions to the CCG. The new arrangements will be monitored through the CCG's own governance structures, the Integrated Commissioning Committee and the Health and Wellbeing Board.

7 LINKS TO THE CAMDEN PLAN OBJECTIVES

- 7.1 The current work of integrated commissioning teams has contributed to the Camden plan objectives of:
- Developing new solutions with partners to reduce inequality
 - Reduced health inequalities and improved life expectancy in our most deprived areas.
 - Personalised support for older, disabled and other residents who also use adult social care services
 - Delivery designed around customers
 - Providing democratic and strategic leadership fit for changing times
- 7.2 The changes set out in this report bring inherent risks in working to the Camden plan and Camden local care strategy objectives and it will therefore be important that the Council uses its influence and its leadership of key services to continue to integrate front-line services and support the CCG in meeting our common challenges.

8 CONSULTATION

- 8.1 There is no specific consultation needed from this change. Staff have been involved in discussions about the future arrangements so that their views can be taken into account.

9 LEGAL IMPLICATIONS (comments of the Borough Solicitor)

- 9.1 This report notifies the Cabinet of the revised arrangements for healthcare services between the Council and Camden CCG through revisions to the respective Section 75 agreements. Camden CCG is to take back direct responsibility for the commissioning of adult community health services. To reflect this, a deed of variation to the existing overarching Section 75 agreement (and the Section 75 BCF agreement) between the Council and the Camden CCG should be agreed by both parties.
- 9.2 Section 75 NHS Act 2006 provides that the Secretary of State may by regulations make provision for both NHS bodies and local authorities to enter into arrangements in relation to their prescribed functions if they are likely to lead to an improvement in how those prescribed functions are exercised. The Section 75 agreements between the Council and Camden CCG, which have been established, are in accordance with the regulations.
- 9.3 Under the overarching Section 75 agreement, any variation to the terms of the agreement can only be agreed with the signed written approval of each Partner's duly authorised officer. It is noted that the Executive Director of Supporting People has given his written approval to make the required amendments to both Section 75 Agreements. This level of approval is consistent with the levels in the Council's CSOs given the minimal financial impact of the variation, which Council officers have confirmed.

- 9.4 Legal services will draft the deed of variation which will remove the following elements from the existing overarching Section 75 agreement:
- a) Commissioning responsibility for community care contracts
 - b) Management of the delayed transfer of care arrangements
 - c) Adult continuing healthcare
- 9.5 The Section 75 BCF agreement is also to be amended as explained in paragraph 3.6 of this report. A variation report is currently being drafted setting out the specific changes to that agreement. Under the Section 75 BCF agreement, valid changes must be agreed in writing and signed for and on behalf of the Partners and must be approved by the Joint Commissioning Committee (now ICC) and agreed by the Health and Wellbeing Board.

10 RESOURCE IMPLICATIONS (finance comments of the Executive Director Corporate Services)

- 10.1 This report identifies actions necessary to cease the current arrangements for commissioning of community based health services and the consequent secondment of staff from the Council to the CCG. Funding for staff under existing s256 arrangements will cease for interim or agency staff as these contracts transfer to the CCG. As seconded staff will remain on the Council's payroll the costs of these individuals will need to be charged to the CCG. The Council and the CCG will need to review all joint contracts to determine which, if any, require novation to the CCG. It is anticipated that joint contracts funded by the BCF and held by the Council will continue under the existing arrangements, but future procurement arrangements will need to be considered as services are recommissioned.

11 RESOURCE IMPLICATIONS (comments of the Assistant Director of Human Resources)

- 11.1 It is possible that these unexpected changes may cause concern amongst staff, which could in turn affect staff morale. In order to mitigate against this potential risk, we have held a two week engagement process with affected staff to provide some reassurance about the actual impact on current roles, which allowed staff an opportunity to ask questions and understand what the changes will mean for them.
- 11.2 The engagement process was supported by an experienced HR Business Advisor.
- 11.3 The secondment arrangements will allow staff to retain their current Camden term and conditions and minimise any uncertainty caused by the changes.

12 APPENDICES

Appendix A – Current organisational structure – see below

REPORT ENDS

APPENDIX A

Adults' Integrated Commissioning Team – current organisational structure

