Options for integrated commissioning: Beyond Barker

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Summary

The Independent Commission on the Future of Health and Social Care in England, established by the Kings Fund and chaired by Kate Barker, reported in September 2014. The Commission’s overarching recommendation was that there should be a single ring fenced budget and a single local commissioner to integrate health and social care. In Options for integrated commissioning, the Kings Fund explores this recommendation and examines options for how it can be implemented.

Recommendations include:

• All areas should have single integrated commissioning and budgets covering social care, public health and many NHS services by 2020 at the latest.
• CCGs and councils should agree the local model for integration based on templates developed by national government and NHS and local government organisations.
• The government should consider legislating to enable ‘health and wellbeing boards plus’ to take over the role of integrated commissioner.
• The Department of Health (DH) should take control of the national budget for social care.

A DH spokesperson responded that there are no plans for the mandatory pooling of health and care budgets, and that areas are already able to pool more funding than the minimum amount required under the Better Care Fund. There are also no plans for the DH to administer social care budgets.

The Nuffield Trust has also produced a paper on the future of accountability and governance in the changing face of the NHS and social care. See LGiU policy briefing.

Briefing in full

Key findings

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Integrating health and care

The Kings Fund indicates that better integration between different health services and between health and social care is now universally accepted. However, integration should not be seen as an end in itself but as a way of achieving better outcomes. Some types of integration have proved to be more successful than others – for example, integrating teams and services is much more important than integrating organisations. There is a danger that high level objectives agreed by organisations may not be carried forward to implementation, so clear outcomes and specific objectives are essential.

Integrated commissioning

The Kings Fund found that there were limited examples of fully integrated commissioning in the UK, and that joint arrangements vary significantly between areas. Current arrangements generally included pooled budgets or other joint financial arrangements, joint commissioning roles or teams, and co-located staff. Integration is most likely to be in place for mental health or learning disability services, although the Better Care Fund is extending this. The report suggests that integrated commissioning is becoming even more important to ensure that new models of care identified in the NHS Forward View, and the shift of responsibilities from Whitehall to localities are managed strategically. The Barker Commission concluded that a single budget managed by a single commissioner was not a sufficient condition to tackle disjointed health and care delivery, but it was a necessary one.

Health and wellbeing boards (HWBs)

The report examined perceptions of health and wellbeing boards from a new survey set alongside information from earlier studies. Local authorities are consistently more optimistic about the role of HWBs in integration than CCGs, probably reflecting a perception in CCGs that they have limited influence over boards in their current form. The report concludes that few HWBs are providing the system leadership needed to take on executive decision-making. Many have the ambition to do so, but currently lack the requisite skills and resources; problems include different national and local priorities, focusing on the HWB as a local authority committee rather than a set of local relationships, and limited engagement with providers. However, overall there is a view that boards have the potential for taking on a greater role, but only if changes, including different membership, additional or different powers and more funding, are made.

Examples of developments

The report provides examples of areas which are at various stages of driving forward integration.
North East Lincolnshire has had joint commissioning of health and adult social care since 2007, first through a care trust plus, now through the CCG as integrated commissioner, with a section 75 agreement with the local authority and a CCG governance subcommittee involving the local authority.

In Sheffield the CCG and the local authority are planning a pooled budget of £270 million, extending the Better Care Fund. The budget will cover preventative care, independent living, active support and recovery, long term support including continuing healthcare and non surgical emergency admissions. Delivery will be through an executive management group jointly chaired by the CCG and the local authority.

NEW Devon and Plymouth are extending their existing joint arrangements with an integrated fund of around £460 million managed through an integrated commissioning board.

In Dorset, Bournemouth and Poole the councils and Dorset CCG have established a single joint commissioning board accountable to the CCG board, two health and wellbeing boards and two council cabinets to promote integration through and beyond the Better Care Fund.

In Southend one of the integration pioneers has brought a joint commissioning team together under a joint associate director of integrated care commissioning and a head of integrated care covering mental health, learning disabilities, frail older people and children’s services. Transfer of statutory responsibilities is not planned for the short term.

The flagship integration project in Greater Manchester is planning to bring together around £6 billion of health and care budget working towards the devolution of health and care responsibilities.

In Scotland a new legislative framework requires integration between health and social care. Health boards and local authorities must form integrated partnerships by April 2016 with strategic joint commissioning plans working to national and local outcomes; a large range of NHS services are included. Two models are possible – a lead organisation or integration joint board.

Options for integrated commissioning

Based on its analysis, the Kings Fund identifies three options for how a single joint commissioning function with a single integrated budget could be developed.

**Option 1 Build on existing organisational and policy arrangements**

This model involves no nationally imposed changes to current structures. Funding would continue to be assigned separately to CCGs and local authorities who would be expected to reach local agreement on how priorities would be commissioned and by whom. The report indicates that this would be the least disruptive option in terms...
of organisational change. It builds on the current policies of the Better Care Fund, integration pioneers and Forward View care models. However the report suggests that the variation in local partnerships means that relying on local efforts and commitment alone is unlikely to achieve the scale and pace of change needed to stop fragmented commissioning.

Option 2 CCG or local government to take responsibility

This option would offer clear accountability and responsibility through a single organisation. Arguments about where responsibility would best be placed are long-standing and any national direction could be a diversion when energies should be focused on collaboration. An alternative approach would be to follow the Scottish approach and let local areas choose; this could be effective in areas with a strong history of mature relationships, but would be more challenging where partnerships were weaker. It would result in a mixture of arrangements across the country and would lead to major change and the need for new public and political accountability to address different governance arrangements.

Option 3 A new vehicle – ‘health and wellbeing boards plus’

Although a completely new vehicle could appear to be a huge organisational change, extending the role of health and wellbeing boards could present an evolutionary option, building on existing arrangements. While HWBs are not currently fit for purpose, the report indicates that with fresh powers and responsibilities and a rebalanced membership from CCGs and local authorities over time they could take on executive responsibility. CCGs and local authorities would ‘share sovereignty’ by delegating responsibilities to the new HWB. They could possibly resemble a more local version of the strategic health and social care partnership board proposed in Greater Manchester.

Kings Fund recommendations

The government should introduce a single national outcomes framework for integrated care to ensure that the NHS and local government are jointly accountable for delivery. A local integration programme would be drawn up by CCGs and local authorities leading to a single local commissioning function from 2017. By 2020 at the latest, all local areas would have a single integrated budget covering adult social care, community health, public health, primary care, mental health services and a range of acute health services.

National bodies should work with CCGs and local government to develop templates based on the options in the Kings Fund report to guide local arrangements. This would include consideration of legislation to facilitate single local commissioners, including the ‘health and wellbeing board plus’. There is also a need to address cross boundary issues, services operating across large areas and the division of responsibility between NHS England and local areas.
The government should introduce a single spending review settlement covering the NHS, public health and social care, and transfer social care funding from the Department for Communities and Local Government to the Department of Health to simplify departmental responsibilities.

The government should agree funding streams and resource allocation formulae, including considering how attendance allowance could be brought within the local integrated budget without reducing future entitlements.

Comment

The Kings Fund is aiming to answer the question whether it is possible to move towards single local commissioning arrangements without a ‘distracting and disruptive structural reorganisation’. The spectre of the Health and Social Care Act 2012 looms large, and will continue to do so for many years.

Although it presents three options, the Kings Fund seems to find most flaws in the first option – building on the existing framework – which involves minimum organisational change and organisations developing their own approaches to integration. This seems very much the preferred approach of Health Secretary Jeremy Hunt and NHS England chief Simon Stevens, between whom, at the moment, it would not be possible to slip a butterfly’s wing.

It would be good to think that all areas can move swiftly to cost effective and seamless integration, but unfortunately the Kings Fund is right – progress will be slow and highly variable without the centre being much more proactive. An integrated outcomes framework would be a good start. It was frustrating that the NHS reforms started out with three separate outcomes frameworks for health, public health and social care, and the work to align parts of these is not going far or fast enough. Bringing the frameworks clearly together would be a good start.

A mix of models from options two and three seem most favoured by the Kings Fund, with option three – evolving ‘health and wellbeing boards plus’ – arguably the least disruptive in terms of organisational change. HWBs as a potential vehicle for change were popular with all parties before the General Election, all though Labour and the Liberal Democrats promoted an enhanced role as system leader.

Their popularity probably reflects the fact that if they didn’t exist they would have to be invented. While much more work clearly needs to be done to ensure that the NHS has a greater stake in HWBs, and that boards themselves have enhanced capabilities, the structure has clear potential to ensure that both local authority and NHS perspectives are given appropriate weight.

The interesting discussion paper by the Nuffield Trust calls into question the continued need for CCGs in their current form, if care models that cut across the purchaser provider split are enacted. (See LGiU policy briefing.) While the
Integration Pioneer and Vanguard sites are not focused on high level strategic organisation, the developments in Greater Manchester and Scotland will start to provide information about the effectiveness of integration boards with real power. It could be that the detractors of HWBs will find it hard to identify a better alternative.

Mending the fragmentation within the NHS, and between health, public health and social care has been an ongoing project since the nineteen seventies, with only minimal success so far. It is time for a national drive to encourage local and regional integration that has genuine power and responsibility.

Nuffield Trust: Reconsidering accountability in an age of integrated care

The State of Care in Counties (LGiU/ACC report)

Update on approaches to integrated care

NHS Five year forward view

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