#### **Better Care Fund**

# **Governance Options**

Bindi Nagra Assistant Director – Strategy & Resources

Richard Young Interim BCF Programme Manager

# **Health and Wellbeing Board**

11<sup>th</sup> December 2014

**NHS** Enfield Clinical Commissioning Group Striving for excellence  $\star \star \star \star$ 







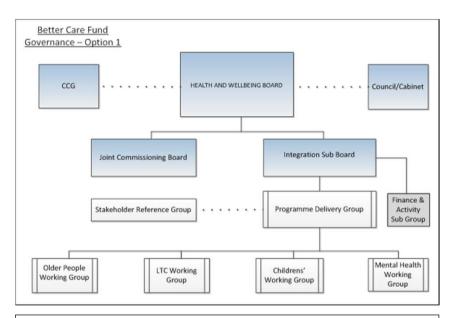
### **Proposed Governance Options**

- **Option 1** a new <u>Integration Board</u> is established as a Sub Board of the HWB, operating with delegated powers from the HWB Board, to take forward the BCF plan and design a blueprint of what fully Integrated Services will be like across health and social care in Enfield. The new Board will replace the BCF Sub Board and its Working Group, and consolidate the Older Peoples Integration Board (which will be deleted).
- Option 2 a new <u>Joint Commissioning and Better Care Board</u> be established as a Sub Board of the HWB, operating without delegation, to take forward the implementation of the BCF plan and design a blue print of what fully Integrated Services will look like across health and social care in Enfield. The new Sub-Board will replace the current Joint Commissioning Board, the Integration Sub-Board and its Working Group (which will be deleted).
- The chosen option will be supplemented and aided in decision making by the implementation of a Stakeholder Reference Group.



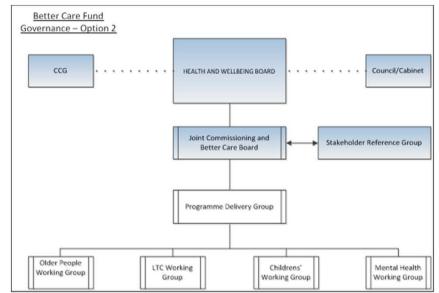


# **BCF Governance Options**



#### **Option 1: Key Features:**

- BCF & Integration Programme
  - Separate JCB
- Delegated powers from the HWB
  - Above delegated limit will be referred to the HWB
- Executive / Senior Representation
- NHS Providers as members



#### **Option 2: Key Features:**

- Combined BCF and Joint
   Commissioning Board
- 'Advisory' Board
  - No Delegation All decisions referred to HWB
- Senior Representation
- No NHS Provider members





#### **Governance Options Appraisal**

Option	Description	Pros	Cons
Option 1	Establish an new Integration Board	<ul> <li>Commissioning is bigger and broader than integration and should remain separate</li> <li>Brings together key decision makers around Integration as well as BCF</li> <li>Embeds the BCF in the whole system approach</li> <li>Provides visibility across partner organisations</li> <li>Powerful decision makers</li> <li>Provides a clearer remit for JCB decisions</li> <li>Resources can be jointly managed</li> </ul>	<ul> <li>Leaves JCB as stand alone</li> <li>Will need to manage potential conflict of interests with providers</li> </ul>
Option 2	Establish a new Joint Commissioning and Better Care Board	<ul> <li>Clearer remit than current JCB</li> <li>Some potential synergies with joint commissioning function of BC</li> </ul>	<ul> <li>No delegation – all decisions referred to / ratified by HWB</li> <li>Too big to be effective</li> <li>Membership does have not enough vision for change</li> <li>Conflict of interest with providers</li> <li>Confusing commissioning with programme delivery aspirations</li> </ul>



Clinical Commissioning Group

# **Any Questions ?**

Members are asked to agree either Option 1 or Option 2 and their associated remit and membership, for the governance of the Better Care Fund as set out in this report.

