DECISION-MAKER:	HEALTH AND WELLBEING BOARD
SUBJECT:	JOINT COMMISSIONING STRATEGY
DATE OF DECISION:	21NOVEMBER 2012
REPORT OF:	CHAIR, CLINICAL COMMISSIONING GROUP
STATEMENT OF CONFIDENTIALITY	
None.	

BRIEF SUMMARY

The proposals in this document are built on the experiences of many years of partnership work between health and social care across the City of Southampton.

This started with pooled budgets, using Health Act flexibilities for mental health, substance misuse and learning disabilities and joint appointments for managers to lead this work on behalf of both organisations.

In 2009 this was further strengthened when the Primary Care Trust and Southampton City Council moved to a formal alignment of commissioning for adult health and social care services with the appointment of an Associate Director to discharge leadership for both organisations.

Recently Southampton City Council and Southampton City Clinical Commissioning Group have confirmed their commitment to continuing with joint commissioning arrangements within the newly restructured NHS arrangements and the wish to explore opportunities for developing this further.

A Joint and Integrated Commissioning Board comprising CCG Chair, Accountable Officer and Elected Members and Directors from the City Council are developing proposals based on this document to further develop Joint Commissioning including the development of a shared team.

This Joint (Southampton City Council and Southampton City Clinical Commissioning Group) Commissioning Framework sets out how the organisations will commission together. It outlines the areas of focus for Integrated Commissioning and the organisational and governance structures required to support effective and safe implementation.

RECOMMENDATIONS:

(i) The Board is asked to support the Principles outlined within the Strategy;

(ii) The Board is asked to support the areas of focus identified; and

(iii) The Board is asked to support the Strategy.

REASONS FOR REPORT RECOMMENDATIONS

1. Systems within which the local authority and health operate and the services that are commissioned are different but strongly inter-related. Both organisations want to ensure that the best outcomes are achieved for the population and wish to work together to ensure that resources are used effectively.

2. The aim is to improve decision making and develop more integrated services to achieve the best for Southampton citizens and those registered with GP practices.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. Consideration was given to a range of options.

DETAIL (Including consultation carried out)

4. **1. Scope**

The focus of the joint work is on commissioning, not on the integration of procurement processes. Commissioning is about assessing needs , available resources and priorities, and using this information to plan, buy, and review services to ensure they meet the needs of customers and provide value for money Commissioning helps set the strategic direction of organisations – it enables decisions on what to do and the best way to do it. Commissioning defines the services required and outcomes to be achieved; it is focused on “what is needed”. Procurement helps organisation/s achieve the most appropriate and cost effective way to deliver services to achieve those outcomes, summarised as “how do we get it”. The procurement process runs alongside and enables commissioning. Procurement is a route through which the commissioning organisation can appoint a provider (or providers) to deliver the commissioning strategy for a given service, however not all commissioning will be done via procurement.

Commissioning in a more joined up way is crucial to improving life for residents in Southampton. Treating health, public health, social care, and other local authority functions such as housing, education and leisure, as a whole system rather than lots of individual services will improve outcomes, make it easier for people to understand and access services and make better use of our resources. The Commissioning process is resource intensive and so there are efficiencies in doing this jointly.

5. **2. What are we doing?**

CCG and Council are launching this framework to increase the level of services we commission together. The key actions we are taking include:

- Jointly endorsing our 3 priorities for commissioning and the key actions we will take under each of these;
- Committing to increase the percentage of our budgets that we pool

and commission together;

- Putting in place an infrastructure to actively support joint commissioning;
- Developing an integrated commissioning team that brings together a number of health and local authority commissioners together under a single management structure
- Jointly signing up to the 8 principles for commissioning that will underpin everything we do.

6. **3. Why are we doing this?**

3.1 Achieving better outcomes

- to challenge existing services delivery models and review alternative and innovative new ways of working to ensure always achieving the best outcomes for customers in the most efficient ways possible.
- ensure that budget decisions are based on and understanding of needs, evidence of what works and fully informed of other changes taking place.
- put quality assurance first to enable an active focus on safety, experience and outcomes.

3.2 Earlier identification of need

- increase the use of risk stratification to support future planning and best target joint resources. This will help to support demand management, focus on prevention and reduce and delay the need for intensive high cost interventions.

3.3. Shared aims to avoid cost shunting

- increasing the use of joint budgets will ensure that we are working together to achieved shared aims and help avoid cost shunting.

3.4 Improve transition

- transitions between children's and adult services, both within and across organisations, are not always planned for in a way that best meets the customer's needs.

3.5 Seamless delivery of services

- the links between different services such as housing, social care and healthcare can be confusing for customers and patients and services can feel disjointed. The aim is to move towards a seamless delivery of services from multiple providers and move towards single points of access for customers. Commissioning together across organisations and services will enable incentivisation of providers to work together to ensure the experience of services provided is holistic.

3.6 Value for money

- to review contract and procurement processes to ensure they are in line with the principles outlined in this framework.
- to ensure best value from contracts, especially where both the Council and CCG have contracts with the same providers.
- ensure contracts are outcome focused and flexible enough to respond to changing needs.. Personalisation will be promoted and duplication removed.

3.7 Improved market management

3.8 Efficient Commissioning structures

7. **4. Commissioning Principles**

A set of 8 key principles have been agreed that will guide all commissioning undertaken by both the City Council and the Clinical Commissioning Group, whether it is done jointly or individually.

Consideration has been given to a number of structural options including :

- No change in current practice with elements of joint commissioning for specific client groups
- Aligned Commissioning - separating commissioning to each agency undertaking their own
- Joint Commissioning - Virtual team working to shared strategy , increas pooled budgets and shared posts with joint appointment to lead the wor for both organisations
- Fully integrated Commissioning with either organisation acting on behalf of the other or based in a stand-alone organisation

RESOURCE IMPLICATIONS

8. **Capital/Revenue**

Initial assessments have been made as to the influencable commissioning spend that will be impacted upon within this. for Southampton City Council spends £82m* on commissioning services in the City every year and the CCG commissions £300m* worth of activity in Southampton every year.

Property/Other

9. None.

LEGAL IMPLICATIONS

10. **Statutory power to undertake proposals in the report:**

Formal partnership between NHS and Local Authority – Section 75 NHS Act 2006

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

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KEY DECISION No

WARDS/COMMUNITIES AFFECTED:	all

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Commissioning Priorities (p. 21,22,2)
2.	Joint Commissioning Plans (p. 28)

Documents In Members' Rooms

1.	None

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No

Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

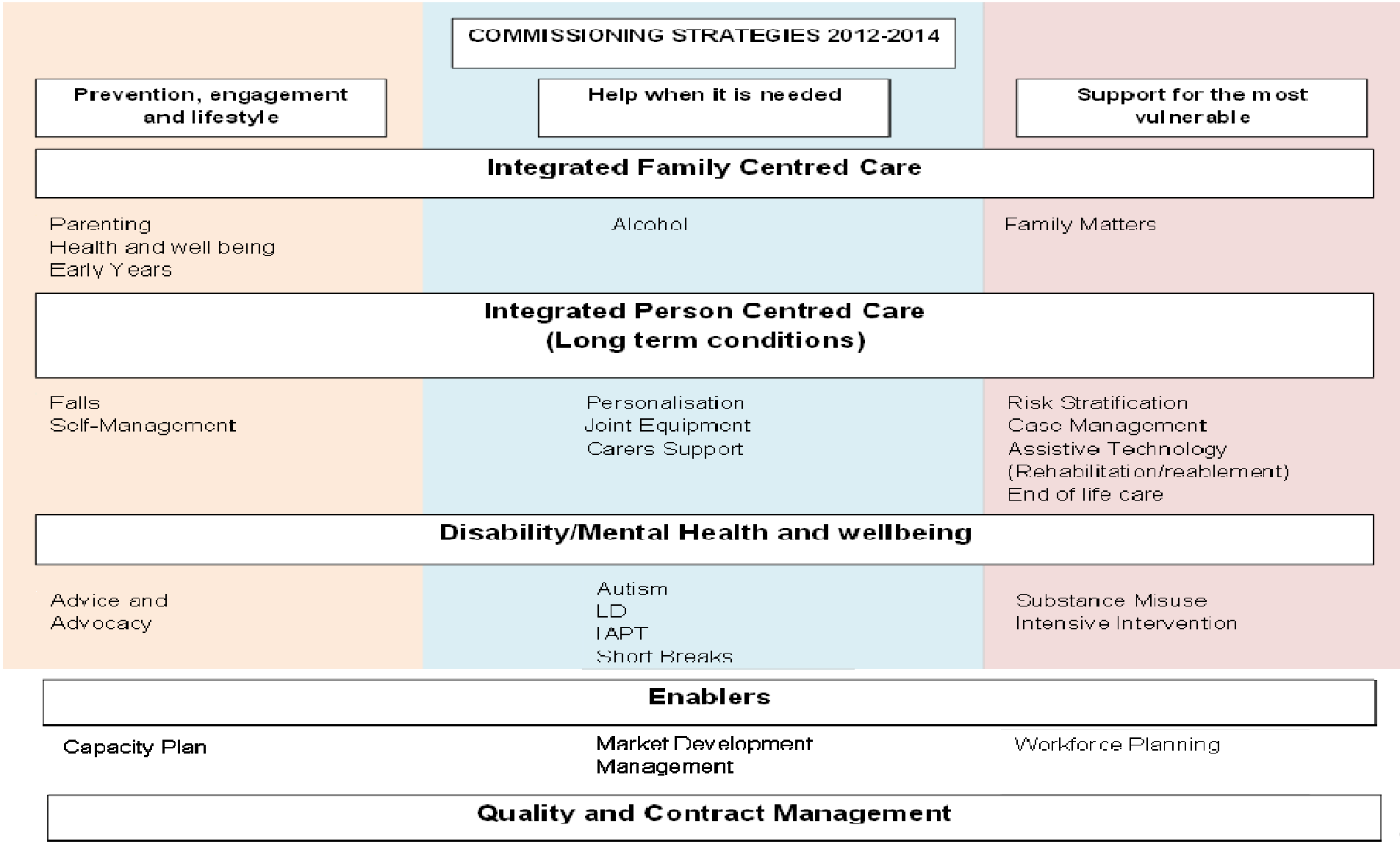
Appendix 1

CURRENT	WHAT WE WILL DO	FUTURE
PRIORITY 1 - FOCUSING ON PREVENTION, ENGAGEMENT AND LIFESTYLE		
Collective resources tend to focus on high risk and high cost support rather than prevention and early help. People on lower incomes living in the most deprived areas in the city have shorter lives Excessive alcohol consumption is impacting negatively on the city's population in a number of ways including health, mortality, and crime. Too many of our residents have illnesses or accidents that were preventable There is still a long way to go in closing the gaps in inequalities in childhood and ensuring every child has the best start in life.	Promote healthy lifestyles that encourage people to take self responsibility Address the wider determinants of health including poor housing, worklessness, community safety and economic regeneration Focus on tackling alcohol and substance abuse within the City. Continue to invest in the prevention of long term conditions. Sustain prevention programmes around smoking, obesity and physical activity and cardiovascular disease Improve advice and information to support good decision making and lifestyle choices Develop a more joined-up multi-agency service approach to improve prevention and early help to families in order to reduce escalation of problems to the costly, high risk and safeguarding levels. Continue to strengthen the delivery of high quality integrated services to children and families. Build capacity working to support good parenting Working together to deliver more cohesive support to improve parental issues and experiences that adversely impact on their children & young people such as unemployment, housing needs and re-offending	People feel supported to make the right choices and stay healthier for longer The gap in health inequality between different areas in the City narrows A reduction in residents with long term conditions A decrease in the harm caused by alcohol abuse People are supported stay healthy and actively involved in their communities for as long as possible, thus helping prevent, reduce or delay the need for more specialist care services Improved health, wellbeing, safety, economic and social outcomes for parents, and improved educational and social outcomes for children. Services and activities to improve educational outcomes for children including reduced school absence and attainment are part of the wider support to families

CURRENT	WHAT WE WILL DO	FUTURE
PRIORITY 2 – HELP WHEN IT IS NEEDED		
There are too many unplanned and preventable hospital admissions. Services need to focus more on sustainable recovery. Direct health and social care needs are the major focus of service delivery. Little planned use of universal services and links with community associations. Despite some systems and services seeking to provide whole family interventions too many services approach the issues in a family from either the child or the adult perspective.	Redesign support to increase early identification of disease to prevent or delay specialist services Redesign of pathways to care to provide cradle to grave integrated support and improve outcomes for example in relation to alcohol and drug treatment, mental health services, and learning disabilities. Increase systems to improve recovery and reach more people at earlier stages Increase the choice of quality services within a sustainable market Increasing use of direct payments and personal health budgets improving access to services, e.g. therapies, mental health support and equipment	Early detection and effective support to minimise effects of disease and frailty and reduce complications Cost savings (medium term) and improved services through both more efficient processes and joined-up provision to enable early help Improved customer-centred and integrated responses to improve efficiencies e.g. single point of contact with single case management and care planning with integrated community teams so people receive seamless care Reduced costs (over medium/long term) to costly tier 4 services including safeguarding children and vulnerable adults and domestic violence services.

	WHAT WE WILL DO	FUTURE
PRIORITY 3 – SUPPORT FOR THE MOST VULNERABLE		
There is some focus on enabling self care but most is on caring for and treating people. People are consulted and informed about services but professionals make most of the decisions Services are too often providing single disease specific solutions rather than providing care based on the needs of individuals especially those with multiple conditions. Support to families with complex needs does not always seek to tackle the underlying cause of problems such as poverty, substance misuse or domestic abuse.	Focus on developing the services people need to keep them in their own home for longer such as rehabilitation and reablement, telecare, adaptive equipment, supported housing and improving support for carers Extend range of interventions and disease management 'closer to home' and with greater ease of access for the individual and pro-active care planning based on needs of individuals and not single disease solutions; Review of systems and pathways to provide joined-up support to families with problems or challenges including the underpinning issues that are drivers for families with complex needs such as substance misuse, domestic abuse and mental ill-health Ensure support to families with additional needs including LD, people with disabilities and SEN is integrated into a family centred approach	People are supported to access the information and the means to take more control over their health and care arrangements, and have more choice over services when there is a continuing need for such services Individuals are co designers of the support they receive Self management of conditions and sustainable recovery that reduce the need for more costly interventions and intensive support and enables people to remain independent and in their own homes for longer; Cost savings through both more efficient support processes that enable self management of conditions and as a result of better outcomes that reduce the need for more costly interventions and intensive social care support Vulnerable young people are supported to improve outcomes and move successfully into adulthood. Improved outcomes for families with multiple and complex needs

Appendix 2


COMMISSIONING STRATEGIES 2012-2014
Prevention, engagement and lifestyle
Help when it is needed
Support for the most vulnerable
Integrated Family Centred Care
Parenting
Health and well being
Early Years
Alcohol
Family Matters
Integrated Person Centred Care
(Long term conditions)
Falls
Self-Management
Personalisation
Joint Equipment
Carers Support
Risk Stratification
Case Management
Assistive Technology
(Rehabilitation/reablement)
End of life care
Disability/Mental Health and wellbeing
Advice and
Advocacy
Autism
LD
IAPT
Short Breaks
Substance Misuse
Intensive Intervention
Enablers
Capacity Plan
Market Development
Management
Workforce Planning
Quality and Contract Management