

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	INTEGRATED COMMISSIONING WORK PROGRAMME 2015/16		
DATE OF DECISION:	29 JULY 2015		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
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STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

This report sets out the key commissioning themes and work programme for the Integrated Commissioning Unit for 2015/16. It informs the Health and Wellbeing Board of the key activities to enable the Board to ascertain how it wishes to engage in areas of strategic importance to influence the next iteration of the Health and Wellbeing Strategy and priorities for updating the Joint Strategic Needs Assessment.

The priorities for 2015/16 for the ICU are based on the Health and Wellbeing Strategy, Better Care priorities and national targets required of Council and Southampton City Clinical Commissioning group. Key commissioning themes of work for the ICU are:

- Early Intervention and prevention – developing an integrated early intervention and prevention offer for adults and young people, children and families
- Improving outcomes for people with Learning disabilities
- Improving outcomes for people with Mental health problems
- Improving outcomes for children and young people
- Delivering Integrated Care (Better Care)

RECOMMENDATIONS :

- (i) To note the priorities for Integrated Commissioning for 2015/16 and consider how the Health and Wellbeing Board will engage with areas of strategic importance to its own work programme.

REASONS FOR REPORT RECOMMENDATIONS

1. The ICU priorities identified are based on the Health and Wellbeing Strategy, Better Care plan and national targets required of Council and Southampton City Clinical Commissioning group. Priorities have been identified and signed off by the Commissioning Partnership Board based on strategic need, impact and cost effectiveness.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

1. Not applicable. The ICU's work programme is set and monitored by the Commissioning Partnership Board and may be adapted in year should alternative priorities emerge.

DETAIL (Including consultation carried out)

Background

2. The Council and Southampton City Clinical Commissioning group (CCG) are committed to Integrated Commissioning and have established an Integrated Commissioning unit (ICU) to take this forward. The ICU undertakes all parts of the commissioning cycle (needs analysis, planning, commissioning strategy, service specification, market development, procurement, contract monitoring, quality assurance and review) working across health and social care to develop an integrated service offer for local people.
3. This approach is embodied within the city's Better Care plan and is supported through the Pooled budget for Better Care which was established in April 2015 through a Section 75 Partnership agreement.
4. From 1 April 2015 Local Authorities and CCGs are required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority. Southampton City has taken a more holistic approach to health and social care and aims to fund and commission it in that way. It has therefore gone beyond the minimum national requirement to pool health and social care resources and chosen to pool a significantly greater amount of its budgets.
5. In 2015/16 this comes to £62m health and social care funding. The ambition is to encompass in time all services that fit within the scope of the Better Care model, including some services for children and young people, eventually bringing the total pooled fund to in excess of £130m. Approval to proceed with the pooled fund has been given by Health and Wellbeing Board, Full Council and Clinical Commissioning group Governing body.
6. The ICU reports to the Commissioning Partnership Board (CPB) which oversees the integrated commissioning agenda for the Council and CCG. The CPB comprises the Chief Executives of the Council and CCG, Director of Public Health, GP Governing Board member, Cabinet member, Chief Finance Officers and lead Directors from the council and CCG. This Board is also the Partnership Board for the Better Care pooled budget. The Health & Wellbeing Board provides high level oversight of these arrangements, ensuring that partnership arrangements are effective and that plans are robust and both ambitious and realistic in their aspiration.
7. The ICU was established in December 2013 to:
 - Pool capabilities and purchasing power across the Council and CCG, so that both organisations can exercise much greater control over what they need, buy, at what price and at the right level of quality.
 - Realigning spend to the outcomes required – take a whole SCC/CCG perspective, regardless of the current budget arrangements

- Commission so everything “works together” – achieve better outcomes for identified groups of people through joint working during the whole commissioning cycle and therefore providing a more joined-up service for these groups
 - Provide a mechanism for influencing the market at scale across health and social care
 - Deliver against national targets and new legislation requirements
8. Key drivers for this were to address need in the round and improve outcomes, including reducing health inequalities and improving life expectancy. The aim is to be able to develop services to intervene earlier, be more proactive and to shift balance of care from acute to community settings. To support the development of integrated provision and to promote independence by increasing the numbers of people living independently and using self-management approaches. All of this being achieved with a focus on managing within reducing resources and ensuring delivery of high quality care and support to a diverse population.
9. Key commissioning themes of work for the ICU for 15/16 are:
- Early Intervention and prevention – developing an integrated early intervention and prevention offer for adults and young people, children and families
 - Improving outcomes for people with Learning disabilities
 - Improving outcomes for people with Mental health problems
 - Improving outcomes for children and young people
 - Delivering Integrated Care (Better Care)

Details of the schemes included in these and progress so far are included in Appendix 1. Below is a summary of some of the key pieces of work.

Early Intervention and Prevention

9. This programme of work aims to place more emphasis on prevention and early intervention in order to support people to maintain their independence and delay their need for formal care, a strategic aim for both the CCG and City Council.
10. This involves reviewing the current resources and services commissioned or funded and how a shift might be achieved. The aim is to refocus towards maintaining independence and good health and promoting wellbeing, including the creation of supportive and safer neighbourhoods/communities and combating loneliness.
11. The programme will also look at ways to identify people at risk and how to halt or slow down any deterioration, and actively seek to improve their situation. This also aligns closely with the better care programme.
12. The work is at an early stage but areas identified as potential priorities are advice and information services, developing strong resilient communities, promoting access to accommodation and helping people to gain and maintain employment.

People with Learning disabilities - Complex Housing Project

13. The purpose of this project is to increase the quality, capacity and number of

supported living environments for adults (primarily those with learning disabilities) living in Southampton (for whom the city council or CCG are responsible). This will support service users to be more independent.

People with Mental Health Problems – Mental Health Review

14. The ICU is currently undertaking a review of mental health services which will conclude towards the end of the year. There is further work and consultation taking place but key themes are already emerging. In line with national and local priorities, we are looking to ensure services are recovery orientated and that people have maximum choice and control of their own care and treatment. There has, and will continue to be, an emphasis on people accessing services in community settings and on employment being the norm for people with mental health conditions who are of working age.
15. The review will involve all services and is not age specific. We will be looking at how to align mental health services with other priority areas including Better Care and initiatives such as Headstart, researching best practice and learning from others, consulting with a wide range of agencies and service users and carers and undertaking financial modelling to design a model within the resources available.

Improving Outcomes for Children and Young People

16. The focus of the ICU's commissioning programme of work for children and young people is on developing a Child & Family centred local integrated service offer, Integrated specialist support and building community capacity to support prevention and early intervention.
17. At the universal and targeted level, work is in progress to integrate services organised around 3 localities (East, West, Central Southampton), each aligned to 2 of the Better Care clusters. The 3 integrated teams will work closely with partners including schools and primary care services in each locality. The first phase of development commences this summer with the establishment of enhanced early childhood leadership teams comprising maternity, health visiting and children's centres. The teams will work together on creating local priorities and business plans against citywide templates. Support for families will be enhanced by combining and aligning assessment processes.
18. Second and subsequent phases of development are intended to include integrated locality management structures and co-location of services 0-19 years across health visiting, children's centres, school nursing and Early Help teams and will be linked to future commissioning plans for health visiting and school nursing.
19. Work is also in progress to integrate systems and processes (and in some cases teams) that focus on meeting statutory requirements and more specialist needs to deliver a more coordinated service to children, young people and families which meets their needs in the round. In particular, this includes:
 - Statutory processes for looked after children - the City Council looked after children services and Solent looked after children health team have been working together over the last 12 months to improve communication and join up processes to improve performance against statutory response times for new into care assessments and reviews. This is part of a wider programme for improving the health response to

looked after children. Consideration is also being given to co-location of the health and social care teams.

- Development of an integrated 0-25 SEND offer across Education, Health and Social Care which includes the statutory assessment and plan pathway as one amongst a range of options that enable families to meet the needs of their child, young person or young adult.

Sexual health review

20. The ICU working with Public Health has undertaken a Sexual Health needs assessment, consulting widely, and developed commissioning intentions for sexual health services. The approach is to work collaboratively with neighbouring local authorities and CCGs to jointly procure integrated specialist Contraception, Sexual Health and GUM Services starting no later than April 2018.
21. In the interim period, the Council and CCG are working with the existing provider of the integrated Level 3 service to deliver a transformation programme to meet local priorities and achieve economies of scale and maximum value for money, at the same time as re-procuring Level 2 services (GP and Pharmacy based) during 2015/16 for a new contractual framework from 1 April 2016.
22. A key area of focus for sexual health will be on developing our approach to sexual health promotion and behaviour change, creating appropriate capacity within the commissioned services for effective interventions around sexual and reproductive health and a leadership role to the wider system to ensure a collective, cohesive approach across the council, schools, colleges, public health nursing, primary care and community settings.

Delivering Integrated Care (Better Care)

23. Extensive work has been undertaken by the Council working in partnership with the CCG and other stakeholders to develop Southampton's Better Care Plan, under the leadership of the Health and Wellbeing Board. The ICU is supporting the implementation of this vision to completely transform the delivery of care in Southampton so that it is better integrated across health and social care, delivered as locally as possible and person centred.
- 23.. The current main scheme's and work in progress are:
 1. Local person centred coordinated care (clusters) - integrated multidisciplinary cluster teams providing integrated risk stratification, care coordination, planning, 7 day working.
 2. Integrated discharge, reablement and rehabilitation service, including greater use of telecare/telehealth. This scheme is aimed at helping people to maintain their independence at home, in the community, intervening quickly where required to prevent deterioration, as well as supporting people's recovery and reablement following a period of illness
 3. Community solutions and prevention - this scheme is aimed at building on and developing local community assets and supporting people and families to find their own solutions.
 4. Supporting carers – this scheme recognises the important role that

carers have in supporting older people and those with multiple long term conditions in the community and supports the overall model and ambitions of local person centred coordinated care.

5. Developing the market for placements and packages and further integrating approaches – this includes work to develop the market to provide greater opportunity and choice, encourage a recovery/ reablement focus and support people to remain as independent as they can be in their own homes.
24. This is being developed further to include adults, children and those with learning disabilities or mental health issues.
25. In addition, a number of contracts have been recently developed or changed in support of the above agenda. These are currently being implemented including:
 - Public Health nursing 5-19 (school nursing service) – new contract in place from April 2015
 - Substance misuse – new contract in place from January 2015
 - Domiciliary Care – new contract in place from April 2015
 - Carers service – new contract in place from
 - Advocacy service

Provider Relationships

26. A key aspect of the ICU work is Provider Relationships and priorities include:
 - Developing and implementing a care placement service
 - Agreeing new processes across commissioning and operational functions for the purchasing of individual packages of care
 - Identifying opportunities to increase the practice of 'intelligent' purchasing across CCG/ SCC
 - Undertaking targeted work with providers of high cost/ high volume care to deliver savings
 - Developing a strategic and systematic approach to the management of contractual commitments across adults and children's health and social care and seeking further opportunities to rationalise and consolidate contractual obligations
 - Developing the market
 - Gaining a comprehensive understanding of the relationship between the supply and demand for local care/ support, and identifying market failures/ priority areas of spend where purchasing power must increase
 - Engaging proactively with the market to increase the diversity of local supply, co-produce alternatives to traditional care service models, and expand the local capacity of service models which provide better value for money
 - Developing a rolling programme of thematically focused and segmented market position statements
 - Ensuring the market is fit to effectively respond

Quality

- 27.. Quality underlies all of the work undertaken to ensure :
- Care is safer for everyone whatever the care setting
 - People always have good outcomes from services
 - People always have a good experience from services

Governance

28. The detailed work of the ICU is overseen by the Commissioning Partnership Board which has Chief Officer, Director, Cabinet member, clinical and lay member representation. Formal decisions remain with SCC and CCG governance routes

RESOURCE IMPLICATIONS

Capital/Revenue

29. Current targeted savings to be achieved by the ICU for 2015/16 are £6,992m, approximately 50/50 split across SCC and CCG
30. The minimum requirement for the Better Care Fund in 2015/16 is £15.325M Revenue and £1.526M Capital. The majority is existing funding sources included within either the Council or CCG 2014/15 budget. Pooled budget for 2015/16 is £61m. It should be noted that it is the commissioning budgets for services that are being pooled and that the services themselves and the associated staff will remain managed and employed as they are currently

Property/Other

31. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

32. Section 75 of the National Health Service Act 2006

Other Legal Implications:

33. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to encourage and support integrated working.

POLICY FRAMEWORK IMPLICATIONS

34. The priorities identified are wholly consistent with the Council's Health and Wellbeing Strategy and other policy framework strategies and plans.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Integrated Commissioning Unit 15/16 priorities
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out?	No
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Other Background Documents

Equality 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	
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