Shadow Health and Wellbeing Board
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Joint Commissioning –
one picture, many contributions

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What is commissioning? agreeing our start point

- "*Commissioning is the process of assessing need, identifying resources available, planning how to use the resources, arranging service delivery (as opposed to operational management), reviewing the service and reassessing need."*
- "Commissioning creates the levers for service change".
- "We believe that integrated commissioning will bring innovation, value for money and improved services that cut waste and duplication".

Commissioning is the means to secure the best value for local citizens.

Commissioning for the **health and well-being of individuals** means helping local citizens to:

- look after themselves, and stay healthy and independent
- participate fully as active members of their communities
- choose and easily access the type of help they need, when they
- need it.

Commissioning for the **health and well-being of a local population** means:

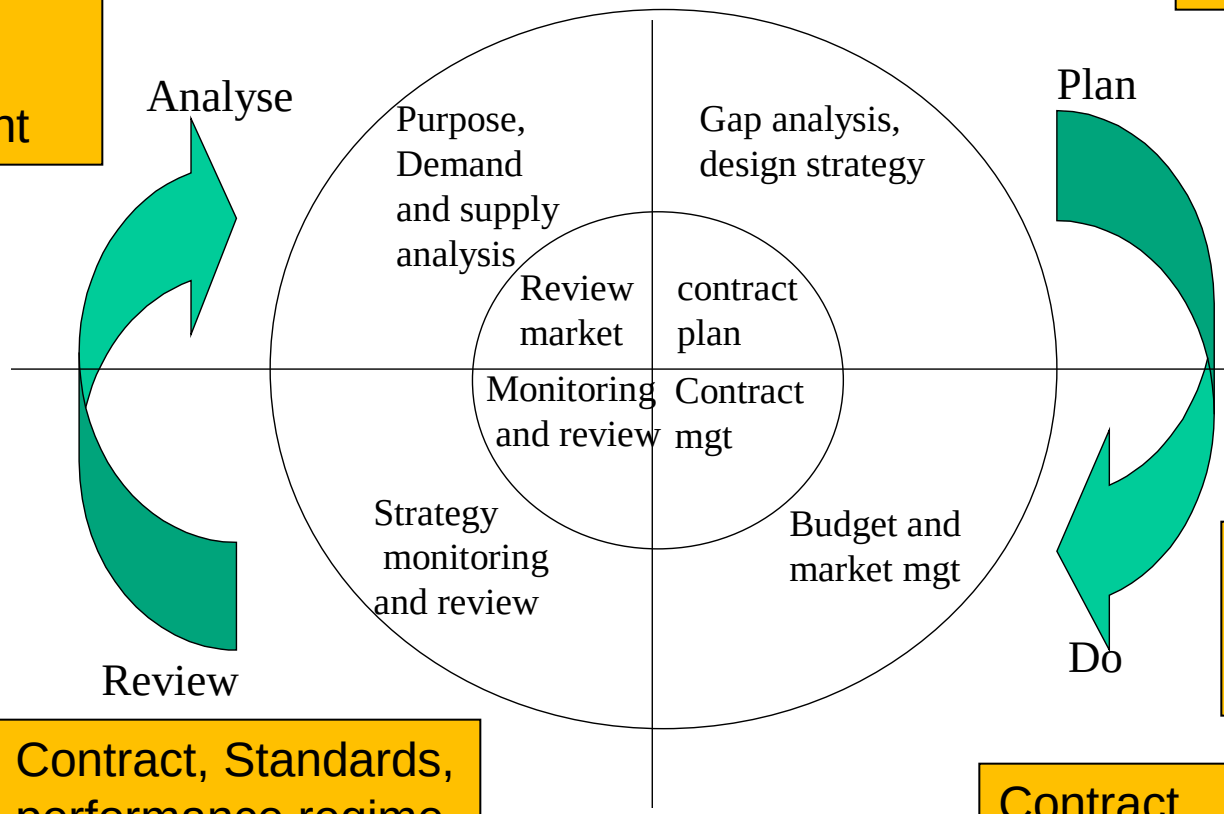
- understanding and anticipating future need
- deliver the best possible health and well-being outcomes including promoting equality
- promoting health and inclusion and supporting independence
- identifying the groups or areas that are getting a raw deal and giving them a voice to influence improvements
- delivering the best and safest possible quality of care.

Commissioning cycle

Commissioning Framework

Market position statement

JSNA



Commissioning intentions statement

Contract, Standards, performance regime

Contract strategy

Warwickshire County Council

Symptoms of a working commissioning process !

- JSNA - what are the needs and priorities
- Market intelligence and position statement
- Cross agency Resources analysis
- Plans – timetable, clarity (5’w’s)
- Contract strategies - BV duty, cost analysis, sustainability
- Procurement plans - channels, market segment, partnerships,
- Contract documents and standards
- Monitoring and review schedules, performance data and contingencies
- Feed into JSNA

But effective joint commissioning..

- Targets services to give the greatest impact on health and well being outcomes
- Avoids duplication of services (and transactions)
- Ensures value for money & efficiency
- Develops co-ordinated services
- Shares best practice
- Shares expertise (and language)
- Shares intelligence about needs

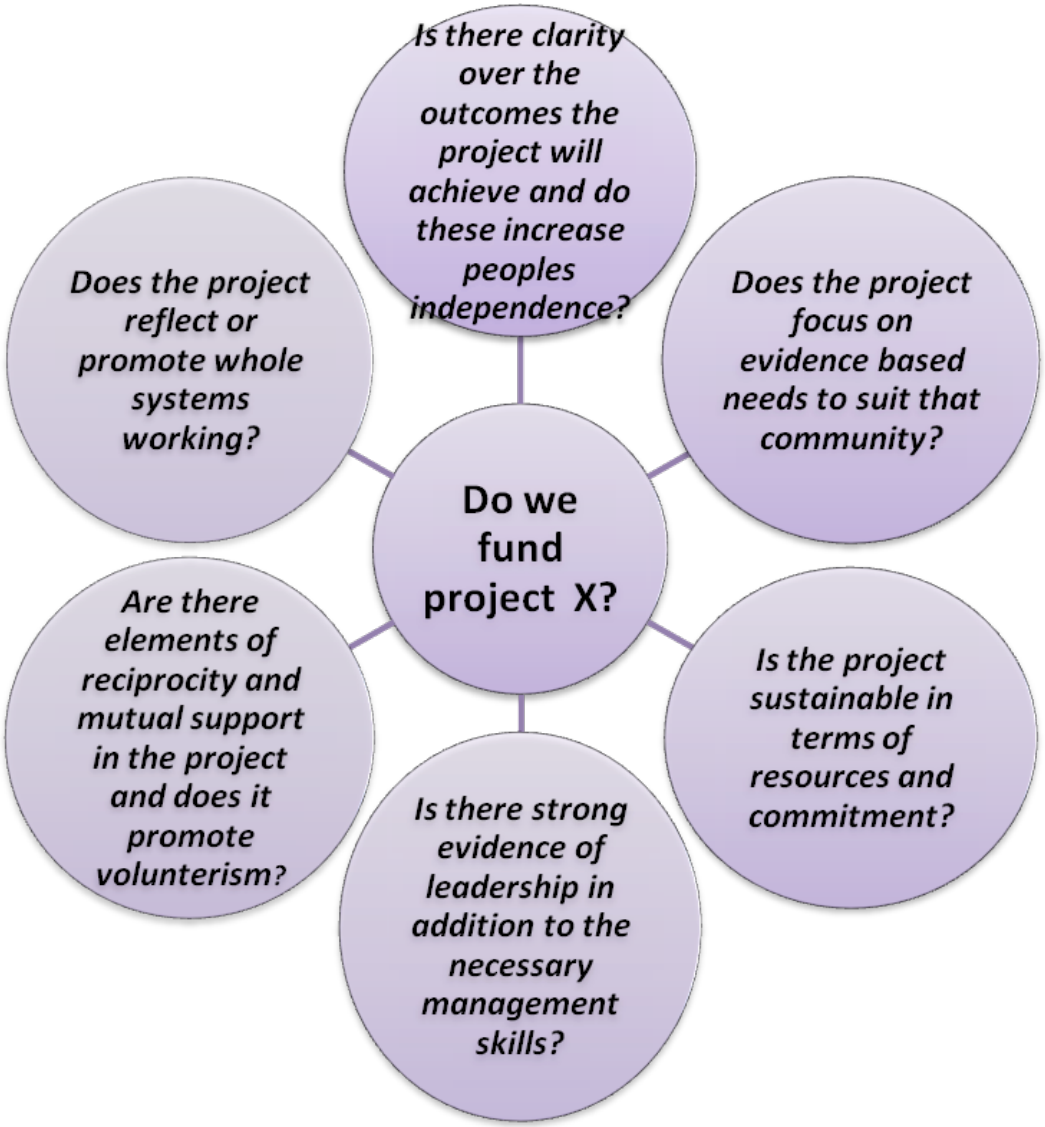
The JSNA needs to answer..

In my area…

- What are people living with that makes their lives difficult?
- How many children are living in poverty?
- Roughly when do people die?
- Which members of our community die youngest?
- Which groups are getting a raw deal?
- What are people dying of?
- What illnesses are people living with?
- How many people are over 75?
- Are we spending our money on the right things?
- Where do the groups getting a raw deal live
- What help do the groups getting a raw deal want and need?
- What are the environmental risks to well-being now and in the future?

In three to five years time…

- How do we get more people to help older people have better lives?
- Has the health of the poorest improved?
- How do we create more responsive service providers?
- How can we get children to take more exercise?
- What do we do to stop people dying of heart attacks


Is there clarity over the outcomes the project will achieve and do these increase peoples independence?
Does the project reflect or promote whole systems working?
Does the project focus on evidence based needs to suit that community?
Do we fund project X?
Are there elements of reciprocity and mutual support in the project and does it promote volunterism?
Is the project sustainable in terms of resources and commitment?
Is there strong evidence of leadership in addition to the necessary management skills?

Models of joint commissioning

- Lead commissioning (one partner does the commissioning on behalf of the other and invoices the partner for service)
- Lead procurer, but pooled budget used on defined priorities by trusted assessors and ‘managers’
- Integrated commissioning

What's currently in place

- *(Lead)* commissioning for Mental health :
  - PCT lead partner with Section 256 NHSW,
    - Section 75 C&WPT with Social care staff seconded, and separate meetings with provider. .
- Lead commissioner for part LD with section 256 :
  - complex cases still SHA commissioned (Castlebeck)
  - Primary care and hospital care for LD unclear
- Childrens –maternity, paediatrics, speech and language, CAMHS
- Intermediate care, reablement,
- End of life
- Drug and Alcohol services

What could we do differently – Mental Health

- MH strategy refresh could lead to new commissioning board /contract
  - Focus on primary care and prevention (3rd sector and 'Big society')
  - Joint needs analysis and vfm toolkit,
  - Personalisation as the norm
  - Urgent focus on CAMHS
- Dementia strategy- xtra care, telecare (but UHCW quality accounts?)

What to do differently – Learning Disabilities

- "6 Lives" highlights the need for more intelligence about access and effectiveness
- New strategy – independence (34% adults known live in institutions)
- Commissioning complex needs one transaction
- Personal health budgets to complement personal budgets
- Assuring quality

Drug & Alcohol

- We tendered for an integrated recovery focussed drug and alcohol and criminal justice system.
- On target to beat the 4 year partnership target of 1,074 problematic drug users in effective treatment.
- Progressing commissioning a new engagement and support service for families and carers.

Where do we go next – some of the Social care offer to CCGs

- Signposting, brokerage and first contact information
- ‘First’ and ‘fast’ response service brokerage
- Residential placements, home care services /contract management
- Service Reviews, performance monitoring and quality assurance
- Analysis of need, market analysis, community involvement

Where do I fit in to the commissioning cycle?

How do we ensure accountable commissioners are engaged in each service?

How do we go about deciding which services to jointly commission?

How do we promote integration of services at the frontline?

Which services should we prioritise for being more integrated/jointly commissioned in the shorter term?