Nottinghamshire County Council

Report to Health and Wellbeing Board

9th November 2011

Agenda Item:5

REPORT OF CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

JOINT COMMISSIONING – PLANS FOR FUTURE DEVELOPMENT

Purpose of the Report

1. Taking into account the Health and Social Care Bill to recommend an approach to the development of commissioning priorities and those commissioning priorities to be jointly commissioned by Health and Social Care.

Information and Advice

2. This section describes the history of joint working across Health and Social Care and the need to develop a Health and Wellbeing Strategy for the County.

NATIONAL POLICY CONTEXT

3. The Health and Social Care Bill sets out a clear policy drive on joint commissioning and greater integration between the NHS, Public Health and local authorities. This is to be led strategically by Health and Wellbeing Boards, who will be seeking greater evidence of improved outcomes achieved through joint working, for example within the specific commissioning plans of clinical commissioning groups and their partners.

4. Evidence both nationally and locally strongly supports the need for robust partnership commissioning arrangements across health and social care if we are to deliver the aspirations set out in the key policy directives contained in 'Putting People First,' 'Transforming Social Care' and 'Transforming Community Services.'

5. Strong and well established commissioning and governance arrangements across agencies are also essential to ensure that resources and activities to safeguard the most vulnerable in society are prioritised.

6. National evaluations have demonstrated the importance of joint preventative strategies which reduce demands on secondary care services, unplanned hospital admissions and an over reliance of residential and nursing care.

7. The Department of Health has allocated specific resources from health budgets into social care via the Department of Health operating framework over the last 2 financial years, with some elements in place recurrently into 2013/14.

NOTTINGHAMSHIRE'S HISTORY OF JOINT WORKING

8. The health and social care communities in Nottinghamshire have a long history of joint working. Much positive work has been undertaken to ensure that health and social care services work together in ways that benefit the people who rely on them. This has been done in the recent past in many ways including through the creation of integrated health and social care teams. For example, Community Mental Health Teams and Community Learning Disability Teams, who can assess and provide service to people.

9. In recent years, there has been an increased focus on strategic commissioning activity being undertaken jointly across health and social care. This has involved:

    a. The joint assessment of the health and wellbeing needs of the local community - through the Joint Strategic Needs Assessment (JNSA)

    b. Maximising opportunities to tackle shared priorities, through developing services which can address both health and social care needs

    c. Developing systems for evaluating services that address these shared priorities

    d. Jointly monitoring these services in relation to quality and outcomes

    e. In many cases, jointly funding this activity.

10. As part of the development of joint strategic commissioning across health and social care a number of joint commissioning groups were developed to plan for specific service user groups:

    a. Older people, older people with mental health needs, and people with physical disabilities/sensory impairment
    b. People with learning disabilities and autistic spectrum disorder
    c. People with mental health needs
    d. Carers
    e. Children's commissioning arrangements which are currently led through the Children's Trust.

11. These groups have been chaired by either County Council service directors or public health consultants. Oversight of the activity of all these groups was provided by an Executive Joint Commissioning Group comprising the Chief Executives of both Primary Care Trusts (NHS Bassetlaw and NHS Nottinghamshire County) and the Corporate Directors of Adult Social Care, Health and Public Protection and Children, Families and Cultural Services within the County Council.

12. Alongside the existing health and social care partnerships structures within the Children's Trust, these groups were tasked with developing joint commissioning plans for five years (from 2009), working to a shared vision.

13. The plans that developed from this process were pulled together to create a five year framework document, *Improving Lives in Nottinghamshire 2009 - 2014*[1], which was widely consulted on during mid-2009, with a *You Said* document then informing service users, the wider public and key stakeholder organisations about how their comments informed the framework document.

HEALTH AND WELLBEING STRATEGY (JHWS)

14. All Health and Wellbeing Boards are required to develop a high level JHWS that spans the NHS, social care, public health and *could* consider wider health determinants within housing and education cited as examples.

15. It is not anticipated that there will be any statutory guidance regarding the JHWS, and it will not be scrutinised outside of the County Council although it will be a public document. It will also be prepared in consultation with the NHS Commissioning Board.

16. The JHWS will provide an overarching framework for the development of commissioning plans for the NHS, social care and public health (and other services if agreed by Health and Wellbeing Board).

17. Clinical Commissioning Groups (CCGs) and local authorities will be required to have regard to both JSNA and JHWS.

THE WAY FORWARD.

National context

18. There are a range of approaches to joint commissioning nationally reflecting the different stages of development that individual communities have historically achieved through local NHS and local authority partnerships.

19. Some have aligned staff and commissioning activities to achieve benefits in key service areas, with limited pooled budget arrangements through vehicles such as section 75 agreements, while others have successfully established fully formed integrated joint commissioning units with pooled budgets spanning a large range of services (e.g. West Sussex, Hertfordshire, Milton Keynes).

20. There is a need to ensure that changes in new organisational arrangements do not destabilise existing progress between councils and the NHS. Furthermore, it is important that the new arrangements act as a catalyst for further change and development.

21. Securing new partnership relationships is crucial and can be achieved by building on the legacy of effective partnership working between Primary Care Trusts and local authorities and converting this foundation into successful sustainable relationships with the newly established clinical commissioning groups. A planned and forward thinking approach is needed in order to:

- Maintain momentum/progress to date on joint commissioning

[1] http://www.nottinghamshire.gov.uk/consultation/post_consultation_summary.pdf

- Continue to achieve statutory service improvements spanning health and social care during transition

- Effectively manage the inherent risks during transition

- Achieve a shared understanding across new partnerships of the policy

- context, service issues, quality assurance mechanisms and financial plans/pressures across health and social care, so that commissioning intentions both individually and collectively are better informed, and the whole commissioning economy benefits from more systematic information/intelligence.

22. There is also national evidence to suggest that the move to structural integration between health and social care, for example, horizontal integration, does not in itself necessarily lead to better outcomes. This would suggest that other issues, such as a clear focus on joint outcomes and aligned or integrated financial and business processes are also critical prerequisites to success.

23. Similarly, national evidence also suggests that any proposals on integration and partnership arrangements need to take account of the local context; for example, regional and sub regional structures, respective financial positions of each of the organisations. Therefore, any case for change needs to be based on a “best-fit” to the local circumstances.

24. Finally, the role of public health is integral to commissioning intelligence in terms of the needs analysis and evidence base to underpin joint commissioning. The transfer of public health into local authorities is therefore a further strength in building a programme of joint commissioning between partners in the new commissioning arrangements.

Current Local Developments

25. There is a need to include the Clinical Commissioning Groups in the future arrangements of the joint commissioning work streams.

26. Over the last 3 months discussions have been held with each Clinical Commissioning Group (CCG) Chief Operating Officer (COO) and then collectively on 25th July and 12th September at the regular COO meeting. The chart below was discussed at the meeting on 25th July and then confirmed at the meeting on 12th September. The COOs endorsed the approach of a single COO representing the CCGs on each Joint Commissioning Group, whilst recognising the need for an agreed governance process to enable an individual COO to carry out this role on behalf of the other CCGs.

Group	Chairing Arrangements	Agreed CCG Input
Executive*	Chief Executive forum focused on outcomes of Group's work.	Deborah Jaines, Vicky Bailey Chief Operating Officers & Bassetlaw COO
Children's Trust Board	Body chaired by Children, Families and Cultural Services Corporate Director	Sam Walters Chief Operating Officer & Bassetlaw Partnership Manager
Children's • Disability • CAMHS	Chaired by Bassetlaw Partnership Manager Chaired by Public Health Consultant.	Deputy Chief Operating Officer Nottingham North & East
Younger Adults • Mental Health • Learning Disability • Autistic Spectrum Disorder	Agreed in July that Newark & Sherwood COO will chair Group from September	Amanda Sullivan, Chief Operating Officer
Older Adults • Older People • Older People Mental Health	Chaired by Adult Social Care Personal Care and Support - Older Adults Service Director	Ollie Newbould Chief Operating Officer, Bassetlaw COO, Deputy Chief Operating Officer.

***Note:**

The Executive Joint Commissioning Group is focused on the outcomes of the Joint Commissioning programme. It is anticipated that this Group will form part of the sub structure to the Health and Wellbeing Board and could act as the Executive Implementation Group which is responsible to the Health and Wellbeing Board to ensure that the Health and Wellbeing Strategy and Joint Commissioning plans are implemented in a timely and effective manner.

2011/12 Joint Commissioning Work programmes

27. The details of the current work programmes for the individual Joint Commissioning Work Streams for Older People, Younger Adults and Children are included as **Appendix 1**.

28. The commissioning priorities by group are:

Group	Commissioning Priorities
Older People	• Early intervention and prevention services • Enhanced joint working to facilitate integrated pathways between health and social care • Developing services that prevent unnecessary hospital admission and facilitate timely discharge • Improved End of Life Services • Improved Quality of care home provision.
Older People Mental Health	• Commission enough good quality memory services for the local population • Care of people living with dementia in general hospitals is improved • Review current crisis/rapid response services to improve along lines of existing Rushcliffe model • Reduced use of antipsychotic medication • Equity of access to Improving Access to Psychological Therapies (IAPT) • Improve the quality of care in care homes.
Mental Health	• Advocacy: -More people will have a positive experience of care and support. -Fewer people will experience stigma and discrimination. • Improving Access to Psychological Therapies Equity: -More people with mental health problems will recover. -More People will have good mental health. • IAPT 4 year plan: -More people with mental health problems will recover. -More people will have good mental health. • Severe / enduring Mental Health: -More people with mental health problems will recover. -More people will have a positive experience of care and support. • Accommodation based support: -More people will have a positive experience of care and support. • Primary Care Access: -More people with mental health problems will have good physical health.
Carers	• Carer Awareness - Deliver more Carers' Awareness raising activities for NHS staff. • Information for carers - Establish a section on PCT Website about services, information, and support that are available for Carers. Produce publicity material for carers on Personalisation and Personal Budgets. • Carer Involvement - Increase the number of carers whose needs are taken into account in the Care Planning process. Involve carers in review of Carers' Personal Budgets. • Training for carers - Develop Carers' Training packages. • Emergency Respite for carers - Develop specification for Crisis Prevention Scheme and tender for services. • Stroke Strategy - Develop Family/Carer Services - all areas. • Carers' Breaks - Provide breaks for carers identified through the NHS routes etc, working in collaboration with NCC to undertake Carer's Assessments. • Disabled Parents and Young Carers Joint Strategy - Prepare NCC / NHS Disabled Parents / Young Carers Strategy.

Group	Commissioning Priorities
Children & Young People	• Reduce obesity and increase healthy weight amongst children and young people. • Improve the emotional health and wellbeing of children and young people. • Disability and Special Educational Needs (SEN). • Reduce substance use amongst young people.
Learning Disability and Autism	• Ensuring Citizenship / Improving Mental Wellbeing - Review Employment strategy and set future targets for numbers of people within work. • Develop personalised health and social care/Develop appropriate accommodation services - Increase the number of people moving into supported living and receiving Personal Budgets. • Enhancing user involvement - Improve information and communication with users and carers. • Ensure Dignity in Care - Implement relevant actions identified in the hate crime survey. • Develop personalised health and social care/Develop appropriate accommodation services - Develop protocol to reduce new out of area placements and bring back people in existing out of area placements where appropriate. • Improving Health and wellbeing - Improve access to health interventions. • Ensure Dignity in Care/Develop personalised health and social care - Plan and prioritise actions for meeting the requirements of the autism strategy.
Physical Disability and Sensory Impairment (PDSI)	• Improving equity of access to services for people with long-term neurological conditions - Develop Community based neurological service in partnership with third sector organisations in Notts County PCT area. • Improving equity of access to services for traumatic brain injury - Develop community based support for people with brain injuries in the north of the county as part of the Nottinghamshire County Community Rehabilitation Service. • Improving equity of access to services for people with HIV/AIDS - Continued development of North Notts Positive Links Group. • Stroke Strategy - Third Year of Stroke LA Grant Year 3 of Action Plan Development of early Supported Discharge Service in Bassetlaw. • Increasing personalisation; Information Prescriptions roll out - Continue roll out of Information Prescriptions. • Increasing personalisation: Disabled parents joint strategy - To implement a Nottinghamshire County Council and Health partners Disabled Parents/Young Carers Strategy. • Increasing personalisation: Continue development of Personal Health Budgets - A comprehensive delivery plan has been completed for the pilot. • Increasing personalisation: Increase Self Management and Self Help Programmes - To maintain and extend the existing range of self care services in Notts. • Advocacy - Contracts end in March 2011. Agreed jointly to extend the contract for 1 Year to enable in-depth review to be undertaken.

Thoughts on the future focus of Joint Commissioning

29. The Health and Social Care Bill provides the stimulus for Health and Social Care colleagues to consider carefully the scope of Joint Commissioning in the future and the criteria for determining what service areas are jointly commissioned. The options for the

scope of Joint Commissioning and the criteria for agreeing Joint Commissioning plans are described below.

30. It is the intention to hold further discussions with the Clinical Commissioning Groups to develop recommendations for the Health and Wellbeing Board.

Options for scope of Joint Commissioning

31. In terms of the current level of joint working it is most advanced on the older people's agenda and in particular on reablement.

32. Extended joint commissioning e.g.; all of Mental Health, Learning Disability, Children's Health. Under this model services which are traditionally specialist health or local authority would be both jointly planned and budgets pooled.

33. Integrated Commissioning undertaking strategic commissioning and procurement across the whole service pooling experience and cost for the whole population. The current reductions in public expenditure in both health and social care provide a unique opportunity to do things differently. An integrated approach could maximise value by:

i. minimising the back office and maximising the front line
ii. targeting spend at what is most effective
iii. reducing demand for high cost services; hospital, residential care, out of county placements and residential colleges.

Criteria for Choosing Joint Commissioning interventions

34. It is clear that the change in the health and social care landscape are so significant that there are radical changes in approach required that will address:

- **Scale –** we need to be addressing significant scale issues involving, as a minimum, millions of pounds of spend and preferably higher. If this is not achieved we will not be leveraging the kind of value for money shift that we need to see.

- **Transformational –** the principles needed to require radical change rather than incremental change must be allied to the rationalisation of provision seeing much reduced differentiation at a role, service and provider level.

- **Value for Money –** a reduction in expenditure will be required in some areas to deliver the savings required across the economy and provide the impetus for improved performance.

- **Strategic –** while accepting the need to be pragmatic and preserve what is good we need to start from first principles otherwise we will simply entrench what we have.

35. If these criteria and approach are agreed there will be a need to start to consider the level of spend for joint commissioning and potentially to benchmark with similar local authorities so our shared position on this can be understood and importantly, the opportunities for efficiencies.

36. The ambition is to achieve a more co-ordinated method of joint working, joint planning and joint commissioning. The degree to which "jointness" is pursued will be a matter of ongoing informed debate, and may differ by work stream. However, this approach will lend itself to further integration.

Statutory and Policy Implications

37. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

1) endorse the approach taken to include Clinical Commissioning Groups in the Joint Commissioning Work Programme

2) approve further work between the County Council and the Clinical Commissioning Groups with reference to other partners in reaching proposals for the Health and Wellbeing Board on the future of Joint Commissioning.

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Constitutional Comments (LMc 06/10/2011)

38. The Health and Wellbeing Board have the authority to approve the recommendations in the report.

Financial Comments (RWK 20/10/2011)

39. None.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

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