



Health and Wellbeing Board
3 June 2015

Report title	Integrated Commissioning Update	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, Community Helen Hibbs, Chief Officer, CCG	
Originating service	Health, Wellbeing & Disability	
Accountable employee(s)	Sarah Carter	Programme Director Tel 01902 445941 Email Sarah.carter21@nhs.net
	Steven Marshall	Director of Strategy and Transformation Tel 01902 444644 Email steven.marshall3@nhs.net
Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to formally approve:

1. Plans for the development of an integrated approach to commissioning

The Health and Wellbeing Board is recommended to consider and note:

1. The benefits articulated by developing an approach to integrated commissioning in support of the delivery of the Health and Wellbeing Strategy, and shared commissioning priorities

1.0 Purpose

The purpose of the report is:

- To brief Board members on the development of integrated commissioning within Wolverhampton
- To appraise Board members of next steps
- To secure system leadership support for the development of integrated commissioning

2.0 Background

2.1 Developing an approach to integrated commissioning

Developing an approach to integrated commissioning has evolved in response to a number of changes over recent months, and reflects one of the core health and social care commissioner aims in consolidating the lessons learned relating to the historical approaches to joint commissioning arrangements in Wolverhampton. The key drivers include;

- The changing commissioning landscape, and potential future proofing the planning profile we are working to across health and social care,
- The need to draw together integrated commissioning priorities and intentions which are being identified by the Better Care Fund Programme and other critical work streams from 2015/16 onwards.
- The opportunity to use the Better Care Fund, its governance arrangements and the Section 75 agreement as an initial vehicle to define our scope and forward thinking in relation to commissioning.
- The move towards personalisation across Health and Social Care,
- The need to facilitate a shared understanding and overview of the future Health and Social Care commissioning landscape in Wolverhampton over the next 2-3 years.
- Developing an approach aligned to the strategic vision across Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, the Health and Wellbeing Board, and Public Health, reflecting the need to do things differently through a programme of transformation

[NOT PROTECTIVELY MARKED]

Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working closely to develop this approach, and to reflect the value both organisations place on integrated approaches, and that shared commitment.

- Utilising BCF as a vehicle, Wolverhampton CCG and Wolverhampton City Council, have commenced an approach to integrated commissioning which supports the consideration, in parallel to delivering implementation of the BCF programmes, of opportunities and approaches which support health and social care commissioners, alongside public health, driving development and implementation of a shared vision and strategic plan to commission services across three levels within Wolverhampton, strategic, operational and individual.

2.2 The aims of developing an integrated approach to commissioning

Core aims of this integrated approach to commissioning are;

Aim of Integrated Commissioning	Core Alignment
Shift the emphasis of service delivery from long-term residential, nursing, and secondary care to a new service model of integrated primary and community care delivery across neighbourhoods with a focus on collaboration, prevention, earlier interventions, and maximising independence	Better Care Fund Programme Public Health Commissioning Strategy WCCG 5 Year Plan Health and Wellbeing Strategy
Enhance community and neighbourhood facing accessibility of health, social care and voluntary services on integrated care pathways	Better Care Fund Programme WCCG 5 Year Plan
Improve and enhance patient/service user experience	Better Care Fund Programme
Improved recognition of the role and impact of unpaid carers, ensuring that there are adequate services and support to enable them to continue in this invaluable role.	WCCG 5 Year Plan Better Care Fund Programme

[NOT PROTECTIVELY MARKED]

	Health and Wellbeing Strategy
Improved commissioning of integrated health and social services in order to deliver integrated care pathways	Better Care Fund Programme Health and Wellbeing Strategy
Enhanced communication and collaboration between the essential contributors delivering Wolverhamptons commissioning function which is proactive, strategically underpinned and focussed.	WCCG 5 Year Plan Public Health Commissioning Strategy
Improved collaborative planning, and development of the overarching health and social care economy across Wolverhampton to deliver whole community benefits of economic, social and environmental well-being, sustainable services and value for money, through planned procurement and contracts management	WCCG 5 Year Strategy Public Health Commissioning Strategy
Codesign and improved engagement with all lay partners in more aspects of service planning and design – this will involve communities, neighbourhoods, individuals, providers and voluntary & community groups.	Better Care Fund Programme
Deliver financial balance in relation to those budgets within the pooled arrangement, contributing to the efficiency programmes of Wolverhampton CCG and Wolverhampton City Council, and delivering value for money	Better Care Fund Programme WCC Efficiency Programme WCCG 2 year Operating Plan

3.0 Progress, options, discussion, etc.

3.1 Utilising the Better Care Fund as a vehicle, an approach to integrated commissioning has been

adopted and initially evaluated by participants and Executive Leads. Commissioning leads from public health, social care and health meet regularly to consider a shared approach to commissioning for the services which are in scope for BCF.

[NOT PROTECTIVELY MARKED]

One of the limitations of this approach has been that it has inhibited a strategic commissioning approach to develop in relation to the entire commissioning programme of work.

Feedback from those working within the approach highlighted the following issues;

- Those individuals working within the integrated commissioning pilot structure have found it of benefit in terms of securing support, driving forward collaboration, improving relationships and improving joint ownership and collaboration. All commented that they entered the pilot with energy and commitment to integrated commissioning approaches, as they felt it was the right thing to do.
- Integrated commissioning leads have this as a priority, but require the commissioning organisations to review the scale, pace and capacity required to undertake this effectively
- Direct leadership of the process is business critical
- Senior leadership which reflects and models finding solutions/encourage collaborative approaches is business critical.
- Developmentally, relationships across health and social care commissioning has improved significantly, sharing of work/collaboration, and the sense of ownership across a shared agenda
- Operating across a single site on integrated commissioning would promote a sense of identity and reduce operational complexity.
- Engagement from both organisations contracting teams is business critical in the delivery of the strategic commissioning plans, and virtual infrastructure support needs to be committed

3.2 Next Steps

A Strategic Executive meeting of the newly established Integrated Commissioning Board across both organisations is planned for 21.05.2015. This will take forward commentary from those involved in the pilot process, alongside the strategic agenda regarding other care groups (children, learning disability, adult), and define the recommended approach that will be taken in mobilising joint strategic approach to integrated commissioning.

4.0 Financial implications

- 4.1 Improved collaborative planning, and development of the overarching health and social care economy across Wolverhampton to deliver whole community benefits of economic, social and environmental well-being, sustainable services and value for money, through planned procurement and contracts management is an anticipated outcome of implementing integrated approaches to commissioning
- 4.2 There will be opportunities to drive forward efficiency and improved value for money across both organisations though joint procurement (Procurement is the acquisition of goods, services or works from an outside external source through a formal process)

[NOT PROTECTIVELY MARKED]

It is business critical to the CCG and City Council that the services procured are aligned to the strategic plans and commissioning requirements outlined, and that they are procured with the most demonstrable quality and financial value to meet those requirements.

- 4.3 Procurement is a stage of the commissioning cycle and represents just one of the ways in which we may choose to deliver our commissioning intentions, across the integrated commissioning process. We will continue to operate a compliant, open and transparent approach to procurement.

5.0 Legal implications

- 5.1 A S.75 agreement is in place for the delivery of the BCF plan, which was approved in December 2014.
- 5.3 Consideration may need to be given with regard to further Section 75 agreements in relation to other care streams in the future.
- 5.4 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.
- 5.5 Alternative methods of contracting could be utilised as an outcome of this process.

6.0 Equalities implications

- 6.1 There are no equalities implications specifically relating to the current status of integrated commissioning

7.0 Environmental implications

- 7.1 There are no environmental implications.

8.0 Human resources implications

[NOT PROTECTIVELY MARKED]

8.1 There are no current HR implications..

9.0 **Corporate landlord implications**

9.1 There are no corporate landlord implications.

10.0 **Schedule of background papers**

10.1 None