

Working Towards Delivering Integrated Commissioning

Update to Essex Health & Wellbeing Board

May 2013

Context I

- The Vision set out through Whole Essex Community Budgets for Health and Wellbeing in Greater Essex is *“to create a vibrant, prosperous place with resilient communities who have access to opportunities. Public Services will be affordable and play an enabling role, helping people to do more for themselves and others”*. This very much is in step with Government thinking.
- Integrated commissioning suggests an approach which may evolve into an organisational or structural approach to joint commissioning, but more immediately, commissioning vehicles such as joint commissioning with aligned or pooled budget arrangements and co-located or co-working commissioning teams have potential to facilitate integrated commissioning further and faster, within, but not driven by, new governance and financial structures.
- Integration is a staged journey for health and wellbeing in Essex, delivered through a layered approach. This supports taking early opportunities to move quickly and planned and managed change programmes where appropriate, based on what works well for local people and local places.
- The vehicle of the NHS Integrated Planning process has been used to move the Community Budget ambition into business as usual.

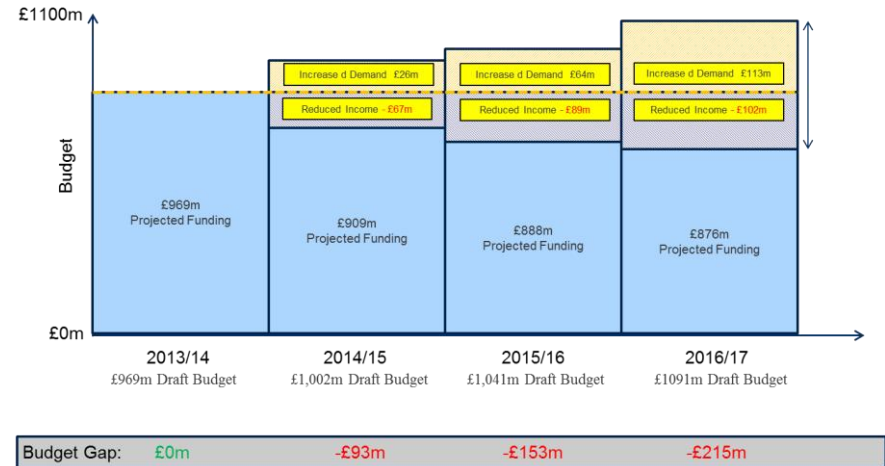
Context II

- There is emerging consensus, subject to approval by organisations' respective governance arrangements, on adopting an Integrated approach to a set of common themes enabling independence, providing support, care and services at different system levels:
 - Older People – to be commissioned locally on a CCG footprint, within an overarching strategic framework for the county.
 - Mental Health services – to be commissioned on a north and south Essex basis.
 - Learning Disabilities – to be commissioned on a north and south Essex basis to start and explore opportunity for Essex-wide approach.
 - Children's services – a mixture of local and Essex-wide as appropriate.
 - Public Health – mainly at Essex level, some at local level and some by Public Health England.

Outcomes: Financial challenge

- The ECC challenge is only part of the story
- CCG's have a combined QIPP challenge of £83.9m in 13/14 plus a further £66.3m in 14/15
- Integrated Commissioning has three main areas where efficiencies might be made:
 - Demand Management
 - Infrastructure
 - Commercial and Procurement
- Cannot undermine our ability to deliver quality outcomes for Essex residents and patients.

Reminder: Our Financial Challenge (post 20th March)



But...

- we can only get the savings out once, coordination of the effort is key
- we have one shot at getting Integrated Commissioning right in the next 5 years
- so a single plan needs to be drawn together

Financial Benefits

There is a level of assumption about where efficiencies can be made:

- **Demand Management:** medium/long term savings to be achieved through a combination of greater use of integrated approaches to early intervention/prevention and 'diversionary' activity – helping people to help themselves, supporting communities to support the independence of vulnerable people more effectively;
- **Infrastructure:** There is potential to reduce duplication in process, reduce fragmentation (which results in inefficiency and inequity in provision), more efficiently manage 'flow' through the system reducing costs arising from delays and make better use of multidisciplinary, multi agency or organisational teams and, ultimately, value to be driven out of co-working/co-location of staff and potentially from the integration of much of the organisations supporting health and care in Essex;
- **Commercial and Procurement:**
 - Opportunities for jointly contracting for Community and Health Care services, which will support independence, reducing demand on long term and acute care, for the joint commissioning and procurement of intermediate care services, supported living, etc;
 - Opportunities to more effectively shape the Essex and local markets to respond to the financial constraints of public sector austerity. This requires a different type of discussion with providers, to establish the financial envelope available, integrated outcomes required and to encourage the market to innovate to meet both;
 - Opportunity to reduce 'cost-shunting' and unintended costs from multiple systems.

Priorities

1. Fix the Immediate Issues

- Resolving the People Commissioning efficiency plan
- Acute Care Capacity and rebuilding South Essex SPOR
- Re-commissioning of virtual wards in the North East
- Implementing “Year of Care” pilot in Mid Essex
- Completing the Single Service specification (Accountable Lead Provider) in West Essex
- Driving the programme management for LD re-commissioning
- Embedding a structured programme approach

2. Immediate opportunity to manage demand across ECC and CCGs

- Deployment of Public Health and s256 transfer funds
 - to act as seed-beds for integration alongside 2% Transition Funds.
 - Programmes for mutual benefits, e.g.
 - Consistent Frailty Pathway supported by joint Multi-Disciplinary Teams
 - Alcohol & Falls (ECC Investment) / Incontinence (CCG investment)
 - Community Nursing (CCG investment) / Reablement (ECC Investment)

3. Longer Term

- Building on the immediate actions to develop re-commissioning priorities

Lead Commissioning Arrangements

The table below describes the existing map of Integrated Commissioning within the Essex System. Arrangements range in maturity and complexity and require review and development to meet with an overarching approach to driving efficiencies and smoothing system flows. However, as is also clear, the programme for Integrated Commissioning does not start from scratch.

Service	System Level (at which commissioning will take place)	Lead Commissioner/Commissioning Coordination
Older People	<ul style="list-style-type: none"> • CCG level • Essex for CHC 	<ul style="list-style-type: none"> • CCG or ECC (to be agreed) • Lead CCG or ECC (to be agreed)
Mental Health	<ul style="list-style-type: none"> • South Essex Cluster • North Essex Cluster 	<ul style="list-style-type: none"> • CP&RCCG • NEECCG
Learning Disabilities	<ul style="list-style-type: none"> • North and South Essex Clusters to start • Potential move to Essex-wide 	<ul style="list-style-type: none"> • ECC lead commissioner with WECCG as Coordinating Commissioner in the North Cluster. • South Cluster CPRCCG (TBC)
Children's services	<ul style="list-style-type: none"> • Some at local level (e.g. maternity and early years, including children's centres) • Some Cluster or Essex-wide(e.g. Integrated CAMHS & Behaviour) 	<ul style="list-style-type: none"> • NHS or ECC (to be agreed) • Note the NHS CB role also in Health Visiting to 2015.
Public Health	<ul style="list-style-type: none"> • Essex for population health programmes (e.g. Sexual Health) • CCG for some very specific interventions(e.g. case finding) • Public Health England for immunisations and screening programmes 	<ul style="list-style-type: none"> • Mostly ECC for Public Health

Integrated Commissioning Resource Investment

**NHS
England**

NEECCG

MECCG

WECCG

BBCCG

CPRCCG

Nick Presmeg - Overall Strategy and Lead Accountable Director for Programme

Interim Integrated
Commissioning
Director

Interim Integrated
Commissioning
Director

Interim Integrated
Commissioning
Director

Interim
Integrated Commissioning
Director

ECC / CCG Integrated Commissioning Programme Management
Governance, Finance, Modelling, Legal, Enablers
Finance / Modelling / Informatics (cost benefit analysis, model development)

Locality Based SME Commissioners Leading Older People Projects

Prevention & Early Intervention

Commissioner Leading LD Project – North

LD Project – South

Commissioner Leading MH Project – North

MH Project – South

Family Solutions

Commercial Support & Contracts

Commercial Support

Mike Gogarty

**Jo
Broadbent**

**Krishna
Ramkhelawon**

**Maggie
Pacini**

**Ian
Wake**

**Danny
Showell**

Older
People
Projects

Learning
Disabilities

Mental
Health

SCF

Commercial

Public
Health

Commissioning Support Unit

ECC Transformation Mark II Alignment & Governance

Keith Cheesman - Portfolio Management

Accelerated Design Event

Work is underway to begin to programme the vast amount of work required across all organisations to deliver against the challenge.

We have only one shot at getting Integrated Commissioning right in the next 5 years, there needs to be a different way of approaching the task for each of the organisations involved.

Several key steps need to be in place at a strategic level from which to drive the detailed definition and design work. The leadership teams need to spend focussed time together to:

- Build the relationships required for successful partnership;
- Develop a shared vision / commitment including the desired outcomes;
- Define an agreement to an 'End State' definition (What, How, By When);
- Develop stronger understanding of the drivers and pressures for each organisation;
- Agree what "integration" means;
- Agree how the political dimension is managed;
- Discuss and agree core behavioural principles;
- Commit to creating capacity to progress this work at a pace required to suit all partners;
- To agree the programme approach to delivery.

Next Steps – High Level Plan – to September '13

May

June

July

August

September

Interim Team in place



Outline ECC Health and Wellbeing
"6th" plan approved.

- Agree "End State"
- Accelerated Design Event with CCGs
- Definition workshops
- Confirm Programme and governance arrangements with Health
- Complete Programme Plan

Initiation phase complete

- Shared (ECC & Health) Outcomes framework drafted
- Contract evaluation and mapping - opportunity assessment and prioritisation
- Prepare for operationalisation of TMkII structure.
- Communications plan in place
- Joint working arrangements agreed with Health
- Financial modelling of outcomes
- Legal, Communications, HR/Workforce Planning planning starts
- Define Sustainability Funds Programme

Mobilisation and Preparation for TMkII complete
Work Programme Defined
Benefits Profile agreed

- Define Integrated Schemes.

- Prepare for
Procurement

Next Steps – High Level Plan – to March '17

Oct 13 to March 14

April 14 to March 15

April 16 to March 17

Benefits Flow

£

£

£

- Implement s256 demand management schemes
- Commence implementation of agreed integrated commissioning projects
- Continue procurement of “quick wins” with CCG’s
- Agree procurement activity for system level commissioning of Learning Disability contracts
- Complete Integrated Plan process for 2014/15
- Complete section 256 negotiations for 2014/15

- Execution of agreed integrated commissioning projects
- Commence contestability of existing contracts and framework agreements
- Commence procurement activity for contracts requiring renewal in 2015
- Benefits realisation begins for schemes contracted in 2013/14
- Commence planning of schemes agreed in 2014/15 Integrated Plans

- Benefits realisation begins for schemes procured in 2014/15
- Commence planning of schemes agreed in 2015/16 Integrated Plans