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.

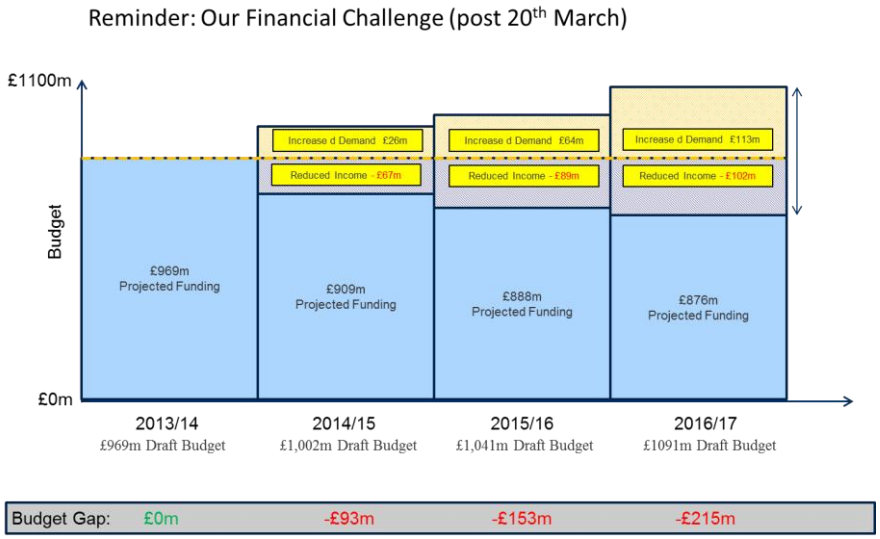
Context II

- 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.



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

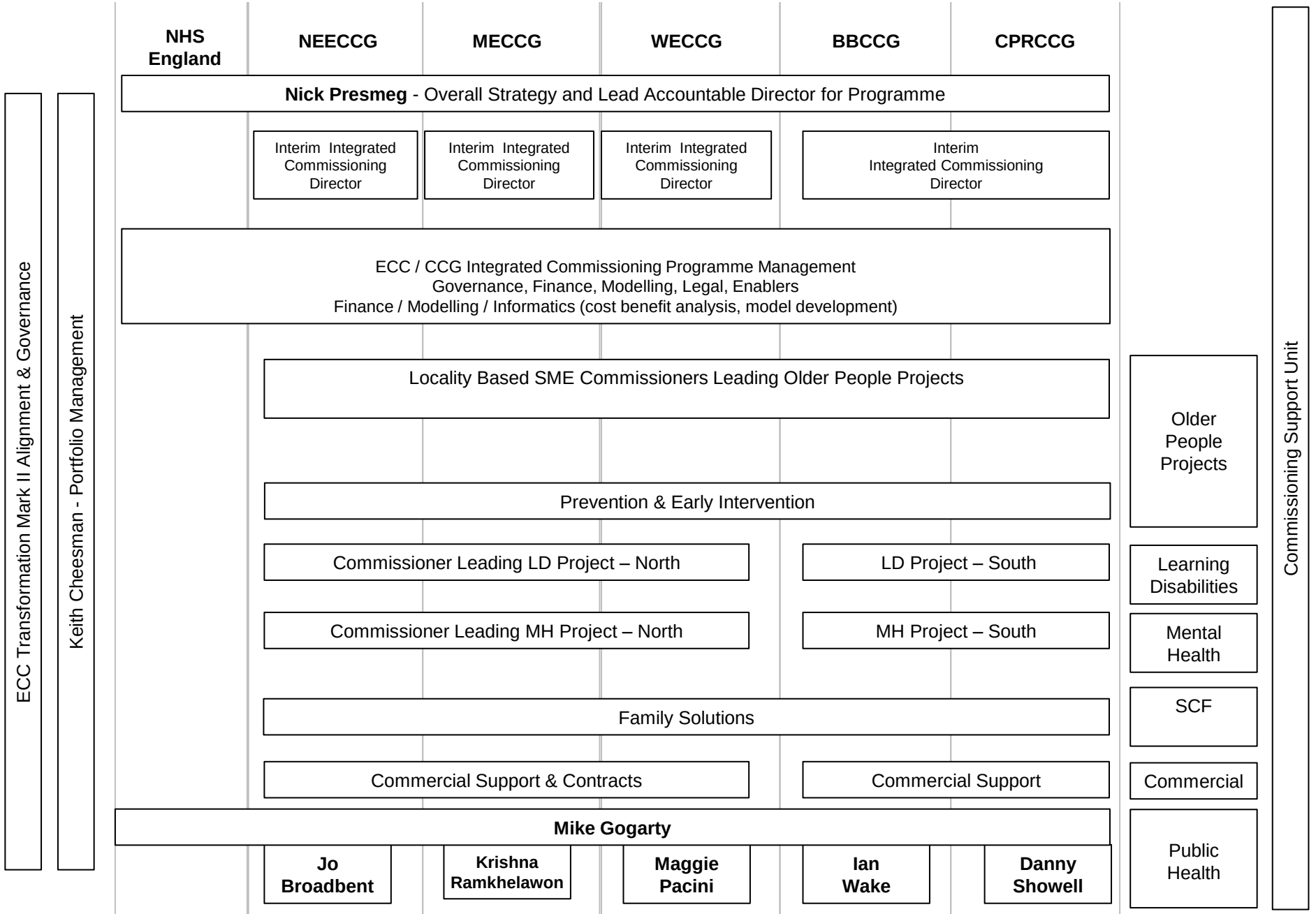
1. Fix the Immediate Issues
   - Resolving the People Commissioning efficiency plan
   - Acute Care Capacity and rebuilding South Essex SPOR
   - Re-commissioning of virtual wards in the North East
   - Implementing “Year of Care” pilot in Mid Essex
   - Completing the Single Service specification (Accountable 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	• CCG level • Essex for CHC	• CCG or ECC (to be agreed) • Lead CCG or ECC (to be agreed)
Mental Health	• South Essex Cluster • North Essex Cluster	• CP&RCCG • NEECCG
Learning Disabilities	• North and South Essex Clusters to start • Potential move to Essex-wide	• ECC lead commissioner with WECCG as Coordinating Commissioner in the North Cluster. • South Cluster CPRCCG (TBC)
Children's services	• Some at local level (e.g. maternity and early years, including children's centres) • Some Cluster or Essex-wide(e.g. Integrated CAMHS & Behaviour)	• NHS or ECC (to be agreed) • Note the NHS CB role also in Health Visiting to 2015.
Public Health	• 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	• Mostly ECC for Public Health

Integrated Commissioning Resource Investment



Accelerated Design Event

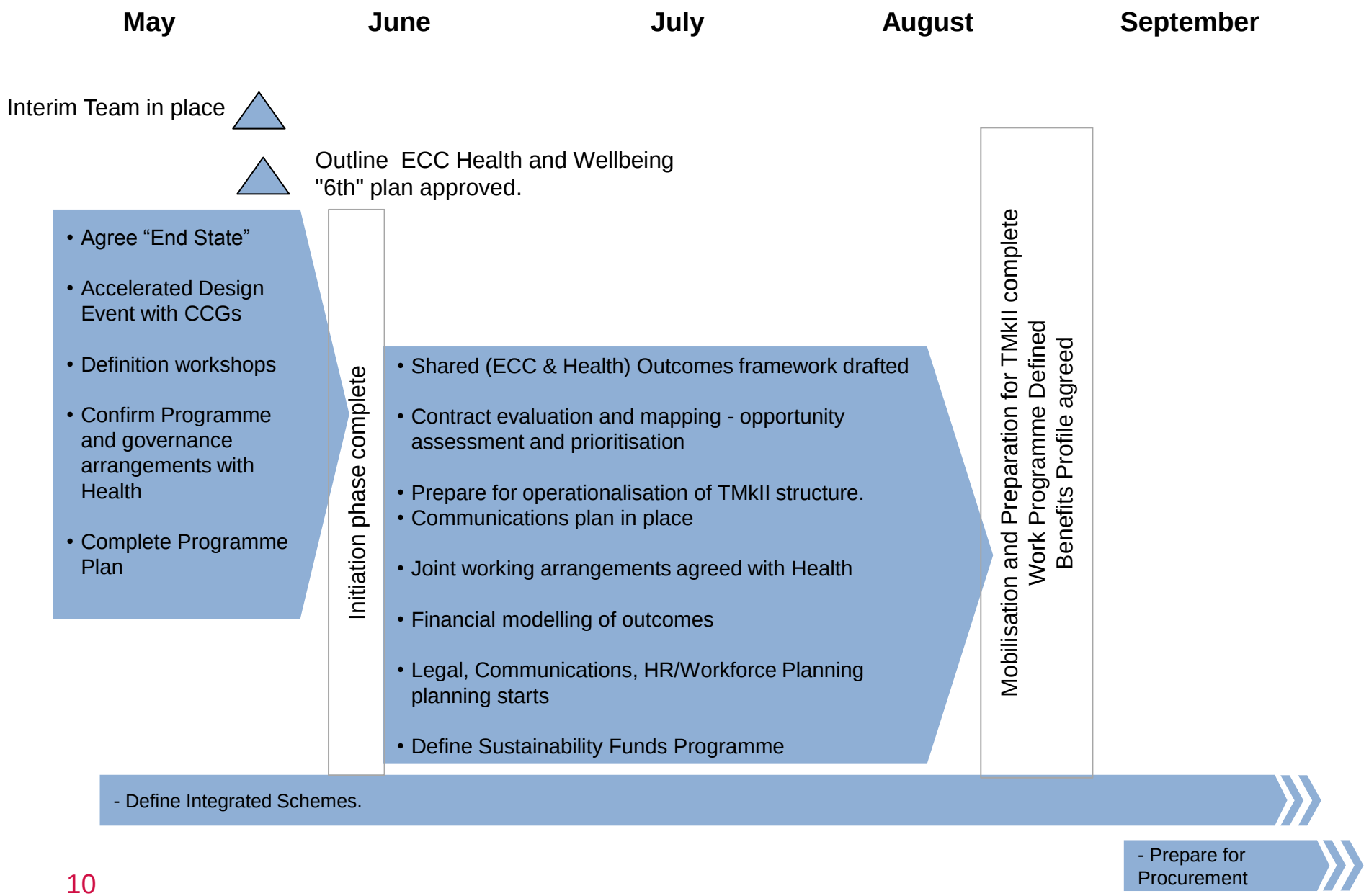
Work is underway to begin to programme the vast amount of work required across all organisations to deliver against the challenge.

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



Next Steps – High Level Plan – to March ‘17