

Report to Health & Wellbeing Board Report of Dave Hill, Executive Director for People Commissioning	Item: 6a Reference number HWB/007/13
Date of meeting 16 July 2013 Date of report <i>3 July 2013</i>	County Divisions affected by the decision <i>All Divisions</i>
Integrated Commissioning – Accelerated Design Event	
Report by <i>Keith Cheesman, Portfolio Manager, People Commissioning, ECC</i>	
Enquiries to <i>Keith Cheesman</i>	

1. Purpose of report

- 1.1. To update the Health & Wellbeing Board on the progress to develop integrated commissioning and the outputs of the Accelerated Design Event.
- 1.2. For the Health & Wellbeing Board to endorse the outcomes of the Accelerated Design Event.

2. Recommendations

- 2.1. To endorse the outputs of the accelerated design event including:
 - citizen and commissioner visions developed through the accelerated design event as set out in 3.2
 - the commissioning ambition and approach as set out in 3.3
- 2.2 To sign up to the values set out in 3.4 and be prepared to be held to account/ to hold each other to account for these values.

3. Background and Outcomes

3.1. Accelerated Design Event

At the Health & Wellbeing Board on the 22nd May, members were informed that we would be holding a systems accelerated design event to really explore and develop key elements of our integration programme. The two day Accelerated Design Event was held on the 18th and 19th June 2013 and involved senior leaders from Essex County Council, the five Clinical Commissioning Groups, NHS England Local Area Team, Health and Social Care Service Providers, District Councils and Voluntary Sector organisations.

Agreement was reached at the event regarding:

- Our vision for service users and for commissioning
- Our collective ambition for commissioning
- How we want to work together
- Identified priority areas for service redesign and developed plans around them
- Identified key barriers and strategies for overcoming

3.2. Our Vision

Our vision for patients, service users and the people of Essex is for a system of care which is designed with them at the centre. We agreed on 6 overarching vision statements for the people who receive care and support in Essex:

- We commission and deliver integrated care that is person centred
- The care we deliver will be consistent in quality with an appropriate response across the whole of the County
- We are able to predict and prevent needs including proactively identifying long term needs
- Our responses will be delivered in a timely fashion. We should be available 24 hours where appropriate
- We will be fair in delivering care. This means being 'uniform' across our patients and service user groups
- Our care will take account of the wider context of people's lives including their families, carers and communities

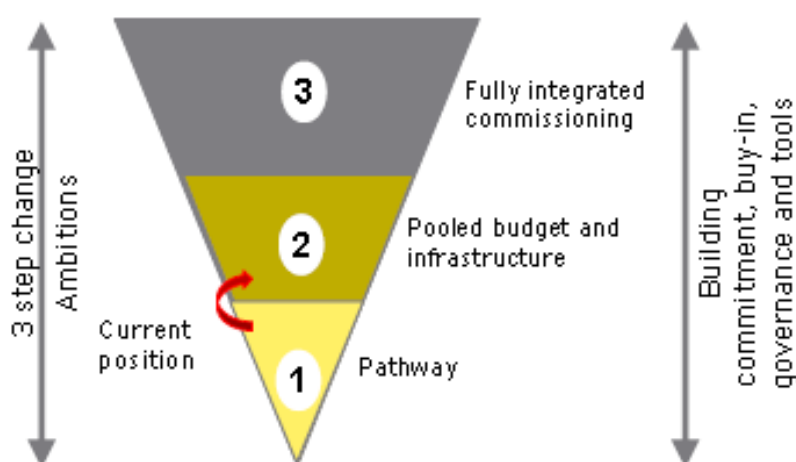
These statements have significant implication for how care is commissioned. On the basis of the above statements, we identified five statements on our vision for commissioning:

- We will practice outcomes based commissioning on the basis of robust evidence and strong analysis, identifying clear triggers for interventions
- We will have a commissioning strategy for the whole of Essex which aims to provide care that is sustainable over the long term
- We will consistently engage with providers to manage markets and aim to reduce the number of providers responsible for delivering the pathway(s)
- We will align budgets and finances to where they can have the most impact, integrating resources where necessary
- We will incentivise provider behaviour which aligns to our overall strategy

We are now looking for the Health & Wellbeing Board to endorse these visions.

3.3. Our collective ambition for commissioning

The event agreed a collective ambition for integrated commissioning. This was based upon a desire to push for the greatest possible integration with single budget, workforce and outcomes but acknowledged that complete integration is probably not viable as we need to respect organisational structures and democratic accountability. It was also recognised that a plural approach then enables us to work at different levels within the system and would balance the range of needs. Thinking developed into a phasing approach to integration.



3.4. How we want to work together

A core objective of the event was to build relationships and redefine the way we work together. A set of behavioural values was agreed which we are now asking partners to commit to living in their interactions with each other:

- Trusted
- Honest
- Collaborative
- Pragmatic
- Disruptive

We also agreed that spending time together to enable relationships to continue to grow was key and follow the design event the HWB Business Management Group has set aside unstructured time on a fortnightly basis to focus on live issues and focus on overcoming barriers. It was also agreed that we would hold a follow up 1 day systems event in the autumn to take stock on progress and ensure momentum.

3.5. Identified priority areas for service redesign and developed plans around them

The design event recognised that if we are to make progress we need to prioritise key areas of activity. Older People/ Frailty and Learning Disabilities emerged as the key priority areas for accelerated focus. The remaining areas identified in the Integrated Plans will continue at the earliest possible opportunity.

On the frailty pathway health and social care are challenged by the increase in demand due to demographic changes and increasing frailty. Our acute services don't have capacity to respond and we need to improve access and availability of community based services supported by empowerment in our communities.

Learning disability is an area of great financial challenge within Essex, we have been on a personalisation journey to independence and now we need to ensure the financial stability of this approach.

Project plans for these areas are now in development.

3.6. Identified key barriers and strategies for overcoming

The design event explored barriers around 4 keys areas of sovereignty, credibility, priority areas and infrastructure. The issue around priorities commenced at the event with the agreement to focus on older people/ frailty and learning disabilities. Elements of the sovereignty were considered through the partnership commissioning structure; however to enable us to progress it was felt that a new leadership and decision making model were required. It was recognised that on credibility we need to build on this with:

- the people of Essex as our patients and service users;
- the staff throughout the system who will be delivering our visions; and
- with providers;

as integrated commissioning is an enabler to integrated provision. On infrastructure we focus on information sharing and commissioning support. High-level strategies were discussed on each of these areas and we are now organising workshop sessions to get into the detail of how we can take these forward as programmes of work.

3.7. Governance and integration project reporting:

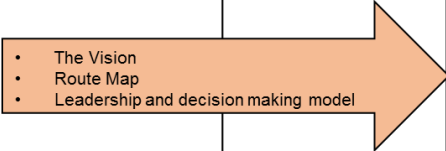
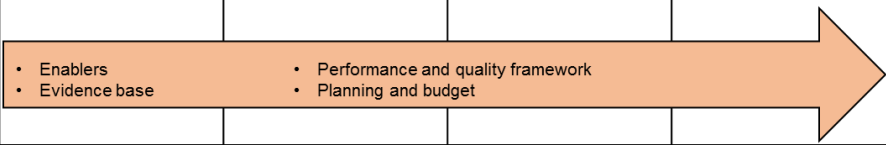
The commissioning structure outlined in the Integrated Plans was reviewed during the design event and overall there was broad agreement around the current arrangements, with a couple of minor issues for the Business Management Group to resolve.

Our integration projects will all follow the key integration priorities that were identified during the Integrated Planning process. It is envisaged that individual projects will either involve single Clinical Commissioning Groups and Essex County Council or combined system levels groups of Clinical Commissioning Groups and Essex County Council. Each project will progress through the governance arrangements of each sovereign organisation for any authorisations required but will be co-ordinated through the Integrated Commissioning Programme Management Board (Health and Wellbeing Board Business Management Group) and project reports on overall progress will be presented to the Health & Wellbeing Board with exception reporting on specific issues.

As identified through the barriers work we need to explore a new leadership and decision making model to facilitate more efficient governance for the future.

3.8. Milestones and next steps:

Accelerated Design Event Key Milestones and Actions

	June 13 to Sept 13	Oct 13 to Dec 13	Jan 14 to Mar 14	Apr 14 to Jun 14
Milestones	<ul style="list-style-type: none"> ▲ Action Plan Mobilised ▲ Older Peoples Plan 	<ul style="list-style-type: none"> ▲ Follow Up Event ▲ IT Governance Completed ▲ Joint Learning Disability Strategy 	<ul style="list-style-type: none"> ▲ Commissioning Support Arrangements Agreed 	<ul style="list-style-type: none"> ▲ Joint Commissioning / Contracting for Learning Disabilities
High Priority	<ul style="list-style-type: none"> • The Vision • Route Map • Leadership and decision making model 			
Within Next 12 months	<ul style="list-style-type: none"> • Enablers • Evidence base • Performance and quality framework • Planning and budget 			

The high level programme plan came out of the design event. Further work is now developing on the project plans for older people/ frailty and learning disabilities and workshop sessions to further explore the barriers and agree a set of shared outcomes are being organised.

Conversations on resourcing this programme of work and the programme office need to take place.

The County Council has also progressed with its commissioning arrangements, as part of its Transformation Mark 2 programme. The formal recruitment process has taken place, involving the County Council and Clinical Commissioning Group leader's and has resulted in offers being made to four Integrated Commissioning Directors who will report to the Executive Director of People Commissioning. The Interim Commissioning Director arrangements will continue until the new officers can take up their posts. Commissioners have also been identified to fill the next layer of the council structure and these appointments are also progressing through the HR and recruitment processes.

4. Policy context

- 4.1. The role and purpose of the Health and Wellbeing Board is to encourage integration and this is the core enabler of the Joint Health & Wellbeing Strategy as well as being at the heart of the organisational plans of the Council and the CCGs.

5. Financial Implications

- 5.1. Financial implications will emerge from our developing Integration Programme and further decisions will be required. The Business Management Group will need to consider how we will resource this programme of work and the programme office. (Finance to contribute)

6. Legal Implications

- 6.1. Legal implications will emerge from our developing Integration Programme and further decisions will be required.

7. Staffing and other resource implications

- 7.1. Appointments set out in 3.8 above are within the County Council's core organisational design. Project and programme resources for the Integration Programme are to be funded from the £5.647m sustainability section 256 funding, which is proposed investment in Integrated Commissioning and whole system transformation between Health and Social Care. Additional resources may be required to address the activities set out in the high level plan at 3.8. A plan and resource requirement will be brought to the Business Management Group of the Health and Wellbeing Board in due course

8. Equality and Diversity implications

- 8.1. An Equality Impact Assessment will be prepared as part of the Integration Programme requirements.

9. Background papers

Ernst and Young Accelerated Design Event Outputs Document