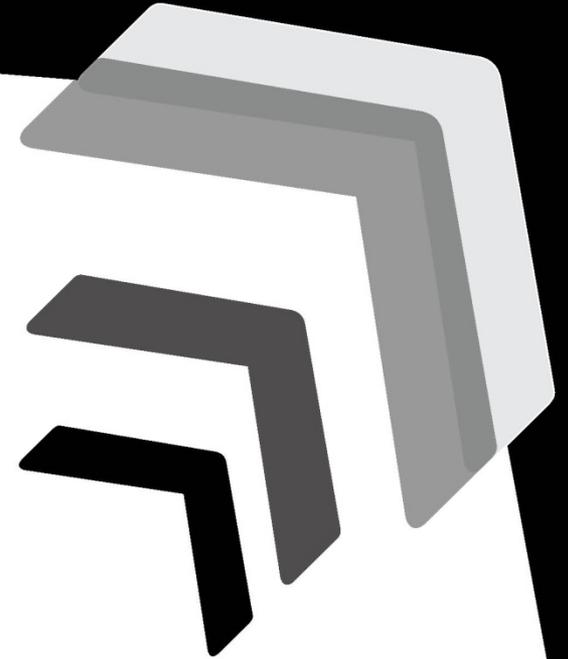


Overview

- If integrated commissioning is the answer, what is the question ?
- Policy context
- Recent developments –
 - Barker Commission
 - Health Select Committee
 - Oldham Commission on Whole Person Care
 - Better Care Fund
 - Integration Pioneers
 - 5YFV Vanguard
 - Devolution
- Issues, options & choices

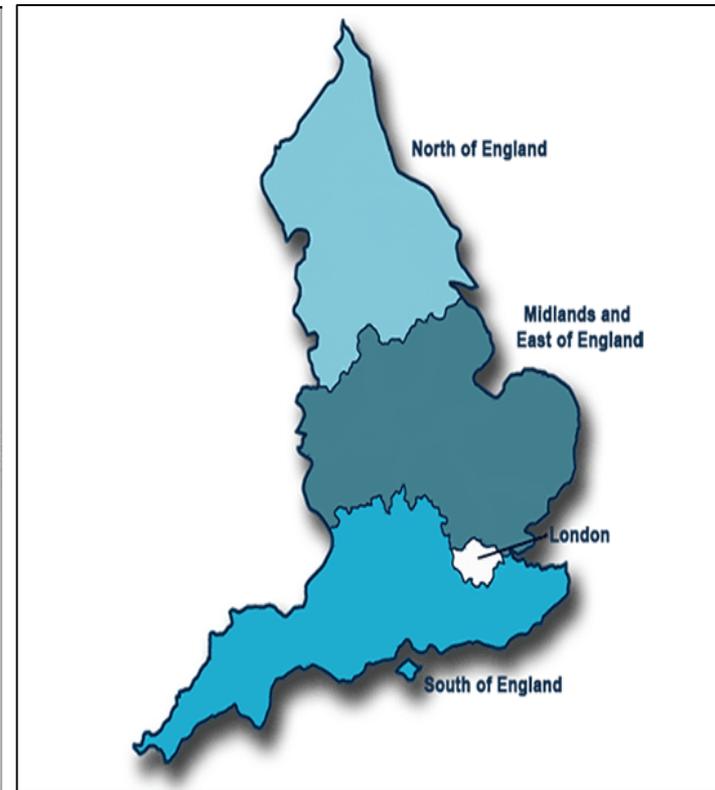
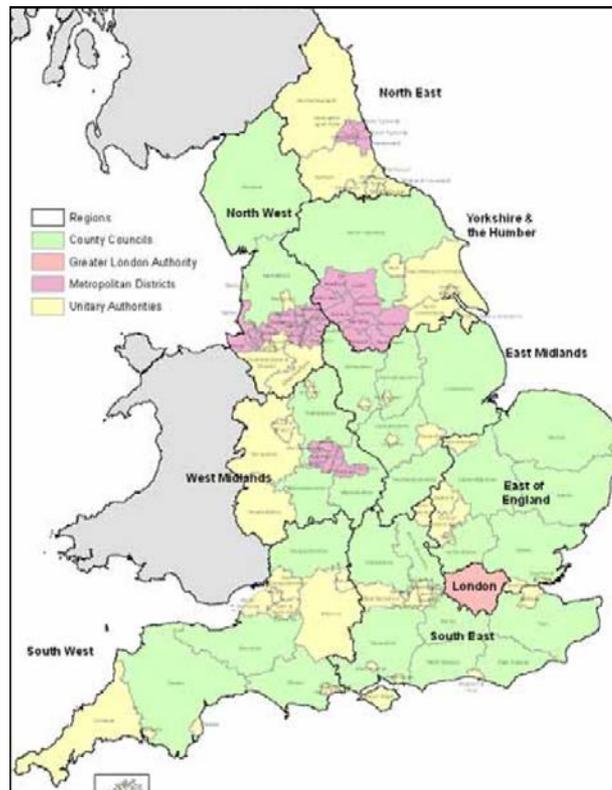
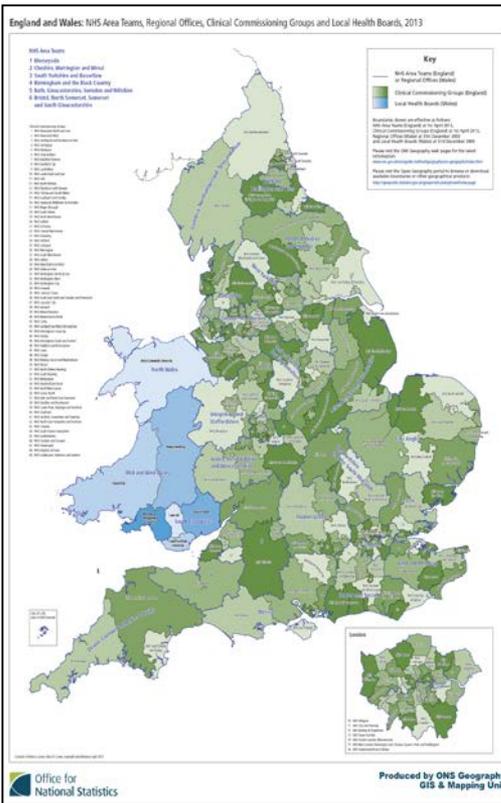


The commissioning landscape in England is complex & fragmented

209 Clinical commissioning groups – community health & hospital services

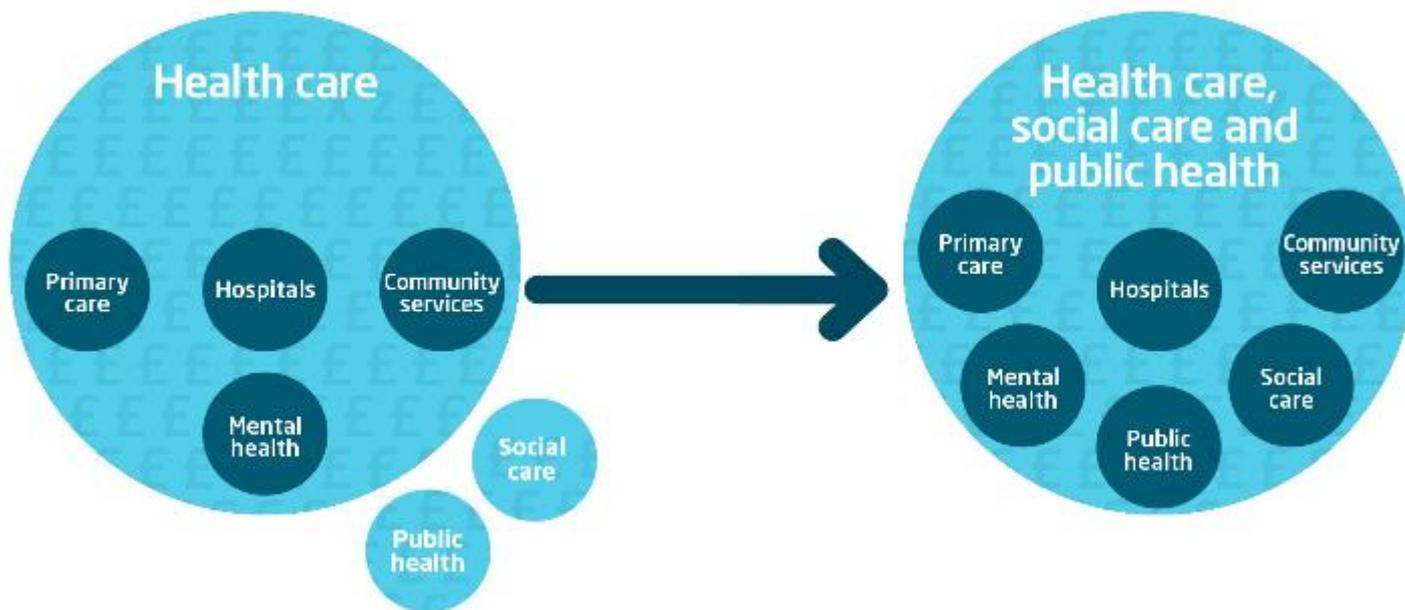
152 local authorities – social care & public health

NHS England – 4 regional teams primary care & specialised services

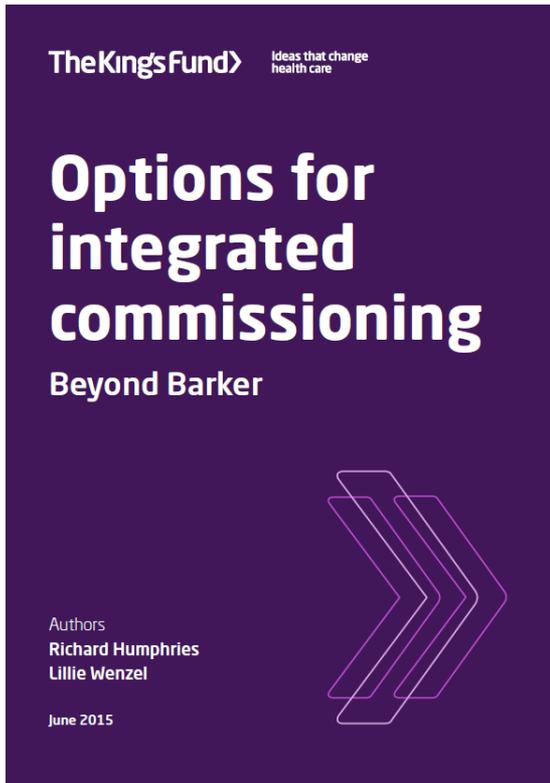




The Barker Commission recommended a new settlement based on a single ring-fenced budget for health and social care, with a single local commissioner



Our work on how to achieve this has drawn heavily on Scotland's approach

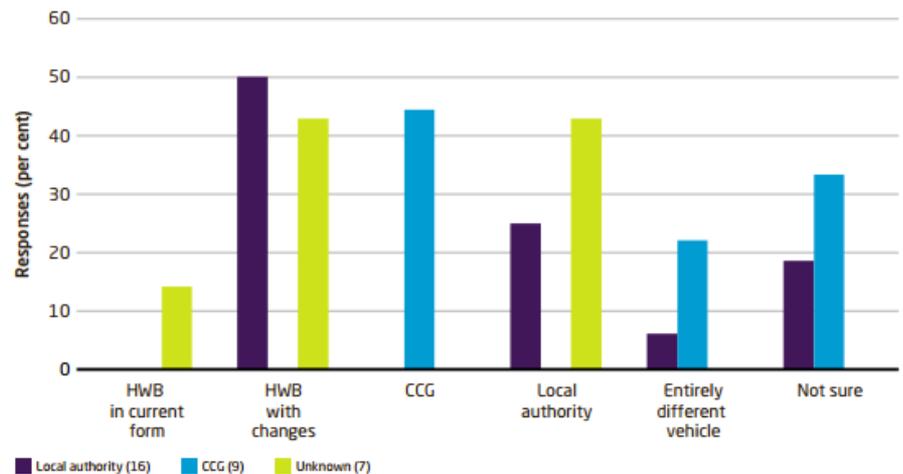


<http://www.kingsfund.org.uk/publications/options-integrated-commissioning>

Options for integrated commissioning

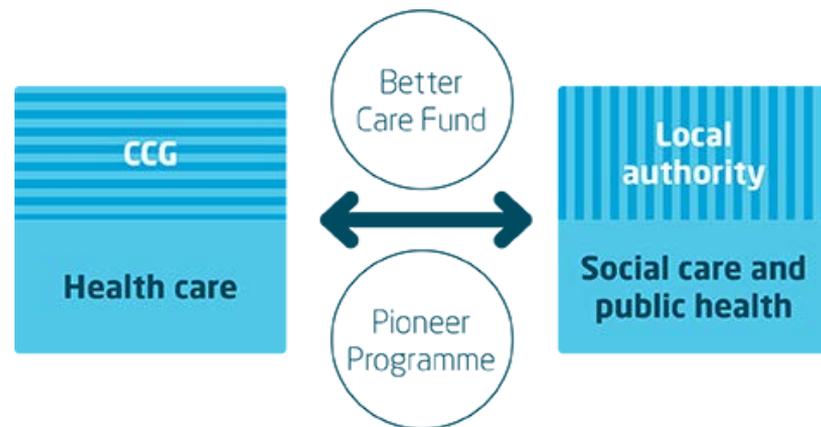
- › Integrated local commissioner isn't sufficient change, but is necessary
- › Question is how to achieve it without large scale re-organisation
- › One size doesn't fit all; local areas should determine model (from options)
- › Health and Wellbeing Boards may be obvious candidate but few believe they are ready in their current form

Figure 12 Who should carry out the role of a single local commissioner (responses by organisation type)



Option 1 – build on existing arrangements

- › No change to structures or funding streams
- › Local agreements on alignment of funding and commissioning
- › **Advantages** - minimal disruption and builds on existing BCF relationships
- › **Disadvantages** - reliant on relationships, and can it deliver at scale and pace required?



Option 2 – CCG or local authority takes the lead

- › Either CCG or local authority take lead responsibility for single integrated budget
- › **Advantages** – provides a single body with clear accountability
- › **Disadvantages** – organisational change, and risks unhelpful battle over who takes the lead



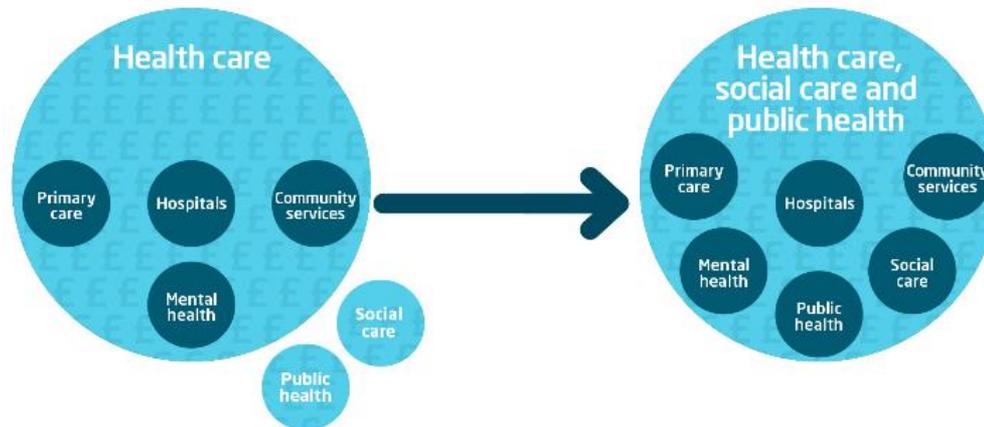
Option 3 – a new vehicle: ‘health and wellbeing boards plus’?

- › HWBs to become local executive body making decisions on integrated budget
- › Would require new membership and new powers
- › **Advantages** – minimises organisational change by building on HWBs
- › **Disadvantages** – significant change in role for HWBs, and likely to require legislation



The wider system

- › Local arrangements need to be supported by wider changes, in particular:
 - A national outcomes framework for integrated care - starting point must be the outcomes integrated commissioning is designed to achieve
 - A combined budget for health care, social care and public health – under the responsibility of the Department of Health



Examples of joint commissioning

Area	Arrangements
North East Lincolnshire	<ul style="list-style-type: none"> • NEL CCG is an integrated commissioner Local authority strategic role in CCG governance
Sheffield	<ul style="list-style-type: none"> • Pooled budget of c. £270m • Jointly chaired executive management group
NEW Devon and Plymouth	<ul style="list-style-type: none"> • Pooled budget of c. £460m • Integrated commissioning board involving CCG, local authority and beyond
Dorset, Bournemouth and Poole	<ul style="list-style-type: none"> • Joint commissioning board accountable to CCG and HWBs
Southend	<ul style="list-style-type: none"> • Integrated care pioneer • Joint commissioning team with joint appointments
Greater Manchester - "Devo Manc"	<ul style="list-style-type: none"> • Plans to combine health and care budgets worth c. £6bn • Working towards full devolution of responsibilities • Plans to establish shared strategic health and care leadership arrangements, and a joint commissioning board

Summary of recommendations

- › A **single national outcomes framework** for integrated care
- › Require CCGs and local authorities to produce a **local integration programme** setting out how outcomes will be achieved through a single commissioning function and single integrated budget
- › Organisational and governance **models should be agreed locally**. A single commissioning function and single integrated budget should be established by local authorities and NHS partners from 2017, and should be in place everywhere by 2020.
- › BCF plans, work by vanguards and pioneers should be incorporated into local integration programmes – providing **one local vision for integrated care**, one plan for implementing it and one set of support and oversight arrangements.
- › DH, NHS England, and the LGA should agree principles to guide design of local arrangements, specify conditions, and **consider a formal authorisation process**
- › National bodies should work with CCGs and local authorities to develop **organisational templates** for local arrangements, and consider legislation required for 'HWB plus' option and to remove other legal/policy obstacles
- › Government should introduce a **single spending review settlement** covering the NHS, social care and public health; simplify departmental responsibilities by transferring social care funding from the Department for Communities and Local Government to DH

Issues for discussion:

- Alignment or integration ?
- Implications for existing organisations & roles:
 - CCGs
 - Health & Wellbeing Boards
 - NHS England
- Can organisational change be avoided ?
- Governance & accountabilities
- Local v. national – bottom-up/top down
- How much can commissioning achieve anyway ? –
 - Leadership & culture
 - financial incentives
 - contracting & payment mechanisms
 - 5YFV & Dalton Review
 - Accountable care organisations

& what about devolution ?

The image shows two documents side-by-side. On the left is the 'Contents' page of the 'Cities and Local Government Devolution Bill [HL]'. It lists sections from 1 to 14, categorized into 'Mayoral combined authorities', 'Combined authorities: additional functions', 'Combined authorities: other provisions', 'Local authorities: governance and constitution', and 'Final provisions'. On the right is a screenshot of the HSJ (Health Service Journal) website. The article is titled 'Exclusive: Devolved authorities could 'share' NHS functions' and is dated 9 July 2015. The article text states: 'Combined authorities could 'jointly' hold NHS powers, instead of them being removed from government or health service bodies entirely, under government devolution plans, HSJ has learned.' There are also social media sharing options and a 'Post a comment' button visible on the article page.

Resources

- › *Link to summary & full report*
<http://www.kingsfund.org.uk/publications/options-integrated-commissioning/summary>
- › *Exploring the options for integrated commissioning – webinar July 2015* <http://www.kingsfund.org.uk/events/exploring-options-integrated-commissioning>
- › Scottish Government website – health and social care integration
<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

Thank you!



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