

DECISION-MAKER:	Joint Commissioning Board		
SUBJECT:	Integrated Commissioning Plan 2018/19-2020/21		
DATE OF DECISION:	11 Th June 2018		
REPORT OF:	Stephanie Ramsey, Director of Quality and Integration		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>The Integrated Commissioning Plan outlines the commissioning strategy and outcomes to be achieved by the Integrated Commissioning Unit for Southampton City Council and Southampton City Clinical Commissioning Unit between 2018/19-2020/21.</p> <p>The workstreams identified are to achieve increased integration, improved prevention and earlier intervention, ensure that people are provided with safe, high quality care in all providers and to manage and develop the health and care market. The plan outlines workstreams, milestones, key measures of success and outcomes. The work includes significant transformational change, both within and across organisations, to achieve system wide change. Many of the workstreams include achievement of savings or are enablers to reduce demand and support savings indirectly.</p>	
RECOMMENDATIONS:	
	(i) The Board is asked to approve the Integrated Commissioning plan
	(ii) The Board is asked to note the key measures of success and agree that these will be used to report effectiveness of the plan
REASONS FOR REPORT RECOMMENDATIONS	
1.	The plan has been developed based on the Joint Strategic Needs Assessment, national guidance, needs assessments, market analysis and feedback from consultation and engagement with residents and patients.
2.	<p>A large number of the schemes are key elements of the Southampton Better Care plan transformational change. They support priorities in the Council Strategy, especially Children and young people in Southampton get a good start in life and People in Southampton live safe, healthy, independent lives. They also form the core of the CCG operating plan and Southampton City Local Delivery System Plan 2017-19. The workstreams and outcomes contribute to the Health and Wellbeing Strategy outcomes:</p> <ul style="list-style-type: none"> • People in Southampton live active, safe and independent lives and manage their own health and wellbeing • Inequalities in health outcomes are reduced

	<ul style="list-style-type: none"> • Southampton is a healthy place to live and work with strong, active communities • People in Southampton have improved health experiences as a result of high quality, integrated services
3.	The Terms of Reference agreed by Full Council and CCG Governing body requires the Joint Commissioning Board to approve and monitor the development and implementation of the Integrated Commissioning Plan to ensure it meets agreed priorities, objectives, savings and performance targets and aligns commissioning arrangements with partners' financial and business planning cycles.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	Prioritisation was undertaken to identify most appropriate workstreams
DETAIL (Including consultation carried out)	
5.	The plan, attached in Appendix 1, outlines shared commissioning workstreams based on where a partnership approach will improve outcomes and promote greater efficiencies.
6.	There are four main priority areas: <ul style="list-style-type: none"> • Integration - Working together across health and social care to deliver integrated, person centred, joined up care and support for people in Southampton • Prevention & Earlier Intervention - Strengthen prevention and early intervention to support people to maintain their independence and wellbeing • Safe & High Quality Services - Ensure that people are provided with a safe, high quality, positive experience of care in all providers • Managing & Developing the Market - Support commissioning activities that facilitate a strong provider market that is able to respond to an increasingly diverse customer group
7.	Each priority outlines objectives and what success will look like by 2020/21. There are a number of workstreams supporting each priority. These are summarised on page 8 of the Appendix 1. The work outlined incorporates all aspects of the commissioning cycle from needs and market analysis, through service redesign, procurement and change implementation through to contract management and review. This is demonstrated within the milestones.
8.	For each priority a number of indicative measures of success have been identified. These will form the basis of the performance report presented to JCB, along with exception reporting on the achievement of key milestones. A significant number of these are national requirements for the Council, CCG or both.
9.	A number of the workstreams are focussed on transformational change across a wide range of health and care within the city, such as the development of the out of hospital model or mental health system changes. There is also collaborative work with other local authorities and CCG's, such as sexual health. In some aspects Southampton is leading region wide work, such as developing a framework for children's residential care.
10.	A majority of the workstreams contribute to the achievement of savings to

	<p>impact on spend across children's, adults and public health budgets within the Council and on CCG QIPP priorities. In some places this is direct savings, such as Transforming Care for people with learning disabilities, Housing Related Support, children's residential care or high cost placement negotiations. In others it is an enabling activity that will reduce demand elsewhere such as addressing the needs of high intensity users, care technology and community navigation.</p>
11.	<p>Progress in 2017/18 was very positive and a review of the year will be provided in a separate report and elements are also included in the Better Care Q4 summary. Actions and outcomes have included:</p> <ul style="list-style-type: none"> • increase in supported living for individuals with learning disabilities to move from residential care, or back into the city • completion of engagement and redesign of Home Care ready to proceed to tender for new framework. This incorporates a more strengths based and reablement approach to help people remain as independent as possible and supports other savings projects • remodelling of substance misuse services and achievement of savings • development of new services for Community Navigation, • procurement of Behaviour Change services, developing a collaborative model aligning voluntary and statutory sector services, • recommissioning of Carers service ,including high take up (over 98%) of direct payments of carers involved in the service • significant improvement in number of providers rated as good in the city across health and social care following intensive programme led by ICU quality team. Southampton identified by CQC as most improved in Region for care homes being rated as good following reinspection. • mental health transformation – led to significant changes including development of Crisis lounge at Antelope House; IAPT meeting national targets and commencing national roll out to extend to Long term conditions ; investment in CAMHS services to improve waiting times • leading implementation of Crisis Care Concordat across Hampshire, reducing presentation of people with Mental health conditions to police stations and Emergency departments • retender of services for Housing Related Services (HRS) resulted in new services going live July 17. This improved access arrangements and maintained number of beds for people who are homeless, including rough sleepers, as well as achieving savings • one of the elements of the HRS tender was successfully expanding range of options for care leavers. As a result the council is now exceeding the target for care leavers in suitable accommodation • high cost team have reassessed placements to ensure high quality, cost effective packages and have achieved savings on adult social care packages over £850 per week • achievement of successful bid of £600k pan Hampshire increasing capacity in refugees for those experiencing Domestic violence • Southampton Living Well service established - older person's day services changing into community wellbeing centres with an extended

	<p>range of community activities.</p> <ul style="list-style-type: none"> • Integrated 0-19 service model went live April 2018 with a streamlined single assessment and approach to working with families • ICU led Independent Fostering framework procurement for 16 local authorities; new rate negotiated which led to savings. Improved negotiations with providers as single conversation with the consortium
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
12.	The total value of the pooled fund for Better Care is just over £109m. In 2017/18 this was split £71.5M from the CCG and £37.8M For the Council this includes elements of the ICU budget as well as adult, children's and public health budgets. The ICU council budget for 2018/19 is £17,762,200 which comprises contracts and staffing costs. In the CCG the elements specifically related to the ICU work, not including prescribing costs is over £103M. Significant elements of this are included within the Better Care pooled budget
<u>Property/Other</u>	
13.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
14.	We work with legal and procurement colleagues to ensure all actions are taken within standing orders
15.	Care Act 2014 – responsibilities for commissioning sufficient services and market management
<u>Other Legal Implications:</u>	
16.	None
CONFLICT OF INTEREST IMPLICATIONS	
17.	N/A
RISK MANAGEMENT IMPLICATIONS	
18.	<p>A separate risk register is maintained for the ICU and is incorporated into the Joint Commissioning Board Performance Report. Key risk areas in relation to the achievement of the Plan include:</p> <ul style="list-style-type: none"> • Delayed transfers of care - increasing complexity of clients will increase delayed transfers resulting in failure of plans, non achievement of Better Care targets and impact on savings. It could compromise quality of care and outcomes for clients. Mitigation includes a whole System Discharge action plan • Workforce - there are significant concerns across the City in relation to the recruitment and retention of staff. This is a focus of Better care work. • Capacity of the care market to meet increasing needs and support additional schemes to improve discharge - to mitigate this the ICU is working proactively with the care market and utilising alternative mechanisms such as retainers and block contracts to provide increased stability

	<ul style="list-style-type: none"> Resilience in the voluntary sector and ability to respond to new ways of working - a number of mitigating actions are being taken including: various procurement options being considered to make best use of local market and encourage innovation; support to local agencies also being considered as part of the developments; proactive review of any bidding opportunities.
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POLICY FRAMEWORK IMPLICATIONS

19.	The scope of integrated commissioning fully supports the achievement of priorities in the Council Strategy, and in particular, children and young people in Southampton get a good start in life, people in Southampton to live safe, healthy, independent lives. These are also the basis of the Southampton Better Care plan. They also form the core of the CCG operating plan and Southampton City Local Delivery System Plan 2017-19
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KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Integrated Commissioning Plan 2018/19-2020/21

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None