Agenda

1. Welcome and introductions
2. Purpose and agenda for the workshop
3. Overview of Whole Essex Community Budget Integrated Commissioning project
4. Broad service and impact scope
5. High Level organisation models
6. Areas of focus
7. Benefits, risks and outstanding questions
8. Practical arrangements
9. Next steps
Purpose of workshop

• Introduce the Whole Essex Community Budgets Programme Health and Wellbeing Project on Integrated Commissioning

• Explore benefits, opportunities and issues by focussing on South Essex

• Explore high level models for organisation and governance of commissioning and support

• Discuss scope of impact and services to
  – incorporate in the model and
  – to initially focus on

• Explore practical arrangements
WECB – looking at whole public sector spend in Essex of £12.8bn across multiple agencies...

Total Essex spending £12.8bn

National Health Service £3579m

South East Essex PCT £477m

South West Essex PCT £694m

West Essex PCT £1,235m

Mid Essex PCT £603m

North East Essex PCT £570m

State Pension £2,092m

Department for Work & Pensions Benefit Expenditure £3,327m

Other £1,124m

Essex County Council £2,126m

Borough and Districts £1,119m

Educating and supporting pupils £942m

Other community services and financing items £72m

Providing libraries, educating adult learners and heritage £47m

Protecting environment, waste disposal & recycling £7m

Maintaining roads, streetlights and public rights of way £132m

Looking after children in care and early years £337m

Caring for older people & adults with disabilities £516m

Basildon and Thurrock Trust £262m

Colchester Trust £224m

Mid Essex Trust £275m

Southend Trust £241m

Princess Alexandra Trust £175m

South Essex Partnership £191m

North Essex Partnership £109m

Job Seekers Allowance £111m

Southend Borough Council £493m

Thurrock Borough Council £325m

Skills Funding £257m

Fire £71m

Transport £426m

Colchester £140m

Tendring £125m

Harlow £143m

Braintree £102m

Castle Point £79m

Rochford £64m

Brentwood £40m

Tiptree £3m

Maldon £34m

Financial Strategy, Essex County Council
Updated July 2012

PLEASE NOTE:
1) Gross revenue budgets are not the same as the amount that would be available for pooling in the creation of a Community Budget.
2) District information includes HRA and is as published gross less high level ‘unusual’ items.

8/16/2012 Whole Essex Community Budgets
WECB – Health and Wellbeing Domain

• Started in early 2012
• Developed Outline Business Cases [OBC] for people with
  – Long Term Conditions,
  – Learning Disability
  – Dementia
  – Plus ‘Right to Control’
• Realised common issues
• Proposed ‘Integrated Commissioning Approach’
• Now developing case for pilot/pathfinder site(s)
Integrated Commissioning: The Big idea

Implement a single, integrated, approach that supports new commissioning entities across Essex and 7 CCGs in the County. This will deliver an integrated service model which will reduce demand, improve care outcomes and share risk and benefit across the whole system.
Drivers for community budgeting

- Shrinking public service finances.
- Opportunity to deliver integrated services and support to people & practices in South Essex
- Imperative to reduce demand for support and care
- Improve service outcomes & user/patient experiences
- Share risks & benefits across the whole system by concentrating on how services are commissioned.
What do we mean by commissioning?

• The process of identifying needs within the population, designing, specifying, securing, monitoring and evaluating services to meet people’s needs.

• It is the means to secure the best value for local citizens and taxpayers e.g. the best possible health and wellbeing outcomes, and the best possible health and social care provision, within the resources available.

• It applies to all services, whether public, private or voluntary.
Commissioning Cycle

Adapted from Institute of Public Care
### Possible levels in a Greater Essex system

<table>
<thead>
<tr>
<th>System levels</th>
<th>Primary commissioning functions</th>
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<tbody>
<tr>
<td><strong>Essex-wide</strong></td>
<td>Develop JSNA at both Essex-wide and local CCG levels</td>
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<td>National/regional care home providers - commissioning and market shaping</td>
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<td>National/regional home care providers - commissioning and market shaping</td>
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<td>NHS specialised services (tertiary care)</td>
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<td>NHS Primary care</td>
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<td>Ambulance services</td>
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<td>Public health, including health protection</td>
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<td>Others?</td>
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<td><strong>Essex or Intermediate tier North Essex/South Essex?</strong></td>
<td>Adult Mental Health</td>
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<td>Specialist Childrens services</td>
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<td>Learning Disabilities</td>
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<td>NHS acute hospital services</td>
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<td></td>
<td>Others? (Dementia, Adult Safeguarding, Assistive technologies)</td>
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<td><strong>CCG area</strong></td>
<td>Adult Social Care including reablement</td>
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<td>Public health, including health improvement</td>
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<td>H&amp;SC community services</td>
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<td>Housing</td>
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<td>NHS Primary care (?)</td>
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<td>Local care home providers</td>
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<td>Local home care providers</td>
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<td>Housing providers</td>
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<td>Intermediate Care</td>
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<td>Assistive technology</td>
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<td>Individual budgets</td>
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<td>Asset Based Community Development</td>
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<td></td>
<td>Others?</td>
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</tbody>
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What could be commissioned by a Single Commissioning Body or an Integrated Commissioning Arrangement?

- Whole Essex Community Budget
- VCS
- CCG NHS responsibilities or part
- Children’s Services
- Housing
- Public health
- Adult Social Care
- NCB
- Primary care etc

Asset Based Community Development
Scope: Partners and Geography?

- CCGs
  - All commissioning responsibilities
- Local Authorities (ECC, SBC, TC, D&BCs)
  - Adult social care
  - Public Health
  - Children’s services
  - Housing
- NHS National Commissioning Board Local Area Team
  - Primary care
- Voluntary and Community Services
High Level Options

- ‘As Is’...in April 2013
- Use existing mechanisms eg Health and wellbeing board, S75
- Existing mechanisms + unified commissioning workforce
- Single Commissioning Body [SCB]
  - Subset of CCG responsible services +...
  - All CCG responsibilities +...
High Level Models for SCB

- Health → Social Care
- Social Care → Health
- Health and Social Care → New Body

Do we introduce significant new complexity and boundaries?
Can we realise benefits?
Is it legally doable?
Integrated Commissioning Model

Whole Essex Community Budget

ECC and H&WB Board

NEE CCG

SCB

ME CCG

SCB

WE CCG

SCB

B&B CCG

CP&R CCG

SCB

TC + CCG

SCB

SBC + CCG

SCB

North Essex Mental Health Lead Commissioner?

North Essex Children’s Lead Commissioner?

South Essex Mental Health Lead Commissioner

South Essex Children’s Lead Commissioner

Thurrock Council and H&WB Board

Southend BC and H&WB Board

North and South Single Infrastructure Organisation(s)?

Essex CSS

ECC Back Office

TC Back Office

SBC Back Office

8/16/2012

Whole Essex Community Budgets
Benefits of Integrated commissioning

• Joined up analysis, funding, planning of and accounting for public services
• Leverage from larger commissioning budget
• Prioirtisation across public services
• Begin to address service demand reduction in partnership with communities
  – through prevention, joined up early intervention, housing and Asset Based Community Development
• Improves effectiveness of commissioning
  – Consistent, better informed, targeted and integrated specifications
  – Identifying and capturing distributed benefits across Housing, H&SC and public health.

• More efficient commissioning processes
  – Pooling skills, reduced duplication of effort, pulling together commissioning staff in partner agencies doing similar roles and following similar processes

• Efficiency and economies of scale around commissioning support processes
  – Integrated support organisation including procurement, contract management, contract monitoring, payment

• Improve market shaping and management
  – Consistent and joined up approach to care homes, driving integrated provision and major reshaping as required such as acute disinvestment
Scope: where to focus?

• Older People
  – Supporting Frail elderly & people with Long Term Conditions & dementia
  – Care Homes
  – Crisis Response
  – Accelerated Discharge
  – Continence

• Continuing Healthcare

• Children
What this might mean for local people?

- More joined up care focussed on supporting you at home
- More services in the community based around your GP practice
- We will reduce the number of times you have to tell us all about yourself
- We will connect you with local services including for housing and from community and voluntary organisations
- We will be able to protect services as national funding cuts bite...
What this might mean for GP practices?

• More joined up care focused on vulnerable people
• More services in the community based around practices
• Improve and simplify access to social care assessment
• Connect practices with wide range of support for their patients from NHS, councils, and community and voluntary organisations
• We will be able to protect services as national funding cuts bite...
Benefits, Risks and Outstanding Questions?

• In small groups please identify your top 3 possible benefits and risks
  – Write each on a post-it

• What outstanding questions do you have?
  – Capture on flip chart page

• What would be the key success criteria for an implementation plan?
Practical questions

• Governance
  – Locality level
  – NCB/ECC level
  – Legal form

• Commissioning and other support services

• Funding flows and accounting?

• Information Governance and data sharing

• Secondment/employment?

• Facilities?
Asks from Central Government

• What policy assistance do we need from central government that is not available through existing mechanisms, to increase the scope of addressable savings?

• E.g.
  – Unifying reporting and accountability arrangements
  – Flexibility around CCG Governance
  – Benefit Sharing/ Financial Orders
  – Eligibility Frameworks (e.g. Continuing Healthcare)
  – Asset and Capital receipt management
  – Approval and support to proceed with a Single Sovereign Commissioning Body Prototype in a CCG locality

• What else?
Next Steps

• Workshop write up
• Interviews
• WECB Programme Board
• Business Case development
• Opportunities for comment/influence
• Updates to CCG Operational Exec/Boards
Workshop Write Up
Benefits of Whole Community Budgets

• Reduce Cost Shifting
• Patient centred approach – people don’t fall down gaps
• Improved patient experience
• Shared information
• One body means less tension in delivering strategy
• Shared experience from care trusts – learning from tipping points
• Purchasing power
• Economies of scale
• Shared expertise
• Efficiency gains at the “front” and “back” office
• Common outcome, priorities and reduced duplication e.g. VCS is commissioned by Public Health, Adult Social Care and Health
Risks of Whole Community Budgets

- Patient still does not get streamlined movement between providers
- Political buy-in required
- Potential loss of local identity
- Chief officer buy-in required
- Potentially only create another level of bureaucracy
- Governance arrangements increase in complexity
- Immaturity of partner organisations being able to cope
- Clinical networks and their influence on commissioning decisions
- Devolving from CCGs – disempowers CCGs
- Having a single CSO may not reduce transactional costs due to a similar number of sovereign organisations remaining in Essex i.e. will still have the same number of accounts and invoices to manage.
Additional Questions

- What additional resource for this? Project Capacity?
- Can we use Year of Care work? Inform?
- Could we run a simulation event(s)? Help create in minds of practitioners. Pick an area?
  - Residential
  - Elderly care
  - Mental health
- Timing? Given change ongoing at moment! Phasing?
- Commissioning priorities?
- Different cultures & processes to bring together – timescales & timing?
- Should we pause to gather information from new systems?
- What are the next steps?
- Messages to staff and key stakeholders?
- We’re trying to change an evolving system – CCGs and H&WB!
- Identifying commissioning activities/spend across agencies?
Additional Questions

• How to identify/quantify cost benefit?
• How do we transfer focus from acute to prevention?
• Putting on flesh and describing options
• How signed up are members?
• What level to commission certain services to ensure optimal cost & benefit e.g. Acute providers, Dementia, Safeguarding, GP OoH, Assistive Technology, Ambulance.
• Lock in arrangements to prevent dissolution of partnership / new body?
• If a sovereign SCB has the governance and local accountability what will be left for unitaries councils to do?
• What will the relationship be between SCB/ICA and Public Health England
• How will you deal with the added complexities of some partners looking Londonward?
• Could a federated approach be used to commission select services e.g. Acute providers
Critical Success Criteria

• Getting the same quality, standards & services for less
• Cashable savings
• Integrated risk sharing / benefits
• Expresses a joint vision
• Understanding of impact of decisions that need to be made
• Clear about how demand / costs will move around the economy
• Getting the governance right
  – Agreements
  – An authorised body
  – Lines of accountability
• Big asks of government are given
• Buy-in from politicians, chief officer, GPs, CCGs – they need to see the benefit of CB
• A formal decision from all partners
• Need clearly defined “stuff” that shows why we would do it!!
Critical Success Criteria

• Benefit realisation plan
• Risk share
• Benefits shared
• Have the right scenario for success (mutual desire to achieve across partners)
• Phased approach with steps to the ultimate goal
• Single commissioning plan / plan to develop a single commissioning plan
• Consolidated workforce – cultural changes