



NHS North Central London

Meeting: CHILDREN'S TRUST BOARD	Date: 27/06/2013	Agenda Item No: 5
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TITLE OF PAPER: Setting the Direction of Travel for Children's Joint Commissioning

SUMMARY OF PAPER:
This paper will set the direction of travel for the joint commissioning programme for 2013/14 which will inform the commissioning intentions for 2014/15 and the delivery of the Clinical Commissioning Group (CCG) recovery plan through the Quality, Innovation, Prevention and Productivity (QIPP) programme and the local Authority delivery of the medium term financial strategy.
A section 75 agreement will be drawn up to integrate the commissioning function and resources. The aim of the integration will be to develop high quality, responsive, cost effective integrated commissioned services. This transformational service redesign will be enabled by the formation of an integrated joint commissioning team to lead this change process.

ACTION REQUIRED BY BOARD:
The Children's Trust board are asked to note the content of the report and approve the proposed direction of travel which will need to be agreed and ratified by the local authority and the CCG prior to implementation

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The aim of this paper to set the direction of travel for the joint commissioning programme for 2013/14 which will inform the commissioning intentions for 2014/15 and the delivery of the Clinical Commissioning Group (CCG) recovery plan through the Quality, Innovation, Prevention and Productivity (QIPP) programme and the local Authority delivery of the medium term financial strategy. This paper will set out the strategic and legislative drivers that support and under pin the governance arrangements for this programme. This paper will also give stakeholders a broad indication of the programme of work that is being proposed although this has not been finalised and agreed by the local authority and the CCG.

The evidence from the Kings Fund suggest that joint commissioning in health and social care using a multi factorial components delivers better outcomes instead of relying on a single organisational strategy. In 2011 the Kings Fund identified that care coordination for people with complex care needs and long term conditions is poor. In Children services in roads have been made to advance integrated care by developing the team around the child where multi disciplinary teams work together with the young person and their families to identify the needs and agree interventions that will optimise outcomes. However this remains patchy and is resource intensive. The budgetary control within different organisations has made it challenging to progress a cohesive commissioning plan that focuses on improving quality of care and interventions, preventing ill health, developing innovative approaches to service delivery which will enable realisation of productivity gains across the continuum.

In the last few years some Children's Trusts were part of the Total place pilot projects. These pilot projects included the views of children and young people and their families and gave multi disciplinary teams the opportunity to map out the pathways and identify potential areas of redesign. Barnet is in a fortunate position where there is the political and strategic drive to use the leavers in the Health and Social Care Act 2012 to commission services for Children jointly to achieve the aspirations of integrated services.

The health and social care Act 2012 gives local authorities an enhanced role in shaping NHS commissioning through the Health and Wellbeing boards who are responsible for the production of the Health and Wellbeing Strategy, including priorities for children and young people. The strategy is informed by the Joint Health Needs Assessment led by the Public Health function which has been transferred to local authorities from Health in April 2013.

The Children and Young People's Plan is overseen by the Children Trust. This has been developed by its multiagency partners to meet the needs of children and young people to achieve their outcomes as defined in Every Child Matters. The delivery of this local plan is dependent on integrated working and a joint approach to commissioning.

For a long time the Children and Young People's workforce has talked about the benefits of joint working and adopting a joint approach to utilisation of limited resources. Whilst there is a cogent argument to support the implementation of joint function the delivery in most places has been patchy and has lacked a cohesive approach. The NHS Future Forum report acknowledged this discourse by stating that "we need to move beyond arguing that for integration but focus on making it happen" this is particularly true for children with long term conditions, complex needs, palliative care and children with disability if commissioners are serious about commissioning outcomes that will reduce inequalities and improve overall outcomes.

In Barnet the vehicle for delivering this transformation is the formation of integrated health and social care teams who have a joint planning and commissioning remit. The new joint commission structure aims to use existing resources from health and the local authority however there are discussions about the additional resources that will be required in the short, medium and long term basis to support the integrated commissioning function and the transformational change programme. It may be that some of the funding to cater for

the resource intensive spells may be funded from the section 256 agreement from the NHS Act 2006 gives health and local authorities another legislative lever to enter into arrangements for improving outcomes. Whilst the majority of this funding was intended for re- enablement programmes in adults the budget has been devolved to the local Health and wellbeing boards to meet their priorities. In Children these budgets have been previously used to increase the commissioning capacity.

From a commissioned service perspective a section 75 agreement will be the commissioning vehicle for delivering the changes in commissioning and pooling of resources. The legal premise for the section 75 agreement is found in the 1999 Health Act, this enables local authority partners the ability to pool resources and staff. This NHS Act 2006 extended the provision of section 75, the Health and Social Care Act 2012 has not made any changes to the provisions. Under a section 75 agreement the local authority can:

- Pool funds to agreed levels into a single pot to be spent on agreed projects and on designated service lines
- Integrate provision through the joining up of staff, resources and management structures
- Agree to delegate the commissioning of services to a lead organisation

In Barnet there is an agreement that an over arching section 75 agreement will be used a lever to re-commission integrated services that deliver improved health, education and social outcomes for children and young people. This work has already begun with the decommissioning and re- commissioning of the Speech and Language Therapy services. There are high level discussions to identify and agree further services that will be commissioned using section 75 agreements to deliver value for money and improved outcomes. As there has not been any initial discussion with the affected providers and given the commercial sensitivity of the services that are likely to be commissioned a decision has been made not to list the services that will be affected by this change in this paper but instead to set the broad direction of travel.

In the last few weeks the CCG and the local authority have progressed the discussions about the integrated services. This has included the agreement of the structure for the joint team. There is further and ongoing work to finalise the following:

- Drafting of the Section 75 agreement for approval by both organisations
- Drafting of a memorandum of understanding
- Mobilisation plan which includes collocation, IT and workforce planning
- Development of new job descriptions and recruitment to the joint team

In conclusion this paper has set out the broad direction of travel for the joint health commissioning function and the commissioning resources to support the work programme.