Haringey Council

Agenda item:

[No.]

[Name of Meeting]	**On [Date]**

Report Title. **Scoping report – Scrutiny review of Commissioning**

Report of **Cllr Winskill, Chair of the review panel**

Signed :

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Wards(s) affected: **[All / Some (Specify)]**	Report for: **[Key / Non-Key Decision]**

1. Purpose of the report (That is, the decision required)

1.1. For the Overview and Scrutiny Committee to consider and approve the scope and terms of reference for the scrutiny review of the Commissioning.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1. This review links with the Sustainable Community Strategy Outcomes of:

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4. Recommendations

4.1. That the Terms of Reference and scope of the review be agreed.

5. Reason for recommendation(s)

5.1. To enable the panel to progress in its work on the review.

6. Other options considered

6.1. N/A

7. Chief Financial Officer Comments

7.1. To be included in final draft for Overview and Scrutiny Committee

8. Head of Legal Services Comments

8.1. To be included in final draft for Overview and Scrutiny Committee

9. Head of Procurement Comments – [Required for Procurement Committee]

9.1. N/A

10. Equalities & Community Cohesion Comments

10.1. To be included in final draft for Overview and Scrutiny Committee

11. Consultation

11.1. The review will seek the views of a range of stakeholders including statutory partners, the voluntary and community sector and service users.

12. Service Financial Comments

12.1. This review will be carried out within the current resources of the Overview and Scrutiny Service.

12.2. Any financial implications of the final report will be covered within that report.

13. Use of appendices /Tables and photographs

Appendix A – Background Briefing on the NHS White Paper: Equity and Excellence and accompanying consultation documents

Appendix B – Cabinet report on Strategic Commissioning Programme

14. Local Government (Access to Information) Act 1985

- Equity and Excellence: Liberating the NHS, Department of Health, July 2010 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- Sustainable Community Strategy, Haringey Council, 2007-2016
- Haringey Strategic Commissioning Framework, Haringey Strategic Partnership, 2010
- The State of Social Care 2009, Care Quality Commission, 2010
- Nuffield Trust, Only Connect: Policy options for integrating health and social care, April 2009
- Turning Point Centre of Excellence in Connected Care, Benefits realization: assessing the evidence for the cost benefit and cost effectiveness of integrated health and social care, February 2010
- Personal Social Services Research Unit, National Evaluation of Partnerships for Older People Projects. Final Report, January 2010
- The State of Social Care 2009, Care Quality Commission, 2010, Page 49
- Audit Commission, Means to an end: joint financing across health and social care, October 2009
- Health Act 1999, Parliament, http://www.legislation.gov.uk/ukpga/1999/8/contents
- Audit Commission, Means to an end: joint financing across health and social care, October 2009
- Strategic Commissioning Policy, Cabinet Report, Haringey Council, March 2010 http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=3896

1. Background

1.1. The Overview and Scrutiny Committee commissioned a task and finish review into health and social care commissioning as part of their 2010/11 work programme. This followed conversations with the Well-Being Partnership Board and relevant Officers in the Council and across the partnership and is also in light of the NHS White Paper: Equity and Excellence[1], published in summer 2010.

2. What is Commissioning?

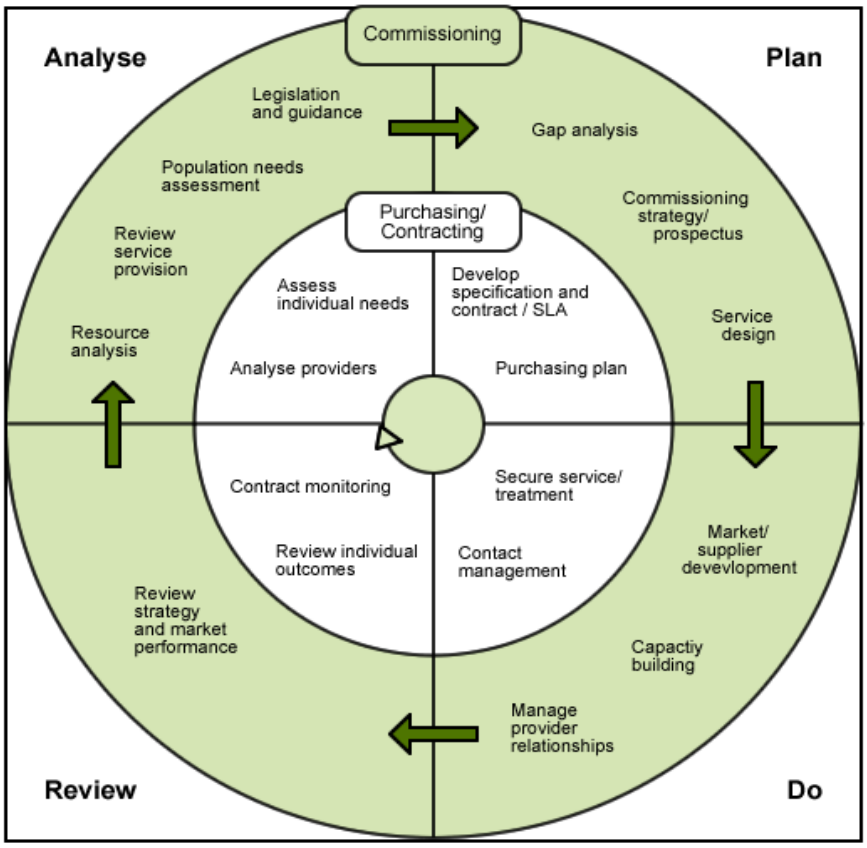
2.1. The Haringey Strategic Partnership Strategic Commissioning Framework[2] defines strategic commissioning as:

[1] Equity and Excellence: Liberating the NHS, Department of Health, July 2010 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

[2] Haringey Strategic Commissioning Framework, Haringey Strategic Partnership, 2010

"*The cycle of assessing the needs of people and communities in Haringey, designing effective services and support, influencing the market to secure services, monitoring and reviewing the impact of commissioned services*."

and uses the following diagram to show the stages of the commissioning cycle:



3. National Context

3.1. The NHS White Paper: Equity and Excellence[3] was published in July 2010, along with accompanying consultation papers. These papers set out the Governments long term vision for the National Health Service (see Appendix A for full briefing).

3.2. A Bill is expected shortly to take forward these proposals.

3.3. The following points are of particularly note for this review:

- £80bn worth of commissioning to be shifted from 152 Primary Care Trusts (PCTS) to new compulsory GP consortia by 2013

[3] Equity and Excellence: Liberating the NHS, Department of Health, July 2010
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

- PCTs will be abolished from April 2013 and Strategic Health Authorities (SHAs) by 2012/2013
- responsibility for public health and local health strategy will be transferred to local authorities.
- local authorities will get new powers in relation to joining up commissioning of local NHS services including promoting integration and partnership working.
- local authorities will progress integration between health and social care.

Local Democratic Legitimacy in health

3.4. **Improving integrated working**

- Aims to strengthen integration in a number of ways including:
  - Extending the availability of personal budgets in the NHS and social care, with joint assessments and care planning.
  - Payment systems being used to support joint working, e.g. around hospital readmissions.
  - Freeing up providers for example, the govt is proposing to remove constraints for foundation trusts which could, for example, enable them to expand into social care.
- The Govt believes there is scope for stronger institutional arrangements, within Local Authorities, led by elected members, to support partnership working across health, social care and public health.
- Discussed the option of "leav[ing] it up to" NHS Commissioners and Local Authorities as to whether they want to work together and top devise their own local arrangements if they wish or by the establishment of a statutory role (this is the Govt preferred option).

Commissioning for Patients

3.5. **Proposals**

- The intention is to put GP commissioning on a statutory basis. Every GP practice will be a member of a consortium.
- Most commissioning arrangements to be made by consortia of GP practices which will be made accountable to the proposed NHS Commissioning Board.
- The Govt. envisages that a smaller group of practitioners will lead the consortium.
- Corsortia will be able to employ staff or buy in support from external organisations (including LA, voluntary sector and independent providers) to carry out certain functions, for example to analyse population needs, manage contracts and monitor expenditure and outcomes.

3.6. **GP consortia** will:

- commission the majority of NHS Services on behalf of patients including: elective and rehabilitative care; urgent and emergency care; most community health services; mental health services; and learning disability services.

- Manage allocated budgets from NHS Commissioning Board and deciding how best to use the resources for the needs of their patients (these budgets will be kept separate from GP practice income).
- Work closely with patients and local communities, including through LINks (HealthWatch).
- Determining healthcare needs, including contributing to Joint Strategic Needs Assessments.
- To fulfil effectively their duties in areas such as safeguarding of children.

3.7. The **NHS Commissioning Board** will:

- Be an independent statutory authority that provides national leadership.
- Promote patient and public involvement
- Be accountable to the Secretary of State.
- Ensure the development of consortia and hold them to account for outcomes and financial performance
- Allocate and account for NHS resources e.g. calculate practice-level budgets and allocate these resources directly to consortia.
- Develop a commissioning outcomes framework, with support from NICE.

3.8. **Health and Wellbeing Board**

- The proposed new local authority **health and wellbeing boards** would enable consortia alongside other partners to contribute to joint action to promote the health and well-being.

3.9. **The State of Social Care in England**[4] looks at how well health and social care are performing on a number of aspects across England. Of particular relevance to this review are their findings on the joining up health care and social care:

- Joined up health and social care improves service user experiences and outcomes and makes it easier for service users, their families and carers to navigate the care pathway.

- A Nuffield Trust[5] study of one locality showed 90% of people who received social care also received secondary health care over a three year period.

- Preventative, joined up approaches to care should help improve efficiency, which will in turn achieve cost savings.
    - Services that work well together have shown they can provide greater Value for Money and cost effectiveness.

- A review and critical appraisal of studies evaluating health and social care from an economic perspective found that integrated early intervention programmes can generate savings of between £1.20 and £2.65 for every £1 spent[6].

[4] The State of Social Care 2009, Care Quality Commission, 2010
[5] Nuffield Trust, Only Connect: Policy options for integrating health and social care, April 2009

- Partnerships for Older People Projects (POPP) evaluation found that POPP services were helping reduce emergency bed days and that every additional investment of £1 in them produced £1.20 additional benefit in savings on emergency bed days[7].

- Truly joined up approach, with a move away from territorial budgets is essential in making the most of any financial savings.

    - Money could be used to fund other community intervention and prevention services.
    - "PCTs, Councils and hospitals will need to take a long term view of this in order to avoid, as far as practical, the defensive reaction that is inevitable in the current economic downturn and additional pressures being placed on budgets[8]".

- An Audit Commission[9] report found that joint financing should focus on outcomes for service users as opposed processes or the specific method by which the service is paid for.

- Transformation of services may be cost neutral but if this transformation results in more empowerment and a better quality of life for service users then this represents better value for money.

3.9.1 Strategic approaches to joining up care

- Where the management of health care and social care was aligned there is an improvement in the coordination of planning and subsequently the quality of care.

- Where health care and social care services were integrated at both team and management levels, and where staff worked in integrated community teams, their services were more likely to offer a high standard or care and a greater range of services.

3.9.2 Strategic flexibility

- The Health Act 1999[10] and subsequent legislation introduced a number of flexibilities allowing organisations to integrate their managerial and strategic activities:

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[6] Turning Point Centre of Excellence in Connected Care, Benefits realization: assessing the evidence for the cost benefit and cost effectiveness of integrated health and social care, February 2010

[7] Personal Social Services Research Unit, National Evaluation of Partnerships for Older People Projects. Final Report, January 2010

[8] The State of Social Care 2009, Care Quality Commission, 2010, Page 49

[9] Audit Commission, Means to an end: joint financing across health and social care, October 2009

- Lead Commissioning – one authority transfers resources to the other which then takes the lead in commissioning both health and social care.
- Pooled Budgets – where both authorities transfer resources into a single budget that is managed by one of the authorities on behalf of both.

- The Audit Commission has found that not all NHS bodies and Councils understand what options are available to them or how to make them work[11]

- The level of integration between organisations had a significant impact on whether people using the services, and their carers, could get the right help at the right time.

4. Local Context

4.1. A Strategic Commissioning Policy[12] was discussed at Cabinet in March 2010 and includes the following key policy principles:

- Efficient and effective delivery of services – the commissioning of user-focused, outcome based services that include the views of residents.
- Understanding and clarity of local needs.
- Support the development of capacity in the third sectors to be able to deliver services.
- Ensure that individualisation, personalisation and choice become embedded in services.
- Work with voluntary organisation to help facilitate and develop that sector.
- Allow for flexibility in terms of the contractual vehicle used to deliver services.

4.2. The report also led to the development of Strategic Commissioning pilots in the Council. A Cabinet report on this can be found in Appendix B.

5. A Scrutiny Review

5.1. A recurring challenge in the provision of social/clinical care occurs where these two groups/services meet - or in many cases don't meet. Many attempts to tie-up and co-ordinate have only been partially successful. This is perhaps because social and community care regimes are incidental to care pathways rather than being an integral part of them. This is further informed by the fact that many users have multiple conditions and multiple needs and increasingly greater choice and control over the services which they receive

5.2. The move to GP commissioning provides an opportunity to look at the approach to overall commissioning for users of not just clinical services but also adult, child, mental health, and community and preventative/universal services.

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[10] http://www.legislation.gov.uk/ukpga/1999/8/contents

[11] Audit Commission, Means to an end: joint financing across health and social care, October 2009

[12] Strategic Commissioning Policy, Haringey Council, March 2010
http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=3896

5.3. For the purpose of this review it is proposed to look at the following areas as pathways which are working well:

- Stroke
- High Intensity Users

as well as looking at the following areas in more detail as areas where the Panel feels they can add particular value:

- Elderly, particularly Dementia
- Community Children's Services
- Mental health

5.4. Further information on the policy and context of these areas will be provided as background for the panel meetings at which these pathways are considered.

6. Terms of Reference

"How can we commission a seamless pathway across health and social care"

7. Objectives of the review:

- Identify where there are best practice examples of seamless service commissioning.
- Identify where there are most difficulties from a patient/service user perspective in Haringey.
- Identify lessons which can be learnt which can be applied for commissioning in Haringey.
- Contribute to the shaping of commissioning in Haringey.
- Make evidence based recommendations to aid the commissioning of seamless pathways of care.

7.1. With reference to **Value for money** the review aims to consider the following questions:

- Do costs compare well with others (allowing for external factors)?
- Are costs commensurate with service delivery, performance and outcomes achieved?
- Do costs reflect policy decisions?
- How is Value for Money monitored and reviewed?
- How is procurement managed?

8. Methodology

- Panel meetings
- Consultation with service users

- Consultation with the voluntary and community sector
- Consultation with statutory stakeholders
- Policy and best practice secondary research

1.1. Panel Membership

- Cllr Winskill (Chair)
- Cllr Browne
- Cllr Scott
- Cllr Watson

1.2. Stakeholders

Adult Services	
NHS Haringey	
Whittington	
North Middlesex Hospital	
Local Involvement Network	
Children and Young People's Services	
GP Collaborative Leads	
Pharmacy Liaison and Commissioning Group	
Alzheimer's Society	
Polar Bear	

9. Timescale

9.1. The review aims to report to the Overview and Scrutiny Committee by the end of the 2010/11 municipal year. The recommendations will then go to Cabinet and any other relevant bodies following this.

	Jan	Feb	March	April	May	June	July
Scoping							
Meetings	1	2	3	4			
Visits							
Reporting							
OSC							
Cabinet							

9.2. The proposed meeting structure is as follows:

Evidence Sessions		
Meeting 1	25th January 5-7pm	Stroke High Intensity Users

Meeting 2	Thursday 3rd February 4.30-6.30pm	Elderly, specifically Dementia
Meeting 3	Tuesday 1st March 5.30-7.30pm	Children's community services
Meeting 4	Tuesday 29th March 5.30-7.30pm	Mental Health
Panel Member Visits		
	TBC	
	TBC	

10. Independent Expert Advice

10.1. In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could "add value" to the review by:

- Impartially evaluating current practice providing advice on successful approaches and strategies that are being employed elsewhere
- Suggesting possible lines of inquiry
- Commenting on the final report and, in particular, the feasibility of draft recommendations.