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OUR FUTURE

Cornwall and The Isles of Scilly
Health and Social Care Partnership

Integrated Strategic Commissioning

Inquiry Panel Evidence

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10th January 2018

Reforming the system

Commissioning and providing services in the same way, for our changing population needs will continue to lead to services that are financially unsustainable with no guarantee that quality and safety will improve.

The approach needs to change and working together as a system through the development of an Accountable Care System appears to be the best model to integrate and transform health and social care systems.

Using a **one strategy, one budget and one plan** approach the aim would be to co-ordinate the planning and delivery of health and care services, creating a simpler system that:

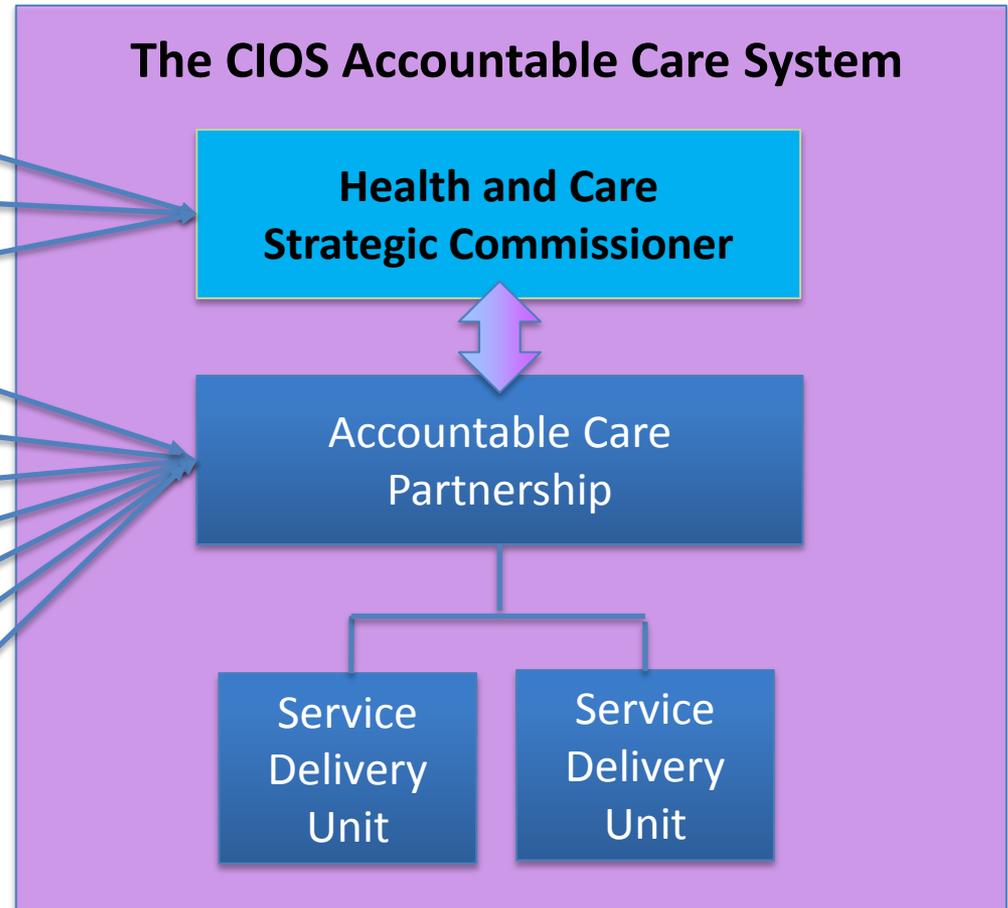
- Puts the person first and not the organisations
- Better co-ordinates services and enables increased provision of integrated care provided as close to home as possible
- Joins up services with single pathway management of the entire patient experience to reduce duplication of services, simplify access and avoid multiple hand-offs between care settings and providers
- Builds a sustainable workforce, particularly in Primary Care, sharing development and training to better deploy and develop our staff across the system

Proposed Accountable Care System

Current Position



Proposed End State



* There will be a separation of the Kernow CCG tactical and strategic commissioning functions

Accountable Care System Functions and Responsibilities

The following slides set out the high level system functions and identifies whether the lead responsibility would sit with the Integrated Strategic Commissioner, the Provider Partnership or is a genuinely shared responsibility

NB - the split of responsibilities and functions will be subject to ongoing review and refinement as part of proof of concept testing during 2018/19



ISC - Areas of Responsibility

Establish needs of the population and set out the strategic commissioning vision

Identify commissioning priorities to meet the needs of the population

Develop a place based strategy and specify the outcomes the provider system should deliver

Establish financial envelope for providers, understanding and shaping market conditions

Commission / procure new service models in compliance with NHS Constitution and Care Act - retaining accountability for securing quality, delivering value and operating within financial envelope

Intervene in the event of ACP failure

Integrated Strategic Commissioning and Care Partnership Shared Responsibilities



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Shared Areas of Responsibility

Establish principles for care including referral / eligibility thresholds for health and care services, treatments and procedures

Public involvement and consultation duties

National regulators – upward performance management reporting and assurance, local interpretation of national policy and guidance

Monitor / manage performance and plans – activity, quality and finance
Including oversight of system pathway proposals, financial information and risk mitigation

Care Partnership Responsibilities



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Area of Responsibility

Align investment to support delivery of quality place based care within provider system

Deliver agreed clinical and care standards, as set by the commissioner

Maximise opportunities of cost sharing e.g. back office, use of estates and shared staff

Reduce costs and improve quality through better integration of services – vertically and horizontally

Duty to secure continuous improvement to the quality of services and manage / mitigate operational quality and performance risks

Make recommendations to the commissioners around opportunities for improvements / significant care pathways



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ICS OPTIONS

Long-list of options considered

Option 1	Do nothing option – commissioning arrangements remain separate, split between the two organisations with separate decision-making, except where joint commissioning arrangements already exist
Option 2	Greater use of existing funding alignment arrangements, such as Section 75/Better Care Fund with organisations retaining their own budgets and accountabilities
Option 3	The CCG acts as lead strategic commissioner for all health, social care and public health commissioning on behalf of system
Option 4	The Local Authority as lead strategic commissioner for all health, social care and public health commissioning on behalf of system
Option 5	The Local Authority acts as lead strategic commissioner for Children and Young Peoples services on behalf of system. The CCG acts as lead strategic commissioner for Adult Services on behalf of system
Option 6	Strategic commissioning of health, social care and public health services is undertaken through a new vehicle such as a Joint Health and Care Committee on behalf of system.

Commissioning with Devon was initially considered but not taken forward through the assessment as there was little / no appetite from Devon at this time as they are working towards Devon-wide strategic commissioning and due to the focus on place based commissioning for health and care the option was not supported by NHS England

1. Achievement of outcomes set out by the system through the Sustainability and Transformation Plan for CIOS
 - Commission for improved population health and wellbeing outcomes
 - Reduce health and social inequalities
 - Develop well-co-ordinated and seamless care
 - Support individual and communities to take responsibilities for the own health and well-being
2. Achievement of straightforward and acceptable governance under current legislation
 - Provide clear and strong leadership to the new Accountable Care System
 - Enable local democratic and clinical engagement and accountability
 - Commission for a whole population using a capitated outcome based contract
3. Achievement of financial advantages for the public purse both through more effective strategic commissioning and cost of delivering the new commissioning model
 - Make best use of the Cornwall £
 - Minimise costs associated with organisational restructuring
 - Achieve management efficiencies
 - Make best use of VAT regulations

Assessment Criteria (cont)

4. Making the most effective use of the workforce skills and experience in CIOS
 - Provide one strong and robust commissioning and contract management function
 - Create an environment of collaboration between commissioners and providers
 - Develop excellent commissioning skills and expertise across the system

5. Deliver improved quality across the health and care system
 - Manage a system-wide view of quality, access and performance
 - Support ISC in holding providers to account for delivery of quality improvements

ISC Long-list Option 1

Option	Proposal
No change, retain existing strategic commissioning arrangements	<ul style="list-style-type: none">• Sovereignty of organisations remain the same• Commissioning and officer arrangements remain as current, embedded in separate organisations• Existing lead organisation and pooled budgets arrangements remain in place• Health and Wellbeing Board continues to fulfil statutory duties in relation to the JSNA and setting the strategic direction through the Health and Wellbeing Strategy

ISC Long-list

Option 2

Option	Proposal
Greater use of existing funding alignment arrangements	<ul style="list-style-type: none">• Sovereignty of organisations remain the same• Officer workforce remains as current, embedded in separate organisations• Decision-making undertaken by separate sovereign organisations• Health and Wellbeing Board would need to be enhanced to continue to fulfil statutory duties in relation to JSNA and setting the strategic direction through the Health and Wellbeing Strategy but also to have increased responsibility to oversee significant pooled budgets

ISC Long-list Option 3



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Option	Proposal
CCG as lead strategic commissioner	<ul style="list-style-type: none">• Sovereignty of organisations remain the same• CCG leads the commissioning of health, social care and public health services requiring formal delegation of statutory duties from Cornwall and Isles of Scilly Councils and NHS England to Kernow CCG and the use of a legal framework to pool resources to a far greater extent• Integration and co-location of social care and public health officer workforce with Kernow CCG• Health and Wellbeing Board continues to fulfil statutory duties in relation to JSNA and setting the strategic direction through the Health and Wellbeing Strategy

ISC Long-list

Option 4

Option	Proposal
Cornwall Council as lead strategic commissioner	<ul style="list-style-type: none">• Sovereignty of organisations remain the same• Cornwall Council leads the commissioning of health, social care and public health services requiring formal delegation of statutory duties from Kernow CCG, NHS England and Isles of Scilly Council to Cornwall Council and the use of a legal framework to pool resources to a far greater extent• Integration and co-location of Kernow CCG officer workforce with Cornwall Council• Health and Wellbeing Board continues to fulfil statutory duties in relation to JSNA and setting the strategic direction through the Health and Wellbeing Strategy

ISC Long-list Option 5

Option	Proposal
<p>Kernow CCG as lead strategic commissioner for Adults and Cornwall Council as lead strategic commissioner for Children and Young People</p>	<ul style="list-style-type: none">• Sovereignty of organisations remain the same• CCG leads the commissioning of health, social care and public health services requiring formal delegation of statutory duties from NHS England, Cornwall and Isles of Scilly Councils to Kernow CCG and the use of a legal framework to pool resources to a far greater extent• Integration and co-location of social care and public health officer workforce with Kernow CCG• Health and Wellbeing Board continues to fulfil statutory duties in relation to JSNA and setting the strategic direction through the Health and Wellbeing Strategy

ISC Long-list Option 6

Option	Proposal
<p data-bbox="121 772 517 1043">Strategic Commissioning of health and social care through a new commissioning vehicle</p>	<ul data-bbox="537 482 1839 1339" style="list-style-type: none"><li data-bbox="537 482 1402 519">• Sovereignty of organisations remain the same<li data-bbox="537 596 1839 753">• No formal delegation of statutory duties from Kernow CCG to Cornwall Council <u>however</u> use of legal framework to pool resources to a far greater extent<li data-bbox="537 831 1727 868">• Integration and co-location of CCG and Council officer workforce<li data-bbox="537 945 1839 1102">• Joint decision making through a formal joint structure with democratic and clinical involvement – <i>proposal is that a revised / refreshed Health and Wellbeing Board, or a sub-committee of, acts as the ISC Board</i><li data-bbox="537 1179 1823 1336">• Health and Wellbeing Board continues to fulfil statutory duties in relation to JSNA and setting the strategic direction through the Health and Wellbeing Strategy

Decision making timeline

1. Options appraisal currently underway

2. Inquiry panel to make recommendation around support for preferred option to Health and Adult Social Care Overview and Scrutiny Committee – 5th February

3. Outline business case for preferred option to go to cabinet on 28th March seeking:
 - In principle support for the approach and preferred option
 - A mandate to start working in shadow form to test, review and refine the model with a fully worked up business case coming back to the September Cabinet for decision

NB Cornwall Council is only one of the decision making parties so there are similar processes being followed for each of the commissioning organisations