

Vale of York Joint Commissioning Strategy 2016-2020

Final draft – 7 December 2016

1 About this document.

You are reading the joint commissioning strategy for the Vale of York, agreed by the York, Easingwold and Selby Integration and Transformation Board on [date].

This is a high level strategy which sets out why and how we will work together in the period to 2020 to commission health and social care services for children, young people and adults in the Vale of York. It is designed to provide a framework within which specific strands of joint commissioning work will take place in future. It does not set out detailed plans for these strands of work: they will be developed during the lifetime of this strategy in response to the needs of the local population and the objectives of YESITB partner organisations.

2 Why this strategy is needed

National policy requires CCGs and local councils to develop joint commissioning, with initiatives such as the Better Care Fund and the advent of Sustainability and Transformation Plans requiring a joint approach to service planning and delivery across health and social care and public health.

In their organisational strategies, all the YESITB partners have explicitly recognised the need to improve the ways in which services, especially those in which both health and social care inputs combine to deliver outcomes for individuals, families, and communities, are commissioned. While 'joint working' is recognised as a key priority, there has to date been no formal agreement on what this will mean in practice, collectively or separately, for the organisations which commission health and social care services in the Vale of York.

This strategy has therefore been developed to provide an underpinning statement of the vision for what we want joint commissioning to achieve locally, our objectives for joint commissioning in the lifetime of the strategy, and the ways in which we expect to work together differently during this time to achieve improved outcomes for children, young people and adults locally.

3 What does joint commissioning mean in the Vale of York?

3.1 A local definition for joint commissioning

There is no single recognised definition at a national level for what joint commissioning means, or what a joint commissioning strategy for a local health and social care system should include. In developing a local definition for joint commissioning we have drawn on national research and policy (key sources are shown at the end of this document).

Our local definition of joint commissioning is:

Joint commissioning refers to the ways in which the organisations which form part of system of health care, social care and public health in the Vale of York work together and with the local community to make the best use of the resources available to them in designing and delivering services and improving outcomes for local people of all ages.

4 Underlying principles

4.1 Joint commissioning is about health and social care working together

Organisations work with many different partners at the same time. Joint working between health organisations (for example between primary care and secondary care), or between social care organisations, is part of this picture and an important part of the system as a whole. However, when we talk about joint commissioning in this strategy we mean the ways in which health and social care organisations work with each other across the traditional boundaries between the sectors to achieve improved integration of care functions.

4.2 Joint commissioning is the norm

We recognise that the shared agenda for commissioning can only be addressed effectively by tackling “the things we can only do together”. Where more than one organisation uses its funds to commission particular activities or functions, we expect commissioning to take place jointly as a matter of course to ensure that we make best use of our resources and assets viewed across the whole system. In future joint commissioning will be the normal way of doing things and not a ‘special case’.

4.3 Joint commissioning is an approach, not a set of rules

Within the Vale of York we wish to encourage organisations to work together as creatively and flexibly as possible, to deliver the outcomes we want to achieve for local people and communities.

Joint commissioning in the Vale of York is not limited to a single set of processes or rules for how things must be done when organisations work together. It is an approach in which organisations seek to identify practical ways of achieving the objectives they share by working together in the most appropriate way.

4.4 Joint commissioning is relational

Joint commissioning takes place when organisations and the individuals in them work together, and with the local community, to achieve a shared goal. The delivery of joint commissioning objectives relies on the complex set of relationships between people and organisations. We are committed to building and maintaining positive relationships that value:

- Trust
- Integrity
- Respect
- Fairness
- Empathy

4.5 Joint commissioning spans the commissioning cycle

Commissioning is the process of planning, agreeing and monitoring services. It encompasses a range of inter-dependent activities which can be illustrated using the 'commissioning cycle' shown below (source: IPC):



Joint commissioning may address any part of the commissioning cycle.

4.6 Joint commissioning supports the delivery of local plans for health and social care

Our joint commissioning will make a positive contribution to the achievement of the overarching local plans for health and social care in our area, including:

- The Health and Wellbeing Strategies for the City of York and North Yorkshire. This strategy forms a supporting document to the HWBS.
- The Sustainability and Transformation Plan for the local footprint

4.7 Joint commissioning is targeted on shared priorities

Each organisation in the health and social care system has its own set of priorities and targets to achieve. Where priorities are shared between health and social care organisations (such as the need to increase the proportion of treatment and care that is delivered in the community), joint commissioning provides a natural way to ensure that each organisation makes a positive contribution to achieving the required improvement in the system as a whole.

Although there are many other areas of work where commissioning is the responsibility of only one organisation, adopting a shared approach will enable the impact of commissioning to be understood across the system and allow for better planning and response to change.

4.8 Joint commissioning is flexible

There is no 'one size fits all' model for how joint commissioning will be taken forward in the Vale of York. Each strand of work within the overall programme of joint commissioning development will require a different set of activities to reflect the reality of how users and patients flow between services and across geographical and organisational boundaries. Consequently, each one will require a different set of changes to take place in individual organisations' ways of working. Strategic joint commissioning outcome objectives

The objectives of any joint commissioning activity in the Vale of York will be specific to the service functions/ outcomes for which improved integration is being sought.

However, there is a set of overarching strategic objectives, relevant to all organisations and to all forms of joint commissioning, and any activity will be expected to demonstrate that it is making a positive contribution to at least one of these outcomes through improved integration of public health, health care and social care:

- Improving prevention through strengthening services that deliver early intervention and/or have an impact on health inequalities
- Empowering local people and communities by strengthening their involvement in the design and delivery of services through a process of co-production and by promoting self-care and the role of the voluntary sector
- Improving the efficiency of the system through reducing waste and duplication and improving value for money, access and outcomes

5 Planning and prioritising activities for joint commissioning

5.1 The joint commissioning plan

In order to ensure that we make best use of our joint commissioning resources, we will produce an annual joint commissioning plan setting out the areas which will form the main focus for our work. The first annual plan will be produced by the end of March 2017 by some transitional joint arrangements. These are described in more detail in Appendix 1.

5.2 Option appraisal for joint commissioning work

In order to prioritise the large number of potential options for joint commissioning development we will use an options appraisal approach, which will allow us to assess each option against key dimensions including:

- Shared priority: Is this area of work a priority for all partner organisations/ some organisations/ only one organisation?
- Fit with strategic objectives: Will this development make a significant contribution/ some contribution/ no contribution to our strategic joint commissioning objectives?
- Affordability: Will this development be achievable at a cost saving/ within existing funding/ with additional funding that has already been identified/ with additional funding that has not been identified?
- Achievability: Will this development be very easy/ easy/ hard/ very hard to achieve within the suggested timescale?
- Risk: Are the potential risks to the system if this work is not done very low/ low/ high/ very high?
- Relational impact: Does this work require major/ minor/ no change in the nature of the relationships between partner organisations?

6 The implications of joint commissioning for organisations in the Vale of York

6.1 Commissioning organisations' ways of working

Because joint commissioning is an approach spanning the commissioning cycle and involving many different activities which will be planned in response to specific objectives for improving integration, there is no single set of changes that commissioning organisations in the Vale of York will be required to make to their ways of working to achieve these objectives.

However, it is expected that all plans that developed within the joint commissioning approach will consider the following areas, and that commissioners will work together to specify and agree an integrated approach to:

- **Needs assessment:** how partner organisations will share information on local needs and outcomes, and how they will work together to develop a common understanding of the evidence for system transformation and change
- **Service specifications:** how functionally-based, quality and outcome-focused specifications for integrated services will be developed and agreed by the commissioning organisations collectively
- **Funding and financial management:** how the partner organisations will provide funding for jointly commissioned service functions: this will include both information on the contributions made by each funding organisation, and on how this will be managed by the partners (ie whether funding from each partner will be pooled or aligned, the financial agreements required to create and sustain the appropriate funding stream, and the arrangements for ongoing management of the funding)
- **Governance:** who will be responsible for ensuring that commissioning objectives are met (eg a single lead commissioner or a group of commissioners collectively), the structures that will be used to provide assurance, and how the commissioning organisations will be held to account for the delivery of agreed outcomes both singly (in relation to their individual organisational objectives and performance frameworks) and collectively (to the Health and Wellbeing Boards covering the Vale of York system as a whole)
- **Contracting:** how an integrated service specification will be translated into one or more robust contracts for service delivery, and how contracts will be agreed with service providers

- Performance management: how providers' performance will be assessed, reviewed and managed by commissioning organisations, including how performance information will be collected and shared
- Community engagement: how the commissioning organisations will collectively ensure that local communities and individuals are involved in the design of specifications and in the assessment of outcomes
- Risk management: how the commissioning organisations will collectively handle risk and how the impact of realised risks will be shared across the organisations

6.2 A shift of focus for commissioning

The most fundamental change facing the system requires a shift away from statutory agencies meeting needs through the provision of services and medical interventions, towards working with individuals and communities to support self help and self care. This will require all agencies to shift the focus of commissioning activity upstream towards early intervention and prevention.

6.3 Operational change in service delivery

A joint commissioning approach provides an opportunity to rebase expectations so that commissioners are able to focus on the system-wide achievement of specified outcomes and not on micro-managing the delivery system. This will increasingly locate responsibility for planning and managing the impact of operational change with provider organisation(s). It will also require a new relationship with providers, with an expectation that they help bring about culture change as well as simply delivering specified services.

7 Governance and leadership for joint commissioning

Appendix 1 sets out the arrangements that will be put in place to ensure robust governance and strong leadership for joint commissioning. This includes transitional arrangements to for the development of the first joint commissioning plan.

8 Progressing joint commissioning work – the next 12 months

The joint commissioning strategy for the Vale of York is concerned with developing a robust and sustainable joint commissioning approach to support long term service integration and system transformation.

The first annual joint commissioning plan, which will be produced by the end of March 2017, will set out priorities for joint commissioning work, with specific plans for the actions to be taken for each one to achieve their objectives.

In the short term, however, joint working between health and social care commissioners will be of critical importance to a number of existing pieces of work. Identifying key actions, agreeing individual lead commissioning responsibilities, engaging with providers and the community, and setting timescales for action in relation to these strands of work will be the immediate focus for the transitional joint commissioning team.

This will include:

- The integration of community based health and care services and delivery through local care hubs including mental health care support
- The development of integrated assessments and care plans for vulnerable adults
- A single pathway and pooled budget for reablement and intermediate care
- Integrated personal budgets for health and social care, to promote choice and personalisation
- Development of a single integrated pathway for Continuing Health Care
- Creation of a pooled budget and joint commissioning arrangements for mental health and learning disabilities
- Agreement on, and implementation of, an approach to incrementally shift funding towards early intervention and prevention

Sources

Glasby J, Dickenson H, Nicholds A, Jeffares S, Robinson S, Sullivan H (2013). Joint commissioning in health and social care: an exploration of definitions, processes, services and outcomes. London: NHS National Institute for Health Research. Available [here](#)

Humphries, R. [and] Wenzel, L. (2015). Options for integrated commissioning: beyond Barker. London: The King's Fund, June 8th 2015. Available [here](#)

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7 December 2016

Appendix 1

Governance and leadership for development of joint commissioning in the Vale of York

I. Health and Wellbeing Boards

The Health and Wellbeing Boards for York and North Yorkshire, as the bodies with overall responsibility for the health and wellbeing strategies for their respective populations, is responsible for approving this and future joint commissioning strategies, and for receiving reports on the delivery of the joint commissioning plan.

II. Transitional joint commissioning leadership team

In the short term, developing the joint commissioning approach in Vale of York will be the responsibility of a transitional joint commissioning leadership team consisting of:

- Assistant Director Commissioning, City of York Council
- Deputy Chief Operating Officer, Vale of York CCG

III. Joint Commissioning Board

A Joint Commissioning Board will be established by the end of 2016/17, which will report to the Health and Wellbeing Boards for York and North Yorkshire on the contribution of joint commissioning to the achievement of the strategic joint commissioning objectives and, more widely, to the achievement of the Health and Wellbeing Strategy for each locality. The membership of the JCB will consist of senior commissioning leaders from:

- VoYCCG
- CYC
- NYCC

IV. Joint Commissioning Forum

The existing Better Care Fund Performance and Delivery Group will be transformed into the Joint Commissioning Forum. This is in recognition of its wider role in providing a system-wide perspective on the effectiveness of joint commissioning work in delivering system transformation and improved outcomes for local people.

Membership of the JCF will continue to include representatives from:

- VoYCCG
- Primary care

- CYC
- NYCC
- Healthwatch
- YTHFT
- TEWVFT
- CVS
- Independent sector providers

V. Joint Commissioning Resource

Our objective is to establish a Joint Commissioning Resource by the end of 2016/17. This will consist of people identified from across the system with experience and expertise in joint commissioning work. They will form a virtual network, undertaking a significant amount of joint commissioning work themselves (in addition to their other roles in commissioning within their own organisations). They will also be responsible for identify gaps for which external support is required to increase capacity and build skills. Membership will include people with experience of joint working and skills in:

- Public health needs assessment
- Public engagement (in health and social care)
- Service specification development (in health and social care)
- Contracting (in health and social care)
- Performance management (in health and social care)
- Information and informatics (in health and social care)

However, because joint commissioning is an approach that can be taken forward in any part of the commissioning cycle, and encompasses a wide variety of activities, this joint resource will also act as a central source of advice and support for others within the system who are undertaking joint commissioning activities.

Ultimately the goal should be to establish a single Joint Commissioning Unit (JCU).

VI. Joint commissioning plan

The JCU will be responsible for producing the annual joint commissioning plan, which will be agreed by the Joint Commissioning Board with engagement from the Joint Commissioning Forum, and which will be signed off by the Health and Well Being Boards.