

## **Vale of York Annual Joint Commissioning Plan 2017 – 2018**

[DRAFT OUTLINE v.2.0, 11-9-17] [Pippa Corner]

### **1 Introduction**

- 1.1 This plan responds to the Vale of York Joint Commissioning Strategy 2016-2020.
- 1.2 The national intention is to achieve integration of Health and Social Care by 2020, with the Better Care Fund and Improved Better Care Fund as vehicles for bringing about strategic and operational change.
- 1.3 This means the council and CCGs will be working together to commission services jointly, and people needing care and support will experience seamless, personalised services at home or close to home.
- 1.4 The plan sets out the 2017-2018 actions to jointly commission health, public health and social care services for children, young people and adults in the Vale of York.
- 1.5 This plan has been developed during the early part of 2017-2018. Its impact on frontline service transformation will therefore be limited to part year effect during this transitional year. However, it enables significant developments in our approach to the activity of commissioning. This expectation is set out in paragraph 8 of the Joint Commissioning Strategy, described as:

*“ . . . developing a robust and sustainable joint commissioning approach to support long term service integration and system transformation.”*

### **2 Joint Commissioning Strategy (Principles)**

- 2.1 This plan has been prepared in line with the principles set out in the Joint Commissioning Strategy (see paragraph 4). Its focus is the practical process of planning, agreeing and monitoring services. It sets out the specific activities and functions which will be jointly commissioned to improve outcomes for individuals, families and communities through the integration of care and support.
- 2.2 The overarching strategic objectives are described in paragraph 4.8 of the Joint Commissioning Strategy.

2.3 Added value from joint commissioning will come from commissioners living by our shared values, creating an environment of mutual:

- Trust
- Integrity
- Respect
- Fairness
- Empathy

2.4 Added value will come from paying close attention to increasing:

- Co-production
- Personalisation
- Prevention and early intervention
- Asset Based Community Development (ABCD)
- Community capacity
- Self-directed support and self care

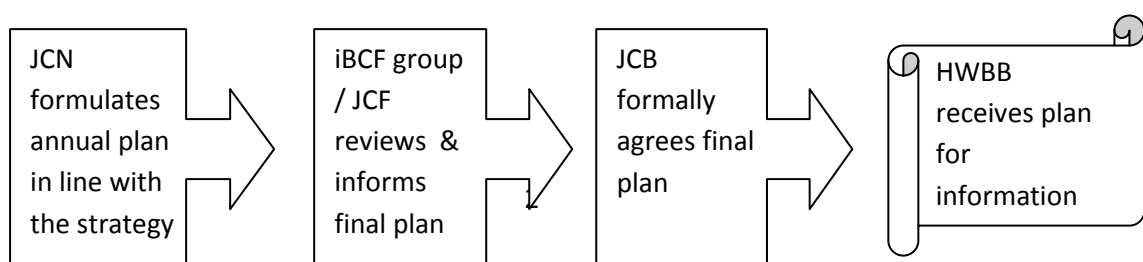
### 3 Governance

3.1 The Governance arrangements for joint commissioning between VOYCCG and CYC were set out in Appendix 1 of the Vale of York Joint Commissioning Strategy.

3.2 Since December 2016 the arrangements for joint working have continued to evolve.

3.3 The purpose of this plan is to deliver the objectives of the Health and Wellbeing Boards' Wellbeing Strategies, the Humber, Coast and Vale Sustainability and Transformation Plan and the Improved Better Care Fund.

3.4 The Joint Commissioning Strategy describes the process for developing the plan as follows:



## **4 Resources**

4.1 VOYCCG and CYC have agreed to commit resources to the joint commissioning programme. These resources include, but are not necessarily limited to:

- Staff time – commissioning staff with skills, expertise, local knowledge and experience
- Access to advice and specialist expertise – time commitment from practitioners in the functions of procurement, legal, financial, governance, public engagement, communications, community development
- Commissioning budgets
- Wider access to local assets through our powerful public service relationships – the creativity of local people, the health and social care market place, GP and other clinical networks, the council's wider resources in communities, community assets

4.2 Early action of the programme will include mapping these resources, including identifying the staff members involved and their areas of responsibility.

## **5 Current Position**

5.1 The joint commissioning programme has adopted the recognised commissioning cycle.



5.2 This plan uses six factors set out in the Joint Commissioning Strategy options appraisal to identify and prioritise the current opportunities for action:

- Shared priority
- Fit with strategic objectives
- Affordability
- Achievability
- Risk
- Relational impact

5.3 The plan takes account of current transformation programmes in VOYCCG and CYC:

- York Locality Delivery Plan
- CCG Operational Plan
- CYC Future Focus

5.4 The plan takes account of the workforce development implications of service transformation.

5.5 The plan takes account of the current Market Position Statement. The plan will also become a means of signalling intent to the wider sector and to service providers.

5.6 The plan assumes non-service solutions, or universal services will be the first line of support in all cases where appropriate, in line with the commitment to manage demand and promote independence:

- Prevent
- Reduce
- Delay
- Manage

5.7 The plan supports the alignment of VOYCCG Central Locality Delivery Group plan for integrated care hubs and CYC's Future Focus programme. Housing and accommodation will be considered alongside Health and Social Care.

## **6 Transformation Programme**

6.1 Numerous areas of the transformation agenda have been put forward as amenable to joint commissioning in the short, medium and longer term. The following list has not yet been tested against the options appraisal for Better Care Fund Schemes and graduation to iBCF.

- CHC / s117
- Discharge to Assess / Supported Discharge and work on the Delayed Patient Review,
- Integrated Reablement / "One Team"
- Mental Health Strategy implementation, including accommodation
- Learning Disabilities Strategy (to be developed)
- CAMHS
- SEND
  - Autism
  - Intermediate Care / Rehab
  - Prevention and demand management – need to join up current transformation programmes in Integrate Care Hubs (CCG) and Future Focus (CYC)

- Clifton - falls prevention
- Mental health housing support (not yet jointly commissioned) – Homelessness, changing lives, Howe Hill
- Information, Advice and Guidance
- Community Development / community resilience

6.2 There may be some areas which are straightforward to start joint work immediately, such as sharing and aligning VCS contracts registers. Where early progress is possible this will help guide our prioritisation and phasing of work.

6.3 The plan will initially focus on existing areas of joint spend and opportunities to increase this in future. The Section 256 and Section 75 agreements offer a starting point.

6.4 The plan will identify:

- Shared goals of integration (outcomes for people)
- Key performance measures (KPIs) and targets
- Shared intelligence and benchmarking
- Specific actions to be taken and milestones
- Regulatory / statutory requirements on both organisations

## **7 Action Plan**

7.1 The 2017- 2018 plan focuses partly on the process of developing the joint commissioning virtual network (and joint commissioning unit) as described in the strategy. CYC and VOYCCG share the expectation that this network will rapidly evolve to become the basis for the Joint Commissioning Unit. The plan will reflect the timeline for further developments as the opportunities become clear.

7.2 It will also set out the road map for sharing information (including, for example, contracts registers, financial information, KPIs).

7.3 It will name two or three priority areas. At the present time these appear to be BCF and CHC / s117.

- 7.4 The DTOC action plan brings together all the areas for urgent joint working to reduce the number of reportable delays across the system, in line with the target as a minimum aspiration. More importantly the action plan should reduce the experience of delays for people needing care and ensure that older people in particular are not placed at unnecessary risk of de-conditioning and deterioration as result of their hospital admission. Thus, the joint commissioning plan will be addressed in part through the DTOC action plan.

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## 7.4 Areas for Action

Ref.	Area for action	Action	Outcome	Lead	Timescale	Progress
					Date achieved	
1	Joint Commissioning virtual network	Stage 1 - discuss direction of travel with commissioning lead officers and consider the preferred approach to creating draft plan	Commissioners are informed of the strategic commitment and contribute to the plan's development, including identifying who else needs to be involved.	PCLC	June / July  completed by 3-7-17	Initial conversations have taken place on one to one basis to alert colleagues to the proposed network / JCU
		Stage 2 workshop to map out the information needed to develop the plan	The people involved in the Virtual Network contribute practically to the development of the plan and can influence how the network will evolve, with an understanding of the longer term goals for the governance – co-operation and collaboration initially, NOT structural change.	PCLC	August / September	First meeting scheduled for 13-7-17  Not possible to bring whole network together. Further dates to be arranged.
		Schedule of meetings and activities for delivery of 2017-2018 plan, including naming people involved.	Regular opportunities to enhance working relationships, share knowledge and join up specific pieces of work to maximise efficiency and improve partnership	PCLC	Commence September	<b>Reablement and Intermediate Care Steering Group established – co-chaired by CYC Head of Commissioning and CCG Head of Service. Agreed common set of KPI's for Reablement and</b>



						<p><b>Intermediate Care.</b></p> <p><b>Development of Safe Haven, partnership working between CYC, TEWV and VoyCCG, Service open is October as part of Clarence Street re-development and revenue funded by CCG.</b></p> <p><b>Commissioning of Older Persons Community Service incorporated a consolidated approach to service delivery by CYC and was extended to include services commissioned by the VoYCCG.</b></p>
		Working version of joint commissioning plan disseminated to key	Shared understanding of the programme of joint work, shared commitment to delivering the	PCLC	September	Emphasis on BCF has been the route for this

Annex A

Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
		people, used as road map	strategy. Practical tasks completed together.			so far.
2	Information Sharing	Design the road map for information sharing between stakeholders (starting with VOYCCG and CYC)	Commissioners contribute to shaping the arrangements for information sharing. This is a mutually agreed core commitment for partnership working. Colleagues are aware of the information requirements.	PCLC	August / September	see CQC SOIR evidence. Needs to join up. BCF activity.
		Draw up information schedule.	Named colleagues are responsible for providing the information required by the JCU. A shared schedule of dates when information is available exists. Agreement is reached about the mechanism for sharing and storing information, with an emphasis on reducing duplication. For example the potential to develop a shared drive or <i>sharepoint</i> site, in particular for statutory returns.	tbc		CQC local system review has delivered additional data sources from CQC which we are exploring.
		Information sharing embedded as "business as usual".	Transparent: Timetable for commissioning activity Opportunities to combine or align specifications / contracts	tbc		BCF programme is developing this in the first instance.

			Efficient use of financial resources Joint evaluation of Performance		
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Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
3	Improved Better Care Fund / BCF – growing the fund	CYC / VOYCCG agree final list of schemes in iBCF/BCF.	Clarity of purpose and shared vision.  Ability to progress schemes to achieve outcomes for local people.	TC/EW	28-7-17	iBCF return completed and submitted by CYC. DTOC Trajectory submitted by CCG
		Prepare joint narrative for BCF submission ahead of final deadline.	VOYCCG / CYC improve performance compared to previous year. Able to implement plans and achieve further integration – maintaining pace. Supports stability and sustainability of services across sectors. Better experience for people using services.	CS-H	Final submission deadline: 11-9-17	submission ready 11-9-17  regional and national assurance processes ongoing (until 30-11-17).
		Translate list of schemes into joint schedule of monitoring and evaluation by JCU.	Recognised system for performance and budget management in place for all schemes. JCU able to escalate any areas of concern by exception to JCF. Named commissioner attached to each scheme.	CS-H	Q3 onwards	refers to BCF performance and delivery group agenda.

## Annex A

		Identify opportunities to expand the iBCF / BCF by including additional schemes. Develop criteria for expansion.	Whole system / One York System is promoted and supported – enhancing focus on prevention and seamlessness of services.	TC/EW/ PCLC	September	Winter schemes will widen the plan and accelerate activity in some areas.
Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
4	Continuing Health Care (CHC)	As part of the DTOC action plan, develop a programme of work to improve business processes for CHC assessments and brokerage.	There will be fewer delays in completing assessments.  People assessed as eligible for CHC will have their care arranged in a timely way, with any delays shorter than the baseline (2016-17) experience.	EW	August	<b>Denise Nightingale (CCG) review of CHC team and business processes.</b>  <b>working with Gary Brittain on market management.</b>
		Establish the appropriate working group to focus on CHC. (Could be allocated to an existing group.			August	<b>Discussions between CCG/CYC Senior Officers</b>
		Use performance information, case studies and staff input to redesign business process.			September / November	<b>CCG lead (Denise Nightingale)</b>
		Use finance information to quantify cost of current	This may support a business case for investment in resources to reduce		September / November	<b>CCG lead (Denise Nightingale)</b>

Annex A

		delays to the system.	waiting times for assessment.			
		Use case load information to forecast current and future demand, and to shape the market.			September / November	<b>CCG lead (Denise Nightingale)</b>

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