

Children's Scrutiny Committee meeting: 20th January 2012

Developing Joint Commissioning in Oxfordshire County Council

Introduction

The aim of this paper is to:

- Brief members on the proposed restructure of joint commissioning across Children, Education and Families (CEF) and Social and Community Services (SCS).
- Update members of the current developments around the NHS and the Health and Wellbeing Board.

Vision

Oxfordshire County Council's Business Strategy set out the challenges ahead and how we needed to tackle them to ensure that we continue to serve the people of Oxfordshire well. This included:

- Reducing management structures starting with senior management and then more generally reviewing the layers and spans of control of managers across the council
- Supporting new ways of working and empowering staff to work differently
- Driving our budget and efficiencies programme
- Keeping a focus on the end user of our services.¹

Last year CCMT agreed that there would be benefits in bringing together commissioning for children and young people with commissioning for adult and older people's services. Through the SCS/CEF reorganisation we are aiming to achieve better outcomes for children and their families, (as well as for adults and older people in Oxfordshire). We have to deliver greater efficiency both in the way we use our resources and the way in which we work. We want to create a better work environment for staff by establishing clearer focus and accountability. As resources reduce, we need to work flexibly and to have more delegated authority to make decisions closer to the front line - closer to those who use our services. Greater clarity of roles and responsibilities would be required if we are to strengthen our joint commissioning function. There were many policy changes affecting our organisation such as Lord Laming's review of child protection and the personalisation agenda in adult social care.

This proposed reorganisation brings together commissioning for adults and children, in preparation for potentially greater integration with the NHS. It brings together the activities that support commissioning. This proposal will work across CEF and S&CS on areas where functions can be shared to achieve greater impact and efficiency and support the Council's aspiration to protect front line services (appendix 1).

Anticipated benefits of the reorganisation include:

- Better outcomes for people who will receive seamless services that are available for all ages and for whole families from the Council and its key partners.

¹ Oxfordshire County Council Business Strategy 2010 – 2015 June

- More responsive services for people through the timely involvement of service users and other stakeholders in all stages of the commissioning cycle.
- Services that are based on needs analysis and built on evidence of what works.
- Services that are safe and of good quality, promoting choice and self-determination for those that use them.
- Increased value from public money and/or reduced costs through efficient and effective needs analysis, procurement and contracting.
- Greater transparency of commissioning decisions.
- A smaller, more efficient streamlined commissioning function within the Council.
- A coherent offer to Oxfordshire Clinical Commissioning Group in terms of future joint working.

Changes in the NHS and Public Health

Changes in the NHS and especially the development of Clinical Commissioning Groups are driving us towards further improving commissioning and procurement practices. A recent consultation paper on reforming the 'commissioning architecture' in the NHS promotes the development of a Commissioning Support Organisation to provide services to Clinical Commissioners and we need to ensure that we are in a strong position to work alongside and join up more with our Clinical Commissioning colleagues.

In addition Public Health will be transferring from the NHS to Local Authorities in 2013. The government wants local authorities to be responsible once again, for the wellbeing of their populations, tackling health inequalities, influencing wider social determinants of health and using their population focus to shape services to meet local need². Much of this will be delivered through a new Health and Wellbeing Strategy and this will also bring with it a range of new commissioning responsibilities that will need to be supported.

Health and Wellbeing Boards

The Health and Social Care Bill requires upper tier Local Authorities to create Health and Wellbeing Boards. The responsibilities for the Board can be summarised as:

- Preparing a Joint Health and Wellbeing Strategy (JHWS) for the whole population of Oxfordshire, covering all age groups. This will drive the development and delivery of services to meet agreed priorities;
- Ensuring that there is a Joint Strategic Needs Assessment (JSNA) that provides, for the Board, a strong evidence base and a clear analysis of population need. This will help in agreeing priorities and objectives for the Board.
- Having oversight of the joint commissioning arrangements for health and social care across the County.

The Oxfordshire Health & Wellbeing Board is established and held its first meeting in November. A workshop on 24th January will look at priorities and ways of working for a new Children and Young People's Partnership Board. This will aim to build on what

² Public Health in Local Government, Department of Health, December 2011

has worked with the original Children and Young People’s Trust and will also want to strengthen the approach to key priorities such as raising attainment at all key stages, integrating early intervention services and protecting the most vulnerable young people. Most importantly the Children and Young People’s Partnership Board will need to work alongside the new Public Involvement Board and the new Health Improvement Board.

In order to do this the Partnership Board will need to develop and deliver a Joint Commissioning Strategy. This will identify at a high level the range of outcomes that need to be improved and how services will need to change in order to meet the challenges of the current financial climate as well as the changing patterns of need and demand from the population.

Next steps and practical consideration

The county council has been moving towards becoming a commissioning organisation over the last 20 years. In 1990 the implementation of Community Care legislation

led to the majority of services for adults (at least 90%) being delivered by external providers under a contract with the Council. For children services the situation is reversed with approximately 10% of the controllable budget being spent externally on activities such as Early Years support, respite and individual placements for young people with complex needs. For both adults and children many services are commissioned jointly with the NHS using pooled budgets which are jointly managed. In recognition of these differences it is anticipated that the pace of change will be different by type of activity. However it is agreed that our approach to contract management and our communication with external providers needs to be strengthened across the board.

Timetable

An outline timetable for these changes in shown below:

November 2011	Shadow HWB Board meets for first time.
January 2012	Workshop to set up new Children and Young People’s Partnership Board.
February 2012	Staff consultation on new Joint Commissioning structure commences. Work on new Joint Commissioning Strategy for Children and Young People begins.

<p>March 2012</p>	<p>First meeting of Children and Young People's Partnership Board.</p> <p>Final structure for Joint Commissioning published.</p> <p>Second meeting of the Shadow Health and Wellbeing Board.</p>
<p>April 2012</p>	<p>Draft Joint Commissioning Strategy for Children and Young People published for consultation.</p> <p>Recruitment to new structure begins</p>

Conclusion

Comments are welcome on these proposals.

Sarah Breton
Lead Commissioner, Children and Young People

Sarah Livadeas
Deputy Director, Joint Commissioning

Appendix 1

Commissioning. There are a number of definitions of commissioning. CCMT have agreed that the definition of commissioning in Oxfordshire is the “strategic activity involved in preparing/ orchestrating resources to enable outcomes to achieve best value” and that it covers all the stages of the commissioning cycle represented in the diagram below.



By building our services around this model, we can define need; identify the gaps between need and services available and then we can provide or arrange for the provision of those services. Though out all of this planning and delivery cycle, it is essential that we have input from those who use our services and our partners.

It is must have feedback about our performance, including from service users, giving us information about the quality as well as that quantity of services delivered. This feedback shapes services and the strategy as a whole.

The services need to provide high quality experiences for local people and to record achievement (whether through schools, child protection procedures or home support services for example), so that we are able to demonstrate progress locally and collect evidence for planning and regulatory purposes.