Health, Education and Social Care (HESC)

Transformation of Commissioning
Joint Commissioning Executive (JCE)

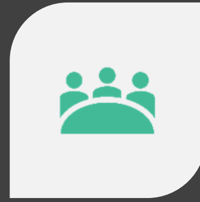
Oxfordshire Clinical Commissioning Group (CCG)

Oxfordshire County Council (OCC)

AGREED ORGANISATION DESIGN

OPTION 1B – COVERS LIFE STAGES AS PRIMARY LENS

JOINT POSTS THROUGHOUT THE STRUCTURE WITH MAXIMUM NUMBERS



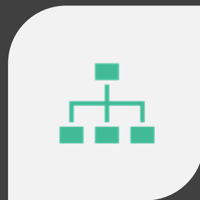
DEPUTY DIRECTOR – JOINT POST MANAGED WITHIN THE COUNCIL

LEAD COMMISSIONERS FOR START WELL, LIVE WELL AND AGE WELL (LIFE STAGES MODEL)

JOINT COMMISSIONING MANAGERS FOR PROMOTE & PREVENT, IMPROVE & ENABLE, AND SUPPORT & PROTECT (TIERS OF NEED MODEL)

POOL OF COMMISSIONING OFFICERS – ALL JOINT

INCLUSION OF STRATEGY AND INNOVATION

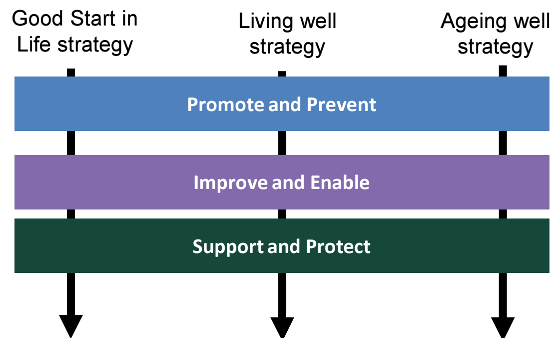


THE “RIGHT SIZING” OF QUALITY IMPROVEMENT, STRATEGIC COMMISSIONING AND BROKERAGE FUNCTIONS

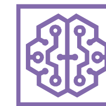
Design of the Health, Education and Social Care Commissioning Function

Organisational Model

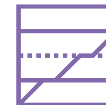
An organisational model that aligns resources to three **tiers of need and life stage approach – start well, live well and age well** to support a focus on outcomes.



Organisational Design



Commissioning - Lead commissioners for each tier of need, supported by Commissioning Managers for each life stage. Pool of Commissioning Officers work on commissioning priorities in matrix management arrangement.



Quality & improvement - Each tier of need has a responsible Q&I Manager, who also line manages Q&I Officers for that particular tier.
Responsible for contract management, governance, assurance, market risks and resilience.

Brokerage - Brokerage Lead oversees two teams - one Children's, one Adults - for all placements for children and vulnerable adults. Opportunity for SEND placements to be further explored.

Key changes to current ways of working

Places greater focus on strategic commissioning, rather than contract management.

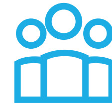
Tiers of need model and life stage approach drives focus on outcomes

Flexible resource to work on commissioning priorities, with portfolio of specialisms ensuring points of contact for key topics.

Opportunity for more joint commissioning and alignment across local Health and Care services.

THE BENEFITS OF THIS MODEL

The new organisation model will result in **more strategic commissioning across the council and the CCG** and will deliver better outcomes for the people of Oxfordshire



This model design has enhanced the opportunities within the health system to **secure additional joint commissioning arrangements**

This revised model will facilitate **stronger market shaping** and build greater resilience, quality and value in services

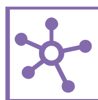
This new design will **address silos and avoid duplication** in commissioning and will assist with recruiting the right people to the right places with the right **skills**.

What will we have transformed from this Organisation Design?

We have defined what good looks like and how we will know we have succeeded in transforming commissioning, tailored for Oxfordshire from the LGA framework - 'Integrated Commissioning for Better Outcomes'

A person-centred, place based and outcomes focused approach

Stronger and connected commissioning across the whole HESC system in Oxfordshire



The right roles and responsibilities to meet needs, and people are supported to deliver their jobs effectively

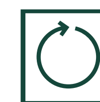
Services are shaped by working with the market, becoming more resilient, providing better services and improving outcomes for local people

Collaboration within each part of our organisations and wider partners to enable consistent and impactful commissioning across the whole cycle

Makes best use of resources to deliver quality and value of services

Strong relationships between service users, providers, operational services and commissioners delivering person-centred services

Continuously improving so we can be even more ambitious for our organisations, people and place in the future



DELIVERING OUR AMBITION THROUGH EFFECTIVE GOVERNANCE

With our revised organisational design and model, what are we trying to deliver for the ICP and whole system?

What are the enablers?

How are we putting people, users, carers and patients at the core of all activities?

How are we measuring our progress? Are we ensuring prevention and tackling inequalities is at the core of our offer?

What are the resources that are needed?

Are we making the best use of all the resources available to us?