

The Future of Local Commissioning project with NHS Confed and NHSCC

Purpose

For discussion and direction.

Summary

This report outlines proposals for a joint initiative with NHS Confederation, NHS Clinical Commissioners (NHSCC) and other key partners to influence the policy agenda on the future of local commissioning.

Recommendation

Members are requested to discuss and comment on the outlined proposals in **section 7** of the report.

Action

Officers to take action as directed by members.

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Background

1. The NHS Confederation (and NHSCC, who are part of the Confederation) and the LGA have agreed to build on their existing partnership work to:
 - 1.1. Speak with a unified voice on behalf of local health and care system leaders on long-term strategic issues of joint interest.
 - 1.2. Coordinate our influencing work on the future health and social care landscape.
2. The LGA is also keen to work in partnership with other key national stakeholders, including NHS Providers and Association of Directors of Adult Social Services (ADASS) to develop this work. This paper proposes the purpose, process, governance arrangements, and timelines for a joint Inquiry/Commission on the Future of Local Commissioning.

Issues

3. Why focus on the future of local health and social care commissioning?
 - 3.1. At its simplest, commissioning is the process of planning, arranging/procuring and monitoring services. However, in a health and care system where planning, procuring and monitoring services will increasingly be according to shared priorities between health and social care, commissioning is not a simple process. It encompasses the needs assessment for a population, agreement of shared priorities, the design of care pathways, market stimulation and demand management, development of service specifications and contract negotiations or procurement, with continuous quality assessment and review that services contribute to improved outcomes.
 - 3.2. While there is no single geography across which all services should be commissioned, over the past year there has been a strong focus on strategic commissioning. At this level, the commissioning landscape for health and social care is changing rapidly. The creation of 44 STPs and the development of health devolution in some areas has dominated local discussions of commissioning. There are sound reasons to take a more strategic approach to commissioning but local health and care system leaders have begun to question their role in future commissioning.
 - 3.3. Another major development in the commissioning landscape is the emergence of new care models that end the traditional commissioner/provider split in the NHS. Multi-speciality community providers (MCPs), primary acute community services (PACs) and accountable care organisations (ACOs) are all new and as yet untested models for commissioning and providing health, and in some cases, social care and public health services within a single organisation.

- 3.4. These changes contribute to widespread uncertainty about the future of local commissioning. In particular, whether some of the core components of our local health and care landscapes continue to have role in commissioning – in particular, health and wellbeing boards and clinical commissioning groups.

4. Purpose

- 4.1. This inquiry will seek to influence the future development of local health and care commissioning, in particular for achieving integration by:

- 4.1.1. Asking and addressing some of the big questions facing local commissioners (see below).
- 4.1.2. Identifying good practice in innovative local commissioning that indicates how local commissioning can develop in the future.
- 4.1.3. Identifying continuing barriers to effective local commissioning.
- 4.1.4. Making recommendations to national and local system leaders.

5. What are the big questions?

- 5.1. With the development of STPs and health devolution, is there a continued need for local commissioning of health and care services?
- 5.2. Is there a single unit of 'place' that is right for place based commissioning? If not, then how do we ensure that commissioning is done at the right level?
- 5.3. How do we put into practice the principle of subsidiarity?
- 5.4. What is the role and contribution of health and wellbeing boards in place based commissioning?
- 5.5. With the growth of MCPs, PACs, ACOs and other models of care that incorporate commissioning and delivery of services, is there a continued need for clinical commissioning groups?
- 5.6. What potential do we have to build on existing joint or lead commissioning?
- 5.7. How do we ensure that the focus personalisation and micro-commissioning is maintained and expanded?
- 5.8. How do we ensure that we can effectively commission for improved health and wellbeing outcomes?
- 5.9. To what extent are existing legislative, regulatory and financial frameworks barriers to effective local place-based commissioning?

5.10 How should legislative, regulatory and financial frameworks change to support more effective local commissioning?

6. Governance arrangements for project

6.1. This will be undertaken in partnership between the LGA and NHS Confederation. The overall project brief will be signed off by the Community Wellbeing Board and appropriate NHS Confederation governance.

6.2. The Inquiry will be overseen and directed by the Commission Steering Group comprising, an independent Chair, representatives of LGA, NHS Confederation and others to be determined – possibly NHSCC, NHS Providers, ADASS, National Voices, reps of ASC providers.

6.3. The remit and direction of the Inquiry will be informed by the Health and Care Advisory Forum, a proposed broad based group established by the NHS Confederation, with LGA endorsement, comprising national stakeholders in health, local government and social care. The membership of the Advisory Forum is yet to be determined.

6.4. The precise details of governance need further development and clarification and will be agreed by NHS Confederation and LGA.

7. Outline proposal

7.1 The key components of the joint work and activities are outlined below.

| Key component/activity | Start by | End by | Resources |
|--|-----------------|---------------|--|
| Creation of a joint LGA and NHS Commission/Steering Group, chaired by an independent figurehead to steer and lead the Commission | April 17 | May 17 | Existing LGA officer to lead |
| Agree resources and roles to support the project | April 17 | May 17 | LGA and NHS to agree budget and identify resources |
| Draft remit of Inquiry/Commission | May 17 | June 17 | LGA and Confed |
| Advisory group input/discussion | June 2017 | July 2017 | Confed to lead |
| Commission Steering group to agree final remit of inquiry | July 17 | July 17 | LGA to lead |
| Promote Commission at NHS Confed and LGA Annual conferences | June 17 | July 17 | LGA and Confed |
| Call for evidence | Aug | Oct | LGA |
| Interviews with key stakeholders | Aug | Oct | Additional resources for |

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| | | | interviews and write up |
| Analysis of information | Oct | Oct | Additional resources required |
| Roundtables x 3 (one for each question) to discuss initial findings | Oct | Nov | Additional resources to organise |
| Advisory group input to findings and recommendations | Oct | Nov | Confed to lead |
| Write up initial findings and recommendations | Nov | Dec | Additional resources required |
| Commission Steering Group to agree final recommendations | Jan 18 | | LGA to lead |
| Write up of final report | Jan 18 | | Additional resources |
| Agree joint communications strategy | Jan | | LGA and Confed |
| Joint launch of final report | Feb | March | LGA and Confed |
| Commission Steering Group to evaluate impact of work and discuss need for future work | March | | LGA and Confed |
| Advisory group discussion of future work | April | | Confed to lead |

8. What we need to build on.

8.1. There is already a substantial body of work on various aspects of local commissioning. In addition, there is an extensive policy framework for local government and the NHS. This project will need to have regard to and build on the following:

- 8.1.1. The Five Year Forward View and associated guidance and policy frameworks and commissioning.
- 8.1.2. The legal and policy framework for health and social care commissioning.
- 8.1.3. Existing good practice, such as Commissioning for Better Outcome.
- 8.1.4. Cabinet office report and other reports on the future of health and adult social care.
- 8.1.5. Research and analysis by think tank and research institutions, including the King's Fund, Localis, Reform and Nuffield Institute work.
- 8.1.6. Emerging good practice from STPs, New Models of Care Vanguards and Integration Pioneers on effective commissioning.

Implications for Wales

9. Health and social care is a devolved responsibility.

Financial Implications

10. None.

Next Steps

11. Members are requested to discuss and comment on the outlined proposals in **section 7** of the report.