

Nottingham City Health and Wellbeing Board
27 July 2022

Report Title:	Roadmap to a Place-Based Collaborative Commissioning Plan
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Other colleagues who have provided input:	
<p>Executive Summary:</p> <p>A ‘Joint Commissioning for Integrated Care’ workstream (with representatives from Nottingham City Council, Nottinghamshire County Council, and the NHS Nottingham and Nottinghamshire Integrated Care Board) has been providing leadership to develop the role of Collaborative Commissioning as an enabler to deliver integrated care within the local Integrated Care System (ICS).</p> <p>A Framework has been agreed that sets out the principles for collaborative commissioning, based on an assessment of current ways of working, learning from other systems in England, and reflections from key policy documents. The principles are now being confirmed through a number of test pieces in a ‘learning laboratory’ approach that applies a consistent methodology to identify success factors for, and barriers to, successful collaborative commissioning. This learning will form the basis for scaling up our approach to collaborative commissioning.</p> <p>A Collaborative Commissioning Oversight Group is being established to provide ongoing leadership for new ways of commissioning. As well as providing leadership for specific areas of collaborative commissioning, the group will inform the System Development Oversight Group that is being developed to ensure all aspects of system development in the ICS are co-ordinated and managed.</p>	

Recommendation(s): The Board is asked to:

1. note the progress on developing a Collaborative Commissioning approach in Nottingham and Nottinghamshire; and
2. consider the roadmap to develop a place-based collaborative commissioning plan.

The Joint Health and Wellbeing Strategy

Aims and Priorities

How the recommendation(s) contribute to meeting the Aims and Priorities:

Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions

Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed

Priority 1: Smoking and Tobacco Control

Priority 2: Eating and Moving for Good Health

Priority 3: Severe Multiple Disadvantage

Priority 4: Financial Wellbeing

Collaborative Commissioning is a key enabler to support the greater integration of services across health and local authorities to support the health and wellbeing of the population. The priorities of the Strategy are reflected in the areas where a collaborative commissioning approach is considered to have a considerable benefit.

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:

Mental Health is one of the 'learning lab' work areas, recognising the opportunities for the population by an alignment in approaches across local authority and NHS commissioning.

List of background papers relied upon in writing this report

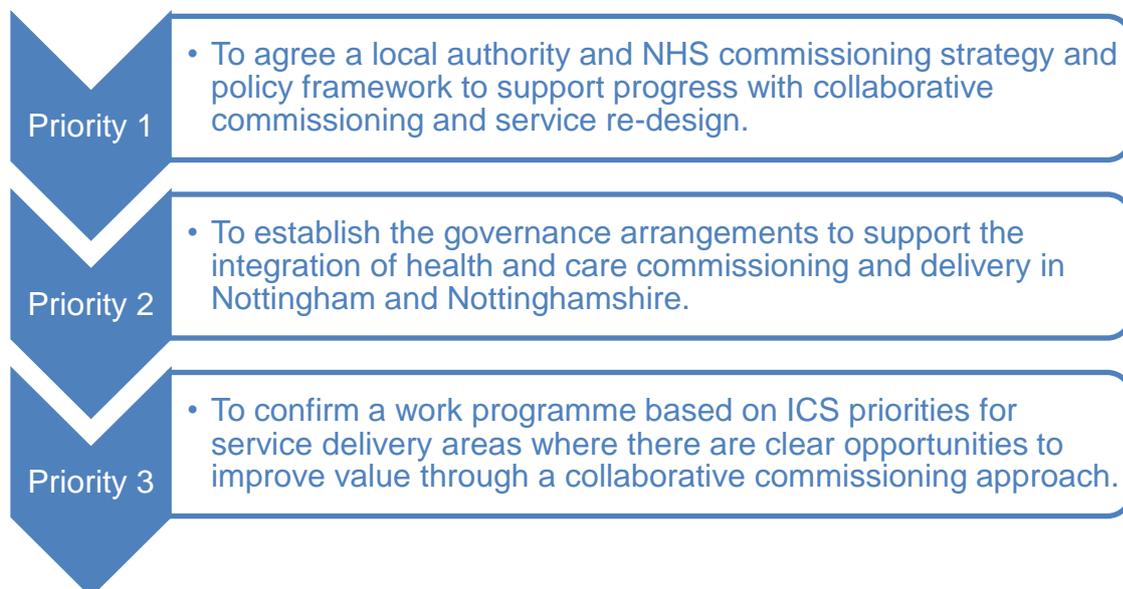
Published documents referred to in this report

Roadmap to a Place-Based Collaborative Commissioning Plan

1. Background

A 'Joint Commissioning for Integrated Care' work stream was established as one of the Integrated Care System's (ICS) transition workstreams. Representatives from Nottingham City Council, Nottinghamshire County Council, and the NHS Bassetlaw and Nottingham and Nottinghamshire Clinical Commissioning Groups formed a Task and Finish group to provide leadership and development for the role of Collaborative Commissioning as an enabler to deliver integrated care within the ICS. The work has been supported by the Local Government Association (LGA) and the Institute for Public Care (IPC) at Oxford Brookes University.

The workstream identified three priority areas to progress a collaborative commissioning approach for the ICS as described below:



This paper provides an update on the work that has been undertaken that supports a roadmap to deliver a place-based collaborative commissioning plan for 2023/24. Our overarching aim is to develop a full Collaborative Commissioning Plan working at Place and System levels, with collective perspectives of system challenges rather than organisational perspectives. This will be enabled by commissioning teams from health, social care, public health and others working together in matrix teams with the opportunity for a joined-up commissioning hub in time.

2. Progress with the collaborative commissioning priority areas

Priority 1: Collaborative Planning and Commissioning Framework

A Framework has been developed that sets out our approach to commissioning and planning services in partnership. The framework was developed through system workshops and self-assessment facilitated by the LGA and IPC, learning from national systems, and a review of evidence on developing integration approaches from organisations such as the Kings Fund.

The 'Collaborative Planning and Commissioning Framework' (Appendix 1) sets out the principles for how the organisations will work together to improve outcomes and reduce health inequalities for the population through integrated care. This provides an indication of the maturity of collaborative planning within the ICS.

Priority 2: Governance

One of the key areas of development identified as part of the self-assessment and workshops was the need for effective strategic leadership for integrating health and social care and for the purposes of strategic joint commissioning.

As the ICS Transition Task and Finish Group comes to a close, there is a need for ongoing leadership for collaborative commissioning across the partner organisations. A proposal to establish a 'Collaborative Commissioning Oversight Group' (CCOG) is being developed. This group would be responsible for:

- providing leadership for new ways of planning and commissioning in the ICS;
- delivering against the principles of the Collaborative Planning and Commissioning Framework;
- defining what good integration looks like (evidence of this will be required as part of the Care Quality Commissions inspection);
- Oversight of Learning Labs (see priority 3), as facilitating the change that needs to happen across the system;
- identifying opportunities for collaborative planning and commissioning to unlock demand management and achieve the 'left shift';
- oversight of all programmes of collaborative commissioning, for problem solving and supporting progress; and
- supporting alignment of commissioning resource where appropriate.

The CCOG will include commissioners from the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), Nottingham City Council and Nottinghamshire County Council (with additional place representation if required). It is anticipated that this will include health, social care and public health commissioning.

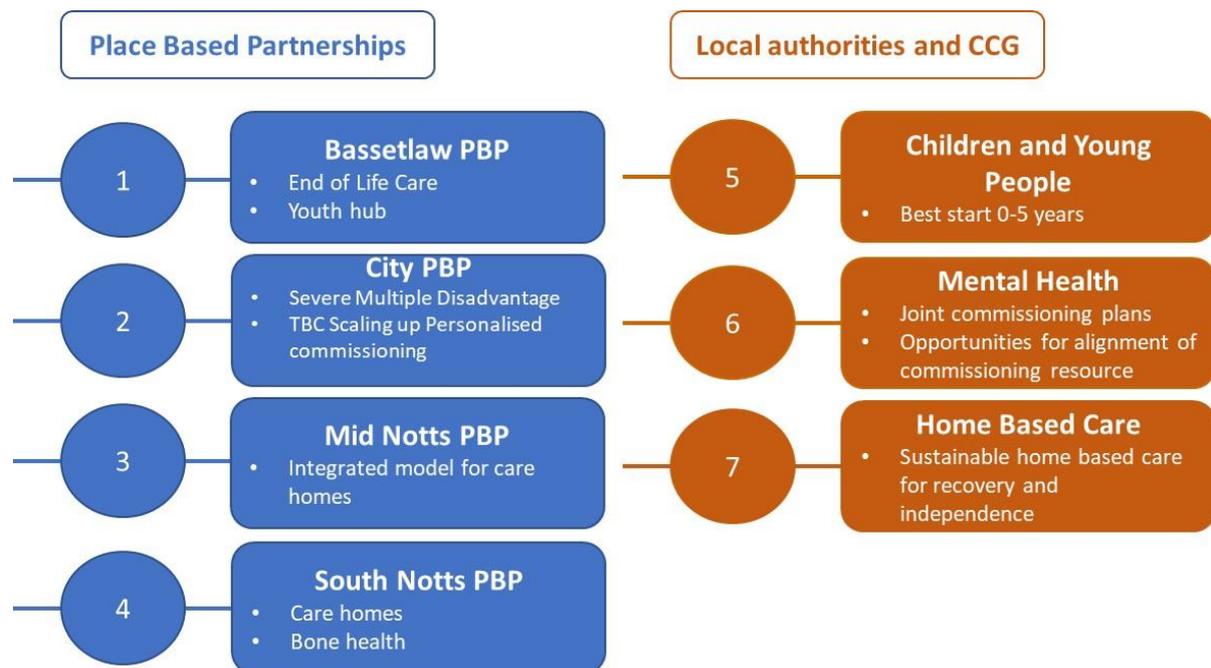
A paper will be shared with the Board in October 2022 with the proposed governance and reporting arrangements for the development of collaborative commissioning and the Better Care Fund.

Collaborative Commissioning is recognised as a key enabler to integrated care within the ICS. A System Development Advisory Group is being established that will provide oversight and assurance that all aspects of system development are progressing, and that interdependencies are identified and managed. This includes the development of Place-Based Partnerships (PBP), the Provider Collaborative at Scale, Primary Care Networks and the planned devolution of commissioning for Pharmacy, Optometry and Dentistry in April 2024.

Priority 3: Work Programme

The Collaborative Planning and Commissioning principles are now being tested through learning labs, which is a systematic approach to identify the conditions for, and barriers to, success in plans for greater integration of services. A number of test pieces have been confirmed that will be progressed using a standardised process, facilitated by the IPC. The work will consider new ways of working collaboratively, shifting the focus to place and system, rather than individual organisation and a broad approach to asset mapping.

Ten priority areas have been identified, some of which are PBP focused, and others are system approaches as shown in the diagram below:



PBP priorities have been agreed within their partnership arrangements, based on local population need, and the opportunity provided by working collaboratively with partners at place.

Local authority and ICB priorities have been determined based on opportunities to impact healthy life chances, address complex system challenges, and unlock more preventative approaches and areas that require a significant shift to problem-solving at system level rather than individual organisation level. Scoping is underway to confirm the priority work areas that will be the responsibility of the CCOG. Initial areas of responsibility are considered to be:

- the Better Care Fund
- Personalisation
- Prevention and Early Intervention (healthy lifestyles, i.e., tobacco dependency, weight management, alcohol, etc.)
- Carers
- Sustainable Workforce and Markets

This will evolve over time as the approach to a place-based commissioning plan develops. All areas of work will be underpinned by the need to drive social value through our collaborative commissioning approaches, working with our communities and local provider market.

3. Review of the Better Care Fund (BCF)

The existing BCF plan is being reviewed ahead of national planning guidance for 2022/23 (expected July 2022) and the anticipated requirement for a 2-year BCF plan in 2023-25. This is a phased review as follows:

Phase	Action	Timeline
Phase 1	Confirm schemes and services funded by the BCF Review governance for BCF oversight and assurance	July 2022 – completed
Phase 2	Update of section 75 BCF agreement	September 2022
Phase 3	Revise BCF plan in line with development of place based commissioning plan exploring further use of BCF and financial mechanisms to go further with aligned / pooled funding	March 2023

During Phase 1, all schemes and services currently funded by the BCF were confirmed and the governance reviewed. The routine reporting of BCF delivery to NHS England was stood down during the pandemic and remains light touch. Locally, a monthly BCF Oversight Group meeting has been resumed to ensure that spend and outcomes are monitored on a monthly basis. The Oversight Group is also responsible for an annual review of the BCF and ensuring that the nationally-mandated planning template and reports are completed.

Section 75 will now be updated to update descriptions of schemes and services and to reflect updates to national legislation (including the temporary discharge to assess funding during the pandemic which was routed through the BCF).

Phase 3 of the BCF review aligns to the development of the place-based commissioning plan, and the need to explore the use of the BCF and other financial mechanisms as an enabler to system health and care integration work. As the integration journey matures, the BCF will evolve to fully reflect the collaborative priority areas. This will be assessed during the annual review of the BCF.

Alongside this exploring further use of BCF and financial mechanisms to align or pool broader resources across the system.

4. Timeline for the development of a place-based commissioning plan

Action	Timescale for completion
Review of Better Care fund completed	September 2022
Establish the Collaborative Commissioning Oversight Group	September 2022
Confirm governance and reporting for Collaborative Commissioning and BCF	October 2022
Confirm programme of work for the CCOG	October 2022
Draft place based commissioning plan (phase 1)	January 2023
Confirm place based commissioning plan (phase 1) and governance including intentions regarding potential areas of delegation to place	March 2023
Amend BCF to reflect place based plan	March 2023

5. Recommendation

The Nottingham City Health and Wellbeing Board is asked to:

- (a) note the progress on developing a Collaborative Commissioning approach in Nottingham and Nottinghamshire; and
- (b) consider the roadmap to develop a place-based collaborative commissioning plan.

Appendix 1: Collaborative Planning and Commissioning Framework

VISION

To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

PRINCIPLES

Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions