

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: Integrated Commissioning Strategy

Date of Meeting: 08 May 2018

Report of: The Executive Director, Health and Adult Social Care

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Wards Affected: All

#### FOR GENERAL RELEASE

### **Executive Summary**

Health and social care services commissioned by and delivered on behalf of BHCC and the CCG should not only meet statutory requirements but also be of good quality and provide value for money in meeting the needs of service user/ patient. This requirement is enshrined in the Care Act where a duty is placed upon the local council to support and sustain a provider market that offers both range and choice to local service users.

The city's first Market Position Statement (MPS), prepared in 2014, has provided a useful tool for informing the market of future demand and the services that the Local Authority will commission and develop to meet that need. However, service developments, and our progress toward the closer integration of health and social care require that the existing MPS needs to be refreshed and updated.

The review of the MPS provides an opportunity to develop a wider commissioning strategy which as well as being used to inform and promote market development can also be used to underpin the development and work of the integrated commissioning team as discussed in the Moving Towards Integration paper presented to the Board in March 2018.



### **Glossary of Terms**

MPS - Market Positioning Statement

## 1. Decisions, recommendations and any options

1.1 That the Board requests officers produce a report that sets out the principles and approach (as set out within the Policy Framework) for the development of a commissioning strategy linked to the development of the integrated commissioning function to be presented to the Health and Wellbeing Board in autumn 2018.

The report will aim to:

- Define the scope and purpose of the new strategy including individual services
- Identify key stakeholders including internal and external providers, residents and other interested parties
- Review and analyse current commissioning practice identifying strengths, weaknesses and areas for improvement
- Investigate best practice in commissioning and make recommendations for adoption
- Identify and understand key providers markets
- Review and analyse the use and role of technology

### 2. Relevant information

- 2.1 The Care Act (2014) introduced new duties for local authorities to facilitate and shape the market emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund. Although the local authority may still act as a purchaser of care and support, its overarching responsibility is to ensure there is a diverse, sustainable, and good quality care and support market operating in its area. There needs to be sufficient care and support available to enable choice for all those who need care and support, including carers.
- 2.2 It is important to recognise that the MPS published in 2015 was not intended to be the end point but was the start of a conversation with both providers already delivering services or those looking to enter the local market or diversify their current range of supply.
- 2.3 These ongoing conversations regarding market development are managed by the commissioning team and are part of our ongoing dialogue, through well-established provider forums, contract management meetings or via our work in developing markets as part of our current commissioning activity.



- 2.4 Much of the content of the existing MPS remains current and it is recognised that the development of an integrated commissioning function provides an opportunity to review the MPS and explore how this can be incorporated into a broader commissioning strategy.
- 2.5 The Oxford Brookes Institute of Public Care describes a commissioning strategy or plan as follows:

"A formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level." It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors."

- 2.6 The Commissioning Strategy could aim to do the following:
  - 2.6.1 Sets out the 4-5 year approach to the commissioning / decommissioning and development of services and how this will be carried out at a strategic level linked to the Health and Wellbeing strategy.
  - 2.6.2 Explains the process of commissioning linked to the commissioning cycle and the roles that of both internal and external stakeholders in the commissioning process
  - 2.6.2 Provides a strategy that brings together relevant analytical data and relevant information into a document that presents both internal and external partners, providers, residents and interested stakeholders with information that will both inform and provide strategic direction in terms of future demand and commissioning / development of services.
  - 2.6.3 Identifies the needs and preferences of different service user groups in the market, e.g. older people, learning disability, mental health etc. and covers funded and privately funded users of care. Indicates the necessary changes, characteristics and innovation to service design and delivery the local authority would like to see in the market to meet the needs and preferences of the whole population.
  - 2.6.4 Provide clarity to the provider market and interested parties on what future demand is likely to look like in the city and the type of Health and Social Care provision the Local Authority and CCG will need to commission to meet this and where commissioning activity will reduce.
  - 2.6.5 Give information on the national and local developments that will have a significant impact on social care over the next 3 years.



2.6.6 Support organisations to adapt and grow their businesses to support the future demands and ensure that they are best placed respond in a timely way.

# 3. Important considerations and implications

### 3.1 Legal:

There no legal implications.

Lawyer consulted: Elizabeth Culbert Date: 28 May 2018

#### 3.2 Finance:

The Commissioning Strategy will detail the demand and services required across the city including the commissioning intentions for the Council and Brighton & Hove CCG. This will then inform future budget strategies.

Finance Officer consulted: Sophie Warburton Date: 30 May 2018

### 3.3 Equalities

The Commissioning Strategy supports the Councils priorities in relation to tackling inequalities, creating a more sustainable city and ensures we have the right services to meet the population demographics. To enable each stage in the process of developing a new commissioning strategy will include assessment of impacts on people who share a protected characteristic. This will include: ensuring stakeholders are representative of diverse people and groups; reviewing equalities outcomes and opportunities in existing commissions; and ensuring diversity of provision and equality of access and outcomes in all commissioning processes.

Equalities Officer consulted: Sarah Tighe-Ford Date: 25 May 2018

# **Supporting documents and information**

Appendix1: Market Positioning Statement 2014 available from:

http://www.brighton-hove.gov.uk/sites/brighton-

hove.gov.uk/files/FINAL%20MARCH%20ASC%20Commissioning%20Statem ent%20Report.pdf

