

## Appendix One – Working Better Together Report

3.2 Strategic commissioning is one of the key products expected of the Health and Well-Being partnership arrangements. The emphasis has to be on “Making a difference – a real difference for our ‘customers’ through the following:

The board is ambitious and wishes to develop its role in the following across the health and well-being family;

- to increase innovation
- to increase co-production
- to improve outcomes
- to improve wellbeing and prevention

The board also feel that having a single strategy bound by and measured through the outcomes framework will allow them to affect change. Including the following;

- At a population level, (where the population is Bradford District and Craven)
- It will strengthen and allow or a clearly articulated vision and set of priorities
- It will facilitate the setting of short, medium and long term goals
- create a single outcomes framework and linked single prioritisation framework
- It will influence and guide contracts including outcome based specifications
- It will clearly link investment and disinvestment to forecasted needs to improve outcomes

The new approach will integrate common functions across the population, streamlining services and offering;

- one planning function
- one performance function
- clearer/better alignment of all resources
- clear governance arrangements
- population drives any local differences (not existing organisational boundaries)

The overall objective is to have an accountable care system for Bradford District & Craven which would include;

- a small strategic commissioning function
- fewer commissioning organisations/directorates (than the 6 or 7 that exist)
- new models to procure & contract
- varied provider models
  - sub-contract
  - joint ventures
  - lead providers
  - long term contracts
  - shared risk/benefits

In order to avoid confusion and establish a common language from the outset, the HWB partners have defined commissioning and the following components of the commissioning process.

'Commissioning is the process for deciding how to use the total resource available for the local population in order to improve outcomes in the most efficient, effective, equitable and sustainable way.'

With the following definitions:

- Joint commissioning – is the process whereby partners who have responsibility for specifying, securing and monitoring services work together to make joint decisions about the needs of their population, and how they should be met – this can sometimes mean sub regional commissioning
- Procurement – is the process of provider sourcing and selection.
- Contracting - refers to the establishment, negotiation and agreement of the contract documentation on which the service is to be supplied.
- Tendering – is the process of informing suppliers that specified services are to be bid for.
- Decommissioning - is the process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives

### **Shared Principles**

A set of shared principles underpin the way Health and Social Care Partners in Bradford, Airedale, Wharfedale and Craven will work together:

We will ensure person focused services by...

- i. Working better together is first and foremost about what is best to add value through the eyes of the people we care for
- i. Ensuring services will, where clinically appropriate, be delivered in community settings with an integrated, multi-agency approach
- ii. Commissioning services, wherever possible that promote prevention and early intervention

We will ensure collective ownership by...

- i. Ensuring that as partners we are working together as a whole system
- ii. Continuing to create a culture of trust, openness and transparency, including demonstrating a collective stewardship of resources
- iii. Putting the interests of the people we serve ahead of our individual organisations, to have a shared goal and take joint responsibility for our work

We will ensure value for money by...

- i. Making sure that we get the most out of every pound we spend in Bradford
- ii. Commissioning should always focus on delivering efficiencies, outcomes and quality
- iii. Ensuring decisions are informed by research and are evidence based

We will ensure learning and development by...

- i. Sharing our learning from working together with one another, and others as well as learning from elsewhere and will share our learning more widely

- ii. Listening and truly hear what is being said, proactively seeking collaborative solutions
- iii. Ensuring our clinicians, social care professionals, managers and others will work together to make change happen

We will ensure pace and focus by...

- i. Collectively agreeing our future priorities as a whole system
- ii. Adopting a positive mind-set – ‘we can, we will’
- iii. Committing to working at pace, to achieve rapid progress, make decisions and see them through

In the eventuality of any perceived disagreement or dispute arising amongst partners, these principles will provide a reference point to evaluate against and enable a resolution.

## **Ground Rules**

### a) Governance and Accountability

- i. Lines of accountability will be clear – the HWB will have ultimate accountability and oversight for total pooled commissioning resources
- ii. Delegation will take place to respective commissioners to enact strategic commissioning priorities on behalf of the partners
- iii. All partners are equal
- iv. No one partner has the power of veto
- v. All decisions are based on a clear rationale for improving outcomes and are linked to system priorities
- vi. Services will be commissioned to, wherever possible, promote prevention and early intervention
- vii. Decisions will be binding – if a partner cannot sign up to decisions they will state why and all partners will seek a resolution at the most local level, in the event a resolution cannot be found then the dispute resolution process will be enacted
- viii. All partners will be signed up to a framework of agreement (this will include the totality of resources being pooled)

### b) Behaviours

- i. We deal only with fact not rumour – we have the ability to challenge each other
- ii. Evidence based decisions will be taken
- iii. Listening and valuing each other’s contribution is paramount
- iv. Issues will be faced through dialogue together – difficult discussions will not be avoided
- v. Each member of the partnership will take responsibility for communicating and representing the views of their constituent organisation not their personal views.

## **3.4 Background**

A workstream consisting of partners was commissioned by the group to review the Five Year Forward View and to reconcile this against the Health and Wellbeing Strategy. The deliverables of the workstream are:

1. To identify the impact that reductions in budgets and proposals for the decommissioning of services aligned to budget reduction will have on

the system thereby enabling partners to plan accordingly and to mitigate against any risks.

2. To review the respective commissioning intentions identified in the underpinning strategies and report on where partners are not aligned, inclusive of the planning framework; finance and governance.
3. To make recommendations as part of the five year transformation of services on where integrated working will deliver better outcomes in the system.

### Progress

The Five Year Forward View has been reviewed and reconciled against the priorities within the Health and Wellbeing Strategy. The review has identified that there is work to be undertaken to ensure a whole system approach to the commissioning of services which will determine the key priorities for partners and areas where there is evidence to support the re-modelling of services.

A meeting of responsible officers has been held to allocate roles, responsibilities and timelines for the delivery of the report.

A two stage process to the report has been agreed which will consider the impact of the following:

#### **Stage 1 - August 2015 – December 2015**

1. Savings proposals for 2015/16 for both partners and the timelines for reporting
2. A review of the services that are currently jointly commissioned across health and social care and the benefit realisation of the funding for the system.
3. Identification of the risks to the system inclusive of the de-commissioning of services.

**The stage 1 process will be completed by December 2015**

#### **Stage 2 - January 2016 onwards**

Five key areas have been identified within the system that are fundamental to a sustainable health and care economy that supports people to be healthy, well and independent, namely,

1. To promote self-care and illness prevention and improve general health and wellbeing of the population of Bradford District and Craven.
2. Transform primary and community services and place the patient at the centre of their care.

3. Implement a 24/7 integrated care system across the health and social care economy.
4. Develop and deliver a sustainable system wide model for urgent care services
5. Develop and implement a system wide model for the delivery of planned care and intervention.

To achieve the deliverables a project group will be established to review progress made towards achieving the priorities which will include analysis of the demographics, demand management forecasting, performance indicators (both national and local), benchmarking, consideration of national models of good practice, cost/benefit analysis and what service users, carers and representative organisations have told us about works well and doesn't work well for them in the system.

**Stage 2 delivery of recommendations and an options appraisal is to be determined by the Bradford Health and Care Commissioners Group**