

To: Buckinghamshire Partnership Forum

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DEVELOPING JOINT COMMISSIONING OF HEALTH AND SOCIAL CARE SERVICES

A PURPOSE OF REPORT

1. To update the Partnership Forum of the progress being made to establish joint commissioning in Bucks

B PROPOSED ACTION

2. **The Partnership Forum is invited to NOTE the contents of this report**

C SUPPORTING INFORMATION

3. In June and July of this year, the Partnership Forum received a written report and presentations which set out the key issues that needed to be addressed in developing joint commissioning of services.
4. Joint Commissioning has also been a key area of discussion and debate for the Executive Partnership Board (EPB) and using the feedback from the Partnership Forum, and consultancy support from the Institute of Applied Health and Social Policy, the EPB agreed that the early priorities are the development of a joint commissioning approach for learning disability and mental health services. However any structures for joint commissioning must be capable of being applicable for other care groups.
5. Following this agreement on early priorities, a template for joint commissioning was developed. This examined the current commissioning processes across health and social care and identified where elements of joint commissioning are occurring. It also determined that a fit for purpose joint commissioning system must be able to demonstrate:-
 - Commissioning a comprehensive service in which all stakeholders, users and carers are actively involved
 - Clear vision of what is trying to be achieved through the commissioning process
 - Good information on needs, effectiveness, activity, costs and quality of services
 - Clear priority setting delivered through service reviews
 - Regular communication with providers of services in order to better understand services and solve problems

- Service agreements based on a shared understanding between the various stakeholders
 - Public health input to the commissioning process
 - Involvement of practitioners / clinicians particularly in the development of quality targets and clearer specifications for the service required
 - Approach commissioning process with intention of working in partnership with other agencies (voluntary and statutory)
6. A number of elements where Joint Commissioning is occurring have been identified and the EPB agreed that in developing joint commissioning there is a need for better co-ordination of approaches rather than replacing them with new ways of working.
7. Appointment to joint commissioning roles will therefore have a strong ‘development’ aspect to them, with a remit to work with PCOs and Social Services to build mutual trust and support, develop inclusive decision making processes and to report progress on this into the EPB. Joint commissioning posts need to be established from the outset which will address these issues but also support the commissioning of specialist services and accountability arrangements will need to be determined. These posts will need to work closely with commissioning staff working in Social Services and within PCOs and Partnerships and Planning Directorate of the Health Authority.
8. However it should be noted that whilst the EPB advocated an incremental and pragmatic approach to developing joint commissioning, the pooling of budgets was highlighted and the need to gather momentum on this issue as quickly as possible. This will need to build on the current work being undertaken on Health Act flexibilities in conjunction with District Audit.

The EPB in August agreed that the following posts should be created:

- a) Head of Integrated Commissioning – to oversee the development of the Joint Commissioning approach, working across Health and Social Care to support the Joint Commissioning and Modernisation process; and
 - b) Mental Health Joint Commissioning Manager – to support the above and lead on the commissioning of adult mental health services.
 - c) Learning Disability Joint Commissioning Manager. A joint Learning Disability Strategy Manager is currently in post until March 2002. This post will be refocused to joint commissioning.
9. Job descriptions/ person specifications for the Head of Integrated Commissioning and Mental Health Joint Commissioning Manager have been prepared for evaluation and recruitment to these posts is planned for October 2001.

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