

Report to: Health Overview & Scrutiny Panel
Date: 9 September 2009
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Presented by: Sue Owen & Rob Watt
Subject: Joint Commissioning

1. Purpose of the Report

- 1.1 To brief the HOSP on the development of joint commissioning arrangements between Portsmouth City Council and Portsmouth City teaching PCT.

2. Recommendations

- 2.1 HOSP notes the content of this report
- 2.2 HOSP receives an update a report at the end of 2010 on the Integrated Commissioning Service's first year of work

3. Background

- 3.1 Portsmouth City Council and Portsmouth City teaching PCT have been jointly commissioning services for many years. Increasingly, over the last few years the Government has been giving clear messages to health and social care organisations that commissioners must be responsive to local need, drive up service quality and take account of an individual's right to choice and control over the care and treatment they receive.
- 3.2 In response to this agenda, Portsmouth has been looking at how our own long-standing commissioning arrangements could be improved. This work started in 2007 and on 5 July 2007 a report was presented to HOSP outlining early plans to formalise commissioning arrangements using section 75 flexibilities of the NHS Act 2006. HOSP concluded that there was no need for a public consultation.

4. Progress Update

- 4.1 The Council and the Trust have agreed to establish a new joint venture to enhance and improve commissioning by establishing an Integrated Commissioning Service. This service will be accountable to an

Integrated Commissioning Board for the delivery of an agreed annual work plan for the commissioning of a range of health and social care services for vulnerable adults in Portsmouth. The Council and the Trust have agreed that the Council will host the service and the Trust will chair the board.

- 4.2 Key individuals from the Council and the Trust attended a facilitated workshop in March 2009 to discuss the key principles underpinning the Integrated Commissioning Service and its governance arrangements. The outcome from this workshop was a draft terms of reference which will be ratified by the Integrated Commissioning Board in June 2009.
- 4.3 Consultation with the existing staff group working in joint commissioning is continuing. The four joint commissioning managers have been assessed against the World Class Commissioning competencies and overall met or exceeded 60% of the competencies. We have developed individual 12 month training plans to address shortfalls in skills and expertise which have been identified. All the staff are positive about the proposed changes.
- 4.4 Work has begun to identify the scope and remit of the Integrated Commissioning Service, how it differs from what is currently in place and the changes needed to adopt the new ways of working proposed.
- 4.5 The Integrated Commissioning Board held their first shadow board meeting on 11 June 2009 and agreed their terms of reference, and discussed the job descriptions for the Head of Service and Integrated Commissioning Manager and the project timeline.
- 4.6 The PCT Board gave formal approval for the Integrated Commissioning Board to act as an executive board of the Trust in July 2009

5. Next Steps

- 5.1 We are finalising the job roles for the Head of Integrated Commissioning Service and generic Integrated Commissioner Manager that incorporates World Class Commissioning competencies and takes account of the new ways of working. This should be approved by the Integrated Commissioning Board on 8 September 2009
- 5.2 Formal approval for the Integrated Commissioning Board to have delegated authority from the Executive Member for Health & Social Care will be sought in September 2009
- 5.3 The Trust and Council legal teams have drafted a Section 75 agreement (NHS Act 2006) that will form the legal framework for this formal partnership arrangement. This is now out for consultation and will be an agenda item at the next Integrated Commissioning Board meeting on 8 September 2009.

5.4 The launch of the Integrated Commissioning Service is scheduled for late Autumn 2009.

6. Expected Outcomes

6.1 It is important that this new venture brings about positive and improved outcomes for the people who use health and social care services. Work in the first year will concentrate on:

- Analysing local needs, gaps in current service provision and capacity and demand issues so as to ensure investment of public funds is targeted and cost effective
- Extending and improving opportunities for service users, carers and the wider public to provide feedback on services and be involved in planning and commissioning of services
- Commissioning integrated service provision and seamless care pathways to improve service users' and carers' experience of services
- Investigating market opportunities to ensure enhanced delivery models are commissioned that deliver positive outcomes of care