Joint Commissioning Approach NHS Kernow and Cornwall Council

Introduction

1. This section of the SEND Strategy sets out the agreements reached by education, health and social care to work jointly to meet the requirements of the Children’s and Families Act and system wide and individual benefits for children and young people and their families.

2. This section sets out the strategic intentions of how partners agree to work across the functions within commissioning to secure better outcomes for people, whilst also responding to increasing budget pressures.

What is Commissioning and Joint Commissioning?

3. Commissioning is about the most effective and efficient way of using all available resources to improve outcomes for children, young people and their families. Commissioning aims to ensure the provision of the right service, in the right place, at the right time for children and young people.

4. Commissioning is a cycle of overlapping and inter-linked events and processes, such as engaging with children and young people and their families and other stakeholders, planning services, prioritising, stimulating the provider market, contracting and performance monitoring. Each of these need to be undertaken in a joint or integrated way to enable the delivery of this SEND Strategy. Joint commissioning is a process in which two or more commissioners act together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action.

5. There are several ways commissioners can secure services either unilaterally, through aligning, jointly or in an integrated way. In Figure One below it shows the different levels of integrated commissioning and in Cornwall for children and young people with SEND there are some areas, for example community equipment where there is good integration of commissioning. In other areas, such as individualised packages of care/education commissioning is starting to be aligned or joint, but in the main is undertaking in a unilateral way.

6. The aim of a agreeing to a joint commissioning approach is to move to joint commissioning in the short to medium term and integrated commissioning as the long term goal.
7. Joint commissioning should enable and contribute to achieving the overarching vision of the SEND strategy. It is not a standalone process and as such needs to be embedded throughout all commissioners ways of working.

8. The Children and Families Act 2014 states that local authorities and clinical commissioning groups (CCGS) must make joint commissioning arrangements for the education, health and care provision for children and young people with special education needs or disability.

9. The Care Act 2014 also requires local authorities to ensure co-operation between children’s and adult’s services to promote the integration of care and support with health services, so that young adults are not left without care and support when they make the transition to adult services.

10. Local authorities, NHS England and the CCG must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities (SEND Code of Practice reference 3.10).

What Will a Joint Commissioning Approach Achieve?

11. Joint commissioning will contribute to the overarching aim of the strategy, and specifically achieve the following outcomes:
   - Children and young people and their families/carers have their needs met within available resources
   - There is a clear and demonstrable focus on the participation of children, young people and their parents in decision-making at all levels and as a result of this services are shaped to meet their needs and are commissioned in a way that all commissioners are using the same information and hearing the same thing
   - Commissioners are able to plan together to enable and create synergies of provision and make the most effective use of resources
Professionals working with children with SEN or disabilities understand the allocation of funding processes and are enabled to **provide the right level of support** to meet needs.

Services are **commissioned in an integrated way** to promote the wellbeing and improve the quality of provision for disabled young people and those with SEN (SEND Code of Practice reference 3.1) as well as achieve value for money and eliminate duplication.

Children and young people **receive personalised care** and integrated support that delivers positive outcomes throughout their lives and into adulthood.

**Information sharing is enabled** so that children, young people and their families/carers only have to tell their story once.

**How Will This be Done?**

12. As stated above commissioning is a cycle of overlapping and inter-linked events and processes. Figure Two below is the model that has been agreed between NHS Kernow and Cornwall Council. A clear action is to ensure the components are understood across agencies and that is reflects the co-production of developments and packages of care with children, young people and their families and the personalisation of care.

**Joint Commissioning Cycle**
13. Commissioning processes can be carried out at different levels: national, Cornwall; service level or by a cohort; and individual.

Table One: Commissioning Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Population Covered</th>
<th>Commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>All of England</td>
<td>NHS England</td>
</tr>
<tr>
<td>Cornwall</td>
<td>0-25 year old children and young people with SEN or disabilities, both with and without EHC plans.</td>
<td>NHS Kernow, NHS England, Cornwall Council – Education, Health and Social Care, Schools</td>
</tr>
<tr>
<td>Service Level of Cohort</td>
<td>May cover a specific group of children and young people who either have the same disability or service that provides a specific service to a range of children and young people</td>
<td>NHS Kernow, Cornwall Council – Education, Health and Social Care, Schools</td>
</tr>
<tr>
<td>Individual</td>
<td>Joint funding* for individual children and young people - the approach to joint commissioning on an individual level only applies where funding is needed from more than one commissioner involved.</td>
<td>NHS Kernow, Cornwall Council – Education, Health and Social Care</td>
</tr>
</tbody>
</table>

Joint funding will be considered where an individual need cannot be met by the universal services or offer (see Local Offer). To attract educational funding a child or young person must also have an Education, Health and Care Plan. There will be a few cases where children and young people need to have additional resources funded by NHS Kernow and Social Care where there may not be an Educational, Health and Care Plan in place.

Overarching Principles of Joint Commissioning

The following high level principles have been agreed by Cornwall Council and NHS Kernow and will be used to drive and determine the priorities (NB these will be agreed with the NHS England Area Team in due course).

a) Strategy – commitment to develop a joint vision and strategy, responsive to a shared understanding of community needs and commitment where possible to a single set of priorities, and shared ownership of challenges, issues and opportunities for improvement.
b) **Best for the population** – decisions will be driven by what’s best for the population we represent and the services we commission, within known constraints.

c) **Transparency** – openness, honesty and transparency. Sharing of the whole population budget, statutory requirements for each sector, budgetary health of organisations and savings requirements across the sectors.

d) **Leadership** - strong leadership across sectors and disciplines, building and demonstrating the relationships and behaviours required for a whole system change.

e) **Finance** – budgets within scope to be ring-fenced, with joint risk / gain share, and joint budget setting.

f) **Scope** – the scope for integrating commissioning will be jointly agreed.

g) **Workforce** – joint workforce development to ensure the right balance and distribution of commissioning skills and competencies across the whole integrated sector. Staff from each organisation are involved throughout and kept informed and engaged in the process.

h) **Information sharing** – a commitment to shared information and insight, and the development of single source of activity, finance and outcomes data.

i) **Engagement and communication** - commitment to ensuring staff, partner and political buy-in as a recognised approach to relationship management and consensus, adhering to joint approaches to engagement and communication.

j) **Governance** – improving the effectiveness of clear lines of accountability for legal issues, budgets, risk management and performance during the transition phase, and subsequently, with clear joint governance holding both organisations to account for the vision and these principles.

**Other Elements Which Need to be in Place**

14. Following a commissioning cycle process will achieve some of the above outcomes, however there are other enabling factors that are needed to achieve all of them. These are;

- Having a workforce **skilled in commissioning** across commissioners that have a common culture and language
- **Clear governance** around decision making and delegation of authority being in place from the beginning of any of the processes
- Using a **common approach to risk management** across commissioners so that risks can be shared as well as mitigation plans formed
- Commissioners need to be **willing to use funds flexibly** within their legal duties

15. The following table is taken from the ‘The Commissioning of Children’s Service in England’, Commissioning Support Programme 2011, and sets out how to recognise effective joint commissioning. Partners have agreed to work towards developing effective joint commissioning and have these enabling factors in place.
<table>
<thead>
<tr>
<th>Elements of Joint Commissioning</th>
<th>Markers of Effective Joint Commissioning</th>
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</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Have built good relationships and trust so that they can build common purpose and shared agenda for change focused on system performance rather than on particular services or professions. Use evidence well to shape policy and manage politics. Lead a system in which there is accountability and an appetite for continuous change at all levels.</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Focus on improving outcomes and efficiency; apply the principles of good governance including effective accountability to stakeholders and clarity about purpose and roles. The number of partnerships and meetings is reduced to the minimum</td>
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<tr>
<td>Governance</td>
<td>Applies the good governance standards when making decisions. There is good governance of commissioning and commissioners expect good governance from service providers</td>
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<tr>
<td>Strategic commissioning capacity</td>
<td>There is an appropriately sized and skilled team responsible for population level analysis of evidence, needs, performance and costs, commissioning policy and strategic planning. They are able to lead and manage change working with and through service providers in all sectors and are accountable to elected and appointed leaders for social, economic and environmental results</td>
</tr>
<tr>
<td>Whole system design</td>
<td>Is understood. Strategic commissioners have agreed plans to reconfigure the system to minimise internal transaction costs, duplication and fragmentation and to move resources to where they have the best impact (for example prevention rather than high cost ‘rescue’ services)</td>
</tr>
<tr>
<td>Strategic plans</td>
<td>Are strategic, are costed, result in system wide change including workforce development and behaviour change, are easy to understand by all, are agreed by all affected and result in well led and managed change which improves outcomes and use resources efficiently</td>
</tr>
<tr>
<td>Costs and value</td>
<td>Getting more out of less resource through more efficiency is at the heart of good commissioning, the cost and value of all services are well understood and used to inform good decisions</td>
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<tr>
<td>Evidence of what works</td>
<td>There is intelligent application of robust research and evidence of what works in similar places and situations</td>
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<td>supplemented only when needed with good local evaluations&lt;br&gt;Surveys of local service users collect more than just opinion</td>
<td></td>
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<tr>
<td>Evidence of need</td>
<td>Is systematically monitored. The objective of reducing need drives commissioning, CAF or similar shared assessment and referral system provides robust measure of need.</td>
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<tr>
<td>Performance management of the system</td>
<td>Is consistent, informs leaders, governors, partners, commissioners, citizens, service users and service providers alike and uses graphs to show progress (‘turning the curve’) and enables benchmarking. There is a focus on outcomes, costs and progress with change plans rather than on unhelpful activity and process data.</td>
</tr>
<tr>
<td>Shared processes and new attitudes and behaviours</td>
<td>Have been commissioned and are well used by all appropriate providers including information sharing, common assessment and referral forms, single points of access, shared information for citizens and service users. Commissioners ensure that there is shared workforce development and training when needed during times of change.</td>
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<tr>
<td>Relationships between commissioners and service providers including performance management of service agreements and contracts</td>
<td>All service providers (including within Local Authority) have agreements and contracts which are based on clear outcome focused and well costed specifications. There is trust between commissioners and providers and regular support is provided when needed with clear understanding of what commissioners expect and will do if things go wrong. Service providers are involved appropriately in developing and agreeing the strategic plan and commissioning policy and support commissioners to achieve shared goals.</td>
</tr>
<tr>
<td>Individual and team performance and appraisal across the system</td>
<td>Is outcome focused and consistent with strategic plans, service agreements and contracts. They include positive management of change and the adoption of new processes and behaviours.</td>
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<tr>
<td>Change which leads to the improvement of outcomes</td>
<td>Is a result of commissioning activity and the agreement of sound strategic plans and action plans which are then well understood and accepted. Is led from the top, supported through good governance and accountability in the whole system and is then well managed by the strategic commissioning team working with and through others in the system. Communications are constant, consistent, multi channelled and as good as they possibly can be.</td>
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Delivering Change

16. Ensuring that the changes needed by the commissioners are delivered there will be
   • An **implementation plan** to deliver joint commissioning arrangements – this will
     set out how, when and the lead in improving the delivery of the enabling factors.
     This will be developed and implemented by a SEND Joint Commissioning Working
     Group, which reports into the SEND Strategy Board.

   • A **Joint Commissioning Operational Framework**, which will set out the
     processes, including governance around individual funding. This will be a “live”
     document and updated on a regular basis and should be read in conjunction with
     this strategy. The operational framework will also be developed and monitored
     by the SEND Joint Commissioning Working Group, which reports in the to the
     SEND Strategy Board.