

Derby City

Integrated Commissioning Strategy

for

Children and Young People

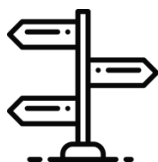
2020-2023

Version 1.0 FINAL

Why an integrated Commissioning Strategy?

This Integrated Commissioning Strategy was developed to facilitate cross organisational dialogue and guide the direction setting and governance of the Local Authority and CCG Commissioners, ultimately aimed at improving outcomes for children and young people through better integrated commissioning across the local area.

Specifically, to:



- Set a sense of direction and enable cohesive planning
- Provide consistency, a framework and way of working
- Focus effort and improve operational efficiency
- Help organisations to operate proactively and move forward together
- Maximise combined LA & CCG expertise and experience to optimal effect.

This is an overarching commissioning strategy that embeds a way of working supporting other specific local commissioning strategies, for example, the Joint SEND Commissioning Strategy currently being co-produced with parents and carers.

The National and Local Context

Whilst some areas of change identified were organisation-specific, many were recognised as having a shared impact and would benefit from a joined-up response:

	National	Local
CCG	ICS / STP Resource impact Difficulty recruiting clinical posts	Joined Up Care Derbyshire (Childrens) workstream Primary Care Networks Financial pressures Planning towards 'all age'
Joint	Children & Families Act 2014 (SEND Reforms) NHS Long term plan NHS 5 year Forward View Increasing demand National pandemic / Covid 19	Restructure of Childrens commissioning teams Inspection outcomes Population challenges; Mobility cold spot Sustainability of effective Public Health services Demand continuing to outstrip capacity Joint Strategic Needs Assessment Impact on health, families, education and employment / Covid 19 / Derby Recovery Plan
Local Authority	Changes to Education & Learning (Multi Academy Trusts) Financial pressures Welfare reform	Foster Carer recruitment & Children in Care Placements Ongoing financial pressures

What do good integrated commissioning arrangements look like and how well do we think we do?

In order to understand how well integrated Commissioners felt the current arrangements were, a self assessment was undertaken against the *Integrated Commissioning for Better Outcomes Framework*¹. The framework identifies four domains:

- Building relationships and foundations;
- Taking a person-centred, place-based and outcomes focused approach;
- Shaping provision to support people, places and populations; and
- Continuously raising the ambition

...with 22 standards in total across them. The standards set out what should be in place for strong, outcomes-focused, integrated commissioning to take place.

Commissioners self assessed how well they thought the standard was met, on a scale from 'do well' to 'could do better', in some cases providing multiple examples/responses against the same standard (see appendix 2 for full list of standards).

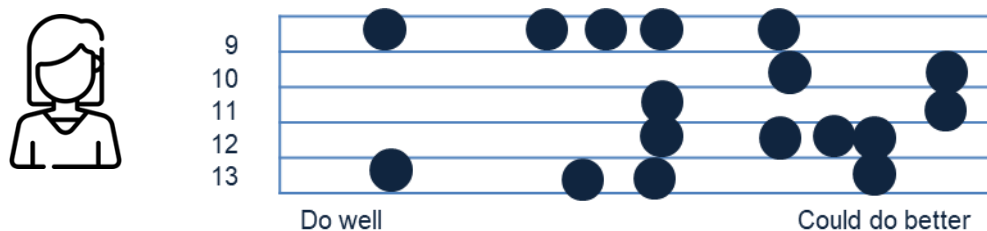
Where multiple standards were identified as 'could do better', these formed the basis of identifying where (joint) actions were needed.

● each dot represents an example/response

Domain 1: Strong relationships and foundations

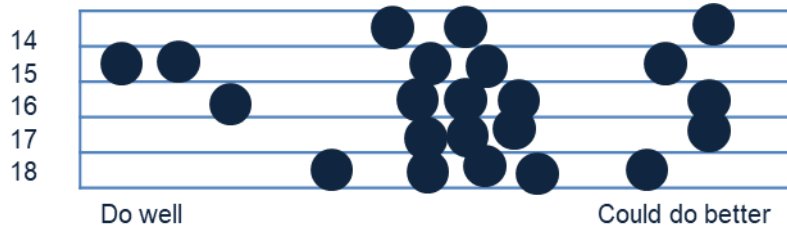


Domain 2: Person centred, placed based, outcomes focussed approach

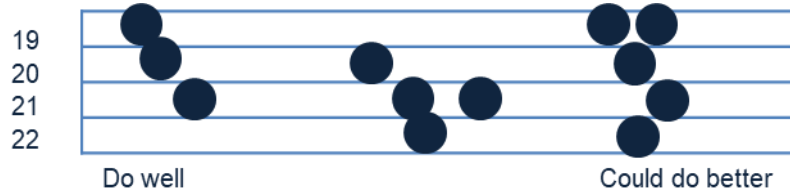


¹ <https://www.local.gov.uk/icbo>

Domain 3: Provision shaped to support people, places and populations



Domain 4: Continually raising the ambition



What joint actions are needed to improve outcomes locally?

The self-assessment clearly identified domain 1 as having the most areas for improvement. Research shows that where integrated commissioning works well, much effort has gone into building strong foundations, and then maintaining those foundations so they stand the test of time. Those foundations include:



- relationships based on trust;
- a shared vision, values and priorities;
- strong collective leadership and governance.

Our action plan for improvement will therefore specifically focus on this in the first 12 months.

To build strong foundations, we plan to:

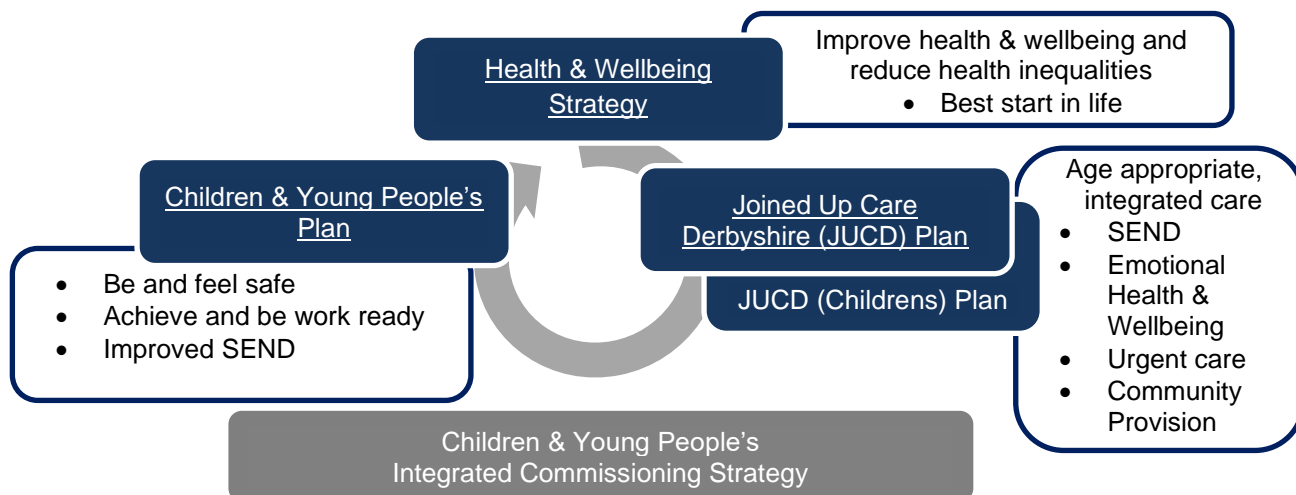
- Establish shared values & behaviours;
- Determine visible governance and linkages of strategies & plans;
- Agree Commissioning Priorities & Principles linked to Joined Up Care Derbyshire (Childrens) Plan, and Children and Young People's Plan;
- Establish shared priorities based on Joint Strategic Needs Assessment (JSNA);
- Establish a plan for integrated commissioning of care;
- Develop a SEND Joint Commissioning Strategy;
- Own a shared delivery plan;
- Clarify joint decision making & problem-solving mechanisms;
- Improve shared health and care data;
- Embed governance enabling delivery of action plans;
- Undertake regular self-assessment and reflect on our progress.

How do we commission in Derby?

Our Vision, Strategies & Plans



The partnership priorities in the plans outlined below were based on Needs Analysis from stable times. It is acknowledged that these will change based on current healthcare factors. However, the links remain in place.



Health & Wellbeing Strategy <https://www.derby.gov.uk/health-and-social-care/public-health/hwb/>

Children & Young People's Plan <https://www.derby.gov.uk/council-and-democracy/councillors-democracy-elections/policies-and-plans/partnership-working/>

Joined Up Care Derbyshire Plan <https://joinedupcarederbyshire.co.uk/about/our-plans>



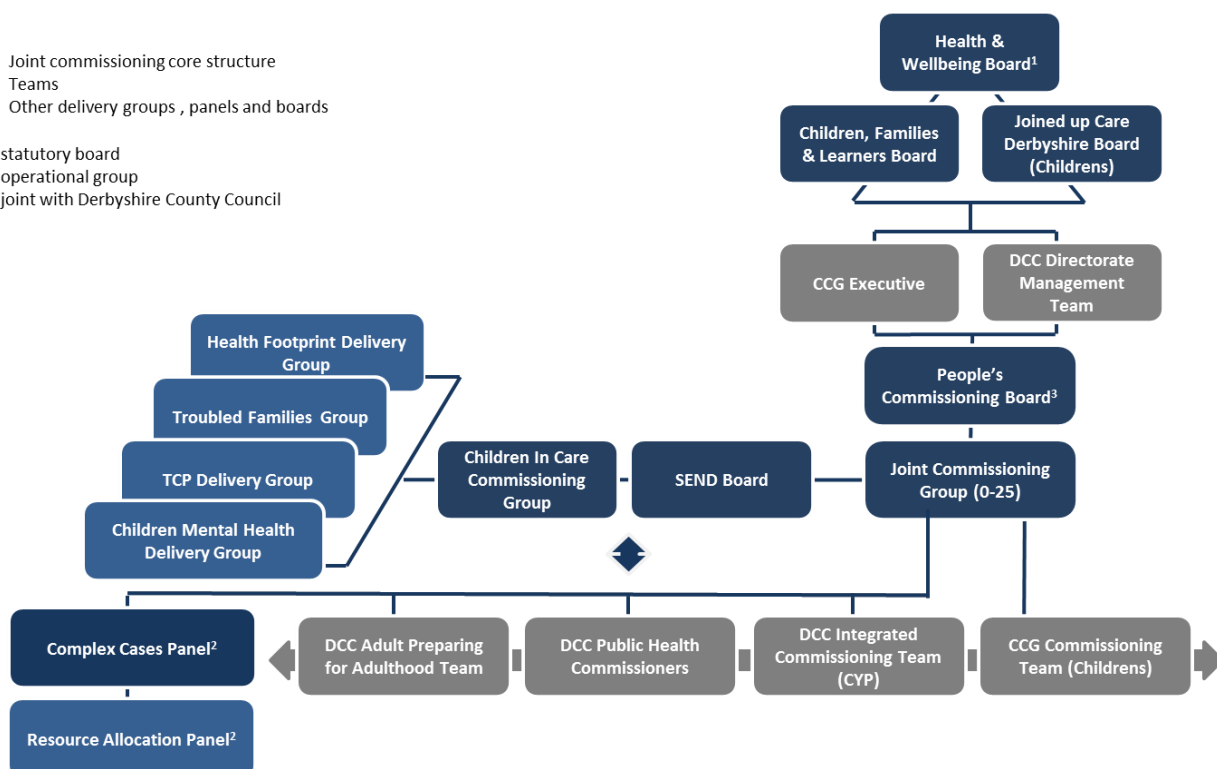
Governance arrangements

- Joint commissioning core structure
- Teams
- Other delivery groups, panels and boards

¹ statutory board

² operational group

³ joint with Derbyshire County Council





Joint Commissioning Priorities and Principles

Priorities

- Increase local sufficiency and joined up working, enabling children & young people to remain in their communities;
- Commission based on population needs, and use of JSNA;
- Minimising any long-term impact of the health care concerns due to Covid 19;
- Build strong foundations between organisations to enable effective joint commissioning;
- Ensure value for money, efficient & effective services.

Principles

- Person centred rather than service centred, commissioning for outcomes;
- Sustainable outcomes supporting increased independence and reducing demand for specialist services through greater prevention and self-help/self-management;
- Maximising effectiveness and efficiency through collaboration and joint commissioning;
- Delivery of social value;
- Commissioning approaches for smaller organisations;
- Listening to and responding to the Voice of the Child and family/carers;
- Consideration of digital offer in service delivery reviews and any new commissioning;
- Resources targeted on need;
- Commissioning approaches based on Strengths/Assets, and Pathways;
- Graduated response across the system, for all commissioned services;
- Risk & benefits sharing approaches.



About our Population² and Engagement

- 257,000 total population of Derby
- 60,000 <18 years old
- 55th of 326 authorities re deprivation
- 90% Satisfaction with Derby as a place to live
- £28,650 Average earnings of residents
- £54,700 Gross Value Added per worker
- Younger, more diverse and more deprived than England average
- 43,000 CYP supported to learn
- c 550 looked after children



Engagement through: Voices In Action³, Children In Care Council⁴, Youth Mayor, CYP Participation network, Parent/carer forums, Provider forums/feedback, Formal & informal feedback/consultation, Social media platforms

² www.derby.gov.uk/health-and-social-care/joint-strategic-needs-assessment/

³ <https://www.derby.gov.uk/council-and-democracy/your-voice-children-young-people/>

⁴ <https://www.derby.gov.uk/health-and-social-care/children-and-family-care/children-in-care/children-in-care-council/>

Appendix 1:

Integrated Commissioning for Better Outcomes - A Commissioning Framework

Local Government Association, April 2018 REF 25.70 <https://www.local.gov.uk/icbo>

Summary of 4 Domains and 22 Standards:

Domain 1: Building the foundations

1. Strong relationships between local government and NHS commissioners and with key stakeholders in place and:
 - put the person at the centre
 - are based on mutual respect and shared values
 - where legally permissible, look past organisational boundaries to make the best use of the public pound.
2. Strong and shared leadership in place with a transparent and agreed process by which local leaders hold each other to account, and account to their populations.
 - There is sufficient commissioning capacity and capability in place for the commissioning workforce to do their jobs well.
3. There is a shared vision of how integrated care and better outcomes will be commissioned and delivered.
4. Agreement on shared priorities and commitments, based on the local JSNA, which are explicitly set out in a published strategic plan, such as the Health and Wellbeing Strategy, or the Better Care Fund Strategy.
5. Clear agreement set out in a published Delivery Plan on what statutory partners, including provider partners in Integrated Care Systems (ICSs), are specifically going to deliver to improve outcomes for individuals and the wider population
6. Robust governance arrangements for the delivery of the shared vision and agreed outcomes, covering:
 - risk sharing
 - making binding decisions
 - resolving conflicting organisational priorities
 - a joint financial plan
 - pooled budgets (where relevant)
 - agreed and clearly understood metrics.
7. Regular independent testing of the impact of integrated commissioning for individuals and the population.
8. Building blocks for integration. Commissioners work together to enable the 'building blocks' of integration such as:
 - easily accessible population-level data
 - a common health and care record
 - a shared approach to population risk stratification
 - common care "pathways."

Domain 2: Taking a person-centred, place based and outcomes focused approach

9. People are at the heart of commissioning. Integrated commissioning activities aim to improve outcomes for:
 - individual citizens
 - local communities
 - whole populations

10. A 'place based' approach. Integrated commissioning has a rich picture of local needs and the assets in the community which is aligned with statutory services to meet those needs.
11. Building active partnerships with people and communities that engage and empower communities and are:

- asset based
- co-produced
- making use of social capital
- inclusive and equitable
- empowering.

12. Joint commissioning is demonstrating the application of nationally agreed principles and behaviours.

Engaging and Empowering Communities: a shared commitment and call to action was agreed by all the major national bodies in care and health. It states that commissioning should be:

- asset based
- co-produced
- making use of social capital
- inclusive and equitable
- empowering.

13. A strong focus on outcomes for people, for communities, and for the wider population.

Domain 3: Shaping provision to support people, places and populations

14. Commissioners are working together and with people and providers to shape provision to improve outcomes

- There is detailed understanding ('intelligence') of the demand and supply of services to meet needs within the 'place.'
- There is a plan for shaping the market to meet needs by attracting and retaining providers ('influence').
- There is oversight of local supply and demand and risks have been identified.
- Commissioners use the intelligence about availability and quality of services from frontline staff and people who use services to shape service provision.
- Opportunities for new developments have been identified
- There is strong intelligence about threats to the sustainability of services
- There is a shared understanding of those risks and threats, with agreed mitigating actions
- Commissioners have a shared understanding and evidence that services are purchased at prices that deliver quality and value.

15. Strong commissioning/provider relationships

- Commissioning is based on strong relationships with current and possible future providers, with a plan for developing relationships in line with delivery of the strategic commissioning intentions.
- Commissioners have good relationships with front line staff and thus know about the availability and quality of care services.

16. Advice and information

- The council meets its duties (S4 Care Act) to ensure the availability of information and advice for all people, including financial advice, housing options etc.
- Commissioners are actively using data about personal choices and act in response to how those choices shape the market.

17. There is sufficient supply of a skilled workforce across health and social care to deliver commissioning intentions.
18. There is strategic leadership in place which actively supports and enables the effective shaping of provision.

Domain 4: Continuously raising the ambition

19. An evidence-based approach.
 - Partners use the best evidence available in everything they do.
20. Appropriate risk-taking and risk sharing.
 - Where there is limited evidence, partners are proactive and brave in taking appropriate risks to drive improvements.
21. Innovation and learning.
 - Innovation and continuous improvement are supported by an embedded learning culture.
22. Awareness and focus.
 - Partners look ahead for early signs of coming change in local government, the NHS and wider society, and balance adaption to such change with a continued focus on local priorities.

We can give you this information in any other way, style or language that will help you access it. Please contact us on: 01332 64XXXX
Minicom: 01332 640666

Polish

01332 64XXXX

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku.

Prosimy o kontakt:

Tel. tekstowy: 01332 640666

01332 64XXXX
Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ ਮਿਨੀਕਮ 01332 640666 ਤੇ ਸੰਪਰਕ ਕਰੋ।

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Slovakian

Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Skontaktujte nás prosím na tel. 01332 64XXXX Minicom 01332 640666

Urdu

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم منی کام 01332 640666 پر ہم سے رابطہ کریں۔



Derby City Council