

**Department of Health
Commissioning Framework for
Health and Wellbeing**

Integrated Living Network Briefing
Prepared by

Sarah Mtango, Northern Housing Consortium

May 2007



Summary

The Commissioning Framework for Health and Well-being and accompanying fact sheets were published by the Department of Health on 6th March 2007. The framework is the action plan for the White Paper 'Our Health, Our Care, Our Say' and is part of a suite of reforms which aim to move policy away from a target driven centralist approach towards a less prescriptive policy and encouragement of local solutions. The framework is for commissioners of health and social care services and local government in its broadest sense. It is also of interest to those working in LSP's, the private sector and third sector providers as it signals a commitment to greater choice and innovation, delivered through new business relationships and partnerships.

The framework is designed to enable commissioners to achieve:-

- A shift towards commissioning for quality outcomes, and providing services that are personal, sensitive to individual need and that proactively maintain independence and dignity
- A strategic orientation towards promoting health and wellbeing, investing in prevention to reduce future ill health costs
- Partnerships across health and local government, with everyone working together to commission services and interventions that will achieve better health, promote inclusion and tackle health inequalities.

The framework identifies eight steps to more effective commissioning:

1. Putting people at the centre – quality and control, access to information and advice
2. Understanding the needs of populations and individuals – joint strategic needs assessments by local authorities, Primary Care Trust's (PCT's) and practice based commissioners
3. Sharing and using information more effectively – clarifying what can be shared and joining up Information Technology (IT) systems
4. Assuring high quality providers for all services – focus on outcomes, innovation and wider range of providers
5. Recognising the interdependence between work, health and well-being
6. Developing incentives for commissioning for health and well-being – LAA's, pooled budgets, direct payments and practice based commissioning
7. Making it happen – local accountability – DH and Department of Communities and Local Government (CLG) will develop a single health and social care vision and outcomes framework
8. Making it happen – capability and leadership

The framework marks a positive step forward in bringing together the health and social care sectors; however there is little specific reference to the role of housing and/or housing related care or support with the exception of the dataset for the proposed Joint Strategic Needs Assessment (see below) which includes housing tenure. We would encourage members to respond to this section particularly in connection with future commissioning of capital and revenue programmes for services for older people and vulnerable adults. We would also encourage responses based around the contribution of housing and housing related support services to improving health, wellbeing and quality of life, and the wealth of innovation which will enable us to raise the profile of housing and its contribution.

Introduction

Health reform and investment has changed the NHS, yet health inequalities remain. The health service currently commissions for price and volume rather than quality and outcomes and due to limited diversity of providers there is still too much care in institutional settings. With the focus on treating illness rather than preventing it, individual choices remain limited. The following issues were highlighted in the framework as key elements of the vision for the future. Almost all the characteristics of the new system already exist but not altogether in one place:

- Promotion of health, well-being and independence
- Enabling people to do things for themselves
- Promoting equality
- Quality, efficiency and value including health and well-being value
- Using real time data to identify inequalities
- Prevention, early intervention and support for self care
- Wider range of providers, innovation and personalisation
- Improved transition between services
- Commissioning at practice and individual level as well as local authority and PCT
- Shared strategic needs assessment
- Payments linked to work done and outcomes
- Focus on outcomes and outputs
- Improving commissioning capability
- Improving quality and choice
- Engagement with individual and local communities

The framework outlines eight steps to commissioning which it sees as fundamental to reform:

1. Putting people at the centre of commissioning

The health links to the community tend to be less systematic than local authority links. The challenge to commissioners is how to listen, learn and respond to local views and to give greater choice and control. This can be achieved by:

- Offering greater choice over services and treatments and help to self care. In Spring 2007 DH will be publishing a set of proposals about how this can be achieved
- Access to good information and advice about local services
- Use of local health profiles and relevant data to compare health and well-being with other areas
- Encouraging people to use the HealthSpace facility www.healthspace.nhs.uk to view their personal care record and obtain health information
- Implementing the lessons from direct payments and individual budgets pilots
- Using practice based commissioning so that teams work with patients, families and carers to design care packages and for G.P's to work with social care and individuals to decide how health and social care resources are deployed
- Redesigning local services e.g. co-locating relevant services
- Commissioning more easily accessible services and extending self care through, community pharmacists, dentists, care workers etc.; local information, voluntary and community groups and promotion campaigns

- Identifying and supporting the needs of carers
- Empowering individuals to influence services by developing mechanisms for involvement, ensuring there are effective advocacy services and complaints procedures in place, and informing people about their rights to challenge poor service

The DH has identified that part of the solution is to build on the work that local authorities and children's trust arrangements have made.

Our view is that the housing sector has already developed many mechanisms for placing service users at the centre of commissioning and delivery. E.g. Supporting People very much operates according to these principles and a number of innovative methods of involvement are being used. Similarly there are a wealth of initiatives and experience within the housing sector of effective involvement strategies, supporting residents to have a voice and therefore a choice over many aspects of public service, and many of these are supporting vulnerable or isolated communities. Many housing providers have existing community based arrangements which the health sector could link into.

2. Understanding and planning for the needs of individuals and of the local population

Joint strategic needs assessment is happening in some areas, but it is inconsistent. This chapter considers in particular joint needs assessment of self funders, people who already use services and people who may need them in the future.

The aim is to move away from historic service use and investment and old style cost and volume commissioning to strategic needs assessment. Needs assessment should also include individual needs assessment which should inform strategic assessment.

DH will publish guidance on person centred and integrated care planning later this year. The expectation is that by 2008 everyone with long term health and social care needs will have a care plan if they want one and that by 2010 everyone with a long term condition will be offered a personal care plan.

Joint strategic needs assessment is based on joint analysis of current and predicted health and well-being outcomes, what local people want from their services, a view of the future and predicting and anticipating new or unmet need. The proposed new statutory Joint Strategic Needs Assessment should be used to inform planning over a range of timescales and be conducted by upper tier authorities. It will be used to inform the development of Sustainable Communities Strategies.

Examples of what Strategic Needs Assessments should answer about the current situation:

- How many people are over 75?
- Which groups are getting a raw deal, and where do they live?
- What illnesses are people living with that makes their lives difficult?
- Are we spending our money on the right things?

Examples of what they should say in 3-5 years time:

- Has the health of the poorest improved?
- How do we get more people to help older people have better lives?
- How do we create more responsive service providers?

DH are proposing to establish a duty on PCT's and local authorities to produce a Joint Strategic Needs Assessment and are consulting on a proposed minimum dataset and list of stakeholders to be involved. The dataset includes housing tenure, but nothing else on housing and nothing at all about housing and support. Our view is that it is important for housing indicators to be included in any dataset which is used to understand and plan for the needs of local populations. Indicators such as fuel poverty, % of vulnerable people living in non-decent housing, crime and anti-social behaviour hotspots are all relevant. **DH would welcome views on their proposed minimum dataset.** More details are set out in Annex A of the framework.

There are a range of analytical techniques used in other industries such as actuarial forecasting, market segmentation and cost-benefit analysis to refine predictions and identify communities at risk of developing significant health problems. DH are making a variety of analytical tools available to support commissioners in assessing the demand for services and how this can be met. Details are in Annex C.

3. Sharing and using information more effectively

Commissioners can be more effective where they pool relevant information and analysis, this could include identifying information held by other organisations (including providers) that would be useful in commissioning care and information sharing.

There is often a lack of understanding about what information it is permissible to share. People need reassurance that confidentiality will be respected, whilst enabling commissioners to make appropriate use of information within legal and ethical constraints.

Improving information sharing at individual level can be achieved by:

- Clarifying what information can be shared and in what circumstances
- Joining up IT systems of front line practitioners
- Consolidating informatics, analytical skills and capability across public sector partners

Guidance on data sharing has been produced by a number of government departments (details in Annex C of the framework). The NHS Confidentiality Code of Practice explains the differing constraints on data. In the near term commissioners are expected to work with their providers to ensure information is shared. Considerable leadership will be required and DH expects Directors of Public Health to lead this work with Directors of Adult Social Services and Directors of Children's Services and ensure it provides data fit for purpose.

We feel it would be helpful for the DH to involve other departments, particularly CLG in order to develop a common set of principles to underpin local agreements on sharing information.

4. Assuring high quality providers for all services

The vision is for a wider range of innovative providers working with commissioners to offer services better able to meet the changing needs of individuals, shift care closer to home and place a greater emphasis on prevention.

Commissioners may currently find providers unwilling or unable to provide appropriate or innovative services and providers may feel that their scope is restricted by overly prescriptive approaches. A number of recent reports have identified that a key gap in developing the local market is the need for more proactive market shaping by commissioners and central government. Another crucial factor is the involvement of service users in assessing need and designing services.

Commissioners are more likely to secure cost-effective quality provision if they:

- Develop better market intelligence and understanding of the role of providers, including third sector and user led organisations and how to commission services from them
- Commission for outcomes and outputs, judging success by tangible benefits achieved by service users
- Involving current and potential providers in needs assessment and in how to address need, including making the Joint Strategic Needs Assessment available to providers
- Adopt procurement practices that are fair and open
- Adopt appropriate and proportionate contractual mechanisms
- Systematically review the range of providers and determine how to incentivise them to improve or change their services
- Encourage a strong provider market and encourage new providers

We welcome this chapter as see it as an opportunity for the third sector and in particular for housing related support services such as those supporting people to live independently, preventative services such as Telecare, and services supporting people with mental health issues, long term conditions etc.

5. Recognising the interdependence between health, work and well-being

Health work and well-being – Caring for our future (see Annex C of the framework) sets out a clear vision for improving the health and well-being of people in employment. Commissioners have a key role to play in helping to deliver that vision. As well as offering guidance on how health and social care organisations can have a positive impact on people in their own employment the section outlines the role of commissioners to work with local Strategic Partnerships to:

- Incentivise providers to increase the health and wellbeing of their workforce and monitor levels of sickness absence
- Encourage all local employers to use the workplace for health improvement
- Ensure that health and well being are taken into account as part of economic development decision making
- Encourage community groups to get involved in health promotion

This section does not make reference to the role of the housing sector in supporting enterprise and employment as a major employer and supporter of social enterprise in deprived communities. The role of the Supporting People programme is also not mentioned despite its significant contribution in helping vulnerable people to maintain stable housing, a factor which significantly contributes to opportunities to gain employment.

6. Developing incentives for commissioning for health and well-being

This chapter focuses on financial and contractual incentives. The aim is to deliver better integrated services based on individuals needs and to do this by:

- Enabling people to tailor their own care
- Spending NHS funds on non health interventions and self care
- Personalised health and social care plans
- Multi disciplinary teams across health and social care

This chapter encourages practice based commissioners to use NHS funding for more innovative and preventative services. Examples are wide ranging and include respite care, crisis avoidance and intervention, provision of Citizens Advice or similar advocacy type services and social and practical support for isolated older people. The legal position on the use of NHS funds is set out in more detail in Annex C.

Our view is that the range of innovative and preventative services is much wider and includes much that the housing and housing support world is engaged in e.g. Partnerships for Older Peoples Projects (POPP's), Link Age +, telecare and telemedicine, extra care housing, home improvement agencies, befriending services, tackling fear of crime initiatives, aids and adaptations etc.

7. Making it happen – local accountability

Appropriate channels of accountability consistent with those in the Local Government White Paper will be developed to hold each public body to account for its individual commissioning responsibilities and for those it delivers in partnership. The framework identifies that different business planning cycles and performance criteria can frustrate joint working.

Holding local commissioners to account will include:

- Empowering individuals – complaints procedures, petitions and other mechanisms
- New methods of engagement and involvement
- Joint Strategic Needs Assessments
- Requiring PCT's to publish prospectuses
- Business plans of practice based commissioners showing how they will contribute to the Prospectus and Local Area Agreement
- Local Area Agreements taking account of the Joint Strategic Needs Assessment and PCT prospectus

- Legal framework for Local Strategic Partnerships to ensure local engagement in Sustainable Communities Strategies and targets in Local Area Agreements
- Consistency between Sustainable Communities Strategies and the Joint Strategic Needs Assessment
- Thematic partnerships to inform Local Strategic Partnerships
- Establishing the new independent health and social care regulator (details in Annex C)
- A new performance framework based on local priorities and outcomes
- A single performance framework for local authorities
- Overview and Scrutiny Committees
- Co-operation on capital spend

8. Making it happen – capability and leadership

Building organisational capability and skills will be a key challenge for commissioning organisations. For PCT's there is the Fitness for Purpose Programme and for social care the Commission for Social Care Inspection's report *The State of Social Care 2005/06* sets out how local authorities have met the challenge of strategic commissioning.

This chapter goes on to set out detailed steps for PCT's, practice based commissioners and commissioners of social care.

Annexes

Annexe A provides details of Joint Strategic Needs Assessment

Annex B provides information on investing in prevention

Annex C provides tools and resources to support commissioning

Annex D outlines high impact changes to reduce health inequalities

Annex E is a summary of the consultation questions

Conclusion

Our experience is that the housing sector is very keen to engage more with health and social care, and be part of the integrated commissioning and delivery processes outlined. The framework does mark a positive step forward, and the sector welcomes this policy shift towards prevention and encouragement of local solutions. However, it is disappointing to note the limited references made to housing and housing related support, especially given their importance in preventing ill health and in promoting well-being and this is seen as a missed opportunity. The framework very much reflects the principles by which the Supporting People programme operates, and reflects much of the policy and practice development the housing sector has experienced in the last 10 years. As such we have an important role to play in the development and delivery of the DH vision.

The consultation period closes on **28th May 2007**. We urge members to view the full document and contribute to the consultation at www.commissioning.csip.org.uk.

The NHC Annual Supporting People Conference will feature sessions on the Commissioning Framework and the role which housing support can play in supporting other government agendas, including health and social care. The conference will be held on 13-14th September 2007 at the Royal York Hotel, York.

For booking information see <http://www.northern-consortium.org.uk/page/Events/>

The **Integrated Living Network** aims to support the housing sector to work in effective partnership with health and social care, by providing a range of services including policy analysis, briefing papers, toolkits, conferences, networking opportunities and procurement solutions delivered through four key themes:-

- Reshaping service delivery
- Preventative services
- Measuring outcomes
- Resources

We would appreciate feedback on the Integrated Living Network services, solutions or tools which will enable you to best deliver and meet your business objectives in light of the Commissioning Framework for Health and Well-being. To send feedback or contribute to the Integrated Living Network consultation please contact sarah.mtango@northern-consortium.org.uk

If you would like further to receive further briefings from the Integrated Living Network and/or information on our national/regional events and associated learning tools and resources, please email us at enquiries@integratedlivingnetwork.org.uk or write to Integrated Living Network c/o NHC, Webster's Ropery, Ropery Road, Deptford Terrace, Sunderland, Tyne and Wear, SR4 6DJ.