

Routes to Commissioning

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Sustain



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Aim of presentation

- Background on clinical and public health commissioning
- Understand the current situation and opportunities
- Ideas/ top tips for engaging with NHS and Public Health commissioners

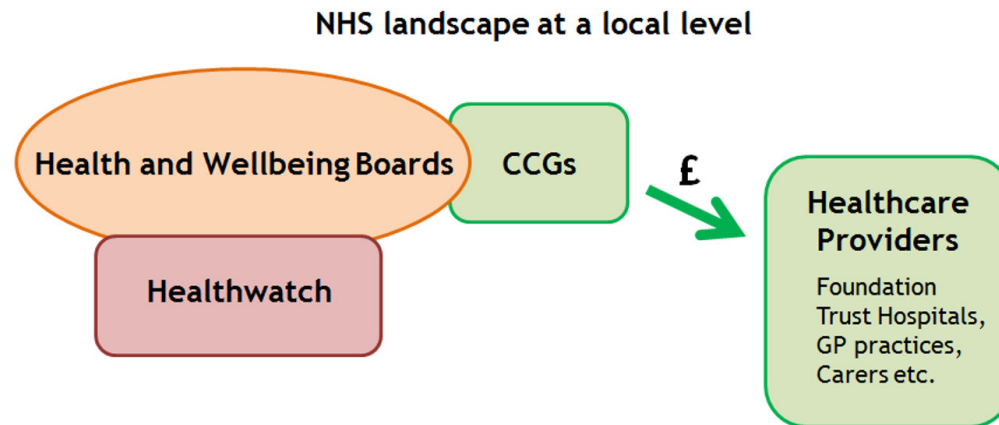


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Changes to the NHS 2012

- Move to Commissioner and Provider model for all 'NHS' services.
- 'NHS' moves to be more of a brand – but sharing same legal principles and contractual connections.
- Creation of CCG's to commission 'most' local health services.

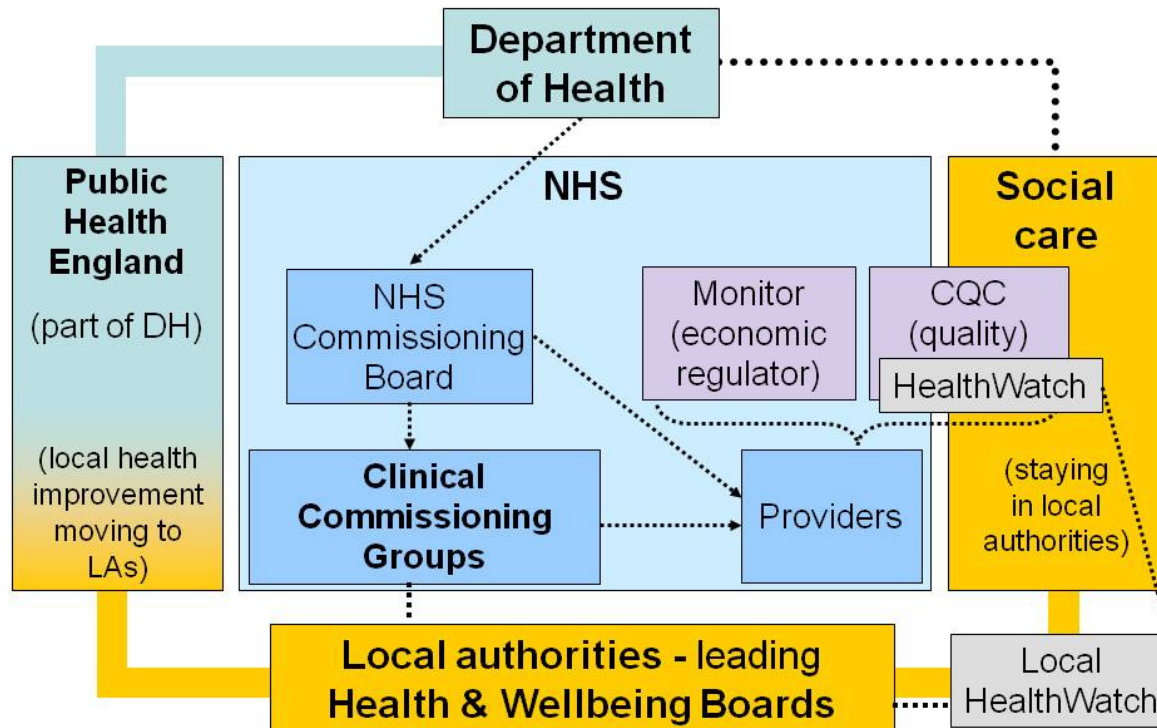


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Health and Social Care Act (2012)

New health social care & public health system



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What's new?

- **Clinical commissioning groups (CCGs) - replaced the primary care trusts (PCTs) and control around two-thirds of the NHS budget.**
- The CCG boards (made up of GPs, other health professionals and lay members) are responsible for making decisions on priorities for commissioning local health services.
- **Local Authorities - Commissioning For Public Health and responsible for providing some public health services**
- **Health and wellbeing boards – bring together NHS and local authority decision making and responsible for**
- Joint Health & Wellbeing Strategy - forms the basis of the commissioning plans
- Joint Strategic Needs Assessment (JSNA) - an ongoing process by which set out needs of population and priorities

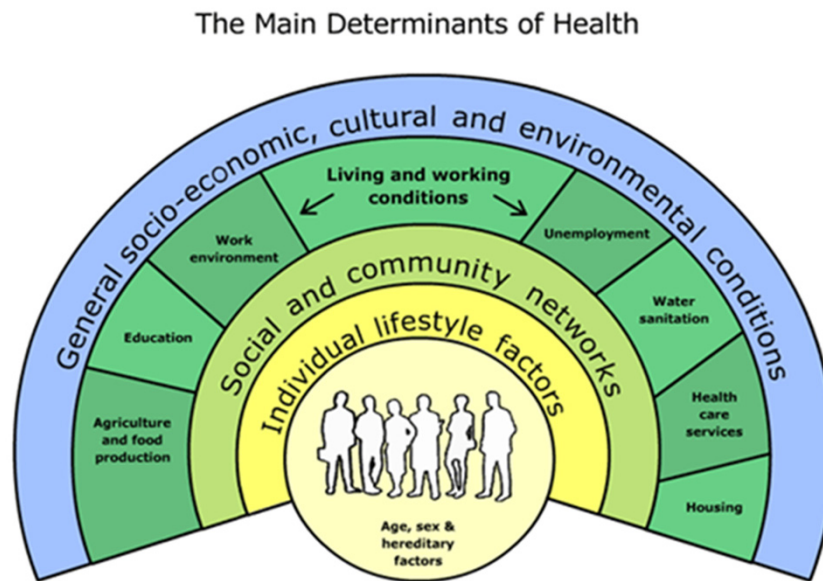


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What is public health?

‘The science and art of improving the population’s health through the organised efforts of society’



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The vision for local government leadership of public health

Building on local government's long and proud history of public health leadership, our vision is for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically

*DH Guidance on Public Health in Local Government
(Dec 2011 p3)*



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Drivers for change

- Value for money, targets and efficiency
- Quality assurances
- Good solutions to complex problems
- Shift decision making close to patients

The reality

- Still evolving - Sceptics/ conflict of interest
- Personal relationships
- Public Health still more relevant (but less £!)
- Off the shelf models still prioritised for Clinical approaches



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Commissioning Processes

- Data creates a picture of community needs and assents (JSNA)
 - Feed in evidence/ get the community involved
- Identify priorities (JHWSs)
 - Feed in evidence/ get the community involved
 - Influence members
- Develop Commissioning plans
 - Offer innovative services/ support redesign
 - Review/ scrutinise how will they meet needs
- Review
- Use as baseline to prepare evidence for new JSNA



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Local Authority process

1. **Making the case** (*Internal competition vs added value/links with other departments*)
2. **Developing a specification** (*Budget, outputs and outcomes, timescales, evaluation of delivery and impact*)
3. **Tender process** (*Structures and bureaucracy, Financial constraints*)
4. **Review and evaluation**



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Why does the NHS and PH work with voluntary and community sector?

- Already doing it!
- VSC receives £3.4 billion from NHS (Kings Fund)
- We are effective because:
 - Expertise: by working with geographic or thematic communities
 - Value driven: the ultimate goal is to meet the needs of its beneficiaries, so it will often deliver added value.
 - Innovation: identify problems and experiment with solutions
 - Prevention: excel in early intervention, prevention & holistic services
 - Contact with underrepresented groups



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Success Stories

- **Strong Partnerships with voluntary sector in areas**
- **Prevalence in some disciplines**
 - O.T., Social & Therapeutic Horticulture
 - Public Health – food environments, healthy eating, mental health
- **Commissioning and/or referral relationships**
 - Healthy Weight, mental health
 - Substance misuse, dementia



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Working with CCGs & commissioners



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Plan your approach:

Are you ready?

- Are you ready to be commissioned, receive referrals?
- Do you have evidence and a product?
- Do you know about the priorities?
- Develop a pitch
- Summarise your points on 1 side of A4 / develop a product sheet
- www.naturalhealthservice.org.uk/naturalhealthservice_productsheets.pdf

Who do you want to contact?

- Commissioners – CCG or Public Health
- Voluntary Sector umbrella group
- Partners



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Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy
Taking account of the health quality as well as the length of life
(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities
Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)

DOMAINS

DOMAIN 1:

Improving the wider determinants of health

Objective:
Improvements against wider factors that affect health and wellbeing, and health inequalities

Indicators }
Indicators } Across
Indicators } the life
course

DOMAIN 2:

Health improvement

Objective:
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators }
Indicators } Across
Indicators } the life
course

DOMAIN 3:

Health protection

Objective:
The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators }
Indicators } Across
Indicators } the life
course

DOMAIN 4:

Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators }
Indicators } Across
Indicators } the life
course

Build relationships:

- Assume commissioners know very little about this area
 - Commissioners: www.navca.org.uk/localvs/lcp/briefings/
 - Use existing contacts in the health sector
 - Invite people to events, site tours etc.
-
- Partnerships can be effective
 - Smaller organisations becoming sub-contractors to large ones
 - Consortium that can deliver larger contracts
 - Think about coverage - geographical and approaches



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What your CCGs should be doing?

Required to demonstrate that they have mechanisms in place to work with voluntary-sector groups

- **The Public Services (Social Value) Act January 2013.**
- Requirement on commissioners) to consider the economic, environmental and social benefits
- **Healthy people, healthy places briefing.**
- Obesity and the environment: increasing physical activity and active travel
Public Health England Nov 2013
- **Sustainable, Resilient, Healthy People & Places**
- A Sustainable Development Strategy for the NHS, Public Health and Social Care system



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What your CCG could be doing?

- **Co production & Innovation**
- Building Health Partnerships, Social Prescribing
- **Grant/developmental/pilot funding**
 - by commissioners in order to allow innovative solutions to develop
 - CCGs have the power to give grants to voluntary sector organisations (section 14Z6(1) Health and Social Care Act 2006 (as amended)).
- **Working with support organisations (e.g. CVS)**
 - acting as a broker between commissioners and voluntary sector providers



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Top Tips for getting commissioning

Do your homework

- Familiarise yourself with the JSNA/ local priorities?
- What are current issues, local statistics, and current services.

Get prepared

- Position yourself – where do you think your activities fit?
- What evidence do you have of improving outcomes on the issues they care about?
- Can you show social value and value for money?
- Get the numbers right, but also use qualitative evidence.



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Top Tips for contacting commissioners

Create a communication channel

- Use their language
- Who else is engaging with CCG? Can you coordinate or ask them?
- Patient or community consultation meetings
- Are you prepared to cold call?
- GP practice managers, trainee GPs, cluster meetings
- Know what the good practice (the could) is in other areas
- Keep an eye on the CCG website, follow them on twitter
- Don't be afraid to 'pitch an idea' to a commissioner
- Be prepared to have to work at it!



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OH, DON'T WORRY ABOUT
THAT — IT'S NOT AN EYETEST,
JUST A LIST OF THE NEW
HEALTH SERVICE BODIES... NOW, YOUR
BLOOD PRESSURE...

C
C G
N T D A
C S U H W B
C S S B S B V T S A
U P R L E T B P H E O M G



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