

Joint Commissioning Progress Report

'The first 6 months'

Jon Tomlinson
Director of Joint Commissioning

Presentation to NHS Birmingham East and North
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Areas to cover



- Working towards 1 April 2010
- Baseline position 1 April 2010
- Our ambition for citizens with a learning disability or mental health problem and their families
- People, money, information and activity
- Key priorities moving on

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Working Towards 1 April 2010



- Small Implementation Team set up to work towards sign off of section 75
- Section 75 agreement developed and signed off
- Co-located teams - CIBA
- Contract / Provider intelligence sharing
- Wider communications & awareness raising (road shows)

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Baseline Position 1 April 2010



- Mental Health Team almost fully populated (including a number of temp posts)
- Learning Disability Commissioners appointing subject to transformation process
- Budgets transferred to Pool based on best projections
- Some performance data regularly gathered & interrogated
- Detailed contract negotiations underway to manage LD spending pressures

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Baseline Position 1 April 2010



- Contract variations issued for MH contract with BSMHFT
- New Joint Strategy required for Mental Health
- Refreshed Joint Strategy required for LD
- Specific JSNA's required for both LD & MH

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Our ambition for citizens with a learning disability / mental health problem & their families



“To Provide the best choice of high quality services within the resources available”

World Class Commissioning

‘Adding life to years and years to life’

Jon Tomlinson – Director of Joint Commissioning



Our ambition for citizens with a learning disability / mental health problem & their families



Better health & wellbeing for all, better care for all and better value for all.

Strong local working – Clinicians, PCTs, citizens, the local authority and providers need to develop open and innovative partnerships to deliver best possible health and care services for local communities.

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Our ambition for citizens with a learning disability / mental health problem & their families



To become World Class we will need:

- An evidence based approach
- Advanced knowledge management
- Analytical and forecasting skills
- An ability to listen and communicate with our local community
- A clear understanding of current and future needs
- Outstanding negotiating, contracting financial and performance management skills to shape local services and ensure continuous improvement in quality, safety and choice.

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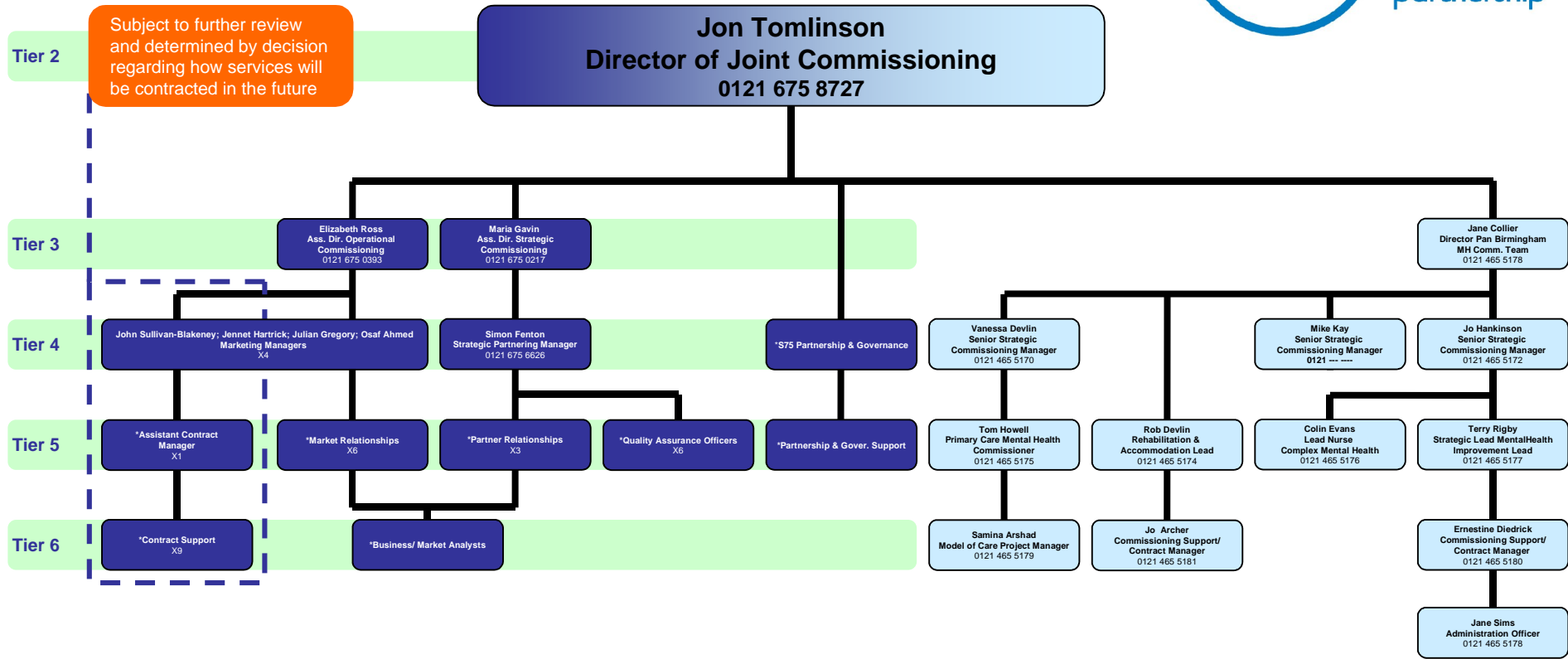
People



- The attached structure highlights progress in recruiting staff
- The main highlights are that the Senior Management Team is in place
- A Commissioner with a Social Care background has joined the Mental Health Team
- The transformed structure for commissioning in Birmingham City Council is taking shape. This will see people both join and leave the team.
- Clinical input (PT) is in place to support Continuing Health Care (CHC) and contract negotiations
- SLA's are being developed to ensure proper support with business functions is available

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Joint Commissioning Team Structure with job roles and contact details



Note
*Denotes that the post holder is yet to be confirmed

■ Learning Disabilities/ Other
■ Mental Health

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Money Pressures



- Budget pressures and projected reductions remain the most significant risk for the board to consider. Continuing health care is the main pressure currently.
- Panels are in place to consider both CHC and joint solutions for LD and MH service users.
- Budget management support is provided via the host organisations.
- Resource allocation for the future is the subject of a report to the City Council's cabinet next week.
- There is significant contracting/commissioning dialogue taking place at the moment as part of Market Management and to ensure value for money.

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Information



- Data capture has been improving as the performance data set has developed.
- The SLA will further improve the product provided to the JCT.
- The JSNA for LD is at an advanced stage but requires further work. The JSNA for MH is still currently being developed.
- Additional resource has been put into the information/ market intelligence function.

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Activity



- Business as usual around contract management and service redesign has been on-going since 1 April 2010.
- Significant market management activity has been undertaken including the application of the Care Funding Calculator (CFC) in LD for residential care.
- Strategic partnering discussions have been undertaken to reduce costs, provide more competition and develop markets in areas such as Personal Assistants.
- Provider leadership has been delivered through on-going forums and a conference held in September when over 400 providers turned up to hear about the future direction of travel and budget pressures.
- Consultation around the two Joint Strategies has been significant and is on-going.

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Activity



- The Total Place pilots have been slow getting underway but are scheduled to move forward over the next 3 month period.
- Another batch of high cost packages have been identified in LD (CHC are being considered) to review.
- New framework agreements for domiciliary care and residential & nursing and nursing care have been developed with partners.
- A transition plan to further integrate and deliver the work programme has been established.

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Activity



- Identified the 5 big areas of redesign with BSMHFT and started the work. The areas are:
 - Primary Care/Psychological Therapies
 - The Acute Care Pathway
 - Non Acute Inpatient Services
 - Community Mental Health Team Redesign
 - Older Adult Services
- Place of Safety (POS) – As of September, Section 136 Place of Safety is now fully operational and delivered by BSMHFT.
- MH Delayed Discharge – Team members now play a key role in the City Wide Strategic Commissioners DTOC meetings.

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Key Priorities for the next 6 months



- Finalise the Joint Strategies with associated costing plans.
- Deliver the transition plan.
- Complete recruitment to the team and proposed integration.
- Develop further commercial and contracting expertise within the team (in conjunction with PWC) and review within the current structure the two main contracts for delivery of LD / MH services.
- Deliver identified savings and put in place arrangements for further savings in 2011/12.

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