Commissioning framework for health and well-being

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Carrie Morgan
Care Services Improvement Partnership
Overview

• Defining Commissioning
• Is commissioning important?
• Who commissions?
• Why a commissioning framework?
• 8 steps to effective commissioning
• Key issues and opportunities for providers
Commissioning is:

The means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population into services which:

• deliver the best outcomes
• provide the best health & social care
• achieve this within best use of available resources
Policy direction

- Modernising public services
- Commissioning a patient-led NHS
- Our health, our care, our say – 2006
- Every child matters – 2003
- The life chances of disabled people-2005
- Commissioning framework for health and well-being – March 2007
- Strong & prosperous communities -2007
- Person centred care and individual choice
- Citizenship
3 levels of commissioning

- Strategic commissioning
- Locality commissioning
- Practice based commissioning
- Self directed care and direct payments
Where are we now?

- Commissioning for volume and price not quality and outcomes
- Too much care in institutional settings
- Health inequalities remain
- Focus on treating illness and problems—not prevention
- Limited diversity of providers
- Individual choices still limited, local voices sometimes unheard
“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”
The Commissioning Framework for Health and Well-
Aims

1. A shift towards services that are personal, sensitive to the needs of the individual and focused on maintaining independence.

2. A reorientation towards promoting health and well-being, and proactive prevention of ill health.

3. A stronger focus on commissioning for outcomes, across health and local government, working together to reduce health inequalities & promote equality.
Eight steps to more effective commissioning

1. Putting people at the centre of commissioning
2. Understanding the needs of populations and individuals
3. Sharing and using information more effectively
4. Assuring high quality providers for all services
Eight steps to more effective commissioning

5. Recognising the interdependence of work, health and well-being
6. Developing incentives for health and well-being
7. Making it happen: local accountability
8. Making it happen: capability and leadership
Issues for providers

- Commissioned for inputs not outcomes
- New focus on prevention & well-being
- Vision for wider range of providers
- Promotion of third sector & social enterprise
- Market shaping
- Capacity of commissioners
- Person centred care and Direct Payments
Opportunities

• Joint Strategic Needs Analysis
• Encouragement for strong partnerships with providers - providers given space to innovate
• Individualised care
• Direct Payments
• Practice Based commissioning
• Clearer specifications, contract templates
• Transparent and fair procurement
Commissioning framework - next steps

• Consultation 6 March - 29 May 2007
• July 2007 DH will publish
  - summary & analysis of responses
  - implementation plan
• Continuous engagement with stakeholders through seminars, workshops, web forums, virtual groups etc.
• information
  www.commissioning.csip.org.uk
Implementing the Commissioning Framework for Health and Well-being