World Class Commissioning

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Setting the context

A shift in focus towards the role of commissioning
  • Improved understanding of needs and communities
  • Developing choice and control for people
  • Establishing clear and joint priorities & tackling inequalities
  • Procurement no longer sufficient on its own
  • Working with markets for transformational change
  • Focussed on outcomes
  • Ensuring best returns on investment for all

World class commissioning programme
  • Focusing on vision and competence
  • “Adding life to years and years to life”
“Commissioning is at the heart of effective social care .......it is the opportunity to transform people’s lives and we should not allow ourselves to reduce the debate just to structures and processes.........if personalised care is to be made a reality, current ways of commissioning will have to change.”

Dame Denise Platt, Chair, Commission for Social Care Inspection, 2007
Working in Partnership is key

DCSF and DCLG have input on WCC Board

As do Local Govt Assoc and ADASS

Adding life to years and years to life
Working in Partnership is key (2)

- Next Stage Review recognised relationship between health, social care and wider communities is integral to delivery of truly personalised care system

- Ongoing cross-Departmental discussions to develop commissioning and the synergies between health and social care and the wider well-being agenda

- Finding national and local synergies for leadership and governance development

- New Performance Framework has begun to align performance measures to make it easier for health and local government to share priorities through Local Area Agreements

- Public Health role in cross-organisational development of JSNA’s key to engaging communities and setting key priorities
An opportunity for Strategic Commissioners.....

This year local government and partner organisations can demonstrate their Strategic Commissioning capabilities by applying for Beacon Status.
WCC and Putting People First

- Comprehensive understanding of the needs of everyone in the community and their engagement in transparent strategic processes
- Planning in partnership with users and their carers for services to meet agreed outcomes through improved choice and control
- Work with providers and the third sector to develop services that promote independence and well-being
- More intelligent and responsive procurement of strategic services to improve outcomes
- Ensure individual purchasing is as near to the person as possible
- Improving evaluation of service provision as return on investment
WCC and PPF – Next Steps

- Important symmetry between WCC competencies and competencies required in Local Government
- Exploring how WCC might apply to Putting People First
WCC for health services

• Recognising the challenge

• How it has been developed
Health Profile of England 2007

Infant mortality
England, EU countries and selected averages, latest data (2004*), ranked

Rate per 1,000 Live births

Worst
Romania
Bulgaria
Latvia
EU-12 new average
Lithuania
Poland
Slovakia
Hungary
Estonia
Malta
Belgium*
EU average
England
Ireland
Italy*
Denmark*
Austria
Netherlands
EU-15 average
Germany
Greece
Spain
Portugal
France
Czech Republic
Slovenia
Luxembourg
Finland
Sweden
Cyprus

Best

* Denmark, Italy – 2001; Belgium - 1997

Adding life to years and years to life
Mortality – Selected smoking related causes, for 2001

Standardised death rate (SDR) per 100,000 population

Selected EU-15 members

- Ireland
- Germany
- Greece
- Italy
- Luxembourg
- Finland
- Portugal
- Austria
- Spain
- Sweden
- EU-15 average
- UK
- EU-15 (member countries before 2004)

Standardised death rate (SDR) per 100,000 population

0 50 100 150 200 250 300 350

EU weighted averages
EU-15 (member countries before 2004)
United Kingdom

Adding life to years and years to life
Number of people with at least one LTC in England

* The projected figures take into account the ageing of the population but not increases in risk factors such as obesity.
World class commissioning: grounded in localism

Adding life to years and years to life
Vision

- Better health and well being for all
  - People stay healthier for longer – “adding life to years.”
  - People live longer and health inequalities are dramatically reduced – “…and years to life”
- Better care for all
  - Services are of the best clinical quality and evidence based
  - People exercise choice and control over the services that they access so they become more personalised.
- Better value for all
  - Informed investment decisions
  - PCTs work across organisational boundaries to maximise effective care.
Competencies

1. Locally lead the NHS
2. Work with community partners
3. Engage with public and patients
4. Collaborate with clinicians
5. Manage knowledge and assess needs
6. Prioritise investment
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills
10. Manage the local health system
11. Make sound financial investments

Adding life to years and years to life
A commissioner assurance system

Assessment against three domains:

- **Health outcomes and quality**: Measures quality in health care and ability to deliver key health outcomes and services.
- **Competencies**: Measures whether the organisation possesses the competencies associated with world class commissioning.
- **Governance**: Review of board controls and processes, strategy, and long term financial controls.

**NHS Input**
Competencies

Competencies have set baseline, with improvements on up to world class. All PCTs to reach baseline by 2009 on a journey towards world class.
Vital Signs

10-15 Indicators

Determined by:
PCT
PBCs
Local population

e.g. Chronic Heart Disease

Stretch target

Popn ‘x’
NHS Upper Quartile
Best NHS
World Leading

PBCs drive innovation to deliver

Adding life to years and years to life
Incentives and interventions driven by ratings

- PCTs that have improved greatly or reached world class should be recognised. They would also be expected to share their knowledge and experience.
- PCTs that remain below baseline, or have had static performance, should receive intervention to ensure they improve.

**Competencies**

1. Local leader of NHS
2. Collaborates with partners
3. Patient and public engagement
4. Clinical leadership
5. Assess needs
6. Prioritisation
7. Stimulates provision
8. Innovation
9. Procurement and contracting
10. Performance management

**Health Outcomes**

- **Healthy life expectancy**: National average
- **Health inequalities**: Below baseline
- **CVD mortality rate**: National average
- **Cancer mortality**: Below baseline
- **Stroke mortality**: Below baseline
- **Teenage pregnancy**: Below baseline
- **Smoking prevalence**: Below baseline
- **Childhood obesity**: Below baseline
- **All-age all-cause mortality**: Below baseline
- **Suicide mortality**: Below baseline

**Governance**

- PCTs failing to meet governance standards will be expected to:
  - Receive interventions and support
  - Meet the standard within a short time period

**Incentives and interventions driven by ratings**

- Those improving faster than the national average should be rewarded.
- Those that have lost growth relative to the national average should be addressed.
Support and Development

- Tools and resources to support PCTs as they move towards world class
- Share, learn, buy
- National resources where it makes sense e.g. FESC
- Locally driven and managed by PCTs and SHAs
Synergies: WCC: Putting People First

- WCC Support and Development – ensure appropriate elements are joined up, eg governance, leadership, basic skills and knowledge

- Workforce development - skilled workforce operating across organisational boundaries

- Practice based commissioning – greater focus to needs of communities. Links with Local Government – social care and children’s services – should be explored
Finally

- WCC seeks to bring benefits to populations and communities that health and local government serve

- Essential that WCC in context of Putting People First reflects particular social care environment

- We want to know what works – welcome examples of existing good practice

- Update on progress at 2008 Autumn Conference in Liverpool