

Topic:	Update from the Integrated Commissioning Executive Group (ICEG)
Meeting Date:	10 July 2014
Authors:	Co-Chairs of ICEG: Martin Samuels, Commissioner for Care, SCC and Rita Symons, Accountable Officer, SES and SP CCG

For Decision	For discussion	For endorsement	For Information
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1 Introduction

At its meeting on 13 February, the HWB formally established the Integrated Commissioning Executive Group (ICEG) as a sub-group and adopted the proposed Terms of Reference, subject to minor amendments.

One of the requirements in the ToR was that ICEG should provide a regular report on progress against key headings to each meeting in public of the HWB. This paper is the second of those reports.

Topics covered are:

- Better Care Fund
- Staffordshire System Strategic Review
- Programme Management
- Integrated Commissioning
- Integrated Care Record

2 Better Care Fund

The position regarding the Better Care Fund (BCF) remains complex.

The formal regional evaluation of the latest version of the Staffordshire BCF plan, submitted on 4 April, reached the following conclusions:

Plan well-articulated, however inherent risk in complexity of local system, which is currently receiving Intensive Support, also some outstanding provider impact issues to be clarified. Mitigation: outcome of Intensive Support will help to clarify risk areas and shape delivery and also clarify provider impacts. Suggest plan is signed off, but HWBB are able to amend once outcomes of Intensive Support are known.

Following further consideration of the BCF process nationally, further guidance is awaited imminently. It is understood that this is likely to require the HWB to submit a revised version of the plan by 1 August, with a stronger focus on services for older people and timely hospital discharge. In addition, it has been indicated that the

requirement for around a quarter of the funding to be dependent upon delivery of agreed targets will be revived.

The source and application of the resources within the BCF remains a difficult issue. While DCLG continues to present figures that imply the entirety of the increase in the BCF in 2015/16, generated through re-allocating 3% of existing CCG budgets, should be transferred to Councils, the guidance from NHS England to CCGs assumes that any transfer should only be made to secure additional activity. Locally, it has been recognised that the central issue is that the overall health and social care system will face reduced total funding and increased demand during 2015/16, and that solutions that ensure all partner organisations remain financially viable will require a shared approach. Discussions at the most senior level are being arranged.

3 Staffordshire Strategic System Review

The work on the Staffordshire System Review, sponsored by Monitor, NHS England and the TDA, has been undertaken by KPMG, working with the local health and social care system. A series of meetings, workshops and events have been held across the system to collect and collate information, test ideas and develop proposals. To date, this work has focused on opportunities to increase the efficiency of the hospital sector and on the role and positioning of community hospitals within the discharge pathway.

Final proposals are due to be presented to leaders across the system on 11 July. Thereafter, the work will be incorporated into the CCGs' shared Five-Year Strategy.

4 Programme Management

Following the informal development session of the HWB on 12 June, work has been progressing to model the most appropriate programme support capacity for the HWB. Proposals will be brought forward shortly. In addition, in the interim, efforts have been made to secure temporary support from the Transformation Support Unit at the County Council.

5 Integrated Commissioning

Significant further work has been undertaken to take forward the HWB priority around establishing integrated commissioning approaches.

At a global level, workshops were held on 11 June and 13 June, at which issues around commissioning models, risks, barriers and opportunities were discussed at the most senior level by representatives of the partner organisations. A raft of further work has been identified, to address the issues that were highlighted. Further meetings have been booked in order to maintain the momentum.

In order to ensure robust governance of the work programme, a sub-group of ICEG has been established, involving senior representatives from the County Council, the CCGs and the District / Borough Councils. This 'Integrated Commissioning Sponsor Group' has been meeting on a fortnightly basis, with the role of guiding the day-to-day programme activity, providing a forum for discussion of key topics, escalating issues of concern, and helping to shape papers for information and decision-making

by ICEG, HWB and individual organisations. The group reports to ICEG and is supported by Amanda Lloyd (IC coordination) and Robin Lorimer (s75 consultant).

Work streams have been set up to deliver key strands of the programme, based on the areas agreed by the HWB on 21 January.

Workstream	Commissioning Lead	Finance Lead
Frailty/complex needs, long term physical and organic MH conditions	Jenny Watson (SES)* Jonathan Bletcher (SS&CC CCG) Becky Scullion (NS CCG) ES CCG tbc Helen Trousdale (SCC)	Jackie Richards (SES&SP CCG)
Enablers / Support to live at home	Helen Trousdale (SCC)	Sara Pitt (SCC)
Carers	Shelley Brough (SCC)	tbc
Mental Health	Dawn Jennens (SCC)	Colin Thomas (SES & SP CCG)
Learning Disabilities	Christine Adams (SCC)	Jackie Richards (SES&SP CCG)
End of Life/Cancer	Jonathan Bletcher (SS&CC)	Matthew Thomas (NS CCG)
Children's services	Denise Tolson (SCC)	Simon Ablewhite (SCC)
Drugs and Alcohol	Lucy Heath (SCC)	Sara Pitt (SCC)
Sexual Health	Lucy Heath (SCC)	Sara Pitt (SCC)

Work stream leads have been tasked with liaising with partner organisations to work up the activity, budget and outcomes information that would be needed for s75 schedules. At this stage of the process, the intention is for this material to provide the basis for discussion between the partners over the preferred scope of the proposed integrated commissioning arrangements, rather than a firm commitment to pool resources or delegate functions. The work stream leads have therefore been instructed to cast their nets widely, recognising that the final arrangements may be narrower in practice, at least initially.

Completed templates were due for submission at the end of June, in order to enable an early analysis to be presented to the ICSG meeting on 8 July. ICSG would then take a view on the issues which need escalating / further support / information needs and report to ICEG.

Progress reports on this work, as at 25 June, are attached as annexes to this paper.

6 Integrated Care Record

Health and social care organisations across Staffordshire have come together to prepare a funding bid to the national Integrated Digital Care Fund to deliver a shared care record for the whole health economy. Work has been done to highlight the rationale, expected benefits and the legal background to the establishment of the project. The support of the HWB is required prior to a bid for £1.5m can be submitted. Bids will be assessed during August 2014.

The proposed bid has been considered by ICEG. Issues around data confidentiality were explored, with reassurance being given that the Information Commissioner has ruled that appropriate and sensitive data sharing is as important, and in some cases outweighs, maintaining confidentiality. It has been confirmed the project would be

able to deliver pseudonymised data for commissioners. Discussions are ongoing about the overall scope of the project and whether it would include all age data.

ICEG was content to recommend the proposal for support by the HWB.

7 Recommendations

The HWB are asked to:-

- Note the contents of the report.
- Approve the approach proposed for taking forward integrated commissioning.
- Support the Integrated Care Record proposal.

Frail Elderly

Workstream Name:	Frail Elderly
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Jenny Watson, SES & SP CCG
Workstream team members	Jonathan Bletcher (Stafford & Cannock CCG) Becky Scullion (North Staffs CCG) Sheila Crosbie (North Staffs CCG) Sarah Laing (East Staffs CCG) Helen Trousdale (Staffordshire County Council) Richard Deacon (Staffordshire County Council)

Integrated Commissioning Context																															
Current Integrated commissioning activities	<p>There has been a Section 256 agreement in place between the County Council and CCGs in 2013/14 and an agreement is in the process of being reached for 2014/15.</p> <p>The Frail Elderly activities planned in 14/15 are a continuation of 2013/14 schemes as follows:</p> <table border="1"> <thead> <tr> <th>Existing Activity (14/15)</th> <th>NS CCG</th> <th>SAS CCG</th> <th>CC CCG</th> <th>ES CCG</th> <th>SES&SP CCG</th> </tr> </thead> <tbody> <tr> <td>Integrated Community Intervention Service</td> <td>1,550,000</td> <td>749,400</td> <td>475,000</td> <td>598,100</td> <td>1,647,500</td> </tr> <tr> <td>Enablement Service</td> <td>1,396,400</td> <td>673,300</td> <td>658,000</td> <td>627,400</td> <td>1,378,300</td> </tr> <tr> <td>Hospital Discharge Service</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>90,000</td> </tr> <tr> <td>Independent Sector Rehab Beds</td> <td>0</td> <td>92,100</td> <td>73,000</td> <td>122,200</td> <td>103,000</td> </tr> </tbody> </table> <p><i>NB. The Section 256 also covers schemes which will be under the Support to Live at Home Workstream.</i></p>	Existing Activity (14/15)	NS CCG	SAS CCG	CC CCG	ES CCG	SES&SP CCG	Integrated Community Intervention Service	1,550,000	749,400	475,000	598,100	1,647,500	Enablement Service	1,396,400	673,300	658,000	627,400	1,378,300	Hospital Discharge Service	0	0	0	0	90,000	Independent Sector Rehab Beds	0	92,100	73,000	122,200	103,000
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Work stream Lead update	<ul style="list-style-type: none"> • There have been 1-1 meetings between the work stream lead and CCG Frail Elderly Leads to co-ordinate responses to the S75 Schedules; • Work stream and Finance Lead meeting to align activity and spend against Frail Elderly work stream • Meeting between work stream lead and SCC taking place on Monday 23rd June 2014 to capture the SCC integrated opportunities. 																														

	<ul style="list-style-type: none"> • Drafted Schedules to be circulated between work stream team by COP on Monday 23rd June.
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Update	
Milestones	<ul style="list-style-type: none"> • SES&SP CCG -Commence procurement of integrated Intermediate Care Service July 2014 • East Staffs CCG- Procurement underway of long term conditions, intermediate care and frail elderly service.(Competitive Dialogue to commence in July 2014) • SAS & CC CCG- Develop commissioning plans for a Frail Elderly model of Care (2014) • North Staffs CCG- awaiting update • Staffordshire County Council – Gain approval for the final sign off of the Section 256 agreement for 2014/15 due now.
Issues	<ul style="list-style-type: none"> • Section 256 for 2014/15 to be agreed • Risk/Share agreements to be determined around the BCF Performance Related element • Useful to have a definition of BCF and Integrated Commissioning, for continuity in approach. • Different CCG approaches to Integrated Commissioning

Help to Live at Home

Workstream Name:	Enablers/ Help to Live at Home
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Helen Trousdale
Workstream team members	None

Integrated Commissioning Context	
Current Integrated commissioning activities	<p>Integrated Community Equipment Service – across SCC and CCGs with section 75 and pooled budget in place.</p> <p>Participation agreed between StokeCity Council and CCG and the Staffordshire Parties to secure joint provider for which SCC is the lead authority.</p> <p>SOT have a separate s75 with the CCG for their service.</p> <p>One client side team for both hosted by SCC CDH.</p> <p>Integrated HIA and DFG – participation agreement across 8 districts and SCC to secure a single provider to deliver HIA on behalf of SCC and DFG on behalf of the districts. (delivery identified within the BCF)</p> <p>Contract due to start June 2014 however SCC review of Supporting People has since put this agreement and contract in question.</p>
Workstream Lead update	<p>Scoping undertaken by the Interim CC lead for Integration identified 3 elements. ICES – as detailed above.</p> <p>Assistive Technology- early discussions with CCG indicated an interest in aligning AT commissioning with telehealth/medicine. Since then a cross county/economy work stream has been established by health as part of NHS England's Digital Health Strategy requirement. SCC participates within this group the outcome of this work will influence the approach the CCGs take.</p> <p>Housing and DFG – see update above.</p> <p>Scoping since has identified potential to include Domiciliary care/community support which requires a countywide approach however fudging is clearly within the remit of current frail elderly commissioning arrangements with SSOTP.</p> <p>There have been no responses from or areas of potential identified by CCGs for this work stream.</p> <p>There have been no responses from or areas of potential identified by other commissioners within SCC.</p> <p>One response received from Adult safeguarding asked that any integrated arrangements for AT include protection from abuse as a key outcome.</p> <p>Schedule on target to be completed by 25th June. No</p>

Update	
Milestones	<i>Unknown as yet for the remainder current integrated arrangements for ICES well established</i>
Issues	<p><i>ICES - However concern has been raised by NSCCG that ICES has been identified and SCC funding included within the BCF.</i></p> <p><i>HOUSING & DFG – District responses limited Stafford BC only district which replied- said whilst there was agreement for the DFG/HIA integration the decision by SCC to withdraw from the participation agreement owing to the cuts in SP funding meant this would be unlikely to be progressed. It is likely that the debate in this area with SCC has affected the districts response rate.</i></p> <p><i>CCGs – have not responded</i></p> <p><i>There is a risk that this work stream significant overlaps with others and clear parameters need establishing. I.e. is this work stream for areas where there is a countywide or cross needs group focus?</i></p> <p><i>The areas identified (except for ICES and DFG) are all areas where only SCC currently has any commissioning interest.</i></p>

Carers

Workstream Name:	Carers
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Shelley Brough
Workstream team members	Jenny Watson (SES&S CCG) Emily Davies (East Staffs CCG) Victoria Graham (North Staffs CCG) Melanie Savage (Stafford & Cannock CCG) Jonathon Bletcher (Stafford & Cannock CCG) Richards Deacon (SCC)

Integrated Commissioning Context							
Current Integrated commissioning activities	Section 256 agreement with CCGs: Health and Wellbeing Support for Carers (Carers Breaks)						
		NS CCG	S&S CCG	CC CCG	ES CCG	SES&S CCG	Total
	Carers Breaks	45,668	114,480	111,100	101,570	164,110	536,928
	Mental Health Carers Support	0	14,704	15,181	14,289	20,580	64,754
	<ul style="list-style-type: none"> • This will form part of the large scale Carers Whole System Redesign (Tender) across Staffordshire and Stoke-on-Trent: <ul style="list-style-type: none"> ○ Universal / Information Advice and Guidance (statutory duty within the Care Act) ○ Carers Assessments / Whole Family Assessment (statutory duty within the Care Act) ○ Carers Wellbeing (statutory duty within the Care Act) ○ Carers Crisis Prevention (e.g. Carers Breaks) ○ Young Carers ○ Building Sustainable Community Assets and Community Resilience (Social Capital / Personal Autonomy) • It is planned that the Mental Health Carers Support will also form part of the Carers Whole System Redesign (Tender) 						

Section 75 – Carers Respite

Cont ref		Title	Provider	Annual Value
SCHPI00112	s75	Carers Home Based Respite & Sitting Service	Mediline Nurses & Carers	£29,031
SCG1230	s75	Carers Home Based Respite & Sitting Service	Allied Healthcare	£67,182
SCG1210	s75	Carers Home Based Respite & Sitting Service	Crossroads Care	£274,741
SCG9030	s75	Emergency Home Based Respite	Crossroads Care	£68,506

- SCC category managers monitor the usage of carers respite provision quarterly and obtain input from SSOTP leads to manage the capacity.
- Carers respite is paid on usage and the hourly rate for carer respite contract providers is £13.16 per hour. The current hourly rate has not been increased for previous 3 years.
- A review of carer respite options has been explored for alternative respite provision, not just in the home.
- As the contracts are all due to come to an end, commissioners require approval to go out to the market and retender these services.

Workstream Lead update

- Staffordshire Carers Partnership (SCP) approach has been established (February 2014): Strategic / Governance Group, Key Work Streams
- The SCP will be the mechanism to report progress for Integrated Commissioning (IC) for the Carers Work Stream.
- The SCP are leading on the Carers Whole System Redesign for Staffordshire and Stoke-on-Trent
- The SCP Framework 2014 will replace the existing Joint Commissioning Strategy for Carers (2011-2016) once formally approved by Cabinet and CCG Boards
- Independent Carers Engagement led by Healthwatch Staffordshire on behalf of

	<p>the SCP</p> <ul style="list-style-type: none"> • Carers Commissioning Steering Group established as a working group on behalf of the SCP (see team members above) • Carers Market Engagement Event (Soft Market Testing Activity) due to take place 21st July • The SCP are leading on the Staffordshire Carers Journey through the Carers Whole System Redesign with a focus on: <ul style="list-style-type: none"> ○ Care Reform (Care Act, Children & Families Act) ○ Early Intervention & Prevention; ○ A Locality Approach; ○ Building Community Assets, Community Capacity and Community Resilience to promote ‘Individual and Community Autonomy’ (while recognising Carers as an asset who provide £1.825 billion of care in Staffordshire per year) ○ Co-production and co-design of Carers Commissioning Intentions, Carers Outcomes Framework and Service Specifications ○ Carers Market Shaping
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Update	
Milestones	<p>S 256 agreement: Carers Whole System Redesign: Carers Wellbeing / Breaks</p> <ul style="list-style-type: none"> • Re-commissioning for Carers Whole System Redesign: Contract Award planned for September 2015 <p>S75 - Carers Respite</p> <p>The following Carers Respite and Carers Emergency Respite Services are due to expire 31st April 2015</p> <p>SCC Cabinet Decisions for the Staffordshire Carers Partnership and the Carers Whole System Redesign: 17th September 2014</p> <p>CCG Boards Approval via the Integrated Commissioning Executive Group</p>
Issues	

Mental Health

Workstream Name:	Mental Health
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Dawn Jennens
Workstream team members	Colin Thomas; Nicola Bromage; Ron Daley; Nick Bowyer;

Integrated Commissioning Context	
Current Integrated commissioning activities	<ul style="list-style-type: none"> • <i>Development of integrated commissioning strategy and implementation plans</i> • <i>Clinical Pathways development</i> • <i>Strategic Change work with Police</i> • <i>Integrating mental health assessments and interventions into ILCT</i> • <i>Integrating IAPT model into maternity services.</i>
Workstream Lead update	<p><i>Initial workshop held in South Staffs in May, followed by event on 25th June.</i></p> <p><i>Initial workshop held in north staffs/Stoke on June 3rd.</i></p> <p><i>Assessment of total mental health spend to be completed by July 1st.</i></p> <p><i>Schedule on target to be completed by 25th June.</i></p>

Update	
Milestones	<i>Integrated MH commissioning strategy to go July 14 HWB and followed by Cabinet and CCG governing board approval.</i>
Issues	

Learning Disabilities

Workstream Name:	Learning Disabilities
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Christine Adams, Commissioner for Learning Disabilities
Workstream team members	Julie Forrest-Davis, County Commissioner Jackie Richards, SES & SP CCG, Finance Lead Richard Deacon, Client

Integrated Commissioning Context	
Current Integrated commissioning activities	<p>Joint commissioning arrangements have been in place for learning disabilities over the past 6 years and the LD Commissioning Team has led on all LD commissioning on behalf of Staffordshire County Council, the former 2 Staffordshire PCTs and now for the 5 CCGs successfully delivering a range of modernisation programmes.</p> <p>For several years previous there were also a number of joint Council and NHS agreements under Section 28a, 256 and 31 of the Health Act Flexibilities.</p>
Workstream Lead update	<p>See chronology for 2013/14 attached for preparatory work including workshops and papers to previous Joint Commissioning Executive.</p> <p>Aims and objectives for integration drafted Draft action plan completed for next steps Key milestones timetable drafted Consideration given to Governance arrangements and establishment of an LD Task & Finish/Steering Group Scope of pooled budget defined Contract and Finance information requested to populate templates from NHS and Staffordshire County Council Operational Leads– June 2014</p>

Update	
Milestones	<p><i>Please provide any known future milestone dates to ensure achievement of Section 75 for March 2015 and wider integrated commissioning activities.</i></p> <p>By April 2015:</p> <ul style="list-style-type: none"> By July: Establish a set of priorities and develop a work programme that is aligned to deliver integrated commissioning in learning disabilities

	<ul style="list-style-type: none"> • <u>By July</u>: Scope and clearly define the client groups covered by this arrangements and agree budgets to be integrated/aligned • <u>By July</u>: Identify implications for commissioning support from the Commissioning Delivery Hub and Midlands and Lancashire Commissioning Support Unit • <u>By July</u>: Clarify the arrangements for Learning Disability Commissioning Staff to lead on behalf of all partners with clear delegated powers • <u>By September</u> Establish robust governance arrangements and delegated decision making mandates • <u>By December</u>: Establish effective risk management strategies and exit strategies for partners • <u>By December</u>: Establish performance monitoring arrangements against plans • <u>By March 2016</u>: Establish the Section 75 agreement
Issues	<p><i>Financial information not being available</i></p> <p><i>Accountability needs to be clearer with sound and clear governance arrangements</i></p> <p><i>Pace – too quick</i></p> <p><i>Working to different agendas and timescales across a number of organisations. There can be a risk that the partner agencies do not engage strongly with the service until issues emerge</i></p> <p><i>Lack of support operationally to drive the workstream forward and sustain the momentum</i></p> <p><i>Too much focus on process and finance as opposed to outcomes</i></p> <p><i>Stoke on Trent – are they involved or not?</i></p>

Children's Care

Workstream Name:	Care (Children) – Specialist safeguarding, looked after children, CAMHS, paediatric model of care, disability, universal services – health visiting/school nursing and Public Health issues
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Denise Tolson/Anna Hammond
Workstream team members	Roger Graham, Vicki Hancock, Rachel Chapman, Martyn Baggaley

Integrated Commissioning Context	
Current Integrated commissioning activities	<p>Co-location and joint working between children's commissioners from CCGs South and Commissioning for Care (LA) achieved in May. Public Health commissioners attend team meetings and will develop further opportunities for joint working. Workstream leads identified across six priority areas. All commissioning cycle activity is integrated across the three agencies.</p> <p>This year's six priority areas are:</p> <ul style="list-style-type: none"> • Health of Looked After Children – involving the integration of physical and mental health services (attracting bids from statutory and PVI organisations working in partnership for the first time) • Disability including Autism Review, (looking at how the services commissioned by CCG and LA might be joined up to provide better outcomes for children and young people with Autism) • Paediatric Model of Care (Developing a pathway that highlights the importance of prevention and reduces demand and reliance on acute services – development of a social model of care and prevents over-medicalization of children with acute illnesses) • Development of CAMHS strategy and Tier 1-3/4 pathway.(Joining up services that are currently delivered separately to create one multi-agency pathway encompassing statutory services and PVI sector as well as engaging with NHS England. • Health visiting and school nursing (Specifying on basis of outcomes and enhancing universal offer, Developing local approaches and encouraging self-efficacy) • General Public Health agenda including sexual health, smoking cessation and obesity – working toward an integrated approach across the tiers of need and seeking to support good health particularly in communities where there is specific need.

Workstream Lead update	<p>Completed a number of multi-agency/cross county workshops to develop integrated approach</p> <p>In discussion with CCGs South about testing out informal pooled budget arrangements for specific work streams e.g. CAMHs</p> <p>Commissioning Lead identified for programme areas</p> <p>Integrated commissioning team meetings established</p> <p>Review of Community CAMHS (South) completed</p> <p>Diversification of Tier 2 provision established</p>

Update	
Milestones	<p>Financial alignment on a case by case basis initially e.g. seeking Integrated budget for Emotional Wellbeing and Mental Health – section 75?</p> <p>Workshops with partners (including children and families themselves) to identify commissioning intentions, outcomes and strategy implementation plan</p> <p>Development meetings with Providers</p> <p>Care pathways established and implemented</p> <p>Joint Commissioning intentions for NHS and LA Children’s services</p> <p>Needs to be considered as part of Trust Special Administrators (TSA) work with Multi Systemic Family Therapy – dependent on their milestones.</p>
Issues	<p>There are issues of culture, trust and leadership that need to be addressed. You can’t just say ‘we will have pooled budgets and put all commissioning delivery in the CDH and expect partners to just go along with it. Relationship building takes time, negotiating and reaching informal agreement takes time, formal structures such as written partnership agreements about pooled budgets should come after the persuading and influencing work has been completed.</p> <p>There are also issues about North and South CCGs, I find it easier to deal with South than North.</p> <p>Also issues about distressed health economy and impact of legislation such as the Care Act which has huge financial implications for LA that haven’t been addressed.</p> <p>Governance structures within LA hard to understand, e.g. can’t see any link between the Strategic CYPF Board and anything else including the HWBB so how do children and family issues get onto the agenda?</p> <p>Movement of CAMHS specific budgets from Families First to integrated commissioning budget i.e.) CAMHS Social Workers – difficult to achieve this sort of movement with large assertive provider</p> <p>Realignment of budgets to allow more investment in early intervention services – I am concerned about the swingeing cuts being applied to Supporting People, Children’s Centres, and Youth etc.</p>

Alcohol & Drugs

Workstream Name:	Alcohol and drugs
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Tony Bullock/ Angela Eley
Workstream team members	Tony Bullock Angela Eley Sue Hallett

Integrated Commissioning Context	
Current Integrated commissioning activities	<ul style="list-style-type: none"> - Alcohol and drug commissioning has been governed for nearly two years by the Staffordshire Alcohol and Drugs Executive Board (ADEB). - The group is co-Chaired by two HWB Board members, the Chief Constable and the Director of Public Health and reports to the HWB - All of the key stakeholders (SCC, CCGs, police, probation etc.) are represented on ADEB, which has developed a single strategic framework and shared commissioning programme
Workstream Lead update	<ul style="list-style-type: none"> - There is an established commitment to integrated commissioning for alcohol and drugs – as evidenced by ABED - There is a clear view of all partners' financial alcohol and drug commitments, which are covered by formal funding agreements, where necessary - A new Integrated Commissioner post has been agreed between partners that will help solidify this process, which is due to be recruited shortly

Update	
Milestones	<ul style="list-style-type: none"> - A number of funding agreements already exist between ADEB members and SCC – the latter has created a 'pooled' budget from which various initiatives are funded. Given this precedent it is anticipated that it is likely that partners will be agreeable to a Section 75 - There is an ADEB meeting on July 15th when these issues are likely to be raised and accelerated thereafter
Issues	<ul style="list-style-type: none"> - Given the existing structures and agreements it is unlikely that there will be any significant barriers to developing Integrated Commissioning in relation to alcohol and drugs.

Sexual Health

Workstream Name:	Sexual Health
Reporting Period:	To 25 June 2014
Workstream Lead / Author	Lucy Heath
Workstream team members	Chris Stanley (SCC PH) Mel Savage (SAS CCG)

Integrated Commissioning Context	
Current Integrated commissioning activities	No current integrated commissioning activities.
Workstream Lead update	<p>South Staffordshire</p> <ul style="list-style-type: none"> • Procurement started for an integrated sexual health system for South Staffordshire. PIN published in May. Marketplace event held 2nd June. PQQ to be published at end of June. • CCGs invited to integrate commissioning of termination services as part of procurement. Specification written to allow CCGs to join integrated commissioning arrangements in year 2. Current contract can end in March 2016. • NHS England invited to integrate commissioning of HIV treatment services as part of procurement. Specification written to allow NHS England to join integrated commissioning arrangements at any time. <p>North Staffordshire</p> <ul style="list-style-type: none"> • Similar process planned for North Staffs in 2015-16. Timescales align with Stoke City Council and therefore opportunity to integrate commissioning across North Staffs and Stoke.

Update	
Milestones	<p>South Staffs: PQQ published end of June 2014, ITT published September 2014 Contract awarded December 2014, New provider start beginning of April 2015</p> <p>North Staffs: as above but 2015/16.</p>
Issues	NHS England representative has a conflict of interest which may prevent him being part of evaluation panel. This may cause difficulties in continuing to negotiate integrated commissioning. NHS England has a lack of capacity and many Local Authorities wanting to work with them on integrating commissioning. NHS England national model may be in conflict with integrating commissioning locally i.e. a move towards a limited number of national centres.