

Layers of commissioning functionality within the ESBT Alliance*

Based on the learning undertaken so far it is recognised that there three levels of commissioning functionality at play in our ESBT Alliance. These are set out in the table below:

Strategic Commissioning
<p>Longer term strategic planning for the health and wellbeing of the population, in line with the Joint Strategic Needs Assessment, Health and Wellbeing Strategy and other joint commissioning strategies. The strategic commissioning function has responsibility to advocate on behalf of the population and influence across the wider determinants of health: for example, education, housing, employment etc. as well as influencing and commissioning across and beyond ESBT's boundaries; at STP, regional and national level.</p> <p>The strategic commissioning function is responsible for defining the outcomes required for the population from the system, informed by the JSNA and engagement with our local population. As we move towards creating a formally integrated health and care delivery organisation, it will ultimately be the role of strategic commissioning to develop and manage the outcomes and contractual framework for a capitated outcomes-based contract, as well as monitor and oversee the performance. Strategic commissioning is the term used for all the activities involved in:</p> <ul style="list-style-type: none">• assessing and forecasting needs• identifying the desired health and wellbeing outcomes for the population• engaging and consulting with the public and services users• strategic planning and linking investment to agreed outcomes• monitoring and performance managing contracts in line with the required outcomes. In the future this would take the form of a single overarching contract with the new accountable health and care delivery organisation• being responsible for assurance and oversight of statutory responsibilities such as quality, safety and safeguarding, emergency planning and business continuity
Tactical service commissioning, redesign and improvement
<p>This is any activity involved with redesigning, improving or enhancing and supporting the delivery of core public health, health and social care services and care pathways. Where services are commissioned they are often provided by a range of providers, including the voluntary and community organisations, and social enterprises, and developing care markets is critical. Services and care pathways usually cover a specific segment of the population, need or geographical area (particularly as we move to a more locality focussed model of planning and delivery which will be underpinned by this type of commissioning activity).</p> <p>Involving patients, service users and carers directly, as well as other key stakeholders, is a pre-requisite of making changes to services and care pathways to ensure their expert voice is heard in the process to optimise success and effectiveness.</p> <p>As we move towards creating a formally integrated health and care delivery organisation, it is envisaged that tactical commissioning will increasingly become the responsibility of the new organisation, to ensure clinical and care leadership necessary to deliver the outcomes in the overarching capitated contract.</p>
Operational (individual) commissioning
<p>This largely refers to decision-making to meet an individual's needs by clinicians and care practitioners; it includes individual packages of care resulting from individual assessments (including Direct Payments, Personal Budgets, Continuing Healthcare and Personal Healthcare Budgets), as well as individual onward referrals for treatment pathways and/or more specialist services. Care packages, services and treatment pathways can be provided internally from within our core health and care system, other NHS Trusts and providers, and the independent care sector, micro businesses and Personal Assistants, and again market development is essential to ensure a diverse range of provision that can respond to health and care needs.</p> <p>At its most effective operational commissioning with individuals should be done as a partnership between clinicians and care practitioners and individuals to build on people's individual strengths and circumstances.</p>

*Content adapted from Somerset STP 'Proposal for the Development of a Joint Commissioning Function' (July 2017)/various sources