

One Minute Guide – Integrated Commissioning

What is integrated commissioning?

Integrated commissioning is when two or more agencies come together to commission services which are delivered across the system for service users with Health, Social Care and/or Educational needs.

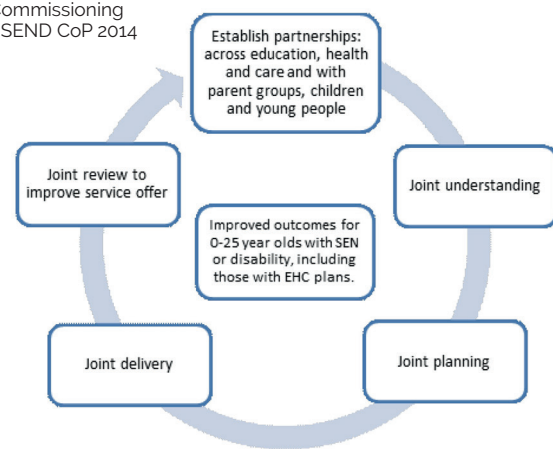
The two prominent agencies leading and driving integrated commissioning are the Council and the Clinical Commissioning Group (CCG) in any given Local Authority. The two agencies actively seek opportunities to jointly commission services whereby the service being delivered has multiple focuses i.e. health and social care.

Whilst procuring and re-procuring services creates the ideal opportunity to formally integrate commissioning arrangements, integration is far more than a process to be completed. It is crucial the integrated commissioning function influences and guides the Health, Social Care and Education network toward wrap around services, reducing the potential gaps in an individual's care and support.

Commissioning Cycle

The commissioning cycle as set out in the SEND Code of Practice 2014 has five clear stages that structure how local partners should commission services to meet local needs and support better outcomes.

Joint Commissioning
Cycle, SEND CoP 2014



The cycle through its simple structure helps guide how partners should develop a joint understanding of the outcomes that their local population of children and young people with SEN and disabilities aspires to, and use it to produce a joint plan, which they then deliver jointly, and review jointly

What are the benefits?

Integrated commissioning between the Council and CCG ensures services are designed holistically, where an individual's needs are considered in the round by both agencies.

This often results in a single service specification being put in place that covers all of the expected outcomes for service users with a spectrum of needs across Health, Education and Social Care.

Having a single specification also ensures that streamlined monitoring arrangements can be included as part of the commissioning process. The monitoring and reporting function within integrated commissioning ensures Health, Social Care and Educational professionals are able to evaluate services more effectively as outcomes and data are presented collectively, giving a more accurate picture of service impact.

Integrated commissioning arrangements also ensure that resources are pooled most effectively to meet the needs of service users. Pooled budgets are a feature of integrated commissioning and allow professionals to focus their time and energy on achieving outcomes associated with the service, and they are not hindered with the task of being a gatekeeper of a specific budget.

One of the other crucial benefits of integrated commissioning is that through a system wide understanding of service delivery, the actual process of commissioning reduces duplication, promotes a collective focus on jointly agreed priorities, and ensures the most effective use of public funds.

Who else is involved?

Truly integrated commissioning does not solely focus on the Council and the CCG to realise the benefits of such an approach. The success of integrated commissioning is also reliant on how as a system, including providers, parents, schools, service users and the voluntary sector work together to guide and support the process of integrating service delivery.

Engaging with the provider market, especially large health trusts ensures specialist expertise is utilised, and initiative practise is understood and considered as part of service integration / remodelling / tendering.

Coproduction and meaningful consultation is

also critical to creating integrated solutions. Service user input into the design, delivery and review of provision is critical, and it is often service users, parents and carers who are able to highlight gaps in delivery and suggest solutions.

What type of service might we integrate?

Practically all services have the potential to be integrated to some degree, even if this does not result in a jointly commissioned service. A good example of a service that can be fully integrated is Speech and Language Therapy (SaLT). SaLT provision will cover Health needs such as problems swallowing and feeding, and this would traditionally be commissioned by Health alone. Other SaLT would be commissioned for service users in schools who have communication needs that restrict their ability to engage with the national curriculum, and this would traditionally be commissioned by the Council (Special Educational Needs and Disabilities) SEND Department).

By formally integrating the commissioning arrangements for a number of SaLT services into a single, jointly owned tender both the Council and the CCG are able to guide and track the service outcomes and impact of delivery through a streamlined process. Integration is also the functional approach to the majority of SaLT given that both the Health and Educational aspects of the SaLT delivery take place in schools where children, teachers and parents/carers will expect a seamless approach to be in place.

Primary Legislation

Integration is referenced, requested and indeed mandated primary pieces of legislation, some of which are below:

Sections 23, 25, 28 and 31 of the Children and Families Act 2014 / The Care Act 2014 / Section 2 of the Chronically Sick and Disabled Persons Act 1970 / Schedule 2, Sections 17

and section 47 of the Children Act 1989 / Section 2 of the Children Act 2004 / National Health Service Act 2006 (Part 3, section 75 and 14Z2) / Local Government and Public Involvement in Health Act 2007 / Equality Act 2010 (including disability equality duty under s149) / Health and Social Care Act 2012

Legal Framework

Section 25 of the **Children and Families Act 2014** places a duty on Local Authorities that should ensure integration between educational provision and training provision, health and social care provision.

Local Authorities and CCGs **must** make joint commissioning arrangements for education, health and care provision for children and young people with special educational needs (SEN) or disabilities (Section 26 of the Act).

The Care Act 2014 requires Local Authorities to ensure co-operation between children's and adults' services to promote the integration of care and support with health services, so that young adults are not left without care and support as they make the transition from children's to adult social care.