
OPENING - JANE COOK

- ▶ Any burning questions from the audience?

There will be time for discussion later in the session.

The environment we're working in

@gill_leng

What we know works to commission effectively

- 1. National legislation, policy, guidance, & regulation, across all systems, are together supportive of improved outcomes**
- 2. Funding**
 - Sufficient and long-term, revenue and capital
 - Outcome focussed, supported by relevant success measures, from across locally agreed pathways of care
 - Can be pooled between systems & services
 - Is not restricted to administrative boundaries
- 3. 'Local' leadership and governance**
 - Reflects the systems and partners necessary to achieve improved outcomes, enabling change and accountability
 - Has visible and active participation from people with lived experience
 - Values the knowledge, experience and expertise, and advocacy, that organisations working with the population can bring
 - Values and supports those working on the frontline, removing unnecessary barriers
- 4. Amongst system partners there is a shared understanding**
 - Holistic needs and strengths of the population
 - Benefits of meeting individuals' needs and building on their strengths, and the impact of not doing so
 - Evidence of 'what works' in systems and services, and a commitment to testing, sharing practice, learning and evaluation
- 5. The right conditions for trust, and relationships**
 - Psychologically informed systems, commissioning, and services
 - Enabling safety, choice, collaboration, empowerment & cultural consideration
- 6. Agreed pathways of care, from whichever 'door' an individual first engages with:**
 - Agreement non-linear & cross administrative boundaries
 - Providers and other organisations are supported to collaborate within and across pathways and can 'flex' to meet needs
 - There are protocols in place and information is shared where appropriate
 - Workforce is equipped & confident in working together: the 'Team Around Me', wherever an individual is on their journey

What we know works to commission effectively

Where are we now in London?	
1. National 'direction' supportive of outcomes	<p>Current direction from the government is at odds with improving outcomes</p> <ul style="list-style-type: none"> • No single point of 'commissioning' for improved outcomes for this population in government • Impact of 'home' on health and wellbeing not consistently reflected in policy, or funding • Direction is narrowly focussed on meeting specific, not multiple, needs eg, people sleeping rough • Insufficient resources to follow relevant evidence-based guidance
2. Funding	<ul style="list-style-type: none"> • Austerity measures continue to impact negatively on the 'safety net' = fewer services, more demand • Short-term funding a challenge to commissioning and delivery
3. 'Local' leadership and governance	<p>Effective leadership and governance in London not yet in place, but scope to emerge</p> <ul style="list-style-type: none"> • Integrated Care Systems likely offer the best opportunity; early stage & all partners face £ challenge • Combatting Drugs Partnerships may evolve to have a relevant terms of reference • Homeless-health led partnerships: yet to identify a 'sponsor' • Need joined-up governance so workstreams can inform and enable change in NHS services <p>Governance for homelessness largely at local authority/place level, but we know we can do better</p> <ul style="list-style-type: none"> • GLA only responsible for some pan-London RS services & capital funding for affordable & supported housing • No mandate/£ for leaders/commissioners coming together pan-London, or at ICS level • OOHC & 'Everyone In' demonstrated what could be possible: £ and mandated to 'keep people safe' <p>Participation: a good start, but needs to be resourced longer-term</p> <ul style="list-style-type: none"> • Has been prioritised eg, pan-London participation network by Groundswell, & service standards • Participation of providers & workforce in commissioning is highly variable across London, the ICS and at place. • CoP enable positive practice to be shared: not commissioning

What we know works to commission effectively

	Where are we now in London?
4. Shared understanding	<p>Understanding holistic needs: things we could do locally in absence of national priority</p> <ul style="list-style-type: none">• Longstanding challenge & little progress since 2018 Government Rough Sleeping Strategy,• Academia and providers have sought to make the population visible so that health, care and support commissioners may engage and act.• Pan-London programme for co-occurring conditions commissioned a ‘market sizing’ exercise<ul style="list-style-type: none">• Invisibility in NHS datasets a barrier, as is silo’d approach to commissioning/service delivery Les understood about 1) intersectionality and 2) wider needs and strengths• What would make a difference<ol style="list-style-type: none">1. routine enquiry into home - safe, suitable, stable?2. common assessment/definitions3. consistent approach to recording information4. information and data sharing in support of integrated care pathways/better outcomes <p>Benefits and cost of not meeting needs: more work needed</p> <ul style="list-style-type: none">• Info exists at local/service level eg, to inform business cases & shared where known about <p>‘What works’ and learning: appetite but requires supportive leadership, and capacity</p> <ul style="list-style-type: none">• A number of sources of evidence-based guidance, and emerging learning eg, OOHC, Changing Futures etc,• Each of the five ICS can identify ‘pockets’ of positive practice in service delivery<ul style="list-style-type: none">• Primarily relate to specialist inclusion health GP practices, MH services, substance use• In mental health, positive practice usually from services funded from outside NHS baseline funding• Pan-London co-occurring programme supporting best practice sharing & some CoP

What we know works to commission effectively

	Where are we now in London?
<p>5. The right conditions for trust and relationships</p>	<p>National direction is fragmented and does not yet support a systems approach</p> <ul style="list-style-type: none"> • OHID, NICE and DLUHC's Changing Future's programme have sought to define trauma-informed care – not wholly supported by Government policy or funding • NHSE's Community Mental Health Framework for Adults and Older Adults has ambition • Criminal justice system has generated the most evidence as to the effectiveness <p>In London, at ICS and place there's support (some sectors): need a pan-London approach</p> <ul style="list-style-type: none"> • Supported by those working in homelessness, and inclusion health. • Developing an approach is focus of one of three workstreams under the recently re-established MH group • New models of care in London prisons and continuity of care into the community: means to share and build? • Can we develop a pan-London and systems approach, which overcomes the fragmentation from disparate government policy and funding?
<p>6. Agreed pathways of care, from whichever 'door' an individual first engages with</p>	<p>Model pathways of care largely don't exist, nor do the protocols or integrated workforce</p> <ul style="list-style-type: none"> • Support and develop workforce is a priority for action • Need to collaborate on the workforce: in recruitment, retention and development, HWB • National homeless and inclusion health organisations, pan-London, at ICS and 'place' level, there is some activity • Workforce one of three workstreams of the recently re-established Mental Health and Homelessness Group. • Must address legislative and administrative boundaries, typically associated with statutory duties and funding, • VCSE at risk: increasingly 'high' and complex to meet • Often the only advocates for the population, 'burn-out' risks silencing this voice

WHAT IS COMMISSIONING?

NHS commissioning definition

“Commissioning in the NHS is the process of ensuring that the health and care services that are being provided meet the needs of the population”

Commissioning is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, planning and agreeing the services, procuring and monitoring service providers.

System, Place, Neighbourhood level commissioning with ICS, regional e.g. GLA, and different levels of commissioning nationally.

Future - creating conditions for delivery

CREATING CONDITIONS FOR DELIVERY



OPPORTUNITIES

- ▶ Commissioner constraint's
- ▶ Informed delivery change e.g. intelligence is key to make a difference
- ▶ Have those conversations with commissioners
- ▶ Communities of Practice
- ▶ Homeless health and care practitioner Network (HHCPN)
- ▶ Clinical leads - such as Dr Jasmin Malik (NCL ICS) and Dr Natalie Miller (NWL ICS)
- ▶ Co design services - address gaps and barriers to healthcare.
- ▶ All priorities are unpinned by prevention and tackling health inequalities within the National Operational planning guidance 23/24

ORGANISATIONAL ABUSE

Q: How can we all do better going forward?

Q: What are the opportunities for you, for commissioners, for your service organisation, and for service delivery?

(open questions to the audience)

HOW DOES THE NHS IN ENGLAND WORK?

A 5 MINUTE PRESENTATION



- ▶ <https://www.youtube.com/watch?v=blapgFKXv0I>

COMMISSIONED SERVICES VIEWPOINT

- ▶ We see a lot of bad commissioning processes but (mainly) good commissioners
- ▶ Commissioners actively want to work with organisations who can make a difference
- ▶ Make links and offer solutions
- ▶ A good commissioner will work with you to get round less than perfect processes



TOP TIPS

- ▶ Be clear about what you can offer, and the change you can make. Solution focused, which of their problems can you solve?
- ▶ If you can offer a basic service with add-on – start small and grow
- ▶ Let them know about any added value you can bring via your other funded work
- ▶ Be clear about where you can be flexible and where you can't



THINGS TO BEAR IN MIND

- ▶ Get your budget right so that you get full cost recovery, be prepared to explain your costs
- ▶ Be aware that ICB's typically pay quarterly in arrears & are often slow payers – if cashflow is a big issue for your organisation this might be a problem
- ▶ You don't have to go it alone - think about partnering with other organisations



MAINTAINING THE RELATIONSHIP

- ▶ Ask for regular catch-ups - keep them informed
- ▶ Feedback what you are seeing on the ground
- ▶ Actively ask to be involved in forums, partnerships etc.
- ▶ If something isn't working let them know – generally there's room for manoeuvre
- ▶ Don't leave it too late to ask about next year's money and remember underspend is your

