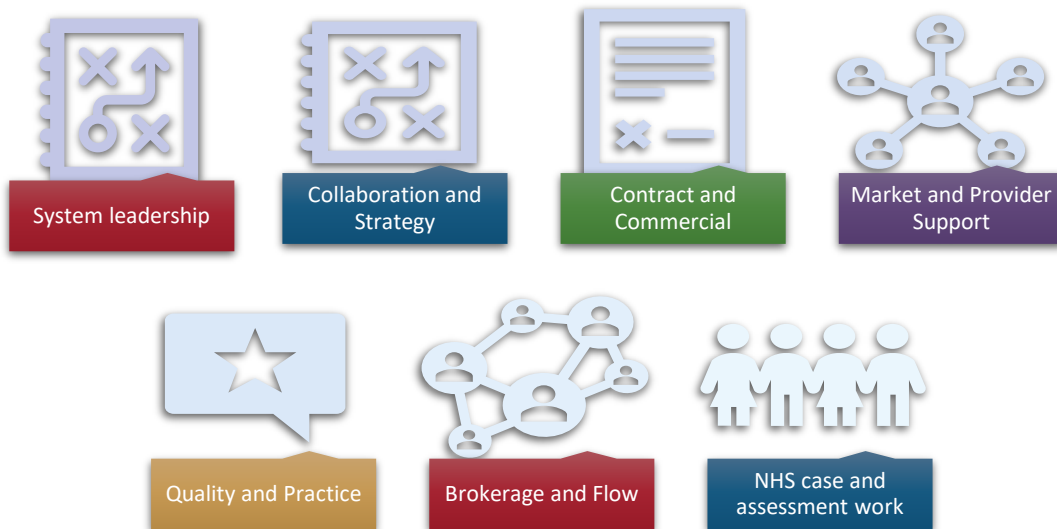


Appendix 6 Our Integrated Commissioning Approach

Gloucestershire Integrated Commissioning



Operating Framework

Gloucestershire County Council
Gloucestershire Integrated Commissioning Board

March 2024

Gloucestershire Integrated Commissioning



Introduction

INTRODUCTION

The purpose of this document is to describe the breadth, range, and functions of integrated commissioning in Gloucestershire. There has been a long history of innovation and development through integrated working across health and social care, working closely with people and partners such as our district colleagues and the voluntary sector. We know that by working together we can build a healthier more resilient Gloucestershire; supporting people to live independently and well, providing high quality joined up care when needed. We do this by ensuring people are at the heart of what we do, and the focus is on what matters to them.

Gloucestershire is a mix of urban and rural communities; life expectancy and health outcomes can vary based on where a person lives. In integrated commissioning we strive to reduce inequalities and enable communities to thrive, reducing unfair and avoidable differences in health and care outcomes.

The breadth of work includes:

- Children's health and social care
- Maternity services
- Mental Health
- Learning Disabilities and Neurodiversity
- Ageing Well/Frailty/Dementia/End of Life Programmes
- Adult Community Health Services
- Housing Programmes
- Care Market Management
- Support to the care market including Proud to Care, Proud to Learn and the Care Sector Support Team
- Support for carers
- Integrated brokerage
- Intermediate care and hospital flow
- Continuing Health Care (Adults) and Continuing Care (Children)
- Individualised commissioning for complex health needs
- Contract development, monitoring and management
- Quality monitoring and improvement

Gloucestershire Integrated Commissioning



Overview

VALUES

We work in accordance with the values of both Gloucestershire County Council and Gloucestershire Integrated Care Board.

COUNTY COUNCIL VALUES

Accountability: we do what we will say
Integrity: we are honest, fair and speak up
Empowerment: we enable communities and colleagues to be the best they can
Respect: we value and listen to each other
Excellence: we continually improve through listening, learning and evaluation

INTEGRATED CARE BOARD VALUES

Compassionate and Caring
Inclusive and Equitable
Accountable and Transparent
Innovative and Curious

VISIONS AND MISSIONS

ADULT SOCIAL CARE VISION AND MISSION

VISION

We make a difference by enabling people to help themselves and each other, doing the best we can to help people build resilience, thrive and live a good life.

MISSION

- Collaborate with family, carers, people, communities to promote good health, independence, positive risk taking, and prevent harm.
- Be involved when we're needed, at the right time, for the right length of time. Champion people's rights, treating them with dignity and respect.
- Promote social and community connections, enabling people to thrive, supporting independence, wellbeing, and healthy lifestyles.
- Act in a coordinated way that puts people at the centre, act on feedback and what people are telling us in a way that is responsive and flexible, listening to what is important to them.
- Challenge inequality and discrimination in all we do, poor quality wherever we see it, promote inclusion, and communicate in an accessible and open way.

- Do everything we can to support high quality services, making best use of intelligence, evidence, and available technology, creating a culture of learning and adapting to improve what we do.

CHILDRENS SOCIAL CARE VISION AND MISSION

VISION

Gloucestershire: A great place to grow up where children and young people thrive and live lives of choice and opportunity.

MISSION

- do everything we can to enable children and young people to thrive within their family and community, supporting independence and enabling children to grow up to live remarkable lives.
- collaborate with families and partners to prevent harm and protect children and young people.
- be involved when needed for as long as is needed.
- promote inclusion and belonging, helping to make Gloucestershire a place where all our children and young people see their future.
- act on what children and young people tell us is needed, developing services with children, young people, and families.

- use language that cares.
- challenge discrimination and inequality whenever we see it.

INTEGRATED CARE BOARD VISION AND MISSION

VISION

Making Gloucestershire the healthiest place to live and work – championing equity in life chances and the best health and care outcomes for all.

MISSION

- Building on the strengths of individuals, carers and local communities to improve resilience.
- Engaging people and communities so they are active participants in their health and wellbeing by listening, collaborating and strengthening our community engagement.
- Increasing our focus on prevention, the wider determinants of health, promoting independence and person-centred care
- Providing high quality joined up care as close to people's homes and their communities as possible.
- Valuing and supporting our workforce so they can develop, work flexibly and thrive at work.
- Working together, recognising the contribution of all our One Gloucestershire partners, including a thriving voluntary and community sector.
- Reducing disparities in outcomes, experience and access.
- Working together to use our resources wisely, obtaining the greatest value for our population.

INTEGRATED COMMISSIONING PURPOSE

The purpose of integrated commissioning is to effectively design, manage, and deliver care and health pathways and services to meet the health and social care needs of residents of Gloucestershire. We do this within the framework of the visions and missions for adults, childrens, and health.

We aim to enable the Council and ICB to work closely together to commission genuinely integrated services in the community that build individual and community resilience to support people to stay well at home and provide a rapid response to health and social crises that enable people to stay home whenever possible.

Commissioners support high quality services, making best use of intelligence, evidence, and available technology, creating a culture of learning, and adapting to improve what we do.

Commissioners focus on outcome and impact. We support the voice of local people, collaborate effectively with external stakeholders, gain a deep understanding of the need and target resources effectively to empower individuals and communities to meet their needs, with support from services as required. We focus on the benefits for the people, places, and populations, with the individual person at the heart of the approach.

INTEGRATED COMMISSIONING FUNCTIONS

Integrated Commissioning delivers functions for *Gloucestershire County Council* and *Gloucestershire Integrated Care Board*. The functions broadly cover populations and providers and people and placements. Services commissioned cover maternity, children, adults, and carers, .

System Leadership: working effectively across boundaries with diverse groups of stakeholders, people and staff, acting as a change agent often in areas of conflicting priorities to improve and innovate.



System
leadership

Collaboration and Strategy: Long term strategic planning, developed with people using services, professionals, and providers. This includes the development of condition and client group strategies.

Collaboration
and Strategy



Contract and Commercial: Commercially focused management of supply chains, providers, and contracts. Includes assurance that contract management, monitoring, and reporting, commercial relationships with providers, commercial assurance and management, fee negotiation.



Contract and
Commercial

Market and Provider Support: Support for providers to deliver services, develop their business, and provide high quality services, alongside the market shaping and sufficiency response needed for the whole population.

Market and
Provider Support



Quality and Practice: The quality of support and delivery across services, with a particular focus on a preventative approach and good clinical practice.



Quality and
Practice

Brokerage and Flow: Connecting individuals with identified needs to appropriate care. Management of flow through block provision.

Brokerage and
Flow



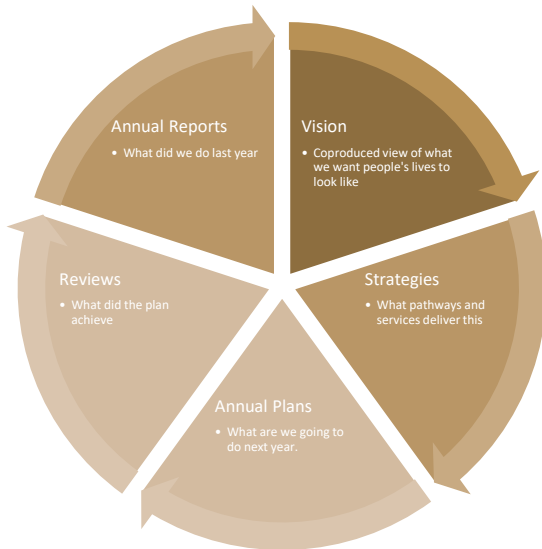
NHS case and assessment work: This covers Adult Continuing Health Care, Children's Continuing Care, the Dynamic Support Register and Learning Disability and Autism case management.



NHS case and
assessment work

OPERATING MODEL

STRATEGIC FRAMEWORK AND PLANNING CYCLE



Integrated commissioning provides long term strategic planning for the health and social care system in Gloucestershire. This includes a focus on population demand and service capacity over the next 25 years.

This long-term strategic work focuses on the delivery of population level outcomes, with a focus on prevention and service sufficiency. Outcomes are coproduced with people using services, professionals, and providers.

As part of this process, we provide strategic oversight and design support for care and health pathways – ensuring services join up and are integrated. This includes long term strategies covering 3 to 5 years, annual plans for delivery, and reports outlining the impact of the work.

COMMISSIONING CYCLE

The longer-term planning cycle is supported by a shorter term and service/area commissioning cycle that guides the work of commissioners.

Analyse: understand the needs that must be addressed, the values and purpose of the agencies involved, and the environment in which they operate.

Plan: identify the gaps between what is needed and what is available and decide how these gaps will be addressed.

Do: secure services and ensure they are delivered as planned.

Review: monitor the impact of services and approaches and ensure any future commissioning activities take the findings of this review into account.



DEPENDENCIES

The work of integrated commissioning depends on a range of support services and functions delivered across the system. We work collaboratively and seek to enhance and not duplicate the work of others.

STAKEHOLDERS

- Coproduction and Voice Groups
- Clinical Programme Groups
- Gloucestershire Care Provider Association and provider forums
- Gloucestershire Voluntary and Community Alliance
- District Councils
- University of Gloucestershire

OPERATIONAL TEAMS

- GHC operational teams
- GHFT operational teams
- SWAST operational teams
- Primary Care – particularly PCNs and ILTs
- Adult Social Care
- Childrens Social Care

GCC AND GICB SUPPORT SERVICES

- Performance and Business Intelligence



Gloucestershire County Council Adult Social Care
CQC Self-Assessment
Appendices

- | | |
|--|---|
| <ul style="list-style-type: none">• Procurement• Finance• Legal• Human Resources• Information Governance | <ul style="list-style-type: none">• Engagement and Consultation• Democratic Services (GCC only)• Communications |
|--|---|

ADULT SOCIAL CARE

The [Care Act \(2014\)](#) itself does not specifically mention commissioning, but it is included in the vocabulary of the chapter of the statutory guidance '[Market shaping and commissioning](#)' and is as a core part of implementing the requirements of the Act. The Care Act promotes the following commissioning principles:

- focusing on outcomes and wellbeing
- promoting quality services, including via workforce development and remuneration and ensuring appropriately resourced care and support
- supporting sustainability
- ensuring choice
- co-production with partners

CHILDRENS SOCIAL CARE

All local authorities have a statutory duty to ensure sufficient accommodation for its Looked After Children and Young People. The sufficiency duty is set out in section 22G of the [Children Act 1989](#). Although the sufficiency duty specifies that, as far as possible, children should be found a home within the local authority area, it does recognise that some children need to be placed outside of the local area for their welfare.

The statutory guidance on securing sufficiency accommodation for looked after children is made under section 10 of the Children Act 2004. '[Statutory guidance on securing sufficient accommodation for looked after children](#)', Department for Education, March 2010.

Section 26 of the Children and Families Act (2014) sets out expectations for joint commissioning.

NHS

The current system is based on arrangements set out in the [Health and Care Act 2022](#). This is substantially different from previous arrangements involving Clinical Commissioning Groups. This section focuses on the responsibility of the Integrated Care Board (of which Integrated Commissioning is part).

[ICBs](#) have taken over the statutory responsibility for commissioning most NHS services previously held by clinical commissioning groups. The ICB must have regard to its partner ICP's integrated care strategy in carrying out its work as these strategies are intended to set the conditions for the statutory commissioners of the NHS, social care and public health. The ICB is responsible for producing a five-year plan for how NHS services will be delivered to meet local needs.

Commissioners and system partners need to work together to deliver the [Triple Aim](#), which is a common duty for NHS bodies that plan and commission services (NHS England and ICBs) and that provide services (Trusts and Foundation Trusts). It obliges these bodies to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities in that health and wellbeing)
- the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
- the sustainable and efficient use of resources by both themselves and other relevant bodies

CHC AND CC

The [national framework for NHS continuing healthcare](#) and NHS-funded nursing care sets out the principles and processes for eligibility.

The [children and young people's continuing care national framework](#) sets out the process for assessing, deciding and agreeing continuing care for children with complex health needs.

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS, where an individual is assessed to have a primary health need. A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

NEEDS ASSESSMENT AND PLANNING

- A. Identify the care and health needs within a specific population or community.
- B. Conduct comprehensive assessments to determine the type and level of care required.
- C. Collaborate with stakeholders, including service users, families, providers, and professionals, to develop plans that meet the identified needs.

COMMISSIONING PROCESS

- D. Market Analysis and Procurement
 1. Analyse the market to understand available service providers and their capabilities.
 2. Develop procurement strategies to engage with and select suitable providers.
 3. Facilitate competitive tendering processes to ensure quality and value for money.
- E. Contract Negotiation and Management
 1. Negotiate contracts with selected service providers, outlining service specifications, performance expectations, and financial arrangements.
 2. Establish clear contractual terms and conditions to ensure compliance and accountability.
 3. Monitor and manage the ongoing performance of contracted providers, including regular review meetings and evaluation against agreed-upon metrics.
- F. Financial Planning and Budgeting
 1. Allocate financial resources based on identified needs and available funding.
 2. Develop budgets and financial plans to ensure efficient and effective use of resources.
 3. Monitor expenditure and financial performance, adjusting as necessary to maintain financial sustainability.

QUALITY ASSURANCE AND IMPROVEMENT

- G. Quality Monitoring and Assurance
 1. Establish quality standards and specifications for social care services.
 2. Monitor and assess the performance of service providers against these standards.
 3. Conduct regular inspections, audits, and reviews to ensure compliance and identify improvement.
- H. Service Evaluation and Improvement
 1. Evaluate the outcomes and impact of social care services on service users and the community.
 2. Collect and analyse data to inform decision-making and drive service improvement.

3. Collaborate with providers and stakeholders to implement changes and innovations that enhance service quality and outcomes.

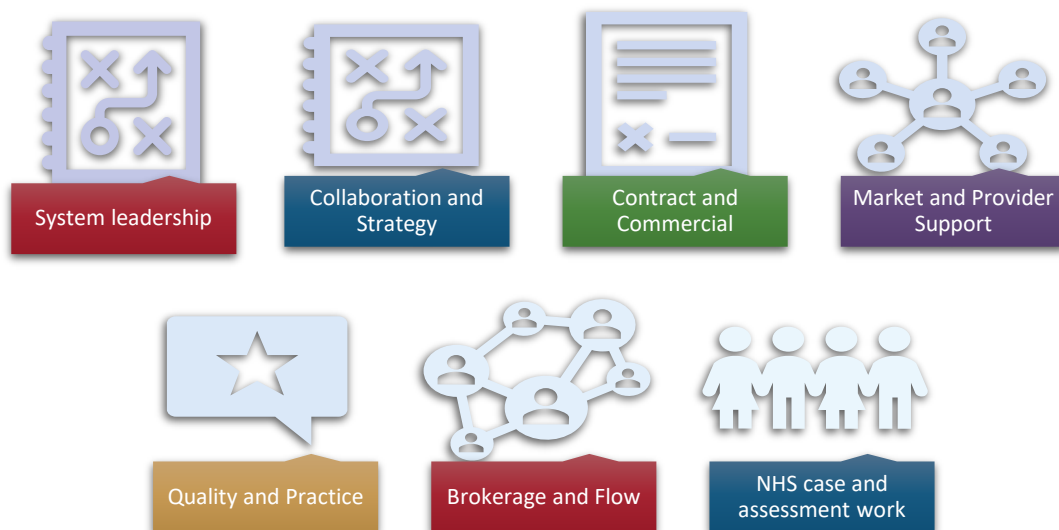
COLLABORATION AND PARTNERSHIPS

- I. Stakeholder Engagement
 1. Engage with service users, families, and advocacy groups to understand their needs and experiences.
 2. Foster meaningful partnerships with the broader market healthcare providers, community organizations, and other stakeholders to coordinate care and support.
 3. Work collaboratively with partners across the ICP (Health, Care, VCSE organisations, District and Borough Councils, Integrated Locality Partnerships)
- J. Coproduction
 1. Design services with people who use them, and their carers.
 2. Evaluate services with people who use them, and their carers.
 3. Work with providers and their representatives to support the development of robust and sustainable health and social care services.
- K. Policy Development and Implementation
 1. Stay informed about social care policies, legislation, and best practices.
 2. Contribute to the development and implementation of local and national policies and strategies.
 3. Advocate for the needs of the population and influence policy decisions to improve health, social care and other commissioned services.

MONITORING AND REPORTING

- L. Data Collection and Analysis
 1. Collect and analyse data related to service provision, outcomes, and performance.
 2. Use data to inform decision-making, identify trends, and evaluate the effectiveness of interventions.
- M. Reporting and Accountability
 1. Prepare reports on the commissioning process, financial performance, and service outcomes.
 2. Communicate findings to stakeholders, including elected officials, funding bodies such as NHSE, senior management and governance boards, and the public.
 3. Ensure transparency and accountability in the management and delivery of health and social care services.

Gloucestershire Integrated Commissioning



Areas of Work

CARERS

There is long history of supporting carers in Gloucestershire and our carers team works with commissioned providers to support carers across all communities in the county. Our main commissioned provider has increased the number of carers they support from 2000 when they took the contract to over 12000 in five years.

Acknowledging that a mainstream generic offer might not suit all we also commission smaller voluntary organisations to support specific groups. Recognising the importance of carers within the system and the impact that Covid has had we need to work with Carers and representative groups to build on our established Carer's Action Plan and develop a "Carer's Strategy" to coordinate a system wide approach. It is anticipated that this will include an in-depth study of crisis/emergency response for carers and the development of a new approach to services in this area.

Our Carer's Action Plan has the following aims for carers to: -

1. **Be heard** – to identify, support and act on feedback.
2. **Be recognised** – to be carer aware.
3. **Be informed** – to have relevant information and advice
4. **Be prepared** - to have plans in place for the unexpected
5. **Be connected** - to help reduce loneliness and improve wellbeing
6. **Be reached** – to provide the right methods of communication and help to access online support.

MATERNITY, CHILDREN, AND YOUNG PEOPLE

Children ,Young People and Maternity Services are key priorities. We want Gloucestershire to be a healthy place where people start and nurture their families, learn and work, and support the communities they live in. Over the next five years, our ICS will focus on prevention and the wider determinants (i.e. the social, economic, and environmental factors) which influence people's mental and physical health. This means helping

people to stay healthy, happy, and independent for as long as possible. This includes stopping problems from arising in the first place, not just treating them when they become ill.

MATERNITY

Our Local Maternity and Neonatal System brings partners together to improve outcomes for parents and their families to ensure that we provide safe personalised care for women and birthing people and to support children to have the best start in life. For children and young people, we are committed to early identification and intervention, working together to improve health and care outcomes. Our ambition for children, young people and their families in Gloucestershire is for them to experience integrated services that are holistic in their approach, supporting their mental, physical, emotional and social needs.

CHILDREN, AND YOUNG PEOPLE

We aim to ensure that children's health services can be accessed in a timely way, without the burden of requiring huge amounts of navigation and in a setting that is most appropriate or convenient to them. We will increasingly bring together our services so that they are better connected, and young people are prepared for transition to adulthood. This includes areas such as mental health, weight management, neurodiversity, Special Educational Needs and Disability (SEND), mental health and complex health needs as well as the trauma-informed support we provide for children in need of protection and those in care. We are committed to reducing health inequalities for children, young people, women and birthing people and have developed some innovative approaches in collaboration with women, children, parents and carers and our system partners.

In line with our focus on SEND, we are committed to the development and implementation of a SEND Commissioning Strategy, to promote our joint approaches to meeting the needs of children and young people with SEND in a timely manner across universal, targeted and specialist provision.

We will continue to promote the Dynamic Support Register (DSR) for children and young people with a learning disability and/or autism 0-18 years. With consent, those who are included on the register will be proactively reviewed to identify as early as possible whether any additional support is needed. Dynamic Keyworking will continue to offer support to those on the DSR.

The Children's Continuing Care assessment and case management function strives for timely assessment and provision of a personalised package of care. Market development continues to attract new providers to Gloucestershire to provide good quality and cost effective provision to meet needs of children and young people.

ADULT OF WORKING AGE

Commissioning adult health, social care, and advocacy services for adults with mental illness and disabilities necessitates a multifaceted approach to ensure access to timely good quality care. We work collaboratively with colleagues across GCC/ICB, Experts by Experience/system partners (via Partnership Boards) and clinicians (via Clinical Programmes). As an integrated team we bring together the medical model of illness/disability (focus on diagnosis/treatment of individuals) and social model (emphasis on removing barriers to enable community participation/access, stigma/discrimination) to deliver holistic care.

HEALTH AND SOCIAL CARE FRAMEWORKS

The current contracting strategy has provided an integrated commissioning approach across health and social care with consistency of processes, contractual terms and pricing. It has ensured equity of access to community-based services across all client groups in Gloucestershire through the consistent use of the brokerage function across the various Lots. Setting agreed rates ensures transparency and equity across the market and puts quality at the forefront when making decisions about provision.

The procurement process is robust and provides a level of assurance for individuals, families, commissioners and operational teams when calling off individual packages of care and support under the Framework. Lots to include:

- Supported Living (with floating support outreach option) - Non-Complex.
- Supported Living (with floating support outreach option) - Complex Needs.
- Forensic Support Services.
- Domiciliary Care.
- Floating / Visiting Support for Children and Young People.
- Extra Care Housing
- Complex Physical Health Needs

QUALITY

The programme provides oversight, support and scrutiny across all social care services commissioned for individuals with learning disabilities, physical disabilities, mental health issues and/or autism. This includes the provision commissioned via the Health & Social Care Framework including joint funded arrangements (via s256 agreements with the CCG), residential care homes, services commissioned by Continuing Health Care (CHC), Assessment & Treatment Units (ATU), day opportunities, respite care and GCC in-house services

LEARNING DISABILITY

Ensure that adults with learning disabilities can live socially inclusive lives in their local communities through provision of preventative services, good quality care and support. Clinical services will support people to meet their identified health care needs, minimise need for admission to hospital and if necessary, admit via mainstream MH acute. Key to delivering this are the functions provided by the Integrated High Needs team (e.g. development of community pathway escalation model, DSR, CTRs) and good quality social care support via frameworks. We will work to reduce health inequalities through our work on APHC and LeDeR.

MENTAL HEALTH

We work collaboratively with commissioners, providers and Experts by Experience to deliver the key priority areas for Adult Mental Health:

Commissioning of Integrated health and social care services for adults with Serious Mental Illness and assurance of key statutory delegated functions. Embedding of the Community Mental Health Transformation Programme at Primary Care

Network level (Locality Community Partnership Teams) including additional support for APHC, employment support, development of rehab pathways to prevent need for specialist out of area placements.

Implementation of UEC Mental Health programme for Gloucestershire incorporating the MH elements of Right Care Right Person and the MHDLA Inpatient Quality Improvement Programme.

AUTISM

We work collaboratively with commissioners, providers and Experts by Experience to deliver the six key themes of the local All Age Autism Strategy: Improve understanding and acceptance of Autism

- Improve Autistic children and young people's access to education and support positive transitions into adulthood
- Support more Autistic people into employment
- Tackle health and care inequalities for Autistic people
- Build the right support in the community and support people in inpatient care
- Improve support within the criminal and youth justice system

OLDER PEOPLE

Our work with older people aims to enable people to live a good quality of life as independently as possible in the place they call home: to live well, age well and die well. This includes:

Proactive Care : Risk stratification to identify groups of who will benefit from care co-ordination, holistic personalised care and support plans and planning for future care needs to avoid crisis where possible.

Enhanced Health in Care Homes : Provision of support to our care home providers to improve the quality of care and clinical interventions they deliver.

Frailty: Our Strategy has 4 key aims: Prevention – to slow, halt or delay the impact of ageing or living with a long-term condition,

reducing crisis, unplanned healthcare and the need for long term social care

Dementia: Our Strategy adopts a life course approach through:

Preventing Well: to raise public awareness to minimise risk factors and identify signs and symptoms of dementia.

Diagnosing Well: to improve our diagnosis rates of dementia

Supporting Well: to deliver post-diagnostic support through a skilled workforce

Living Well: to ensure people can live safely in their communities and receive a range of therapeutic interventions which supports the person with dementia and their carers.

Dying Well: to ensure people can plan for their future care and die in their place of choice.

Palliative and End of Life Care: Our Strategy adopts all-age, personalised approach, working with people of lived experience, aiming to reduce health inequalities and inequalities of access to services. The programme of work focuses on taking a proactive approach to end-of-life care, promoting the importance of early identification, supporting people to communicate their wishes, such as where they would like to die, and shaping services so that people die in their place of preference.

Intermediate Care: temporary support for people needing a post hospital, assessment-based service to help them remain at home independently; or to delay the need for ongoing care. Either helping people to stay at home with support (pathway 1) or a short term stay in a bed-based environment (pathway 2). Everyone gets an assessment within 48 hours of discharge and goals set towards independence. Each person will go through reablement (a statutory Care Act service) before an ongoing care package is agreed, people can also be stepped up into reablement from the community to prevent an admission.

Equipment and Technology Enabled Care: are key enablers in reducing care, working hand-in-hand with intermediate care services. Equipment may be prescribed on discharge to help a physical rehab goal, or technology might be prescribed to help ongoing independence, to support the person to

interact with their environment, or wider society/employment more effectively.

CONTINUING HEALTH CARE

Continuing Health Care (CHC) offers funding for adults who require care provision for health care needs that cannot be met by universal services or ordinarily commissioned services. The CHC team made up of both nursing staff and health care support staff undertake an assessment of health need following the CHC revised framework 2022 to determine if the individual meets the criteria for the funding. Individuals that are eligible usually have extremely complex health needs or are rapidly deteriorating at the end of their life. CHC will work in conjunction with system partners such as Adult Social Care or district nursing to comprise care tailored to the individual's needs. Care is largely sourced via our integrated brokerage team within the County Council on our behalf.

Where an individual is not eligible for CHC there may be a health funding contribution to their care costs. This funding is usually agreed if the needs cannot be met by universal or commissioned services and fall outside the scope of Care Act funding.

HOUSING

The housing team work collaboratively with partners to improve health through the home, bringing together evidence and resources to improve practice and drive innovation. Key to success is the ability to highlight inequity of access and health inequalities arising from poor housing, working collaboratively to seek solutions. The housing programmes include increasing the number of accessible homes across the county through sharing data and best practice, embedding flexibilities in both the assessment and financial processes to meet the needs of disabled and older people through provision of individual and community grants. This is aligned to the Housing with Care Programme and provides a voice for health and social care in matching adapted properties to those in need. The team respond to planning applications for care facilities such as

extra care housing, care homes and specialist housing and contribute to district council local housing plans, providing specific supplementary policies for specialist housing and supporting market management.

The team work closely with external partners and the voluntary sector to support energy advocacy and retrofitting for those in greatest need, utilising the Warm and Well funding and drawing down national grant funding to support schemes such as Warmth on Prescription. The team actively supports prevention and system flow where individuals have an issue related to their home that may lead to hospital admission or prevent timely discharge. This involves working closely with community-based teams and local housing officers to find solutions that reduce adverse impact on the individual and pressure on public services.

WORKFORCE

Current population trends show an increase in older people, and we anticipate a significant increase in demand for adult social care services in the next ten years. This will result in the need to recruit an increased care workforce from an almost static working age population.

The care industry is competing with such fields as leisure and commerce, as well as children's and health services for the same limited pool of staff. There is an imperative to attract more staff to the roles and to make the best use of staff available.

Our work in this area is therefore focused on developing a workforce strategy that addresses 5 key areas of concern identified by providers:

1. Recruitment
2. Retention
3. Training and Development
4. Digital skills
5. International Recruitment

Working in partnership the system will need to implement actions designed to support and address the tensions and difficulties in each of these areas.

Gloucestershire Integrated Commissioning



Functional Details

FUNCTIONAL OVERVIEW



System leadership



Collaboration and Strategy



Contract and Commercial



Market and Provider Support



Quality and Practice



Brokerage and Flow



NHS case and assessment work

SYSTEM LEADERSHIP

Working effectively across boundaries with diverse groups of stakeholders, people and staff, acting as a change agent often in areas of conflicting priorities to improve and innovate.

COLLABORATION AND STRATEGY

Integrated commissioning provides long term strategic planning for the health and social care system in Gloucestershire.

This long-term strategic work focuses on the delivery of population level outcomes, with a focus on prevention and service sufficiency. Outcomes are coproduced with people using services, professionals, and providers.

As part of this process we provide strategic oversight and design support for care and health pathways – ensuring services join up and are integrated. This includes long term strategies covering 3 to 5 years, annual plans for delivery, and reports outlining the impact of the work. The strategic and planning cycle is set out here.

CONTRACT AND COMMERCIAL

Integrated commissioning provides commercially focused management of supply chains, providers, and contracts.

This includes contract management, monitoring, and reporting, commercial relationships with providers, commercial assurance and management, and fee and uplift negotiation. This commercial contract management is focused on the broader market of provision.

MARKET AND PROVIDER SUPPORT

Integrated commissioning manages the broader market of health and social care services for the population of Gloucestershire. This includes the market shaping and sufficiency response for adults and children.

The market position statement for adults and sufficiency plan for children are developed as part of this work. This includes working in partnership with ILPs, District and Borough Councils and commissioned services to share data to influence local plans to deliver health and care outcomes.

Alongside this we provide support for providers to deliver services, develop their business, and provide high quality services.

QUALITY AND PRACTICE

Integrated commissioning uses an intelligence and data led approach to support the quality of delivered services in Gloucestershire.

This does not replace the work of regulators (OFSTED and CQC) for regulated provision but focuses on the quality of support and delivery across services, with a particular focus on the voice of local people alongside a preventative approach and good therapeutic clinical practice.

BROKERAGE AND FLOW

Brokerage work focuses on connecting individuals with identified needs to appropriate care.

Integrated commissioning manages flow across a range of commissioning pathways. This includes P1 / P2 / P3 for hospital discharge and access to long term care for ASC and CHC.

NHS CASE AND ASSESSMENT WORK

Integrated commissioning is responsible for NHS specific workstreams that relate to individuals' access to health funding and case management.

This includes Adult Continuing Health Care and Children Continuing Care. Alongside this there is key working for children and young people with a Learning Disability and/ Autism, the Integrated High Needs Support Team for adults.

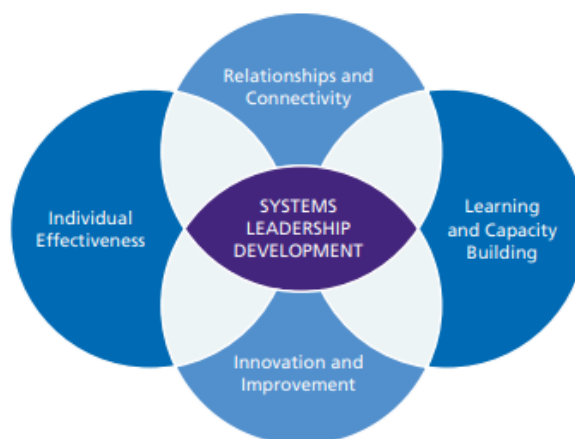
SYSTEM LEADERSHIP



Working effectively across boundaries with diverse groups of stakeholders, people and staff, acting as a change agent often in areas of conflicting priorities to improve and innovate.

Systems Leadership emphasises particular leadership qualities required to effectively work across boundaries with diverse groups of people, patients, citizens and staff. It involves working in a system and, at the same time, acts as a change agent within that system to improve its overall performance, focused on improving the health of the population and providing treatment and care to all who need it.

We develop systems leadership in our teams by using four domains.



Individual Effectiveness focuses on the effectiveness and resilience of the individual and their role in the organisation and the system. Aims to develop new behaviours and ways of working that promote a collaborative approach.

Relationships and Connectivity Creating the right kind of relationships with communities and partners; people coming together for a purpose; place based, system/service or pathway led and aiming to develop consistency of approach or to tackle complex issues collectively.

Innovation and Improvement creating new ways of thinking, experimentation and discovery and the application of improvement methodologies, testing and learning, spreading and adopting better ways of doing things.

Learning and Capacity Building Creating a learning system and a culture of transparency and sharing, enabling the awareness of best practice and development of common understanding. Being inclusive and seeking contributions from all stakeholders including citizens and communities. Building diverse teams and inclusive cultures to enable greater understanding.

COLLABORATION AND STRATEGY



Integrated commissioning provides long term strategic planning for the health and social care system in Gloucestershire.

This long-term strategic work focuses on the delivery of population level outcomes, with a focus on prevention and service sufficiency. Outcomes are coproduced with people using services, professionals, and providers.

As part of this process, we provide strategic oversight and design support for care and health pathways – ensuring services join up and are integrated. This includes long term strategies covering 3 to 5 years, annual plans for delivery, and reports outlining the impact of the work. The strategic and planning cycle is set out here.



COMMISSIONING STRATEGIES

We will use a lifespan approach to overarching commissioning planning – to ensure effective commissioning planning across the whole cycle of care.

These will cover

- Caring Well (All age carers strategy)
- Starting Well (Pre-birth to 18)
- Living Well (18 – 64)
- Aging Well (65 +)
- Dying Well (All age end of life strategy)

Alongside the lifespan strategies we may have some specific condition strategies depending on need and central guidance.

These are likely to include

- Dementia
- Autism
- Down Syndrome

OTHER STRATEGIES

Alongside the lifespan strategies there are some overarching strategies that inform the work of commissioning. Key ones include

- Children Sufficiency Strategy
- Housing with Care
- Adult Market Position Statement
- Technology Strategy
- Data and Intelligence Strategy
- Locality Strategy
- Personalisation Strategy
- Prevention Strategy
- Quality Strategy
- Information Advice and Guidance Strategy
- Coproduction Strategy
- Workforce Strategy

CONTRACT AND COMMERCIAL



Integrated commissioning provides commercially focused management of supply chains, providers, and contracts.

This includes contract management, monitoring, and reporting, commercial relationships with providers, commercial assurance and management, and fee and uplift negotiation. This commercial contract management is focused on the broader market of provision.

CONTRACT MANAGEMENT, MONITORING, AND REPORTING

Contract management in adult social care involves overseeing agreements with service providers to ensure compliance and quality of care. Monitoring entails regular assessment of service delivery to identify any deviations or issues. Reporting involves transparent communication about the contract's performance, highlighting successes and addressing challenges for continuous improvement. Effective contract management, monitoring, and reporting are crucial for maintaining accountability, optimizing service quality, and fostering positive outcomes in adult social care.

COMMERCIAL ASSURANCE AND MANAGEMENT

Commercial assurance and management involve ensuring the financial and contractual aspects of business operations are effectively handled. This includes overseeing contracts, managing financial risks, and ensuring compliance with legal and regulatory requirements. This includes ensuring providers are paid effectively.

Commercial assurance emphasizes the reliability of financial information, while management involves strategic decision-making to optimize commercial outcomes. Together, they form a framework that supports sound financial practices, risk mitigation, and overall success.

FEE AND UPLIFT NEGOTIATION

Fee and uplift negotiation is the process of discussing and adjusting service fees or contract values. This negotiation may involve considerations such as changes in service scope, quality improvements, or external factors impacting costs.

Skilful negotiation aims to achieve a fair and mutually beneficial agreement between parties, balancing financial sustainability for the service provider with value for the client. Effective fee and uplift negotiation contribute to the overall success of commercial arrangements and help build long-term, collaborative partnerships.

MARKET AND PROVIDER SUPPORT



Integrated commissioning manages the broader market of health and social care services for the population of Gloucestershire. This includes the market shaping and sufficiency response for adults and children.

The market position statement for adults and sufficiency plan for children are developed as part of this work. This includes working in partnership with ILPs, District and Borough Councils and commissioned services to share data to influence local plans to deliver health and care outcomes.

Alongside this we provide support for providers to deliver services, develop their business, and provide high quality services.

PROVIDER SUPPORT

The provider support function involves facilitating and assisting service providers in delivering high-quality care services. This includes offering guidance on contractual obligations, providing resources for training and development, workforce development and support, and fostering effective communication between commissioners and providers.

Provider support aims to ensure that service providers have the necessary tools and knowledge to meet contractual requirements and deliver services that align with the needs and expectations of the community. This collaborative approach enhances the overall quality and sustainability of adult social care services within the commissioning framework.

MARKET MANAGEMENT

The market management function involves assessing, shaping, and overseeing the supply of care services within a specific geographic area or community. This function aims to create a well-functioning and diverse marketplace of care providers to meet the varied needs of service users.

This includes the creation of a market position statement and overseeing strategic implementation of the results of that position on a long term basis.

Market management includes activities such as market analysis, identifying gaps in service provision, encouraging competition, and promoting innovation. By actively managing the care market, commissioners can enhance choice for service users, improve service quality, and ensure the availability of a range of services that address the unique requirements of individuals receiving adult social care.

Market management includes responsibility for the management of issues with providers, such as suspensions and complaint investigations, informed by safeguarding and the quality function.

QUALITY AND PRACTICE



Integrated commissioning uses an intelligence and data led approach to support the quality of delivered services in Gloucestershire.

This does not replace the work of regulators (OFSTED and CQC) for regulated provision but focuses on the quality of support and delivery across services, with a particular focus on the voice of local people alongside a preventative approach and good therapeutic clinical practice.

Quality support aims to enable provider to deliver high quality support to individuals. It includes support for clinical practice and skills development, advice on the management of individual patients, and support for providers development of quality assurance systems.

The quality function is dedicated to ensuring that care services meet established standards and deliver positive outcomes for individuals. This involves defining quality criteria, monitoring service delivery, and assessing performance against predefined benchmarks. Quality assurance may include inspections, audits, and regular evaluations to address compliance with regulations, as well as assessing the effectiveness and impact of services on the well-being of those receiving care.

The goal of the quality function is to uphold and improve the standards of care, promoting a culture of continuous improvement within the social care commissioning framework.

This includes clinical support to ensure that medical and healthcare aspects align with established standards. This involves monitoring and evaluating the clinical effectiveness of care services, adherence to healthcare protocols, and the overall impact on individuals' health outcomes. The quality function collaborates with health professionals to assess the integration of medical and clinical support within social care programs. By emphasizing quality in health and clinical support, social care commissioning aims to provide comprehensive and effective care services that address both social and healthcare needs, promoting the overall well-being of individuals in the community.

BROKERAGE AND FLOW



Brokerage work focuses on connecting individuals with identified needs to appropriate care.

Integrated commissioning manages flow across a range of commissioning pathways. This include P1 / P2 / P3 for hospital discharge and access to long term care for ASC and CHC.

The brokerage function in social care involves facilitating the connection between individuals in need of care and appropriate service providers. Brokers act as intermediaries, helping service users navigate the available care options, understand their needs, and make informed choices.

This function includes assessing individual requirements, matching them with suitable providers, and negotiating service agreements. Brokers play a pivotal role in ensuring that individuals receive personalized care that meets their specific needs, fostering a client-centered and responsive social care system.

Alongside this brokers ensure that available care is delivered to people most in need, and have a core function in times of system flow of working to support prioritisation to ensure overall system effectiveness.

NHS CASE AND ASSESSMENT WORK



Integrated commissioning is responsible for NHS specific workstreams that relate to individuals' access to health funding and case management.

This includes Adult Continuing Health Care and Children's Continuing Care. Alongside this is there is Dynamic Keyworking for children and young people with a Learning Disability and/ Autism, the Integrated High Needs Support Team for adults.

NHS case and assessment work covers the following areas

- Adult Continuing Health Care
- Children's Continuing Care
- Learning Disability and Autism case management
- Transforming Care
- Personal Health Budgets
- Any other health funded condition not otherwise covered by contracted services
- Disputes management

The ICB provide funding contributions towards care provision where the needs of the person cannot be met by universally commissioned health services, the person's needs fall outside the scope of the care act 2014, there is a requirement to do so under a legal framework or the person requires a specialist provision of health care that has a bespoke element. Consideration of contribution amounts and frequency are subject to local policy and discussed and considered across the one Gloucestershire system. Each contribution is reviewed by the ICB or system partner.

Gloucestershire Integrated Commissioning



Governance

GOVERNANCE STRUCTURE

Decisions within Integrated Commissioning are taken and documented at the **integrated commissioning leadership team monthly meeting**. This includes decisions on work priorities, staffing and resource allocation, and shared work.

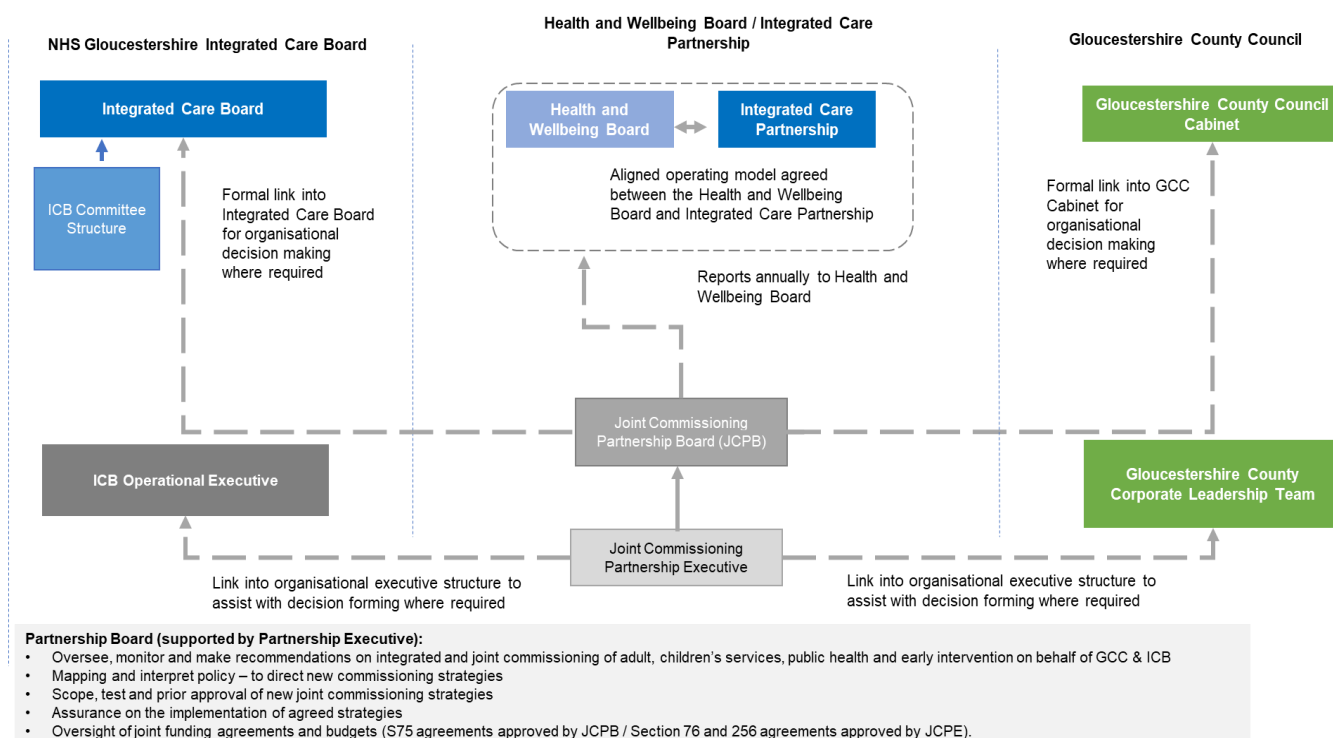
Joint commissioning decisions then follow the agreed joint decision-making framework set out below. Some commissioning decisions will sit primarily within one or other organisation and then the appropriate governance route will be followed.

Where financial decisions are involved the relevant schemes of delegation will be used to support officers in their decision-making process.

Decisions about shared and split funding for specific cases across health and social care are governed by two protocols – one for funding decisions relating to adults, and one for funding decisions relating to children. These are available as separate documents.

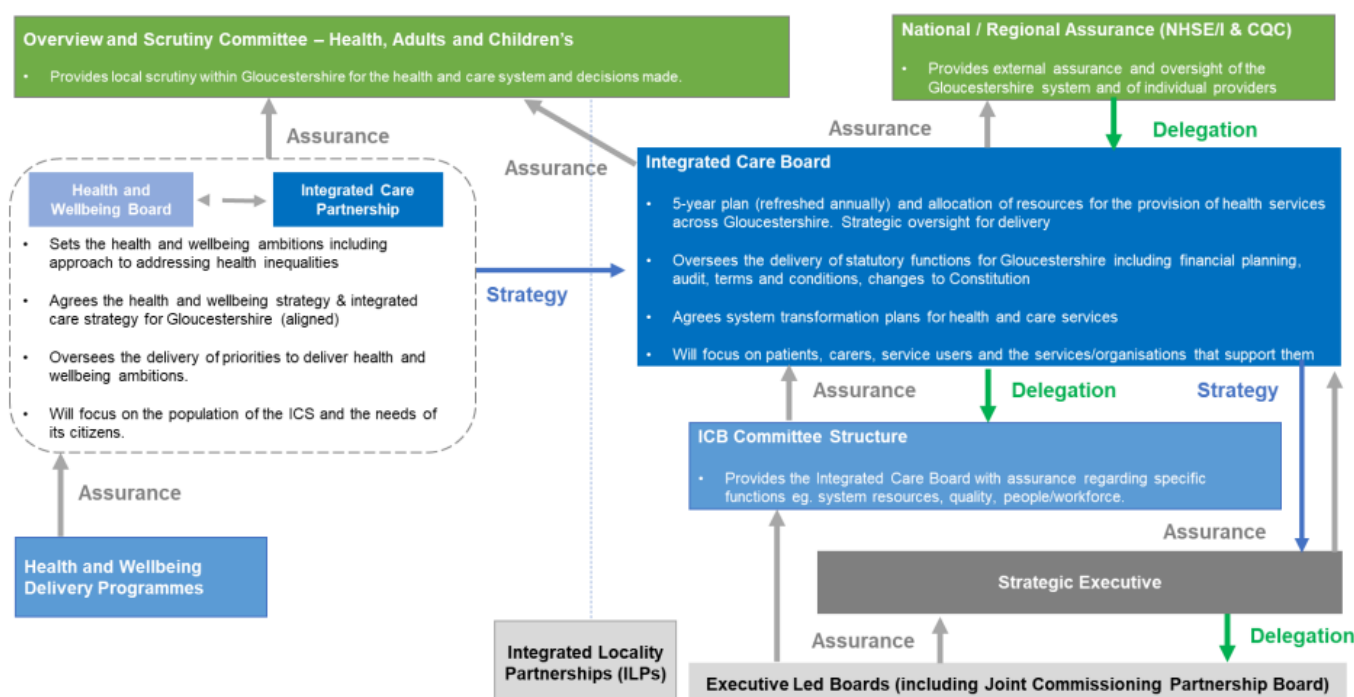
JOINT DECISION MAKING

There are governance routes both within the ICB and the council which make decisions and should be undertaken in conjunction with the joint arrangements depending on the decision to be made and the level of funding. However, the primary decision making and governance route for commissioning in Gloucestershire is **Joint Commissioning Partnership Executive** whose role is to oversee, monitor and make recommendations on the integrated and joint commissioning of adult, children's services, public health and early intervention/prevention services on behalf of GICB and GCC. Decisions made at JCPE are ratified through the governance processes of the ICB and GCC.



GLOUCESTERSHIRE INTEGRATED CARE BOARD

<https://www.gloucestershireccg.nhs.uk/about-us/the-governing-body/nhs-gloucestershire-integrated-care-board/>



GLOUCESTERSHIRE COUNTY COUNCIL

<https://glostext.gloucestershire.gov.uk/documents/s86889/GCC%20AGS%2021-22%20Final%20signed%20version.pdf>

The Council	<ul style="list-style-type: none"> - Approves the Council Strategy. - Approves the Constitution (including Standing Orders and Financial Regulations). - Approves key policies and budgetary framework.
Cabinet	<ul style="list-style-type: none"> - The main decision-making body of the Council. - Comprises the Leader of the Council and nine Cabinet Members who have responsibility for particular portfolios.
Audit and Governance Committee	<ul style="list-style-type: none"> - Provides independent assurance to the Council on the adequacy and effectiveness of the governance arrangements, risk management framework and internal control environment. - Promotes high standards of member conduct. - Approves the Annual Statement of Accounts and Annual Governance Statement.
Scrutiny Committees	<ul style="list-style-type: none"> - There are seven Scrutiny Committees aligned to the Council’s corporate priorities. - They hold Cabinet and Officers to account and scrutinise performance.
Chief Executive Corporate Leadership Team	<ul style="list-style-type: none"> - Implements the policy and budgetary framework set by the Council and provides advice to Cabinet and the Council on the development of future policy and budgetary issues. - Oversees the implementation of council policy. - Influencing a corporate culture and fostering a culture of high ethical standards and integrity.
Chief Financial Officer (s151)	<ul style="list-style-type: none"> - Accountability for developing and maintaining the Council’s governance, risk and control framework. - Contribute to the effective corporate management and governance of the Council.
Monitoring Officer	<ul style="list-style-type: none"> - To report on contraventions or likely contraventions of any enactment or rule of law. To report on any maladministration or injustice where the Local Government Ombudsman has carried out an investigation. To establish and maintain registers of member interests and gifts and hospitality. To advise Members on the interpretation of the Code of Conduct for Members and Co-opted Members. - Overall responsibility for the maintenance and operation of the Confidential Reporting Procedure for Employees. (Whistleblowing) and contributes to the effective corporate management and governance of the Council.
Internal Audit	<ul style="list-style-type: none"> - Provides independent assurance and annual opinion on the adequacy and effectiveness of the Council’s governance, risk management and control framework. - Delivers an annual programme of risk based audit activity, including counter fraud and investigation activity. - Makes recommendations for improvements in the management of risk.
External Audit	<ul style="list-style-type: none"> - Audit / review and report on the Council’s financial statements (including the Annual Governance Statement), providing an opinion on the accounts and use of resources, concluding on the arrangements in place for securing economy, efficiency and effectiveness in the use of resources (the value for money conclusion).
Managers	<ul style="list-style-type: none"> - Responsible for developing, maintaining and implementing the Council’s governance, risk and control framework. - Contribute to the effective corporate management and governance of the Council.

ADULT SOCIAL CARE AND PUBLIC HEALTH

Decisions within the scope of officers are taken primarily at Directorate Leadership Team. Assurance, oversight, and monitoring and carried out by a four boards – as below.

Performance Board: Oversight of performance scorecard, Data & Intel strategy, escalation, commission deep dives

Savings and Investment Board: Oversight of spend, savings, procurement and investment plans

Quality Assurance Board: Oversight of what good looks like, escalation, commission assurance activity, approve outputs of assurance activity

Transformation and Improvement Board: Oversight of transformation delivery, improvement planning and prioritisation of change programmes



CHILDRENS SOCIAL CARE

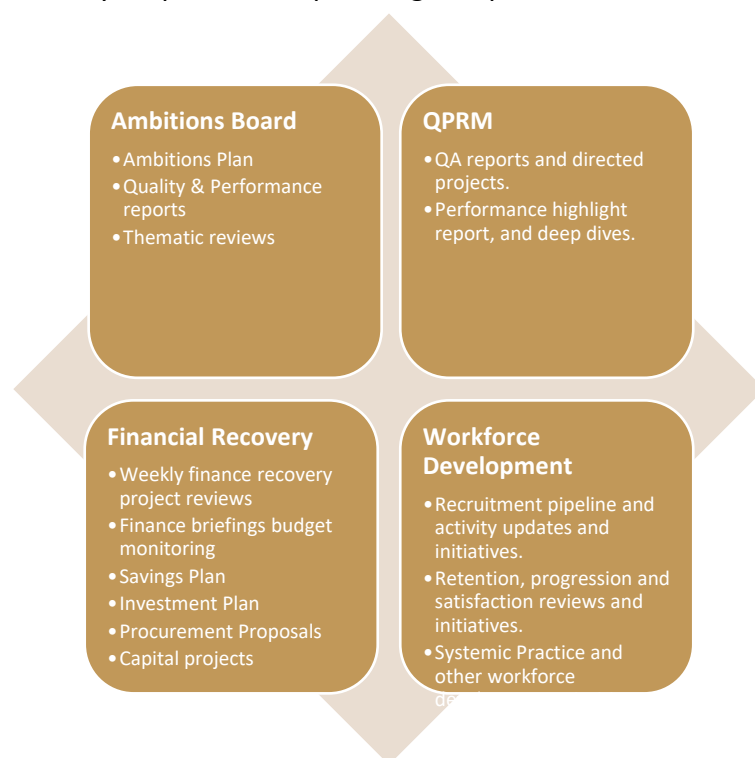
Decisions within the scope of officers are taken primarily at Directorate Leadership Team. Assurance, oversight, and monitoring and carried out by the following four arrangements – as below.

Ambitions Board: Oversight of transformation delivery, improvement planning and prioritisation of change programmes

QPRM Strategic Quality and Performance Meeting: Oversight of performance, Data & Intel strategy, escalation, commission deep dives, what good looks like, escalation, commission assurance activity, approve outputs of assurance activity.

Financial Recovery: Oversight of spend, savings, procurement and investment plans.

Workforce Development: Strategic Workforce Development group and the Academy Board together offer collective oversight of recruitment, retention, progression, implementation of Systemic Practice, and other workforce development initiatives.



INTEGRATED COMMISSIONING MEETING FRAMEWORK

WHOLE TEAM

Annual whole team meeting bringing together all of commissioning for shared work and teambuilding.

EXTENDED LEADERSHIP TEAM – INTEGRATED COMMISSIONING

Every six months – January / July

Half day agenda'd meeting for all integrated commissioning heads of service and their direct reports with line management responsibility/

INTEGRATED COMMISSIONING LEADERSHIP TEAM WEEKLY CATCH UP

- Weekly 1 hour, teams.
- Not minuted, but actions and agreements may be recorded for logging at the monthly meeting.
- Invitees – commissioning leadership team only, no need to supply substitutes.

INTEGRATED COMMISSIONING LEADERSHIP TEAM MANAGEMENT MEETING

- Monthly 3 hours, in person.
- Agenda and Papers to be circulated 1 week before meeting.
- Action Log to be circulated immediately after meeting.
- Invitees – Direct reports, performance, procurement, HR, finance, PMOs.

EXPECTED PAPERS

1. Strategies, Plans, Workplan
2. All programmes highlight reports
3. Commissioning options papers
4. Procurement pipeline and decision making
5. All recruitment and staffing requests
6. Any paper going to JCPE, GCCACWDLT, GCC, CEDLT, GICBOE
7. Finance reports
8. Forward Plan
9. Communications and Messaging – summary of decisions to be cascaded.

ICLTMM QUARTERLY CYCLE

We operate a regular quarterly cycle with each of the three meetings in a quarter covering specific issues in depth

1. **People and Plans** – staff wellbeing, HR, team workplans, resource allocation, L&D, PDPs,
2. **Pounds and Performance** – financial reporting and budget oversight, contract performance
3. **Procurement and Papers** – procurement pipeline, forward plan, strategies

Jan	Pounds & Performance
Feb	Procurement & Papers
Mar	People & Plans
Apr	Pounds & Performance
May	Procurement & Papers
Jun	People & Plans
Jul	Pounds & Performance
Aug	Procurement & Papers
Sep	People & Plans
Oct	Pounds & Performance
Nov	Procurement & Papers
Dec	People & Plans

ICLTMM DEEP DIVE

Each monthly leadership meeting also has a deep dive – covering specific issues in depth and supporting shared work across the overall work programme.

Oct 2023	Dementia
Nov 2023	Children
Dec 2023	Escalation & System Management
Jan 2024	Learning disability
Feb 2024	Winter Planning
Mar 2024	Older People
Apr 2024	CHC and CCC
May 2024	Market Management
Jun 2024	Mental Health
Jul 2024	Autism & Neurodiversity
Aug 2024	How are we all doing
Sep 2024	MTFS & Priorities / BCF
Oct 2024	Quality
Nov 2024	Carers
Dec 2024	Escalation & System
Jan 2025	TBD
Feb 2025	Winter Planning
Mar 2025	TBD

GCC CORE PRINCIPLES

1. Wherever possible the budget related to care for an individual should be held by the relevant operational team.
2. Wherever possible the budget for a set of services and pathways that relate to care should be grouped into portfolios that are the responsibility of relevant commissioning team - this would include forecasting and oversight.
3. Operational and commissioning leads should work together to develop transformation, improvement, and savings plans against each budget line.

JOINT ARRANGEMENTS

Legislation exists under the 2006 NHS Act to transfer money to and from a Local Authority and NHS as long as there is a benefit that can be evidenced of doing this. A template is available that is completed by the transferring organisation.

NHS Act 2006 - **Section 75** allows the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. Section 75 also allows for one partner to take the lead in commissioning services on behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision (integrated management or provision), commonly known as 'Health Act flexibilities'. Here staff can be seconded/transferred and managed by another organisation's personnel. (Section 113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations). The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation. This legislation only applies to local authority and health partners.

There are additional legislative provisions in the NHS Act 2006 to enable joint health and social care funding. **Section 76** allows local authorities to make payments (service, revenue or capital contributions) to NHS bodies to support specific additional NHS services, where this ensures a more efficient use of resources. **Section 256** allows Health to make such payments to local authorities to support or enhance specific council services.

SECTION 256

Health could make payments to GCC to support specific additional local authority services. This should be an additional contribution and not a transfer of health functions to the local authority.

SECTION 75

This falls into 3 categories:

Pooled funds – the ability for each partner organisation to make contributions to a common fund to spend on agreed projects or delivery of specific services or delegated functions.

Lead Commissioning – one partner takes the lead in commissioning services on behalf of the other(s). Health could/may manage a Health budget and GCC a Social Care budget to achieve jointly agreed aims.

Integrated provision – GCC and Health combine resources and staff to help integrate service provision at all levels. One partner acts as host to undertake the function.

ANNUAL AGREEMENTS

Currently we have £275m of joint activity (176 agreements/projects) using Health Act Flexibilities across Adults Services, Childrens Services, Public Health and Environment, Economies & Infrastructures (EE&I), using all the relevant agreements available. These also include the Better Care Fund (BCF) and Discharge Fund(s). We are forecasting £276m, with a £9.2m overspend. This relates mainly to Children's and Adults joint funded packages of care, Discharge Fund (ICB), Community Equipment Service and Intermediate Care (GCC).

GOVERNANCE

Each Head of Integrated Commissioning is responsible for their S256/S76/S75 agreement. This needs to be updated annually with the expected funding that will be transferred. This then needs to be signed off by both organisations Directors of Finance. This should be as close to the beginning of the financial year as possible. Each Head of Integrated Commissioning has a finance support within both organisations who can assist in this.

Where new agreements that are established in year, the paperwork needs to be completed before posts can be created or funding passes across. Without the signed off agreements the agreements are not valid, services cannot commence, and funding cannot be transferred.

S256 FUNDING HELD BY GCC

Heads of Integrated Commissioning are responsible for all aspects of their agreements (S256's S76 and S75). The governance must be in place at the beginning of the financial year for ongoing agreements, or before a new post is created or service commences. Where possible an existing S256/ S76 or S75 should be used.

Accurate reporting of the funding is required within the spending organisation.

JCPE approval is required before S256 funding can be drawn down from GCC's balance sheet. This is the responsibility of the Head of Integrated Commissioning or Lead Commissioner.

GOVERNANCE

The relevant Head of Integrated Commissioning or Lead for each S256 held on GCC's balance sheet must produce a report that JCPE signs off. This should be at a JCPE meeting but in certain circumstances virtual sign off will be requested. When JCPE approves the spend against the relevant S256 agreement, the decision will be recorded on the 'JCPE Decision Log'. Finance (GCC and ICB) have access to this Decision Log and can support the completion of the 'Drawdown Paperwork' which will be signed by the Director of Finance (ICB) and Strategic Finance Business Partner (GCC). This funding will either be passed back to the ICB for ICB Finance team to allocated as needed or allocated to the relevant Head of Integrated Commissioning in GCC to spend. No funding will be passed back to the balance sheet at the end of the financial year.

OVERALL GOVERNANCE

Each organisation will report the spend and funding within their monthly budget monitoring processes, and then monthly all the financial information is collated from both organisations to report the position to JCPE.

INTEGRATED COMMISSIONING OUTCOMES 2024 – 2025

These form the framework for our overall workplan for commissioning, team plans and for personal development plans. They should be reflected consistently across all levels of commissioning. Outcomes are developed annually as part of the service planning process and represent the overall goals of the team.

Ref	Category	Outcome	Due	Lead
ICO001	Strategies	Caring Well - Carers' Strategy published in Spring 2025.	May 2025	Jenny Cooper
ICO003	Strategies	Starting Well – Children and Young People Strategy published in Spring 2025	May 2025	Helen Ford
ICO004	Strategies	Living Well – adults of working age strategy published in Summer 2025	Aug 2025	Karl Gluck
ICO005	Strategies	Aging Well – Older Persons strategy published in February 2025	Feb 2025	Jane Haros
ICO006	Strategies	Dying Well – Palliative and End of Life Care Strategy review and refresh published in Winter 2024.	Dec 2024	Jane Haros
ICO007	Strategies	Working Well – Workforce Strategy for external care providers published in Autumn 2024.	Sep 2024	Jenny Cooper
ICO008	Strategies	Market Position Statement published in April 2024.	Apr 2024	Jenny Cooper
ICO009	Strategies	SEND Joint Commissioning Strategy published in Spring 2024.	Aug 2024	Helen Ford
ICO010	Strategies	Technology Strategy review and refresh published in Summer 2024	Aug 2024	Gary Mack
ICO011	Strategies	Housing with Care Strategy published in Winter 2024	Dec 2024	Mary Morgan
ICO012	Strategies	Dementia Strategy published in Spring 2024	May 2024	Jane Haros
ICO013	Strategies	Proactive Care Strategy published by Spring 2024	May 2024	Jane Haros
ICO014	Data and Intelligence	Intermediate Care P1 / P2 / P3 review by March 2024	Mar 2024	Gary Mack
ICO015	Data and Intelligence	GHC Home First and Reablement review by January 2024	Jan 2024	Gary Mack
ICO016	Data and Intelligence	Carers' respite needs and available services review by May 2024	May 2024	Jenny Cooper
ICO017	Data and Intelligence	Winter review by February 2024	Mar 2024	Brenda Yearwood
ICO018	Data and Intelligence	Neurological and ABI demand and pathway review by Summer 2024	Aug 2024	Karl Gluck
ICO019	Data and Intelligence	GCC assurance for delegated functions delivered by GHC by Spring 2024	May 2024	Donna Miles
ICO020	Dashboards and Reports	Hospice at Home by Summer 2024	Aug 2024	Jane Haros
ICO021	Dashboards and Reports	CHC by Spring 2024	May 2024	Becki Barrow
ICO022	Dashboards and Reports	Intermediate Care by September 2024	Sep 2024	Gary Mack
ICO023	Dashboards and Reports	Brokerage by February 2024	Mar 2024	Brenda Yearwood
ICO024	Dashboards and Reports	SEND (with education) by June 2024	Jun 2024	Helen Ford
ICO025	Dashboards and Reports	Direct data flows between GHC and GCC by Spring 2024	May 2024	Donna Miles
ICO026	Dashboards and Reports	Ageing Well refreshed by Summer 2024	Aug 2024	Jane Haros
ICO027	Dashboards and Reports	Dementia refreshed by Summer 2024	Aug 2024	Jane Haros
ICO028	Dashboards and Reports	End of Life refreshed by Summer 2024	Aug 2024	Jane Haros
ICO029	Dashboards and Reports	Proactive Care refreshed by Summer 2024	Aug 2024	Jane Haros
ICO030	Benchmarking	Benchmark against the refreshed Enhanced Health in Care Homes Framework	Apr 2024	Brenda Yearwood
ICO031	Benchmarking	Benchmark against CHC regional and national performance quarterly	Apr 2024	Becki Barrow

ICO032	Financial Sustainability	Savings Delivery 24/25 – CHC - £1,637,888	Mar 2025	Becki Barrow
ICO033	Financial Sustainability	Savings Delivery 24/25 – P2 - £xx	Mar 2025	Gary Mack
ICO034	Financial Sustainability	Savings Delivery 24/25 – OP ASC - £976k 2024-5	Mar 2025	Jenny Cooper
ICO035	Financial Sustainability	Savings Delivery 24/25 – LD/MH ASC - £xx	Mar 2025	Gary Mack
ICO036	Financial Sustainability	Savings – identification of potential savings options across GICB and GCC for 25/26 by July 2024	Jul 2024	ALL
ICO037	Financial Sustainability	Investments – identification of potential investment options across GICB and GCC for 25/26 by July 2024	Jul 2024	ALL
ICO038	Market Management	Robust and consistent quality assurance system and processes will be put in place across commissioning for all service user groups by Spring 2024.	May 2024	Brenda Yearwood
ICO039	Market Management	Robust and consistent contract monitoring system and processes will be put in place across commissioning for all service user groups by Summer 2024.	Aug 2024	ALL
ICO040	Market Management	Provider Support - A refreshed provider support offer will be developed by Spring 2024	May 2024	Brenda Yearwood
ICO041	Market Management	A new bed-based contract implemented from September 2024.	Sep 2025	Brenda Yearwood
ICO042	Process Improvement	Develop and implement a care market management governance process, including suspension and provider failure by May 2024	May 2024	Jenny Cooper
ICO043	Process Improvement	An agreed process for evaluating extraordinary uplift requests will be put in place by May 2024.	May 2024	Jenny Cooper
ICO044	Process Improvement	Implement new approach to managing aftercare (s117 / non-s117) joint funding by May 2024.	May 2024	Karl Gluck
ICO045	Process Improvement	Care track replacement decision by January 2024 (contract ends 03/24)	Jan 2024	Becki Barrow
ICO046	Process Improvement	Clear current back log of 130 notification of admissions (rolling programme)	Jan 2024	Becki Barrow
ICO047	Process Improvement	Equipment catalogue review by Summer 2024	Aug 2024	Gary Mack
ICO048	Process Improvement	100% Extra Care providers moved to Health and Social Care Framework; new contract monitoring process implemented	Apr 2024	Mary Morgan
ICO049	Process Improvement	All CHC and ICB provisions of care will be purchased through the integrated brokerage within the council by Winter 2024 (exception to education facilities and hospice at home)	Oct 2024	Becki Barrow
ICO050	Process Improvement	Increase the % of people on the Palliative Care Register with a ReSPECT plan to xx% from 34% (Oct 2023) by March 2025	Mar 2025	Jane Haros
ICO051	Process Improvement	Implement the Dementia Strategy to meet the national dementia diagnosis rate target (DDR) of 66.7% by September 2024.	Sep 2024	Jane Haros
ICO052	Process Improvement	Increase the use of interpreting services in maternity from the 2023 outturn to xx%	Mar 2025	Helen Ford
ICO053	Process Improvement	Notification of admissions requests backlog cleared by March 2024, and a plan to ensure response to FNC requests within 14 days.	Mar 2024	Becki Barrow
ICO054	Process Improvement	Joint s113 Agreements in place by Summer 2024.	Aug 2024	Donna Miles
ICO055	Transformation and Change	Coproduction - A review of Partnership Board and engagement arrangements, with recommendations implemented by Summer 2024.	Aug 2024	Brenda Yearwood
ICO056	Transformation and Change	Intermediate Care - pathway redesign complete by March 2024	Mar 2024	Gary Mack
ICO057	Transformation and Change	Intermediate Care – pathway implementation complete by September 2024	Sep 2024	Gary Mack
ICO058	Transformation and Change	Digital Switchover – 1000 people transitioned from analogue to digital by August 2024	Aug 2024	Gary Mack
ICO059	Transformation and Change	Right Care Right Place – implement new model in Partnership with Gloucestershire Police	Mar 2025	Karl Gluck
ICO060	Transformation and Change	Send and Inclusion Local Area Partnership plan – implement all areas by April 2026	Apr 2026	Helen Ford
ICO061	Transformation and Change	Frailty – Frailty interventions framework – implement by Spring 24	May 2024	Jane Haros
ICO062	Transformation and Change	End of Life – review progress against ambitions framework Autumn 24	Oct 2024	Jane Haros
ICO063	Transformation and Change	Implement the integrated healthy weight provision for children and young people in 2024-2025.	Mar 2025	Helen Ford

ICO064	Transformation and Change	Implement Early Language Support for Every Child in 2024-2025.	Mar 2025	Helen Ford
ICO065	Transformation and Change	Implement xx additional capacity within neurodiversity services for children and young people in 2024-25.	Mar 2025	Helen Ford
ICO066	Transformation and Change	Implementation of proactive personalised white board in all 15 Primary care Networks by Spring 24	May 2024	Jane Haros
ICO067	Systemwide service reviews	Complex Leg Wound Service review by March 2025.	Mar 2025	Jane Haros
ICO068	Systemwide service reviews	Termination of Pregnancy review by March 2025.	Mar 2025	Helen Ford
ICO069	Systemwide service reviews	Delegation of Clinical Tasks – agreed framework by December 2024.	Dec 2024	Brenda Yearwood
ICO070	Systemwide service reviews	Managing Memory Service – review by Autumn 2024	Oct 2024	Jane Haros
ICO071	Team	Annual appraisals in place for 98% of staff by June 2024	Jun 2024	ALL
ICO072	Team	Staff sickness at below 10%	Mar 2025	ALL
ICO073	Team	Monthly team meeting in place for all teams by May 2025	Mar 2025	ALL
ICO074	Team	GCC and GICB staff survey results show 10% improvement	Mar 2025	ALL

INTEGRATED COMMISSIONING KEY PERFORMANCE INDICATORS 2024 – 2025

These form the framework for our overall workplan for commissioning, team plans and for personal development plans. KPIs are developed annually as part of the service planning process and represent the overall goals of the team

Ref	Team	KPI	Target	Lead
ICK001	CHC	Cases completed in 28 days	Above 80%	Becki Barrow
ICK002	CHC	Cases exceeding 12 weeks for assessment	None	Becki Barrow
ICK003	CHC	Assessments completed in the acute setting.	Below 15%	Becki Barrow
ICK004	CHC	Fast track awards	average in SW	Becki Barrow
ICK005	Housing	Specialist housing support referrals	480 / year	Mary Morgan
ICK006	Housing	people supported in discharge accomodation	26 / year	Mary Morgan
ICK007	Housing	Fuel poverty interventions	300 / year	Mary Morgan
ICK008	Housing	DFG - DFGs delivered within target timescales	500 / year	Mary Morgan
ICK009	Housing	DFG – DFGs delivered	TBC	Mary Morgan
ICK009	Housing	Planning applications responded to within 10 working days	Above 95%	Mary Morgan
ICK011	Brokerage	Implement the Home Care elements of the Health & Social Care Framework 2024-2030	At 100%	Brenda Yearwoood
ICK012	Brokerage	Roll out of the Hyper-Localised Home Care model	Above 90%	Brenda Yearwoood
ICK013	Brokerage	Package of Care commissioned within 24 hours	Above 60%	Brenda Yearwoood
ICK014	Brokerage	Placements commissioned with 48 hours	Above 50%	Brenda Yearwoood
ICK015	Brokerage	Hospital discharge P1 commissioned/discharged within 24 hours	Above 70%	Brenda Yearwoood
ICK016	Brokerage	Hospital Discharge P2 commissioned/discharged within 24 hours	Above 40%	Brenda Yearwoood
ICK017	Brokerage	Independent P2 utilised to capacity	Above 90%	Brenda Yearwoood

ICK018	Market Management	% of Annual Reviews Undertaken	Above 90%	Brenda Yearwood
ICK019	Market Management	% of Contract Reviews undertaken	Above 90%	Brenda Yearwood
ICK020	PtC	Provider recruitment networks held	4/year	Jenny Cooper
ICK021	PtC	Provider forums for Bed based market	4/year	Jenny Cooper
ICK022	PtC	Provider forums for domiciliary providers	4 /year	Jenny Cooper
ICK023	IHNT	Annual reviews of DSR case status	>95%	Karl Gluck
ICK024	IHNT	CTRs - ICB commissioning spec placement completed every 6 months	100%	Karl Gluck
ICK025	IHNT	CTR - Attendance at Provider collaborative commissionned secure	100%	Karl Gluck
ICK026	Dis Qual	Action Plan Completion within 3 months	100%	Karl Gluck
ICK027	Dis Qual	Quality reviews undertaken over 3 year period	>95%	Karl Gluck
ICK028	DSR	No. of CYP Red / Amber on the DSR with a Keyworker	100%	Helen Ford
ICK029	DSR	No. of CYP with recorded annual consent on DSR	100%	Helen Ford
ICK030	Continuing Care	No. of eligible CYP for CCC assessed within 6 weeks of triage CCC Framework Driver) 100%	100%	Helen Ford
ICK031	Continuing Care	No. of new CCC packages of care reviewed within 3 months of commencement of package of care(CCC Framework 2016 driver) 100%	100%	Helen Ford
ICK032	Continuing Care	No. of CCC annual reviews within 12 months of commencement of package of care (CCC Framework 2016 driver)100%	100%	Helen Ford
ICK033	Continuing Care	Caseload per nurse- 30	30	Helen Ford

Gloucestershire Integrated Commissioning



Management and Staffing

MANAGEMENT PRINCIPLES

VALUES

Individuals and teams are managed in accordance with the values of both Gloucestershire County Council and Gloucestershire Integrated Care Board.

GLOUCESTERSHIRE COUNTY COUNCIL VALUES

Accountability: we do what we will say

Integrity: we are honest, fair and speak up

Empowerment: we enable communities and colleagues to be the best they can

Respect: we value and listen to each other

Excellence: we continually improve through listening, learning and evaluation

GLOUCESTERSHIRE INTEGRATED CARE BOARD VALUES

Compassionate and Caring

Inclusive and Equitable

Accountable and Transparent

Innovative and Curious

STRUCTURAL PRINCIPLES

Management – people should have direct management and support responsibility for an appropriate number of people. This is to allow managers enough staff to develop management skills, and enough time to properly support and supervise people's work.

Support – people should have an identified single manager with the responsibility to support them to develop skills, manage workload, and prioritise actions.

Depth – people should have fast access to senior managers, and decisions should happen at the right level. We are aiming for no more than 3 layers between frontline staff and responsible director (4 layers to chief exec in GICB, and 5 layers to chief exec in GCC).

Collaboration – most projects and task will be assigned to teams, with an expectation that teams will work on similar areas of work and support each other to deliver agreed outcomes. Sometimes people will work across teams and collaborate across organisations.

Development – there should be a clear development and promotion pathway from junior roles to director, with clear steps, and opportunities to move upwards and gain experience across the commissioning function.

COMMISSIONING COMPETENCY FRAMEWORK (DRAFT)

This commissioning competency framework aims to equip health and social care commissioners in Gloucestershire with the skills necessary for effective and responsive commissioning leadership.

NEEDS ASSESSMENT AND PLANNING

1. Assess and identify the care and health needs within a specific population or community.
2. Conduct thorough assessments to determine the type and level of care required.
3. Engage stakeholders, including service users, families, providers, and professionals, to develop plans meeting identified needs.

COMMISSIONING PROCESS

4. Analyse the market to understand available service providers and their capabilities.
5. Develop procurement strategies for engaging with and selecting suitable providers.
6. Facilitate competitive tendering processes ensuring quality and value for money.
7. Negotiate contracts with selected service providers, detailing service specifications, performance expectations, and financial arrangements.
8. Establish clear contractual terms and conditions for compliance and accountability.
9. Monitor and manage ongoing performance through regular review meetings and evaluation against agreed-upon metrics.
10. Allocate financial resources based on identified needs and available funding.
11. Develop budgets and financial plans for efficient resource utilization.
12. Monitor expenditure and financial performance, adjusting as necessary for financial sustainability.

QUALITY ASSURANCE AND IMPROVEMENT

13. Set quality standards and specifications for social care services.
14. Monitor and assess service providers' performance against these standards.
15. Conduct regular inspections, audits, and reviews ensuring compliance and identifying areas for improvement
16. Evaluate outcomes and impacts of social care services on service users and the community.
17. Collect and analyse data for decision-making and drive service improvement.
18. Collaborate with providers and stakeholders to implement changes and innovations enhancing service quality and outcomes.

COLLABORATION AND PARTNERSHIPS

19. Engage with service users, families, and advocacy groups to understand their needs and experiences.
20. Foster meaningful partnerships with healthcare providers, community organizations, and other stakeholders for coordinated care and support.
21. Work collaboratively with partners across the Integrated Care Partnership (ICP).
22. Design services with input from people who use them and their carers.
23. Evaluate services with involvement from people who use them and their carers.
24. Collaborate with providers and their representatives for the development of robust and sustainable health and social care services.

MONITORING AND REPORTING

25. Stay informed about social care policies, legislation, and best practices.
26. Contribute to the development and implementation of local and national policies and strategies.
27. Advocate for the needs of the population, influencing policy decisions to improve health, social care, and other commissioned services.
28. Collect and analyse data related to service provision, outcomes, and performance.
29. Use data to inform decision-making, identify trends, and evaluate the effectiveness of interventions.
30. Prepare reports on the commissioning process, financial performance, and service outcomes.
31. Communicate findings to stakeholders, including elected officials, funding bodies, senior management, and governance boards, ensuring transparency and accountability in health and social care services' management and delivery.

PROFESSIONAL DEVELOPMENT

32. Commitment to ongoing learning and staying abreast of advancements in commissioning.
33. Participation in relevant training programs and conferences.