**JOINT COMMISSIONING OF PRIMARY CARE SUBSTANCE MISUSE SERVICES**

**PROPOSED JOINT COMMISSIONING ARRANGEMENTS**

1. **Background**

Section 75 of the National Health Service Act 2006 provides an enabling framework so that money can be pooled between health bodies and health-related local authority services, and resources and management structures can be integrated. This provision enables health and local authority organisations to establish a partnership arrangement which may include:

* Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services
* Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation
* Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service

Within the existing NEL partnership the majority of Adult Social Care and Childrens services have been established through a hosted pooled budget accompanied by lead commissioning. The lead commissioner has then, where appropriate, developed integrated provision as the strategic delivery mechanism.

However where a pooled fund is established, the partners may also adopt **Joint Commissioning** arrangements, which can vary in nature but in essence require:

* both partners to be equally engaged though the full commissioning cycle
* both partners equally engaged performance management of delivery and objectives
* a lead partner to host procurement and contract processes, and the associated pooled budget, for a service or set of services
1. **Primary Care Substance Misuse Service: proposed Joint Commissioning Arrangements**

Substance misuse services are provided to a particularly vulnerable client group and have significant impact into wider strategic partnership priorities including safer communities, stable families and economy/employment. Due to its greater expertise in clinical service commissioning it has been agreed that the CCG will act as the lead partner for the primary care service. However, the council has sole responsibility for the secondary care Substance Misuse service, and there are many critical linkages and dependencies between the two services.

Given these circumstances it has been agreed that the primary care substance misuse service is to be managed under a Joint Commissioning arrangement, as follows:

Contract management meetings with the provider

Core attendees will be:

* the CCG lead officer for the primary care substance misuse contract, and
* the NELC lead officer for the secondary care substance misuse contract

The CCG shall be responsible for the provision of administrative support and contract information to the meetings. The meetings shall include monitoring progress against performance metrics, outcomes and objectives set within the contract.

Escalation of critical issues and decisions

The amendment of the Section 75 agreement to include primary care substance misuse will mean that this service will automatically fall within the operational escalation routes set out in these arrangements.

One Deputy Chief Executive of the CCG now has joint accountability to the CCG and NELC with lead responsibility for adult health and social care serves, and is a member of the council senior leadership team working alongside the Director of Public Health and Deputy Chief Executive of NELC. This will enable rapid operational escalation at a very senior officer level as and when required for issues or decisions that are beyond the authority of the lead contract officers to resolve.

The Primary Care co-commissioning committee will be the forum used for formal escalation of critical issues or contract decisions that are beyond the authority of the officers and mechanisms detailed above to resolve.

External (mandated) data returns

The CCG shall hold the core contract data, and will provide that information as and when necessary to enable NELC to complete any mandated external reports and returns.

Other Reporting

Due to joint attendance of the partners at the contract meeting and the Primary Care Co-commissioning Committee, both partners will have access to all relevant information and no separate reporting between the partners should normally be required.