

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELL BEING BOARD**

**25<sup>TH</sup> SEPTEMBER 2013**

### **REPORT OF DIRECTOR OF PUBLIC HEALTH**

## **COMMISSIONING INTENTIONS PROCESS**

### **SUMMARY**

This briefing outlines the suggested process for discussing commissioning intentions at the Children and Young People Health and Wellbeing Commissioning Group (CYPHWCG) and the Adults Health and Wellbeing Commissioning Group (AHWCG), to inform Board discussions and commissioning rounds for 2014/15. The proposal has been agreed by the CYPHWCG and the AHWCG.

### **RECOMMENDATIONS**

1. The Stockton Health and Wellbeing Board is asked to note the process and principles outlined; and to consider whether an additional HWB meeting is required in October.

### **DETAIL**

#### **Background**

1. The CYPHWCG and AHWCG are responsible for a strategic overview of commissioning; in order to deliver on the relevant elements of the Joint Health and Wellbeing Strategy (JHWS) on behalf of the Health and Wellbeing Board.
2. The work plans for each HWB member organisation flow from the JHWS, describing the role and responsibility of the member organisations in delivering on the JHWS priorities and delivery plan e.g. SBC Public Health team plans and the CCG health and wellbeing workstream plans.
3. There is a national policy driver for pursuing joint commissioning opportunities, which also fits with the local need to ensure evidence-based, joined-up and cost-effective care.

#### **Proposed process**

4. The Health and Wellbeing Board (HWB) will discuss commissioning intentions from an overarching strategic perspective, looking at the priorities required to deliver on the JHWS. HWB member organisations will also propose commissioning intentions from their detailed understanding of current services commissioned and how these meet need.
5. It is proposed the CYPHWCG and AHWCG act to tie these two approaches together, taking an overview of how commissioning intentions specific to children and young people and adults respectively will deliver on the priorities in the JHWS delivery plan. The CYPHWCG and AHWCG will also act as fora for discussion on joint commissioning

intentions. It is important that joint commissioning discussions are held early in the process and joint commissioning intentions developed as needed, particularly to facilitate any strategic shifts in resource e.g. from acute care to preventative activity.

6. The proposed process for discussing and agreeing commissioning intentions is as follows:
  - CYPHWCG / AHWCG member organisations propose suggested commissioning intentions to the CYPHWCG / AHWCG September and October meetings for discussion and endorsement / amendment. It is recommended that partner organisations on each group share their proposed commissioning intentions with each other prior to the September meetings, to enable discussion re: synergies across organisations.
  - The HWB discusses and agrees the proposed commissioning intentions at the November HWB meeting. The HWB will be asked to consider these intentions in light of their agreed strategic priorities.
  - If agreed, the commissioning intentions are incorporated into commissioning plans for the year 2014/15.
  - The work programmes for each CYPHWCG / AHWCG member organisation are built around the agreed commissioning intentions, flowing from the strategic priorities agreed at CYPHWCG / AHWCG and HWB.

### **Principles**

7. To facilitate the discussions, the following principles are suggested for agreeing commissioning intentions.
  - The priorities for commissioning in 2014/15 should flow directly from the agreed priorities in the JHWS delivery plan.
  - The commissioning intentions should be based on the content of the JSNA (on which the JHWS delivery plan is based).
  - The commissioning intentions will therefore propose evidence-based interventions to address the areas of greatest need in the population.
  - Joint commissioning intentions and pooled budgets will be considered where possible; to facilitate joined-up planning, aligned outcomes and more integrated pathways of care. The CYPHWCG / AHWCG are responsible for making decisions regarding joint commissioning.

### **FINANCIAL IMPLICATIONS**

8. The discussions regarding commissioning intentions will entail the opportunities for joint commissioning across partner organisations, using largely existing budgets.

### **LEGAL IMPLICATIONS**

9. There are no specific legal implications of this proposal. Government policy supports the increasing emphasis on joint commissioning approaches.

### **RISK ASSESSMENT**

10. Consideration of risk will be included in any joint commissioning discussions. Each commissioning partner organisation has clear governance arrangements in place to manage risk associated with commissioning services.

## **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

11. Joint consideration of commissioning opportunities will have a positive impact on both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

## **CONSULTATION**

12. Consultation is an integral part of generating proposed commissioning priorities, through the Joint Strategic Needs Assessment process.

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