AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

12TH FEBRUARY 2014

REPORT OF DIRECTOR OF PUBLIC HEALTH

COMMISSIONING INTENTIONS UPDATE 2014/15

SUMMARY

This paper provides an update on the discussions regarding commissioning intentions for 2014/15, following the paper to Health and Wellbeing Board (*Commissioning Intentions Process*) in September 2013.

RECOMMENDATIONS

1. The Stockton Health and Wellbeing Board are asked to note the update and consider any implications for next year's process.

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.

4. At its September meeting, the Health and Wellbeing Board agreed the following process:
   - Health and Wellbeing Board (HWB) will discuss commissioning intentions and priorities from a strategic perspective, to deliver on the JHWS. HWB member organisations would propose commissioning intentions from their detailed understanding of current services commissioned and how these meet need.
   - CYPHWCG / AHWCG member organisations propose suggested commissioning intentions to the CYPHWCG / AHWCG September and October meetings for discussion and endorsement / amendment. Partner organisations were asked to share 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 would be asked to consider these intentions in light of their agreed strategic priorities.
- If agreed, the commissioning intentions would be 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.

5. It was agreed that discussions on commissioning intentions should take place at the earliest opportunity 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 CYPHWCG and AHWCG members would be responsible for ensuring evidence-based interventions are proposed and for making decisions regarding joint commissioning.

Update on process

7. Commissioning intentions / information regarding future commissioning / contracting plans were presented to the AHWCG and CYPHWCG as follows:
   - SBC Public Health – October 2013
   - Adult Social Care – Market Position Statement – December 2013
   - CCG – January 2014
   - NHS England – January 2014
   - SBC Children, Education and Social Care – January 2014
   - Cleveland Police – due to be presented to the CYPHWCG in February 2014

8. The intentions were presented by partner organisations according to the timescales fitting their internal processes. This meant a pragmatic approach was adopted, sharing commissioning intentions as each organisation was able to do so.

9. The process of sharing commissioning intentions was found to be very useful in ensuring a shared understanding of priorities and work areas; and in beginning to identify areas of synergy.

10. It is acknowledged that changes implemented through the Health and Social Care Act were significant for all partners – particularly the NHS and Public Health commissioning landscape has changed substantially and new organisations are embedding. This has presented challenges in implementing the process described above. Despite this, relationships between individuals and organisations have ensured this has progressed to some extent.

11. It is acknowledged that each partner organisation has a different set of influences and timescales to manage. For example, the CCG is dependent upon the release of the NHS Operating Framework (which was published in December 2013) to shape their commissioning intentions and understand resources available. NHS England is also dependent on national advice around resource allocations.

12. Nevertheless, learning has been drawn from this year's process to ensure that partners will begin to draft and share commissioning intentions at a much earlier stage next year (even if they must subsequently be revised).

13. Partnership working between organisations through other forums is also continuing to develop. For example, Public Health attends the CCG Health and Wellbeing workstream and this forum will be used further next year to share partners' approaches for commissioning. Public Health will also attend the other CCG workstreams from February 2014 to identify further potential areas of synergy.

14. Other external factors will also influence the commissioning intentions process and the potential for identifying joint commissioning opportunities – principally the Better Care Fund for adults' health and social care.

15. In addition, there is potential for better coordination of plans to spend any non-recurrent funds available across partner organisations. Processes to do this are being explored.

Areas identified for joint working

16. Discussions on proposed commissioning intentions for 14/15 highlighted several areas where joint working is underway and / or can be enhanced.

17. Examples from the CYPHWCG include:
    - The role of Children's Centres in forming the infrastructure to help deliver the multi-agency *A Fairer Start* project for early years
    - The contribution of (and synergy between) the Targeted Mental Health in Schools (TaMHS) and Child and Adolescent Mental Health Service (CAMHS) services to the mental health and wellbeing pathway for children and young people
    - The role of the school nursing service and other relevant services (commissioned by a range of partners) in fulfilling Healthy Child Pathway requirements

18. Examples from the AHWCG include:
    - The need to ensure all Tiers of weight management provision (from prevention – Tier 1 - to surgery – Tier 4) are commissioned in a streamlined way

- Intentions regarding alcohol
- The falls service which is integrally linked to CCG commissioned services and social care as part of the Better Care Fund

19. There is the potential for partners to work together on the detailed planning of the commissioning intentions of each organisation (now that headlines have been shared); and in service development and commissioning in-year. Partners will also continue to discuss service reviews planned for 14/15, particularly where services form part of a broader pathway.

FINANCIAL IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK ASSESSMENT

22. 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. Un-coordinated commissioning processes pose the risk of sub-optimal use of resources and less coordination between services.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

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

CONSULTATION

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

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