

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 4 December 2013
AGENDA ITEM:	8
SUBJECT:	2014-15 CCG and local authority health and social care commissioning
BOARD SPONSOR:	Paul Greenhalgh, Executive director of children, families and learning, Croydon Council Hannah Miller, Executive director of adult services, health and housing Paula Swann, Chief officer, Croydon Clinical Commissioning Group
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>The Health and Social Care Act 2102 ('the Act') created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.</p> <p>Clinical Commissioning Groups, the NHS Commissioning Board and local authorities have a duty under the Act to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning.</p> <p>The health and wellbeing board (the Board) has a duty under the Act to encourage integrated working between commissioners of health services and commissioners of social care services and , in particular, to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006. It also has the power to encourage close working (in relation to wider determinants of health) between itself and commissioners of health related services and between commissioners of health services or social care services and commissioners of health-related services.</p> <p>In terms of the alignment of commissioning plans, the Board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs, In addition, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS.</p> <p>The Board has a duty to provide opinion on whether the CCGs commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG).</p> <p>The aim of this report is to detail how the identified commissioning intentions for the CCG and council both on a single and joint basis address the priorities identified in the joint health and wellbeing strategy 2013-18.</p>	

FINANCIAL IMPACT:

Financial implications for each area within the commissioning intentions will be subject to the respective organisational financial plans. For the CCG as the Operating Plan is developed the detailed financial impact will be considered within the appropriate governance mechanisms in accordance with respective organisation constitution.

1. RECOMMENDATIONS

The Board is asked to

Comment on the alignment of the Council and CCG 2014-15 health and social care commissioning intentions to the joint health and wellbeing strategy priorities for action.

2. EXECUTIVE SUMMARY

- 2.1 The aim of commissioning priorities is to ensure that people's identified needs are addressed; that we commission the appropriate services to meet local needs; and, that the right services are in place in order to improve health and to reduce health inequalities.
- 2.2 Local authority and CCG commissioners are in the process of identifying their commissioning intentions for 2014/15. This paper asks the Board to comment on the alignment of these intentions with the joint health and wellbeing strategy (JHWS).as informed by the joint strategic needs assessment.

3. DETAIL

- 3.1 The aim of this report is to set out the 2014-15 Commissioning intentions for the council and CCG.
- 3.2 CCG commissioning intentions are informed by both the two year operating plan and the five year strategic plan. Commissioning intentions indicate to our current and potential new providers how as a commissioning body, we intend to shape the system that provides health services to the population of Croydon. They also outline how we will respond to the publication of changes to the national priorities for the NHS by NHS England. However, it has to be noted that as the Operating Plan is developed, the commissioning intentions may be subject to change.
- 3.3 The commissioning priorities detailed in **Appendix 1** include both joint and individual priorities across the CCG and the Council. These priorities have been informed by identified need through the Joint Strategic Needs Assessment (JSNA), the Children's services needs analysis, needs and issues identified by stakeholders and engagement of partners, service users, patients and the wider public to respond to health, social care and wellbeing needs of Croydon residents.

- 3.4 It is envisaged that with the establishment of the Integrated Commissioning Unit, the delivery of the 2014-15 commissioning priorities will be enhanced for both the CCG and council.

4. CONSULTATION

- 4.1 The development of commissioning priorities is part of the commissioning cycle process which entails ongoing engagement with stakeholders. This report to the Board is part of that consultation process. Formal involvement and engagement was undertaken of Member practices by the CCG. In addition, main local health service providers namely; Croydon Health Services and South London and The Maudsley Foundation Trust have been sent formal notification of the CCG commissioning intentions.

5. SERVICE INTEGRATION

- 5.1 To achieve change as detailed in the commissioning intentions and meet local need, we will need to undertake a transformational programme of the whole system. This will include service integration which will be explored as commissioning initiatives are progressed. In addition, a development plan that has been prepared to support the set up of the integrated commissioning unit, will support and facilitate increased service integration.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 It is envisaged that with the development of joint commissioning priorities this will enable both the Council and CCG understand each other's commissioning plans and jointly manage any associated risks to either organisation as a result of one's plans

7. LEGAL CONSIDERATIONS

- 7.1 Not required for this report.

8. HUMAN RESOURCES IMPACT

- 8.1 There are no immediate HR implications that arise from the recommendations of this report.
- 8.2 (Approved by: Michael Pichamuthu, Strategic HR Business Partner, on behalf of Heather Daley, Director of Workforce)

9. EQUALITIES IMPACT

- 9.1 Equalities Impact assessment will be carried out for each of the respective priorities detailed in **Appendix 1** at the appropriate time. Taken together the priorities will enable both the Council and CCG to address equalities policy objectives.

10. ENVIRONMENTAL IMPACT

10.1 None

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 Re-commissioning of drug and alcohol services with an enhanced treatment focus should contribute to reduced crime and disorder linked to substance misuse.

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BACKGROUND DOCUMENTS [None]