

FOR INFORMATION

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 22 October 2014
AGENDA ITEM:	12
SUBJECT:	Croydon ICU Commissioning Priorities and Work Plan (Update)
BOARD SPONSOR:	Hannah Miller, Executive Director, DASHH, Croydon Council Paul Greenhalgh, Executive Director, CFL, Croydon Council Paula Swann, Chief Officer, Croydon CCG Mike Robinson, Director of Public Health, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT: Health and Wellbeing Priorities <ul style="list-style-type: none">• Giving our Children a good start• Preventing Illness and Injury and helping people recover• Preventing premature death and long term health conditions• Supporting people to be resilient and independent• Providing integrated safe, high quality services• Improving People's Experience of Care This report is for information only	

1. RECOMMENDATIONS

- 1.1 The health and wellbeing board is asked to note the contents of the report. Any questions should be directed to the report author outside of the meeting.

2. EXECUTIVE SUMMARY

- 2.1 The following report is to provide an update to for the Health and Wellbeing Board on the 2014-15 ccommissioning priorities and work plan for the Integrated Commissioning Unit (ICU) and progress against the stated intentions.
- 2.2 In developing the commissioning priorities and work plan the ICU applied the following overarching principles based on CCG and Council principles.
- Commissioning will be evidence-based
 - Focus on good outcomes for individuals, their families and communities
 - Enhance quality and value for money via market development
 - Promote personalised care and support, close to home
 - Effective management of current and future demand for services.

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- Promote Prevention, Self-Care/Management and Shared Decision making
- Promote integrated care & support which puts the patient or service user at its heart and gives them genuine choice
- Governance arrangements will be clear, workable and understood by everyone working in the ICU
- Our systems, processes and protocols with partners will assure quality and safety in commissioned services

2.3 A full list including updates for each commissioning objective can be found in Appendix 1

3. DETAIL

3.1 Commissioning priorities are arranged under seven areas each with their own commissioning objectives, with each area led by a designated lead officer at Head of Service level in the ICU.

The priorities are:-

- Quality, Innovation, Productivity & Prevention (QIPP)/ Programme Management Office (PMO);
- Service Redesign and Programme Management;
- Children;
- Older People, Physical Disabilities and Long Term Conditions, End of Life and carers;
- Mental Health & Substance Misuse;
- Working Age Adults;
- General

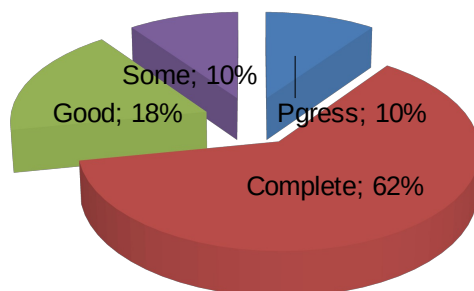
3.2 In developing the commissioning priorities, objectives and outcomes care has been taken to ensure that both health and social care requirements have been addressed. Similarly, where services are being commissioned separately by both the council and the CCG future commissioning is now done (or is planned to be done) jointly. The same principles are also being applied to the review and monitoring of services and contracts.

- In reviewing the commissioning priorities, objectives and work plan it is not appropriate to use a RAG (Red, Amber, Green) traffic light system to describe whether the objective is complete or not due to the complex nature of many of the objectives and the interdependencies with other objectives and projects. However, it is reasonable and possible to assess progress using the comments in the update column and assessing progress against each individual objective using the following broad descriptions: Completed, Good Progress made, Some progress made and Project yet to begin.

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3.3 The pie chart below shows the overall progress against all the commissioning objectives

Commissioning Objective Status



3.4 At the end of the second quarter over 70% of the commissioning objectives on the work-plan have either been completed or have made good progress and will be completed by the end of the financial year.

3.5 Of the remaining objectives, the majority are scheduled to progress in the second part of the year.

3.6 Wherever possible, in undertaking the actions required to complete the objective consultation has taken place with service users/patients, professionals (clinicians, social workers, nurses) and members. This has been achieved through public meetings, through the well-established partnerships, events personal feedback from service users and professional networks.

3.7 Commissioning priorities are now being developed for the coming year 2015-16 again based on the principles stated above and building on results of those already achieved. There are increasing opportunities for further integrated commissioning, contract monitoring and reviewing in the coming year as part of the “business as usual” approach to commissioning and procurement.

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BACKGROUND DOCUMENTS

Croydon Integrated Commissioning Unit Commissioning Plan 2014-15