

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>10 December 2014</b>
<b>AGENDA ITEM:</b>	<b>6</b>
<b>SUBJECT:</b>	<b>Commissioning intentions 2015/16</b>
<b>BOARD SPONSORS:</b>	<p><b>Paul Greenhalgh, Executive director of children, families and learning, Croydon Council</b></p> <p><b>Hannah Miller, Executive director of adult services, health and housing, Croydon Council</b></p> <p><b>Dr Mike Robinson, Director of public health, Croydon Council</b></p> <p><b>Paula Swann, Chief officer, Croydon Clinical Commissioning Group</b></p> <p><b>Dr Jane Fryer, Area medical director, NHS England</b></p>

**BOARD PRIORITY/POLICY CONTEXT:**

The Health and Social Care Act 2012 ('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.

Clinical Commissioning Groups, NHS England 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.

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.

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.

The Board also has a duty to provide opinion on whether the CCGs final 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). Croydon CCG's commissioning plan will be presented to the board alongside the plans of other commissioners on 25 March 2015.

## **FINANCIAL IMPACT:**

Financial implications for each area within the commissioning intentions will be subject to the respective commissioning organisation's financial planning processes. Detailed financial impact will be considered within the framework of the governance mechanisms set out in each organisation's constitution.

## **1. RECOMMENDATIONS**

1.1 This report recommends that the board comments on the alignment of 2015/16 commissioning intentions to the joint health and wellbeing strategy 2013-18.

## **2. EXECUTIVE SUMMARY**

2.1 This report sets out the high level commissioning intentions for Croydon Council, Croydon Clinical commissioning Group and NHS England so that the health and wellbeing board can comment on their alignment with the priorities identified in the joint health and wellbeing strategy 2013-18 as informed by the joint strategic needs assessment (JSNA). Detailed intentions are provided in the appendices.

2.2 The aim of commissioning is to ensure that people's identified needs are addressed within the resources available; that commissioners 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. Commissioning can be undertaken across a range of geographical areas depending on the nature and scale of the needs and services required. This can be at a national level for some highly specialised services, regionally and locally (for example, at borough or sub-borough level).

## **3. DETAIL**

### **The commissioning landscape**

3.1 Most of the NHS commissioning budget is now managed by **clinical commissioning groups** (CCGs). These are groups of general practices which come together in each area to commission services for their patients and population. **NHS England** commissions specialised services, primary care, offender healthcare and some services for the armed forces.

3.2 CCGs and NHS England are supported by **commissioning support units** (CSUs). Their role is to carry out transformational commissioning functions, such as service redesign; and transactional commissioning functions, such as market management, healthcare procurement, contract negotiation and monitoring, information analysis and risk stratification.

3.3 Commissioning of public health services is undertaken by **Public Health England** (PHE) and by local authorities, although NHS England commissions, on behalf of Public Health England, many of the public health services delivered by the NHS, for example immunisations and vaccinations.

3.4 **Local authorities** are responsible for commissioning adults and children's social care services. As noted above, they are responsible with Public Health England for commissioning public health services. They also commission or directly provide a wide range of services which contribute to the overall health and wellbeing of the population.

#### **Local commissioning intentions**

3.5 The commissioning intentions detailed in the appendices to this report include both joint and individual intentions from the CCG, NHS England and the council.<sup>1</sup> Croydon CCG is also working with other CCGs and NHS England as part of the South West London Commissioning Collaborative which is a collective response to 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' to develop long term sustainable improvements across south west London. Commissioning intentions have been informed by identified need through the JSNA, other formal needs assessments, 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.

3.6 The council's children's and adults' social care commissioning intentions for 2015/16 have been developed in the context of the establishment of an Integrated Commissioning Unit by the council and CCG, and as such have been devised to include linkages not just between council and CCG, but between children and adult services where appropriate. The council's public health commissioning intentions are also included in these documents.

#### **Joint health and wellbeing strategy priorities**

3.8 The priorities of the health and wellbeing board are set out in the joint health and wellbeing strategy 2013-18. Whilst the board is currently reviewing its priorities these have not yet been finalised in a revised document. Priorities are grouped into six areas for improvement. These are:

- 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

3.9 A summary of the priorities set out in the joint health and wellbeing strategy 2013-18 is at appendix 1. The full strategy document can be accessed at [www.croydonobservatory.org/Strategy\\_Health\\_and\\_Social\\_Care/](http://www.croydonobservatory.org/Strategy_Health_and_Social_Care/)

3.10 The commissioning intentions for children form part of the programme of delivery for the Children and Families Partnership (CFP) and as such are aligned to the CFP's priority themes. These are to:

- Reduce childhood obesity

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<sup>1</sup> The report covers children's and adults social care commissioning and does not include intentions for the wider range of services referred to in paragraph 3.4.

- Improve the emotional wellbeing and mental health of children and young people.
- Increase the impact of early intervention
- Strengthen the consistency of engagement of children, young people and families across partnership
- Increase participation in education, employment and training and improve outcomes at age 19
- Reduce child poverty and mitigate impact of poverty
- Improve integration of services for children and young people with learning difficulties/disabilities
- Improve health and education/training outcomes for Looked After Children

## **Appendices**

Appendix 1 joint health and wellbeing strategy priorities for action

Appendix 2 Croydon CCG commissioning intentions 2015/16

Appendix 3 SW London commissioning intentions 2015/16

Appendix 4 NHS England commissioning intentions 2015/16 for prescribed specialised services

Appendix 5 Integrated Commissioning Unit draft commissioning priorities (adults)

Appendix 6 Integrated Commissioning Unit draft commissioning priorities (children)

## **4. CONSULTATION**

4.1 The development of commissioning intentions is part of the commissioning cycle which entails ongoing engagement with stakeholders. This report is part of that engagement process.

## **5. SERVICE INTEGRATION**

5.1 In April 2014 the Integrated Commissioning Unit (“ICU”) was formally established having been in shadow form since the preceding February. The establishment of the ICU has enabled a joint approach to commissioning and delivery of a number of services.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

6.1 Financial implications for each area within the commissioning intentions will be subject to the respective commissioning organisation’s financial planning processes. Detailed financial impact will be considered within the framework of the governance mechanisms set out in each organisation’s constitution.

## **7. LEGAL CONSIDERATIONS**

7.1 Legal advice has not been sought on the content of this report.

## **8. HUMAN RESOURCES IMPACT**

8.1 No human resources impacts have been identified for the purposes of this report.

## **9. EQUALITIES IMPACT**

9.1 Equality analysis will be carried out where service or policy change is indicated by the commissioning intentions. Taken together the priorities will enable commissioning organisations to address their duties under the Equalities Act.

## **10. ENVIRONMENTAL IMPACT**

10.1 No environmental impacts have been identified for the purposes of this report.

## **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]