

**Warwickshire Health and Wellbeing Board**  
**20 November 2013**  
**Clinical Commissioning Groups' (CCGs) and Social Care**  
**Commissioning Intentions**

**Recommendations**

That the Warwickshire Health and Wellbeing Board (HWB):

- 1. Consider and approve the commissioning intentions of:**
  - **Warwickshire North Clinical Commissioning Group**
  - **Coventry and Rugby Clinical Commissioning Group**
  - **South Warwickshire Clinical Commissioning Group**
  - **WCC Social Care and Public Health**

In addition, the Board is requested to:

2. Once approved, support Commissioners' new approach of commissioning by outcomes, monitor the progress on the implementation of the commissioning plans and hold Commissioners to account;
3. Strengthen collaboration and request partners, including local councils to identify their commissioning intentions.

**1.0 Background**

1.1 The Health and Social Care Act 2012 gives health and wellbeing boards specific functions and duties in relation to commissioning plans:

- A duty to be involved in the preparation and/ or revisions of the CCG commissioning plans;
- A duty to provide an opinion on whether the commissioning plans have taken proper account of the joint health and wellbeing strategy;
- A duty to include a statement of the final opinion of the health and wellbeing board in the published commissioning plans. (This is legally a duty of the CCG to include the health and wellbeing board's statement in their commissioning plan);
- A duty to review how far each CCG has contributed to the delivery of the joint health and wellbeing strategy.

1.2 Also, health and wellbeing boards have the power to:

- Request information for the purposes of enabling its functions from:
  - a. Local authorities in the area
  - b. Members or those they represent.
- Issue a statement of views on how commissioning of health and social care services, and wider health-related services, could be integrated.

## 2.0 Progress to date

2.1 The Chair of the Warwickshire Health and Wellbeing Board and the Warwickshire County Council's Portfolio Holder for Public Health have called a meeting with the Warwickshire County Council's and CCGs' leadership teams to discuss and review the draft commissioning intentions of the CCGs and Social Care. The meeting took place on 30 October 2013 and consisted of:

- Presentation of commissioning intentions by relevant parties
- Discussion around common themes and key issues
- Discussion around links to the Warwickshire Interim Health and Wellbeing Strategy
- Conclusion and recommendations.

2.2 A number of findings led to the reinforcement of the unity of the CCGs and Warwickshire County Council in their messages to service providers and recommendations to the Warwickshire Health and Wellbeing Board to approve the Health and Social Care commissioning intentions.

## 3.0 Key findings

3.1 This section provides a summary of key findings identified through a comparative analysis of the Warwickshire's Health and Social Care Commissioning Intentions 2014-15. The analysis focusses on the commonalities and differences between the intentions based around:

- Commissioning principles
- Key commissioning priorities.

3.2 A number of common themes and underpinning principles has been identified across all CCGs' and Social Care commissioning plans:

- Partnership work with Local Authorities
  - Joint Commissioning with Social Care
  - Focus on prevention and lifestyle (Public Health)/ Implementation of the Making Every Contact Count (MECC) programme
- Integration
  - Teams, services, pathways etc.
  - Electronic Records Systems
- Quality of care and patient safety
- Stakeholder engagement, incl. patients
- Access to services, incl. 24/7 care
- Value for money (review of service specifications and contracts)
- Focus on self-management
- Working with the community and voluntary sector.

3.3 Public Health commissioning intentions, particularly in relation to health care providers have been incorporated into the CCGs' commissioning plans.

3.4 The CCGs are intending to review the way in which many services have been historically contracted, particularly from the acute sector, in order to ensure better outcomes for patients, good quality care and an appropriate access to it. This will have an impact on the way in which these services are commissioned with a much greater focus on outcomes, value for money and innovative solutions, which inevitably in turn will lead to greater competition. The Board is requested to support this approach.

3.5 The table below depicts key commissioning priorities identified within the Commissioning Intentions 2014-15 across all CCGs, Social Care and Public Health in Warwickshire. It also identifies links between the commissioning priorities and the priorities and outcomes described in the Warwickshire Health and Wellbeing Strategy.

**Table 1. Key commissioning priorities per type of service, including integrated services and teams**

 - linked to/ reflective of the Warwickshire Health & Wellbeing Strategy

AGENCY \ PRIORITY	WARWICKSHIRE NORTH CCG	COVENTRY & RUGBY CCG	SOUTH WARWICKSHIRE CCG	WCC SOCIAL CARE	PUBLIC HEALTH WARWICKSHIRE
Mortality	Y	Y	Y		Y
Urgent and Emergency Care	Y	Y	Y	Y	Y
Stroke	Y	Y	Y	Y	Y
Frailty	Y	Y	Y	Y	Y
Cardiovascular Disease (CVD)	Y				Y
End of Life	Y	Y	Y	Y	
Mental Health	Y	Y	Y	Y	Y
Dementia	Y	Y	Y	Y	Y
Long term conditions	Y	Y	Y	Y	Y
Learning Disability	Y		Y	Y	
Children and Maternity	Y	Y	Y	Y	Y
Cancer	Y				Y
Diabetes	Y	Y	Y		Y
Lifestyle Management	Y	Y	Y	Y	Y

3.6 CCGs and Social Care have jointly agreed that they will:

- Develop mechanisms that enable people to manage their own care through self- assessment, information and advice, and online resources.
- Create opportunities and initiatives to develop community based and preventative support services that deliver the health and social care outcomes that prevent, postpone and delay the need for formal support.
- Together identify, develop and implement opportunities to achieve financial savings and wider benefits through cooperation and working together around the key points of the health and social care interface, particularly, but not exclusively, in relation to older people and pathways out of hospital.
- Given the outcomes of Winterbourne and the Francis Report, strive to deliver a vibrant competent workforce with quality at its core across all services including those that are commissioned across the health and social care economy.

## 4.0 Key issues

4.1 It has been recognised that the delivery of the commissioning ambitions and plans will pose a significant issue considering the financial pressures on organisations, hence the need to:

- Support new approach to commissioning by outcomes;
- Cooperate and promote Integration.

4.2 It has been identified through the discussions that all Commissioners will need to be specific about their plans and work closely together to address the challenge of reducing the health and wellbeing inequalities across the county. It was felt that this will require further clarification and inclusion in all commissioning plans.

4.3 It has been recognised that the challenge of making Integration happen will require clear success measures to be jointly developed.

## 5.0 Conclusions

5.1 The Board will monitor progress on the development and implementation of the CCGs' and Social Care commissioning plans through regular reports and updates at the Board's meetings and/ or via the relevant sub-groups' activity.

5.2 With this in mind, the Board is recommended to approve the Warwickshire's Health and Social Care commissioning intentions and promote the Commissioners' key decisions to providers of the health and social care economy in Warwickshire.

## 6.0 Background Papers

- 6.1 Warwickshire North CCG Commissioning Intentions 2014-15
- 6.2 Coventry & Rugby CCG Commissioning Intentions 2014-15
- 6.3 South Warwickshire CCG Commissioning Intentions 2014-15
- 6.4 Social Care Commissioning Intentions 2014-15

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