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Meeting	Health and Well-Being Board
Date	21 <sup>st</sup> November 2013
Subject	<b>Joint Commissioning Unit Commissioning Intentions – Adults &amp; Communities Delivery Unit / Barnet Clinical Commissioning Group (CCG)</b>
Report of	Barnet CCG Chief Officer / Adults and Communities Director
Summary of item and decision being sought	This report provides the Board with an outline of the 2014/15 commissioning intentions for the newly established CCG and Adults and Communities Joint Commissioning Unit (JCU).

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Officer Contributors	Rodney D'Costa and Karen Spooner, Joint Heads of Service (JCU)
Reason for Report	This report is for information; it outlines the 2014/15 commissioning intentions for the newly established Joint Commissioning Unit (JCU).
Partnership flexibility being exercised	None
Wards Affected	All
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Appendices	Appendix A: Joint Commissioning Unit Key Projects 2014/15 Appendix B: Barnet CCG Strategic Plan on a Page

## **1. RECOMMENDATION**

- 1.1 That the Health & Well-Being Board notes the 2014/15 commissioning intentions of the Joint Commissioning Unit (JCU).**

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The meetings of the Health & Well-Being Board on 13<sup>th</sup> January and 19<sup>th</sup> September 2013 respectively considered the Public Health Commissioning Intentions 2013/14 and main themes from the CCG's commissioning intentions for 2014/15-16.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The JCU's commissioning intentions are underpinned by the CCG's Commissioning Strategic Plan and the Adults & Communities Business Plan, which in turn are aligned with the Health & Well-Being Strategy 2012-15.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 The JCU's commissioning intentions are informed by the Barnet 2011-15 Joint Strategic Needs Assessment. Equality and Diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the CCG's Equality Delivery System. There is no specific needs assessment or equalities implications relating to this report.

## **5. RISK MANAGEMENT**

- 5.1 The JCU's commissioning projects are delivered within a project management and governance framework whereby individual and aggregate project risks are identified, reported and managed by Programme Management Offices and the senior management teams within the CCG and Adults & Communities Delivery Unit (A&CDU). There are no specific risks relating to this report.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 The Health & Social Care Act 2012 established clinical commissioning groups, giving them the mandate to commission healthcare services for their registered populations. Other services previously commissioned by primary care trusts are now the responsibility of other partners in the Health & Well-Being Board, namely the London Borough of Barnet and NHS England. The Act also mandates local authorities to commission appropriate services to meet the needs of its residents. The JCU's commissioning intentions reflect that of the CCG and the Adults & Communities Delivery Unit.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

7.1 There are no specific resource implications. The JCU's shared work plan is contained within existing allocated budget and resources.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

8.1 Individual projects within the JCU's shared work plan include specific communication and engagement plans with users and stakeholders as appropriate. Regular consultation and engagement is planned with the various Partnership Boards and GP locality meetings.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

9.1 Individual projects within the JCU's shared work plan include specific engagement plans with local providers as appropriate.

## **10. DETAILS**

10.1 A JCU was established by Adults and Communities, Barnet Council and Barnet CCG in August 2013 with the aim of delivering a more robust commissioning process for partner organisations based on the shared priorities delivered through a shared work programme. Underpinning this is the idea that relationships and joint working between public sector organisations at a borough level is a key driver to improve outcomes for health and well-being. The JCU is co-located within the Council's North London Business Park (NLBP).

10.2 The JCU's priorities are based on the strategic plans of the A&CDU and BCCG, aligned to the Health and Well-Being Strategy (HWS). The HWS has two overarching aims and 4 themes:

### 2 Aims

- Keeping Well – A strong belief in 'prevention is better than cure.' This strategy aims to give every child in Barnet the best possible start to live a healthy life, to create more opportunities to develop healthy and flourishing neighbourhoods and communities and support people to adopt healthy lifestyles to prevent avoidable disease and illness.
- Keeping Independent – This strategy aims to ensure that when extra support and treatment is needed, this should be delivered in a way which enables people to get back up on their feet as soon as possible with health and social care services working together.

### 4 Themes

- a) Preparation for a healthy life – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development;
- b) Well-being in the community – that is creating circumstances that better enable people to be healthier and have greater life opportunities;
- c) How we live – that is enabling and encouraging healthier lifestyles; and
- d) Care when needed – that is providing appropriate care and support to facilitate good outcomes and improve the patient experience.

10.3 What this means in practice is that the JCU's priorities for social care and health are: supporting all individuals and their families to stay as independent as possible; and a

strong emphasis on self-management, early identification of disease and support to manage lifestyles.

- 10.3 The JCU's shared work plan is based on the former separate work programmes of Adult Social Care and Health. As part of compiling the shared work plan, a line-by-line review, of individual commissioning projects was undertaken to remove any overlap and better integrate pathways (whether relating to processes or outcomes for service users and patients). At the same time, the work plan was balanced against the staff resources and critical paths clarified to ensure that projects are closed and handed-off in a timely way.
- 10.4 The JCU is in the process of recruiting to (new or newly re-configured) vacant posts and it is envisaged that staffing will be up to full strength by January 2014. The mobilisation of the JCU includes a full staff induction process.
- 10.5 Appendix 1 presents the key projects that sit under the aforementioned shared work plan which will form part of the JCU work programme for 2014/15. Following on from the HWB meeting of 19 September, it should be noted that the CCG's commissioning intentions for 2014/15 and 2015/16 have now been confirmed; this is an NHS governance requirement whereby Providers are given 6-months' notice.

## **BACKGROUND PAPERS**

- 11.1 None.

Legal – SW  
CFO – AD