



## Report to Sheffield First Health & Well-being Partnership Board

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| <b>Title</b>   | <b>Commissioning Framework for Health and Well-being</b>  |   |
| <b>Author(s)/Presenter</b>   | Kieron Williams, Health Partnership Manager   |   |
| <b>Date of Meeting</b>   | 20 March 2007   |   |
| <b>Lead Partnership</b>  | Sheffield First Health and Well-being   |   |
| <b>Purpose of Paper</b>  | To set out the implication of the new national Commissioning Framework for Health and Well-being and seek the Board's initial view on how to take this forward in Sheffield |   |
| <b>Key Messages (Maximum 5)</b>  |   |   |
| <ul style="list-style-type: none"> <li>The Commissioning for Health and Well-being Framework was published by the Department of Health for consultation on March 6<sup>th</sup> 2007</li> <li>It is intended to provide guidance for NHS trust, local authorities and their partners</li> <li>The framework covers all of the population in a locality - children and adults and all care groups</li> <li>Included in it are details of a proposed new duty on Local Authorities and NHS Trusts to undertake a Joint Strategic Needs Assessment for health and well-being</li> </ul> |   |   |
| <b>Summary of Decisions for SFHW Partnership Board</b>   |   |   |
| <ul style="list-style-type: none"> <li>To make any initial comments on how the framework should be applied in Sheffield</li> <li>To agree the recommendation that the Council's Director of Adults' Services and PCT's Executive Director of Strategy be commissioned to develop proposals on how the framework should be applied in Sheffield - taking into account initial comments from the board – to be brought to the May meeting of the Board.</li> </ul>   |   |   |
| <b>Related Sheffield First Health and Well-being 2010 Strategy Objectives/Priorities</b>   |   |   |
| <b>Objectives</b> (Please place an X in the box next to each relevant objective, see Strategy for full description)  |   |   |
| 1. Develop strategic approach to public health   | <input checked="" type="checkbox"/>   | 4. Improve partnership working for health     |
| 2. Ensure healthy approach to ageing   | <input checked="" type="checkbox"/>   | 5. Share learning & raise Sheffield's profile |
| 3. Develop healthy approach to policy & planning   | <input checked="" type="checkbox"/>   | 6. Work jointly with other Partnership Boards |
|  |   | <input checked="" type="checkbox"/>           |
| <b>Priorities</b> (Please detail relevant priorities from Strategy, e.g. 2.2. Re-engineer health and social care services for older people)  |   |   |
| 1.2  | Ensuring Sheffield takes a strategic partnership approach to the delivery of national public health policy and programmes.  |   |
| <b>How does this work support the reduction of inequalities?</b>   |   |   |
|  |   |   |
| <b>Other key points to note including details of key background documents</b>  |   |   |
| A copy of the full Commissioning Framework for Health and Well-being is included within the papers for this meeting. Further details can be found at <a href="http://www.commissioning.csip.org.uk">www.commissioning.csip.org.uk</a>  |   |   |

# Commissioning Framework for Health and Well-being

## Introduction

The commissioning for health and well-being framework was published by the Department of Health for consultation on March 6<sup>th</sup> 2007. This is a summary of key points from this document. A copy of the full document, and all the consultation materials, are available from [www.commissioning.csip.org.uk](http://www.commissioning.csip.org.uk)

## What is the Commissioning Framework for Health and Well-being?

It is intended to provide guidance for NHS Trusts, local authorities and their partners in commissioning primary care (with the exception of the nationally negotiated General Medical Services contract), community health care, social care, public health, well-being, as well as other relevant services, support and interventions. The framework covers all of the population in a locality – adults and children – their family, carers, and all care groups.

## What does it aim to do?

It aims to sets out a framework through which local commissioners can secure the best value for local citizens in providing personalised services, promoting health and well-being, proactively preventing ill health, and working in partnership to reduce health inequalities. Its key aims are:

- A shift towards commissioning for outcomes
- A move to services that are personal, sensitive to individual need and maintain independence and dignity.
- The promotion of health and well-being, investing now to reduce future ill health costs.
- A focus on commissioning services and interventions which we know will achieve better health, promote inclusion and tackle health inequalities

## What is Commissioning for Health and well-being?

Commissioning is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- deliver the best possible health and well-being outcomes, including promoting equality
- provide the best possible health and social care provision
- achieve this within the best use of available resources.

Commissioning for the health and well-being of individuals means helping people to:

- look after themselves, and stay healthy and independent
- participate fully as active members of their communities
- choose and easily access the type of help they need, when they need it.

Commissioning for the health and well-being of a local population means:

- understanding and anticipating future need
- promoting health and inclusion and supporting independence
- identifying the groups or areas that are getting a raw deal and giving them a voice to influence improvements
- delivering the best and safest possible quality of care.

## Joint Strategic Needs Assessment

The Framework consults upon a new duty on Local Authorities and NHS Trusts to undertake a Joint Strategic Needs Assessment (JSNA) for health and well-being, to identify:

- current and predicted health and well-being outcomes,
- what people in the local community want from their services,
- a view of the future, predicting and anticipating potential new or unmet need, informed by equality impact assessments.

This is to be prepared jointly by Directors of Adult Social Services, Directors of Children's Services and Directors of Public Health and PCT Directors of Commissioning and is intended to support a shift towards commissioning for outcomes.

The JSNA is intended to develop a shared understanding of the needs of local populations and to be the foundation for local decisions on priorities and how these will be addressed in the short, medium and long term, informing the development of Community Strategies and Local Area Agreements. It should set out the priorities for change and the timescales in which these will be addressed – and will include options for resource transfer, decommissioning of services that are no longer required or which need to be changed, as well as proposals for pooling resources where this makes good sense – either on grounds of efficiency or of securing better outcomes – locally.

This Joint Strategic Needs Assessment will be available to all potential and current providers, and so will help all current and potential providers (including the third sector) design potential services. All commissioners will be expected to establish a provider forum for current and potential service providers.

## How will local people be involved?

The framework aims to give people greater choice and control over services and treatments (including selfcare), and access to good information and advice to support these choices. Requirements are set out for greater transparency in planning processes – for example through preparation of the JSNA and the development of a PCT Prospectus setting out locally agreed priorities – and regular reporting on progress. The Framework also sets out mechanisms to enable better engagement, such as through Local Involvement Networks (LINKs) and the need to support advocacy approaches for people who are less well heard, and seeks views on other measures based on local experience and expertise of 'what works'.

## What role can the third sector play?

The document emphasises the need for better engagement with providers of services, in particular from the third sector, in the commissioning process – so that proposals for reconfiguration are better oriented to outcomes for people and communities rather than service 'inputs'. It identifies two main ways in which the third sector can contribute to this:-

- **Needs Assessment & Service Planning** - The framework emphasises the need for person-centred, individual care. A key role for many third sector organisations is providing advocacy. This is a key contribution to the development of both individual and strategic needs assessments.

- **Service Provision** - All potential and current providers – including third sector providers – should actively engage and work with commissioners to develop services that meet the needs identified in the joint Strategic Needs Assessment.

### **How do the proposals fit with the Local Government White Paper?**

The 'place shaping' and leadership role of the local authority set out in the local government white paper are at the heart of achieving the envisaged changes to local health and well-being services. In particular, the duty on the local authority to prepare the LAA in consultation with others and for named partners to have regard to agreed local targets as set out in the White Paper, is reinforced by a proposed duty on PCTs and LAs to produce the Joint Strategic Needs Assessment.

The Commissioning Framework also reflects the proposed White Paper developments in relation to more locally sensitive and proportionate performance management arrangements and better alignment of budget and planning cycles. These, together with the mechanisms for community engagement set out above and the more effective arrangements for individual complaints and for community involvement, will feed into the development of the new accountability framework for local organisations both individually and in partnership.

### **Are there resources to make this happen?**

**No** - the framework aims to achieve better outcomes for individuals and communities through better use of existing resources.

### **What is being asked in the consultation?**

Annex E of the full report sets out a summary of the 26 consultation questions.

### **Recommendations**

That the Council's Director of Adults' Services and PCT's Executive Director of Strategy be commissioned to develop proposals on how the framework should be applied in Sheffield - taking into account initial comments from the board – to be brought to the May meeting of the Board.