



TOOL D1 Commissioning for health and wellbeing: a checklist

**TOOL
D1**

For:	Commissioners in primary care trusts (PCTs) and local authorities
About:	This tool provides details of World Class Commissioning including information on the organisational competencies. It also provides a checklist for commissioners to ensure that their obesity strategies are developed using the best available resources.
Purpose:	To provide an understanding of how World Class Commissioning can help local areas reach their goal of reducing the prevalence of obesity.
Use:	Can be used in the development of local obesity strategies.
Resource:	<i>World Class Commissioning: Competencies.</i> ¹⁴⁵ www.dh.gov.uk <i>A vision for World Class Commissioning: Adding life to years and years to life</i> ¹⁴⁶ www.primarycarecontracting.nhs.uk

World Class Commissioning: organisational competencies

The World Class Commissioning programme is designed to raise ambitions for a new form of commissioning that has not yet been developed or implemented in a comprehensive way anywhere in the world. World Class Commissioning is about delivering better health and wellbeing for the population, improving health outcomes and reducing health inequalities. In partnership with local government, practice-based commissioners and others, primary care trusts (PCTs), supported by strategic health authorities (SHAs), will lead the NHS in turning the world class commissioning vision into a reality.

World class commissioning PCTs will need to develop the knowledge, skills, behaviours and characteristics that underpin effective commissioning. The organisational competencies are set out below. They have been divided into four of the five themes of *Healthy Weight, Healthy Lives*¹ – understanding the problem, local leadership, choosing interventions, and monitoring and evaluation – in order that local areas can use these competencies to develop their local obesity strategies.

Understanding the problem in your area and setting local goals

Manage knowledge and undertake robust and regular local health needs assessments that establish a full understanding of current and future local health needs and requirements

- Commissioning decisions should be based on sound evidence. They capture high-quality and timely information from a range of sources, and actively seek feedback from their populations about services. By identifying current needs and recognising future trends, World Class Commissioners will ensure that the services commissioned respond to the needs of the whole population, not only now, but also in the future.
- In particular, World Class Commissioning will ensure that the greatest priority is placed on those whose needs are greatest. To prioritise effectively, commissioners will require a high level of knowledge management with associated actuarial and analytical skill.

- The PCT is able to anticipate and address the needs of the whole population, including people with long-term conditions. A joint strategic needs assessment (JSNA) carried out by PCTs and local authorities, provides a rich picture of the current and future needs of their populations. This results in comprehensive and better-managed care.

Prioritise investment according to local needs, service requirements and NHS values

- By having a thorough understanding of the needs of different sections of the local population, World Class Commissioners, along with their partners, will develop a set of clear, outcome-focused, strategic priorities and investment plans. This will require taking a long-term view of population health and changing requirements. Their priorities are formally agreed through the local area agreement (LAA). Strategic priorities should include investment plans to address areas of greatest health inequality.
- PCTs make confident choices about the services that they want to be delivered, and acknowledge the impact that these choices may have on current services and providers. They have ambitious but realistic goals for the short, medium and long term, linked to an outcomes framework. They work with providers to ensure that service specifications are focused on clinical quality and based on the outcomes they want to achieve, and not just on processes and inputs.

Local leadership

Lead and steer the local health agenda in the community

- World Class Commissioners will actively steer the local health agenda and will build their reputation within the community so that they are recognised as the leader of the local NHS. They will seek and stimulate discussion on health and care matters and will be respected by community and business partners as the primary source of credible and timely advice on all matters relating to health and care services.

Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities

- World Class Commissioners will take into account the wider determinants of health, when considering how to improve the health and wellbeing of their local community. To do this effectively, they will work closely and develop a shared ambition with key partners including local government, healthcare providers and third sector organisations. These relationships are built up over time, reflecting the commitment of partner organisations to develop innovative solutions for the whole community. Together, commissioners and their partners will encourage innovation and continuous improvement in service design, and drive dramatic improvements in health and wellbeing.

Choosing interventions

Engage with patients and the public to shape services and improve health

- Commissioners act on behalf of the public and patients. They are responsible for investing funds on behalf of their communities, and building local trust and legitimacy through the process of engagement with their local population. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, World Class Commissioners will engage with the public, and actively seek the views of patients, carers and the wider community. This new relationship with the public is long-term, inclusive and enduring and has been forged through a sustained effort and commitment on the part of commissioners. Decisions are made with a strong mandate from the local population and other partners.

Engage with clinicians to inform strategy and drive quality, service design and resource utilisation

- Clinical leadership and involvement is a critical and integral part of the commissioning process. World class commissioners will need to ensure demonstrable clinical leadership and engagement at all stages of the commissioning process. Clinicians are best placed to advise and lead on issues relating to clinical quality and effectiveness. They are the local care experts, who understand clinical needs and have close contact with the local population. By encouraging clinical involvement in strategic planning and service design, World Class Commissioners will ensure that the services commissioned reflect the needs of the population and are delivered in the most personalised, practical and effective way possible.
- World class PCTs need world class practice based commissioners with whom they work in demonstrable partnership to drive improvements across the highest priority services and meet the most challenging needs identified by their strategic plans. To support this drive towards World Class Commissioning, Professional Executive Committees (PECs) have a crucial role to play in building and strengthening clinical leadership in the strategic commissioning process.

Stimulate the market to meet demand and secure required clinical, and health and wellbeing outcomes

- Commissioners will need a choice of responsive providers in place to meet the health and care needs of the local population.
- Employing their knowledge of future priorities, needs and community aspirations, commissioners will use their investment choices to influence service design, increase choice, and drive continuous improvement and innovation.
- World Class Commissioners will have clear strategies for dealing with situations where there is a lack of provider choice, in particular in areas where there is relatively poor health and limited access.

Promote improvement in quality and outcomes through clinical and provider innovation and configuration

- World Class Commissioners will drive continuous improvement in the NHS. Their quest for knowledge, innovation and best practice will result in better quality local services and significantly improved health outcomes.
- By working with partners to clearly specify required quality and outcomes, and influencing provision accordingly, World Class Commissioners will facilitate continuous improvement in service design to better meet the needs of the local population. This will be supported by transparent and fair commissioning and decommissioning processes.

Secure procurement skills that ensure robust and viable contracts

- Procurement and contracting processes will ensure that agreements with providers are set out clearly and accurately. By putting in place excellent processes, commissioners can facilitate good working relationships with their providers, offering protection to service users and ensuring value for money.

Make sound financial investments to ensure sustainable development and value for money

- World Class Commissioners ensure that their commissioning decisions are sustainable and that they are able to secure improved health outcomes, both now and in the future. Excellent financial skills and resource management will enable commissioners to manage the financial risks involved in commissioning and take a proactive rather than reactive approach to financial

management. The financial strategy will ensure that the commissioning strategy is affordable and set within the organisation's overall risk and assurance framework.

Monitoring and evaluation

Manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes

- Commissioners must ensure that providers are given the support needed to deliver the highest possible quality of service and value for money. This involves working closely with partners to sustain and improve provision, and engaging in constructive performance discussions to ensure continuous improvement.
- By having timely and continuous control over contracts, World Class Commissioners deliver better value to service users and taxpayers. PCTs use a range of approaches, including collecting and communicating performance data and service user feedback, working closely with regulators, and intervening when necessary to ensure service continuity and access. PCTs ensure that the commissioning process is equitable and transparent, and open to influence from all stakeholders via an ongoing dialogue with patients, service users and providers.

Checklist

In order that commissioners develop a successful obesity strategy in terms of the outcome being a reduction in obesity, particularly in children, commissioners should go through the checklist below and check whether they are using the best available resources in their area to achieve this outcome.

Understanding the problem in your area and setting local goals

Competency	Yes	No	Action
Manage knowledge and undertake robust and regular local health needs assessments that establish a full understanding of current and future local health needs and requirements			
Do you have strategies to further develop and enhance the needs assessment data sets and analysis with your partners?			
Are you routinely acquiring knowledge and intelligence of the whole community through well-defined and rigorous methodologies, including data collection with local partners, service providers and other agencies?			
Do you identify and use the relevant core data sets required for effective commissioning analysis? Are you demonstrating this use?			
Are you routinely seeking and reporting on research and best practice evidence, including clinical evidence that will assist in commissioning and decision making?			
Do you share data with current and potential providers and with relevant community groups?			
Can you demonstrate that you have sought and used all relevant data to work with communities and clinicians, prioritising strategic commissioning decisions and longer-term workforce planning?			

	Yes	No	Action
Prioritise investment according to local needs, service requirements and NHS values			
Do you identify and commission against key priority outcomes, taking into account patient experiences, local needs and preferences, risk assessments, national priorities and other guidance, such as National Institute for Health and Clinical Excellence (NICE) guidelines?			
Are the selected clinical, health and wellbeing outcomes desired, achievable and measurable? Do the outcomes align with partners' commissioning strategies?			
Are you developing short-, medium- and long-term commissioning strategies enabling local service design, innovation and development?			
Are you identifying and tackling inequalities of health status, access and resource allocation?			
Are you routinely using programme budgeting to understand investment against outcomes?			
Can you complete comprehensive risk assessments to feed into the wider decision-making process and all investment plans?			
Are you using financial resources in a planned and sustainable manner and investing for the future, including through innovative service design and delivery?			
Do you seek and make available valid benchmarking data?			
Do you share data with partner organisations, including practice-based commissioners and current and potential providers?			
Are you monitoring the performance of commissioned strategic health outcomes, using patient-reported clinical outcome measures and measures related to patient experience and public engagement?			

Local leadership

Competency	Yes	No	Action
Lead and steer the local health agenda in the community			
Are you the primary source of credible, timely and authoritative advice on all matters relating to the NHS?			
Do you apply NHS values (fair, personal, effective and safe) to strategic planning and decision making?			
Do you work closely with partner NHS organisations and other providers?			
Do you engage with and involve the public, community and patients?			
Do you communicate local NHS priorities to diverse groups of people?			
Do you develop the competences and capabilities of local NHS organisations?			
Do you effectively manage contracts?			
Do you have a clear communications policy? Can you respond effectively to individual, organisational and media enquiries regarding the NHS?			

	Yes	No	Action
Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities			
Do you actively seek partnership with appropriate agencies both within health and beyond using defined legal agreements and frameworks?			
Do you create informal and formal partnering arrangements as appropriate to different relationships?			
Do you identify key local participants and potential partners (both statutory and non-statutory) to optimise improvements in outcomes?			
Do you advise and develop local partner commissioning capabilities where there will be a direct impact on joint commissioning goals?			
Do you share with the local community its ambition for health improvement, innovation, and preventive measures to improve wellbeing and tackle inequalities?			
Do you influence partner commissioning strategies reflecting NHS core values?			
Do you use the skills and knowledge of partners, including clinicians, to inform commissioning intentions in all areas of activity?			
Do you actively share relevant information so that informed decisions can be made across the commissioning community?			
Do you monitor and evaluate the effectiveness of partnerships?			

Choosing interventions

Competency	Yes	No	Action
Engage with patients and the public to shape services and improve health			
Can patients and the public share their experiences of health and care services? Do you use these experiences to inform commissioning?			
Do you have an understanding of different engagement options, including the opportunities, strengths, weaknesses and risks?			
Do you invite patients and the public to respond and comment on issues in order to influence commissioning decisions and to ensure that services are convenient and effective?			
Do patients and the public understand how their views will be used? Do they know which decisions they will be involved in, when decisions will be made, and how they can influence the process? Do you publicise the ways in which public input has influenced decisions?			
Do you proactively challenge and, through active dialogue, raise local health aspirations to address local health inequalities and promote social inclusion?			
Do you create a trusting relationship with patients and the public? Are you seen as an effective advocate and decision maker on health requirements?			
Do you communicate the PCT's vision, key local priorities and delivery objectives to patients and the public, clarifying its role as the local leader of the NHS?			

	Yes	No	Action
Do you respond in an appropriate and timely manner to individual, organisational and media enquiries?			
Do you undertake assessments and seek feedback to ensure that the public's experience of engagement has been appropriate and not tokenistic?			
Engage with clinicians to inform strategy and drive quality, service design and resource utilisation			
Do you encourage broad clinical engagement through devolution of commissioning decisions? This includes maximising clinical impact through the development of practice-based commissioning (PBC).			
Do you engage and utilise the skills and knowledge of clinicians to inform commissioning intentions in all areas of activity, including setting strategic direction and formulating commissioning decisions?			
Do you build and support: <ul style="list-style-type: none"> • broad clinical networks, including across provider boundaries, to facilitate multidisciplinary input into pathway and service design? • informed clinical reference groups, such as Professional Executive Committees (PECs), ensuring that clinicians and practice-based commissioners have full and timely access to information, enabling local commissioning decisions to be made? • clinical engagement in strategic decision making and assure clinical governance structures via PECs? Do you oversee and support PBC decisions to ensure effective resource utilisation, reducing health inequalities and transforming service delivery?			
Do you work with clinical colleagues, such as PECs, along care pathways to spread best practice and rigorous standards to hold clinicians to account?			
Do you work in partnership with clinicians along care pathways in commissioner and provider organisations to facilitate and harness front-line innovation and drive continuous quality improvement?			
Stimulate the market to meet demand and secure required clinical, and health and wellbeing outcomes			
Do you map and understand the strengths and weaknesses of current service configuration and provision?			
Do you have an understanding and knowledge of methods for finding out what matters to patients, the public and staff? Are you able to respond to this when defining service specifications?			
Can you model and simulate the impact of commissioning decisions and strategies on the current configuration of provision?			
Can you promote services that encourage early intervention, to avoid unnecessary unplanned admissions?			
Do you have a clear understanding and knowledge of the abilities and role of the third sector, and of its ability to provide against service specifications?			
Can you translate strategy into short-, medium- and long-term investment requirements, allowing providers to align their own investment and planning processes with specified requirements?			

	Yes	No	Action
Are you aware of market trends and behaviours? Can you show knowledge of and act on current gaps in the market to provide patients with a choice of local providers?			
Can you create incentives where necessary for market entry, including understanding the requirements of full cost recovery?			
Can you stimulate provider development matched to the requirements and experiences accrued from user and community feedback (for example, timely and convenient access to services that are closer to home)?			
Can you specify the realistic time schedules that are needed to encourage and deliver innovation and change, providing direct support when required?			
Can you develop relationships with potential future providers whose services may be of interest and may be relevant to meeting need and demand?			
Do you communicate with the market as an investor, not a funder, using and specifying an approach based on quality and outcomes?			
Promote improvement in quality and outcomes through clinical and provider innovation and configuration			
Do you map and understand the strengths and weaknesses of current service innovation, quality and outcomes?			
Do you maintain an active database of best practice, innovation and service improvement?			
Do you analyse local and wider clinical and provider quality and capacity to innovate and improve?			
Do you share research, clinical and service best practice linked to clear specifications that drive innovation and improvement?			
Do you communicate with clinicians and providers to challenge established practice and drive services that are both convenient and effective?			
Do you set stretch targets? Do you challenge providers to come up with innovative ways to achieve them?			
Do you understand the potential of local community and third sector providers to deliver innovative services and increase local social capital?			
Do you catalyse change and help to overcome barriers, including recognising and challenging traditions and ways of thinking (for example in service design and workforce development) that have outlived their usefulness? Do you support providers that constructively break with these?			
Do you translate research and knowledge into specific clinical and service reconfiguration, improving access, quality and outcomes?			
Do you design and negotiate contracts that encourage provider modernisation, continued efficiency, quality and innovation?			
Are you creating incentives to drive innovation and quality?			
Do you secure and maintain relationships with improvement agencies and suppliers, brokering local knowledge and information networks?			

	Yes	No	Action
Are you developing relationships with current and potential providers, stimulating whole-system solutions for the greatest health and wellbeing gain?			
Secure procurement skills that ensure robust and viable contracts			
Are you procuring and contracting in proportion to risk and in line with the clinical priorities and wider health and wellbeing outcomes described in the commissioning strategy?			
Are you procuring and contracting in line with relevant Department of Health policies, such as patient choice, competition principles and rules, care closer to home and NICE guidelines?			
Do you work with commissioning partners to ensure that your procurement plans are consistent with wider local commissioning priorities?			
Are you continuously developing your range of procurement techniques and making effective use of them?			
Do you have a working knowledge of all legal, competition and regulatory requirements relevant to your role when tendering?			
Are you reflecting NHS values through clear and accurate service specifications?			
Are you assessing business cases according to financial viability, risk, sustainability and alignment with commissioning strategies?			
Do you design and negotiate open and fair contracts that provide value for money and are enforceable, with agreed performance measures and intervention protocols?			
Do contracts cover reasonable time periods, maximising the investment of both the provider and the PCT?			
Do you understand and implement standard national contracts as these become available?			
Do you create contingency plans to mitigate against provider failure?			
Make sound financial investments to ensure sustainable development and value for money			
Do you have a thorough understanding of the financial regime in which you operate?			
Do you prepare effective financial strategies that identify and take account of trends, key risks and potential high-impact changes in cost and activity levels? These strategies drive the annual budgeting process and support the commissioning strategy.			
Are you developing a risk-based approach to long-term financial planning and budgeting that supports relevant and proportionate analysis of financial and activity flows?			
Are you routinely using programme budgeting to understand investment against outcomes and relative potential shifts in investment opportunities that will optimise local health gains and increase quality?			
Do you use financial resources in a planned and sustainable manner and invest for the future?			

	Yes	No	Action
Do you analyse costs, such as prescribing, and identify areas for improvement?			
Do you have a clear understanding of the links between the financial and non-financial elements of the commissioning strategies?			
Are you developing a risk-based approach to annual financial management and budgeting? This is supported by the ongoing analysis of financial and activity flows and includes cash management plans to ensure an efficient use of allocated resources.			
Do you budget proactively rather than reactively, with large, high-risk or volatile elements being identified and cross-referenced to operational activity?			
Does the Board have clear governance structures in place that facilitate and ensure active management of all aspects of the PCT's business and planning functions? Are these transparent, easily understood and public-facing?			
Do you analyse the activity of the providers, PBC leads, and other budget holders through detailed comparisons of expected and actual costs and activity?			
Do you provide useful, concise and complete financial and activity information to the Board to aid decision making, highlighting significant variances where these are occurring?			
Do you have clear and understood processes for dealing with any areas which begin to show significant variance from budget during the financial year? Are these implemented effectively by all relevant staff and reported to the Board where necessary?			
Are you calculating, allocating and reviewing PBC budgets in a fair and transparent manner with effective incentive systems? Are you enabling PBC leads to fully understand and manage their devolved budgets?			
Are you developing short-, medium- and long-term strategic financial plans, highlighting areas suitable for local service redesign, innovation and development?			
Are you working effectively with all service providers by providing financial support and information to achieve the most clinically effective and cost-effective approaches?			
Do you have a well-developed system of governance that ensures financial risks are reported and managed at the appropriate level?			
Do you have strong financial and ethical values and principles that are publicly expressed and underpin the work of all staff and board members, including those working under contract? These values will also be expressed in all contracts entered into by the PCT.			
Do all staff have a clear understanding of their delegated commissioning budgets? Do all staff responsible for the management of budgets have access to relevant and timely activity and performance data that enable them to operate these budgets effectively?			

Monitoring and evaluation

Competency	Yes	No	Action
Manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes			
Do you monitor provider financial performance, activity and sustainability in accordance with its contractual agreements?			
Are you transparent about your relationships with other organisations that collect, publish, assess and regulate providers?			
Do you evaluate individual provider performance according to agreed provision measurements?			
Do you use benchmarking to compare performance between providers? Are you communicating performance evaluation findings with providers?			
Do you use performance evaluation findings to lead regular and constructive performance conversations with providers, working with them to resolve issues?			
Do you use agreed dispute processes for unresolved issues?			
Do you recognise an advocacy and expert role in service development for providers? Do you invite them to contribute in that role?			
Do you disseminate relevant information to allow current providers to innovate and develop to meet changing commissioning requirements?			
Do you understand the motivations of current providers? Are you fostering an environment of shared responsibility and development?			
Do you terminate contracts when necessary?			

