

**Health and Adult Social Care, 8 July 2008**

**Report of the Director of Governance Dudley PCT**

**Briefing on World Class Commissioning**

**Purpose of Report**

1. This report outlines the concept of World Class Commissioning and the role the Committee could have in the Autumn in relation to the SHA assessment of the PCT.

**Background**

2. World class commissioning will deliver better health and well-being for all:
  - People will live healthier and longer lives
  - Health inequalities will be dramatically reduced.

It will deliver better care for all:

- Services will be evidence-based and of the best quality
- People will have choice and control over the services that they use, so they become more personalised.

It will deliver better value for all:

- Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources
- PCTs will work with others to optimise effective care.

3. To become world class, commissioners will need to develop the knowledge, skills, behaviour and characteristics of a world class organisation. They will do this by developing a set of core organisational competencies.

In summary world class commissioners will:

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs
- prioritise investment
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments

The process of defining and developing these competencies is dynamic. As commissioners move to operate at world class levels, new competencies will emerge and details of the expectations within existing competencies will sharpen as knowledge grows and experience develops.

However, world class commissioning is not an end in itself. In order to be successful, commissioners will need to demonstrate better health and well-being for all, better care for all and better value for all: adding life to years and years to life.

4. In the autumn, the PCT will be undergoing an assessment against the competencies listed above, various outcome measures (such as mortality rates) and governance. Feedback will be given. There will be no rating given for this year, but from next year (2009/10) each PCT will be rated on a scale of 1-4. As part of the assessment exercise, partners will be asked to complete questionnaires about the PCT, on the topics outlined below:
- *What does the PCT do well that they should keep doing?*
  - *What should the PCT do differently?*

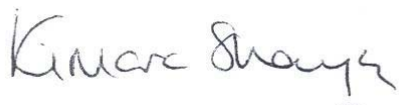
Additionally stakeholders will be asked to rate the PCT on a scale of one (strongly disagree) to six (strongly agree) against the following six statements:

- We recognise the PCT as the local leader of the NHS (competency 1)
- The PCT has significant influence on our decisions and actions (competency 1)
- The PCT is an effective partner in delivering health and well being improvements for the local population (competency 2)
- The PCT proactively shapes the health opinions and aspirations of the local population (competency 3)
- The PCT proactively engages my organisation to inform and drive strategic planning and service design (competency 2)
- The PCT proactively engages clinicians to inform and drive strategic planning and service design (competency 4)

### **Recommendation**

5. It is recommended that:-

- This report is noted.



.....  
**Kimara Sharpe**

**Director of Governance**

Contact Officer: Kimara Sharpe

Telephone: 01384 366261

Email: [kimara.sharpe@dudley.nhs.uk](mailto:kimara.sharpe@dudley.nhs.uk)

**List of Background Papers**

For more information, please see [www.dh.gov.uk/worldclasscommissioning](http://www.dh.gov.uk/worldclasscommissioning)