

12 Process for prioritising commissioning priorities: defensible decision-making

A set of [Criteria for Decision-Making](#) was developed following discussion with the Children and Young People Improving Health and Wellbeing Board, the Planning function in Economy and Enterprise, and the Housing Strategic lead.

The principle is not to convert this list into a scoring system, but to ensure that issues are consistently addressed so that the rationale for decisions is clear.

The questions have been designed based on (the Health Needs Assessment Workbook by Judith Hooper and Phil Longworth 2002, Health Development Agency www.nice.org.uk), a standard framework for health needs assessment, to help us focus on those elements of commissioning that will best place services to face demographic trends, and consumer expectations, using technological developments to the maximum.

There are three main stages to the approach, each with a specific set of questions. The stages are:

- Stage 1: analysis and rationale for service improvement (public health lead). This concentrates on impact and effectiveness.
- Stage 2a: change management. This concentrates on acceptability.
- Stage 2b: public views (Community Care Forum and Community Empowerment Network led). This considers public views, carers and patient empowerment.
- Stage 2c: resource feasibility. This looks at identified resources and alternatives, needs and finance.
- Stage 3: commissioning intentions (Commissioner-led). This considers implementation issues.

Following these stages and considering the questions within them allowed a set of priorities ([2008 JSNA priorities](#)) to be developed for the [2008 JSNA](#). This formed the basis for the 2009 JSNA refresh, which was amended in the light of new information and data analysis (discussed in [section 5](#) above) and the wide range of consultations with users, carers, providers and local residents discussed in [section 4](#) above.