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| | <h2>Health and Wellbeing Board</h2> <h3>19 January 2016</h3> |
| Title | Barnet CCG: 2017/18 Commissioning Intentions |
| Report of | Director of Commissioning Operations (Interim) |
| Wards | All |
| Date added to Forward Plan | March 2016 |
| Status | Public |
| Enclosures | <p>Appendix 1 – North Central London CCGs commissioning intentions standard letter</p> <p>Appendix 2 – Barnet CCG: 2017/18 Commissioning Intentions – Royal Free</p> <p>Appendix 3 – Barnet CCG: 2017/18 Commissioning Intentions – CLCH</p> <p>Appendix 4 – Barnet CCG: 2017/18 Commissioning Intentions – RNOH</p> |
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| <h2>Summary</h2> |
| <p>Under the terms of the NHS Act 2006 all CCGs are required to prepare commissioning intentions for each financial year. The commissioning intentions plan must set out how the CCG proposes to exercise its functions in that period. Each CCG is required to provide a copy of the commissioning plan to the local authority's Health and Wellbeing Board, to ensure that commissioning intentions are kept up to date, and to ensure that they are routinely discussed by the Health and Wellbeing Board.</p> <p>The purpose of this paper is to present Barnet Clinical Commissioning Group's Commissioning Intentions for 2017/18 to members of the Barnet Health and Wellbeing Board.</p> |

Recommendations

- 1. That the Health and Wellbeing Board notes Barnet CCG's 2017/18 Commissioning Intentions (see Appendices 1, 2 and 3) for each provider where it is the lead commissioner.**

1. WHY THIS REPORT IS NEEDED

- 1.1 Under the terms of the NHS Act 2006 all CCGs are required to prepare commissioning intentions for each financial year. The commissioning intentions describe how the CCG proposes to exercise its functions in that period (Appendices 1, 2 and 3). Each CCG is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that commissioning intentions are kept up to date, and to ensure that they are routinely discussed by the Health and Wellbeing Board.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The recommendation to members of the Health and Wellbeing Board is in line with the NHS Act 2006.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 There are no alternative options that comply with the terms of the NHS Act 2006.

4. POST DECISION IMPLEMENTATION

- 4.1 Responsibility for sign off is held by Barnet CCG. The intentions will be published on the Barnet CCG website and issued through lead commissioner arrangements to all providers of services to the people of Barnet.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Barnet CCG 2017/18 Commissioning Intentions are required as part of the Barnet CCG 5 Year Strategic Plan and will be used as the basis of the 2017/18 Operational Delivery Plan.
- 5.1.2 The report aligns with the strategies and commissioning intentions of Barnet Council's Corporate Plan 2015-2020, reflect Barnet's Joint Strategic Needs Assessment (JSNA) and contribute to the aims of Barnet's Joint and the Health and Wellbeing Strategy, particularly the overarching aim of 'Keeping Well'.
- 5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**
 - 5.2.1 All areas are required to deliver efficiencies of at least 2.5% in 2017/18, which may be through increased throughput, for the same inputs, removing costs from the system by fewer steps in the delivery of care; decommissioning clinically ineffective procedures, treatments and therapies; and price re-negotiation. However, the NCL Sustainability and Transformation Plan may require CCGs to deliver further financial efficiencies in 2017/18.

5.3 Legal and Constitutional References

5.3.1 Section 14Z11 of the National Health Service Act 2006 requires the CCG to present its commissioning plans to the Health and Wellbeing Board as set out above.

5.3.2 The Council Constitution – Responsibility for Functions (Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which includes:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the Health and Wellbeing Strategy and refer them back for reconsideration
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.4 Risk Management

5.4.1 The commissioning intentions have been compiled with close attention to the patient's right of access to defined quality, and safe, healthcare that is affordable. Each commissioning intention is supported by a piece of development work that will define the risks of taking it forward in greater detail.

5.5 Equalities and Diversity

5.5.1 In the same way as for risk management in section 5.4, each commissioning intention will be developed and if an equalities impact assessment is required then this will be undertaken as part of the development work. The aim of the plan is to continue to reduce the inequalities faced by the population of Barnet and this will be a key part of the criteria in progressing each of the commissioning intentions.

5.6 Consultation and Engagement

5.6.1 Barnet CCG is required by statute to discuss with all key stakeholders the compilation of the commissioning intentions document. Section 14Z2 of the NHS Act states:

- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) —
- (a) in the planning of the commissioning arrangements by the group,
 - (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.6.2 As part of the process of developing the commissioning intentions, engagement and consultation was undertaken with key stakeholders at a workshop held on the 1st September which included Barnet CCG staff, joint commissioners, Governing Body members and GPs.

5.6.3 The timescales this year were challenging, not least because of the need to publish the '6 month letter' by the 30th September, but also because the contracting and planning round is being brought forward by three months, with sign off of NHS contracts with providers due on the 23rd December 2016.

6. BACKGROUND PAPERS

6.1 Not applicable.