
Meeting	Health and Well-Being Board
Date	4 October 2012
Subject	Approach to developing the Barnet Clinical Commissioning Group (CCG) Commissioning Plan
Report of	Acting Borough Director: Barnet
Summary of item and decision being sought	This paper sets out the approach being taken to development of the 2013/4 – 2015/16 Commissioning Plan by Barnet CCG.

Officer Contributors	Ceri Jacob: Acting Borough Director
Reason for Report	To inform the Health and Wellbeing Board of the approach being undertaken in the development of the CCG's commissioning plan and to invite comment.
Partnership flexibility being exercised	NA
Wards Affected	All

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1. RECOMMENDATION

- 1.1 The Board is asked to note and comment on the approach taken to development of the Barnet CCG Commissioning Plan.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Wellbeing Board – 26 May 2011. Integrated Health and Wellbeing Commissioning Strategy scoping document approved.
- 2.2 Health and Wellbeing Board – 27 July 2011. Integrated Commissioning: Progress report for the Health and Wellbeing Board noted.
- 2.3 Health and Wellbeing Board – 22 September 2011. NHS NCL Commissioning Strategic Plan 2012/13-2014/15 noted.
- 2.4 Health and Wellbeing Board- 31 May 2012. Item 9- Barnet Clinical Commissioning Group- update

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Barnet CCG plan supports implementation of the Joint Health and Wellbeing Strategy and encompasses priorities set out in the Joint Integrated Commissioning Plan and Joint Prevention plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Commissioning Plan is based upon the needs of the population as set out in the Barnet Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. As such the plan will directly address health needs of the Barnet GP registered population and unregistered Barnet resident population.
- 4.2 A full Equalities Impact Assessment will be carried out as part of development of the plan in accordance with the CCG Equalities and Diversity Strategy.

5. RISK MANAGEMENT

- 5.1 There is a risk that implementation of the plan could be undermined by capacity within the CCG team. This risk is mitigated through the commissioning of a Commissioning Support Service by the CCG and a collaborative approach to certain key initiatives, such as services for the frail elderly with the local authority and / or other local CCGs.
- 5.2 Further, the CCG has recently reinstated its local Programme Management Office (PMO) to support implementation of the Barnet QIPP (Quality, Innovation, Prevention and Productivity) programme and other major programmes of work.
- 5.3 Current financial constraints nationally within the public sector and locally within health may pose a risk to the ability of the CCG to invest in the desired system and service changes that will be set out in the commissioning plan. This is mitigated through the use of robust, evidence based business cases with an invest to save approach.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 CCGs are required to develop and publish commissioning plans annually as set out in the Health and Social Care Act 2012. Commissioning plans must be submitted to the NHS Commissioning Board and the local Health and Wellbeing Board.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 Development of the plan will require input from a range of clinicians, CCG Board members, CCG and NHS NCL managers.
- 7.2 Financial implications of the Commissioning Plan will be understood and set out as part of the plan development process.
- 7.3 Resource implications will be contained within the health budgets.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Workshops with service users and carers were carried out in relation to development of the draft integrated commissioning plan. This plan is reflected within the CCG Commissioning Plan.
- 8.2 As the plan is developed a range of engagement activities will be undertaken. These will include but may not be restricted to engagement with the Barnet LINK, Practice Patient Groups, existing fora such as the Barnet Older People's Assembly and the Partnership Boards.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 A workshop with key health providers is planned for October 2012. Providers will be invited to work together to propose solutions to challenges and / or system changes set out in the draft commissioning plan.
- 9.2 Providers are also engaged in the development of key work streams within the Commissioning Plan.
- 9.3 The CCG will issue outline commissioning intentions to providers by the end of September 2012.

10. DETAILS

- 10.1 The Barnet CCG Commissioning Plan is based on the needs of the local population. It takes account of the local context and collaborative working with partner organisations such as the Local Authority and other CCGs. It is the key planning document and a tool for communicating the scale of the CCG's vision for health care in Barnet.
- 10.2 There will be a focus on supporting people to remain healthy and independent for as long as possible. Where people have long term ill health or care needs there will be a focus on supporting them to manage their care needs as independently as possible whilst ensuring there are high quality and effective services available when needed.

- 10.3 Integral to the Commissioning Plan will be the Barnet QIPP plan which is designed to drive innovation, quality improvements and financial sustainability. The QIPP plan will reflect the same 3 year timescale as the commissioning plan.
- 10.4 Health and Wellbeing Boards are required to approve CCG Commissioning Plans. The draft Commissioning Plan will be discussed in detail with the HWBB at the 29 November Board workshop and will be submitted for final approval in February 2013 prior to submission to the NHS Commissioning Board.

11 BACKGROUND PAPERS

11.1 N/A

Legal – HP

CFO – JH/MC