
Meeting	Health and Well-Being Board
Date	19 th September 2013
Subject	CCG Commissioning Intentions
Report of	Barnet CCG Chief Officer
Summary of item and decision being sought	This paper introduces the main themes from the CCGs commissioning intentions for 2014/15 and 2015/16 and seeks the view of the Health and Well-Being Board.
Officer Contributors	John Morton, Chief Officer, NHS Barnet CCG Owen Richards, Commissioning Support Director (Barnet) N&E London Commissioning Support Unit
Reason for Report	This report is for information, and provides the Board with the opportunity to signal areas for the CCG to consider when developing their commissioning intentions for 2014-16.
Partnership flexibility being exercised	N/A
Wards Affected	All
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1. RECOMMENDATION

- 1.1 That the Health & Well-Being Board considers the key issues identified within this paper. Within the context of the CCG's strategy and that of the Health & Well-Being Board, colleagues are asked to identify any other areas for consideration by the CCG.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The meeting of the Health & Well-Being Board on 25 April 2013 considered the CCG's commissioning strategic plan.
- 2.2 The meeting of the Health & Well-Being Board on 27 June 2013 considered the CCG's Recovery Plan and proposals for the establishment of clinical commissioning programmes.

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

The CCG's commissioning intentions will be underpinned by the objectives contained in the Health & Well-Being Strategy and the CCG's Commissioning Strategic Plan.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Joint Strategic Needs Assessment will inform the CCG's commissioning decisions. Proposals will be assessed for their impact on equality and diversity in line with the CCG's Equality Delivery System.

5. RISK MANAGEMENT

- 5.1 The CCG's management team will review the development and contents of the commissioning intentions at regular intervals, identifying potential risks and mitigations. The CCG has recently reviewed its approach to programme management, and the concepts will be applied to the development of commissioning plans.
- 5.2 Key risks include capacity within the CCG and the availability of financial resources to commission services.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Health & Social Care Act 2012 established clinical commissioning groups, giving them the mandate to commission healthcare services for their registered populations. Other services previously commissioned by primary care trusts are now the responsibility of other partners in the Health & Well-Being Board, namely the London Borough of Barnet and NHS England.

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

- 7.1 The Commissioning Intentions set out how the CCG plans to use its resources to commission healthcare services. It will also align with jointly developed commissioning plans for vulnerable people.

7.2 Development of commissioning plans is a core part of the CCGs business and will be undertaken by its staff and clinicians, supported by the North East London Commissioning Support Unit.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The CCG will wish to work with local users and stakeholders as it develops its commissioning plans further.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Local providers are aware of the contents of the CCG's Commissioning Strategic Plan and the Recovery Plan. Through the clinical commissioning programmes, we will continue to refine our proposals, drawing on the skills and experience of local clinicians in primary and secondary care.

10. DETAILS

10.1 Introduction

10.1.1 Each year, NHS commissioning organisations are required to publish their outline commissioning plans for the coming year. Their purpose is two-fold – to signal the broad direction of travel, and secondly where significant change is proposed, to give a minimum of six months' notice to allow providers to address any workforce and contractual issues.

10.1.2 The CCG is currently developing its commissioning intentions for 2014/15 and 2015/16. The Health & Well-Being Board is central to the development of this document.

10.2 Key issues

10.2.1 At this stage in the commissioning cycle, the CCG will not be producing detailed plans for services and/or providers. These will be developed over the next few months, in partnership with local providers and other stakeholders. This work will be driven by the CCGs clinical commissioning programmes. However, the focus for our proposals will build upon the following areas.

10.3 Keeping Well, Keeping Independent

10.3.1 The CCG will use the objectives contained within the Health and Well-Being Strategy to underpin its commissioning activities.

10.4 Recovery Plan

10.4.1 The Board will be aware that the CCG has published a recovery plan, aimed at tackling the deficit it faces:

	Recovery Plan
Maternity	<ul style="list-style-type: none">• Bedding in of new payment mechanisms for maternity services• Continuing to enhance the quality of care provided

Paediatrics	<ul style="list-style-type: none"> • Development of paediatric assessment units at both Barnet and Chase Farm sites
Elective	<ul style="list-style-type: none"> • Tackle high levels of GP and consultant to consultant referrals in cardiology • High volumes of activity in nephrology/rheumatology/ophthalmology/respiratory medicine/gastroenterology • Understanding and addressing why some patients stay longer than expected after waiting list surgery
Emergency care	<ul style="list-style-type: none"> • Implementing new ways of caring for urgent care patients by providing care closer to home, without the need for admission • Understanding and addressing why some patients stay longer than expected after emergency surgery • Developing an integrated assessment service (front door A&E) • Better management of the contract with the London Ambulance Service • Walk-in centre review
Mental health	<ul style="list-style-type: none"> • Implement the RAID model within acute hospitals, to ensure best care of people with mental health problems • Improving quality of care
Integrated care	<ul style="list-style-type: none"> • Continued implementation of new models for frail elderly • Review of utilisation of community hospitals
Contracts (enabler)	<ul style="list-style-type: none"> • Develop three year contracting strategy • Moves to upper quartile performance targets • Moves from national tariffs to local tariffs which share savings with providers • Services provided outside national tariff – better understanding of cost/activity; deep dives; benchmarking

10.5 Barnet, Enfield & Haringey Clinical Strategy

10.5.1 Assuming approval is given to the full implementation of the Strategy, the CCG will wish to continue to work closely with the Trust to ensure that the changes provide high quality care for local people.

10.6 Acquisition of Barnet & Chase Farm Hospitals by the Royal Free London Hospital

10.6.1 The CCG is working with both trusts to develop new pathways of care which would be followed by all clinicians across the hospitals within any new trust. Our commissioning

intentions will reflect these and any further work required to care for patients close to home.

10.7 Procurement pipeline

10.7.1 A number of the CCG's contracts are reaching the end of their term and will need to be reviewed and re-procured if necessary. These include:

- Open access diagnostics
- Referral management service

10.8 Partnership opportunities

10.8.1 With the creation of a new commissioning structure, the Health & Well-Being Board for Barnet offers an opportunity to align the commissioning intentions of the London Borough of Barnet, NHS England and the CCG. We need to use this forum to ensure that patients can access seamless services, grounded in our joint strategy as well as evidence of effectiveness and efficiency.

10.9 Recommendation

10.9.1 The Health & Well-Being Board is asked to consider the key issues identified within this paper. Within the context of the CCGs strategy and that of the Health & Well-Being Board, colleagues are asked to identify any other areas for consideration by the CCG.

11 **BACKGROUND PAPERS**

11.1 None