Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Bedfordshire Clinical Commissioning Group Strategic Commissioning Plan
Meeting Date:	July 5 2012
Responsible Officer(s)	John Rooke, Chief Operating Officer, BCCG
Presented by:	Dr Diane Gray, Assigned director of strategy & system redesign

Action Required:

1. To be assured that Bedfordshire CCG is taking into account local need and findings from CBC's JSNA in the development of its commissioning strategy
2. To note Bedfordshire CCG's financial context and planned ways of working between now and 2015.

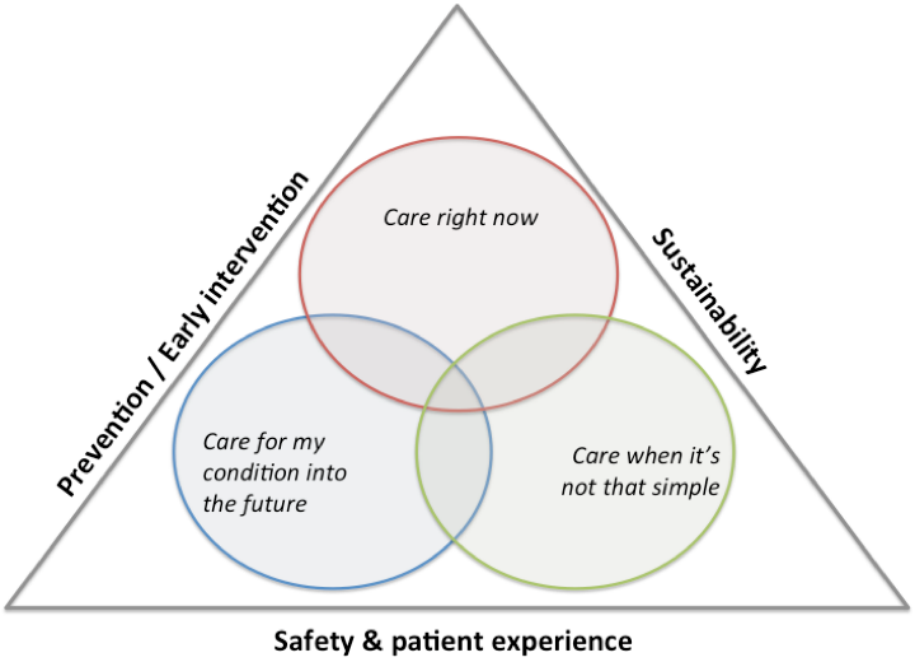
Executive Summary	
1.	This report aims to set out for Board Members the key points of the first strategic commissioning plan for Bedfordshire Clinical Commissioning Group (BCCG). The full plan has also been circulated in advance of the board meeting.

Background	
2.	The strategic commissioning plan for Bedfordshire Clinical Commissioning Group picks up from the NHS Bedfordshire & Luton Cluster Integrated Strategic Operating Plan (ISOP) and refines it with a Bedfordshire-specific approach. It provides further detail of BCCG's strategic approach, aims and commissioning intentions, and describes more clearly how we plan to achieve these. In so doing, it encompasses our 2012-13 operating plan, draft commissioning intentions for 2013-14, and high level strategic plan for 2014-15.
3.	Bedfordshire Clinical Commissioning Group (BCCG) has delegated responsibility in 2012/13 for commissioning services estimated at £478million. Its members are 56 general practices organised into five localities based around natural population flows and well-established Practice Based Commissioning groups: Chiltern Vale, Horizon, Ivel Valley, Leighton Buzzard

	and West Mid Bedfordshire. The four localities of Ivel Valley, West Mid Beds, Leighton Buzzard and Chiltern Vale collectively cover the population of Central Bedfordshire Council. The locality structure is the main vehicle through which the roles and responsibilities of the Clinical Commissioning Group will be exercised.
4.	Although in general, Bedfordshire's population is similar in health profile to the population of England, each locality's population profile has unique aspects, as demonstrated in the Joint Strategic Needs Assessments for Bedford Borough and Central Bedfordshire Councils.
5.	Patient flows also vary by locality. Luton & Dunstable Hospital FoundationTrust is the main provider of acute care for Chiltern Vale and some parts of other localities. However, patients also frequently travel for care at Bedford Hospital Trust, Lister Hospital, Addenbrooke's Hospital, Stoke Mandeville Hospital, and Milton Keynes Hospital Foundation Trust.
6.	Demographic shifts, financial pressures and external reconfiguration drivers are now injecting challenge into the status quo. Three of the hospitals used by BCCG patients are included in the scope of the 'Healthier Together' acute services review across South East Midlands, and, as a result, over the next three years BCCG is likely to oversee significant changes in acute care configuration, with greater centralisation of specialist care. BCCG must unlock the funding currently invested in this sector if it is to be able to commission the necessary resulting increases in breadth and volume of care provided in communities and primary care.
7.	Whilst making these changes at a macro level, BCCG must also ensure it addresses the inequity of care for its most vulnerable parts of the population, and it can best achieve this by working in close collaboration with both its unitary authorities.

BCCG's vision and priorities	
8.	To invigorate change towards better value in healthcare locally, BCCG must adopt a fresh approach to commissioning which focuses on outcomes from both the patient and clinical perspective. Higher quality means better value and less waste, with patients getting the right care in the right place, first time.
9.	BCCG's vision is: "To ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the highest quality healthcare providing the best patient experience possible within available resources."
10.	BCCG has broken down the totality of the healthcare to be commissioned into three key areas of focus, each of which has an associated outcome indicator (taken from one of the national Outcomes Frameworks). The three areas and their respective indicators are set out in the figure below.

	Figure: Proposed key areas of focus and themes



11.	Cross-cutting themes: (a) Prevention and early intervention: we will work in conjunction with partners, especially the unitary authorities, and see our role as reinforcing public health messages, leading by example, identifying those that need extra help to change and directing them towards suitable support. (b) Sustainability: The CCG has a role as a corporate citizen, committing to promote sustainability of environmental and fiscal resources internally through its actions as a corporate body and externally by the way in which it commissions. Efforts to ensure sustainability can be integrated with improving outcomes for patients, improving productivity, and ensuring financial balance. (c) Safety and patient experience: Our patients expect care to be provided safely and we must ensure that it is. But more than that, patients should expect to be treated courteously and with respect and dignity, with services fitting around them rather than vice versa.
12.	Key areas of focus: BCCG commits to looking at the care people need in three broad ways, with outcome indicators to monitor our progress for each. The outcome indicators are based on the NHS Outcomes Framework 2012/13 and reflect areas highlighted in the Joint Strategic Needs Assessment and priorities of the Health & Wellbeing Board.

	(a) Care right now: We will improve patients' experience of urgent care services, including walk-in centres, GP out of hours services and A&E services, so that more than 85% patients rate their overall experience as good or very good by 2015. (b) Care for my condition into the future: We will increase the proportion of people with a long term condition who feel they have had enough support from local services to help manage their condition from 66% (in 2011) to 80% by 2015. (c) Care when it's not that simple: We will work with social care to increase to at least 85% the proportion of people aged 65 and over who are still at home three months after leaving hospital for rehabilitation in the community.
13.	The starting point for BCCG is the health needs of the people of Bedford Borough and Central Bedfordshire. With the knowledge of local clinicians, working through locality structures, and the experience and support of our patients, we will build on what works well and change what needs to work better. We will do this by: (a) Working in partnership with our member practices and localities, with patients and the public, with Central Bedfordshire Council and other partners, and with other healthcare providers (b) Using clinical leaders to challenge and champion, and to develop new ways of providing care outside hospitals (c) Focusing on outcomes by using our purchasing power to improve the co-ordination of patient care and make services more joined up
Delivering the strategy: Implementation plans	
14.	BCCG's commissioning changes are developed and implemented at locality level and through five programme boards: urgent care; planned care; mental health; prescribing; and children and maternity (this fifth one to be established, taking into account existing children's governance structures). Each board includes clinicians and patients in its membership and has a CCG clinician as Senior Responsible Owner (SRO), who is supported by a programme manager and a team of project managers. In addition, each project has a local clinical lead.
15.	(a) 2012-13 operating plans: In this, the transition year for BCCG, the organisation is building its capacity and capability to take on the full range of commissioning responsibilities. It continues its leadership of the planned care and prescribing programmes, and takes over responsibility for urgent care and mental health programmes. For these latter two programmes, BCCG's focus is on developing clear strategic intentions (including refreshing joint commissioning strategies with

	Bedford Borough and Central Bedfordshire Councils) and establishing clear work programmes to ensure delivery of improvements in quality of care and sustainable delivery of care as resources become tighter. It is also developing new programme approaches to children and maternity care and cancer care.
16.	(b) 2013-14 commissioning intentions: In its first formal year as a statutory organisation, BCCG will be responsible for starting to implement as commissioners the final decisions on the 'Healthier Together' (acute services review) programme. This could have wide-reaching effects on not just hospital-based care, but on the nature and volume of care delivered in the community and primary care. Therefore, with the Bedfordshire-wide contract for community healthcare services expiring in 2014, the year of 2013-14 will include a focus on redesigning and procuring community services that will fit the future shape of the healthcare landscape. With the main mental healthcare contract also expiring during 2013-14, a second focus will be on the procurement (in association with Bedford Borough and Central Bedfordshire councils) of mental healthcare that adopts a proactive approach to managing the needs of an ageing population and improving value.
17.	(c) 2014-15 strategic objectives By this point, implementation of the 'Healthier Together' programme will be well underway and new contracts will be in place for both mental healthcare and community healthcare. BCCG will be reviewing the impacts of all these changes on the local population's outcomes of care, ensuring that they do not deteriorate during transition and that the new healthcare landscape delivers safe, affordable and high quality care.
18.	The use of programme boards to oversee the development and implementation of projects and delivery of programme objectives ensures regular and consistent input from CCG localities, local authority commissioning partners, health and social care providers, patients and carers, and patient/public representatives such as LINks/HealthWatch and service user groups. This is in line with the BCCG strategy on patient and public engagement.
Delivering the strategy: financial plan	
19.	The anticipated financial challenge for BCCG between 2012-13 and 2014-15 is £18.8m. Plans to meet this financial gap have been developed by the programme boards, and include allowance for contingency reserves. Further details are given in the full strategic commissioning plan.
Conclusions	
20.	By the end of 2014-15, the health and social care landscape is likely to look very different to that of 2012. General practices will be collaborating to share skills and services in the best interests of patient care. More people with long term conditions will be receiving support and information from community-

	based specialist teams to understand and live more comfortably with their condition. Primary care, supported by decision support and risk stratification software, will be working with multidisciplinary teams using telehealth and telecare technologies in each locality to focus on those most in need and maintain people safely in their own homes for as long as possible. Community and mental health services will have been re-commissioned by BCCG (in partnership with both local authorities) against new specifications, ensuring greater integration between physical and mental health, primary/community/ secondary care, and healthcare and social care.
21.	The 'Healthier Together' programme will have completed its task of recommending options for reconfiguration of acute care, and the implementation process will have begun. Specialist (consultant) care will be provided where possible either virtually or within localities, so that patient journeys are reduced both in number and distance.
22.	By commissioning for outcomes, BCCG will have a better understanding of the value for money it receives from provider systems. It will systematically and routinely use patient and clinical intelligence to evaluate the quality of the experience delivered by commissioned providers, and, through its seats on Health & Wellbeing Boards in both Bedford Borough and Central Bedfordshire, will be using its commissioning power to improve the health of the local populations.

Issues	
Strategy Implications	
23.	The Central Bedfordshire Joint Strategic Needs Assessment (JSNA) highlighted a number of key areas that have been incorporated into this strategic commissioning plan as BCCG's contribution towards addressing them. These include: • Protecting children and keeping them safe (evidenced by BCCG's cross-cutting theme of safety) • Improving the health of vulnerable children and adults (evidenced by BCCG's programmes for mental health and children/maternity) • Early identification of risk factors (evidenced by BCCG's cross-cutting theme of prevention and early intervention) • Prevention and early intervention for frail older people (evidenced by BCCG's key focus on 'care when it's not that simple')
24.	This BCCG strategy is completely aligned with NHS Bedfordshire & Luton Cluster's Integrated Plan (as presented at a previous Shadow Health & Wellbeing Board meeting).

Governance & Delivery	
25.	As a new entity, BCCG is developing its organisational structure and governance arrangements during the 2012-13 transition year. There are already established performance monitoring arrangements and risk management processes, starting at locality and programme board level and escalating to BCCG Board level. The strategic commissioning plan is a live document, and will be refreshed at least annually and probably more regularly over the 2012-13 transition year. The Shadow Health & Wellbeing Board will receive an updated version in spring 2013, in time for the CCG's full establishment in April 2013.
Management Responsibility	
26.	As the BCCG representatives on the Shadow Health & Wellbeing Board, Dr Paul Hassan and John Rooke will be accountable to the Board for reporting progress against the BCCG strategic commissioning plan.

Risk Analysis
A full risk register is attached as Appendix 5 to the full strategic commissioning plan. High residual risk areas from that register are listed below.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Unstructured transfer of staff between PCT, NHS Commissioning Board, CCGs, and commissioning support services results in lack of resource required by the CCG to gain authorisation and the track record necessary	Medium	High	Staff restructure process is currently under way (as of June 2012) against structures that have been through consultation with staff and unions.

As a result of member practices not agreeing the CCG's constitution in time, the CCG's Wave 1 application would not be met, resulting in a default to Wave 4.	Medium	High	A draft constitution has been consulted on with all practices, localities and Local Medical Committee and comments incorporated into a final version that has been checked by lawyers. Final version being circulated to practices in advance of the July 3rd submission date.

Source Documents	**Location (including url where possible)**
BCCG Strategic commissioning plan 2012-15	

Presented by Dr Diane Gray