

Central Bedfordshire Shadow Health and Wellbeing Board

**Contains Confidential
or Exempt Information** No

Title of Report Bedfordshire Clinical Commissioning Group
Commissioning Intentions 2013-14

Meeting Date: 31 January 2013

Responsible Officer(s) John Rooke, Dr Paul Hassan

Presented by: Dr Diane Gray, Director of Strategy & System Redesign,
BCCG

Action Required:

1. To note the engagement of partners in the development of these commissioning intentions
 2. To note the commissioning intentions and their impact on the Board's strategic priorities
 3. To advise on how the Board wishes to be more fully engaged in development of the 2014-15 commissioning intentions
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Executive Summary

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| 1. | Bedfordshire Clinical Commissioning Group (BCCG)'s commissioning intentions document (attached) sets out the ambitions and priorities for BCCG in the next financial year. Its intended audience is broad, and includes current and potential providers of NHS-funded care, patients and the public, and partner agencies. |
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Background

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| 2. | The commissioning intentions document is one of a suite of products (which also include an annually refreshed strategy and an annual whole system integrated plan) which will be routinely produced by BCCG. It is informed by BCCG's strategy document, and will in turn inform the whole system integrated plan. Since BCCG's underpinning strategy is informed by the Joint Strategic Needs Assessment, these commissioning intentions directly relate to the Health & Wellbeing Board's strategic priorities, and set out how BCCG plans to play its part in addressing them. |
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3.	Final budgets have yet to be formally agreed by the NHS Commissioning Board for Bedfordshire Clinical Commissioning Group, but, given the planning guidance that emerged just before Christmas, our financial position in 2013-14 will be challenging. Our estimate is of a £23million pressure on an overall budget of circa £460million, i.e. a 5% challenge. This is by far the greatest financial challenge felt on the local NHS economy in recent years, and will require an unwavering focus on driving greater efficiency and value out of local care, whilst ensuring quality remains high and safety remains paramount.
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Detailed Recommendation

4.	<p>In a normal year, the production of BCCG's commissioning intentions would have included greater involvement by the Health & Wellbeing Board. However, the timetable of transition, including the establishment and authorisation of Bedfordshire Clinical Commissioning Group, has meant a more accelerated process has had to be undertaken this year. Despite that, these commissioning intentions have been published three months later than planned (in January 2013 rather than Sept-October 2012).</p> <p>Despite being an accelerated process, the development of the 2013-14 commissioning intentions involved a series of six workshops, including one specifically for patients, one for providers, one for programme boards, and two for the CCG Executive and local authority invitees. Therefore, we are confident that these commissioning intentions are a fair reflection of what our partners and patients are expecting of us.</p>	
5.	The headline commissioning intentions by local authority are set out in Appendix 2. The table below links them to the priorities of the Health & Wellbeing Strategy:	
	H&WB priority	BCCG commissioning intention
	Reducing teenage pregnancy	Review of community gynaecology care (including services for the termination of pregnancy)
	Reducing childhood obesity	Work with public health to increase the public recognition of obesity and related health issues.
	Improving mental health for children and their parents	Review of paediatric urgent care pathway (including review of provision of care for children with long term conditions). Work with Central Bedfordshire Council to develop integrated systems and processes outlined in the Special Educational Needs and Disability green paper.

	Improving the health of looked after children	Improve health service provision and outcomes by implementing a new service model and reviewing its effects after 6 months.
	Prevention and early intervention for adults and older people	Review and gap analysis of current falls-related projects with subsequent action plan to respond to gaps and best practice
	Improve outcomes for frail older people	<p>Develop a local plan with Central Bedfordshire Council commissioners that will commission a model of integrated health and social care from providers working in partnership. This will include:</p> <ul style="list-style-type: none"> • Recommissioning the local community beds configuration as a result of the community beds review • Commissioning increased consultant geriatric support to primary care and community based teams • Continuing to review and improve Continuing Health Care processes and arrangements
	Improve mental health & wellbeing	<p>Review community mental health teams to ensure that mental health support is appropriate, accessible, and responsive and recovery focussed.</p> <p>Commission a comprehensive primary care mental health model that promotes wellbeing and ensures that people are assessed and treated at the earliest point in their illness. Increase support to early assessment and diagnosis for dementia</p>
	Safeguarding and patient safety	Review the transition from children to adult services and in particular the use of the Multi-Agency Transition Tool (MATT)
	Promoting independence and choice for adults and older people	<p>Use findings of national review of stroke care – in conjunction with Healthier Together programme of clinical service change – to commission services that increase independence following stroke.</p> <p>Ensure adequate support for carers of people with dementia.</p>

	Further details of these plans are set out in the full commissioning intentions document. The Integrated Plan – to be published in Quarter 4 2013 – will provide further information on the outcome measures and indicators that will be used to monitor progress.
6.	The planning for commissioning intentions in 2014-15 will start early in the new financial year. This time, BCCG would wish to more fully engage the Health & Wellbeing Board and constituent partners and would wish to bring an early iteration to the Board in May and/or July, prior to Board sign-off in September.

Issues	
Strategy Implications	
7.	This paper links to the Health & Wellbeing Board Strategy as set out in paragraph 5 above
8.	This paper directly relates to the BCCG 2012-15 commissioning strategy
Governance & Delivery	
9.	The development of these commissioning plans will be overseen by BCCG
Management Responsibility	
10.	As chief clinical and operational officers for BCCG, Dr Paul Hassan and John Rooke are the Board's leads for delivery against these commissioning intentions.
Public Sector Equality Duty (PSED)	
11.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	No Yes <i>Please describe in risk analysis</i>

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Financial settlement worse than expected	2	5	Commissioning plans assume a worst-case financial position.
Partnership arrangements slower to develop than necessary	1	3	Joint Commissioning Group in place with work plan and accountability to Board
Capacity to lead reviews and redesigns is limited	3	3	Prioritisation of review/redesign projects to ensure capacity is deployed as effectively as possible

Source Documents	Location (including url where possible)
BCCG (Draft) Commissioning Intentions 2013-14	

Presented by Dr Diane Gray