

Central Bedfordshire Health and Wellbeing Board

31 October 2018

2019/20 BLMK Joint System Commissioning Intentions

Responsible Officer: Alan Streets, Bedfordshire Clinical Commissioning Group Accountable Officer

Advising Officer: Alan Streets, Bedfordshire Clinical Commissioning Group Accountable Officer

Public

Purpose of this report

1. To provide a final version of the 2019/20 Bedfordshire, Luton and Milton Keynes (BLMK) Joint System Commissioning Intentions
2. To summarise key intentions for improvement of the health and wellbeing of the local population

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Note the key priorities as set out in the report**
2. **Consider implications for the Health & Wellbeing Board Work Programme**

Issues

Purpose of the 2019/20 BLMK Joint System Commissioning Intentions

3. The Commissioning Intentions document builds on the Bedfordshire, Luton and Milton Keynes (BLMK) System Operating Plan 2018/19 and sets out initial plans for the commissioning of services in 2019/20.
4. It is the first time the CCGs have developed Joint System Commissioning Intentions and reflects the progress of the Integrated Care System (ICS).
5. It provides the context for constructive engagement with providers, partners and other stakeholders with a view to achieving the shared goal of improved patient outcomes and service improvement within the fixed resources available.

6. The intentions reflect the ambitions and vision set by the local system as we work in partnership to improve the health and wellbeing of our local population.

Summary of key intentions

7. The Commissioning Intentions have been developed into eight key priority areas with a description of some of the key intentions described in the following table. A full list of Commissioning Intentions can be found in the main document at Appendix A.

Priority Area	Summary of Intentions
Children, Young People and Maternity	<ul style="list-style-type: none"> ▪ Integrate plans to deliver including preventative and early intervention provision ▪ Develop integrated services to deliver improved children and young people’s mental health and emotional wellbeing, including an all age community eating disorder pathway, 24/7 crisis service and specialist perinatal mental health service ▪ Progress implementation of the Local Maternity System transformation plans, including improved safety, choice and personalized care plans, improve prevention and early help ▪ Improve the pathway for children and young people with complex and challenging behaviour by developing new models of care that strengthen early help and prevent escalation and crisis, multi- agency approach and specialist services at scale across BLMK
Primary Care	<ul style="list-style-type: none"> ▪ Support the resilience of primary care workforce through new clinical roles and a recruitment and retention programme ▪ Implementation of Primary Care Home at scale across BLMK which improves networking and multi-disciplinary service provision ▪ Continue the integrated Health and Care Hub development such as the Biggleswade and Dunstable (outline Business Case) and further hub opportunities ▪ Prepare for delegated commissioning of Primary Care
Planned Care	<ul style="list-style-type: none"> ▪ Improving integration of Long Term Condition Services across primary, community and secondary care ensuring patients have support to self-manage and rapid access to advice during exacerbation ▪ Continue to improve bowel, prostate and lung cancer pathways to improve Cancer diagnosis and outcomes and embed the Living with and Beyond Cancer Programme ▪ Provide common approaches to supporting people to recover from acute episodes of ill health, and those with

	<p>specific requirements resulting from traumatic brain injury or stroke, allowing them to live independently for longer, stay well and where appropriate and safe to do so, recover closer to home</p> <ul style="list-style-type: none"> ▪ Ensure patients are directed to the right place for their health needs by improving access to clinical advice, clinical triage and alternative models of care including use of technology
Urgent and Emergency Care	<ul style="list-style-type: none"> ▪ Continue to review and develop the Urgent Treatment Centre throughout the duration of the pilot in order to inform the future commissioning arrangements ▪ Optimise the use of ambulatory emergency care pathways to reduce pressure on emergency admissions ▪ CCG's will increase direct bookings from 111 (and other providers) into services including general practice, walk in services etc ▪ Implement a BLMK System Resilience approach during the winter months, providing a robust and coherent approach to planning and managing System Resilience across the ICS
Out of Hospital Care	<ul style="list-style-type: none"> ▪ Embed social prescribing community referral pathways and continue to with low acuity social prescribing for adults with non-clinical presentations ▪ BLMK will deliver the Personalisation Programme to ensure people have choice and control over decisions that affect their own health and wellbeing within a system that harnesses the expertise, capacity and potential of people, families and communities in delivering better outcomes and reducing health inequalities ▪ Continue, review and develop as necessary the Early Intervention Vehicles to a bespoke model to reflect the needs of the population in Central Bedfordshire and Bedford Borough ▪ Implement a Fracture Liaison service for patients in the south of Bedfordshire
Mental Health	<ul style="list-style-type: none"> ▪ Deliver IAPT access target of 21% and an increase in trainee places to support additional capacity. Ensure emotional support is accessible for patients with long term conditions ▪ Deliver the Dementia Intensive Support Team to support the local population with a dementia diagnosis to remain at home or place of residence

	<ul style="list-style-type: none"> ▪ Re-commission a residential care home for patients with mental health needs, in partnership both Local Authorities in Bedfordshire ▪ Develop a standardised approach for crisis care with opportunity local place flexibility including rapid response for patients in crisis including Liaison Psychiatry and Mental Health Street triage
Learning Disabilities	<ul style="list-style-type: none"> ▪ To increase awareness and uptake of an annual physical health check for individuals with Learning Disabilities in collaboration with Primary Care and community ▪ Development and implementation of a remodelled specialised learning disability provision for the local Bedfordshire population and specialist forensic solution for patients with a learning disability ▪ To implement a shared outcomes framework with service users and parents
Medicines Optimisation	<ul style="list-style-type: none"> ▪ To embed the changes to prescribing outlined in NHS England consultations on Over the Counter / Self-care products ▪ Based on learning from Luton CCG - investigate the opportunity to reduce general practice workload through moving the on-going management of stoma patients to a Primary Care specialist stoma service ▪ To improve community pharmacists management of minor illness through an educational package which will deliver safer consulting skills and support the CCGs to promote self-care

Financial and Risk Implications

8. Proposed changes and developments will be subject to robust financial and management planning to ensure we are delivering value for money throughout our Commissioning plans.
9. Robust risk management will be critical throughout the development process. Strategies will be employed to ensure risks are acknowledged and mitigated.

Governance and Delivery Implications

10. There are no further governance implications as the document is final and was subject to agreement by the CCG and STP governance process.

Equalities Implications

11. As each intent evolves into a deliverable plan, the Equality Impact Assessment will be used as a key tool in assessing the impact to all individuals during design and planning.

Implications for Work Programme

12. Implications for the work programme to be considered by the Board

Conclusion and next Steps

13. In conclusion, the Commissioning Intentions act as the first stage of ambition towards improved health and wellbeing of our population. With a strong commitment to working together,

Appendices

Appendix A:

2019/20 BLMK Joint System Commissioning Intentions

Background Papers

Not applicable.