Appendix A

Joint System Commissioning Intentions

2019/2020

Contents

1. Introduction and purpose

This 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. It is the first time the CCGs have developed Joint System Commissioning Intentions and reflects the progress of the Integrated Care System (ICS). 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. This document will also be informed by the new NHS 10 year plan due to be published in November 2018.

As the ICS continues to embed, the system is developing its approach to balance BLMK-wide ambition and direction while instilling a clear sense of place and ensuring that the differences at a local level are understood. As such, Transformation Boards have been established for each place, and they have developed Transformation Board place-based strategies. Increasingly the intentions will reflect these local strategies and be more co-produced in future to result in system intentions that articulate both system level and local change required to meet the specific needs of each place population. The closer alignment of CCG strategy and system-wide priorities will be strengthened through the appointment of a single Accountable Officer and Joint Executive Team (JET) which will be in place by the end of quarter three 2018/19.

2. Developing our plans

2.1 National and local strategy and links to the ICS

The System Commissioning Intentions 2019/20 have been developed in line with applicable strategies including:

- NHS Mandate
- Five Year Forward View
- BLMK Sustainability and Transformation Plan
- BLMK System Operating Plan 2018/19
- Transformation Board place-based strategies

The key difference with the design of the Joint System Commissioning Intentions for 2019/20 is that they have been developed as a system, as the ICS has a shared responsibility for delivering financial targets, performance targets and setting goals and aspirations for continuing to improve health outcomes. All of the partner organisations within the ICS have had the opportunity to review and add to the emerging intentions, and the ICS Chief Executives Forum has been consulted on specific elements as part of the development process.

Although not directly Commissioning Intentions, the ICS has an ambitious approach to system transformation which involves joint system wide planning for the longer-term, some of which will have short-term contractual implications. This approach will be driven into our 2019/20 Single System Operating Plan, implementing local priorities, and the national NHS planning guidance, as well as the related contractual negotiations.

In-line with the Sustainability and Transformation Plan submitted in October 2016, The BLMK ICS is focussed on cross-system planning; bringing providers together to better deliver outcomes for our populations. In 2018/19 we developed a Single System Operating Plan, and in 2019/20 we will further work across traditional divides to focus on a system plan that straddles the traditional purchaser-provider split. This means that we are here developing ‘system’ intentions, in a different

process, and this signals a different approach to implementing the planning guidance as it is published.

Across BLMK some Community Health contracts will need revisiting in 2019/20. The Commissioners will work with the BLMK ICS to explore new contractual options that have been developed within the New Models of Care Team. These will evolve out of the current consultation on the Integrated Care Partnership contract. These approaches will be actively considered in 2018/19. Our focus will be on collaboration rather than competition.

Within existing contractual relationships we are already seeking considerable innovation, and will look to extend the identification of cohorts of patients against which we can focus new approaches to risk mitigation between partners. This will expand on current work to place the financial risk with partners best equipped to mitigate it; this is often the Community Health Service provider. Moreover, this will have added patient value and improve the patient experience.

There is an intention in different areas of BLMK to move to much greater integration between Local Authorities and the NHS, and this unified planning will proceed in 2019/20. Critical within our approach will be the enabling place-based decisions to be made by commissioners and providers, allowing local decision-making, under the STP umbrella, but attuned to local context.

2.2 Design assumptions

In the absence of national planning guidance for 2019/20, we have made a number of design assumptions. They include:

- That we are planning for a one year contracting round
- That even if there are changes to the provider landscape, e.g. a merger of Bedford and Luton and Dunstable Hospitals, the contracts are likely to remain separate in 2019/20
- Whilst the commissioner landscape may change before April 2019, we will be expecting to contract at individual CCG level as we do now
- That we are likely to need to amend these intentions to reflect the national guidance once it is issued

These assumptions were checked with the ICS Chief Executives Forum and were supported.

2.3 Engagement with stakeholders

The initial development of these intentions started with a BLMK-wide commissioner workshop which involved commissioners from both CCGs and Local Authorities. Commissioners worked together in their specialist areas to reflect national and local strategy, and what we needed to do in 2019/20 to deliver the national, BLMK and place-based priorities. From the outputs, a draft document was developed that was then tested back with commissioners, as well as ICS programme leads, providers, patient representatives, and others.

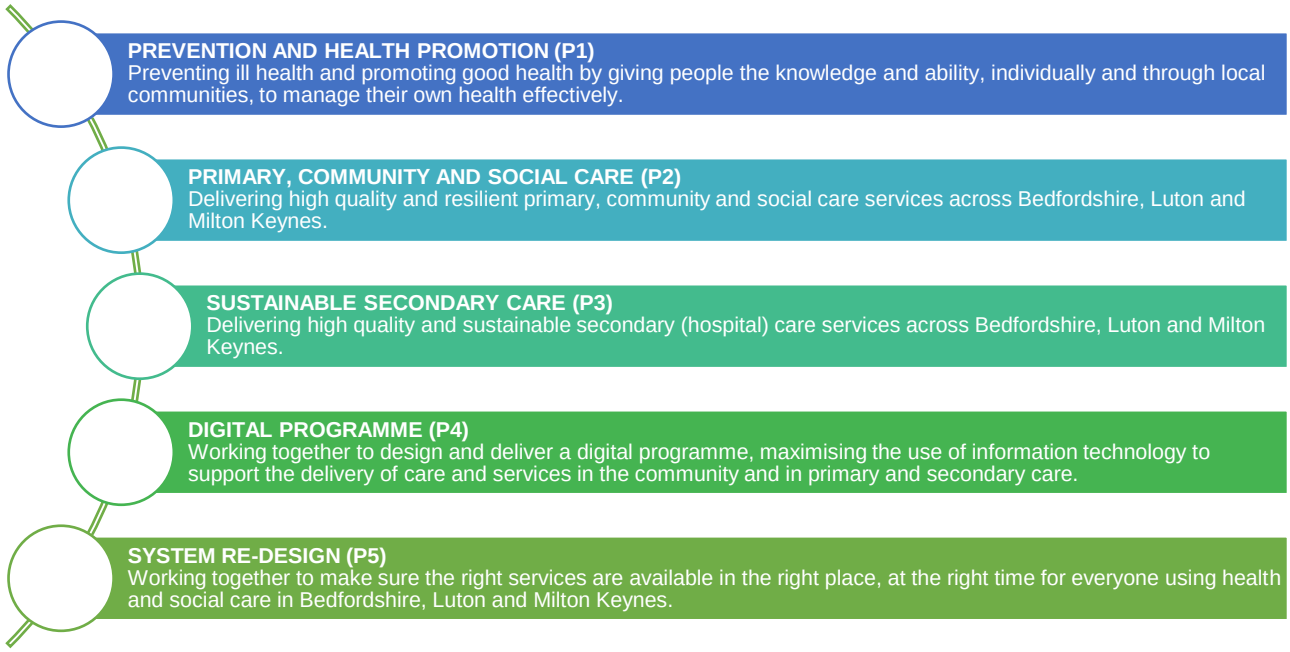
As these intentions are based on existing strategy, it was decided that rather than running a series of events specific to the Commissioning Intentions development process, we should instead take the draft document through existing local place-based forums to ensure that any place priorities were captured. This includes Health and Wellbeing Boards, Transformation Boards, Patient Reference Groups and others. A set of slides on the development process had been developed to ensure that each group received consistent key messages. Feedback gathered through this engagement has directly influenced the further development of the document.

2.4 Priority areas

The Commissioning Intentions have been developed for each of the following priority areas:

- Children, Young People and Maternity
- Primary Care
- Planned Care
- Urgent and Emergency Care
- Out of Hospital Care
- Mental Health
- Learning Disabilities
- Medicines Optimisation

They have been mapped, where appropriate, to the ICS priority workstreams which are:



3. The Joint System Commissioning Intentions

3.1 Children, Young People and Maternity

The Children, Young People and Maternity agenda is driven by the 18/19 Next Steps on the Five Year Forward View which includes specific deliverables for children and young people within the mental health; transforming care for people with learning disabilities and maternity sections. Additionally, there is a clear interface with the prevention and health promotion and urgent and emergency care priorities.

The Children and Families Act 2014 sets out a range of statutory responsibilities to improve outcomes for children with Special Educational Needs and Disabilities.
Children and Maternity commissioners from across BLMK have been meeting on a regular basis to establish a joint understanding of the challenges and opportunities. A BLMK 'Clinical Conversation' took place in January 2018 with stakeholders from across BLMK to further explore priorities and opportunities relating to the children and young people agenda.

The Local Maternity System (LMS) has been established across BLMK and the expectation is the updated plans to improve mental health and emotional wellbeing of children and young people will also be produced as a system at BLMK level.

In the last year, each place progressed implementation of CCG plans to improve children and young people's mental health and emotional wellbeing and commenced monitoring of the associated 'access target'. We have also established the LMS governance arrangements, identified baselines and set trajectories and plans for improvement. Work has been progressed to reduce attendances at emergency departments and zero length of stay hospital admissions. Arrangements have also been put in place for the local implementation of Special Educational Needs and Disability actions and the procurement of a BLMK (plus Northamptonshire) AQP framework for providers of care packages for children with continuing care needs.

The system will continue to work together to safeguard vulnerable children and young people. We will collectively work to improve identification and help for children affected by abuse and neglect, child sexual exploitation, female genital mutilation, domestic violence and those children who live in families affected by mental ill health, drugs and alcohol.

Close working with non-NHS commissioners of services for Children, Young People and Maternity will continue and evolve. This will include, but not be exclusive to Local Authorities, including commissioning of 0-19 universal services; NHSE England for public health interventions such as vaccinations and immunisations; and Specialised Commissioning for services, such as CAMHS Tier 4. We aim to have integrated 'system' commissioning intentions for future years, incorporating NHS England, Local Authorities along with the BLMK CCGs.

The following table details the areas of focus in 2019/20 for **Children, Young People and Maternity**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Children and Young People's Mental Health	Integrate place-based plans to deliver a BLMK transformation plan to improve children and young people's mental health and emotional wellbeing including: • Strengthen preventative and early intervention provision • Develop an all age community eating disorder pathway • Develop 24/7 crisis service • Implement specialist perinatal mental health service • Ensure delivery of access and waiting times standards • New care models to reduce need for Tier 4 mental health inpatient beds
Local Maternity System Transformation	Progress implementation of the Local Maternity System transformation plans to: • Improve safety by reducing still births, brain injuries and maternal deaths • Improve choice and personalisation by implementing continuity of care, personalised care plans and more choice to enable women to give birth in midwifery-led settings • Strengthen prevention and early help • Enable delivery of the LMS priorities through strategic oversight, collaboration, co-production, workforce planning and digital opportunities

Paediatric emergency care	Reduce avoidable attendances at emergency departments and zero length of stay hospital admissions through: • Learning programmes for community and primary care • Rapid response nursing • Care co-ordination • Improving self-care • Ensuring a consistent approach to short stay tariff
Complex and challenging behaviour	Improve the pathway for children and young people with complex and challenging behaviour (including neurodevelopmental disorders, ASD, epilepsy, sexualised behaviour) including: • Identify new models of care that strengthen early help and prevent escalation and crisis • Develop pathways and interventions with local authorities for a multi-agency approach • Identify opportunities for delivering at scale for very specialist services
Transforming Care for People with Learning Disabilities and/or Autism	Establish a Children and Young Persons Transforming Care Operational Group to drive: • Consistent approach to care, education and treatment reviews and Local Area Emergency Protocol • Early identification of need and personalised support
SEND	Enhance joint commissioning 'at place' arrangements to support Special Educational Needs and Disabilities agenda, including: • Improve the experience of children and young people with special educational needs of health services • Increase access to personalised care • Improve access to therapies • Special schools development programme
Children's Continuing Care	Review new Any Qualified Provider Framework for Children eligible for Continuing Care and assess whether further procurement of providers required to meet demand.
Looked after children	Review quality and provision of health assessments for Looked After Children. Implement East of England protocol for reciprocal funding arrangements (Bedfordshire and Luton).
End of life care	Scope provision of end of life and palliative care provision across BLMK to ensure parity of access and consider if there are opportunities around economies of scale.
Place-specific intentions	Luton: - Development of a more integrated children's service across Luton in 2018/19 to be implemented in 2019/20 Bedfordshire: - Improve cost effectiveness and efficiency of Equipment services

3.2 Primary Care

A new model of Primary Care is required for the future with general practice needing to transform to ensure GP's and other staff have a manageable and appropriate workload, and teams are resilient to fluctuations in demand. The environment is now better than ever to enable change:

- The capacity, scale and resilience of the prevailing operational and business model in primary care across BLMK is acknowledged as unfit to respond effectively to future challenges
- Whilst there are examples of good Primary Care in BLMK, we know that there is considerable variation in access to care and in health outcomes
- The General Practice Forward View has highlighted to the local system that a significant change in the level of investment and support being offered for general practice is required
- Infrastructure plans need to be forward looking and demonstrate how the asset base will be developed to be a key enabler for service transformation
- There is considerable interest amongst local GP's (and other providers) to examine the benefits that may arise from introducing new models of care and realising the benefits of working at scale

The future vision for primary, community and social care across BLMK is predicated on strengthened Primary Care-led, integrated services. BLMK have adopted the Primary Care Home (PCH) approach to strengthening and redesigning Primary Care where staff come together as a complete care community to focus on local population needs and provide care closer to patients' homes. The model is underpinned by an enhanced General Practice offer, which is supported by a health and social care integrated multidisciplinary workforce wrapped around GP services, to offer coordinated, joined up, place-based care. This approach enables us to think differently about how teams of staff support general practice workload and consider what aspects of GP care could be delivered by a range of other staff groups.

GP practices across BLMK have been configured into 20 provider clusters / networks covering populations of up to 65,000 people, and this is the foundation for delivery of the BLMK PCH model. Each cluster / network has identified, or is in the process of identifying, a transformation project based on a segment of their population where it would be advantageous if practices and other providers are working more closely at scale to deliver care for their patients. This includes the cluster/network actively:

- Recruiting to new roles
- Sharing resource and infrastructure
- Adopting the locally commissioned Multidisciplinary Team approach
- Working to understand their population health needs and data

The GP Forward View and other transformation funds have been utilised to deliver a number of initiatives locally including:

- Practice staff training initiatives have been deployed so we have:
    - ✓ Signposting supporting patients to identify the right care at the right time
    - ✓ A significant number of practice staff trained across BLMK as Clinical Administrators to ensure optimum workflow to release GP time to care
    - ✓ An education programme designed to support our local practice managers, supported by an emerging BLMK Strategic Practice Managers Network
- Milton Keynes CCG is now a national early adopter providing Extended Access for its population with Luton and Bedfordshire CCGs preparing to go live with Extended Access in 2018/19
- A programme agreed, in line with the STP Strategic Estates Plan, with each Local Authority to develop community hub facilities with GP practices at the core based on, and to enable, the PCH model. The system is also working in partnership to secure new/improved premises for the delivery of care to address the needs associated with housing growth

- A number of workstreams are on-going across BLMK to develop SystmOne to enable a tactical shared care record. Plans are also in place to pilot online consultations and remote monitoring for patients with complex needs

Work is required across the BLMK STP to develop an environment across primary, community and social care that breaks down barriers between funding streams and services and encourages GPs and practice managers to make professional integration in the community a reality, including access to statutory Local Authority services and safeguarding referrals. The system is required to demonstrate the key characteristics of PCH, with general practice at the heart moving at pace and scale towards the levels of maturity that reflects our local ambition and NHS England aspirations for Primary Care within an Integrated Care System.

Our General Practice Workforce Plan and Development Programme covers a range of new roles and ways of working, recruitment and retention and education, training and development initiatives that address our workforce challenges. The ambition is to make BLMK a differentially attractive place to work. This approach enables us to think differently about how teams of staff support general practice workload and consider what aspects of GP care could be delivered by a range of other staff groups, offering an attractive career model and working environment for new clinicians and admin staff as well as incentives for existing clinicians to continue practising. The Primary Care Home initiative will continue to provide a test bed for new ways of working in General Practice that will be rolled out across BLMK to develop strengthened, enhanced GP services.

It is recognised within BLMK there is a wide variation in patient's perception of access to Primary Care. We will utilise commissioning opportunities to encourage shared workforce, infrastructure and a pooled responsibility to improve access to urgent and pre-bookable Primary Care services. One example is the requirement to roll out extended access from a number of Primary Care sites with services accessible for 100% of the BLMK population.

The following table details the areas of focus in 2019/20 for **Primary Care**, along with the associated timeframes for delivery:

Commissioning Intention	Description
General Practice Forward View	Continue implementation of the Forward View for General Practice including: - Online consultations - Workforce changes – clinical pharmacists, new clinical roles, training hubs and recruitment and retention schemes - High Impact actions to address workload issues - Ensuring the appropriate infrastructure is in place to deliver sustainable Primary Care including information sharing, GP IT framework, ETTF digital, ETTF estates and the HUB programme
New Models of Care	Continue to implement Primary Care Home at scale across BLMK, implementing networks / clusters and integration with community, local authority and out of hospital services through multidisciplinary team working. This includes the delivery of extended access, and brings in reinvestment plans for PMS.
Primary Care at scale	Investments in to Primary Care will be focussed on patient management that results in a reduction in urgent and emergency activity and admissions. This prevention approach will need a closer working relationship with Public Health and ensuring that the needs of the local population are understood. Underpinned by best practice and local models, we will undertake a review of minor surgery procedures, review the safe treatment scheme, and develop

	pathways that build on the opportunities of federations and clusters. Local Enhanced Services will be reviewed by each CCG.
New Exeter GP Payment	Consistent and managed transition to the new national GP payments system when it is implemented including implications for in and out of hours Primary Care.
Workforce development	Work to make BLMK an attractive place to work for Primary Care professionals, practice managers, and other non-clinical roles in Primary Care. This includes training and development schemes, training hub development and mentoring. We will establish a standard BLMK locum market rate.
Changing the 'opening hours'	We will continue to embed extended access to Primary Care, but we will also look at how we work differently to deliver out of hospital care through Primary Care in a different way, with more flexible working patterns and blended skill sets that are available at the times they are most needed by the population.
Place-specific intentions	Milton Keynes: - Procurement of Whitehouse APMS - Increase proportion of Urgent Treatment Centre/Out Of Hours capacity that can be directly booked - Integrate enhanced opening appointments into the GP Access Fund capacity Luton: - Hub programme - Redesign of Kingsway Health Centre Bedfordshire: - Premises programme – The programme aims to secure and improve both the premises and capacity in Primary Care - In conjunction with Central Bedfordshire continue the integrated Health and Care Hub development such as the Biggleswade and Dunstable (outline Business Case). Further, continue to work with CBC around further opportunities around Integrated Health and Care Hubs. - In conjunction with Bedford Borough progress with the recommendations of the Hub feasibility study - Review of all locally commissioned services and ascertain value for money - Determine and reinvest PMS released funds back into Primary Care - Prepare for delegated Primary Care commissioning

3.3 Planned Care

The NHS is under significant pressure with unprecedented levels of demand, approximately 1.5 million patients are referred for consultant-led treatment each month and referrals are rising annually by an average of 4% per year. Since 2005/6 total outpatient appointments have nearly doubled from 60.6m to 118.6m.

The BLMK system is committed to ensuring the best possible outcomes for our patients and ensuring the most efficient use of finite resources. Our planned (elective) care commissioning intentions aim to effectively manage demand across our system ensuring patients are referred into services, so they get the 'Right Care, in the Right Place, at the Right Time'. We will draw from a variety of sources to inform evidence-based pathway transformation. These sources include:

- Right Care
- High Impact Intervention guidance and specifications
- Specialty-based Transforming Elective Care Handbooks

- 100 Day Challenge Methodology
- Getting It Right First Time (GIRFT) Programme

The BLMK commissioning intentions for planned care align with the Five Year Forward View aspiration to reduce the avoidable demand for elective care and tackle unwarranted variation, as demonstrated by Right Care. We will do this by:

- The utilisation of clinical peer review in Primary Care, embedding shared decision making, and ensuring advice and guidance options are widely available for Primary Care
- Redesigning and creating efficient integrated pathways and service provision which meet patient's needs, make the most efficient use of resources and reduce duplication

During 2018/19, we have made significant progress as a system across a number of service areas, including:

- Community Musculoskeletal Service – Improved referral management and shared decision making for MSK related conditions through enhanced MSK triage services in the community including pathways for orthopaedic, rheumatologic and pain
- Procedures of Limited Clinical Effectiveness (POLCE) – Integrated BLMK POLCE development process with the Bedfordshire and Hertfordshire Priorities Forum allowing partial alignment of POLCE policies across the STP
- Advice and Guidance – Access to specialist advice for Primary Care leading to improved multi-professional working through electronic and telephone advice and guidance services.
- Integrated community models of care for patients who are frail, and those with long term conditions
- Transformation of diabetes across BLMK utilising the national Treatment and Care Programme funding - to improve access to structured education, improve achievement of the 3 NICE treatment targets for patients, develop multi-disciplinary foot care pathways, and ensure access to diabetes specialist nurses for patients who are admitted to hospital - leading to less complications and better longer-term outcomes for our population with diabetes
- Implemented the BLMK Cancer Transformation Programme to standardise the diagnosis and treatment options for key pathways (Prostate, Lung and Colorectal cancers). Developed new models of care to support people living with cancer. Prioritised areas of opportunity for Trusts working together on pathways

The following table details the areas of focus in 2019/20 for **Planned Care**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Referral Management	Ensure patients are directed to the right place for their health needs, by adopting clinical peer review, advice and Guidance and national Consultant to Consultant referral of good practice.
Advice and Guidance	Adopting a common approach to consultant led advice and guidance - supporting Primary Care capacity and capability to manage care effectively and reduce unnecessary referrals.
Ophthalmology	Undertake demand and capacity reviews across cataract, glaucoma and macular degeneration pathways to support the development of sustainable services.
First contact practitioner (FCP)	Maximising the opportunities arising from the BLMK and national FCP pilots and improve Primary Care access to Physiotherapy for musculoskeletal care.

Transformation and clinical pathway development	Improve out of hospital care across a number of specialities, including Gastroenterology, Urology, ENT and Neurology. BLMK review of pain, Rheumatoid Arthritis and Osteoporosis pathways.
Integrated Long Term Conditions Services	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. Explore service provision for patients with more than one co-morbidity. Develop a single Integrated Diabetes Service Specification for BLMK.
Rehabilitation	Provide common approaches to supporting people to recover from acute episodes of ill health, and those with 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.
Diagnostics	Reducing unnecessary diagnostic tests that may not contribute to patient care and/or improved outcomes. Continue to develop and Improve access to cancer diagnostics.
Cancer	Continue to improve bowel, prostate and lung cancer diagnostic pathways through the STP Cancer Transformation programme working towards improved diagnosis by day 28. Embed the Living with and Beyond Cancer programme, including developing risk stratified pathways. Review of radiotherapy provision. Review of Clinical Nurse Specialist workforce.
Alternative approaches	Use technology where appropriate and virtual/non-face to face appointments reducing the travel burden e.g. community Dermatology enabled by TeleDermatology. Maximise the use of GPwSI and community resource for outpatient delivery.
POLCE	Development of a single POLCE specification across BLMK taking full consideration of the recommendations from the national consultation which commenced in July 2018. In addition, standardising operational processes and maximising IT solutions to reduce the impact on patients and the administrative burden for clinicians.
ENT	Development of a community ENT service across Bedfordshire and Luton based on the current Milton Keynes service.
Place-specific intentions	Bedfordshire: - Development of community outpatient services for a range of specialties improving access to specialist consultations and diagnostics out of hospital. - Development of Stroke Rehabilitation Unit providing comprehensive rehabilitation out of hospital. Luton: - Development of services for patients with vague symptoms to address possible delays in cancer diagnosis. The model will be designed in 2019/20 with a plan to implement in 2020/21

3.4 Urgent and Emergency Care

Urgent and Emergency Care (UEC) continues to be a high priority nationally and locally. The focus remains on the four-hour ED standard and Delayed Transfers of Care, but there is also now an emphasis on length of stay, “stranded patients” and the broader Integrated Urgent Care agenda.

BLMK performs comparatively well against the four-hour target. In June 2018 BLMK was 6th out of the 42 ICS's with overall performance of 94.4% (as per NHSE monthly figures). Performance against Delayed Transfers of Care (DTOC) is positive for Bedfordshire and Luton although remains challenged in Milton Keynes. However, through focussed work this has been resolved with performance for June 18 for Milton Keynes Unitary Authority recorded locally as 3.1%, which is below trajectory and the national target.

Luton and Bedfordshire CCG's have already developed a close working relationship around UEC as evidenced by their joint procurement of 111/Out of Hours (Integrated Urgent Care) services in 2017. This close working is likely to develop as the secondary care providers integrate. MK has considerably different patient flows and providers, but there is a commitment across all 3 partners to work at scale whenever it is practical to do so. However, rather than an emphasis upon shared providers, BLMK plan to utilise all opportunities for partners/workstreams to function on a networked and virtually integrated level. This will commence with Directory of Services (DOS) management.

There are significant synergies between the UEC priority and the Mental Health priority, as many patients presenting with an urgent care need have multi-morbidities and mental health needs.

The following table details the areas of focus in 2019/20 for **Urgent and Emergency Care**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Ambulatory Emergency Care Pathways	Optimise use of ambulatory emergency care pathways to reduce pressure on emergency admissions.
Aligned approach to payment for Ambulatory Care	Each of the local providers charges a different tariff for ambulatory care. The CCGs are committed to negotiating a standardised local tariff for this activity.
Integrated Urgent Care	a) Clinical Advisory Service The CCG's and providers of Clinical Advisory Services will identify potential for networked working and shared resource e.g. "does each CCG need to commission Mental Health input to the individual CAS's or can it be co-ordinated across the ICS?" b) NHS 111 Online The CCGs will work to align pathways and approach to NHS111 Online to ensure all BLMK Patients receive the same "offer". c) Directory of Services The CCGs will work to align the Directory of Services to assess opportunity for efficiencies of scale and to ensure the pathways are aligned where required. CCG's will also share learning and best practice around current DOS management and move to networked working.
Directly bookable Appointments	CCG's will increase direct bookings from 111 (and other providers) into services including general practice, walk in services etc. sharing learning and best practice from across BLMK
Reducing Length of Stay (LOS)	CCG's will work with partners to reduce "stranded patients" and reduce LOS in line with national guidance. Best practice and learning will be shared across BLMK.
Whole system risk share	Continue to work with partners to understand how risk and reward around shifts in emergency activity can be shared across Place.

Out of hospital/Case management	Implementation of case management/out of hospital services within the community with the intention of mitigating pressures on secondary urgent/emergency care and reducing ED attendances and emergency admissions.
Resilience / OPEL framework alignment	Employ a BLMK System Resilience Lead to give specific focus to System Resilience during the winter months, providing a robust and coherent approach to planning and managing System Resilience across the ICS standardizing process where appropriate whilst being sensitive to place-related nuance. Alignment of the OPEL framework and resilience process across the three CCGs including: - Agreed actions / steps at the point of surge (local and ICS) - Increased cross-system working The role will also take a coordinating lead in winter reporting to NHSE
System reviews	Develop an aligned approach to system reviews and focussed discharge events building on the successes of System Assessment Days and MADE events.
Place-specific intentions	Milton Keynes: - Undertake a consultation on "Urgent Same Day Care" provision across the health system - Increase proportion of Urgent Treatment Centre/Out Of Hours capacity that can be directly booked - Increase direct booking from 111 to other services - Increase access to clinical support and information for ambulance staff to reduce conveyance to ED e.g. enhanced GP triage, enabling access to care records and providing detail of alternatives to conveyance to ED Luton: - Review priority given to developing appropriate pathways for patients with mental health needs within urgent and emergency care settings where the primary reason for presentation is not mental health to support those with multi-morbidities and mental health issues Bedfordshire - Continue to review and develop the Urgent Treatment Centre throughout the duration of the pilot in order to inform the future commissioning arrangements. *Please also see Out of Hospital draft intentions which will work to mitigate reliance on acute emergency services including ED attendances and emergency admissions*

3.5 Out of Hospital Care

The Five Year Forward View set out an ambition for out of hospital care to integrate Health and Social Care to deliver better outcomes for patients and reducing net costs and to enable care closer to home bringing more appropriate care models into local community setting. Across BLMK we want people to have the knowledge and support to live healthy lives, to manage long-term conditions and to have access to community, primary and social care which is personalised and organised around the individual. We will aim to build on the BLMK Single System Operating Plan 2018/19 priorities for OOH Care which focus on a standardised approach at scale and pace delivery for:

- Self-care to reduce non-medical demand
- Residents with complex needs
- Effective care delivery for residents in crisis

Over the last 12 months, progress has been made across the BLMK footprint on the development and implementation of new models of out of hospital care. This includes:

- Proof of concept place-based system wide approach to care navigation/case management in Primary Care networks (MK)
- Commissioning community service outcomes based contracting model
- Delivery of STP wide Personalisation Programme
- Enhanced Step Up Care
- High Intensity Service User MDT intervention multi-agency case management for risk stratified patients with complex needs delivered at place
- Phase 1 place-based mobilisation of GP Advanced Care Planning for End of Life
- Effective Care delivery for residents in crisis including extending Complex Care Teams to weekends and Emergency Intervention Vehicles
- In reach community and social care support into emergency care to fast track patients into community settings
- Trusted assessor and red bag schemes embedded in acute settings
- Streamlining of pathways to support delayed transfers of care to obtain <3.5% reduction
- Complex Care
- BLMK system-wide implementation advanced care planning, medication optimisation and UTI hydration schemes localised for place-based delivery specifically for care homes as part of enhanced health in care homes programme
- Delivery of Enhanced Health in Care Homes Programme including digitalisation/telephony programme(s) to provide care home workers access to shared care records and specialist support
- Focus on delivery of end of life transformation programme
- Continuing Health Care
- CHC service configuration including fast tracking of pre-assessments to community referrals, reduction in 'hotel rates' and night visits

Out of Hospital care across BLMK should have a 'single offer' with standardisation of scope, terms and delivery. This may include the relationships with broader community organisations such as community pharmacies and third sector providers. This would support place-based contracting and remove disparity across BLMK geographical boundaries.

The following table details the areas of focus in 2019/20 for **Out of Hospital Care**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Out of Hospital Core Values	BLMK will aim to work to define shared core values and principles across the footprint. There will be some areas where standardisation of scope, terms and delivery are useful. For example, system wide offer for phlebotomy access and provision to help address current variation across geographical boundaries.
Social Prescribing	We will embed social prescribing community referral pathways and continue to with low acuity social prescribing for adults with non-clinical presentations.
Personalised Agenda	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.
Transitions of Care	We will reduce length of stay and patient/client de-compensation by focusing on 'stranded patient flows' in acute settings.

Intermediate Care	We will deliver a system wide approach to community provision for step up/step down intermediate care.
Community Beds	We will optimise utilisation of community beds by developing a whole system wide approach to streamline patient flows.
Complex Care	We will continue to refine the model for Primary Care multi-disciplinary support to avoid unplanned admissions (focussing in some areas on care homes and increasing community Geriatrician support).
Continuing Health Care	We will continue with development of a single CHC function with appropriate integration with local authorities focusing on embedding NHS Personal Health Budgets and Local Authority Personal Budgets.
Shared Care Records	We will continue to make progress on the digitalisation programme to support 'shared care' access and documentation for all care/link workers.
Care Navigation/Case Management	We will rollout place based care navigation/case management across Primary Care networks as part of our work on complex care focusing on frequent attenders/users of health and social care services e.g., improvements to frail/elderly pathways to reduce avoidable admissions.
High Intensity Users	We will continue to focus on high intensity users' schemes to optimise admission avoidance pathways.
Personalised Care	We will continue to: • Expand coverage of Personal Health Budgets • Focus on personalised care and support planning • Increase social prescribing • Focus on self-care and peer support
Place-specific intentions	Luton: - We will improve referral and access routes to community beds to support discharge from HASU Milton Keynes: - We will develop the first stage for place-based end of life 24/7 coordination of care provision in collaboration with partners across health, social and third sector Bedfordshire: - Develop Joint Health and Social Care plans across Bedfordshire in line with the planned demographic and housing growth over the next 3-7 years - 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 the Community Health Service Transformation plan - Implement a Fracture Liaison service for patients in the south of Bedfordshire - Utilising the EOL audit at BHT, develop a community based service to support EOL at home and/or place of residence (choice) - Re-design the Tissue Viability Service to improve outcomes across Bedfordshire

3.6 Mental Health

The Five Year Forward View for Mental Health has set ambitious but achievable expectations for all areas of England across all ages. During 2017/18 BLMK has developed an ambitious STP mental health plan and established a mental health workstream, which includes senior representatives from

each of the key commissioning and provider partners, the East of England Clinical Network, and the national NHSE Five Year Forward View Mental Health Team. A central focus of the mental health workstream is driving rapid and tangible progress in improving mental health outcomes for the citizens of BLMK, in particular in implementing Five Year Forward View (FYFV) for Mental Health and GP Five Year Forward View.

Significant progress is expected towards achieving the FYFV for Mental Health targets. Highlights include:

- A successful bid for Wave 2 funding from NHS England for perinatal mental health services across BLMK, including developing a specialist service across Luton and Bedfordshire
- A successful bid for funding from NHS England for Individual Placement and Support (IPS; an employment support model), with a service across Luton and Bedfordshire in the first phase, with Milton Keynes developing at a later phase
- Submitted workforce returns to NHS England nationally and regionally
- An ICS mental health investment plan is being developed, identifying costs of full FYFV delivery through to 2021 and including investment requirement, return on investment through integrated care, and innovation
- Developing a consensus model for mental health in Primary Care Home, including range of preventative and treatment modalities for people with common mental health problems, serious mental illness and dementia. In 2018/19, the mental health workstream is working with the Kings Fund to develop a model for mental health in Primary Care Home. This is a major strand of work timetabled for 2018/19, which will be supported by the BLMK Mental Health Programme Manager
- Review of urgent care/crisis care pathways for people with mental health problems, developing case for change
- All areas are achieving the target that 53% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.
- Across BLMK there is a very low level of inappropriate adult acute out of area placements; BLMK has one of the lowest levels in England
- All areas are working to achieve the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care, consistently.
- BLMK is developing a multi-agency suicide prevention plans, working towards a national 10% reduction in suicide rate by 2020/21
- All areas of BLMK working towards 21% IAPT access target & achieve the 50% recovery target
- A BLMK action plan is being developed to deliver physical health checks to 60% of patients with serious mental illness (SMI) on the SMI register

The following table details the areas of focus in 2019/20 for **Mental Health**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Mental Health closer to home	Transformation of services towards alignment with the Primary Care Home model, community services and local authority services. Increase the proportion of patients seen in a non-acute setting.
IAPT	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.
Serious Mental Illness	Physical health checks for people with SMI, working towards the 60% of people on the SMI register.

Perinatal Mental Health	Perinatal mental health services achieving access targets across BLMK, and ensuring sustainability of the new service in Luton and Bedfordshire.
Early Intervention in psychosis	All areas to achieve the target that 60% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.
Urgent Care	Embedding new urgent care/crisis pathways and ensuring sustainability of model(s).
Individual Placement & Support	Ensure that the IPS services are achieving targets and are sustainable.
Workforce	Workforce plans to align with mental health investment standard expectations.
Crisis care	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
Complex mental health placements	Develop options for BLMK-wide service transformation including the development of a local inpatient unit to reduce out of area patients, and keep patients closer to their communities.
Place-specific intentions	Bedfordshire: - Dementia Intensive Support Team- to support the local population with a dementia diagnosis to remain at home or place of residence through the development of the Dementia Intensive Support team - Re-commission a residential care home for patients with mental health needs, in partnership both Local Authorities in Bedfordshire Milton Keynes: - MK CCG intends to decommission Cherrywood in its current model and work with CNWL on a new specification for a service for people with complex needs, with the aim of reducing out of area placements. We will evaluate a range of options, including managed access in-patient units as well as high level supported housing.

3.7 Learning Disabilities

Transforming Care Partnership

The Transforming Care Partnership (TCP) comprises three clinical commissioning groups (CCGs), four local authorities (LAs) and crosses two specialised commissioning (SC) hubs.

The partners are: Luton CCG (lead for the TCP), Milton Keynes CCG, Bedfordshire CCG, Luton Borough Council, Milton Keynes Council, Bedford Borough Council, Central Bedfordshire Council, NHS England Midlands and East (East of England) SC hub, and NHS England Midlands and East (East Midlands) SC hub.

All of the CCGs, LAs and SC are represented on the TCP partnership board, which is chaired by the Senior Responsible Officer (SRO) who is the Director of Quality and Clinical Governance for Luton CCG.

These organisations all contributed to the development of the local plan which was formally agreed at board level through the partnership's agreed governance structure. The plan sets out key priorities that will increase community capacity and resilience that will ensure local community provision can meet the needs of those individuals being discharged from hospital and to also prevent people being admitted into specialist learning disability inpatient provision.

The aim of the TCP

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition.

The programme has three key aims:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay

The following table details the areas of focus in 2019/20 for **Learning Disabilities**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Transforming Care Programme (TCP)	Continue to work in close partnership with key stakeholders across the Transforming Care Programme (TCP) BLMK footprint to deliver change and reduce inpatient admissions by providing the least restrictive community provision for individuals presenting with high levels of complexity and need
Physical health checks	To increase the number of people identified as having a Learning Disability on GP registers to ensure reasonable adjustments are considered when offering an annual health check.
Physical health checks	To increase awareness and uptake of an annual physical heath check for individuals with Learning Disabilities in collaboration with Primary Care and community.
Children and Young People	Review the workings and funding framework and terms of reference for individual packages of education, health and social care. Establish a dynamic risk register and early intervention processes and communicate this to wider partners. To develop a shared outcomes framework with service users and parents.

Place-specific intentions	Bedfordshire:
	- Specialist Learning Disability Remodelling - The development and implementation of a remodelled specialised learning disability provision for the local Bedfordshire population
	- Learning Disability Forensic Provision - The development of a specialist forensic solution for patient with a learning disability
	- Children and Young People:
	  - Review the workings and funding framework and terms of reference for individual packages of education, health and social care
	  - Implement a dynamic risk register and early intervention processes and communicate this to wider partners
	  - To implement a shared outcomes framework with service users and parents

3.8 Medicines Optimisation

Medicines are the most common therapeutic intervention in the NHS. Used correctly they can make a major impact on years of life e.g. cancer treatments, the ability to sustain a normal life e.g. biologics in inflammatory conditions, where there has been a radical change to the short, medium

and long-term health outcomes to patients with rheumatoid arthritis where previously patients frequently would suffer with irreversible multiple and severe joint damage and organ function deterioration. However, when medicines are used incorrectly they can cause significant harm to patients that may result in an emergency hospital admission.

Spend on medicines in Primary Care has remained static over the last few years and is generally around 12% of the CCG budget. Spend in secondary care drugs has risen steeply over the past decade and recent yearly increases have averaged around 12%.

Medicines are an important consideration in all the ICS priority workstreams and are a component in all the commissioning intentions' eight priority areas. The Medicines Optimisation commissioning intentions are those that are being driven by the Medicines Optimisation teams linking in with colleagues in commissioning, in provider organisations and to the wider community.

The following table details the areas of focus in 2019/20 for **Medicines Optimisation**, along with the associated timeframes for delivery:

Commissioning Intention	Description
Self-care and Items less suitable for prescribing in Primary Care	To embed the changes to prescribing outlined in NHS England consultations on Over the Counter / Self-care products and Items less suitable for prescribing in Primary Care and any subsequent areas consulted on by NHS England and NHS Clinical Commissioners.
Biosimilar medicines	To build on the current experience of introducing biosimilar medicines to ensure that all future biosimilar medicines are introduced in such a way as to maximise the savings opportunity for the NHS.
Stoma	To investigate the opportunity to reduce general practice workload through moving the on-going management of stoma patients to a Primary Care specialist stoma service. LCCG is currently piloting with a view to up scaling across the STP.
Continence	To investigate the opportunity to reduce general practice workload and improve cost-efficiency of continence supplies through formulary management, and preferred providers.
Self-Care	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.
Place-specific intentions	Luton: - Woundcare – To reduce general practice workload through redesigning the supply of wound dressings. - Paediatric Dietetics – Redesign the service for the on-going management of children with a dietetic need to a Primary Care specialised dietetic service - Specialist Medicines Optimisation Pharmacists – The Medicines Optimisation team provide a general package of medicines optimisation support to practices. However, there is an increasing need seen locally to support general practice in the management of patients with more complex health. This need is no more apparent than in the cohort of children on complex medicines who commonly attend multiple health providers and present with congenital anomalies. Luton's children population could be seen to be at higher risk of morbidity as they have higher than average exposure to some of the

	wider determinants of child morbidity such as poverty, poor housing and consanguinity. Milton Keynes: - Undertake a publicity campaign aimed at decreasing medicines waste and supporting patients to re-order their repeat prescriptions in a timely and efficient way.

4. Our plans to engage with the patients and the public

Involving local patients, members of the public, carers and patient representative groups, as well as providers is important to the CCGs so that we can be assured of commissioning the best possible services that meet the needs of local patients and that represent the best possible value for money. Therefore, we will need to formally consult with interested parties and the public, where our plans involve a significant service change.

Many of the proposals for change set out in this paper have been co-produced with partners in the local area, including the local authority and providers. By publishing our intentions formally, we are able to discuss our plans further with them, and confirm alignment. Over time we expect this to be more and more a feature of the way in which we commission services, as part of an integrated care system.

Most of our commissioning intentions will not require formal consultation. Instead they are about pathway changes designed to improve services often through better integration and co-ordination of care between providers. Some of our intentions may be about changing the provider of services through a procurement process, with the service delivered remaining broadly similar. In these circumstances, engaging with users of the services is really important, so we can build their views into the service commissioned.

4.1 Engagement in design

We will ensure that engagement takes place with a variety of existing groups and networks to make sure the changes we make work well. These groups include but are not limited to Health Overview and Scrutiny Committees, Health & Wellbeing Boards, Partners in the Integrated Care System, Healthwatch, Patient Participation Groups and relevant third sector partners.

Engagement describes the continuing and on-going process of developing relationships and partnerships. We undertake engagement so that the voice of local people and partners is heard and that our plans are shared at the earliest possible stages. Examples of this type of engagement would include the work we do with our patient participation groups and when we ask patients and the public to comment on or get involved in various pieces of work. It also describes activity that happens early on in an involvement process, including holding extensive discussions with a wide range of people to develop a robust case for change.

4.2 Formal and informal consultation

Formal consultation is the statutory requirement for NHS bodies, like the CCGs, to consult with health overview and scrutiny committees (OSCs), patients, the public and stakeholders when we are considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

We will undertake a formal consultation if a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact on one or more of the following:

- Access (an example would be a reduction or increase in service due to a change of location or opening times)
- Wider community (for example economic impact, transport, regeneration)
- Patients or users (either current or future)
- Service delivery (including methods of delivery or relocation of services)

The outcome of a formal consultation must be reported to the CCG's Board, together with the feedback received, and it must show how this has been considered in any recommendations and decision making.

5. Contracting Intentions

The National Operating Framework (and any other appropriate national mandatory guidance) will be implemented when issued by NHS England in autumn 2018. The Operating Plan underpinned by the national financial allocations will provide a clear framework for the negotiation of all provider contracts.

All providers are required to transact their information flows in compliance with Information Governance regulations as set out by the Information Commissioner's Office.

The providers will have met the compliance standards set out in 2017/19 including but not limited to:

- Compliance with ISN 0149 where completion of NHS Numbers is a mandatory requirement
- Use of e-referral as the only referral method in line with the published guidance
- Sharing aggregate data to provide population health analytics across the STP
- Continued and on-going compliance with the reporting requirements of Strategic Data Collection Service (SDCS) (formerly UNIFY 2), SSNAP, Open Exeter, SUS, and any other national or locally mandated datasets
- Submission of any patient confidential data to the DSCRO (Data Service for Commissioners Regional Offices) timetable
- Where statutory reporting is required to SDCS, eReferral service, Omnibus, Open Exeter and other statutory reporting, the provider should ensure that they are and continue to be N3 compliant

We will continue to use existing and new benchmarking information to compare provider and CCG peers to highlight difference in services and performance. Working across BLMK commissioners will develop approaches taking best practice for commissioning services through evolutionary and or transformational change in the:

- Delivery of the service
- Recording and coding of the service
- Payment for the service, and
- Understand variance

The contracting process will bring together the separate strands of commissioning through:

- Service specifications
- Quality requirements (national and local)
- Activity plans and activity planning assumptions

- Information requirements (national and local)
- Overall financial envelope

The proposed approach for the development of initial activity plans will be to use:

1. The latest available Freeze finance & activity reports as the starting point for contract baselines with adjustments for the following:

    a. Historical growth trends
    b. Seasonality
    c. Predicted waiting list position/RTT position
    d. Unresolved contract challenges
    e. Any known or proposed service changes
    f. Changes to national payment mechanisms, currencies and tariff
    g. QIPP, efficiency exceptional
    h. Inflation and deflation requirements
    i. Policy changes that impact activity levels
    j. Demographic and non-demographic growth
    k. CQUIN incentive payment mechanism changes
    l. Emergency Threshold and Emergency Readmissions requirements
    m. Other locally identified contractual items

Any adjustment to the initial baseline activity and finance plans when adjusted if required, will identify the refreshed changes 'below the line' so as to promote transparency and openness in discussion between individual providers and the BLMK commissioners

The coming together of the three CCGs in the BLMK area will require changes to be made across a broad spectrum and this will affect the approach the commissioners will need to take in relation to the contracting round. The key impacts for the contracts with providers of NHS funded care will include, but not limited to the following:

- The contracts that are due to expire on 31 March 2019 will be re-negotiated for a minimum 12 month period. Contracts without competition will require the necessary waiver in line with the local financial rules policies/SFI/STO.
- Multi-year contracts that do not expire on 31 March 2019 will be varied using the national variation process set out in the NHS Standard Contract.
- Development and refinement of an advanced information strategy to overcome the inherited systems that are driving differences between provider and commissioner data sets with the aim to get common, consistent and accurate activity reporting within and across the three CCGs. This could be driven from within the DQIP or SDIP processes set out in the Contract.
- Local pricing across the three CCGs will be reviewed with the aim to move along a progressive plan to a common pricing structure to ensure all commissioners pay the same price for the same commissioned service from the same hospital. This process is likely to be phased depending upon the scale of change and the impact and measurement of the risk of unintended consequences for both provider and commissioners.

- Where 'block' payments are made the CCGs will work with the providers to understand the suitability of this payment type for services. A programme of work has been identified with provider for implementation from the new contract year.
- We will continue to apply nationally mandated deflators/inflators to non PbR prices in line with the National Tariff Payment System (NTPS). Any other changes to Non PbR prices will need to be negotiated and explicitly agreed with both parties.
- Performance standards, methods of measurement, thresholds and financial consequences will be reviewed across all contracts for consistency. Whilst this review is undertaken all historic financial consequences will be retained until completion and agreement of review. Specific and proportionate financial consequences will be attached where applicable.
- Planned programmes of work relating to aspects of the contract and current methods of funding e.g. block arrangements will be reviewed against an agreed programme which will be set out in specific SDIPs. The outcome of any review will require the necessary variation to be agreed if the existing contract is to be changed.

Commissioning Intention	Description	Timeframe for delivery
LDH Specific Intentions		
Critical Care Pricing	The CCG would like to agree with the Trust specific prices for Critical Care by organs supported in line with National Guidance	March 2019
Counting and coding of Multiple Diagnostics	On 29th September 2017 formal notice was given of a change to the counting and coding of activity for patients with a multiple diagnosi9tc imaging procedure on the same day within the same modality. The notice specified this should be grouped under a single HRG to reflect the number of body parts scanned rather than multiple single body part HRGs. This change reflects the National Guidance NTPS Annex D, paragraph 30.	March 2019
Block Items	All block items with the contract require a full MDS to be submitted on a monthly basis, any block items charged for without a full MDS will not be paid for.	March 2019
Best Practice Tariff	All Best Practice Tariffs charged within the SLAM should be flagged to allow for identification and validation. Providers are also required to submit evidence of compliance of BPT criteria, where this information is not provider commissioners will not fund the additional top up tariff.	March 2019
Emergency Readmissions	Emergency readmissions from both the same provider and other providers should be flagged in the SLAM.	March 2019
Maternity Dataset	It is essential that providers continue to supply a fully populated local submission for the emergency pathway. In the absence of a National system for Maternity activity and related financial reconciliation for this activity Maternity challenges will be run using Freeze data instead of the normal flex submissions.	March 2019
Diagnostic Imaging	Diagnostic Imaging (DI) is not being correctly encoded with the outpatient commissioning dataset. It is not sufficient for providers to send separate local submission for this unbundled activity element, as it does not provide all the information which is required for validation of the data. Therefore, providers will be required to fully encode this data within	March 2019

	national SUS data in line with national guidance, commissioners will only pay for DI activity which is recorded correctly in SUS.	
Unbundled Activity	Commissioners will require a separate data flow submitted as part of SLAM backing data to validate unbundled activity. This should additionally be submitted via SUS according to the rules for identification of such activity as outlined in national SUS submission guidance. Providers will be required to fully encode this data within national SUS data in line with national guidance, Therefore, Commissioners will only pay for unbundled activity which is recorded correctly in SUS.	March 2019
Outpatient Clinics	The provider is required to submit a list of outpatient clinics at the start of the year.	March 2019
Admission Method	To ensure data can be validated and analysed accurately the provider must ensure the correct admission method for spells is recorded in the data.	March 2019
Start and conclusion times in SLAM	To ensure data can be validated and analysed accurately the provider must ensure the start and conclusion times for A&E attendances are recorded accurately in SLAM.	March 2019
Maternity Dashboard	The provider is required to submit the Maternity Dashboard by the 15th working day of each month.	March 2019
A&E and Admission figure	There is a requirement for the provider to submit daily A&E and admissions figures to the CCG.	March 2019