

**Governing Body**  
**Meeting**  
*held in public*

**REPORT**

<b>Subject</b>	Commissioning Intentions 2018-19
<b>Date</b>	7 September 2017
<b>Author</b>	Samina Arshad- Assistant Director of Out of hospital integration(CBC)
<b>Lead Director</b>	Anne Murray – Director of Nursing and Quality

**Executive Summary**

Commissioning Intentions provide a basis for constructive engagement between Bedfordshire CCG and providers of services, to inform business plans and contracts. They are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available.

In 2016 Bedfordshire CCG Governing Body agreed Commissioning Intentions for 2017-19, in line with the nationally mandated requirement to move to two-year contracts with providers. In line with good practice, the CCG is in the process of reviewing and refreshing the Commissioning Intentions to include further detail on plans for 2018-19.

This paper sets out arrangements for refreshing the 2017-19 Commissioning Intentions. A final version of the Commissioning intentions document will be presented to the Governing Body once completed.

**SRO and Team Membership**

The compilation of the CCG's Commissioning intentions for 2018-19 was led by Clare Steward, Director of Strategy and Transformation.

As Clare has left from her position as Director of Strategy and Transformation, Anne Murray Director of Nursing and Quality has taken to lead to coordinate the process of development and sign off. This work will include ensuring that relevant clinical leads and members of the public are involved and engaged appropriately until final sign off by the Governing Body.

**Progress to date**

To date a draft paper including the commissioning intentions for 18/19 has been developed. This document will be socialised with the public, wider CCG colleagues, local councils and GPs during August.

## Engagement and Socialisation of Draft Document

A Patient and Public Engagement Plan has been agreed and socialisation of the document will take place between 27<sup>th</sup> July and 27<sup>th</sup> August. The plan includes a range of face to face and digital engagements. In order to seek the views of local communities in Central Bedfordshire and Bedford Borough the following groups will be accessed:

- Young people via the Youth Parliament
- Faith Groups
- Voluntary organisations
- Support groups e.g. cancer, respiratory, diabetic, coronary
- GPs
- Elected officials e.g. MPs, Councillors
- Locality patient and public groups
- Providers.

### Themes Included for Engagement:

In 2016 the Commissioning plan was agreed for a 2 year period, following one year of delivery we want to take this opportunity to make sure that our contracts are still relevant and responsive to local and national requirements. Included in the Commissioning intentions refresh are the following areas:

**Urgent and Emergency care;** aiming to improve access into Primary care and more effective streaming throughout the front door of accident and emergency. Secondly a focus on more services in the community to avoid hospital admissions.

**Elective Care;** aiming to develop community hubs where patients can access outpatient services and avoid hospital admissions.

**Primary Care;** development of GP clusters that will support access to services over evenings and weekends.

**Children;** development of new pathways so that children can be seen by specialists in the community to support learning and developmental needs.

**Maternity;** development of safe and sustainable services for pregnant women that includes personalised care plans, access to one stop services and improved perinatal and post natal mental health services.

**Mental Health;** a focus on crisis pathways, to include early intervention therapies.

**Personal Health budgets;** a focus on how we enable patients to hold their own budget and to influence how their care is funded.

**Integrated out of hospital care;** working closely with social care to reduce the time people spend in hospital by ensuring appropriate discharge, rehab and recovery pathways are in place.

### Approval and final sign off:

A draft version of the Commissioning intentions will be discussed and scrutinised at the Executive Meeting on the 24<sup>th</sup> August. An updated version will then be shared at both Health and Wellbeing Boards to ensure approval and further scrutiny by the end of September.

A final version of the Commissioning Intentions will be prepared taking any feedback into account and will be presented to the Extraordinary Governing Body for approval and final sign off on 28th September 2017.

### **Recommendation**

The Governing Body is asked to approve the process set out to produce and consult the refreshed Commissioning Intentions for 2018/19.

The Governing body is asked to note that a final version of the full document will be presented to the Governing body at an extraordinary meeting on the 28th September.

### **Links to the business and risks**

#### **Relevant Strategic Objectives 2016/17 (please mark in bold)**

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

#### **Links to Board Assurance Framework / Corporate Risk Register**

#### **Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)**

#### **Financial Implications / impact**

<b>Legal Implications / impact</b>	
<b>Partnership work / public engagement implications / impact</b>	
<b>Committees / groups where this has been discussed before</b>	
<b>Other options available and their pros and cons</b>	
<b>Background papers</b>	