

Subject:	Brighton and Hove CCG - Commissioning Intentions of Brighton 2014-16		
Date of Meeting:	27th November 2013		
Report of:	Geraldine Hoban, Chief Operating Officer, Brighton and Hove Clinical Commissioning Group		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The CCG has a requirement to share its commissioning intentions with stakeholders, partners, patients and the public and provider organisations.
- 1.2 The attached document sets out the emerging commissioning intentions of the CCG for the two year period 2014/15 and 2015/16.

2. RECOMMENDATIONS:

- 2.1 That the Health and Wellbeing Board note the commissioning intentions of the CCG for the period 2014-2016.
- 2.2 That the Health and Wellbeing Board gives its opinion on whether the draft commissioning intentions 2014-1016 take proper account of the published Joint Health and Wellbeing Strategy.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The CCG has a Strategic Commissioning Plan outlining its priorities and commissioning programmes over the next five years.
- 3.2 The attached document outlines how, over the coming two years, the CCG, within the funds available, will deliver its strategic goals.
- 3.3 In addition to delivering the strategic direction for the CCG these commissioning intentions must also take into account national planning guidance as it emerges. Detailed planning guidance and financial allocations will be confirmed in November.
- 3.4 Our finalised Operating Plan for 2014-16 will be published in early 2014 and will come back to a future meeting of the Health and Wellbeing Board for final sign off.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Commissioning Intentions set out the financial context for planning over the next two years. Key issues to note are:

4.1.1 We will be required to make an additional efficiency saving of £6m approximately in 2014/15 – rising to £7m in 2015/16. We are confident that we will be able to deliver this through reduced demand for urgent care services and a number of re-procurements.

4.1.2 We will make full use of our 2% non-recurrent reserve to pump prime developments in primary and community services with a view to radically transforming the patient pathway and service model for elderly frail people in particular. This we will do in partnership with the Council through the Integrated Transformation Fund.

4.2 We will continue to deliver our programmes of service improvement with a focus on:

4.2.1 promoting integration across primary, community and secondary care;

4.2.2 redesigning high quality urgent care services that are responsive to patient needs and are delivered in the most appropriate setting;

4.2.3 aligning our commissioning to the health needs of our population and addressing health inequality across the City;

4.2.4 integrating mental and physical health services in order to improve outcomes and the health and wellbeing of all our population;

4.2.5 plan services that deliver greater integration between health, social care and housing and promote the use of pooled budgets;

4.2.6 deliver a sustainable health system by ensuring our clinical care models, commissioning and procurement processes and internal business practices reflect the broader sustainability agenda and deliver on our duties under the Public Sector (Social Value) Act 2012.

4.3 The Commissioning Intentions describe in detail commissioning plans for a range of service areas including: primary care development, community services, mental health, urgent care, planned care, maternity, children and young people's services, medicines management and continuing health care.

4.4 The document sets out the implications for the City of the Integrated Transformation Fund – £18.8m budget for integrating health and social care and transforming health outcomes and use of services for our most frail and vulnerable communities.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Commissioning Intentions are pulled together following an extensive year round engagement process with member practices, patients and the public, partner organisations and co-commissioners. See pages 4-5 in the attached document for further details.

6. CONCLUSION

6.1 The CCG are obliged to publish commissioning intentions describing how funding will be applied on an annual basis to deliver our local strategic priorities and implement national planning guidance.

6.2 The attached document describes in detail the commissioning intentions for each of the key service areas over the coming 2 year period.

7. FINANCIAL & OTHER IMPLICATIONS:

- 7.1 Commissioning Intentions are required to include broad financial assumptions for the CCG only. These are included in section 3. The amount of funding required of the CCG in relation to the Integrated Transformation Fund (2015/16) is outlined in Section 7.
- 7.2 Any financial impact on the Council of the Commissioning intentions will be reflected in the budget strategy for 2014/15 and the Medium Term Financial Strategy.

Finance Officer Consulted: Anne Silley

Date: 18/10/13

Legal Implications:

- 7.3 The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires Clinical Commissioning Groups to consult the Health and Wellbeing Board on its draft commissioning plan and seek the Board's opinion as to whether the draft takes proper account of the joint health and wellbeing strategy. The Health and Wellbeing Board must also be consulted on further revisions or drafts.

Lawyer Consulted Elizabeth Culbert

Date: 29th October 2013

Equalities Implications:

- 7.4 Equality Impact Assessments will be conducted on specific commissioning plans.

Sustainability Implications:

- 7.5 Section 9 in the attached document deals with sustainability.

Any Other Significant Implications:

- 7.6 Public Health has been involved in the identification of commissioning priority areas and production of the Commissioning Intentions document.

SUPPORTING DOCUMENTATION

Appendices:

1. Brighton and Hove Clinical Commissioning Group - Commissioning Intentions 2014-16.

