

Governing Body public meeting

DATE:

Title	Draft Commissioning Intentions	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note and discuss the draft Commissioning Intentions 2014 onwards as shown at Appendix 1</p>	
Executive Summary	<p>In 2013/14 the first Commissioning Intentions (CIs) for Bexley CCG were produced, these need to be “refreshed” for 2014 and “rolled out” i.e. extended for a 3 to 5 year period.</p> <p>In undertaking this we are looking at the Joint Strategic Needs Assessment for the health needs of the population in Bexley, and taking into account strategic developments such as the dissolution of South London Healthcare Trust.</p> <p>The Commissioning Intentions lead to our service planning for 2014/15 contracting round and demand management and service improvement plans (QIPP).</p> <p>This is the first main draft, that is being shared widely across practices and stakeholder groups for input to the plans.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	Yes
	<p>People: Empower our staff to make BCCG the most successful CCG in (south) London</p>	Yes
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	Yes
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which</p>	Yes

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	improves outcomes and patient experience	
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	The need to define our commissioned services within the finances available
	Equality and Diversity	To ensure that these are met throughout
	Patient impact	To deliver safe and sustainable services for our population's needs
	Financial	To ensure that the services are delivered within the finances available
	Legal Issues	To ensure that all legal requirements are met
	NHS constitution	To ensure the delivery of the NHS Constitution requirements
Consultation (Public, member or other)	See document, we are consulting widely with both practices and stakeholder groups	
Audit (Considered / Approved by Other Committees / Groups)		
Communications Plan	Developed and included	
Author	Sarah Valentine	
	Clinical Lead Dr Howard Stoate	Executive Sponsor Sarah Valentine
Date	15 th September 2013	



NHS

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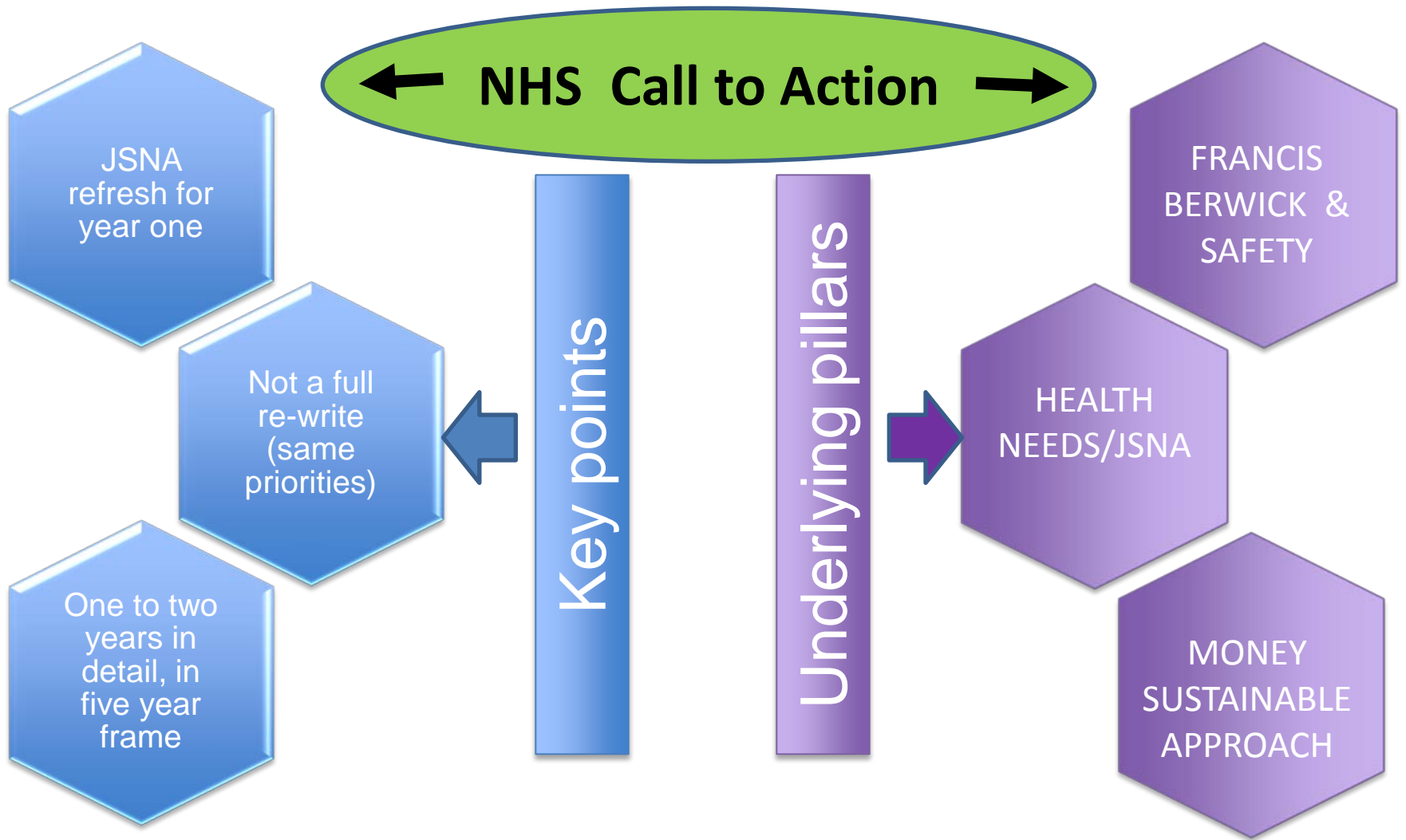
Better health and healthcare for Bexley

Commissioning plans

2014 – 2019

DRAFT

Overview



Health needs for Bexley

Life expectancy	Life expectancy less in deprived areas: six years men; four years women
Dementia	Highest percentage of older people in London and high-usage of hospital for dementia
Obesity	Fastest growing obesity rate in London
Cardiac disease	High rates of intervention for cardiac disease – hospital focus
Diabetes	High rate of diabetes and growing – more than 11,000 residents
Smoking	On-going challenge of smoking and tobacco control – focus in on manual workers
Cancer	High rates of investigations, emergency admissions and lengths of stay – are we catching things early and planning ahead?

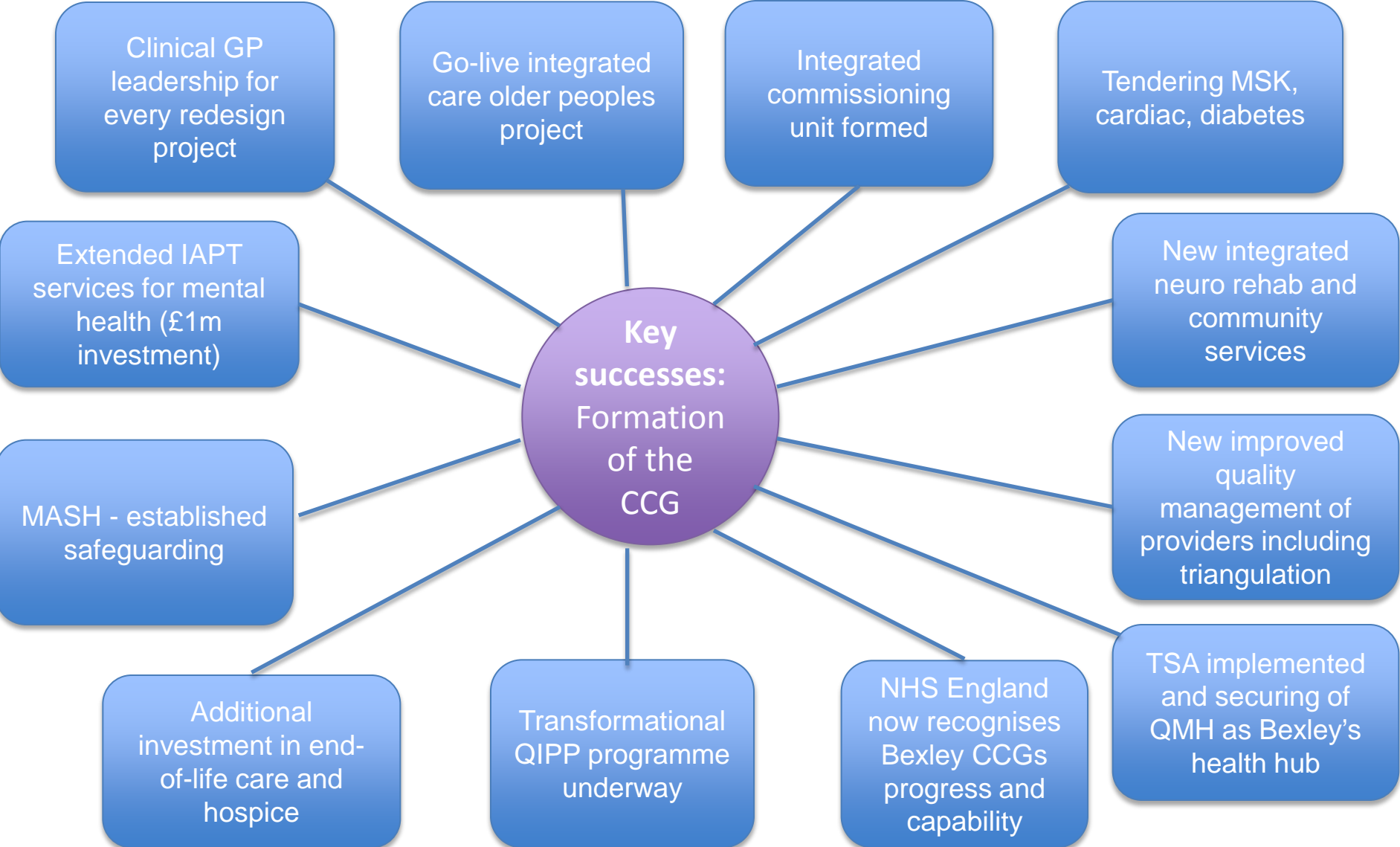


The developing story

Five-year journey	Care closer to home, Queen Mary's and Erith Hospital's at the heart for Bexley, sustainable Bexley in south-east London – especially acute care, transformational care clinically-led
Health and wellbeing strategy	New growing focus on prevention and wellbeing, as well as treatment
Financial vigilance and challenges	TSA implementation, funding shifts to social care (national initiative), ageing population, on-going need for QIPP
Partnership with London Borough of Bexley	Integration of care and services
Leading through transition	Quality, safety and financial bridging while we implement the new system of care
Systematic listening and engaging	Patients, public, providers and partners; GP led



Success in 2013-14



The commissioning intentions document

Executive summary (detachable)

Full document

Detachable 'stand alone' chapters for each area of care



Explains the story in two ways:

- By population group or conditions (e.g. children, diabetes etc)
- Theme (e.g. quality, engagement, procurement etc.)

Draft document by end of September

Two main rounds of engagement:

- Open testing September to December
- Sharing plans and priorities 'you said; we can/can't do' January – March

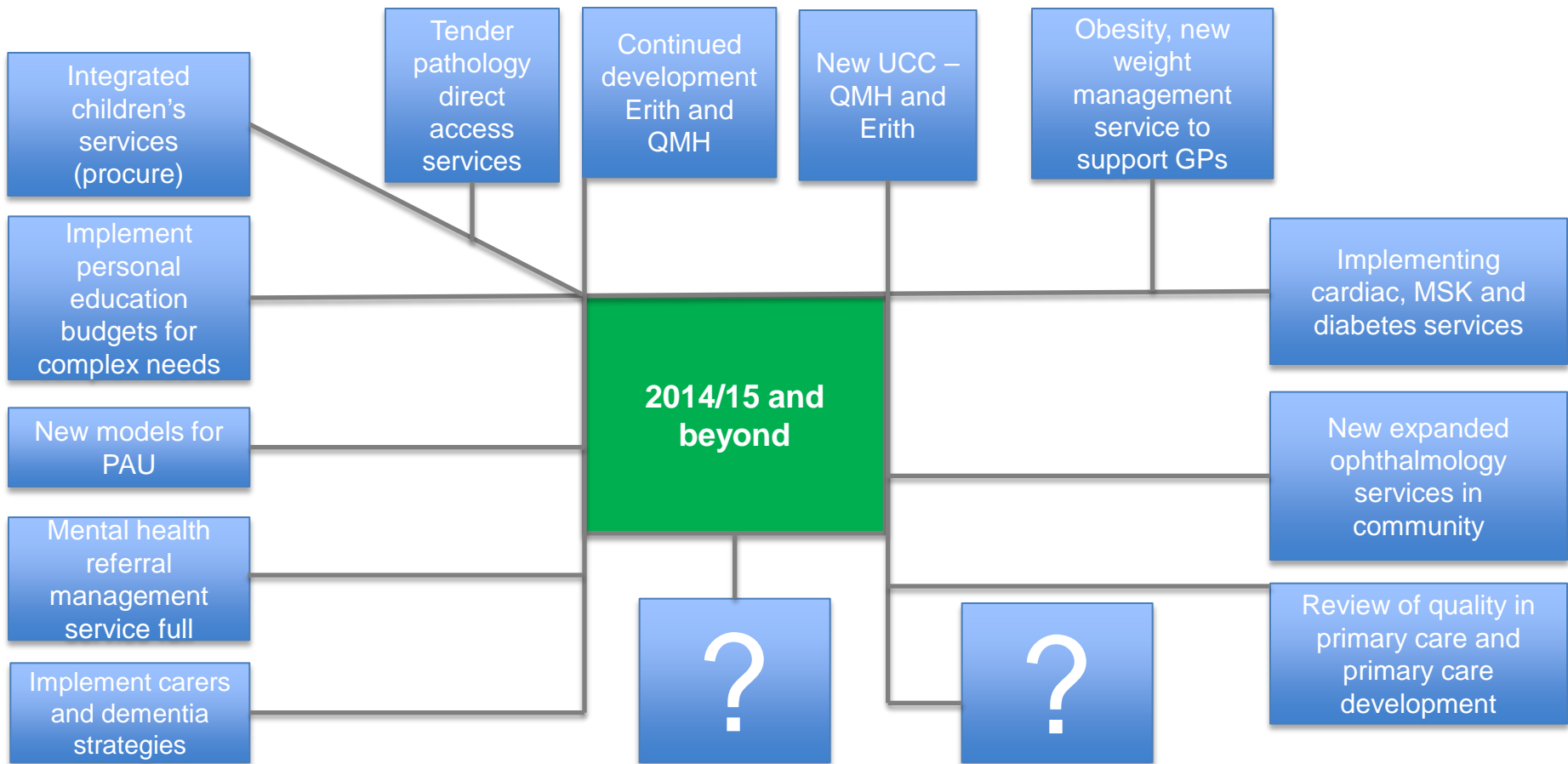


Financial Forecasts

- Savings scenarios:
 1. Best case – 2014/15 £5.5m to £10.8m by 2017/18
 2. Worst case – 2014/15 £22.2m to £61.8m by 2017/18
 3. Likely case – 2014/15 £10.7m to £18.1m by 2017/18
 4. TSA implementation funding shifts to social care (national initiative), aging population, on-going need for QIPP
 5. To show the scale 2013/14 budget is nearly £248m



Suggested key initiatives



Ensure quality and safety of all services (including safeguarding)	Continued implementation of TSA (PRUH QE)	Continued engagement in community-based care strategy	Increased public engagement	Working with LBB on prevention and public health (HWBB)	Winterbourne, Francis
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