



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Bristol Clinical Commissioning Group (Bristol CCG) Draft Commissioning Intentions	
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Report for Discussion	

1. Purpose of this Paper

The purpose of this paper is to share the first draft Commissioning Intentions for NHS Bristol Clinical Commissioning Group (CCG) with the Health and Wellbeing Board and to invite comment and discussion.

2. Executive Summary

The attached document in Appendix 1, which is also published on the Bristol CCG's website, describes the CCG's commissioning intentions for 2015/16. Our commissioning intentions have been developed as a result of ongoing engagement with our stakeholders and represent our current state of planning and preparation for 2015/16. It supports provider engagement through the planning round and the production of our 2015/16 Operational Plan. For the planning timescale, please see Appendix 2.

These intentions cover our 2015/16 actions in relation to:

- The Better Care Programme
- Urgent Care
- Proactive primary care and working with people with Long Term Conditions
- Planned care and GP referrals
- Mental Health Services and Learning Disabilities
- Children's Services
- Maternity

Following our discussions and any feedback received regarding these first draft intentions, we will then prioritise and draft our 2015/16 operational plan and provider contracts in January and February 2015.

3. Context

These plans have evolved from our existing 5 year plan, 'plan on a page' and 2014/15 operational plan which have been previously shared and are also available on our website.

4. Main body of the report

Please see Appendix 1 for our commissioning intentions.

5. Key risks and Opportunities

Our specific local challenges are detailed within our 2014/15 operational plan and 5 year plan. It is important to note that our financial pressures are likely to be recurring and therefore will impact on the amount of resource available for investment in priorities. We will also be focusing on tackling the delays for patients that result from challenges to capacity and demand within our system.

We will be working with partners within the Better Care Programme to seek opportunities for integrated working.

6. Implications (Financial and Legal if appropriate)

There are no specific financial implications for this paper.

This paper supports fulfilment of the legal requirements for the CCG in relation to involvement of individuals to whom the services are provided or may be provided.

7. Conclusions

This paper is the first draft of our commissioning intentions which will inform our 2015/16 plan. It is a continuation of our previous plan and the work of our existing steering groups as set out in our plan on a page.

8. Recommendations

The Health and Wellbeing Board is asked to note the contents of our commissioning intentions and associated planning timescales.

9. Appendices

Appendix 1	Bristol Clinical Commissioning Group Commissioning intentions 2015/16
Appendix 2	Outline planning timescale



Bristol Clinical Commissioning Group

BCCG Commissioning Intentions 2015/16

1. Introduction

This document describes Bristol Clinical Commissioning Group's (the CCG) intentions for 2015/16. Our commissioning intentions have been developed as a result of ongoing engagement with our stakeholders and represent our current state of planning and preparation for 2015/16. It supports provider engagement through the planning round and the production of our 2015-16 Operational Plan. (See Appendix 1 for outline timetable)

Commissioning intentions are not intended to set out all the activities that the CCG will be undertaking in any year but will:

- Provide a context for commissioning changes
- List commissioning changes that improve the quality of services and /or improve value for money
- Signal to providers (organisations currently providing services or those who may want to provide services) the areas where resource will be changing or new models of care will be implemented

2 Our vision

“Better health and sustainable healthcare for Bristol”

Our vision and strategic priorities are developed in line with the Health and Well Being Board's overarching health themes for Bristol; that it is a city:

- Filled with healthy, safe and sustainable communities and places
- Where health and well-being are improving
- Where health inequalities are reducing
- Where people get high quality support when and where they need it

3 CCG strategic priorities

Based on our analysis of the joint strategic needs assessment ([JSNA](#)) and the feedback we received when developing our plans, we have previously identified the following priorities for our organisation:

- Long term conditions – delivery of care closer to home
- Earlier cancer diagnosis
- Improved vascular outcomes
- Managing growing demand for children’s services
- Modernising mental health services
- Understand and address inequalities in health
- Develop integrated working across health, social care and voluntary sectors

4 Challenges

Our specific local challenges and the needs of our local population are detailed within our 14/15 operational plan included with our [5 year plan](#). The CCG’s commissioning plan will need to be affordable within the available resource and compliant with the national financial framework.

It is important to note that our financial pressures are likely to be recurring and will therefore impact on the amount of resource available for investment in priorities. We will also focus on tackling the delays for patients that result from the challenges to capacity and demand within our system.

We expect to work collaboratively with our key providers and other partners to deliver a system that meets quality standards, is financially viable, based on robust research and evaluation evidence and is sustainable. This involves addressing the needs of our population and the best interests of the local health and social care system as a whole and its long term future.

5 Key delivery programmes

In our plan on a page, we set out our 11 delivery themes and the Better Care Programme. Our steering groups and programme board continue to work on the high level outcomes as described in that plan. The commissioning intentions for 2015/16 set out the commissioning changes that result from that work.

The focus of the CCG's commissioning intentions for 2015/16 will be:

- to work with partners to develop those schemes which are designed to support our financial challenge and the required whole system transformation and integration of services
- to align our delivery programmes, such as urgent care, to the work we do with partners as part of the Better Care Programme to achieve the key outcomes of a reduction in emergency admissions and days spent in the acute hospitals
- to strengthen approaches to self-care and personalisation of care
- to focus on reducing health inequalities and the needs of protected groups within our communities through meeting our public sector equality duty obligations.

Key programme areas for 2015/16 delivery are outlined below

	Key areas of focus 15/16	Robust Contractual Processes including services to be commissioned in 15/16	Key areas for joint working and development
<p>Better Care Programme: Whole System Transformation, including urgent care</p>	<p>Developing schemes to support:</p> <ul style="list-style-type: none"> • Early and preventative interventions e.g. rapid assessment • Prevention of admission to hospital including front door models • Single point of access for health and social care • Integrated rehabilitation and reablement • Care for the frail elderly and those with complex conditions • Long term care options for those with mental illness and learning disabilities • Jointly commissioned advice an information service • Extra Care Housing • Carers breaks 	<ul style="list-style-type: none"> • Delivery of overarching Better Care Programme outcomes : reduced emergency admissions and emergency bed days • Move rehabilitation from the acute hospitals into the community • Achieve the 4 Hour emergency department target • Reduce Delayed Transfers of Care from the acute hospitals • Reduce length of stay • Reduce waiting times • Develop and commission new integrated models of adult community services 	<ul style="list-style-type: none"> • Strengthen falls pathways • Increase use of ambulatory care pathways for conditions that do not require admission • Discharge to assess at home • 7 day working • Improve timeliness of discharge information to GPs • Make more use of care plans to support urgent care • Care for more people with urgent care needs in the community • Improve access for GPs to specialist consultant advice

Proactive primary care and long term conditions	<ul style="list-style-type: none"> • Develop of our primary care strategy • Develop the Bristol Primary Care Agreement Schemes to support integrated working • Develop shared systems in primary care • Introduce a shared care plan as part of Connecting for Care IT programme • Develop the model and training for shared decision making (to support self-care) 	<ul style="list-style-type: none"> • Commission and implement integrated diabetes model of care • Implement and evaluate end of life care coordination centre and IT system • Review end of life care service for the homeless 	<ul style="list-style-type: none"> • Develop and to continue to implement end of life care pathway • Review stroke pathway • Respiratory pathway review • Review NHS 111 model in relation to expected changes to national models • Support delivery of early cancer diagnosis • Implement self-care strategy
Planned care and GP referrals	<ul style="list-style-type: none"> • Use of referrals management with advice and guidance on key pathways to absorb growth and remove unwarranted variation • Improving waiting times for key specialties 	<ul style="list-style-type: none"> • Review of overall capacity and ISTC provision • Implementation of best practice follow up regimes • Use of national ophthalmology tariffs • Direct access scans for DVT pathway • Review the obesity pathway and address any gaps in service • Implement the findings of the data definition and charging audit • Review of Any Qualified Provider contracts • Implementing strategic clinical network cancer survivorship tariffs 	<ul style="list-style-type: none"> • Joint clinical pathway development, working with providers on key clinical programmes/pathways to include: <ul style="list-style-type: none"> • Musculo-Skeletal • ENT • Urology • Ophthalmology • Ensure clearly defined NICE TA pathways for relevant specialties • Cancer survivorship programme development

Mental health services	<ul style="list-style-type: none"> Continuation of the implementation of the new contract: Modernising Mental Health Services Review of access to services 	<ul style="list-style-type: none"> Recommission Improving Access to Psychological Services (IAPT) 	<ul style="list-style-type: none"> Review of key pathways
Learning disabilities	<ul style="list-style-type: none"> Review of the learning disabilities pathway 		<ul style="list-style-type: none"> Implement with Bristol City Council the accommodation strategy
Children's services	<ul style="list-style-type: none"> Absorbing growth within community children's health contract Manage demand pressures on children's mental health pathways including deliberate self-harm and paediatric liaison Ensure appropriate health provision in place for children with Education Health and Care Plans, including access to Personal Health Budgets where necessary 	<ul style="list-style-type: none"> All relevant services to include pathways for transition of young adults with ongoing health needs and long term conditions into services Develop and commission new models of children's community services 	<ul style="list-style-type: none"> Review the potential development of general paediatric services to improve links with community services and reduce demand on specialist services Review self-harm and children's mental health services
Maternity	<ul style="list-style-type: none"> Agree arrangements for Care of Next Infant (CONI) programme 	<ul style="list-style-type: none"> Implement infant mortality action plan Implement perinatal mental health pathway System wide maternity CQUINs 	<ul style="list-style-type: none"> Improve continuity of ante-natal care Review evidence base for introducing Doppler scanning and Growth Assisted Protocol (GAP) to reduce still births

5 Contracting Principles

At the time of writing, we are awaiting full details of the 2015/16 NHS Standard Contract, Payment by Results rules and tariffs, the National Operating Framework and Outcome Measures and any other expectations of NHS England. However, the CCG intends to agree contracts that incorporate the key requirements of these documents.

The CCG will use all available contract levers during 2015/16 to ensure performance remains in line with agreed standards.

6 Quality, Safety and Performance Standards

Quality and patient safety is paramount and we shall continue to use the contract mechanisms to improve the experience of outcomes for patients. We expect providers to commit to undertaking service evaluations. Partnership working with providers and other stakeholders within the health and social care community on specific areas of service improvement will continue during 2015/16 to deliver benefits for patients.

7 Activity and finance

We will work jointly with providers to understand and manage demand and capacity in line with our financial envelopes and to support this we expect the full engagement of providers to support service change and redesign in the development of cost effective pathways.

Productivity and performance standards will be agreed with providers across the local health and social care system.

Appendix. 2

Outline timescale

OCTOBER 2014	NOVEMBER 2014	DECEMBER	JANUARY	FEBRUARY
Agree current position and refresh 14/15 delivery plans	Start Internal and external consultation on plans and commissioning intentions	GP members event consultation	Draft plans shared to ensure feedback integrated	Contract sign off in full
Agree planning timescale and delivery	Ongoing review of feedback and 6 month delivery of 14/15 plans	First draft plans exchanged between commissioners and providers	Finalised plans	
Publish and share high level commissioning intentions	Contract liaison with providers	Governing body prioritisation to inform work programme and delivery groups	Specifications finalised	MARCH 2015
Commission and receive relevant Public health, finance, activity, performance, demand and capacity intelligence to inform plan	Set provider envelope for provider negotiation		Heads of terms including finance and activity, quality measures, quality and information schedule	– COMMENCE ANY REQUIRED REFRESH OF 5 YEAR STRATEGY