

Barnsley Clinical Commissioning Group

HEALTH AND WELLBEING BOARD

25 April 13

NHS Barnsley CCG: Progress Report

1. PURPOSE OF THE REPORT

The aim of the report is to update the Board on the progress being made by NHS Barnsley CCG.

2. EXECUTIVE SUMMARY

This report provides information on the following subjects:

Changes to NHS Commissioning arrangements as a consequence of the 2012 Health and Social Care Act – the CCG has been established with a clear remit to improve health and wellbeing.

The Commissioning Cycle informs how the CCG will work.

Working Together: A commissioning plan for 2013/14 and beyond that puts the people of Barnsley first has been submitted to NHS England.

Joint Commissioning with Barnsley MBC is central to how the CCG wishes to work. Reviews of commissioning arrangements are underway, in part to strengthen the connection between joint commissioners and the CCG.

3. THE BOARD IS ASKED TO:

- Note the report.

Report of: Mark Wilkinson

Designation: Chief Officer

1. SUPPORTING INFORMATION

1.1 Links to the Assurance Framework

When the Governing Body has an Assurance Framework, all our reports will link to it.

1.2 Links to CCG Objectives

Highest quality governance and processes.	X
Commission high quality health care that meets the needs of individuals and groups.	X
Bring care closer to home.	
To support safe, sustainable and accessible local hospital services.	
To develop services through real partnerships with mutual accountability and strong governance.	X

1.3 Links to NHS Constitution

Comprehensive service to all.	
Based on clinical need, not ability to pay.	X
Highest standards of excellence.	X
Reflect the needs and preferences of patients families and carers.	X
The NHS works in partnership with other organisations.	X
Best value for taxpayers' money.	X
Accountable to the public and patients that it serves.	X

2. INTRODUCTION

NHS Barnsley CCG is a statutory partner to Barnsley MBC on the Health and Wellbeing Board. The purpose of this report is to provide Board members with an update on the work to set up and develop an effective clinically led commissioning organisation which puts the people of Barnsley first.

3. ISSUES

Changes to NHS Commissioning arrangements as a consequence of the 2012 Health and Social Care Act

With effect from the 1 April 2013 NHS Barnsley PCT has been abolished, and the CCG has been established as a legal entity. The commissioning responsibilities of the PCT have transferred in three main directions:

- To the Barnsley CCG
- To Barnsley MBC (Public Health)
- To NHS England South Yorkshire Area Team (primary care commissioning and specialised hospital services)

The PCT had a previous annual budget of circa £490m; the CCG is responsible for £360m, so it can be seen that the CCG has assumed the majority of the PCT's responsibilities in financial terms.

The remit of the CCG is as follows:

- Commissioning high quality health services:
 - Local hospital services
 - Community services
 - Mental health
 - Learning disabilities
 - Primary care out of hours
- Work with the council to reduce health inequalities,
- Develop a sustainable health and social care economy for Barnsley.
- Secure patient and public engagement in our business and decision making; to help people make choices.

The CCG is different in at least three potentially important respects from previous NHS commissioning organisations:

- Clinical leadership at the heart of the governing body.
- The CCG is a membership organisation and will eventually comprise the 38 practices in Barnsley.
- There is a determination to engage with patients and public in better ways.

The Commissioning Cycle

As a commissioning organisation we follow the commissioning cycle in our organisation and approach to delivering our objectives. The cycle has the following elements:

Strategic Planning

- Assess needs
- Review current provision
- Agree priorities

At the end of this stage there is a Commissioning Plan. The CCG has just completed it's first plan for 2013/14 and beyond.

Specify outcomes and procure services

- Agree quality outcomes
- Design services and pathways
- Contract with providers / shape structure of supply

After specifying and procuring services the CCG has an agreed portfolio. The Trust has reached agreement for 2013/14 with our two principal providers (Barnsley Hospital NHS FT for local hospital services and South West Yorkshire Partnership FT for community and mental health services).

Monitoring

- Manage demand / appropriate access to care
- Clinical decision making
- Manage quality performance and outcomes

The outcomes from this stage are high quality health service and improved outcomes for the people of Barnsley.

Working Together: A commissioning plan for 2013/14 and beyond that puts the people of Barnsley first

The CCG submitted it's first plan in early April and is now awaiting the approval of NHS England. Reflecting our clinical leadership, the plan identifies seven priority areas:

- Cancer
- Cardiovascular disease
- Unplanned care
- Planned care
- Long term conditions
- Mental health
- Maternity and children's

The connection to the proposed Health and Wellbeing strategy priorities for 2013/14 is clear:

- Cancer
- Cardiovascular disease
- Alcohol misuse
- An ageing population and the need to support independent living
- Children's' health

Underpinning these service priorities are 'cross cutting themes':

- Patient and public engagement – where the CCG has aspirations to be an exemplar commissioning organisation
- Organisational Development – as a new organisation with clinicians and others in new roles, we recognise the need to develop our organisational capabilities.
- Working with others – there is nothing of any significance we can achieve in isolation so collaboration is essential.
- Medicines Optimisation – prescribing a medicine is the most common health intervention and the CCG spends circa £50m each year.
- Technology and Innovations

Joint Commissioning with Barnsley MBC

The CCG with the council and the relevant teams needs to refresh the current joint commissioning arrangements i.e. those for adult services led by the Joint Commissioning Unit, and children's services. At the same time council led management changes to the Joint Commissioning Unit are underway. It will be important to strengthen the connections between those teams who commission services on our behalf and the CCG. The emergence of the Health and Wellbeing Board provides an opportunity to consider the accountability arrangements for joint commissioning.

4. RISKS TO THE CLINICAL COMMISSIONING GROUP

The CCG is developing a full risk register and a Governing Body Assurance Framework. Although not formally approved, some of our most significant risks are expected to be as follows:

- Not achieving targets set by NHS England for the CCG to reduce numbers of healthcare acquired infections suffered by Barnsley people.
- Ofsted / CQC Inspection findings across the borough identified overall effectiveness of safeguarding as inadequate.
- Staff may not have the capacity to undertake the work required during the transition arrangements.
- Health inequalities gap in Barnsley continues to widen due to:
 - National and local economic climate
 - Austerity programme

