

Brent CCG's Commissioning Intentions

- Vision underpinning our approach to commissioning healthcare is our golden thread

Working with the assets of our very diverse and mobile population, NHS Brent Clinicians, with partners, are commissioning new forms of high quality, appropriate, accessible, integrated health and social care provision which will reduce inequalities, improve the population's health and healthcare outcomes and provide best value.

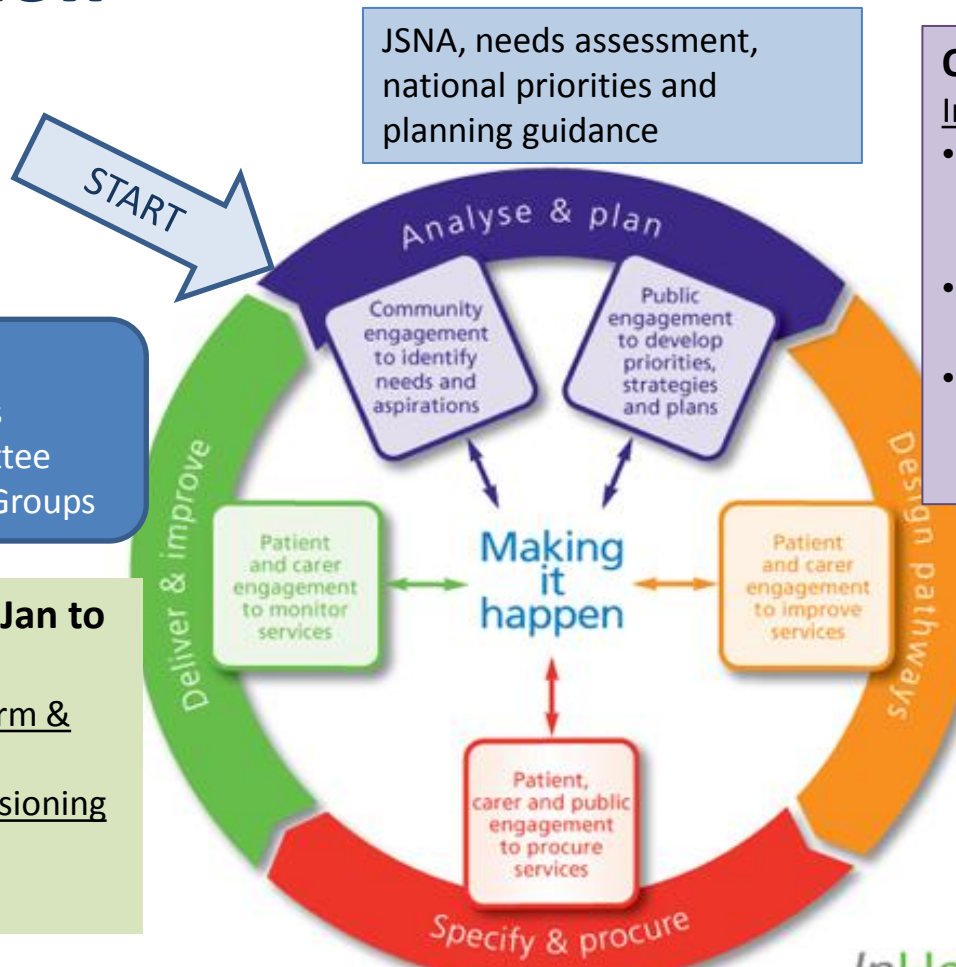
- We will do this in partnership with patients, the public, our partners, providers and other stakeholder groups.
- Priorities - developed and agreed our priorities with the CCG Governing Body, the Health and Wellbeing Board, Links, CVS and members of the general public so that strategic priorities:
 - Are based on a shared vision with local partners and communities about the priorities for local services;
 - Contribute to the wider vision for communities shared with partner organisations in Brent;
 - Align with and support the delivery of the Health& Wellbeing Strategy;
 - Give a focus for the work of our established integrated commissioning arrangements with Brent Council;
 - Integrate local planning with Brent Council to enable local resources to have greater impact;
 - Enable, where appropriate, integration of services/ pathways with those commissioned by others; and are
 - Align with Shaping a Healthier Future.

CCG Corporate Objectives 13-14

- The CCG's corporate objectives for 2013-14 are aligned to the NHS Outcomes Framework and the CCG's Operating Planning Toolkit available on:
<http://www.brentccg.nhs.uk/media/4317/Brent%20CCG%20Operating%20Plan%20Toolkit%20V5%2028%20March%202013.pdf>
- Our corporate objectives for 2013-14 include:
 - Objective 1 - Implement Brent's Health and Well Being Strategy
 - Objective 2 - Undertake meaningful engagement with patients and carers
 - Objective 3 - Develop primary care services and commission services to prevent people from dying prematurely
 - Objective 4 - Develop primary care and commission services to enhance the quality of life for people with long term conditions
 - Objective 5 - Helping people to recover from episodes of ill health or following injury
 - Objective 6 - Ensuring people (patients and carers) have a positive experience of care
 - Objective 7 - Treating and caring for people in a safe environment & protecting them from avoidable harm
 - Objective 8 - Implementing QIPP & investment programme 2013/14 & meeting financial duties
 - Objective 9 - Commissioning Development and Collaboration
- Full detail of work streams underpinning each of the corporate objectives are available on the Brent CCG Website <http://www.brentccg.nhs.uk/>

- We have selected three local priorities to focus on in Brent (see operating plan on:
<http://www.brentccg.nhs.uk/media/4317/Brent%20CCG%20Operating%20Plan%20Toolkit%20V5%2028%20March%202013.pdf>
- The selection of these priorities was based on our objectives of:
 - Reducing health inequalities
 - Improving access to primary care
 - Improving outcomes for people with learning disabilities
- Our three local priorities include:
 - Health checks for those aged 40-70 who are at risk of CHD
 - Annual health checks for people with learning disabilities
 - Improved access to GP services

Commissioning Process Overview



All Year Round

- PPG Meetings
- EDEN Committee
- Service User Groups

Quarter Four – (Jan to March)

Governance – Inform & Engage:

- 15/16 Commissioning Cycle

Quarter One – (April to June)

Inform and consultation priorities:

- Dementia Pathway – user groups/specific Dementia user group
- Learning Disability Priorities – LD Big Health Check Day
- GP Locality Services – patient surveying on current access to service

Quarter Two – (July to Sept)

Consultation and engagement for:

- **Planned Care Outpatients** – Service Specifications for Gynaecology, Trauma & Orthopaedics, Rheumatology & MSK
- Patient Representation on procurement scoring panel

Quarter Three – (Oct to Dec)

Consulting and engagement of:

Integrated plan and commissioning intentions through Health Partner Forums and other applicable stakeholder groups

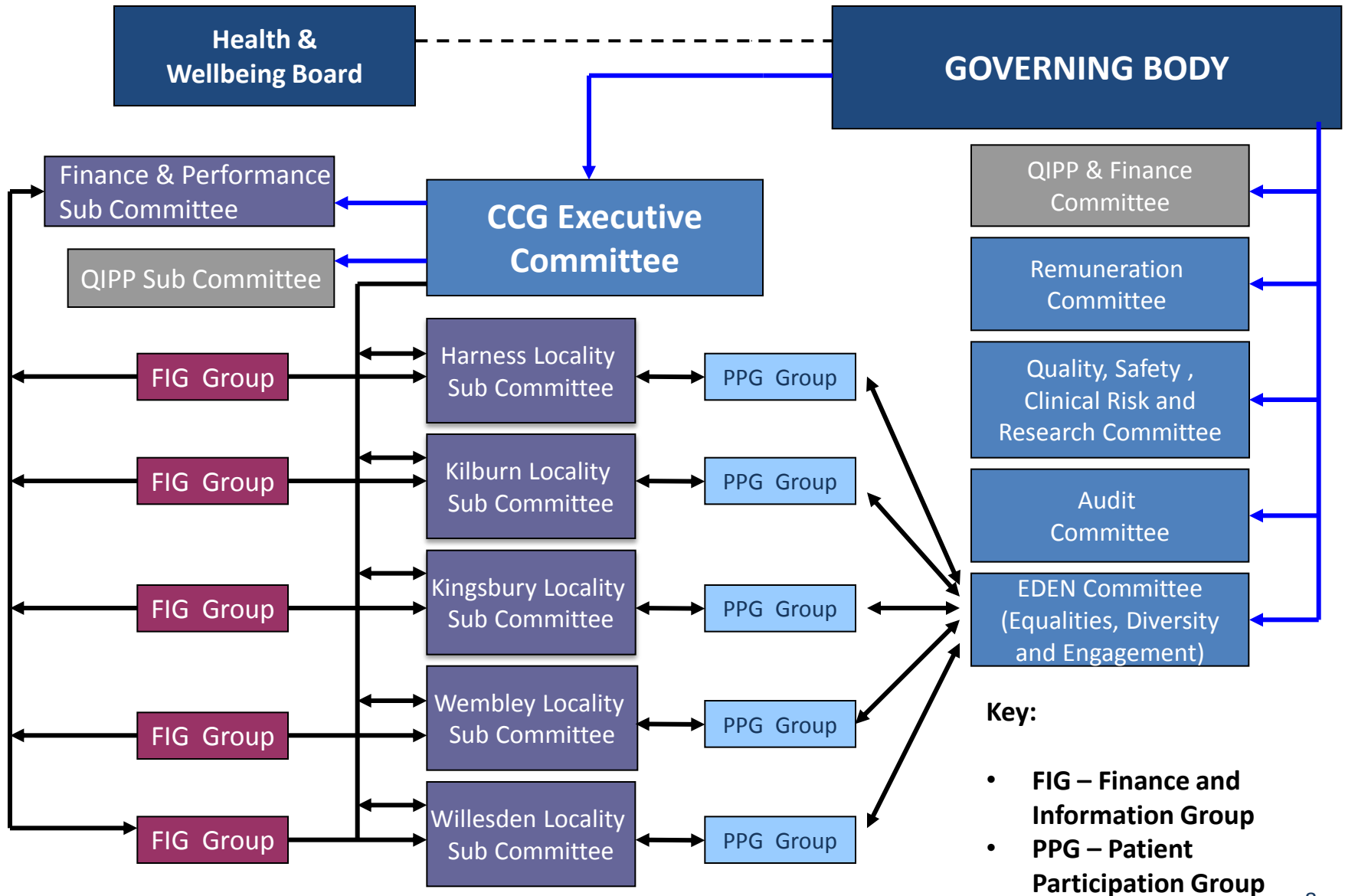
Commissioning Decisions

- The majority of contracts are rolled forward each year in line with DH/NHS England Planning guidance
- Adjustments for QIPP (Quality, Innovation, Prevention and Productivity) are embedded within contracts/budgets for individual service lines where this is possible
- Contracts/budgets are also adjusted for any investments arising from planned service changes or national planning guidance, e.g. dementia
- Examples include acute contract activity for the contract being adjusted to reflect a planned reduction in activity arising from re-provision in a community setting, e.g. paediatric epilepsy
- Drivers for procurement include:
 - Poor provider performance which has been identified through quality and safety routes or via patient and public engagement
 - Opportunity for commissioning more innovative models of care
 - Opportunity for providing services closer to home
 - National and local priorities to improve quality of care for patients
 - Potential for achieving better value for money

Decision Making and Involvement

- Our approach to decision making about commissioning services is embedded in our governance structure
- The CCG Executive , which is accountable to the Governing Body, is responsible for the strategic and operational management of the CCG and comprises:
 - CCG's clinical chair
 - GP locality representatives
 - Chief Officer
 - Chief Finance Officer
 - Chief Operating Officer
 - Director of Quality and Safety
 - Director of Delivery and Performance
- The involvement of patients and the public in commissioning decisions is embedded within our governance structure throughout every level:
 - Lay member and Health Watch representation on Governing Body
 - The EDEN Committee comprising both locality representatives and community representatives
 - Five locality PPGs (Patient Participation Groups)
 - Health Partners Forum – public meetings three times a year
 - Service user and carer engagement on specific commissioning initiatives

Governance Structure



Commissioning Budgets

Budgets	Opening budgets 2013/14 £m
Acute	222.0
Mental Health	41.5
Continuing Care	13.5
Community (inc Primary Care LES)	45.6
Prescribing	35.4
Estates & Other Corporate	7.8
CCG TOTAL	365.8
Contingency & Reserves	2.0
QIPP Re-provision	3.1
2% non-recurrent headroom	8.0
TOTAL	378.9
ALLOCATION	404.9
Surplus/deficit	26.0

Acute Budgets Summary

Acute Budgets	Budget Value £m
North West London Hospitals NHS Trust	98.2
Imperial College Healthcare NHS Trust	59.1
Royal Free NHS Trust	15.8
Other NHS Acute Contracts (smaller values)	47.2
Specialist Commissioning (transferred to NHS England's Specialist Commissioning)	(31.5)
Non NHS Acute Contracts (BMI and Inhealth Diagnostics)	6.3
London Ambulance	9.7
Non Contracted Activity (generally out of area)	2.9
Urgent Care Centres and Walk In Clinics	5.4
High Cost Drugs	0.6
Other (including investment for 18 weeks, winter planning and readmissions)	8.3
Total Acute Budgets	222.0

North West London Hospitals, Imperial, Royal Free and other NHS Acute contract values are pre-reduction for the value of Specialist commissioning services.

Mental Health Budgets Summary

Mental Health Budgets	Budget Value £m
CNWL	33.9
West London MH	0.4
Barnet, Enfield & Haringey MH	0.6
Camden & Islington MH	0.4
Tavistock & Portman	0.1
Non-contracted Activity	0.7
Dementia investment	0.9
Voluntary sector contracts	0.5
Child & Adolescent Mental Health	1.1
IAPT	0.4
Learning Difficulties	2.3
Mental Capacity Act	0.1
Total Mental Health Budgets	41.5

Community (incl. Primary Care LES) Budgets Summary

Brent
Clinical Commissioning Group

Community (including Primary Care LES) Budgets	Budget Value £m
Ealing ICO	19.8
CLCH	0.4
CNWL	0.2
Improving Breast Screening Rates	0.2
HIV Care & Support	0.4
Children & Families	0.4
Joint Finance - Community	1.3
NHS 111	0.5
Outer NWL ICP	1.1
Case Management	0.2
Self Care project	0.4
TB project	0.2
Integrated Nursing	0.5
Diabetes	0.3
Re-ablement	1.8
Other Community Services	2.2
Carers	0.8
Hospices	1.1
STARRS	4.4
Palliative Care (Pembroke)	1.2
Out of Hours	0.2
Local Enhanced Services (LES)	6.4
Primary Care Schemes / Projects	1.7
Total Community Budgets	45.6

QIPP Plans

- Our QIPP plans are developed in collaboration with all providers e.g. Acute, Community and Mental Health
- Plans will enable the CCG to invest in other priority areas to achieve improved health outcomes for Brent patients
- The anticipated benefit realisation for QIPP in 2013-14 is £11.5m – approximately 2.75% of the overall CCG budget
- This year's QIPP plans focus on planned care with a view to moving more services into the community
- This is in line with NHS NWL *Shaping a Healthier Future* and our local *Out of Hospital Strategies*
- So why are CCG delivering a QIPP plan when they are in a strong financial position?
 - to enable investments in primary and community services to support more proactive management of patients in networks of GP practices who are supported by community teams to achieve better health outcomes for patients

CCG Procurement Regulations

- CCGs will secure services that they commission in three broad ways:
 1. through the contracts with existing providers that they have inherited from PCTs and through future variations in those contracts;
 2. through enabling patients, when they are referred for a particular service, to choose from Any Qualified Provider (AQP) that wishes to provide the service;
 3. through tendering for a new or replacement service, i.e. identifying the single exclusive provider or group of providers that will be chosen to provide that service.
- As a public body, a CCG will need to adhere to legislation that governs the award of contracts by public bodies, including the Public Contracts Regulations 2006, and will need to satisfy the obligations of transparency, equal treatment and non-discrimination set out in the regulations.
- CCGs will also need to comply with regulations to be implemented under section 75 of the Health and Social Care Act², which will place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour, and protect and promote the right of patients to make choices about their healthcare
- Under the new regulations, NHS money can only be legally spent through one of the two permitted competitive markets, AQP or competitive tendering, and any other way to arrange services is now illegal (except for the contract renewals permitted for previously tendered contracts).

Current and planned procurement

To achieve our strategic aim of better care closer to home, in 12-13 we re-procured outpatient care for

- Cardiology
- Ophthalmology

In 13-14 we have given notice to existing providers about procurement of:

- Musculoskeletal Outpatient Services
- Gynaecology Outpatient Services
- Disease Modifying Anti Rheumatic Drugs (DMARD)
- Community Phlebotomy services

Improving Patient Outcomes and Safety

- Looked After Children and Community Paediatric services

Engagement and Inclusion

- The CCG is required to effectively engage and involve a wide variety of stakeholders and partners.
- CCGs are also required to engage with national and regional regulatory bodies such as the Trust Development Agency (TDA) and NHS England regional team for commissioning plans that impact a health economy, e.g. A&E performance, Shaping a Healthier Future
- As part of its local engagement with partners and stakeholders the CCG regularly liaises with the Council in a number of areas and variety of levels. These include:
 - Health and Well-Being Board
 - Health Overview and Scrutiny Committee
 - Safeguarding Adults and Children
 - Joint Executive Team meetings (bi-monthly) for adults and children
 - Partnership Boards including learning disabilities and urgent care
- The foundation of our CCG are member practices, without whom, the CCG cannot be effective.
- Our engagement with member practices is enabled through our locality structure which ensures a monthly meeting of all member practices within a locality to share information, monitor performance, identify issues. This further supports two way communication between practices, the locality and the CCG Executive.
- The CCG Executive holds three Brent wide member practice forums a year and regularly communicates with its members through monthly newsletters and the development of a new website designed to increase member practice engagement in the CCG's activities.

Working with our partners at every level

Collaboration level

Features of collaboration

Purpose of collaboration

Local

- Local Authority
- Public Health
- Health Watch
- Community and voluntary
- Member practices



- Joint Service Redesign
- Safeguarding
- PPE
- Accountability/Decision making H&WBB)

Federation of four CCGs

- Shared team and Governance Structures:
- AO
 - CFO
 - Director of Quality and Safety
 - Head of Governance
 - Director of Delivery and Performance



- Provider Management
- QIPP Delivery
- Audit
- Remuneration
- Chairs' Forum
- Sharing Best Practice
- Managing the CSU SLA

North West London across the 8 CCGs

- Director of Strategy Delivery Team
- CSU



- SaHF
- Strategic planning & delivery support
- Collaborative commissioning
- Financial Strategy
- Financial Risk Share
- Workforce Planning

Commissioning Support Unit

- The following services are provided by the North West London Commissioning Support Unit:
 - Business Intelligence
 - Communications
 - Finance
 - Governance
 - GP IT
 - Human resources
 - IFR/PPWT (individual funding requests/planned procedures with a threshold)
 - IFR/PPwT Clinical support
 - IT support service
 - Medicines management
 - Other Service Provision
 - Procurement support
 - Provider management

Commissioning Support Unit

- The support provided enables the CCG's in house team to delegate transactional processes arising from procurement, contract and performance management as well as business intelligence to support commissioning decisions.
- We are working to embed an effective interface between the CSU, who is providing commissioning support for 8 CCGs, and ourselves at a local CCG level.
- We are actively working with CSU colleagues to ensure that this service operates effectively and enables the CCG to discharge fully its statutory responsibilities.

Questions