

WOLVERHAMPTON CCG

Governing Body 11th October 2016

Agenda item 22

Title of Report:	CCG Commissioning Intentions 2016/17-2018/19
Report of:	Steven Marshall
Contact:	Steven Marshall
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide assurance to the the Governing body with regard to Commissioning Intentions issued to Providers
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<ul style="list-style-type: none"> • [has strong and robust leadership; • has robust governance arrangements; • involves and engages patients and the public actively; • works in partnership with others, including other CCGs; • secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and <p>has effective systems in place to ensure compliance with its statutory functions</p>



<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	<p>Delivery of commitments and improved outcomes. Progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care are met.</p>
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	<p>Delivery of commitments and improved outcomes; How well the CCG delivers improved services, maintains and improves quality and ensures better outcomes for patients. This includes progress in delivering key mandated requirements and NHS Constitution standards. Also ensure that the CCG is able to demonstrate the continuous improving quality agenda for all aspects of quality including safeguarding.</p>
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>Financial management capability and performance, including an assessment of data quality and contractual enforcement.</p>
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	<p>Alignment with longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally</p>
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	<p>Primary care services is assumed to be the delegated responsibility of the CCG from April 2017</p>

1. BACKGROUND AND CURRENT SITUATION

- 1.1. September 30th witnessed the requirement for the CCG to issue its Commissioning Intentions to providers. In September 2016, this was mandated on a two year contract cycle and included Commissioning Intentions for GP Primary Care as it is assumed the CCG will be fully delegated as of 01/04/17

2. MAIN BODY OF REPORT

- 2.1. The purpose of the paper is to provide assurance to the Governing Body with regard to Commissioning Intentions issued on 30/09/17. Intentions were issued to the Acute and Community provider (RWT), Mental Health provider (BCPFT) and GP Primary Care providers. These are enclosed as appendices 1,2 and 3 respectively

3. CLINICAL VIEW

- 3.1. Commissioning Intentions have been shared with and input and opinion sought from GP clinical representation at Locality Meetings, Commissioning Committee and GB development sessions. In addition, commissioning Intentions have been discussed and approved by each of the Internal programme boards of the CCG's internal programme management and QIPP development mechanism

4. PATIENT AND PUBLIC VIEW

- 4.1. Commissioning Intentions have been informed by a series of public engagement events which were held in June and July 2016

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. None identified at this time

Financial and Resource Implications

- 5.2. Non-achievement of our Commissioning Intentions could jeopardise the financial outturn if the CCG as a whole in FT 17/18 & 18/19

Quality and Safety Implications

- 5.3. All service changes and initiatives will follow the appropriate CCG QIA assessment process



Equality Implications

- 5.4. All service changes and initiatives will follow the appropriate CCG EIA assessment process

Medicines Management Implications

- 5.5. Medicines Management requirements are encompassed in the Commissioning Intentions

Legal and Policy Implications

- 5.6. It is the CCG duty to commission appropriate services for its resident population. NHSE England guidelines issued on the 22nd September have been included as part of the published Intentions

6. RECOMMENDATIONS

The Governing Body is requested

- **Note** the action being taken.
- **Note** the possible impact on the CCG financial position if its Intentions are not realised as part of the contract negotiation round

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Date: 04/10/16

ATTACHED:

Appendices 1,2,3

