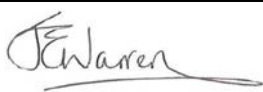


Date:	9 th August 2018
Meeting:	Governing Body
Item Number:	Item 10.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Draft Commissioning Strategy
Decisions to be made:
The GB is asked to review the Commissioning strategy in light of new national guidance being issued in the Autumn.

Author: <i>(Name, Title)</i>	Julie Warren Interim Chief Operating Officer
GB Lead: <i>(Name, Title)</i>	Julie Warren Interim Chief Operating Officer
Director approval <i>(Name)</i>	Julie Warren Interim Chief Operating Officer
Director Signature	

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	
Link to a Strategic Risk	<input checked="" type="checkbox"/>	

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>		
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>		
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>		
Purpose (tick one only)	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The CCG has been reviewing and developing their strategy over the last few months. Consideration has been given to:</p> <ul style="list-style-type: none"> • A review of patient need using public health intelligence • The emerging Health & Care Plan as part of the work across the STP • Closer working with NLC • The Humber Acute Services Review (HASR) • Emerging out of hospital integrated model and • Feedback from staff, PCAG and at the AGM <p>Nationally it is reported that a new Ten Year Strategy for the NHS is due to be published in the Autumn 2018 and so GB are recommended to approve the Strategy for 2018/19 and review when new guidance is published.</p>

Recommendations	1 Approve the Commissioning Strategy 2018/19 2 Review the strategy when new national guidance issued in the Autumn '18	
Report history	On-going development since Jan '18 at Governing Body meetings and workshops	
Equality Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sustainability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Risk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Legal	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Finance	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CoM/P&C cttee
Public:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PCAG June/July '18	Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heads of service joint meetings with Execs

NL CCG Strategic Objectives 2018/19

Ref	Strategic Objective Area	Outcome(s)	Outline Actions
1	Integrated commissioning with NLC	<ul style="list-style-type: none"> i) Establish governance and management of the emerging integrated ways of working. ii) Reduced duplication and increased efficiency across health and social care. 	<ul style="list-style-type: none"> 1. Implement the joint planning framework being developed between CCG and LA. 2. Align priorities with the developing framework and sharing of staff skills and resources across the two organisations.
2	Integrated system delivery	<ul style="list-style-type: none"> i) Increase in out of hospital care organised around Care Networks. ii) A reduction in reliance and demand on hospital care. iii) Increase in pathway development across primary community and acute care. iv) New model to support care homes established. 	<ul style="list-style-type: none"> 1. Implement incentive schemes in primary care to manage need. 2. Deliver community frailty and chronic disease management and redesigned pathways. 3. Deliver phase one of ICC and urgent treatment centre. 4. Implement changes to 111 and ensure update integrated urgent care specification in line with urgent care network.
3	Delivery of statutory duties	<ul style="list-style-type: none"> i) Approval of annual accounts. ii) Positive Head of Internal Audit Opinion Statement at year-end. iii) Improvement to Good CCG Rating for CCG by NHS England 18/19. iv) Attainment of NHS Constitution standards 	<ul style="list-style-type: none"> 1. Refresh of financial and governance control framework. 2. Approval of updated CCG Constitution. 3. Publication of Annual Report.

4	North Lincolnshire Place Based Plan	<ul style="list-style-type: none"> i) Combined public sector response to tackling the wider determinants of health. ii) Proactive data and intelligence sharing across organisational boundaries to ensure early intervention and prevention. iii) Joint outcomes framework applied across local public sector. 	<ol style="list-style-type: none"> 1. Establish multi agency programme arrangements. 2. Develop an integrated out of hospital model 3. Implement the revised HWB priorities. 4. Put the agreements in place for cross sector data and intelligence Sharing. 5. Produce a place dash board aligned to the agreed outcomes framework.
5	Vulnerable people	<ul style="list-style-type: none"> i) Transformation of mental and health and learning disability services improving access and reducing delays to treatment. ii) Commissioning a diverse range of provision to support a reduction in institutionalised service provision. 	<ol style="list-style-type: none"> 1. Ensuring access to early intervention and to crisis resolution services. 2. Engage with service users to ensure co production. 3. Implement the Dementia Strategy.
6	Children and families	<ul style="list-style-type: none"> i) Develop joint commissioning strategy for children's services. ii) Improved services for children with special educational needs and disabilities. 	<ol style="list-style-type: none"> 1. Develop an integrated health and care early intervention response for children, young people and their families. 2. Produce a joint commissioning strategy for children's services. 3. Delivery of the improvement plan for SEND.
7	Clinical leadership / innovation commissioning	<ul style="list-style-type: none"> i) Next generation of primary care clinical leaders playing an active role in local commissioning innovation. ii) Plurality of applications to GP Board posts in March 2019. 	<ol style="list-style-type: none"> 1. Engagement with GP trainers to explore further avenues to engage with trainees. 2. GP trainees to attend a board meeting or Council of Members or other CCG committee / working group (this would also satisfy a competency area around community orientation). 3. Further support to leadership training for emerging clinical leaders. 4. CCG executive leads to identify and encourage emerging clinical leaders within each care network.
8	Working with partners to develop and implement a single quality improvement plan.	<ul style="list-style-type: none"> i) A 'Whole System' approach to the Quality, Innovation, Productivity and Prevention agenda, to ensure the delivery of 	<ol style="list-style-type: none"> 1. Co-produced QIPP programmes developed with the involvement of all key partners through the whole system.

		transformational change across the local health and social care community.	2. Robust programme and project arrangements will be put in place to ensure that the developmental work required is delivered across a variety of projects and task groups working in a matrix fashion. This will maximise engagement, alignment and co-working on solutions which support the CCG's objectives.
9	Implement a revised Organisational Development Strategy	i) The CCG workforce is equipped with the necessary skills and behaviours to accelerate performance in order to achieve the CCG's strategic objectives.	<ol style="list-style-type: none"> 1. Develop and approved revised strategy. 2. Work with OD partner to develop OD strategy. 3. Continued to focus on staff engagement through Health & Wellbeing Group
10	Implement a revised Research Strategy	i) Research, innovation and technology is an enabler to improve health outcomes in North Lincolnshire and the impact on commissioning	<ol style="list-style-type: none"> 1. Continued focus on promotion, innovation, technology and improvement and alignment to integrated commissioning and delivery. 2. Dissemination of research.
11	Improvement in clinical outcomes	<p>i) Improvement in the identification and management of the risk factors associated with stroke;</p> <p>ii) Improvement in the prevention, early diagnosis and management of diabetes; and</p> <p>iii) Improvement in the prevention, early diagnosis and management of those with cancer</p>	<p><i>Stroke</i></p> <ol style="list-style-type: none"> 1. Identification of those with undiagnosed atrial fibrillation. 2. Risk reduction of those with atrial fibrillation through appropriate anticoagulation. 3. Identification of those with undiagnosed hypertension. 4. Appropriate management of those with hypertension 5. Early diagnosis and response to stroke/TIA (FAST) 6. Advanced care planning <p><i>Diabetes</i></p> <ol style="list-style-type: none"> 1. Engagement with the NHS digital diabetes prevention pilot. 2. Implementation of the NHS Diabetes Prevention Programme. 3. Ensure that opportunities for early diagnosis are maximised. 4. Application of the evidence-based management of those with diabetes. 5. Advanced care planning. <p><i>Cancer</i></p> <ol style="list-style-type: none"> 1. Work with LA colleagues around prevention programmes. 2. Promote uptake of national cancer screening programmes. 3. Raise awareness amongst the public of

			<p>symptoms of possible cancer.</p> <ol style="list-style-type: none"> 4. Raise awareness amongst primary care of the routes into the cancer pathways. 5. Work collaboratively with secondary care providers to ensure that pathways are appropriate. 6. Advanced care planning.
12	To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act	<ol style="list-style-type: none"> i) The reach and impact of CCG public engagement is increased by providing a wide range of engagement opportunities. ii) To strengthen the use of patient experience in decision making 	<ol style="list-style-type: none"> 1. Implementation of robust Equality Impact Assessments to identify the most appropriate groups and individuals to engage with on a service by service basis. 2. Further development of effective and accessible engagement mechanisms. 3. Improve how patient experience intelligence is communicated throughout the organisation.

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