

Committee: Health and Wellbeing Board

Date: 24 November 2015

Wards: All

Subject: Merton Clinical Commissioning Group (MCCG) Commissioning Intentions 2016/17

Lead officer: **David Freeman Director of Commissioning & Planning, MCCG**

Recommendations:

A. For noting

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Each year commissioners in the NHS are required to set out their priorities for the coming year and to describe how they will improve the health of the communities they serve. As some of these priorities may lead changes or developments that have an impact on existing contracts, it is national best practice to give providers six months' notice of any changes.

For changes to take effect from 1 April 2016, we must inform providers of our commissioning plans (or intentions) by the end of September 2015. It is possible for us to propose changes and developments at anytime thereafter but such changes must follow contractual rules in order to give providers adequate notice. Thus, to gain maximum benefit from contracts that begin on 1 April 2016, we must notify providers and partners of our plans no later than 1 October 2015.

This paper outlines Merton Clinical Commissioning Group's (the CCG's) plans and priorities for contracted services in 2016/17 and crucially our collaborative approach the co-design and development of services.

The commissioning intentions have been developed based on our work with patients, clinicians and LBM Public Health over the past year and are informed by evidence of effectiveness and best practice. Our plans are consistent with our 5-year strategy; the priorities set out in the Joint Health & Wellbeing Board Strategy for Merton (2015-18); and the South West London Commissioning Intentions.

2 DETAILS

The Commissioning Intentions are a critical part of the commissioning cycle. They provide an opportunity for the CCG to set out its plans and priorities for services whilst giving service providers the opportunity to engage in and prepare for change.

The document does not contain a complete list of all our initiatives, projects and service changes that are either already underway or are in the pipeline, but instead summarises the key priorities for the year ahead and which will need to be reflected in the commissioning of services for 2016/17.

It should also be noted that national planning guidance setting out detailed expectations of CCGs (and the NHS) is due to be published towards the end of 2015. This is a significant document for all health services and partner need to be aware that we will need to review our commissioning intentions in light of this guidance. The Commissioning Intentions support our work on tackling the issues set out in the Joint Strategic Needs Assessment for Merton (published 2014), including the need to widen access to health and care services and reduce inequalities.

3 ALTERNATIVE OPTIONS

N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

As set out in Appendix B, the Commissioning Intentions have been developed based on a series of patient and clinical engagement activities.

5 TIMETABLE

The Commissioning Intentions we submitted to providers on 1 October in line with other CCGs across South West London. Any changes to services required by these plans will need to take effect from 1 April 2016, subject the NHS planning guidance which is due to be published in December 2015.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The Commissioning Intentions set out our plans for the future of services and thus how and where we spend our allocated resources. Our plans will need to be aligned to the Operational Planning guidance to be published by NHS England towards the end of 2015; the financial requirements and impacts will also worked through as part of our annual financial planning and contracting rounds.

7 LEGAL AND STATUTORY IMPLICATIONS

None of note

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Commissioning Intentions support our work on tackling the issues set out in the Joint Strategic Needs Assessment for Merton (published 2014), including the need to widen access to health and care services and reduce inequalities.

Furthermore, all new service developments or significant variations will be subject to an Equality Impact Assessment as required.

9 CRIME AND DISORDER IMPLICATIONS

N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Main Report – MCCG Commissioning Intentions 2016-17
- Appendix A – SWL Commissioning Intentions 2016-17
- Appendix B – Clinical & Patient Engagement overview

12 BACKGROUND PAPERS

12.1. None

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