

2016/17 Commissioning Intentions Overview for Health & Wellbeing Board

Overview

Hillingdon CCG produce an annual Commissioning Intentions document each October that draws together changes planned to CCG contracts with providers for the following financial year. The document draws on national, regional and local strategic needs along with feedback from patients, carers, partners and providers and sets out how the CCG intends to use the contracts it holds to take forward its ambitions for health service delivery in the borough. The primary audience for this document are providers as the commissioning intentions and the associated contract notice letter represent the start of the annual contracting cycle. Financial planning for the following year takes account of commissioning intentions.

The 2016/17 Commissioning Intentions are issued on the 1st October 2015. This date is set so that providers are given sufficient information about activity and service changes that are needed to deliver the CCG's plans and to comply with the requirement to provide 6 months' notice of any activity changes, including any plans to decommission services.

Input into the Commissioning Intentions

The Commissioning Intentions are produced following extensive feedback from a wide range of bodies including:

- **Patients & Carers** – We undertake a year round consultation programme that informs each year's Commissioning Intentions. We also obtain feedback directly through Complaints and Compliments about providers, the Friends & Family Test and via our Healthcare Conference that was held earlier in September. The views of Patients & Carers are also obtained via our PPIE Committee (Public & Patient Involvement & Engagement Committee).
- **NHS England** – In addition to the NHS Five Year Forward View, NHSE provide specific input on key topics related to Co-Commissioning, Assurance, the role of the NHS in Preventing Illness and Disease and Specialised Commissioning.
- **Public Health** – Colleagues within Public Health contribute a whole section on the demographic changes that are faced along with recommendations for where the CCG should focus attention.
- **Local Authority** – Feedback comes via the joint work we undertake together with the London Borough of Hillingdon across a wide range of areas including the Better Care Fund, WSIC and other schemes.
- **Providers** – We obtain direct feedback via contractual monitoring processes and indirect feedback via data analysis from a variety of sources.
- **Partners** – Feedback also comes from Third Sector and Voluntary Organisations as well as Healthwatch and other organisations.
- **Research** – The CCG also undertakes research across other areas and with other CCGs specifically aiming to pull together best practice concepts that may not have been identified through the other routes described above.

Summary of the benefits for patients in 2016/17

The Commissioning Intentions document describes an extremely wide range of actions and issues that the CCG and the providers it commissions will address during the coming year. These actions include outcomes, efficiencies, contractual matters, communications, development and investment. In this section we have highlighted the main outcomes that the CCG expect to be realised through 2016/17 as described within the Commissioning Intentions document.

Area	Main benefits for 2016/17
Primary Care	<ul style="list-style-type: none"> • Increasing numbers of patients empowered to manage elements of their care 'Out of Hospital' particularly those with Long Term Conditions. • The transfer of care for patients with low level Mental Health needs back to primary care for support by GPs. • Increased number of diagnostics that are directly accessible by GPs to reduce the need for patients to visit a hospital for a diagnostic and also to shorten the time to diagnosis.
Community Care	<ul style="list-style-type: none"> • New service specifications for existing services that will more clearly set out requirements (including key performance indicators and contract penalties) to enable the CCG to ensure services are delivered to the required quality and access standards. • Focus on efficiency either through negotiation or through selective or wholesale market engagement/procurement to ensure value for money and to ensure community services are delivered to the required quality and access standards.
Mental Health	<ul style="list-style-type: none"> • Improved access and support to patients with an urgent mental health care need through a Single Point of Access and rollout of an urgent care pathway for mental health. • Expansion of the Memory Assessment Service to improve diagnosis rates for Dementia which in turn will allow patients and carers to receive support and treatment earlier with a view to maintaining their independence and health for longer. • Improved support for people with a Learning Disability including development of a fit for purpose Community LD Service. This is a joint piece of work with the Local Authority. • New service specifications for existing services that will more clearly set out requirements (including key performance indicators and contract penalties) to enable the CCG to ensure services are delivered to the required quality and access standards.
Unplanned Care	<ul style="list-style-type: none"> • Introduction of ambulatory care pathways in A&E to reduce the numbers of patients being admitted to hospital as an emergency. These pathways ensure patients are diagnosed and treated in a single visit for a range of conditions without the need for admission. In some cases patients may need to return to A&E for a follow up check. • Increased numbers of patients supported home early following an admission. This initiative is focusing on elderly/vulnerable groups and reduces the risk of breakdown of informal support networks, readmission and delayed transfer of care. • Reduction in the number of patients admitted with psychiatric disorders the provision of psychiatric assessment in A&E within

	agreed timescales.
Planned Care	<ul style="list-style-type: none"> • Expansion of advice and training provided to GPs to enable them to manage more patients in the community. • Procurement of a Community Chronic Pain Service to improve access and to provide more guidance to patients on how to manage their chronic pain. • Continue to provide more planned care (outpatient) services in community settings to improve access. • Development of new community services in areas such as Rheumatology, Phlebotomy and IV Diuretic Services and implementation of the North West London Chronic Kidney Disease Pathways and NHSE TB Pathway to both localise care and improve the quality of care received. • Expansion in the range of services available 7 Days per Week.
Long Term Conditions (LTCs)	<ul style="list-style-type: none"> • Implementation of our Integrated Service Models for Diabetes, Cardiology and Respiratory Diseases. These will improve the experience of care for patients by ensuring the different elements of care are better co-ordinated and will improve health outcomes (including reduction in complications) by ensuring the provision of regular monitoring, earlier intervention and improved support to self-care. • Review of Cancer Support with the aim of improving access and outcomes for patients with cancer. • Expansion of Talking Therapies (previously IAPT) to cover patients with LTCs. This recognises high levels of depression in people with LTCs.
Integrated Care	<ul style="list-style-type: none"> • This section reflects joint plans with the Local Authority with a focus on older people. The intention is to embed work to date and expand to the whole borough. This programme will improve the experience and outcomes of care for older people and help older people to be remain independent for as long as possible.
General	<ul style="list-style-type: none"> • Increased access to and use of data sharing between providers to support integrated care • Support to develop the Accountable Care Partnership (or similar model) as part of our work on integration. • Increased focus for providers on statutory duties related to Child Sexual Exploitation, Female Genital Mutilation and the Prevent Agenda focusing on preventing radicalisation. • Increased focus on Prevention in collaboration with Public Health and other partners. • Introduction of Outpatient Prescribing in Acute Care so that patients don't need to make a second trip to GPs simply to collect a prescription.