

## Executive Summary of Hillingdon CCG's 16/17 Commissioning Intentions

### Introduction

The CCG is required to produce its Commissioning Intentions in the October of each year to give providers six months' notice of any forthcoming changes. The document sets out the local context (growth, demand changes, funding etc) and then how the CCG will respond to these changes.

This short document summarises the 16/17 Commissioning Intentions that were published in October 2015.

Contract Line and Provider	What Will Change	Why Will It Change	Benefits To People in Hillingdon	Measuring Success	Timeline
The Hillingdon Hospital (THH) and Central & North West London (CNWL) NHS Foundation Trusts	Improve access to and usage of Shared Care Record across all providers.	Current information flows introduce delays and potential gaps in records for patients.	Improved communication between people supporting their care.	Via Clinical Quality Groups (CQGs)	Throughout 16/17
THH, CNWL and Third Sector Partners Represented by Hillingdon for All	Development of an Accountable Care Partnership in Shadow Form.	The current system is unsustainable based on growth in demand and new models of delivery are needed.	New, more integrated services that reduce barriers, delays and costs.	Via Shadow Board & Governing Body	Shadow ACP Established by Dec 16
The CCG and London Borough of Hillingdon (LBH)	Deliver the agreed BCF and HWB Strategies and seek to integrate services across health and social care as appropriate.	The current Better Care Fund has increased in scope and scale in 16/17 which will assist in development of a more integrated services across health and social care.	A shift to planning for anticipated care needs rather than reactive provision of services, delivered in a way that is integrated and seamless from a service user point of view, in their usual place of residence.	BCF delivery group, Governing Body and HWBB.	Throughout 16/17
End of Life Services delivered predominantly THH, CNWL and Harlington Hospice	Improve integration of services for Patients and their families at End of Life.	Current service provision is fragmented and has identified gaps.	Improved care on a 24/7 basis for patients and their families at End of Life.	Via End of Life Forum	Strategy by Jul 16 but new system by Dec 16
Pain: Kent Community	Move more activity out of hospital focusing on	THH is constrained	Care provided more	Via CCG	Some in

<p>Services Dermatology: Concordia Others: THH</p>	<p>Pain and Dermatology with new providers and working with THH on other services.</p>	<p>physically and cannot continue to absorb the rate of growth in demand.</p>	<p>locally, more flexibly and more cost effectively.</p>	<p>Governing Body &amp; THH CQG</p>	<p>place already but rest by Mar 17</p>
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Community Services delivered by CNWL	Transformation of Community Services to set this up for the future including defining new service specifications and restructuring services to better match demand.	Current services are poorly defined and also services are not well integrated between Community Services and other providers.	Reduced overall cost for better defined services that are more effectively integrated.	Via CNWL Clinical Quality Group (CQG)	Already achieved.
Supported by General Practices across Hillingdon and via the Community Contract with CNWL	Reducing the demand for hospital based unplanned care needs through better provision in the community and helping patients to self-manage elements of their care.	There is significant growth in demand that is creating an unsustainable pressure on the Emergency Department.	Better outcomes through better planning of care and improved performance within the Emergency Department when a need does arise.	Via System Resilience Group (SRG)	Various actions are already in place. Rest to be delivered by Mar 17
111 Service and GP Out of Hours delivered currently by Care UK but may change. The Urgent Care Centre delivered by Greenbrook	Create an integrated unplanned care system for Hillingdon including procuring a new 111 Service, a locally focused Clinical Advice Service and improved support from our Urgent Care Centre.	The current system is fragmentary and has gaps in provision.	Improved coordination of care for unplanned care needs.	Via System Resilience Group (SRG)	Various actions are already in place. Rest to be delivered by Mar 17
Integrated support from THH and both the Community & Mental Health Services commissioned from CNWL	Develop a new model of support to patients in care homes and similar settings to ensure consistent medical and clinical support is available and that patients with End of Life and/or Mental Health needs are better supported.	Currently care home support is fragmentary and complex and there is a need to improve care (and access) for patients at End of Life or with Mental Health needs.	Improved coordination of care for people in care homes and similar settings including for those at End of Life or with Mental Health needs.	Via Older Peoples' Delivery Group	New model to be developed by Oct 16 and then implemented

Predominantly THH and the Community Services commissioned from CNWL with some input from Royal Brompton and Harefield (RBH) NHS Foundation Trust	Improving outcomes for patients with Long Term Conditions through developing Integrated Services across health providers and also focusing on supporting patients with multiple Long Term Conditions more effectively.	Patients with Long Term Conditions represent the largest expenditure for healthcare and by focusing on improving management of this cohort the NHS can make savings whilst also improving outcomes.	Improved long term outcomes with more independence through people better able to manage elements of their own care.	Via Long Term Conditions Transformation Group	Integrated models in place. Further work required in 16/17
The Mental Health Services commissioned from CNWL	Improve support provided to people with a Mental Health need including providing a single point of access for advice and help and also improving support for their unplanned care needs.	There is a need to reduce the complexity of current provision as well as improve productivity within existing services.	Better, more coordinated care for people living with Mental Health needs.	Via Mental Health Transformation Group	Single Point of Access in place. Rest to follow in 16/17
The Mental Health Services Commissioned from CNWL	Implement the Dementia Action Plan and improve access to Talking Therapies as part of the overall coordinated approach to improve support to people with mental health needs.	There is a strong link between physical and mental health so improved support for people with mental health needs will also contribute to improved physical health.	Improved access to early support and high quality care, and a workforce that is trained to support people with mental needs.	Via Mental Health Transformation Group	Actions are already in place which will be further progressed in 16/17
Across all providers and service lines	Ensure we have both the workforce and a financially sustainable system for delivering the short and longer term objectives.	The workforce needs will change as demand moves into new settings. NHS income is not growing as fast as demand.	An NHS that continues to be able to deliver necessary planned and unplanned care services.	Via Governing Body	QIPP Plans in place for 16/17. Five years plans being worked up