

HILLINGDON CLINICAL COMMISSIONING GROUP'S COMMISSIONING INTENTIONS 2018-2019

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon CCG
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Papers with report	Appendix 1: DRAFT 2018/19 Commissioning Intentions

1. HEADLINE INFORMATION

Summary	<p>This report sets out an overview of the HCCG's plans to commission high quality health care to improve the health outcomes for Hillingdon patients in 2017/18 and to set the scene for transforming these services over future years.</p> <p>The Commissioning Intentions (CIs) have been shared early with partners and matched against the priorities in Hillingdon's Sustainability and Transformation Plan, as well as the Joint Health and Wellbeing Strategy 2018-2021 (currently in draft).</p> <p>The final iteration of commissioning intentions will be signed off at the Governing Body meeting on 13 October 2017.</p>
Contribution to plans and strategies	<p>The CIs will be an important part of delivering against the Hillingdon STP which is integral to the North West London STP and based on the NHS five year forward view. The CIs are developed based on the Borough's Joint Strategic Needs Assessment (JSNA) and consistent with the Joint Health and Wellbeing Strategy (JHWS).</p>
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board considers and notes Hillingdon CCG's commissioning intentions for 2017-18.

3. INFORMATION

Background Information

All CCGs are required to prepare CIs for each financial year. The CI plan must set out how the CCG proposes to exercise its functions in that period. Each CCG is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that the CIs are kept up to date, and that they are routinely discussed by the Health and Wellbeing Board.

The identification and prioritisation of the CIs are based on:

- the health needs of the Hillingdon population.
- input from residents and service users.
- delivery of the sustainability and transformation plan which addresses the need for the health and care system to improve health and wellbeing, improve care and quality and improved productivity and close the financial gap between growth in demand and growth in resource.

The prime purpose of the CIs is to advise providers of potential changes in direction and to set the parameters within which subsequent specific commissioning decisions will be taken. This is set against the backdrop of a clear strategic vision for improved health across the Borough. The CIs, as such, are a key part of the annual commissioning cycle.

This year's intentions carry forward the good work done in 2017/18 and to reflect the special circumstances of the two-year multi-year contracts required by regulators last year covering 2017/18 and 2018/19 financial years. The priorities therefore remain built around the agreed 10 priorities of Hillingdon's Sustainability and Transformation Plan together with the 6 enabling theme together with indicative expenditure against each theme.

In Hillingdon, we are continuing to work towards establishing a model of 'accountable care' where we commission providers of services to work together to look after the needs of a whole population, rather than commissioning distinct services that can sometimes be fragmented and duplicative. 2017-18 will provide us with an opportunity to test the effectiveness of this approach with our local providers.

Financial Implications

The financial implications of the CIs are in calculation at the time of this report due for end-September estimates, and a verbal update will be provided at the Board meeting.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The CIs will be developed into contracting plans and form the foundation of STP delivery in 2017/18.

Consultation Carried Out or Required

The consultation undertaken to develop the CIs is set out in section 4.

Policy Overview Committee Comments

None at this stage.

5. BACKGROUND PAPERS

NIL.