

HILLINGDON CLINICAL COMMISSIONING GROUP'S COMMISSIONING INTENTIONS 2019-2021

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Appendix 1: Hillingdon CCG Commissioning Intentions 2019-2021

1. HEADLINE INFORMATION

Summary	<p>The report describes Hillingdon's CCG's Commissioning Intentions (CI) for 2019-2021 and its plans to commission high quality health care to improve the health outcomes for Hillingdon patients and to transform our services over future years.</p> <p>This year, the CCG is formulating CI around the following NW London Sustainability & Transformation Plan (STP) themes:</p> <ul style="list-style-type: none">• Keeping People Well;• Response at Times of Crisis; and• Right Care, Right Time/Appropriate Time in Hospital. <p>The CI, within the above themes, will continue to be aligned to the ten Transformation themes and six Enabler areas that map to the five Delivery Areas outlined in the North West London STP. The CCG has engaged with stakeholders on CI priorities and they remain aligned to the NWL STP and the Joint Health and Wellbeing Strategy 2018-2021. The final iteration of the CI will be signed off at the Governing Body meeting on 14 September 2018.</p>
Contribution to plans and strategies	<p>The CI will be an important part of delivering against the Hillingdon STP which is integral to the North West London STP that is based on the NHS Five Year Forward View. The CIs are developed to reflect priorities as set out in the Borough's Joint Strategic Needs Assessment (JSNA) and 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 2019-2021.

3. INFORMATION

a. Background Information

CCG's are required under the terms of the Health and Social Care Act 2012 to publish their plans to commission services for each financial year. The Commissioning Intentions (CI) are a key part of the annual commissioning cycle. It is an essential document for our delivery partners, providers, patients, the public and wider stakeholders to understand our intentions for delivering to strategic health priorities and outcomes in our Hillingdon Joint Health & Wellbeing Strategy (JHWBS). Each CCG is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that the CI are kept up to date and that they are routinely discussed by the Health and Wellbeing Board.

CI priorities are informed by our national and statutory requirements. The CI are also intrinsically linked to achieve system sustainability within the current challenging health and social care climate.

b. Strategic approach

This year, the CCG is formulating CI around the following North West London (NWL) Sustainability & Transformation Programme (STP) themes:

- Keeping People Well;
- Response at Times of Crisis; and
- Right Care, Right Time/Appropriate Time in Hospital.

The CI carry forward work carried out in 2018/19 and continue to be aligned to the ten Transformation themes and six Enabler areas that map to the five Delivery Areas outlined in the North West London STP.

There are a number of challenges facing the health and social care system. These relate to: financial sustainability, an ageing population, an increase in the number of patients with multiple long term conditions, workforce challenges and a recognition that the traditional contracting model may not optimise opportunities to integrate care and deliver system transformation to desired patient outcomes.

To address these former challenges, the CCG will be progressing work to transform services through working as an Integrated Care System (ICS) with Hillingdon Health Care Partners (HHCP) alliance. Shared priorities are initially to focus on population, person-centred and outcomes-based health care commissioning.

During 2016-18, the CCG has been testing the model. For 2019-20, the programme will be scaled to include the five following priority areas:

1. Extending active case management to the 15% of the adult population most at risk of a non elective episode by optimising the following programmes:
 - a. Further Development of Care Connection Teams (CCT) including Self Care

- b. Implementing a High Intensity User Service for the top 50 'Frequent Attenders' to A&E
 - c. End of Life Care Pathway
 - d. Falls Service and Frailty Pathway
 - e. Better Support to Care Homes (Non Elective admissions)
- 2. Transforming the MSK Pathway
- 3. Hospital Interface (Front Door): Effective Same Day Emergency Care (ACSC)
- 4. Intermediate Care, Rapid Response/GP Visiting including discharge arrangements
- 5. Integrated multi-disciplinary 'Locality Neighbourhood' Team working built from and led by general practice as the basic delivery unit of integrated care

To develop the draft CI, commissioners have used a wide range of strategies and resources. These include national strategies such as the Five Year Forward View and local strategies (NWL STP, Hillingdon Health & Wellbeing Strategy, Hillingdon Primary Care Strategy and the Better Care Fund priorities).

c. 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 2019/20.

Consultation Carried Out or Required

The CCG has a statutory duty to engage with patients/public and stakeholders in developing CI. The engagement period commenced for eight weeks from July 2018. The CCG has engaged with providers, LBH and Healthwatch and shared draft CI. The CCG also planned to engage on CI priorities at its Annual General Meeting on 12 September 2018. As part of the ICS programme, during September and October 2018 co-production of the whole system transformation work with stakeholders, i.e. patients, carers and front-line staff, will take place. This will involve use of a range of research tools to gather information to feed into priorities and phase two of the programme.

Individual schemes will have Equality Impact Assessment developed as required and any engagement and consultation will be identified.

Policy Overview Committee Comments

None at this stage.

5. BACKGROUND PAPERS

NIL.