

# HILLINGDON CLINICAL COMMISSIONING GROUP'S STRATEGIC INTENTIONS 2020-2022

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<b>Organisation</b>	Hillingdon CCG
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<b>Papers with report</b>	Appendix 1: DRAFT V.08 Hillingdon CCG Strategic Intentions 2020-2022

## 1. HEADLINE INFORMATION

<b>Summary</b>	<p>The Hillingdon Strategic Intentions (SI) are designed as a system-wide set of priorities to drive delivery of the strategic population outcomes set out in the Hillingdon Joint Health and Wellbeing Strategy (2018-21).</p> <p>CCGs each year are required to publish Commissioning Intentions (CI) at the end of September. It is also a key document to notify our providers as to what services the CCG intends to commission for the following year. In addition, to provide an overview of our priorities in line with national and statutory requirements within the available resources. From 2019, the SI will replace the CI to reflect system wide working.</p> <p>With respect to the NHS Long Term Plan (2019) and the move to a single Integrated Care System (ICS) in NW London and progress to an Integrated Care Partnership (ICP) in Hillingdon with Hillingdon Health and Care Partners (HHCP); the SI will not only reflect Hillingdon CCG's intentions, but also the priorities of local health and care partners in Hillingdon and North West London as a unified health system.</p> <p>As organisations are still in transition to a fully integrated operational and governance model, Hillingdon CCG has developed these intentions with early engagement and proactively sought feedback with partners to inform the drafting of this document.</p> <p>These SI reflect our progress toward an ICP in Hillingdon, with the aim that future intentions will be ever-more integrated into a single unified system of care.</p> <p>Similarly to last year, the CCG has formulated the SI around the</p>
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	<p>following North West London (NWL) Sustainability &amp; Transformation Programme (STP) themes:</p> <ul style="list-style-type: none"> <li>• Keeping People Well;</li> <li>• Response at Times of Crisis; and</li> <li>• Right Care, Right Time/Appropriate Time in Hospital.</li> </ul> <p>The SI, 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.</p> <p>From July to September HCCG has engaged with stakeholders on our SI. The final SI will be published on Monday 30<sup>th</sup> September 2019.</p>
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<p><b>Contribution to plans and strategies</b></p>	<p>The SI will be key document in delivering against the NW London STP that is based on the NHS Five Year Forward View and the more recent NHS Long Term Plan (2019). It also reflects priorities as set out in the Borough's Joint Strategic Needs Assessment (JSNA) and the Hillingdon Joint Health and Wellbeing Strategy (JHWS). They also reflect priorities to reduce health inequalities as described in Hillingdon Joint Strategic Health Needs Assessment (JHSNA), Public Health Outcomes Framework (PHOF) and NHSE Improvement Assessment Framework.</p>
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<p><b>Financial Cost</b></p>	<p>There are no costs arising directly from this report.</p>
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<p><b>Ward(s) affected</b></p>	<p>All</p>
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**2. RECOMMENDATION**

**That the Health and Wellbeing Board considers and notes Hillingdon CCG's SI for 2020-2022.**

**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. Commissioning Intentions (CI) are a key part of the annual commissioning cycle. From 2019, the Strategic Intentions (SI) will replace the CI to reflect system wide working across Hillingdon.

Our SI are an important document for our partners, providers, patients, the public and wider stakeholders to understand our intentions for delivering to strategic health priorities and outcomes as set out in our Hillingdon Joint Health & Wellbeing Strategy (JHWBS). Furthermore, each CCG

is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that the SI are kept up to date, and that they are routinely discussed by the Health and Wellbeing Board.

SI priorities are informed by our national and local priorities and statutory requirements. These include building on work as set out in the NWL STP, the NHS Long Term Plan (2019), local strategies, Hillingdon Health & Wellbeing Strategy, Hillingdon primary care strategy and the Better Care Fund priorities. They also incorporate priorities to reduce health inequalities as described in Hillingdon Joint Strategic Health Needs Assessment (JSNA), Public Health Outcomes Framework (PHOF) and NHSE Improvement Assessment Framework.

The SI also outlines progress to an Integrated Care Partnership (ICP) in Hillingdon with Hillingdon Health and Care Partners (HHCP). The SI will not only reflect Hillingdon CCG's intentions, but also the priorities of local health and care partners in Hillingdon and NW London as a unified health system. The SI are also intrinsically linked to achieve system sustainability within the context of the current challenging health and social care climate.

## **b. Strategic approach**

Similarly to last year, HCCG has formulated its SI around the following NW London Sustainability & Transformation Programme (STP) themes:

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

The SI carry forward work carried out in 2019/20 and continue to be aligned to the ten Transformation themes and six Enabler areas that map to the five Delivery Areas outlined in the NW London STP:

- Improving health and wellbeing
- Better care for people with long term conditions
- Improving care for older people
- Improving mental health services
- Safe, high quality, sustainable health services

## **c. NWL Integrated Care System (ICS) and Hillingdon CCG Integrated Care Partnership (ICP)**

There are significant challenges facing the health and social care system. These relate to: financial sustainability, an ageing population, an increase in the number of patients with multimorbidities, workforce challenges and a recognition that the traditional contracting model does not optimise opportunities to integrate care and deliver system transformation to desired patient outcomes. To address these former challenges, the CCG has set out in the SI how the CCG has been working with our health and care partners across Hillingdon to further develop our North West London Integrated Care System (ICS)<sup>1</sup> and local Integrated Care Partnership (ICP).

NW London ICS and Hillingdon ICP are carrying the work forward from the NWL System Transformation Partnerships (STPs) and are moving toward an Integrated Care System (ICS).

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<sup>1</sup> Refer to NHS England website for more information on ICS: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

An ICS will allow us to work as one whole system to implement population health and person-centred care models. NWL CCGs are working more closely together and toward a single CCG model, including shared and joint priorities with regional and local responsibilities for delivering high quality care and transformation. Further work is expected over the next two years to deliver this single model and provide population-based healthcare for the residents of NWL in partnership with Health and Care organisations, including our local borough council partners.

HCCG has continued working with our health and care partners across Hillingdon to further develop our local Integrated Care Partnership. Our local partners (THHFT, CNWL, HPCC and Hillingdon4All) have come together to form a partnership called Hillingdon Health Care Partners (HHCP). The key aims are to implement a new fully integrated health and care system through a 24/7 population-based model of care built from General Practice and coming together in 8 Neighbourhoods. The model has an emphasis on prevention, with the aim of creating the capacity and capability (in both primary and community care alternatives) to deliver the right care and support in people's homes rather than in hospital. It is fully compliant with the newly published NHS Long Term Plan which lays the blueprint for an NHS which will be increasingly:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals

Our focus for 2018/19 has been on 18+ population with an emphasis on the following priority areas:

1. Extending active case management to the 15% of the adult population most at risk of a non-elective episode by optimizing 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 Including development of an Acute Home Visiting service that will be incorporated into the Care Home model (Care home & acute visiting service)
2. Transforming the MSK pathway
3. Intermediate Tier development – incorporating integrated HHCP and LBH urgent community response and follow up; same day emergency care at THH and integrated discharge from THH, Hawthorne Intermediate Care Unit (HICU) and Oaktree ward
4. 'Local Neighbourhood Teams' aligned with Primary Care Networks (PCN) comprised of integrated multi-disciplinary teams led by general practice as the basic delivery unit of integrated care.

During 2019/20 onwards we will be using this as an approach and vehicle to deliver the SI set out in this plan. HHCP will continue to work closely with NWL ICS to align NWL programmes in HHCP work programme to ensure jointed up working and outcomes.

#### **d. Financial Implications**

The financial implications of the SIs will be worked up in financial modelling over the next few months with more definitive calculations due in November 2019.

#### **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

##### **What will be the effect of the recommendations?**

The SI will be developed into contracting plans and form the foundation of ICS/IC delivery in 2020/21.

##### **Consultation Carried Out or Required**

The CCG has a statutory duty to engage with patients/public and stakeholders in developing SI. The engagement period commenced for eight weeks from July 2019. The CCG has engaged with providers, the Council and Healthwatch and shared draft SI. Individual schemes will have a Quality Impact Assessments and an 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.