

Hammersmith and Fulham Clinical Commissioning Group

Hammersmith & Fulham CCG Commissioning Intentions 2014-15: development process and emerging intentions

23rd August 2013

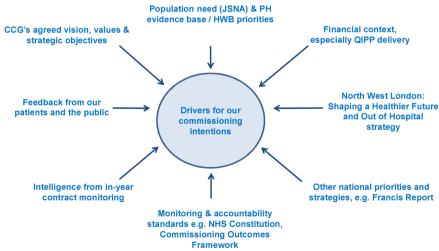
Introduction

Developing 2014/15 commissioning intentions

All Clinical Commissioning Groups (CCGs) develop and publish their commissioning intentions on an annual basis. Hammersmith & Fulham CCG has aimed to develop a proactive and inclusive approach to the development of its commissioning intentions for 2014/15, which meets the needs of its members, stakeholders, patients and the public. We want partnership to be at the heart of delivering this approach, recognising that new organisations and relationships are still evolving.

Commissioning intentions are there to signal to providers and other stakeholders what the CCG will be expecting and working on over the coming year.

The process for developing commissioning intentions is set clearly in the context in which we operate:



Stakeholders

The development process aims to provide scope for the comprehensive inclusion of all key stakeholders, including: H&F

CCG Governing Body, networks, membership and management team; local authority colleagues; Health & Wellbeing Board (HWB); CSU commissioning & contracting leads; patients and the public; CWHH CCG colleagues; and input from providers as required to ensure appropriate intelligence at service level.

The purpose of this paper

This paper provides the Health & Wellbeing Board (HWB) with:

- An understanding of the overall development process and the underpinning principles
- A summary of our key areas of commissioning intent for 2014/15 and their strategic fit
- · A summary of key strategic challenges
- How these challenges determine our focus for 2014/15
- · A summary of further opportunities for involvement
- Sight of the proposed content and structure of the commissioning intentions document
- · Some key questions for consideration.

Actions for the HWB

- To note and agree the principles underpinning the development of commissioning intentions
- To note the overall process and engagement to date
- To review and comment on the proposed content and structure of the commissioning intentions document
- Are there areas that the HWB would like to have a focus on? Suggestions have included:
 - · Out of hospital
 - Joint commissioning, incl:
 - · CLCH; Mental Health
 - Nursing Homes; Children



Developing commissioning intentions 2014/15: principles & key messages

The basis for developing our commissioning intentions:

Our 2014/15 intentions will build on established foundations and an agreed direction of travel. We are considering the following underpinning principles:

- Delivery of Shaping a Healthier Future, the Out of Hospital Strategy and QIPP
- · Moving towards whole systems integrated care
- Moving towards a single patient record through the implementation of new systems that are compatible with the GP IT system or through ensuring intraoperability
- Demonstrable, continuous improvement in quality services and processes in place for assuring quality
- Continued drive to reduce non elective admissions to hospital
- Listening to patient feedback and implementing change based on that feedback
- Services commissioned are value for money

How we will develop our intentions:

- We will involve all our stakeholders in developing our intentions
- Intentions will be written jointly with local authority colleagues for services and providers from whom we both commission
- We will work collaboratively with our neighbouring CCGs, particularly where we have shared intentions for our major providers
- We will identify specific areas where input from patients can have most impact for 2014/15 and begin to put processes in place to expand the scope of this input for 2015/16
- We will develop an engagement plan for 2014/15 so that patients and the public can contribute to commissioning of services.



Engagement so far...

We have discussed both the process and content of our commissioning intentions with a range of key stakeholders, including individuals and teams, regular operational meetings, and formal meetings:

Individuals and teams to date:

- Martin Waddington and team, Tri Borough Director, ASC Procurement, Business Intelligence and Workforce, LBHF
- Cath Attlee and team, Assistant Director Joint Commissioning, NHS NWL Commissioning Support Unit / Triborough Adult Social Care
- Shelley Shenker, Head of Joint Commissioning Mental Health
- Ray Boateng, Senior Joint Commissioning Manager Older People & Vulnerable Adults, Joint Commissioning Team
- Monique Carayol, Head of Joint Commissioning Vulnerable Adults
- Ike Anya, Public Health Consultant, Tri-borough Public Health

Operational and formal meetings to date:

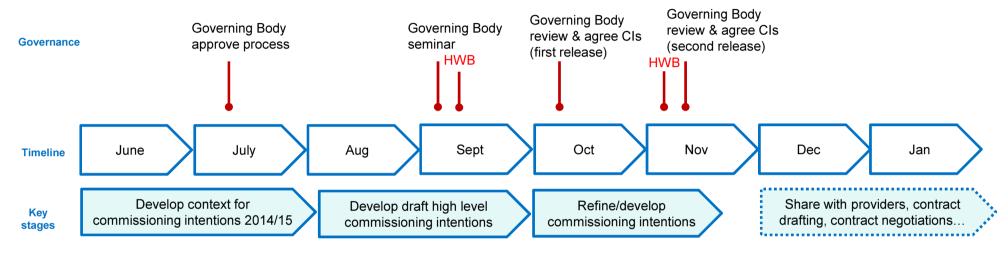
- H&F CCG Governing Body (July & September 2013)
- H&F CCG Members' Event (August and September 2013)
- H&F CCG Network Leadership Group (July and August 2013)
- CWHH team meeting (weekly)
- HWB (September 2013)

- James Hebblethwaite, Senior Public Health Analyst, Triborough Public Health
- Eva Hrobonova, Public Health Consultant, Tri-borough Public Health
- Samira Ben Omar, Assistant Director Patient Experience and Equalities, CWHH
- Paula Murphy, Interim Director, Healthwatch Central West London
- Cerith Lewis, Director of Contracts and Information, CWHH



Process for developing commissioning intentions: engagement and activities

Our timeline for developing commissioning intentions is shown below. We have incorporated key LA milestones into our process, e.g. JSNA refresh timelines, and we continue to ensure that timelines for key strategic pieces of work, the HWB strategy, are aligned.



Tasks

- Early discussions with stakeholders
- Understand the context for this year (strategic, financial, quality, population need etc)
- Understand progress from last year
- · What do our patients think?
- Early meeting with public health to establish key likely messages from JSAN

- Bring together all the suggestions and feedback at a stakeholder workshop
- Develop a high level set of intentions for next year
- Be clear about our priorities
- Give our providers early sight
- Check fit with emerging HWB strategy
- Feed in JSNA key messages when available from public health

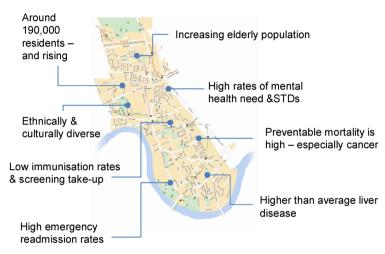
- Dedicated patient workshop
- Incorporate feedback from first release intentions
- Refine our intentions for next year
- Ensure final alignment with published JSNA refresh
- Check fit with HWB strategy



Key strategic challenges and themes

As partners across the system, we must meet a range of key strategic challenges:

Meeting the needs of population as identified in the JSNA...



Delivering Shaping
A Healthier
Future...



- The need to reconfigure acute services and continue to develop preventative, primary and community care
- Supporting and encouraging patients, carers and communities to take greater control of their health, illness and treatment
- The need to assure quality across all provider services
- Securing patient and public feedback for service redesign and commissioning

Ensuring measurable changes in outcomes across our HWB priorities...

- Integration of health & social care
- Developing the White City Collaborative Care Centre
- · Improving mental health services
- · Improving sexual health services
- Supporting children and young people
- · Better access to sheltered housing

Developing integration...

- Joining up our partners, e.g. housing, education and employment
- Bringing health and social care closer together
- Integrating steps in the pathway from preventative through to end of life

All to be delivered within the context of an estimated, recurring £10.6m QIPP gap...

Commissioning intentions 2014/15 and strategic fit

The table below illustrates how the themes have enabled us to structure 2014/15 service delivery and check their fit with our key strategic drivers.

Commissioning intentions	SaHF	OOH strategy	HWB strategy	JSNA	NHS Mandate	National priorities
Unscheduled care	•	•	•	•	•	•
Planned care	•	•	•	•	•	•
Mental health	•	•	•	•	•	•
Dementia	•	*	•	•	•	•
Community services	•	•	•	•	•	•
ASC: Older people & PD, carers, LD	•	•	•	•	*	•
Children, Young People, Maternity & Newborn	•	*	•	*	•	•
Prevention & Public Health			•	•	•	•
Transforming primary care	•	*		♦		
Moving towards integration	•	*	*			*
Patient engagement & equalities impact assessment	*	•	*	•	•	•



Our commissioning intentions: establishing progress from last year and specific plans for 2014/15

We are currently working with stakeholders to update each of the key areas of our 2013/14 commissioning intentions. The work to update all areas will allow us to present:

- What we set out to do this year the broad direction of travel we anticipated, along with some specific examples of service changes that we aimed to implement
- Progress made to date we are in the process of collating feedback from stakeholders in order to fully understand our progress from last year. We will be able to feedback and describe what we have achieved to date. This will be quantified where data quality and availability allow
- The emerging direction for 2014/15 based on the feedback to date for each commissioning area, together with what we know about our strategic drivers for next year, we will indicate what we anticipate will be our emerging direction for 2014/15.

The following slide sets a draft example of an update that we have begun for unscheduled care. We envisage being in a position to share updates of this kind for all our areas of commissioning intent at the stakeholder workshop planned for 26 September 2013.



Unscheduled care update – DRAFT EXAMPLE

What we set out to do 2013/14

Progress to date

Emerging direction 2014/15

Provision of effective care out of hospital, including:

- Multidisciplinary care planning for patients with LTCs (top 3 tiers), deployment of Health and Social Care Coordinators (HSCC)
- Integrated health, community and social care teams (Virtual Wards), plus medical (GP) input to virtual wards
- Active promotion of supported selfcare
- Coordinate my care programme for end of life patients

Addressing mental health dimensions of LTC patients:

 Drive to meet or exceed IAPT referral and access targets and developing acute psychiatric liaison

Acute contractual levers (with impact on unscheduled care)

- Ratio of patients seen and discharged by UCCs (target 60%)
- UCC to A&E admits for which a community pathway exists.

The CCG Network Plan includes incentives to increase care planning

- The Virtual Ward model is agreed, incorporating medical input
- HSCC 12 month pilot ended June 2013 & formal evaluation has commenced
- MDGs established under ICP
- Good progress (uptake) on the Coordinate my care programme
- CCG has invested in IAPT and Q1 data indicates targets will be met
- NWL-wide work is ongoing to assess the potential for acute psychiatric liaison - H&F has a known gap in ChX hospital – funding arrangements are still to be agreed,
- Enhanced mental health care planning and improved adherence for LTC patients: additional work is required.

NB. To be updated with quantifiable measures of progress where available

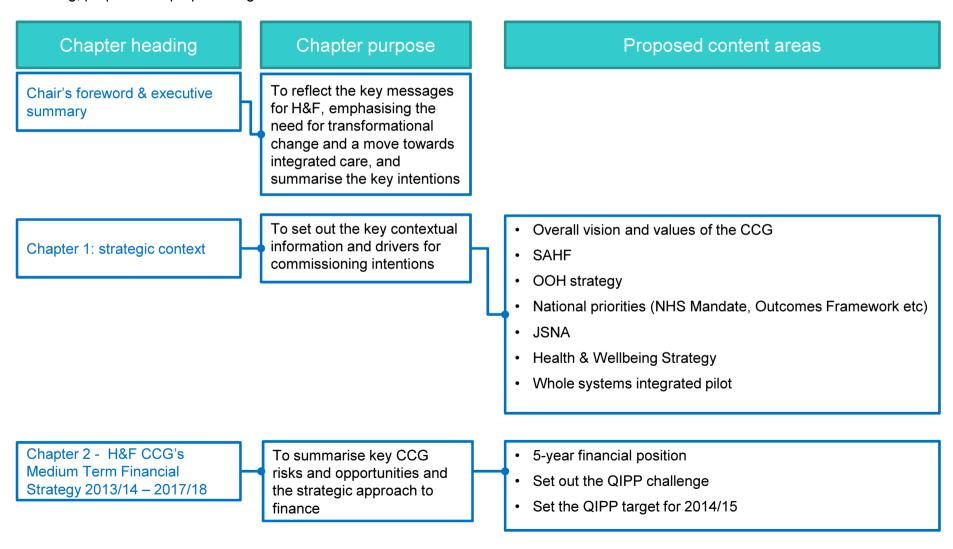
Emerging areas of continued, altered, or increased focus:

- Virtual Ward implementation incorporating learning from HSCCs evaluation
- ICP Yr 2 will follow a different approach following King's Fund Yr 1 evaluation
- Active promotion of supported selfcare needs much greater emphasis in the coming year, e.g. through a dedicated strategy, which could incorporate improving uptake of PPE; links to telehealth, and expanding personal health budgets (PHBs)
- Co-ordinate my care is a success

 developing a more holistic
 approach to commissioning end of life care may be needed e.g. to take into account post-Liverpool Pathway recommendations, review hospice capacity and the role of care homes

Proposed document structure and content areas (1)

The following two slides set out the proposed structure and content of the commissioning intentions document. For each chapter, the heading, purpose and proposed high level content is indicated.



Proposed document structure and content areas (2)

Chapter heading

Chapter purpose

Chapter 3 – detailed commissioning intentions

Main body of the document setting out the detail of the commissioning intentions

Appendices – TBC, but to include detailed provider impact analysis

Proposed content areas

- Strategic contracting principles and intentions
- · CWHH collaborative commissioning intentions
- CCG-specific commissioning intentions:
 - Integrated care
 - · Integration fund
 - · Continuing care
 - · Emergency care
 - Planned care
 - · Primary care
- Joint Commissioning intentions CCG & Local Authority
 - · Community services
 - Mental health
 - Children, Young People, Maternity & Newborn
- · Public health and prevention update
- · Provider impact analysis
- · Procurement intentions
- Enablers: engagement, people and organisational development, information tools, estates and governance and performance management through networks
- Stakeholder engagement
- Conclusion

Opportunities for further contribution & questions for the HWB

Further opportunities for the HWB to contribute to the commissioning intentions development process are:

- Hammersmith & Fulham CCG Stakeholder workshop:
 - Aim: to agree the high level intentions with input from key stakeholders and further work required to finalise the intentions
 - To be held on 26 September 2013
- Dedicated patient workshop:
 - Aim: to share our commissioning intentions with patients and patient representatives and to gather feedback
 - To be held on 17 October 2013
- Individual meetings and discussions

Questions for the HWB today:

- 1. Does the HWB support the principles & key messages set out in the paper?
- 2. Do the highlighted priority areas for development seem appropriate?
- 3. Are there areas that the HWB would like to have a focus on?
 - Suggestions have included:
 - Out of hospital
 - Joint commissioning, incl:
 - CLCH
 - Mental Health
 - Nursing Homes
 - Children
- 4. Does the HWB agree that the proposed document structure and content areas look broadly right? What additions/amendments would be appropriate?
- 5. Are there any critical areas we should address in the workshop on 26 September?
- 6. What could helpfully be included on the agenda for the 4 November meeting?

