

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

23rd August 2013

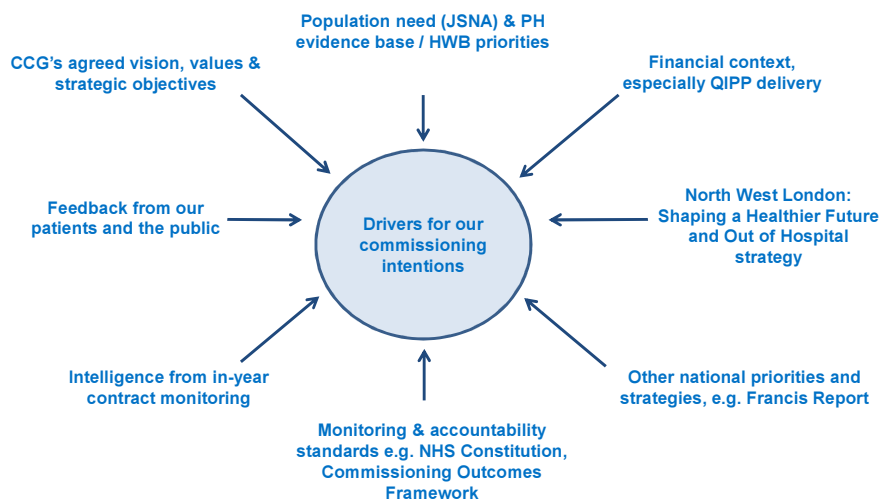
Introduction

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 interoperability
- 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
- **James Hebblethwaite**, Senior Public Health Analyst, Tri-borough 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

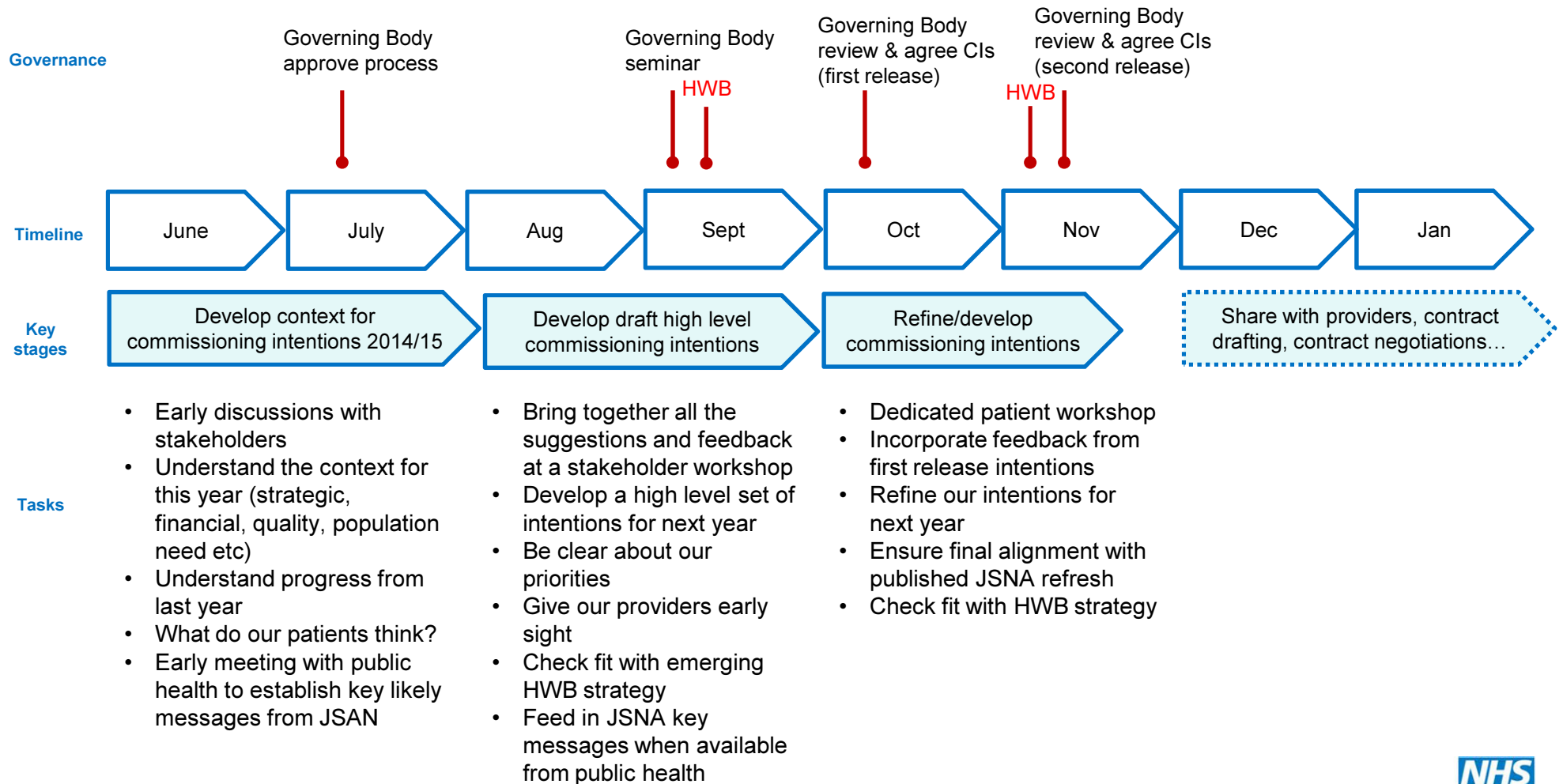
Operational and formal meetings to date:

- 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)



Process for developing commissioning intentions: engagement and activities

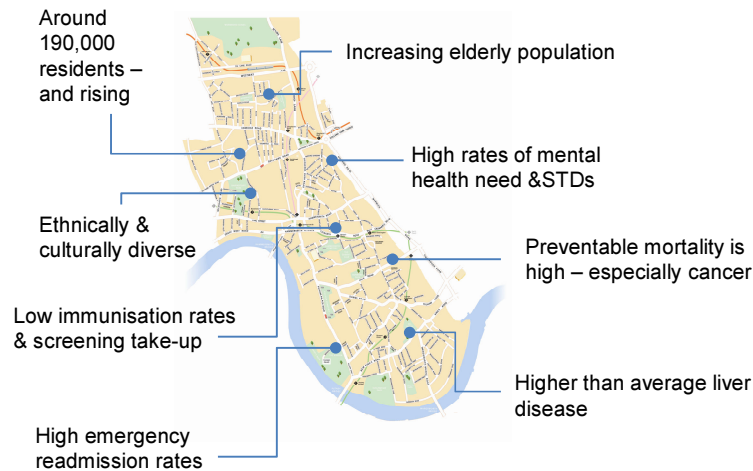
Our timeline for developing commissioning intentions is shown below. We have incorporated key LA milestones into our process, e.g. JSNA refresh timelines, and we continue to ensure that timelines for key strategic pieces of work, the HWB strategy, are aligned.



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...



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

Delivering Shaping A Healthier Future...



...supported by Out of Hospital Strategy

- 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

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

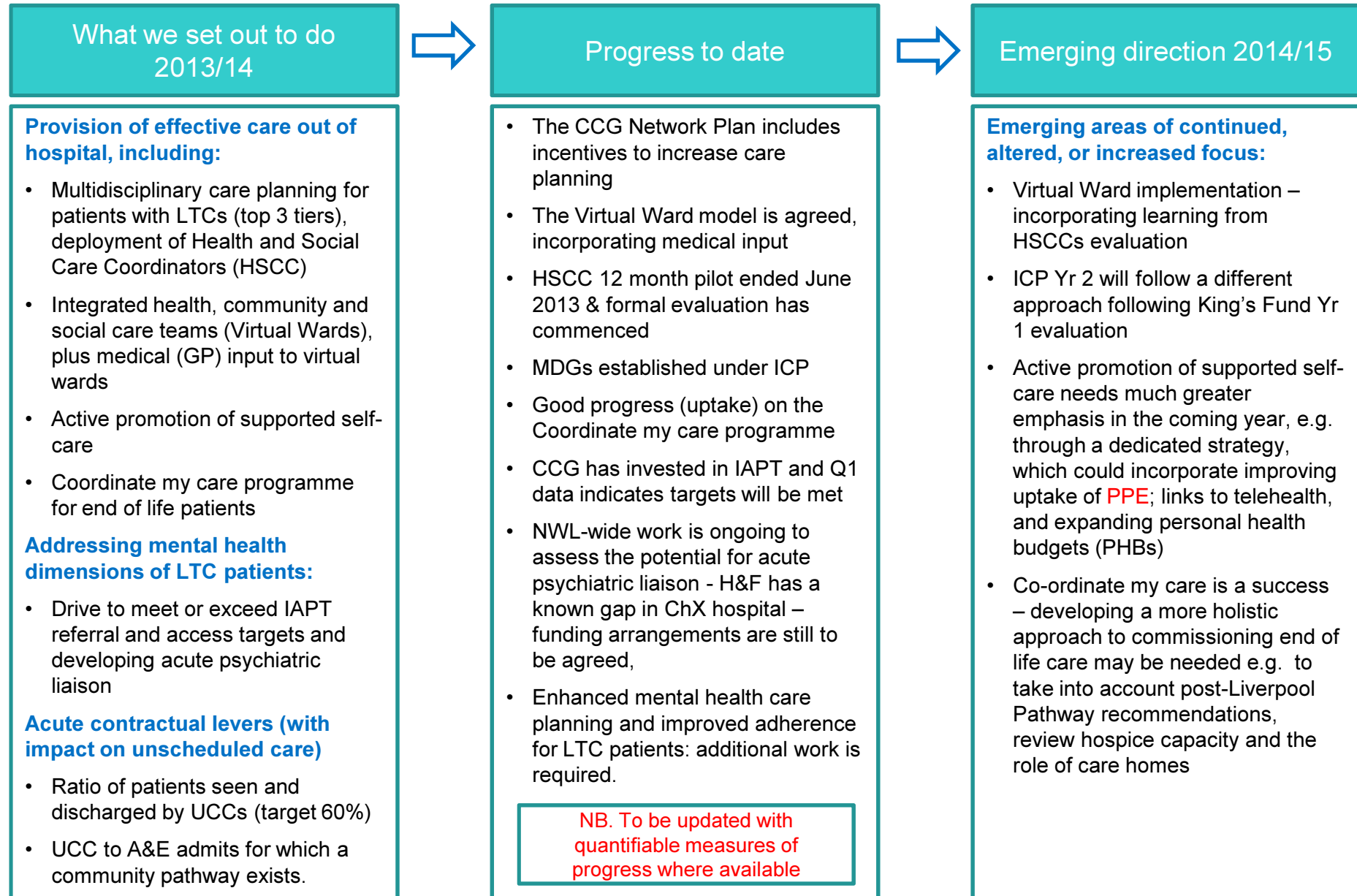
We are currently working with stakeholders to update each of the key areas of our 2013/14 commissioning intentions. The work to update all areas will allow us to present:

- **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.

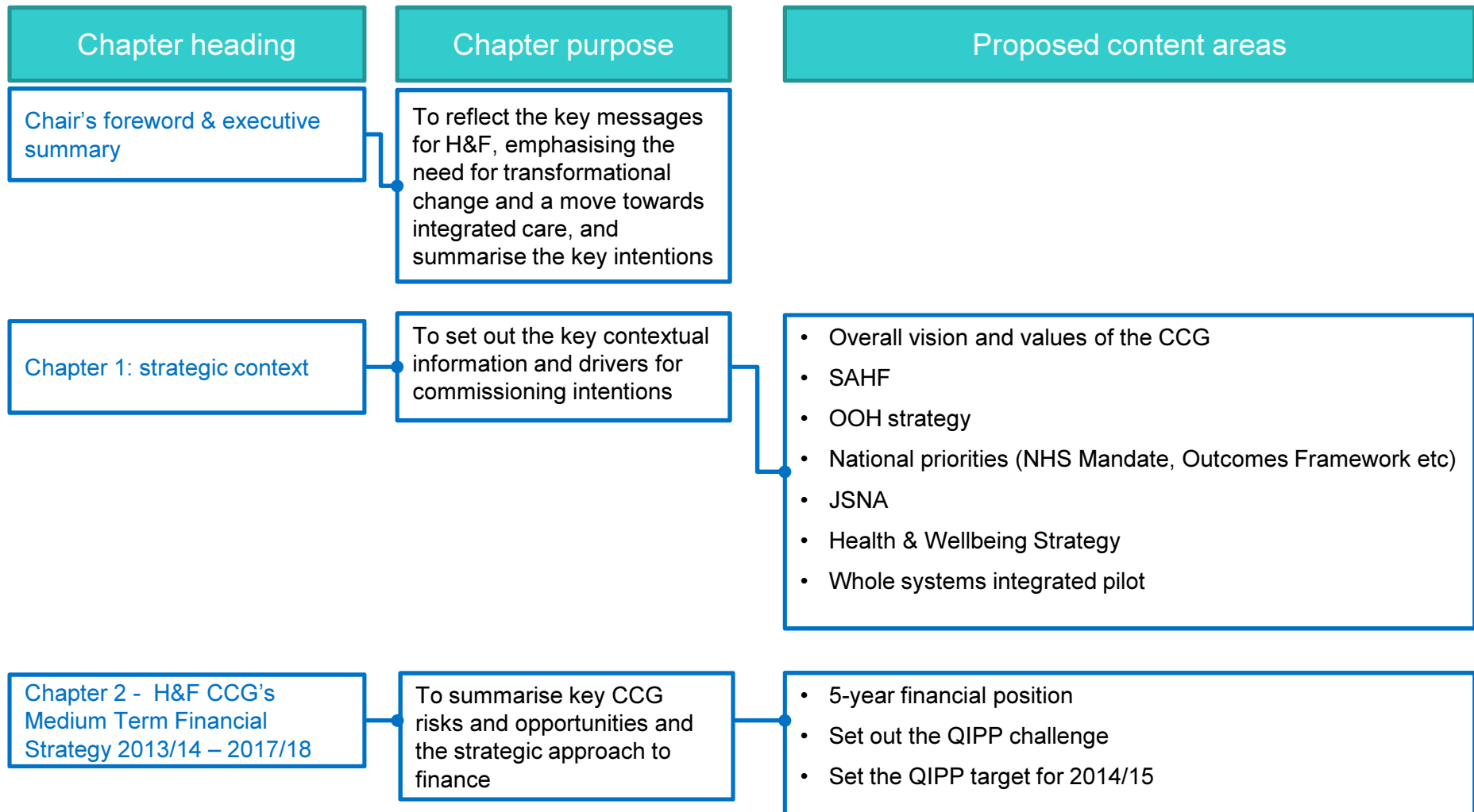


Unscheduled care update – DRAFT EXAMPLE

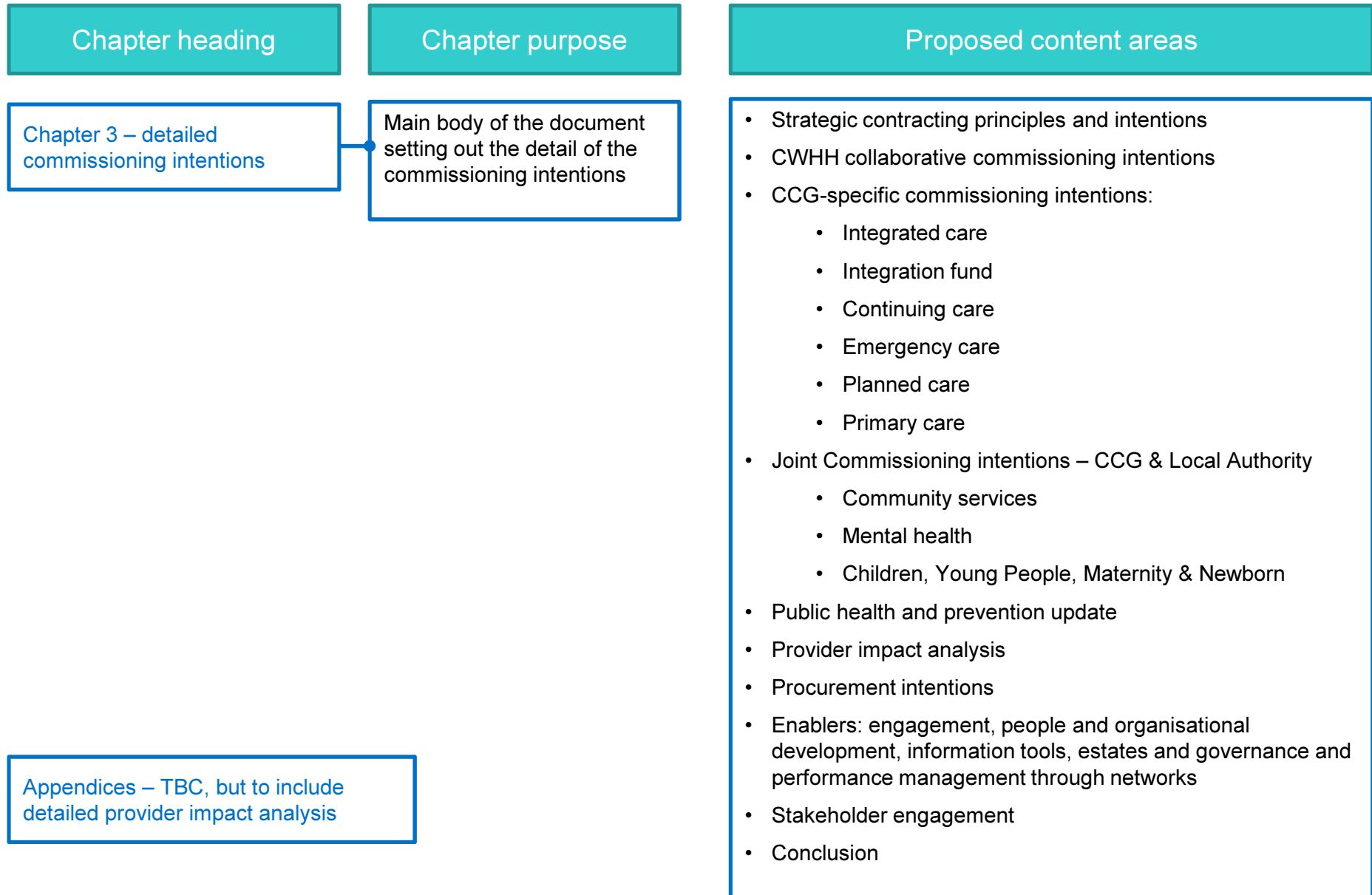


Proposed document structure and content areas (1)

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)



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?

