

# Developing Commissioning Intentions 2015-16

**Health & Wellbeing Board  
Discussion**

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5 August 2014

# Developing Commissioning Intentions

## Discussion today

Today we will ...

- **Share the headlines for this year**
- **Have a discussion and gather some feedback on some aspects of our emerging commissioning intentions**
- **Set out the next steps & timescales**

# Developing Commissioning Intentions

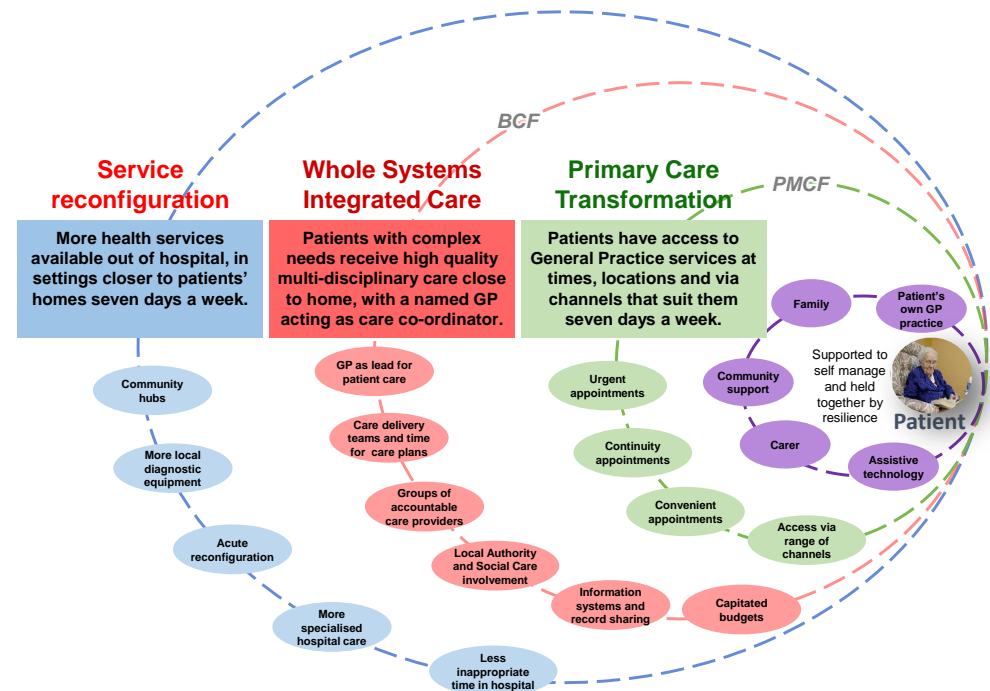
## Headlines for this year

Key points about developing the intentions this year

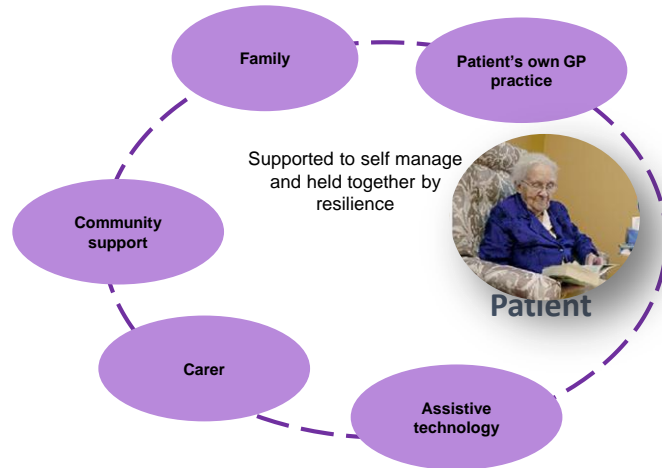
- **A move away from the ‘annual’ approach to intentions – we will engage with staff and patients but will draw on the all the work we have done through the year**
- **Providers are the specific audience in the first instance - more ‘contracting intentions’ than ‘commissioning intentions’ – by September**
- **Two angles: what do we need to do this year to:**
  - Progress the delivery of our ‘big ticket’ strategic plans?
  - Respond to local issues?
- **A separate public facing document will be produced for the end of the year**

## ‘Big ticket’ items

- Framework developed by Strategy & Transformation colleagues
- Allows us to consider the key planks of our strategy in turn and the actions needed to deliver
- For each one, we can look at:
  - What’s been achieved?
  - What’s needed next year?
  - Other enablers?



## Patient empowerment (1)



### Enablers

- Lay person group established
- Co-design and co-production – ensure these are built into all our plans
- Develop ways of recognising that not every patient is the same
- Ensure the right links with local authority/public health

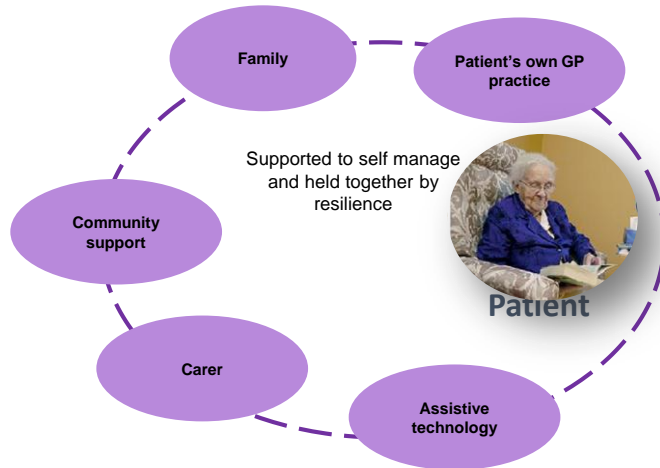
### Deliverables 2014/15

- Patient experience strategy
- Personal budgets for adults & children
- Re-commissioned Expert Patient Programme
- Self-management incorporated as part of model of care in WSIC plan
- Work with carers, especially young carers
- Work on LD health checks

### Deliverables 2015/16

- New diabetes education programme
- Develop VCS signposting of services, especially how to access GP/primary care services
- Develop work with community organisations to increase our capability & capacity to engage and share messages with community
- Commission providers to act in line with the National Voices statements
- Ensure functioning Patient Participation Groups in every H&F practice (working with NHSE where appropriate)
- Re-commissioning of mental health involvement forum

## Patient empowerment (2)



### Enablers

- Feedback from the cohort of patients that have been care planned to see how it has empowered them, e.g. roll out of patient questionnaires; learning from ICP survey of patients/users which got a low response rate
- Use different methods of getting feedback, e.g. carers
- Learn from practices for care planning, e.g. Network 2 pilot
- Learn from Central London Wellbeing plans
- Link to any BCF deliverables

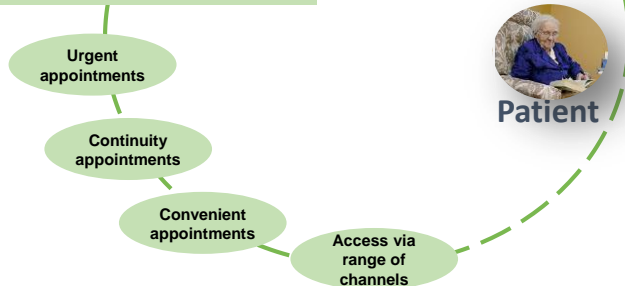
### Deliverables 2015/16

- Care planning: communications to patients, f/u checks with practices, DES for care planning 3%?
- Meet specific requirements of the Care Bill, e.g. paid holidays
- LD and Friends and Family Test – need to build on this

# Primary Care Transformation (1)

## Primary Care Transformation

Patients have access to General Practice services at times, locations and via channels that suit them seven days a week.



### Enablers

- PM Challenge Fund
- Federation development/ new legal entity
- 7-day working
- OOH contracts
- Affordable workforce model – include recruitment of practice nurses, HCAs
- Communicate more widely about the role of the practice nurse
- HENWL training and development funding

### Deliverables 2014/15

- Commission OOH services from the Federation
- Federation/practices have agreed their delivery plan for 2014/15 (including OD requirements)
- Initial business change in place in primary care (e.g. online appointment booking / email consultations etc)
- Models of Federation service delivery agreed

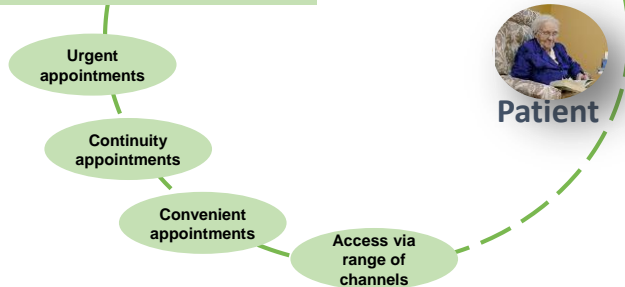
### Deliverables 2015/16

- 7 day/ week primary care services in operation at practices within networks
- A range of consultation methods available to patients (telephone/email/Skype)
- Primary care appointments tailored to patients needs (e.g. urgent, continuity and convenience appointment standards met)
- Deliver range of OOH services
- Link Federation into WSIC – being part of a provider network for whole systems

## Primary Care Transformation (2)

### Primary Care Transformation

Patients have access to General Practice services at times, locations and via channels that suit them seven days a week.

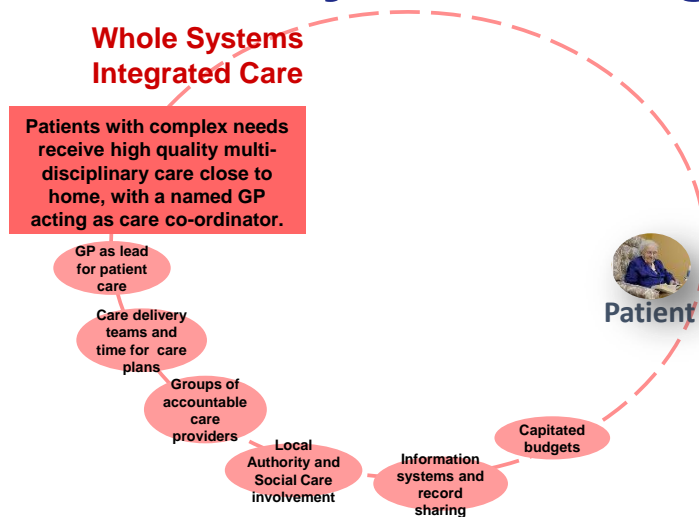


### Deliverables 2015/16

- Commission the Federation to deliver communications to patients (ready-made database)
- Use of expert patients in practices?
- Address the needs of transient population – ensuring patients are registered with practices (link to UCC specification/redirection)



# Whole Systems Integrated Care



## Enablers

- Better Care Fund
- Joint governance arrangements
- Pooled budgets
- Integrated community recovery services
- Joint homecare tenders
- QIPP
- Workforce
- WSIC enabling infrastructure OOH hubs (Parson's Green)
- IT – further SystemOne roll out esp. acute trusts
- Mental health

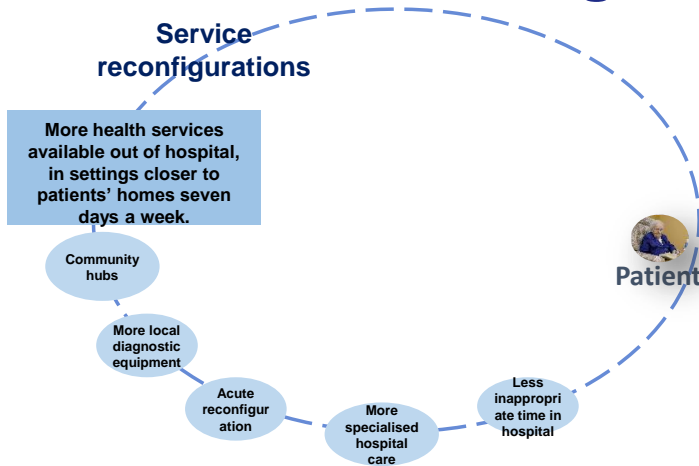
## Deliverables 2014/15

- CIS 'plus' gone live with medical cover and an enhanced multidisciplinary team
- Develop full implementation plans for WSIC Early Adopter that inform commissioning intentions & develop longer term aspects of a WS model of care
- Trial new ways of working and organisational development
- Provide linked dataset with local capitation values and analysis
- Create provider and commissioner dashboards
- Agree NWL-frameworks for new commissioning and provider vehicles
- Provide costing tool for new models of care
- Embed co-production in local WSIC plan

## Deliverables 2015/16

- New models of care in place
- 7-day services in operation
- Health and social care commissioners holding multi-provider 'accountable care partnerships' to account for delivery of population health outcomes
- Federation and provider vehicles working to new Whole Systems specification
- End Planned care pathways, e.g. MSK, gynaecology
- Medical model for nursing homes recommissioned
- Incorporate mental health into the Community Independence Service

# Service Reconfigurations



## Enablers

- 7 day working
- Mental health transformation
- Local Hospital Business Cases
- Major Hospital Business Cases
- Out of Hospital Strategies
- Clinical standards
- QIPP

## Deliverables 2014/15

- Complete baseline self-assessment against 10 clinical standards for 7-day services (all acute Trusts with partners)
- Agree priorities and sequence for implementation of standards across the non-elective pathway/develop action plan
- Achieve priority standards for 14/15 (including as per 7-day CQUINs)
- Integrated mental health emergency pathway in place
- New service specification & business case agreed for integrated crisis response service x-Triborough; providers working to new model of care
- Homecare contracts in place, including low level health tasks
- Urgent Care on the Hammersmith site reconfigured

## Deliverables 2015/16

- 7-day services
- Achieve agreed priority 7-day clinical standards for 15/16, including those included within the national acute contracts
- Mental health and wellbeing strategy
- Full business case for Charing Cross Hospital (local hospital)
- Longer term commissioning/procurement of integrated crisis response service x- Triborough
- Homecare model aligned with Whole Systems network provider vehicle

## **What are our key local issues? (1)**

We are identifying the specific quality/performance issues we want to address next year with each of our providers

- CLCH
- Imperial
- WLMHT
- ChelWest
- Nursing & residential
- Primary care

## What are our key local issues? (2)

We are also identifying the gaps in service/local pathway priorities we want to address. Our 'long list' so far includes:

- Paediatric continence
- Tissue viability
- Ophthalmology
- Diabetes
- MSK
- CKD
- End of Life Care
- TB
- Podiatry
- Heart failure
- Community ENT
- Retinal screening
- Community gastro
- Foot care (linked to diabetes)
- District/community nursing

## Next steps

The key next steps and timescales are:

<b>Timescale</b>	<b>Action</b>
August	Draft intentions developed through work with stakeholders
Early September	Governing Body approves direction of travel/outline content
September	Draft document refined; circulated to Governing Body members and other stakeholders for input
	Draft contracting intentions share with the public at AGM
End September	Sign-off final version in line with delegated authority from the Governing Body
October	Contracting intentions shared with providers
October – December	Develop public facing document describing our intentions