

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH & WELLBEING BOARD</p> <p align="center">7 SEPTEMBER 2016</p>
<p>HAMMERSMITH & FULHAM CCG COMMISSIONING INTENTIONS 2017/18 DEVELOPMENT PROCESS AND EMERGING INTENTIONS</p>	
<p>Report from Hammersmith & Fulham CCG</p>	
<p>Open Report</p>	
<p>Classification - For Information & Comment</p>	
<p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
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1. INTRODUCTION

- 1.1 The Health and Wellbeing Board is requested to review and comment on the overview of the North West London CCGs' process for developing commissioning intentions for the 2017/18 contracting round.
- 1.2 Commissioning intentions are published annually, by the end of September, to providers of healthcare - to indicate our priorities and joint deliverables in the following contracting year.
- 1.3 We are in a different position from previous years for the contracting round in 2017/18, for the following reasons:
 - NHSE have indicated that they wish us to develop two year contracts rather than the traditional one-year contract
 - We have already developed, in collaboration with a wide variety of stakeholders, the North West London five-year Sustainability and Transformation Plan (STP). The STP content will form the narrative for our intentions.
 - There are a number of ongoing national initiatives that will also inform our 2017/18 plans – for example Right Care (reducing unwarranted

variation/maximising value) and Demand Management Programmes (mitigating increasing system demand).

- Contracts need to be signed by December 2016, in order to facilitate mobilisation January – March 2017.

1.4 NHS England have indicated that that they will issue the following guidance in September:

- activity projections for 2017/18 and 2018/19, based on historical analysis, with the expectation that CCGs commission on that basis
- operating plan guidance
- a revised national contract
- an updated acute tariff (currently out for consultation)

1.5 The plans will need to:

- Deliver all constitutional standards (for example, 18 week referral to treatment, A & E four hour target, cancer targets)
- Align with emerging Accountable Care Partnership plans
- Ensure a consistent approach to the planning round across contracts
- Improve and sustain operational performance
- Accelerate the extension of local services
- Deliver financial balance

2. APPROACH

Given the collaborative approach adopted in the development of the STP – which included over thirty organisations across the North West London footprint – we have a solid foundation for our intentions. A number of CCG leads have been identified for key workstreams:

- Finance & Activity
- STP (Commissioning Intentions)
- STP Delivery Areas
- Communications (synonymous with STP communications)
- Provider Engagement Contract Standardisation
- Data Quality
- QIPP & Demand Management
- Right Care
- Governance
- NWL Priority Areas
- Primary Care (including out of hospital GP services)
- Learning Disabilities
- Mental Health
- Operating Plan (constitutional standards)

The leads are meeting weekly and a structure and governance process is being established. An indicative high level timetable is shown at Appendix 2.

3. OVER-ARCHING THEMES

The STP described the triple aim, our priorities and delivery areas: the Executive Summary slide from the STP is attached as Appendix 1.

4. ENGAGEMENT

We had lay representation on the Integration and Collaboration Working Group – the weekly multi-provider group that met across the three boroughs from May to July 2016, and included representation from the Local Authority. One task of that group was to ensure that the STP was congruent with the emerging Health and Wellbeing Strategy for Hammersmith & Fulham.

The STP was also discussed at Governing Body seminars on: 5 April, 3 May, 7 June, with Chair's action taken to approve the 30 June submission, which was then reported by the CWHHE CCG Chief Officer at the Governing Body meeting in public on 12 July.

A website was launched 17 August inviting stakeholders to give feedback on the key elements contained within the STP. It can be found at <https://www.healthiernorthwestlondon.nhs.uk/news/2016/08/05/north-west-london-sustainability-transformation-plan>. We have sent the link to the Patient Reference Group and to SOBUS and Healthwatch for them to share with people and organisations on their lists. An event is planned in September/October which will be an opportunity for local people to hear about the STP and to feed back thoughts and ideas. This will form part of an on-going engagement process to talk about what sits beneath the strategic headlines of the STP, ahead of submission of the next iteration in October.

5. NEXT STEPS

The Health and Wellbeing Board is asked to:

- Review and comment on the paper
- Agree how they will receive future updates as the commissioning intentions develop over the next five weeks

6. BACKGROUND PAPERS USED IN PREPARING THIS REPORT – LOCAL GOVERNMENT ACT 2000

None.

7. LIST OF APPENDICES:

Appendix 1 - DRAFT STP 30 JUNE Executive Summar
Appendix 2 - Table showing an indicative high level timetable

Appendix 1: DRAFT STP 30 JUNE Executive Summary (slide 7)

If we are to address the Triple Aim challenges, we must fundamentally transform our system. In order to achieve our vision we have developed a set of nine priorities which have drawn on local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. Having mapped existing local and NW London activity, we can see that existing planned activity goes a long way towards addressing the Triple Aim. But we must go further to completely close these gaps.

At a NW London level we have agreed five delivery areas that we need to focus on to deliver at scale and pace. The five areas are designed to reflect our vision with DA1 focusing on improving health and wellbeing and addressing the wider determinants of health; DA2 focusing on preventing the escalation of risk factors through better

management of long term conditions; and DA3 focusing on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice. DA4 and DA5 focus on those people whose needs are most acute, whether mental or physical health needs. Throughout the plan we try to address physical and mental health issues holistically, treating the whole person not the individual illness and seeking to reduce the 20 year disparity in life expectancy for those people with serious and long term mental health needs. There is a clear need to invest significant additional resource in out of hospital care to create new models of care and support in community settings, including through joint commissioning with local government.

Triple Aim	Our priorities	Primary Alignment*	Delivery areas (DA)	Target Pop. (no. & pop. segment)	Net Saving (£m)	Plans
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	Primary Alignment*	DA 1 Radically upgrading prevention and wellbeing	All adults: 1,641,500 At risk, mostly healthy adults: 121,680 Children: 438,200 Learning Disability: 7,000 Socially Excluded	11.6	a. Enabling and supporting healthier living b. Wider determinants of health interventions c. Helping children to get the best start in life d. Address social isolation
	2 Improve children's mental and physical health and well-being		DA 2 Eliminating unwarranted variation and improving LTC management	LTC: 347,000 Cancer: 17,000 Severe Physical Disability: 21,000	13.1	a. Improve cancer screening to increase early diagnosis and faster treatment b. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions c. Reducing variation by focusing on Right Care priority areas d. Improve self-management and 'patient activation'
	3 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness		DA 3 Achieving better outcomes and experiences for older people	+65 adults: 311,500 Advanced Dementia/ Alzheimer's: 5,000	82.6	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Implement new models of local services integrated care to consistent outcomes and standards d. Upgraded rapid response and intermediate care services e. Create a single discharge approach and process across NW London f. Improve care in the last phase of life
Improving care & quality	4 Reduce social isolation		DA 4 Improving outcomes for children & adults with mental health needs	262,000 Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability	11.8	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Addressing wider determinants of health c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
	5 Reducing unwarranted variation in the management of long term conditions - diabetes, cardio vascular disease and respiratory disease		DA 5 Ensuring we have safe, high quality sustainable acute services	All: 2,079,700	208.9	a. specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme
Improving productivity & closing the financial gap	6 Ensure people access the right care in the right place at the right time					
	7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice					
	8 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population					
	9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed					

* Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram

Appendix 2: The table below shows an indicative high level timetable

Time Line								
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
STP Translation into local CCG contracting intentions	█							
Iterative versions presented to GB seminar and GB in public in Sept	█	█						
CCG Contracting intentions developed to reflect borough priorities	█	█						
Contract Notices issued for significant contract variations	█	█						
2 Year Finance and Activity profiles developed	█	█	█	█	█			
QIPP Plans developed	█	█	█					
Implications of Level 3 Delegation (Primary Care) understood	█	█	█	█	█			
Information Schedule agreed			█	█				
Quality Schedule agreed			█	█				
Prospectus & Public communications						█	█	█
Contracts Signed					█			
Contract Mobilization						█	█	█