

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 3 November 2016

Subject: **INFORMATION REPORT – Harrow Clinical Commissioning Group Commissioning Intentions**

Responsible Officer: Javina Sehgal
Chief Operating Officer
Harrow CCG

Exempt: Yes

Wards affected: N/A

Enclosures: Draft Harrow Clinical Commissioning Group's Commissioning Intentions 2017/19

Section 1 – Summary

The Purpose of the Commissioning Intentions:

Harrow Clinical Commissioning Group (CCG) is the public agency responsible for purchasing most of the health services for the people of Harrow. It operates within a financial budget and aims to ensure that the financial resource allocated to purchase health services is appropriate, effective and offers value for money.

Harrow CCG's role is to ensure that health services in Harrow are safe and provide high quality services that meet the needs of the local population. The strategic vision for the development of services is designed to ensure that they are appropriate to the changing health needs of the population whilst meeting the CCG's statutory financial requirements. The Commissioning Intentions document aims to set out how we will achieve these requirements in 2017/18 – 18/19 and beyond.

Harrow CCG's has a clear organisational vision that is to:

'Constantly improve Patient Care and outcomes from where we are now'.

The aim of these commissioning intentions is to set out clearly how the CCG will utilise its resource allocation in 2017/18 – 18/19 to deliver its vision and to highlight any significant changes it is planning to the services that it commissions during that time.

In particular the purpose of Harrow CCG's local Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2016/17.
- Provide an overview of our plans to commission high quality health care to improve health outcomes for Harrow registered patients for 2017/18 – 18/19.
- To engage with our member practices in commissioning a model of high quality health care for the residents of Harrow.
- To engage partners, patients and the wider public in shaping the way in which we respond to the health needs of Harrow residents and the way we commission the appropriate services to meet local needs.

During 2016/17 the CCG has involved a wide range of local people including patients, carers and the wider public along with our providers of healthcare services and our members in General Practice in the development of plans for the local health economy. The CCG have also drawn on a wide range of sources of information and feedback and have ensured that that listening to the voice of local people is reflected throughout the document.

The Commissioning Intentions for 2017/18 – 18/19 will evolve throughout its 2 year lifespan as a result of on-going discussions with the public, our health and social care partners and providers of services. Local Commissioning Intentions align with those stated for NHS England (NHSE) and for the North West London Collaborative of CCGs.

Section 2 – Report

NHS England has requested that CCGs work across borders and with their local councils, public and providers to develop their response to the Five Year Forward View via Sustainability & Transformation Plans (STPs).

Harrow CCG is collaborating with the other seven CCGs in North West London (NWL) to produce our STP and are also working locally across our network of partners and providers locally to ensure the STP reflects our local needs as well as NWL priorities.

The STP sets out a five year overarching plan which the commissioning intentions 2017/18 – 2018/19 aim to implement.

In setting out the requirement for CCGs to respond to NHS England identified three gaps (collectively called the Triple Aim) that need to be tackled: The North West London CCGs have agreed nine local priorities that collectively will deliver the Triple Aim.

- **Improve Health and well Being**
- **Improve Care and Quality**
- **Improve Productivity and close the Financial gap**

The following provides examples of the CCG commissioning plan:

Work Areas	
Section	Example of what we're planning
1. New Model of Planned Care and Urgent Care	Set up community-based services for gastroenterology and dermatology
2. New Primary Care Model of Care	Central appointments booking system and pre-bookable appointments through Walk in Centres
3. Intermediate and Community Care	Joining up intermediate and community services with primary care more.
4. Integrating Services for People at the End of their Life	New specialist palliative care team across Harrow
5. Integrated Support for People with Long Term Condition (Whole Systems Integrated Care / Virtual ward)	Set up a care co-ordination service so patients get better care focused around them, as close to home as possible.
6. Transforming Care for People with Cancer	Improve early detection by making more tests available from GP surgeries
7. Supporting People with Serious Mental Illness and those with Learning Disabilities	New Intervention in Psychosis service covering all ages
8. Integrated Care for Children & Young People	New out of hospital paediatric service
9. Transforming Care for People with	Better support for patients to self-care and manage

Diabetes	their condition
10. Medicines Management	Working with providers to reduce inappropriate use of antibiotics
11. Continuing Care	Roll out personal budgets for more patients
12. Integration across the Urgent & Emergency Care System	A new joined up urgent care system that can directly book patients into urgent care centres, walk-in centres and other services.

Making it happen	
13. Developing the Digital Environment	Better access to shared care records across the NHS in Harrow
14. Creating the Workforce for the Future	More training for clinicians in long term conditions, supporting patients to self-care and prevention.
15. Delivering Our Strategic Estates Priorities	Local services “hub” in east of borough
16. Delivering Our Statutory Targets Reliably	Work with LNWH to achieve 95 per cent target for 4 hour A&E waiting
17. Redefining the Provider Market	Develop Accountable Care Partnership

The future – Accountable Care Partnerships

The CCG is committed as part of the STP implementation to the development of a new commissioning model known as an Accountable Care, Accountable Care Partnership (ACP). due to start in April 2018.

Accountable Care Partnerships bring together NHS providers (e.g. local hospitals, primary care and community services) councils and other care providers to make them accountable for achieving identified care outcomes for patients.

One of the advantages of these types of organisations is that they suit the way modern healthcare is delivered. Patients increasingly have more than one illness and need a range of services in hospital and the community. Bringing them together to make them jointly accountable for patient care makes sense..

Engagement

STP and Commissioning Intentions Engagement Event 11 October 2016

Harrow CCG held an open public engagement event on 11 October 2016 in central Harrow, at the Baptist Church, to discuss the local STP and the CCG’s commissioning intentions for 2017/18.

The event provided an opportunity for people to provide feedback on the CCG’s STP priorities and how it is planning to deliver them through its commissioning intentions.

The event was attended by 49 people, local residents, members of community organisations and stakeholders, including Harrow Voluntary and Community Sector Forum, WDP, Harrow Mencap, HealthWatch, Young Harrow and the local authority.

The STP presentation was followed by a Q&A session, whereby a number of questions were raised including:

- The consultation timeframe
- How joint co-commissioning fits in with the STP
- Proposed closure of the Stop Smoking service by Harrow Council
- The need for joint working between the CCG and the council on their priorities.

All of the questions and responses will be made available online as part of an event feedback report.

The Harrow CCG Commissioning intentions were explored through table discussions framed around 6 key service areas:

- Planned care
- New models of care – primary care
- Intermediate and Community care
- Integrated support for people with long term conditions
- Carers and supporting people with serious mental illness
- Services for children and young people

Key themes that emerged from across the discussion tables were related to the following areas:

1. Equalities and access; thus recognising the needs of a diverse population and the need to address health inequalities
2. Raising awareness and understanding of services that are available with more communications / marketing of how health services work, and on resources available in the community to address gaps in what services exist
3. The role of community assets and the Voluntary and Community Sector, e.g. to provide peer led services (HIV, Mental health, Diabetes), closer working to enhance self-care and feed into care planning
4. Better co-ordination and integration between services; e.g. to open up support services in secondary care, health visiting to have better links with social services, sharing of diagnostic facilities between GP practices

Further events are planned with target stakeholder groups, including young people, faith communities, carers and older people.

Continued engagement:

Harrow CCG is committed to public engagement and will continue to engage with the local population to develop plans and services to meet local need.

Section 3 – Further Information

Further updates expected – date TBC

Section 4 – Financial Implications

N/A

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Not required.

Ward Councillors notified:	NO
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Section 7 - Contact Details and Background Papers

Contact: Javina Sehgal, Chief Operating Officer

Background Papers: Draft Harrow CCG's Commissioning Intentions
2017/19