

Report to: Brent Health Partnerships Overview and Scrutiny Committee (OSC)

Report from: NHS Brent CCG

Date of meeting: 13 January 2014

Re: **CCG Commissioning Intentions**

1. Purpose of the Paper

- 1.1 The purpose of this briefing paper is to set out the CCG's commissioning intentions for 2014/15 within the context of the national and local planning environment that the CCG is operating within.
- 1.2 The report provides a summary of the commissioning intentions and the processes and engagement that has supported their development. The PowerPoint presentation slide deck (v8.1 14 January 2014) is attached to this report for further detail. Paragraph 3.5 summarises the commissioning intention's aim and identifies the slide number specific to this service area in the attached presentation.

2. Background

- 2.1 The CCG's statutory commissioning functions broadly include:
- a) Commissioning community and secondary healthcare services (including mental health services) for:
- All patients registered with its Members; and
 - All individuals who are resident within the London Borough of Brent who are not registered with a member GP practice of any Clinical Commissioning Group (e.g. unregistered);
- b) Commissioning emergency care for anyone present in the London Borough of Brent
- 2.2 The commissioning intentions set out the CCG's intentions with regard the range of services it has responsibility for commissioning across community and secondary care services. The commissioning intentions further set out how it will work collaboratively with NHS England to support improvements in primary care and ensure the continuous improvement of services it has responsibility for commissioning. Fundamentally, the CCG's commissioning intentions describe how it will achieve the shift of care to more community and out of hospital settings in line with its strategic aims.
- 2.3 Commissioning intentions serve as a notice to all providers of community and secondary about which services and the models of care that will be commissioned by NHS Brent CCG. The Commissioning Intentions provide a basis for robust engagement between NHS Brent CCG and its providers, and are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available.

3. CCG Commissioning Intentions 2014/15

3.1 NHS Brent CCG's commissioning intentions have been developed to bring out about improvements that have been identified through:

- Regular dialogue with providers as part of contract and performance monitoring arrangements
- Engagement with patients and the public about service requirements/experience to date
- Engagement with member practices and clinicians about service requirements and experience to date
- National planning guidance issued by NHS England and the Secretary of State (A Mandate from the Government to the NHS, November 2013).
- The CCG's QIPP and Investment plan for 2014/15
- Changes in the local health system and patient demography indicators

3.2 The CCG's commissioning intentions further seek to improve patient outcomes against benchmarked performance in nationally defined domains which include a subset of performance indicators. The CCG's performance against the five domains is variable, as set out below. The CCG's commissioning intentions seek to address this variability.

- **Domain 1 – Preventing people dying prematurely**
Performance indicates that there has been deterioration in the potential years of life lost resulting from cardiovascular, liver and alcohol related liver diseases. However, fewer deaths have resulted from cancer and respiratory diseases

- **Domain 2 – Enhancing quality of life for people with Long Term conditions**
Data suggests that Brent is achieving a national average of people feeling supported to manage their condition. There is an increase in non elective admissions for ambulatory care conditions but a decrease in admissions relating to asthma and epilepsy.

- **Domain 3 – Helping people recover from episodes of ill health or following injury**
There has been a small decrease in emergency admissions for acute conditions that do not usually require admissions. Above average performance for Patient Recorded Outcomes for elective procedures including hip and knee replacements

- **Domain 4 – Ensuring that people have a positive experience of care**
Patient experience of GP out of hours service is just below the England average

- **Domain 5 – Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm**
No benchmarking data available from 2013/14

3.3 The process for developing the CCG's commissioning intentions commenced in September 2013 and included the following internal and external engagement sessions:

Initial discussion at QIPP Subcommittee	11 th September 2013
Development of plan process and timescales discussion at QIPP, Finance & Performance Committee	25 th September 2013
QIPP and Commissioning Intentions (CI) planning workshop with CCG Executive members	9th October 2013

Further discussion on progress and developments to date at CCG Executive	23 rd October 2013
Engagement with Health and Well Being Board on draft commissioning intentions 2014/15	30 th October 2013
Engagement with member practices at Member Practice Forum re draft QIPP and CI	30 th October 2013
Discussion on draft plans and CI with CCG GB	6 th November 2013
Early engagement with patients and the public (Health Partners Forum)	20 th November 2013
Discussion on draft plans and CI with EDEN Subcommittee	27 th November 2013
Draft CI and QIPP to QIPP, Finance and Performance Committee	27 th November 2013
Draft Medium term financial plan – 2014/15 CIs and QIPP	30 th November 2013
Development of PIDs to support schemes	October and November 2013
Review and Refinement of PIDs	November and December 2013
Activity calculations and phasing of schemes	December 2013
On-going engagement with patients and the public regarding commissioning intentions – workshops planned	December 2013 to January 2014
Submission of commissioning intentions, QIPP and Investment activity and finance projections to CSU to support contract negotiations	Week commencing 6 th January 2014
Finalise CI's, QIPP and Investment Plans	Week commencing 13 th January 2014
Engagement with Health Overview and Scrutiny Committee regarding Commissioning Intentions 2014/15	28 th January 2014
Approval of commissioning intentions, QIPP and investment plans for 2014/15 by Governing Body and QIPP, Finance and Performance Committee	29 th January 2014

3.4 The process for developing commissioning intentions which incorporates the CCG's QIPP and Investment planning for 2014/15 has followed a more rigorous process than 2013/14 given the deteriorating financial forecast that the CCG has been anticipating (reduced allocations and impact of BCF) and the performance against QIPP and Investment Plan delivery in 2013/14 which has been less than expected due to a variety of factors.

3.5 NHS Brent's CCG's commissioning intentions set out the requirements of providers and the CCG deliverables in the following areas with a view to achieving improved outcomes and transformational change in line with national guidance and local priorities:

- The CCG's QIPP requirements for 2014/15 and beyond
- An overview to the commissioning intentions for 2014/15
- The commissioning intentions to improve:
 - Health and Well Being in accordance with the Health and Well Being Strategy's key priorities (slide 9).

- Patient & Public Involvement to align with most recent NHS England guidance on transforming participation (slides 14-15).
- Improving Quality, Patient Safety and Patient Experience to ensure the CCG fulfils its duties with respect to the recent high profile enquires into healthcare (slides 16-20).
- Whole Systems Integrated Care to align with the Whole Systems Integrated Care Programme across North West London which has been awarded pioneer status nationally (slide 21).
- Acute Care to reduce urgent care demand, readmissions and planned care in out of hospital settings (slides 22-24).
- Community Health Services to increase the scope of community services in improving outcomes for people with long term conditions being supported in the community (slides 25-26).
- Mental Health Services to create better shared care across primary and secondary care, reduce reliance on inpatient care and provide improved access to psychological therapies (slides 27-30).
- Learning Disabilities to ensure better physical health outcomes through more preventative care for people with learning disabilities (slide 31).
- Children's Services to improve the quality and consistency of services for children across a range of providers (slide 33).
- Supporting NHS England to develop primary care in accordance with the NHS England guidance (slides 33-35).
- Continuing Healthcare to improve systems and processes to improve performance and response times as well as joint working (slide 36).
- Informatics to highlight to providers the need for interoperability of clinical systems in the patient's best interests (slide 37).

3.6 A key aim of our commissioning intentions is to reduce reliance on urgent care, moving to a more anticipatory and integrated model of care across services in order to improve patient outcomes and achieve the best use of NHS resources. We see the next year as being critical for implementing Out of Hospital services to effectively respond to our changing provider landscape.

3.7 Through our commissioning intentions, the CCG recognises the need to work effectively with our partners to achieve the vision of fully integrated care and our aspiration of becoming a whole systems integrated care pilot site. We see integrated care and effective partnerships as a key enabler to improving health outcomes amongst Brent's diverse communities and ensure better use of NHS resources, collaborating with others as appropriate.

4. Conclusion

4.1 NHS Brent CCG's commissioning intentions for 2014/15 are a comprehensive set of improvement goals for community and secondary services, designed to align with our strategic aims and objectives.

4.2 The CCG would welcome comments and the identification of areas for improvement within the draft commissioning intentions attached (v8.1 14 January 2014) from the Brent Health Overview and Scrutiny Committee.