

# Westminster Health & Wellbeing Board

<b>Date:</b>	17 March 2016
<b>Classification:</b>	General Release
<b>Title:</b>	West London CCG Commissioning Intentions and Corporate Objectives
<b>Report of:</b>	Louise Proctor, Managing Director, West London CCG
<b>Wards Involved:</b>	Queen's Park & Paddington
<b>Policy Context:</b>	<p>West London CCG developing its commissioning plans for 2016/17.</p> <p>This report gives an overview of the CCG's priorities for 2016/17 and next steps.</p> <p>The CCG's draft objectives and approach to business planning has been discussed with the Governing Body in December 2015 and March 2016.</p> <p>In March 2016, the Governing Body delegated responsibility to the Chair and Chief Financial Officer to approve the CCG's 2016/17 business plan. Further input will be sought from the Governing Body throughout March 2016.</p>
<b>Financial Summary:</b>	The financial implications of the plan, together with activity and resilience plans are due to be submitted to NHS England on 11 April 2016.
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## 1. Executive Summary

1.1 Commissioning plans help identify potential provider impacts of any transformational projects the CCG is looking to undertake in the following year, reflecting North West London's and the CCG's strategic priorities:

- Primary Care Transformation;

- Whole Systems Integrated Care;
  - Mental Health transformation; and
  - Acute reconfiguration (*shaping a healthier future*).
- 1.2 The CCG's draft objectives for 2016/17 are included with this report. The objectives will be finalised in March 2016.
- 1.3 This report summarises West London CCG's approach to its 2016/17 commissioning intentions.

## **2. Key Matters for the Board**

- 2.1 The Board is asked to note the CCG's approach to commissioning in 2016/17.

## **3. Background**

- 3.1 The CCG is the member-led organisation responsible for planning and commissioning health services for people living in the Royal Borough of Kensington & Chelsea and Queen's Park & Paddington in the City of Westminster. It became a statutory body in April 2013, and its vision is to develop, commission and deliver high-quality, cost-effective services for the population, through patient-centred commissioning and working in partnership with stakeholders in the health, Local Authorities and the third sector.
- 3.2 The CCG is made up of 46 member practices, serving a population of approximately 240,000. The CCG is committed to improving the care provided to patients, reducing health inequalities and raising the quality and standards of primary care practices, while achieving financial balance. The decision to include Queen's Park & Paddington (QPP) in the CCG was done at the request of practices in the area, as a result of the demographic similarities between residents in QPP and the north of Kensington & Chelsea.
- 3.3 CCGs put local GP practices at the heart of deciding what health services best serve the needs of the local population. Member practices use their experience and knowledge to influence and shape the decisions the CCG makes, with some more heavily involved as representatives on the Governing Body or working as clinical leads.
- 3.4 The CCG works with patients, carers and other stakeholders to make sure that local health and social care services are effective and co-ordinated. Its annual budget (approx. £350m) is spent on a range of services, including:
- Planned surgery (elective care);
  - Rehabilitation care;
  - Urgent and emergency care;
  - Community health services;
  - Mental health and learning disability services; and

- Enhanced Primary Care Services.
- 3.5 The CCG aims to ensure that the highest quality of care is delivered by those organisations best qualified to do so for the diverse needs of its patients, carers and the public, and at best value for money.

### **Approach to planning**

- 3.6 Planning guidance was received from NHS England on 24 December 2015. This provided further details on delivering the Five Year Forward View – the national NHS strategic direction as set out by the NHS England Chief Executive.
- 3.7 The key asks of the CCG are:
- a) Write a five-year Sustainability and Transformation Plan (STP) across the sector (North West London).
  - b) Complete five Operational Plan templates relating to activities in year 1 of that plan, 2016/17. The five templates cover:
    - Finance and activity;
    - Contract tracker;
    - Operational resilience;
    - NHS Constitution standards; and
    - Better Care Fund.
- 3.8 The timeline for the Operational Plan is included as an appendix. A significant element of the Operational Plan is the agreement of the CCG's financial plan and contracts with providers. These will be finalised at the end of March 2016.
- 3.9 Member practices and Health & Wellbeing Boards were consulted about the CCG's draft commissioning intentions in autumn 2015, and supported the overall direction and the aim to streamline systems and processes that support our delivery of care for patients.
- 3.10 Corporate objectives set the direction for the CCG's commissioning, transformation and statutory responsibilities. In March 2016, the CCG's draft corporate objectives include what we have previously called our commissioning, or contracting, intentions. These will be finalised in March 2016

### **Working with providers: commissioning**

- 3.11 As commissioners, the CCG wishes to work with trusts to reduce the level of risk in the system, and to change the way in which it does business to enable it to achieve our joint strategic ambitions as set out in *Shaping a healthier future* and through the Whole Systems Integrated Care programmes.

- 3.12 The CCG also expects to work closely with our providers to implement key areas of strategic change and development as per *Shaping a healthier future*; Better Care Fund and Five Year Forward View initiatives.
- 3.13 West London CCG believes that high quality, integrated services can best be delivered by accountable care partnerships that:
- Have developed appropriate models of care for their population;
  - Are commissioned to deliver clear outcomes for the different segments of the population;
  - Share accountability for achieving those outcomes and share financial risks and benefits through a capitated budget.

#### **Working with providers: quality and patient experience**

- 3.14 The CCG expects to see a strong focus from providers on patient experience, including feedback from the Friends and Family Test and supporting local means of using feedback from patients to improve services.
- 3.15 Providers will be required to comply with the current London multiagency policy and procedures to safeguard adults and children from abuse and with the requirements of the Mental Capacity Act (including the Deprivation of Liberty Safeguards) and Safeguarding Children Act. It is expected that services be compliant with the Care Act 2014 following implementation in April 2015.
- 3.16 They will also be required to implement the Prevent agenda that requires all healthcare organisations to work in partnership to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.
- 3.17 From April 2016, Trusts in North West London will be expected to implement the proposal to supply a prescription at all outpatient attendances requiring a new medicines or change in medicine. For drugs excluded from national tariff, NWL CCGs will only pay actual acquisition costs of drugs and will therefore require a review of historic arrangements in place for sharing benefits, funding any on-cost and/ or homecare charges and charges made by some Trusts for tariff medicines.

#### **Working with providers: system improvement**

- 3.18 The NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. North West London CCGs have traditionally used a number of high-level indicators of efficiency that identify potential areas for improvement. Their purpose is to enable commissioners and providers to identify local and national performance areas.
- 3.19 North West London CCGs will look to ensure standardisation in the application of the metrics, where appropriate, across all providers and will work jointly with providers to create new metrics which will reflect the changing strategic landscape of the local health economy.

- 3.20 Dependent on the type of contract agreed upon, commissioners will expect to include a range of key performance indicators (KPIs) and metrics associated with improved quality, productivity and efficiency performance.
- 3.21 Overall, the commissioning intentions and objectives for 2016/17 represent a continuation of our existing strategic objectives and commissioning arrangements.

#### **Working with providers: monitoring and assurance**

- 3.22 Ongoing quality and performance monitoring is led by the CCG, with monthly reporting on quality and performance issues. Clinical, patient and lay representatives are included in the groups responsible for this work.
- 3.23 In addition, each Trust has a Clinical Quality Group, with membership drawn from commissioners and providers to monitor areas of clinical quality together and to jointly identify areas for clinical service development and innovation. The purpose of the group is to ensure that there is a clear focus on quality linked closely to contract management. It will provide a creative space for critical analysis and development of joint solutions and learning to support improvements in patient safety, clinical effectiveness and patient experience.

#### **4. Financial Implications**

- 4.1 The CCG's financial plan for 2016/17 is in development.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**

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#### **APPENDICES:**

- 1) *Draft 2016/17 objectives*
- 2) Timeline for producing Operational Plan
- 3) Planning & assurance overview, March 2016