

Item: 6

<b>Date</b>	Thursday, 06 September 2018
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<b>Title of paper</b>	<b>Commissioning intentions process 2019/20</b>
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<b>Presenter</b>	Director of Acute Commissioning, Huw Wilson-Jones				
<b>Author/s</b>	Director of Acute Commissioning, Huw Wilson-Jones				
<b>Responsible Director</b>	Mark Easton, Accountable Officer NW London CCGs				
<b>Clinical Lead</b>	N/A				
<b>Confidential</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

<b>The Committee is asked to:</b>	Note the report.
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<b>Summary of purpose and scope of report</b>	<p>Each year the CCGs set out their priorities for the coming year and how they will improve the health of the communities they serve. Commissioning intentions are where those priorities are set out by showing what kind of services CCGs would like to purchase in the coming year.</p> <p>This paper highlights the process required to produce and sign off a sector Commissioning Intentions letter for all providers in NW London that covers the period 2019-21. The paper describes the key work streams and the time frames required for Commissioning Intentions to be shared at the end of September 2018.</p> <p>The paper also highlights contingencies like the timeline for the publication of the national Operating Guidance and its content.</p>
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<b>What are the benefits of this project?</b>	<p>The benefit of developing a sector wide Commissioning Intentions letter is to explain how all commissioners and providers wish to ensure that services are more integrated in order to deliver more joined up patient care going forward.</p> <p>The process is being discussed at the Shadow Joint Committee to ensure all CCGs can input adequately.</p>
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**Staff, stakeholder and patient engagement.**

Staff engagement took place in two learning workshops with staff from finance, business intelligence and contracts teams.

Each CCG/programme will manage its own engagement plan

**Jargon buster**

QIPP - QIPP (Quality, Innovation, Productivity and Prevention) are savings which can be made by commissioners buying more efficient services. These savings will not just impact this financial year, but are on-going improvements.

CQIN - Commissioning for Quality and Innovation. The system was introduced in 2009 to make sure a proportion of healthcare providers' income was spent on improvements in quality and innovation in specified areas of patient care.

SOC1 – The business case for the first capital elements of Shaping a Healthier Future

Integrated care system- In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

**Quality & Safety**

The paper highlights the timelines for review of Quality schedules in our providers.

**Equality analysis**

The paper describes the process around commissioning and the work plans required to negotiate contracts. Equality analysis will be carried out if any of the negotiations require significant changes to services.

**Finance and resources**

Negotiation of contracts is the main business of CCGs and constitutes the main financial risk – appropriate planning is therefore crucial to managing risk.

**Risk**

**Mitigating actions**

**Attached documents**

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**Governance, reporting and engagement**

*Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.*

Name	Date	Outcome and where in the report can you find out more
<i>Business Planning and Recovery Group</i>	4/7/18	Approved

**Conflict of interest**

N/A

# Commissioning intentions process 2019/20

As part of preparation for the commissioning intentions communication at the end of September, this paper highlights the key works streams and initial timelines for completion and sign off.

This paper includes some of the learning from the process in 2018/19 in terms of how to balance an STP approach with some of the borough level services and pathway issues. In addition, the late publication of national Operating Guidance highlighted the need to gain local understanding and agreement with providers earlier in the process especially in terms of an understanding on local growth needs across NW London.

It is anticipated that there will be a two year national contract to negotiate and any Commissioning Intentions should explain what commissioners expect to be delivered as a health economy as part of the sustainability and transformation plan (STP). Key objectives would include:

- delivery of the NW London STP for 2019-21 ,
- transition towards integrated care systems (ICSs),
- successful delivery of NHS England national planning guidance.

The following section highlights the key work plan areas and table one highlights the timescales to produce the commissioning intentions documentation.

1. An updated narrative on the key strategic programmes in NW London should also include a triangulation of the performance to date with the SOC1 business case, followed by a description and high level milestones for main development areas from 19/20.
2. Many providers feel it would be beneficial to agree a narrative on what integrated care provision (ICP) will look like across all CCGs and how it will impact on their income. The commissioning intentions should contain a consolidated, sector ICP description of the main elements of change for our main providers. The possibility of other contract forms in terms of mutual risk sharing with providers may be supported by these developments.
3. Quality needs across all providers will be assessed via the already established quality leads group and any key changes or developments for 2019/20 will be highlighted in the commissioning intentions. The further development of what is required for the STP CQIN will also be highlighted.
4. Growth estimates. The present year's estimated activity and finance projections for all providers will be assessed so that an indicative out turn

position will be made using month four activity and finance for August 2018. This will include known key drivers although the process may still include issues and challenges not yet agreed with providers. To counter act this the previous two years' worth of activity/finance reports will be used for the acute sector (and community/mental health providers if available). The business intelligence (BI) database underpinning the Joint Committee reports on acute activity will be used, as provider CFOs have agreed this as the primary source of agreement on growth. Joint work between finance, contracts and BI leads will deliver estimated growth values by August 2018 for discussion at CFO group. Any potential provider metrics will also be assessed and flagged. A proposal built on this data will try and enlarge the acute areas covered by block contracts will be produced as part of the first draft on commissioning intentions.

5. Performance trajectories and expectations should be based on 2018/19 NHS operating plan evidenced by jointly agreed demand and capacity models where growth is expected. This work will be adjusted following publication of the 19/20 operating plan.
6. A review of the impact of QIPP/transformation projects and an assessment of future progress (cross reference with SOC1 estimates). This to be integrated with the main, sector QIPP /transformation programmes for 2019/20 onwards.
7. Health needs assessment has traditionally been a key part of developing Commissioning Intentions within the contracting cycle but lately there has been less feedback from this area. It is proposed that any 2018/19 updates in each CCG could be utilised for potential growth discussions. A NW London summary of health needs going forward would be useful as part of future planning via the STP bodies.
8. The commissioning intentions will, as previously, describe an STP approach to commissioning services although an Appendix will be available to highlight key priorities for individual CCGs which will include decommissioning notices.

Table 1: High level plan to develop commissioning intentions 2019-20

High Level Contracting Round Plan _ Commissioning Intentions 2019-20 V1 DRAFT						
No.	Area	Activity	Start	Finish	Owner	Key Dependencies
<b>Jun-18</b>						
	growth	Develop Activity/finance reports trend information as basis for growth estimates with Providers	Mon 1/06/18	Fri 15/06/18	Dir Comm	Gained Sector CFO approval for activity/finance reports format
<b>Jul-18</b>						
	Contracting	Lessons Learnt form contracting round 2018-19 Workshop	Thurs 05/07/18	Thurs 5/07/18	Dir Comm	
	governance	Joint Committee - discuss and agree plan for Commissioning Intentions	Thurs 05/07/18	Thurs 05/07/18		
	QIPP	Review of QIPP opportunities with Imperial Healthcare Partners	Thurs 13/07/18	Tue 31/07/18	QLSG	
	Quality	Review of current quality schedules	Mon 09/07/18	Wed 31/10/18	Dir Quality	
	ICP	Develop draft commissioning Intentions narrative that covers sector wide key themes that may impact on providers. For review at JSMT.	Mon 23/07/18	Tue 31/08/18	ICP leads	
	growth	Complete Month 3 Baseline Model Update and propose growth values together with previous 2 years' activity profiles	Wed 25/07/18	Tue 31/07/18	Contracts/BI/finance	Capacity to develop model and liaise with contract teams to understand drivers of change in activity/cost. Capacity devoted to understand MH and Community growth information.
<b>Aug-18</b>						
	Health Needs	Agree any relevant updates to local Health needs assessments that may impact on growth discussions via CCG finance leads.	Mon 06/08/18	Fri 20/08/18	CCG Finance leads	
	Health Needs	Discuss possibility of joint NWL Health Needs summary with Boroughs in future	Mon 06/08/18	Fri 28/09/18	AO	
	Metrics/benchmarking	Metrics/ Benchmarking workshop to review potential new metrics to utilise and feed into Negotiations	20/08/2018	Fri 30/11/18	Dir Comm	Operating guidance and financial positions in the health economy will dictate how difficult it will be for local metrics into contracts.
	Strategy	Review actual activity profiles with SOC1 estimates	Mon 23/07/18	Tue 31/08/18	S&T; Finance	
	QIPP	Review QIPP progress and assess future impact	Mon 23/07/18	Fri 31/08/17	QLSG	
	QIPP	Review of QIPP opportunities within PBR framework with Richard Russel associates	Thurs 17/09/18	Fri 31/08/18	QLSG	
	Quality	Continue with review quality schedule and flag any key issues for Commissioning Intentions	Fri 31/08/17	Fri 31/08/18	Dir Quality	
	Strategy/QIPP	Provide draft Strategic developments together with main QIPP programmes	Fri 31/08/17	Fri 31/08/18	S&T/QLSG	
	growth	Complete growth estimates by assessing up to date M4 baseline model	Fri 15/08/18	Fri 20/08/18	Contracts/BI/finance	
	CCG priorities	Appendix available for local key priorities and which providers they may impact	Fri 31/08/17	Fri 31/08/18	COOs/MDs	
	Draft	Produce draft Commissioning Intentions for governance review at SMT	Fri 31/08/17	Fri 31/08/17	Dir Acute Comm	
<b>Sep-18</b>						
	growth	Propose initial growth estimates to sector CFO group	Fri 07/09/2018	Fri 07/09/2018	Dir Fin/Acute Comm	
	governance	Joint Committee - discuss process for signing off Commissioning Intentions draft	Thurs 06/09/18	Thurs 06/09/18		
	governance	Final Commissioning Intentions letter review at BPRG	Fri 12/09/18	Fri 12/09/18	Dir Comm	
		CIs Letter issued to providers	Fri 28/09/18	Mon 01/10/18		