



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 19th September 2013

Agenda No: 6.4

Attachment: 06

Title of Document: Commissioning Intentions Planning Process	Purpose of Report: For Agreement
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Executive Summary: Merton CCG is required to devise Commissioning Intentions for 2014/15. The paper sets out the plans to ensure they are completed by 1 st December 2013 with full engagement of patients, CCG membership, external stakeholders and the governing body.	
Key sections for particular note (paragraph/page), areas of concern etc: N/A	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to: <ol style="list-style-type: none"> 1. Review and comment 2. Take note of key milestones on the plan 	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: To be reviewed as part of the Commissioning Intentions Process	
Other Implications: Nil of note	
Equality Analysis: To be completed as part of the Commissioning Intentions Process	
Information Privacy Issues: To be completed as part of the Commissioning Intentions Process	
Communication Plan: To be reviewed as part of the Commissioning Intentions Process	

Commissioning Intentions Planning Process – Merton CCG

1.0 Introduction

1.1 Developing 2014/15 commissioning intentions

All Clinical Commissioning Groups (CCGs) develop and publish their commissioning intentions on an annual basis. Merton CCG is determined to ensure a proactive and inclusive approach to the development of its commissioning intentions for 2014/15, which meets the needs of its members, patients and the public. The CCG's process for developing its commissioning intentions will be set clearly in the context in which the organisation operates, including:

- The CCG's agreed vision and strategic objectives, encompassing the delivery of integrated, out of hospital care which it is influenced by
- Local population need, as described by the Joint Strategic Needs Assessment (JSNA)
- Feedback from our patients and the public
- Intelligence from in-year contract monitoring and our clinical quality groups (CQRGs)
- Performance management and assurance requirements, including the DH Operating Framework/Outcomes Framework and NHS England requirements
- Shared SWL and local authority commissioning priorities; There are likely to be a number of areas where it will be more effective to develop a joint approach with local stakeholders
- The delivery of Better Services Better Value
- QIPP (Quality, Innovation, Productivity & Prevention) delivery.
- HWB Strategy

1.2 Stakeholders

The development process must provide scope for the comprehensive inclusion of all key stakeholders, including:

- Merton CCG Governing Body, networks, membership and management team
- Local authority colleagues
- CSU commissioning & contracting leads
- Health & Wellbeing Board
- Patients and the public
- SWL CCG colleagues
- Input from providers as required to ensure appropriate intelligence at service level

1.3 The purpose of this paper

This paper sets out the proposed process for developing Merton CCG's 2014/15 commissioning intentions. The paper includes an outline of the:

- The overall proposed development process
- Timeline of proposed activities, key activities required, outputs delivered and governance arrangements
- Detailed engagement timeline
- Next steps

1.4 Issues for Governing Body consideration

- To support the overall proposed process for Merton CCG
- To note the potential for collaborative working across SWL CCGs and the local authority, in terms of both developing shared commissioning priorities, and in terms of process, e.g. stakeholder events
- We will also work with NHE England and amend our intentions to ensure they are in line with the direction of travel

2.0 Commissioning intentions: Overall development process

The proposed stages in the overall process to develop commissioning intentions are shown below.



The activities required by each stage are described in more detail below, and later in this paper.

Stage 1 – Develop the context for commissioning intentions 2014/15

The purpose of stage 1 is to clarify the current position in terms of the context for developing commissioning intentions. This stage will answer questions including:

- What progress has been made against last year's commissioning intentions?
- How have the wider strategic context and population needs changed from last year, if at all?
- What can we learn from our contract monitoring processes?
- What can we learn from what patients and the public have told us this year?
- What are the broad service/subject areas for inclusion in our commissioning intentions for next year?
- Where are the key areas where we need to collaborate with others to develop our commissioning intentions? Where can we develop our intentions alone?

Stage 2 - Develop draft high level commissioning intentions

Using the feedback collected in the stage 1, the aim of this stage in the process is to develop the high level commissioning intentions for next year. This stage will answer questions including:

- What are our indicative commissioning intentions for each service/subject area?
- How should we prioritise our commissioning intentions?

Stage 3 - Refine/develop commissioning intentions

Stage 3 will result in final agreed commissioning intentions, signed off by the CCG Governing Body. It will include a dedicated patient/public stakeholder workshop to test and refine commissioning intentions. The agreed intentions can then be shared with providers and will form the basis of 2014/15 contract negotiations.

- How do our stakeholders' views inform what our commissioning intentions should be?

3.0 Commissioning intentions: Next steps

The Commissioning team are working through the next steps in the process

3.1 Progress stage 1 of the process:

- Strategic context/document review
- Discussions with individual stakeholders to gather feedback on progress from last year and early indicative priorities/issues for next year

3.2 Begin planning activities for subsequent stages of the process, including:

- Plan the Merton CCG Governing Body October Seminar
- Schedule dates for the wider stakeholder commissioning intentions workshops
- Schedule the patient/public engagement workshop
- Develop supporting materials for CCG network and membership meetings

3.3 Discuss the proposed timeline and process with colleagues to establish the optimum means by which to work collaboratively on commissioning intentions, both in terms of content and process

3.4 Develop more detailed project plans for individual elements, e.g. public / patient engagement

3.5 Develop a risks and issues log

4.0 Draft Structure of the Commissioning Intentions Document

1. Introduction signed by Clinical Chair and Chief Officer

2. Aim of Merton CCG Commissioning Intentions

This section will cover the vision, values and aims of the CCG. This will also contain an appraisal of the current commissioning intentions (2013/14), appraisal of QIPP, assessment of provider output and quality

3. National, Regional and South West London Strategic Context

BSBV, Integration agenda, individual payment for continuing care, Merton Better Care Closer to Home

4. Merton Health Commissioning Landscape

Covers the CCG role and inter-working with local authority, NHSE, SWL CCGs and CSU

5. Merton Health Needs

Reference to the JSNA, with a cohesive view as to where

6. Overview of local commissioning priorities

High level sections to cover (assumed the JSNA and HWBB strategy and implementation will cover these) - long list:

- Cancer
- End of Life Care
- Health Inequalities
- Integration
- Mental Health and Learning Disabilities
- Musculoskeletal and orthopaedics
- Older People
- Ophthalmology
- Planned Care and Secondary Care Out-patients
- Sexual Health
- Urgent Care and management of pressure within the system
- Women's and children

7. Commissioning Intentions

Detailed work under each of the subsections above

8. Merton CCG Engagement Plan

PPE, Governing body sign off

9. Summary

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Clinical Commissioning Group

