

<b>Title of paper:</b>	Commissioning Intentions update	
<b>Author name and job title:</b>	Mable Wu, Head of Planning and Performance	
<b>Date of paper:</b>	28 September 2015	
<b>Exec Lead:</b>	James Blythe	
<b>Meeting name and date:</b>	Governing Body 25 <sup>th</sup> September 2015	
<b>Agenda item &amp; attachment number:</b>	Agenda Item 14 attachment 8	
<b>Attachments – please list or state “none”</b>	Assurance overview	
<b>Purpose of Paper (tick one only):</b>		
<b>For information only (to note)</b>	<input checked="" type="checkbox"/>	
<b>Requires discussion and Feedback</b>	<input type="checkbox"/>	
<b>For decision</b>	<input type="checkbox"/>	

## **Executive Summary:**

This document is to give an update on the progress of the 2016/17 Commissioning Intentions process. The Governing Body is asked to note the following:

- The CCG is in the process of developing its Commissioning Intentions for 2016/17.
- Surrey Downs CCG has launched a public survey on its 2016/17 Commissioning Intentions in August which is available online and we have also sent out paper surveys to our Expert Patient group.
- There are also Commissioning Intentions Workshops planned for October for the three localities which will be interactive sessions reviewing scheme-level detail of potential commissioning initiatives.
- The Financial Recovery Plan is an integral part of the CCG's Commissioning Intentions and to justify inclusion in the commissioning programme any agreed commissioning programme should make a contribution to the FRP.
- Where programmes were identified as contributing to the three-year FRP in previous planning assumptions, these assumptions will be clarified via detailed plan development and validation of activity reduction targets against programme milestones.
- Any decision to remove or reduce the FRP delivery of a specific scheme will require schemes of the same value to be found from within that programme.
- The Programme Management Office is working with Service Redesign leads to identify and develop new QIPP schemes and also to further develop current schemes.

The timetable and approach for Commissioning Intentions is set out in the attached document.

### **Compliance section**

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

Risk Register and Assurance Framework	Risks relating to financial recovery
Patient and Public Engagement	Undertaken as above
Patient Safety & Quality	The CCG will ensure that Commissioning Intentions have Quality oversight
Financial implications	The CCG's Commissioning Intentions will reflect the Recovery Plan
Conflicts of interest	None
Information Governance	None
Equality and Diversity	The CCG will ensure that Commissioning Intentions will have Equality and Diversity assessment
Any other legal or compliance issues not covered above	The CCG will ensure that it acts within its contractual duties.

X:\NHS Surrey Downs CCG\CCG Corporate Governance\Governing Body\Working Folder\2015-16\Meetings\07 25th Sept GB in Public\Draft Papers\08a Commissioning Intentions Cover Sheet 20150915.docx



**Surrey Downs  
Clinical Commissioning Group**

# Surrey Downs Commissioning Intentions overview 2016/17

25<sup>th</sup> September 2015



## Planning for 2016/17 has already commenced

### Key messages

- The overall development process agreed
- Timeline of proposed activities, key activities required, outputs delivered and governance arrangements
- Detailed engagement timeline agreed
- Public Survey on 2016/17 Commissioning Intentions has been launched

### Developing the 2016/17 strategic & operational plans

The NHS faces substantial challenges driven by an ageing population; increase in long-term conditions; and rising costs and public expectations within a challenging financial environment.

For Surrey Downs CCG 15/16 has been dominated by a deteriorating financial position in 2014/15 and how as an organisation we have responded. The position has been caused by a failure to manage increasing demand, the lack of impact of our 14/15 transformational QIPP, transfers out of CCG budget (Specialised Commissioning) and unavoidable increases in costs (NHSPS).

### Developing 2016/17 commissioning intentions

The CCG has designed a proactive and inclusive approach to the development of its commissioning intentions, which meets the needs of its members, patients and the public whilst recognising its challenging Financial Recovery Plan.

The CCG's process for developing its commissioning intentions will be set clearly in the context in which the

organisation operates, including:

- The Three Year Financial Recovery Plan
- Improving Patient Quality and Experience
- The Five Year Forward View
- 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 (CQGs)
- Performance management and assurance requirements, including the DH Operating Framework/Outcomes Framework and NHS England requirements
- Shared Surrey Collaborative commissioning priorities: there are likely to be a number of areas where it will be more effective to develop a joint approach with local CCGs

# The overall process is underpinned by the 2016/17 commissioning intentions



## Develop the context for commissioning intentions 2016/17

The purpose of this stage in the process 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?

## Develop draft high level commissioning intentions

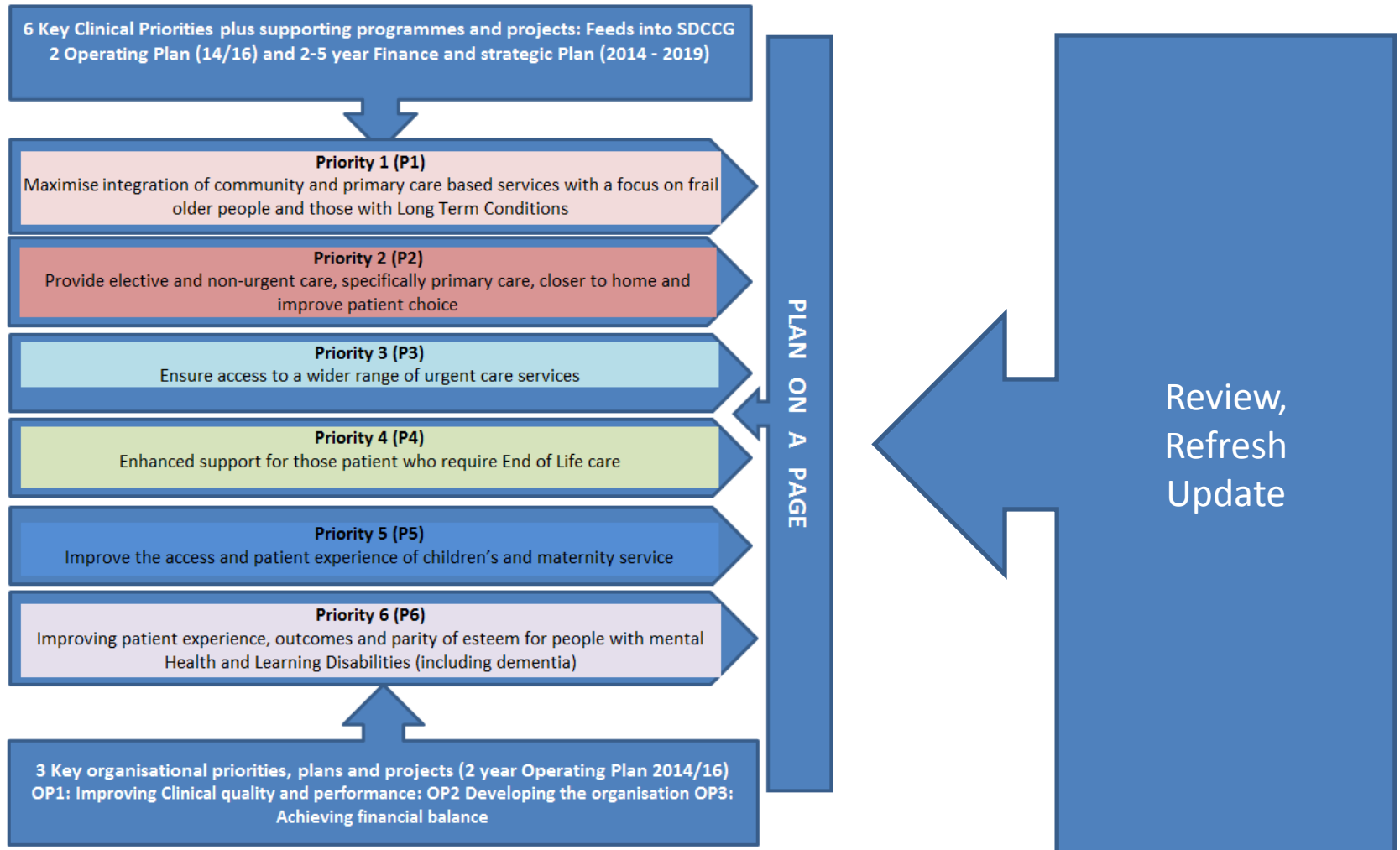
Using the feedback collected in the previous stage, the aim of this stage in the process is to develop the high level commissioning intentions for next year. This stage will answer questions including:

- How do our stakeholders' views inform what our commissioning intentions should be?
- What are our indicative commissioning intentions for each service/subject area?
- How should we prioritise our commissioning intentions?

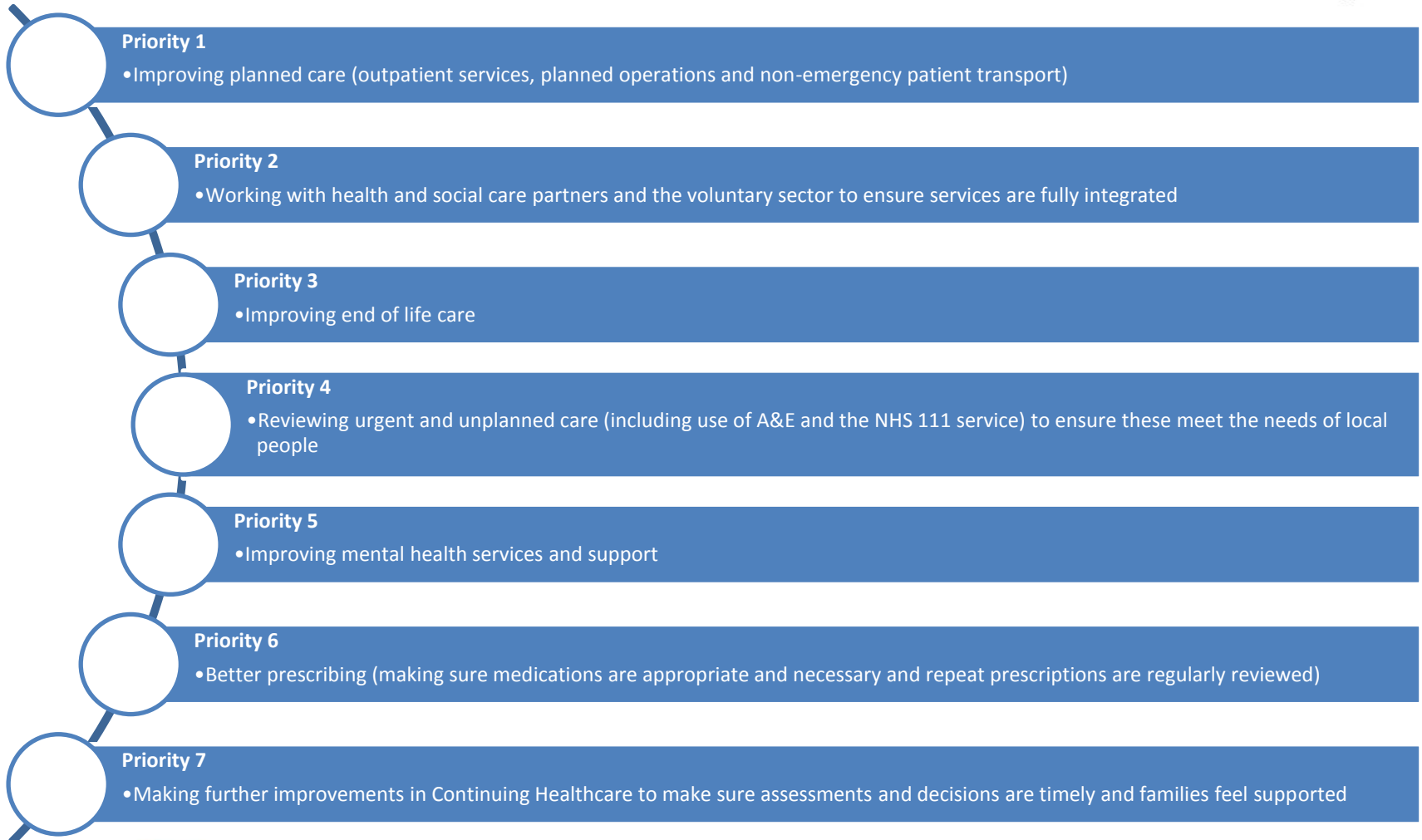
## Refine/develop commissioning intentions

This stage 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 2016/17 contract negotiations.

We are in the process of reviewing and refreshing key clinical priorities in light of the Financial Recovery Plan and the Five Year Forward View Surrey Downs Clinical Commissioning Group



# We've launched a public survey for feedback on our draft priorities which feed into our work programmes





## Executives ownership of work programmes and their outputs has been identified

Item	Description	Milestone (estimate)	Executive Owner
Commissioning Intentions letters to providers	Letter to providers signalling intentions on commissioning, decommissioning, changes to contract	September 30 <sup>th</sup> , 2015	Matthew Knight
Commissioning Intentions	Public document outlining CCG's strategic commissioning plans	September 2015	Miles Freeman
Operating Plan – detailed Narrative	Detailed document outlining how Commissioning Intentions will be implemented including enabling programmes such as Communications, ICT and Organisational Development	February 2015	Karen Parsons
Operating Plan – Finance and Activity template	Detailed document enumerating Finance and Activity Plans for the CCG's programme budgets and running costs	February 2015	Matthew Knight
Operating Plan – Performance trajectories	Detailed document outlining CCG's planned trajectories for non-financial indicators such as 18 week wait, IAPT, etc.	February 2015	Matthew Knight

# Commissioning Intentions Milestones 2016/17



Surrey Downs

Clinical Commissioning Group

Task Name	Start	Finish	Resource Names
Agree de-commissioning options	Mon 27/07/15	Mon 27/07/15	JHoS
Agree "medium list" of priorities for work up	Mon 27/07/15	Mon 27/07/15	JHoS
Develop & Approve 16/17 PODs	Mon 03/08/15	Fri 28/08/15	Programme Leads
15/16 QIPP re-profiling	Wed 26/08/15	Fri 04/09/15	JBr
16/17 QIPP profiling	Tue 15/09/15	Wed 30/09/15	JBr
Agree high level priorities (clinical/enabling)	Tue 11/08/15	Mon 07/09/15	Exec Team
Develop & approve 16/17 PIDS	Tue 15/09/15	Fri 30/10/15	Programme Leads/PDB
Share project details & leaning across the CCG at JHoS	Mon 28/09/15	Mon 28/09/15	JHoS
Launch on-line survey (public, stakeholders)	Mon 17/08/15	Thu 01/10/15	Comms Team
1 st DRAFT of the six month letter to providers collated and review by CFO	Tue 01/09/15	Wed 09/09/15	CFO
Engagement and feedback from patient groups	Tue 01/09/15	Wed 16/09/15	Comms Team
Draft QIPP finance/activity templates sent to MW	Thu 01/10/15	Fri 30/10/15	Programme Leads
Update on planning process to GB (copies of the survey available at the meeting)	Fri 25/09/15	Fri 25/09/15	MK
Final six months letter (commissioning intentions) sent to provider	Wed 30/09/15	Wed 30/09/15	
Interactive voting at GP locality meetings	Tue 08/09/15	Tue 29/09/15	Locality Leads
Feedback and final commissioning intentions presented at Council of Members	Thu 19/11/15	Thu 19/11/15	Exec Team
Commissioning Intentions presented to public GB meeting	Fri 27/11/15	Fri 27/11/15	Exec Team
QIPP templates completed and finalised, for contracting (activity stopped, removed, priced etc) and sent to MW	Mon 02/11/15	Tue 15/12/15	Programme Leads
ICP refresh	Tue 01/12/15	Fri 29/01/16	
Sign off from programme leads on constitutional and OP trajectories, and CCG domain outcome indicators	Mon 04/01/16	Fri 15/01/16	Programme Leads
Request for delegated authority from GB for final planning submissions	Mon 11/01/16	Mon 11/01/16	MF
Approval of draft F & A template, & OP plan narrative	Mon 18/01/16	Fri 22/01/16	Exec Team
GB approval of plans	Mon 18/01/16	Mon 18/01/16	GB
1 st draft of plans to NHSE	Mon 01/02/16	Fri 12/02/16	MK
FINAL submission of plans to NHSE	Mon 14/03/16	Thu 31/03/16	MK