Health and Wellbeing Board

15th November 2013

North Durham CCG (NDCCG) and Durham Dales, Easington and Sedgefield CCG (DDESCCG) Planning Process Update for 2014/15

Joint Report of Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and Nicola Bailey, Chief Operating Officer, North Durham Clinical Commissioning Group

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Purpose of Report

1. The purpose of this report is to outline the planning process which feeds into the 2014/15 planning round for both North Durham Clinical Commissioning Group (ND CCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG).

2. This report will articulate how this activity fits into the North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group 'Clear and Credible Plan' development and the strategic challenges faced by both organisations. It will include activity that has been undertaken to date and forthcoming work that will be required.

Background – Clear and Credible Plan

3. ND CCG and DDES CCG were both formed in the autumn of 2011. During the back end of the following year both CCGs were authorised by the National Commissioning Board and assumed responsibilities for the commissioning of health services from 1st April 2013.

4. During this process each CCG had to publish its five year strategic plan. The Clear & Credible Plan 2012/13 – 2016/17. The CCGs are now looking to build on and consolidate their commissioning activity already taking place during the first two years of the plan 2012/13 – 2013/14 and are now looking to develop work programmes and commissioning activities for 2014/15 onwards.

Overarching Planning Process

5. In order to successfully undergo a planning process a number of key activities are required, an outline of these activities are summarised in the table overleaf:

	Month	Activity	Reporting to
July - September	June/July	Agree Engagement Plan to include: • Providers • Patients and the public • Member practices • Local Authority • Other commissioners • Health Networks	CCG / NHS England Area Team
	July /Aug	• Review CCG information (Joint Strategic Needs Assessment), performance against key indicators, Health and Wellbeing Board strategic aims, 2013/14 priorities (Outcome Framework and Quality Premiums and QIPP etc.) to produce long list of 'could /should do's' • Draft 'Commissioning for Quality and Innovation' (CQUIN) programme and timetable • Contract negotiation process starts	CCG / NHS England Area Team
	Aug/Sept	• Asset / Gap analysis to produce list of existing and emerging priorities and high level commissioning intentions	CCG
	Sept/Oct	• Public meetings • Feed into the 'A call to action' engagement process • CQUIN negotiations • Initial discussion with Durham County Council (DCC) partners regarding Integration Transformation Funding (ITF) allocation	CCG
October - December	October	• QIPP review • Public feedback report • Agree draft commissioning intentions and priorities for member practice approval, communication to providers • Revised NHS Mandate published • Big Tent Event	CCG / NHS England Area Team / NHS England
	November	• Draft Operating Plan (or equivalent) published • Allocations published • Detailed officer discussions between DCC and CCG relating to ITF allocation (Oct '13 – Jan '14)	NHS England / DCC
	December	• Plan refreshed in line with national planning guidance • QIPP review • National (PbR) Tariff published • 2014/15 contract issued	CCG / NHS England Area Team

January – March	January	• Final commissioning intentions and activity plans given to providers • Draft CCG Plan on a Page & Operating Plan submitted to AT • 1st draft CCG Finance & QIPP Plans submitted • Health and Wellbeing Board (HWB) to review initial ITF plans and make recommendations	CCG / NHS England Area Team / DCC / HWB
	February	• AT reviews of plans and feedback to CCGs (triangulation of activity, finance and reform programmes) • Commence weekly updates on contract negotiations (via AT template) • Second draft plan • CCGs submit proposals for 3 local priorities	CCG / NHS England Area Team
	March	• Final Finance & QIPP Plans submitted • Final activity & delivery indicators documented • CCGs and AT review provider CIPs • AT sign-off of local priorities • Final submission CCG plans-on-a-page and Assurance Plan	CCG / NHS England Area Team
	Mar/April	• CCG and NHS England contracts signed • CCG draft annual accounts (pre-audit) • CCG Boards sign-off final plans • Health and Wellbeing Board to formally agree ITF spending plans for 201/15 and 2015/16, and agreed relevant local performance indicators to be used in conjunction with nationally required indicators.	CCG / NHS England Area Team / HWB

Engagement Activity

6. During July 2013 NHS England published ‘A call to action – the NHS belongs to the people’. The Call to Action process should feed into the development of the CCG’s five-year commissioning plans. The Call to Action will also shape the national vision, identifying what NHS England should consider to drive service change. This programme of engagement will provide a long-term approach to achieve goals at both levels. This ‘Call to Action’ is the opportunity for everyone who uses or works in the NHS to have their say on its future.

7. As a part of ‘Call to Action’ programme each of the Clinical Commissioning Groups within the Durham, Darlington and Tees area have agreed to work jointly with the Local NHS England Area Team utilising the North of England Commissioning Support (NECS) communication and engagement teams. This engagement activity has begun and where possible will utilise existing engagement opportunities, this will includes a session at the Big Tent event. Through this engagement process, both NDCCG and DDESCCG will feed in the views gathered from these events into their commissioning plans and will

share draft of these commissioning plans (interim commissioning intentions) with the engagement groups to seek the views of the patients and public.

8. To supplement the ‘Call to Action’ engagement process and ensure full engagement with other stakeholders such as providers, member practices and clinical networks, both NDCCG and DDESCCG have both written to key stakeholders to obtain their views on what the CCG and other health commissioners should consider in the development of their commissioning plans. To enable focussed feedback a context pack was included with the letter and feedback template which highlight some of the key issues faced by the CCG. An example of the letter, context pack and feedback template is included in **Appendix 2.**

Developing the Commissioning Plan

9. Once feedback has been received from stakeholders, they will be summarised, analysed and prioritised, considering: contribution towards the delivery of better outcome for patients, meeting the needs of patients, strategic fit, affordability (alignment with mid-term financial plan) and impact across the health economy. Other activities such as: detailed discussion with Durham County Council (DCC) regarding development of ITF allocations; development of business cases and face-to-face meetings with providers will support the impact assessment process. This activity will occur throughout October 2013.

10. Once a draft commissioning plan has been developed it will be shared with stakeholders for feedback. This document should be available by mid-November 2013.

11. This commissioning plan will be further refined with full consideration given to the feedback and account for any national directives and further information received throughout November and December, including: operating framework (or equivalent) requirements, Integrated Transformation Funding arrangements and budget allocations.

12. Throughout this period a number of additional reporting requirements will be required by NHS England and the Health and Wellbeing board, these are likely to include: refreshing the Clear and Credible Plan, development of an Assurance triangulation plan, submission of various activities/performance trajectories and selection of local quality premium areas.

13. The Commissioning Plan will be finalised by the end of April 2014.

Formulating contracts

14. Running in parallel and interacting with the development of the commissioning plan is the NHS contracting process. The overarching aim of this process is to secure the services from providers that meet the needs of the CCGs (and other commissioners) in terms of activity levels, quality and affordability. To facilitate the contracting round a regional group has been re-affirmed to cover the North East and Cumbria CCGs. The level of contracts will take into account: historical activity levels, impact of in-year reforms (both commissioner and provider led), population need changes and changes in technological and clinical guidance (e.g. NICE guidance). The delivery of associated outputs will be facilitated by NECS.

15. There are a number of outputs that are required throughout this process, which include: approach to contracting (lead/associate arrangements), agreement on type of contract (activity or risk share), activity and funding trajectories by provider, formulated CQUIN schedules, clearly defined quality requirements, agreed service delivery improvement plan and review schedule, devised data quality improvement plan and other items required by the commissioning organisation.

16. The contract should be signed off before the 31st March 2014 by the commissioner and provider.

Recommendations

17. It is recommended that the Health and Wellbeing Board note the contents of this report.

Contact: Jon Wrann, Commissioning Manager, North of England Commissioning Support, jonathan.wrann@nhs.net

Background papers: None

Appendix 1: Implications

Finance This process has a significant financial impact on the local health economy.

Staffing N/A

Risk CCGs will need a complete suite of provider contracts in place to ensure that the CCGs achieve the levels of efficiencies and service improvement necessary to deliver their strategic aims and contribute towards a safe and stable health economy.

Equality and Diversity / Public Sector Equality Duty An Equality and Diversity Impact Assessment will be carried out, as appropriate throughout the planning process.

Accommodation N/A

Crime and Disorder N/A

Human Rights N/A

Consultation Extensive consultation will take place through: the ‘a call to action’ process; communications with key stakeholders as described in the appendices of this report.

Procurement The delivery of the DDES and North Durham CCG plans are likely to involve procurement activity

Disability Issues N/A

Legal Implications N/A

Appendix 2

North Durham Clinical Commissioning Group
Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

www.northdurhamccg.nhs.uk

Our Reference 130909 Commissioning Intentions
Your Reference

Main number
E-mail

17th September 2013

Dear Colleague

As a part of developing our commissioning plan for 2014/15 and beyond North Durham Clinical Commissioning Group (CCG) are undertaking an exercise to seek ideas, issues and potential solutions from our stakeholders.

This information gathering process will provide an essential resource to support the conversations with our partners and providers planned later in this financial year, as we will be able to share information and views from a broad range of stakeholders. Our aim is to have this information received by the end of September.

North Durham CCG would request that County Durham Local Authority consider proposals that would maximise the benefits of the health and social care integration. This process is an important catalyst for change, moving more towards preventative, community-based care that will help to keep people out of hospital and in community settings for longer.

When considering these proposals we would request that you consider some of the challenges that we face:

- One quarter of the population has a long term condition such as diabetes, depression, dementia and high blood pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed

- Hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times for likely to spend a day in hospital that those under 65

- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030

- Modelling shows that continuing with the current model of care will lead to a national funding gap of around thirty billion between 2013/14 and 2020/21

These issues and others will be discussed further throughout this year's planning process through the '*A Call to Action'* engagement programme. Information from this process will be fed back to our stakeholders.

We enclose a pack that provides further context and illustrates to you some of the challenges facing us and some of the current work programme being worked through. We will use the themes within the pack to prioritise proposals and you might wish to refer to that as you think through your suggestions.

Please submit your suggestions using the template attached by 5pm on 30th of September 2013 to necsu.planning@nhs.net.

North Durham CCG will shortly be contacting you to arrange a face-to-face meeting in October to discuss our commissioning priorities for 2014/15 and beyond.

We would like to take the opportunity to thank you for your input into this process.

Yours sincerely

Dr Neil O'Brien
Chief Clinical Officer

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North Durham CCG Context Pack for 2014/15 planning round

Overview

North Durham CCG has developed a 5 year strategic plan - The Clear & Credible Plan 2012/13 – 2016/17. North Durham CCG with support from North of England Commissioning Support is currently in the process of delivering year two of the clear and credible plan. We are now looking to build on and consolidate our commissioning activity which has taken place during the first two years of our plan and develop and refine the work programme for 2014/15 and beyond.

We believe it is essential that the CCG engages as widely as possible to ensure that the views of patients, the public, partner organisations and other key stakeholders are taken into account and used to inform commissioning decisions. This strategic context pack is being shared with our stakeholders to provide context and supporting information. This will ensure that the CCG is best placed to align any commissioning proposals to the fundamental challenges facing the CCG.

The pack contains the following information:

1. Existing delivery plan for 2013/14
2. North Durham CCG Strategic aims
3. NHS England Outcome Framework Domains
4. A Call to Action
5. NHS England Outcome profile for North Durham CCG
6. North Durham CCG Quality Premiums
7. County Durham Joint Strategic Needs Assessment key messages
8. County Durham Health and Wellbeing Board (CDHWB) strategic aims
9. CDHWB Clinical Programme Board areas
10. Quality, Innovation, Productivity and Prevention (QIPP) objectives

For a full version of our Clear and Credible Plan please go to:
http://www.northdurhamccg.nhs.uk/wp-content/uploads/2012/11/North-Durham-CCG-Clear-and-Credible-Plan-2012-17-FINAL.pdf

Delivery Plan for 2013/14

The delivery plan below includes the commissioning work streams that are currently being delivered by North Durham CCG with the support of North of England Commissioning Support (NECS)

North Durham CCG – Plan on a Page 2013/14

Vision

Better Health for the People of North Durham

Strategic Aims

- Improve the health status of the population
- Address the needs of the changing age profile of the population.
- Commission clinically effective, better quality and choice of services closer to home
- Make best use of public funds to ensure healthcare meets the needs of patients and is safe, sustainable and effective.

Operating Themes [local priorities]	Prioritised Initiatives [link to outcome framework domains]
Access to Diagnostics	Expand primary care opticians services Implementation of the retinal screening common pathway
Access to local clinical services	Commission a community based dermatology service and minor surgery service Support individuals to remain living in community housing associations Progress ENT referral triage and physiotherapy self-referral including AQP procurement Progress improvements to urology service provision Continue consultant to consultant referral policies Consider rolling out improvements to care planning and case management in nursing homes Encourage providers to ensure that staff carry out opportunistic screening and brief intervention for harmful drinking Commission alcohol liaison nurses in Emergency Departments
Cancer [U75 Cancer Mortality]	Progress faster access to diagnostics for patients with suspected cancer Support the NHSCB Specialised commissioning with the expansion of radiotherapy capacity Support people in hospital to stop smoking by offering medication Support pregnant women to stop smoking by hospital intervention Progress improvement to urology service provision Work with public health to improve stop smoking service
Care for People at end of life	Continue to develop services in response to End of Life/Palliative service review Establish the Gold Standard Framework in North Durham Develop primary care mechanisms for identifying end of life patients Progress advanced/anticipatory care planning for End of Life patients
Care for people with dementia (includes Dementia Strategy)	Continue to implement year 2 of the care home liaison service model Continue to implement year 2 of the acute care liaison model Implement advanced care planning and care reviews
Childhood health [Emergency admissions for children Lower respiratory tract infections]	Continue to develop emotional wellbeing provision with secondary schools (Year 10s) Decommission/re-commission redesigned children's community nursing service Further develop and rollout the Autistic Spectrum Disorder 14 week pathway and post diagnosis support Develop and rollout the Poorly Child Pathway Decommissioning and re-commissioning children's Language therapy services
Cardiovascular Disease	Further develop the heart failure service in community/primary care , including a review of rehab Stop smoking initiatives will also contribute
Intermediate Care	Progress coordinated services across the whole care pathway, including rapid response, and the step up and step down model of care for intermediate care beds
Long Term Conditions [Composite Indicator health related quality of life for people with long term conditions / unplanned hospitalisation for chronic ambulatory sensitive conditions)]	Help people to self-manage their long term conditions Improve case management of long term conditions Expand community-based pulmonary rehabilitation programmes Work with Public Health to improve stop smoking service Progress diabetic services, including centralised service for patients providing a 'one stop shop' Extended GP appointments for people with long term conditions Support people who have frequent A&E attendances and hospital admissions Continue 30 day readmission pilots, including evaluating their effectiveness Commission pilot/revised district nursing pathways Progress telemedicine for patients experiencing heart disease, diabetes, hypertension and for older people Continue whole systems development of services to deliver support (including medication reviews) Implement partnership working to patients with Chronic Obstructive Pulmonary Disease Roll out of post discharge tariffs as delivered by the Payment by Results guidance Implement British Lung Foundation self-management plans for patients with Chronic obstructive Pulmonary disease Roll out the 'year of care' pathways as defined by the Payment by Results guidance Progress energy saving schemes for targeted patients in collaboration with Durham County Council
Mental Health and Learning Disabilities	Improving access to, and update of, general health service for people with Learning Disabilities Progress the service user and carer network for people with mental health issues Increase targeted Child and Adolescent Mental Health service provision in North Durham Progress the development of a more intensive integrated primary care mental health service
Stroke	Progress community stroke services
Urgent care	Progress the development of the ambulatory care service at City Hospital Sunderland NHS Foundation Trust Progress the reconfiguration of urgent care services Progress A&E outpatient clinics through implementing a new service specification with County Durham and Darlington NHS Foundation Trust

Outcome framework

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions.
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have positive experience of care
- Treating and caring for people in a safe Environment and protecting them from harm

Cross cutting programmes

- Acute Quality Legacy Project
- Primary Care Development and Innovation
- Care Closer to Home Joint Workstream
- Continue to Implement the Francis 2 and Winterbourne recommendations
- Healthcare for Military Veterans and their Families

Risks

- Maintaining effective partnership engagement and economies of scale to deliver improvement of outcomes whilst moving to the new commissioning system
- Sustainability – impact of ageing and growing population and technological advances driving cost pressures
- Increase in acute hospital activity above an affordable level
- Impact of specialised commissioning "full take" on CCG allocation

If a proposal is on the plan and you wish to be involved please state this on the template (within the "follow up" box)

North Durham CCG Strategic Aims

We have four strategic aims in order to help us achieve our vision of “Better Health for the People of North Durham”.

1. To improve the health status of the population,
2. To address the holistic needs of the changing age profile of the population,
3. To commission clinically effective, better quality and choice of services closer to home,
4. To make best use of public funds to ensure healthcare meets the needs of patients and is safe, sustainable and effective.

NHS England Outcome Domains

North Durham CCG as a commissioning organisation will have its success measured against the NHS Outcomes Framework. The framework acts as a catalyst for driving improvements in quality and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a renewed focus on tackling inequalities in outcomes. ‘Liberating the NHS’ set out a vision of an NHS that achieves health outcomes that are among the best in the world. To achieve this, it outlined two major shifts:

- a move away from centrally driven process targets,
- a relentless focus on delivering the outcomes that matter most to patients.

The main elements of the Outcome Framework are identified over the page.

The NHS Outcome Framework

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
1b Life expectancy at 75 i males ii females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease*
1.2 Under 75 mortality rate from respiratory disease*
1.3 Under 75 mortality rate from liver disease*
Cancer
1.4 i One-and ii five-year survival from colorectal cancer
iii One-and iv five-year survival from breast cancer
v One-and vi five-year survival from lung cancer
vii under 75 mortality rate from cancer*

Reducing premature death in people with serious mental illness
1.5 *Excess under 75 mortality rate in adults with serious mental illness**

Reducing deaths in babies and young children
1.6 i Infant mortality* ii Neonatal mortality and stillbirths

Reducing premature death in people with learning disabilities
1.7 *An indicator needs to be developed*

One framework
defining how the NHS will be accountable for outcomes
Five domains
articulating the responsibilities of the NHS
Twelve overarching indicators
covering the broad aims of each domain
Twenty-seven improvement areas
looking in more detail at key areas within each domain
Sixty indicators in total
measuring overarching and improvement area outcomes

The NHS Outcomes Framework 2012/13
at a glance

**Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework*

*** A complementary indicator is included in the Adult Social Care Outcomes Framework*

****Indicator replicated in the Adult Social Care Outcomes Framework*

Indicators in italics are placeholders, pending development or identification of a suitable indicator.

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions**

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions*

Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers**

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **

Enhancing quality of life for people with dementia
2.6 *An indicator needs to be developed*

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
i GP services ii GP Out of Hours services iii NHS Dental Services
4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 *An indicator to be derived from the survey of bereaved carers*

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator to be derived from a Children's Patient Experience Questionnaire*

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital

Improvement areas

Improving outcomes from planned procedures
3.1 **Patient Reported Outcomes Measures** (PROMs) for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia
iv Varicose veins

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 *An indicator needs to be developed.*

Improving recovery from stroke
3.4 *An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months*

Improving recovery from fragility fractures
3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital ***

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b safety incidents involving severe harm or death

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

A Call to Action

Under a national campaign called “A Call to Action” all CCGs have been challenged to try and address issues within the following themes:

- prevention & early diagnosis,
- valuing physical health & mental health equally,
- putting patients in control of their health needs,
- well co-ordinated care – integration/ collaboration,
- learning from success – identifying and spreading best practice & innovation.

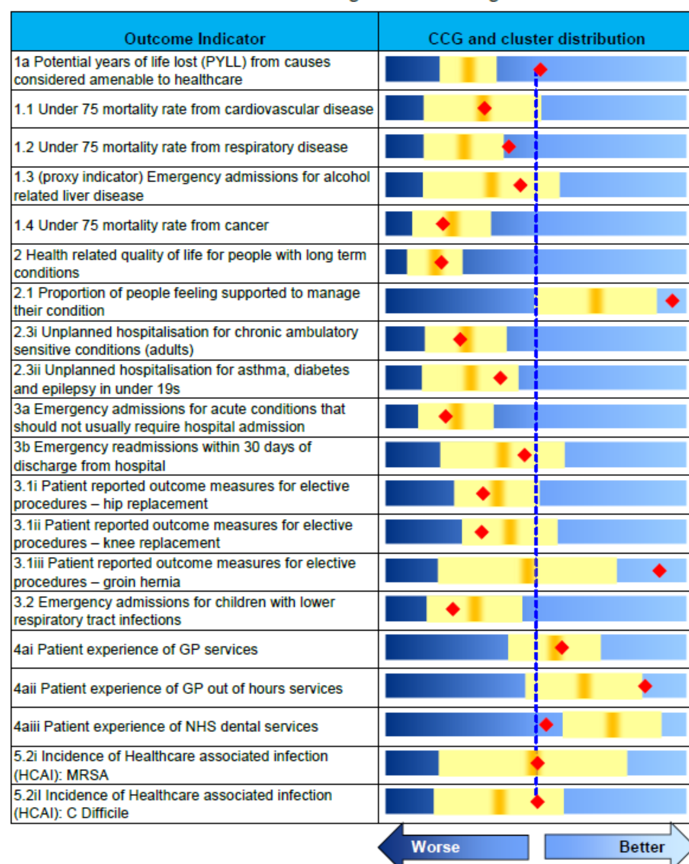
For further information on “A Call to Action” please go to the following website:

http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

Additional information on the “A Call to Action” campaign will be shared throughout various stakeholder events.

NHS England Outcome profile for North Durham CCG

Annually NHS England publishes the performance of CCGs against some of the key measurable indicators within the outcomes framework. Included below is the most recent spine chart that summarises this for North Durham CCG.



The report is available here: http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-00j.pdf and is due to be refreshed and republished during late autumn of this year.

We would be particularly keen to see ideas on how to improve our position in our more poorly performing areas.

North Durham CCG Quality Premium Areas

NHS England has identified some key areas where if the CCG achieve targets, additional funding will be made available to spend on the local health economy. These included a combination of nationally derived target and locally agree targets:

The national quality premium areas are aligned to the NHS outcome domains. The percentage that the national quality premiums contribute towards the CCG quality premium reward are as follows:

- reducing potential years of life lost form amenable mortality (12.5%),
- reducing avoidable emergency admissions (25%),
- improve patient experience of hospital services (12.5%),
- prevent healthcare associated infections (12.5%).

The remaining 37.5% allocation of the quality premium will be equally apportioned to the delivery of three local priorities:

- reducing under 75 mortality rate from cancer (12.5%),
- North Durham CCG Composite Indicator (Improving health related quality of life for people with long term conditions and reducing unplanned hospitalisation for chronic ambulatory sensitive conditions) (12.5%),
- reduce the number of children developing lower respiratory tract conditions (12.5%).

Joint Strategic Needs Assessment (JSNA)

The most recent version of County Durham JSNA (2012) is available on the County Durham Local Authority website:

http://content.durham.gov.uk/PDFRepository/JSNA-2012-Key-Messages.pdf ; http://content.durham.gov.uk/PDFRepository/JSNA-2012-Interactive-Version.pdf ; http://www.durham.gov.uk/pages/JSNADocuments.aspx?JSNASubCatId=9

High level summary messages to share are:

- the overall population of County Durham is predicted to increase between 2009 and 2031 from 495,764 to 511,045,
- the population in County Durham is becoming older with a predicted increase of 61.6% in older people aged 65 years and over and a 157.3% increase in older people aged 85 years and over by 2031,
- life expectancy has improved but remains below the England average. (County Durham 77.0 for males and 81.0 for females – England 78.6 and 82.6 respectively based on 2008-10 figures),
- early death rates from heart disease/stroke continue to fall however are still significantly worse than the England average. Cardiovascular disease (CVD) is the main cause of death and premature death in County Durham and is strongly associated with inequalities in health,
- smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden,
- it has been estimated that over 160 deaths a year might be avoided across County Durham if more cancers were diagnosed early,
- there are particular challenges for certain conditions due to increasing age (e.g. dementia) or change in projected prevalence (e.g. diabetes),
- adult and childhood obesity levels in County Durham are worse than the England average,
- although breastfeeding initiation is increasing in County Durham it remains lower than the England average,
- teenage conception rates are lower in County Durham than the North East region but still higher than the national average,
- alcohol-related admission rates for under 18s in County Durham are higher than the regional average and hospital stays for alcohol related harm remain significantly higher than the England average,
- steady increase in the number of carer assessments carried out jointly with the service user from 3,614 in 2008/09 to 5,327 in 2011/12 (47.4%),
- nationally life expectancy is on average 10 years lower for people with mental health problems due to poor physical health,
- suicide rates in County Durham for men were significantly higher than the England average in 2008-10.

These messages are available on a summary page on the local authority website: http://www.durham.gov.uk/pages/JSNADocument.aspx?JSNASubCatId=9&JSNADocId=272

The County Durham JSNA is currently being refreshed for 2013.

Health & Wellbeing Strategic Objectives

The CCG is a member of the County Durham Health & Wellbeing Board which is responsible for the development of the County Durham Health & Wellbeing Strategy. The strategy has also been widely consulted upon and sets out six strategic objectives which are overleaf:

1. Children and Young People make healthy choices and have the best start in life
2. Reduce health inequalities and early deaths
3. Improve the quality of life, independence and care and support for people with long term conditions
4. Improve mental health and wellbeing of the population
5. Protect vulnerable people from harm
6. Support people to die in the place of their choice with the care and support they need

Sitting underneath these strategic objectives will be a number of strategic actions and responsibility for some of these actions will lie with the clinical commissioning group. To deliver some of these actions three Clinical Programme Boards have been established.

Clinical Programme Board areas

North Durham CCG is working collaboratively across County Durham and Darlington with neighbouring CCGs and the local authority in three areas:

1. Urgent Care,
2. Planned Care,
3. Community Care.

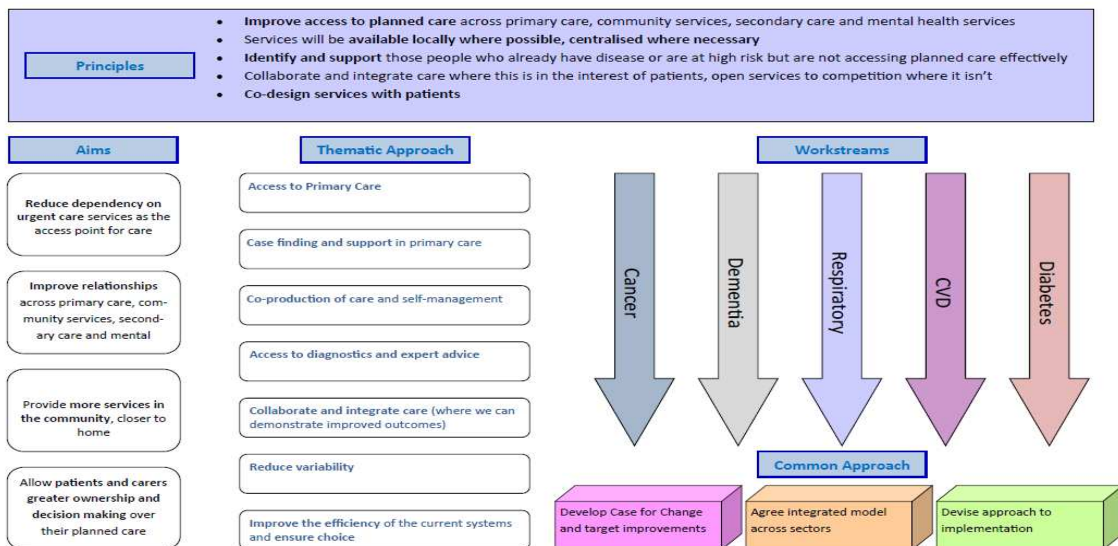
Each of these clinical programme areas has work programmes within them:

Urgent Care (Board)

- Primary Care / Prevention / Care Home,
- Urgent Care Centres,
- Front of House / Handover,
- Alternative Disposition (patient pathways other that going the the emergency department, for example, paramedics that see and treat),
- Patient and public education,
- Winter planning / Escalation Planning.

Planned Care Clinical Programme Group

The planned care workstreams are represented within the schedule overleaf:



<u>Community Services and Care Closer to Home</u>

- Community Nursing (including District Nursing and Community Matrons),
- Intermediate Care,
- Home Equipment Loans,
- End of Life/Palliative Care.

Financial Challenges

- One quarter of the population has a long term condition such as diabetes, depression, dementia and high blood pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed
- Hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times more likely to spend a day in hospital that those under 65
- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030
- Around 800,000 people nationally are now living with dementia and this is expected to rise to one million by 2021
- Modelling shows that continuing with the current model of care will lead to a national funding gap of around thirty billion between 2013/14 and 2020/21
- The system needs to account for the demographic and health related issues within the back drop of no increase of funding

The only way that we can meet these challenges is to do things differently, doing nothing is not an option – North Durham CCG cannot meet future challenges without change.

Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Our Reference 130909 Commissioning Intentions
Your Reference

Main number 0191-3713220
E-mail stewartfindlay.ddes@nhs.net

Sedgefield Community Hospital
Salters Lane
Sedgefield
TS21 3EE

Tel: 0191 3713222
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www.durhamdaleseasingtonsedgefieldccg.nhs.uk

9 September 2013

Dear Colleague

As we move into the autumn, DDES CCG is beginning the process of collecting commissioning proposals for next year.

Our aim is to develop a long list of proposals by the end of September and then to prioritise those intentions with our colleagues in the Local Authority before the end of December 2013.

Although, we are in a healthy financial position this year and have financial stability as a result of the block contracts in place with all our providers, we know this position is likely to change over the coming two years. There is also the need to develop our Quality, Innovation, Productivity and Prevention (QIPP) Plan to support our allocated funding through efficiencies and savings.

Two specific financial challenges we need to address are:

1. In 2015/16 we have to pass in the region of 3% of our budget to the Local Authority to fund Integrated Care and this is likely to put increased pressure on the funding available for our Acute Services.

2. The Department of Health has also published a new funding formula and although it is not known how long it will take them to move us to this fair shares formula, the likely loss for DDES amounts to approximately £18 million per year.

Continued…

As we think through our Commissioning Intentions we therefore need to think of services that are cost effective and help us to continue to deliver the efficiencies we will have to generate over the coming years.

In support of this we are particularly keen to work with our partners and to move as many services as possible from Secondary Care out into Community Services closer to our patients.

I enclose the pack that will provide some context and illustrate to you some of the challenges facing us, we will use the themes within the pack to prioritise proposals and you might wish to refer to that as you think through your suggestions.

Please submit your suggestions using the template attached by 5pm on 30th of September 2013 to necsu.planning@nhs.net.

We would like to take the opportunity to thank you for your input into this process.

Yours sincerely

Dr Stewart Findlay
Chief Clinical Officer

Enc

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Item 12

DDES CCG Context Pack For 2014/15 planning round

North of England
Commissioning Support Unit

Overview

DDES CCG has developed a 5 year strategic plan - The Clear & Credible Plan 2012/13 – 2016/17. DDES CCG with support from North of England Commissioning Support are currently in the process of delivering year two of the clear and credible plan. We are now looking to build on and consolidate our commissioning activity which has taken place during the first two years of our plan and develop and refine the work programme for 2014/15 and beyond.

We believe it is essential that the CCG engages as widely as possible to ensure that the views of patients, the public, partner organisations and other key stakeholders are taken into account and used to inform commissioning decisions. This strategic context pack is being shared with our stakeholders to provide context and supporting information. This will ensure that the CCG is best placed to align any commissioning proposals to the fundamental challenges facing the CCG.

The pack contains the following information:

1. Prioritisation process
2. Existing delivery plan for 2013/14
3. DDES CCG Strategic aims
4. NHS England Outcome Framework Domains
5. A Call to Action
6. NHS England Outcome profile for DDES CCG
7. DDES CCG Quality Premiums
8. County Durham Joint Strategic Needs Assessment key messages
9. County Durham Health and Wellbeing Board (CDHWB) strategic aims
10. CDHWB Clinical Programme Board areas
11. Quality, Innovation, Productivity and Prevention (QIPP) objectives

For a full version of our Clear and Credible Plan please go to:
http://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/wp-content/uploads/2012/09/DdesClearCrediblePlan.pdf

Prioritisation Process

DDES CCG will use a two stage prioritisation process: An initial process will identify those proposals that will help address the challenges that face the CCG and our patients. This will be achieved by analysing how they fit with the contextual information available form this pack.

Delivery Plan for 2013/14

The delivery plan below includes the commissioning work streams that are currently being delivered by DDES CCG with the support of North of England Commissioning Support (NECS)

DDES CCG – Plan on a Page 2013/14

Vision: Excellent Health for the local communities of DDES

We will deliver our strategic aims through clinical leadership and working in partnership with Durham County Council, North Durham CCG, Darlington CCG and the National Commissioning Board with support from North of England Commissioning Support.

Strategic Aims [Local priorities in red]	Prioritised Initiatives [link to outcome framework domains]
Improving the health of the population [U75 Cancer mortality]	Implementation of the Experience led commissioning Stroke prevention and management strategy and action plan Targeted work on cancer screening, including breast screening, genetic testing and haematuria screening (delivering NICE guidance) Targeted work on early diagnosis of cancer to improve patient outcomes To support Public Health with the commissioning of alcohol liaison nurses in emergency departments. Commission a high-quality early supported discharge service for people who have had an acute stroke Commission community-based pulmonary rehabilitation programmes and encourage appropriate referral according to NICE guidelines To support Public Health with the smoking cessation and smoke free family initiatives to reduce the number of children developing lower respiratory tract conditions Work with providers in the community to develop services to support people's health and wellbeing
Making sure our children and young people have a better start in life. [Emergency admissions for children with lower respiratory tract infections] [Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19]	Develop and commission a regional maternity service specification Decommissioning and recommissioning of children's therapy services following reviews Develop and roll out, following review and validation, the Poorly Child Pathway Further develop and roll out the Autistic Spectrum Disorder 14 week pathway and post diagnosis support Decommission/recommission redesigned children's community nursing service to ensure continuity
Tackling the challenges of an ageing and growing population	Review and re-commission out of area Mental Health placements Roll out of the 'year of care' pathways as defined by the Payment by Results guidance Redesign intermediate care services in line with CDD intermediate care blue print Taking account of reviews, commission robust community nursing services for better management of patients with LTCs Implementation of the retinal screening common pathway Review pathways in Mental Health focussing on care closer to home, matching supply to service user demand whilst ensuring value for money. To include pilot of psychosexual therapy and the development of counselling services Improve access to and uptake of general health services for people with learning disability (LD) Work with the End Of Life clinical network to End of Life Care Subject to a positive evaluation to commission an acute Hospital Liaison Service (Adult Mental Health and Older People Services) Subject to a positive evaluation to commission the Care Home Mental Health Liaison Service Having regard to evaluation of the various locality schemes and national good practice to develop improved clinical and pharmacy support to vulnerable older people living in care/nursing homes Subject to evaluation, implement Telehealth/Telecare Subject to evaluation of the various locality initiatives, put in place community based diabetes services Implementation of recommendations from the Winterbourne enquiry Improve access to psychological therapies Increase early diagnosis of dementia
Making services more accessible and responsive to the needs of our communities	Review urgent care provision focusing on in/out-of-hours with possible integration, improved access to primary care and hard to reach communities To ensure equality of access to leg ulcer management in the community Following successful evaluation, roll out of the rheumatoid arthritis review scheme in Primary care Further development of Emergency Department 'front of house' services for key patient groups Development of Physiotherapy AQP Service Expand primary care opticians services e.g. intra ocular hypertension referral refinement
Managing our resources effectively and responsibly	Review of (non-specialist) nurse led secondary care activity Review of day case procedures carried out in outpatient setting Local relocation of Urology service provision to drive up efficiency Development of Ambulatory care services in City Hospital Sunderland and North Tees FT Roll out of post discharge tariffs as defined by the Payment by Results guidance Primary care workforce development to include Career Start Practice Nurse Scheme (to be decommissioned and re-commissioned) Implementation of gain-sharing mechanism for high cost drugs across secondary/primary care Review of increased GP demand for secondary care cardiology services Review of services for the provision of non-medical equipment Review ambulance services Review of prescribing, noting cost savings from category M drug pricing and drugs coming off patent Evaluate 30 day readmission pilots Implementation of outcomes of the Francis 2 report

Outcome framework

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have positive experience of care
- Treating and caring for people in a safe Environment and protecting them from harm

Cross Cutting Programmes

- Acute Quality Legacy Project
- Quality, Innovation, Productivity and Prevention Programme - contributing projects labelled Q
- Locality Innovation throughout the three DDES localities (Durham Dales, Sedgefield and Easington)

Risks

- Managing increased provider activity above affordable levels due to local population demographic trends.
- Ensuring commissioning business continuity by managing capacity and capability pressures resulting from the current significant structural change within the NHS.
- Ability of providers to respond appropriately to Francis 2 and to meet Performance requirements of the NHS constitution, the NHS mandate and Outcomes Framework "Everyone Counts" both in terms of quality and activity.
- Uncertainty around CCG allocations particularly in respect of new specialised commissioning arrangements.

If a proposal is on plan and you wish to involved please state this on the template

DDES CCG Strategic Aims

We have 5 strategic aims in order to help us achieve our vision of “Excellent Health for the local communities of DDES”:

1. Improving the health of the population
2. Making sure our children and young people have a better start in life
3. Tackling the challenges of an ageing and growing population
4. Making services more accessible and responsive to the needs of our communities
5. Managing our resources effectively and responsibly

NHS England Outcome Domains

DDES CCG as a commissioning organisation will have its success measured against the NHS Outcome Framework. The NHS Outcomes Framework acts as a catalyst for driving improvements in quality and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a renewed focus on tackling inequalities in outcomes. ‘Liberating the NHS’ set out a vision of an NHS that achieves health outcomes that are among the best in the world. To achieve this, it outlined two major shifts:

- a move away from centrally driven process targets
- a relentless focus on delivering the outcomes that matter most to patients.

The main elements of the Outcome Framework are identified over the page.

The NHS Outcome Framework

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
1b Life expectancy at 75 i males ii females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease*
1.2 Under 75 mortality rate from respiratory disease*
1.3 Under 75 mortality rate from liver disease*
Cancer
1.4 i One-and ii five-year survival from colorectal cancer
iii One-and iv five-year survival from breast cancer
v One-and vi five-year survival from lung cancer
vii under 75 mortality rate from cancer*

Reducing premature death in people with serious mental illness
1.5 *Excess under 75 mortality rate in adults with serious mental illness**

Reducing deaths in babies and young children
1.6.i Infant mortality* ii Neonatal mortality and stillbirths

Reducing premature death in people with learning disabilities
1.7 *An indicator needs to be developed*

One framework
defining how the NHS will be accountable for outcomes
Five domains
articulating the responsibilities of the NHS
Twelve overarching indicators
covering the broad aims of each domain
Twenty-seven improvement areas
looking in more detail at key areas within each domain
Sixty indicators in total
measuring overarching and improvement area outcomes

The NHS Outcomes Framework 2012/13
at a glance

**Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework*

*** A complementary indicator is included in the Adult Social Care Outcomes Framework*

****Indicator replicated in the Adult Social Care Outcomes Framework*

Indicators in italics are placeholders, pending development or identification of a suitable indicator.

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions**

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions*

Reducing time spent in hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers**

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **

Enhancing quality of life for people with dementia
2.6 *An indicator needs to be developed*

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
i GP services ii GP Out of Hours services iii NHS Dental Services
4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 *An indicator to be derived from the survey of bereaved carers*

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator to be derived from a Children's Patient Experience Questionnaire*

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital

Improvement areas

Improving outcomes from planned procedures
3.1 **Patient Reported Outcomes Measures** (PROMs) for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia
iv Varicose veins

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 *An indicator needs to be developed.*

Improving recovery from stroke
3.4 *An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months*

Improving recovery from fragility fractures
3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital ***

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b safety incidents involving severe harm or death

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

A Call to Action

Under a national campaign called "A Call to Action" All CCGs have been challenged to try and address issue within the following themes:

- Prevention & early diagnosis
- Valuing physical health & mental health equally
- Putting patients in control of their health needs
- Well co-ordinated care – integration/ collaboration
- Learning from success – identifying and spreading best practice & innovation

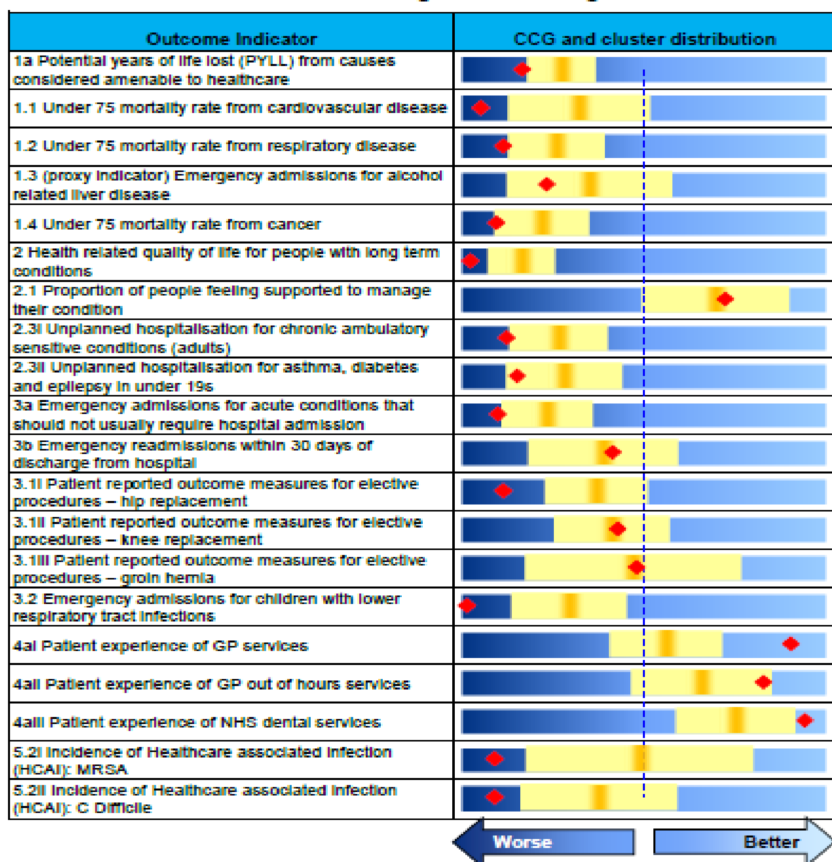
For further information on "A Call to Action" please go to the following website:

http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

Additional information on the "A Call to Action" campaign will be shared throughout various stakeholder events.

NHS England Outcome profile for DDES CCG

Annually NHS England publish the performance of CCGs against some of the key measureables within the outcome framework, included below is the most recent spine chart that summarises this for DDES CCG.



The report is available here: http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-00d.pdf and is due to be refreshed and republished during late autumn of this year.

DDES CCG Quality Premium Areas

NHS England have identified some key areas where if the CCG achieve targets, additional funding will be made available to spend on the local health economy. These included a combination of nationally derived target and locally agree targets:

The national quality premium areas are aligned to the NHS outcome domains. The percentages that the national quality premiums contribute towards the CCG quality premium reward are as follows:

- Reducing potential years of life lost form amenable mortality (12.5%)
- Reducing avoidable emergency admissions (25%)
- Improve patient experience of hospital services (12.5%)
- Prevent healthcare associated infections (12.5%)

The remaining 37.5% allocation of the quality premium will be equally apportioned to the delivery of three local priorities:

- Under 75 mortality rate from cancer
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for children with a lower respiratory tract infection

Joint Strategic Needs Assessment (JSNA)

The most recent version of County Durham JSNA (2012) is available on the County Durham Local Authority websites

http://content.durham.gov.uk/PDFRepository/JSNA-2012-Key-Messages.pdf ;
http://content.durham.gov.uk/PDFRepository/JSNA-2012-Interactive-Version.pdf ;
http://www.durham.gov.uk/pages/JSNADocuments.aspx?JSNASubCatId=9;

High level summary messages to share are:

- The overall population of County Durham is predicted to increase between 2009 and 2031 from 495,764 to 511,045
- The population in County Durham is becoming older with a predicted increase of 61.6% in older people aged 65 years and over and a 157.3% increase in older people aged 85 years and over by 2031
- Life expectancy has improved but remains below the England average. (County Durham 77.0 for males and 81.0 for females – England 78.6 and 82.6 respectively based on 2008-10 figures)
- Early death rates from heart disease/stroke continue to fall however are still significantly worse than the England average. Cardiovascular disease (CVD) is the main cause of death and premature death in County Durham and is strongly associated with inequalities in health

- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden
- It has been estimated that over 160 deaths a year might be avoided across County Durham if more cancers were diagnosed early
- There are particular challenges for certain conditions due to increasing age (e.g. dementia) or change in projected prevalence (e.g. diabetes)
- Adult and childhood obesity levels in County Durham are worse than the England average
- Although breastfeeding initiation is increasing in County Durham it remains lower than the England average
- Teenage conception rates are lower in County Durham than the North East region but still higher than the national average
- Alcohol-related admission rates for under 18s in County Durham are higher than the regional average and hospital stays for alcohol related harm remain significantly higher than the England average
- Steady increase in the number of carer assessments carried out jointly with the service user from 3,614 in 2008/09 to 5,327 in 2011/12 (47.4%)
- Nationally life expectancy is on average 10 years lower for people with mental health problems due to poor physical health
- Suicide rates in County Durham for men were significantly higher than the England average in 2008-10

These messages are available on a summary page on the local authority website: http://www.durham.gov.uk/pages/JSNADocument.aspx?JSNASubCatId=9&JSNADocId=272

The County Durham JSNA is currently being refreshed for 2013.

Health & Wellbeing Strategic Objectives

The CCG is a member of the County Durham Health & Wellbeing Board which is responsible for the development of the County Durham Health & Wellbeing Strategy. The strategy has also been widely consulted upon and sets out six strategic objectives which are:

1. Children and Young People make healthy choices and have the best start in life
2. Reduce health inequalities and early deaths
3. Improve the quality of life, independence and care and support for people with long term conditions
4. Improve mental health and wellbeing of the population
5. Protect vulnerable people from harm
6. Support people to die in the place of their choice with the care and support they need

Sitting underneath these strategic objectives will be a number of strategic actions and responsibility for some of these actions will lie with the clinical commissioning group. To deliver some of these actions three Clinical Programme Boards have been established.

Clinical Programme Board areas (Big Ticket Items)

DDES CCG is working collaboratively across County Durham and Darlington with neighbouring CCGs and the local authority in three areas:

1. Urgent Care
2. Planned Care
3. Community Care

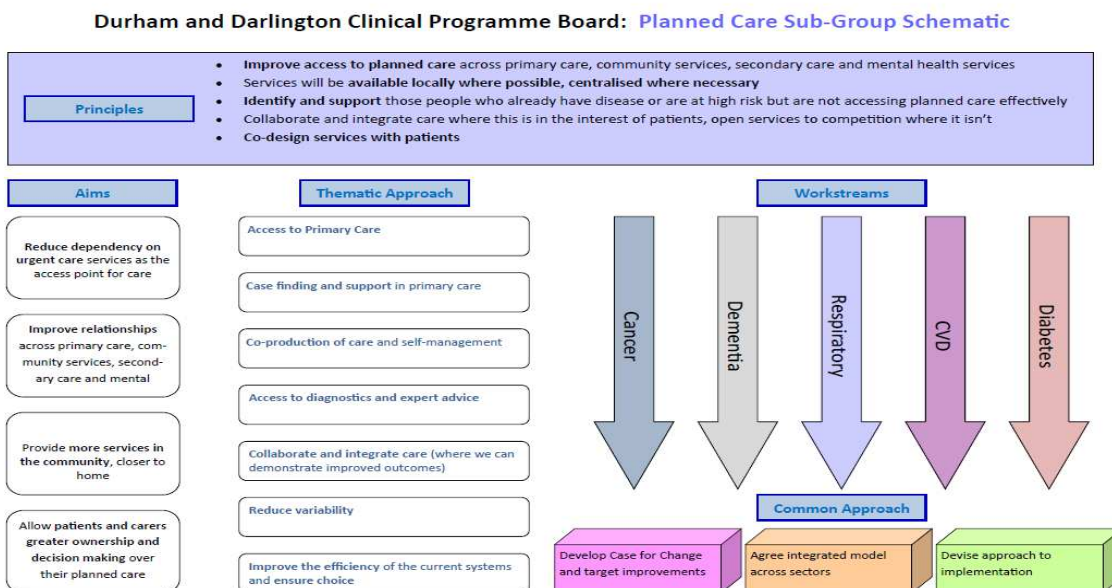
Each of these clinical programme areas has work programmes within them:

Urgent Care (Board)

- Primary Care / Prevention / Care Home
- Urgent Care Centres
- Front of House / Handover
- Alternative Disposition (patient pathways other that going the the emergency department, for example, paramedics that see and treat)
- Patient and public education
- Winter planning / Escalation Planning

Planned Care Clinical Programme Group

The planned care workstreams are represented within the schedule below:



Community Services and Care Closer to Home

- Community Nursing (including District Nursing and Community Matrons)
- Intermediate Care
- Home Equipment Loans
- End of Life/Palliative Care

QIPP (Quality, Innovation, Prevention and Productivity)

QIPP continues to be challenge that our CCG must deliver against.

NHS England has recommended to CCGs that at least 50% of QIPP savings should be delivered via transformational change, rather than continuing with a heavy reliance upon transactional change. Therefore, there is still further work to do to reconfigure the mix between these two categories for the current and future years.

Whilst it is positive that the CCG is able to demonstrate delivery against the QIPP target for 2013/14, it is vital that transformational work continues to enable on-going delivery for future financial years as the financial context becomes even more challenging.

Commissioning Feedback template

Author details	
Name	
Position	
Organisation / Group	
Address	
Contact telephone number	
Email address	

Description
Please describe in detail any issue / idea / solution that you would like the commissioning organisation to consider as a part of the 2013/14 commissioning intention development process. Please identify the scope of the issue (geography, patient demographics etc.)

Impact
What will be the impact of the issue / idea / solution on the health economy? For example: Will it prevent unnecessary hospital admissions ; Will it improve access for patients; Will it result in the delivery of NICE guidance; or, if it is an issue does it result in poor patient experience. Please consider how this will impact on the issues, challenges and objectives that are articulated within the context pack.

Evidence
Can you please provide some evidence that the issue exists or evidence that the idea is effective (e.g. NICE guidance). Please provide hyperlinks to published sources if appropriate

Cost

What are the financial implications of the issue / idea / solution?

Follow up

Who should we contact if we require further information (is it the author or another individual / team)

Which Commissioner?

Please identify which commissioning organisation you wish to consider this feedback

Name	*Yes/No*
Cumbria CCG	
Darlington CCG	
Durham Dales, Easington and Sedgefield CCG	
Gateshead CCG	
Hartlepool and Stockton CCG	
Newcastle North East CCG	
Newcastle West CCG	
North Durham CCG	
North Tyneside CCG	
Northumberland CCG	
South of Tees CCG	
South Tyneside CCG	
Sunderland CCG	
NHS England Durham, Darlington and Tees Area Team	
NHS England Cumbria, Northumberland, Tyne and Wear Area Team	
Unknown	

Other: please identify (for example Redcar and Cleveland Local Authority public health)

Please return to: necsu.planning@nhs.net