

Health and Wellbeing Board

28 January 2015



Planning Progress Update and Draft Commissioning Intentions 2015-16

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

Purpose of the Report

1. The purpose of this report is to update on progress of the refresh of North Durham Clinical Commissioning Group (ND CCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) two year operational plans.
2. This follows an update to the report to the Health and Wellbeing Board in March 2014 in relation to ND CCG and DDES CCG planning update.

Background

3. Durham Unit of Planning developed a five year strategic plan which was aligned to the Joint Health and Wellbeing Strategy (JHWS). The CCGs already contributes to the performance measures within the JHWS and this feeds into the process for planning and identifying any gaps.
4. The Durham Clinical Commissioning Groups (CCG's) were required to develop two year priorities based on this overall strategy in March 2014.
5. The national Five Year Forward View was published in October 2014; there is a requirement to refresh commissioning plans for 2015/16 in light of this most recent guidance.

National Planning Guidance

6. The final planning guidance was published in late December 2014. This included details relating to:
 - Any new 2015/16 requirements (mental health access is expected to be the only major new requirement);
 - Requirements for NHS Constitution standards;
 - The immediate implications of the Forward View;
 - Emerging system changes;
 - Revised financial planning assumptions, allocations and drawdown envelopes;

- Revised activity planning assumptions; and
 - Strategic enablers, including workforce, estates and IT.
7. The minimal planning requirements are designed to enable CCGs and providers to focus on improving quality, meeting NHS constitution requirements and financial sustainability.
 8. Commissioning intentions for 2015/16 will be focussed on current priorities as set out within the two year operational plan. DDES CCG Draft Commissioning Intentions 2015-2016 are attached at Appendix 2 and North Durham CCG Draft Commissioning Intentions 2015-2016 are attached at Appendix 3.
 9. Commissioning priorities will continue to be based on the strategic aims reflecting the JHWS to ensure that there is a close link between the planning refresh and the refresh of the JWHS.
 10. Both CCG's will need to refresh their outcome trajectories and choose two quality premium indicators. Durham County Council is represented on the planning group where this issue will be discussed. Previously, the Health and Wellbeing Board have provided delegated authority to the Corporate Director of Children and Adult Services, Durham County Council, Chief Operating Officer for North Durham and DDES CCG, Chief Clinical Officer for DDES CCG in consultation with the Chair of the Health & Wellbeing Board for sign off of the local quality premium indicators. The Health and Wellbeing Board will be requested to agree this arrangement for 2015/16.

System Changes

11. The overarching direction of travel for the local health economy is outlined within the Five Year Forward View. This describes new models of care which focus on integration between settings and across health and social care.
12. A number of system changes have already begun to take shape, this includes:
 - Primary care co-commissioning
 - Specialised service co-commissioning
 - The introduction of integrated personal commissioning (IPC)

Primary care co-commissioning

13. New guidance has emerged detailing the next steps. There are to be three levels of responsibility for CCGs to decide upon:
 - 1) Greater involvement in primary care decision-making
 - 2) Joint commissioning arrangements
 - 3) Delegated commissioning arrangements

14. The outcome of this decision i.e. delegated commissioning arrangements will need to be fed into commissioning plans for 2015/16 as any new arrangement will commence from the 1st April 2015.

Specialised Service Co-commissioning

15. NHS England has established a task force for specialised commissioning to analyse the current commissioning arrangements; to address a number of challenges causing significant pressures across the system; and to identify options for future commissioning models.
16. Following the outcome of this any planning guidance will identify the specific services to be included under the CCG's commissioning remit.
17. There will be guidance on whether funding will be based on populations or place.

Integrated Personal Commissioning

18. In July 2014, NHS England announced plans to pool funding across local authorities, CCGs and specialised commissioning for certain population groups.
19. The aims of this approach, to be known as Integrated Personal Commissioning (IPC), will be to test new commissioning and funding models including joined-up capitated funding approaches, and to explore how individuals can have more control over how the funding is used through personalised care and support planning.
20. The programme will start in April 2015.
21. The planning guidance will set out the planning implications and requirements for the introduction of IPC models.
22. Durham CCG's and Durham County Council submitted a bid to be a pilot site for IPC implementation which was unsuccessful. All partners are working together to understand how this work can be taken forward.

Alignment of Plans

23. Better Care Fund plans were submitted in September 2014 which included a target reduction in emergency admissions. A refresh of CCG operational plans will require this ambition to be reflected in activity plans.
24. Work will also be needed to ensure consistency between commissioner and provider plans.

The Planning Timetable

Date	Activity
Early Dec 2014	Issue Planning Guidance. Issue Standard Contract, National Tariff, CQUIN, Quality Premium and CCG Outcome Indicators Set
Ongoing	Patient, public and carer engagement Practice engagement
Mid Dec – end Mar 2015	Planning support and challenge process
Mid Feb 2015	Draft plan submission
Mid Feb – end Feb 2015	Plan assurance and feedback
Early Mar 2015	Contracts agreed
End Mar 2015	Final plan submission and final plan assurance

Durham Unit of Planning CCG Priorities

25. Durham Unit of Planning priorities are:

- Mental Health
- Learning Disabilities
- Urgent Care
- Diabetes
- Frail and Elderly
- Primary Care Transformation
- End of Life Care

Recommendations

26. The Health and Wellbeing Board is recommended to:

- Receive the Planning Progress Update and Draft Commissioning Intentions 2015-16 for comment.
- Note the planning timetable.
- Approve delegated authority to the Corporate Director of Children and Adult Services, Durham County Council, Chief Operating Officer for DDES and North Durham CCG, Chief Clinical Officer for DDES CCG in consultation with the Chair of the Health & Wellbeing Board for the agreement of the local quality premium indicators for 2015/16.
- Receive the CCG commissioning plans at the Health and Wellbeing Board meeting in March 2015.

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Appendix 1: Implications

Finance

All priorities will require clear financial plans on potential disinvestment and investment required. All plans have to support the achievement of financial balance.

Staffing

Individual commissioning priorities may have an impact on staffing. Individual impact assessments will be undertaken.

Risk

Individual commissioning priorities will be impact assessed in terms of the risks and mitigating against these.

Equality and Diversity / Public Sector Equality Duty

There is a commitment to ensure that equality and human rights are integral to the planning process.

Accommodation

No implications at this stage.

Crime and Disorder

No implications at this stage.

Human Rights

No implications at this stage.

Consultation

Both CCGs have utilised their own engagement models as part of this process.

Procurement

No implications at this stage.

Disability Issues

No implications at this stage.

Legal Implications

The CCGs must comply with statutory obligations as laid out in *'The Functions of a CCG'* (NHS England, 2013) that includes the duty to prepare, consult on and publish a commissioning plan. The approach and arrangements outlined in this report are intended to fulfil these duties.

Draft Commissioning Intentions 2015-2016 - Appendix 2
DDES CCG

‘Please note these high level commissioning intentions are draft and are subject to change as engagement with stakeholders is progressed. Feedback from stakeholders will inform the final prioritised list of intentions’

1. To further develop access to services in primary care and secondary care 7 days a week.

Why

- By 2020 primary care will need to offer 7 day access
- Performance issues with access to diagnostics and further growth expected
- Increased waiting times for access to x-rays and incidents have been raised regarding quality of reports
- Requirement to ensure all services are available 7 days a week
- National requirement to reduce the demand on services

How

- Continue to develop access to primary care
- Expand and increase access to diagnostics including radiology
- Continue to develop 7 day working with CDDFT taking forward pathfinder pilot and expanding to other providers

Impact

- Increased capacity and access to primary care
- Reduced waiting times for diagnostics
- Reduction in reported incidents relating to radiology
- Increased access to appropriate commissioned services
- Improved waiting times for diagnostic tests

2. To ensure community based services are joined up, responsive and integrated with social care.

Why

- Lots of services sometimes appear disjointed
- Some services are in pilot phase and further evaluation is required to give consideration to further development
- Significant focus on vulnerable populations which require support from community based services
- Requirement to deliver significant reductions in hospital admissions to meet Better Care Fund requirements
- Delays in Transfer of Care to community settings impact on system resilience
- Over/Under utilisation of community hospitals

How

- Evaluation of current Better Care Fund services and pilots such as ISIS to determine future model
- Continue to support and develop frail elderly schemes and evaluate and share learning
- Implement BCF schemes
- Review of community hospitals
- Continue to review and develop pathways to reduce delayed transfers of care into a community setting

Impact

- Reduction in hospital admissions
- Reduction in re-admissions
- Reduction in DTOC
- Improved patient satisfaction

3. To continue to improve community based Learning Disability services

Why

- Need to ensure the requirements of the Winterbourne review are fully implemented

How

- Development of new models of community provision

Impact

- Reduced reliance on hospital treatment beds

4. To continue to improve Mental Health services to ensure parity of esteem.

Why

- Further work is required to diagnose patients with dementia and ensure support services are adequate
- Further work is required to ensure parity of esteem

How

- Evaluation of current pilots
- Memory clinics in primary care
- Continued implementation of the Primary Care Mental Health Model
- Review of crisis services and implementation of findings
- Implementation of the Mental Health Strategy
- Review the primary care suicide pilot
- Development of service directory
- Develop palliative care consultant cover
- Implementation of Dementia Strategy
- Section 136 place of safety arrangements
- Review of CAMHS services
- Develop primary care CPN link workers

Impact

- Increase in diagnosis rate for dementia
- Improved access to Mental Health services
- Achievement of new National Mental Health

5. To ensure commissioned services are delivering the best outcomes and value for money.

Why

- National benchmarking data shows potential efficiencies which will allow reinvestment in services
- National requirements to continue to deliver reductions in planned and unplanned activity over the next 4 years
- Continued growth in demand for services

How

- Development of a pathways tool to support clinical decisions
- Support at practice level to enable clinicians to review pathways and ensure appropriate pathways are in place
- Continued focus on medicines waste
- Review of outpatient services to allow primary and secondary care clinicians to review and develop joined up clinical pathways
- Review local enhanced services commissioned within primary care

Impact

- Improved Referral to Treatment Times (RTT)
- Reduction in inappropriate activity
- Increase in appropriate referrals and admissions
- Improved patient satisfaction

6. To ensure resilience of the healthcare system

Why

- Growing pressure on urgent and emergency care services
- National requirements National requirements to continue to deliver reductions in planned and unplanned activity over the next 4 years

How

- Review of patient transport services taking into account the integrated transport redesign to ensure value for money
- Review of schemes funded through the SRG funds
- Provision of GP support to paramedics
- Implementation of national recommendations set out in the Keogh Urgent and Emergency Care Review
- Further review and development of ambulatory care pathways
- Development of a divert policy to support hospitals experiencing significant pressure

- Procurement of Out of Hours GP services
- Review of urgent care services

Impact

- Improved A&E performance
- Reduction in urgent care activity
- Improved Ambulance response times
- Reduction in delayed transfers of care
- Improved patient satisfaction

7. To improve diagnosis and treatment of cancer services and further develop Palliative and End of Life services.

Why

- Cancer performance against 62 day referral to treatment target is under serious pressure locally and nationally
- Increasing volume of 2 week rule referrals as a result of increased awareness
- Advanced surgical techniques have an impact on surgical capacity
- To improve quality of service provision in line with National Guidance
- Growing pressure and gaps in specialist palliative care services
- To improve equality of access to services across County Durham in line with the Commissioning Strategy 2013 – 2018 and the Palliative Care and End of Life Pathway

How

- Engage with Clinical Network to review and streamline cancer pathways for tumour groups with highest volumes
- Target work with practices where cancer screening uptake is low
- Increase surgical capacity
- Via pathway reviews reduce pressure on diagnostic services
- Further develop and invest in Lymphedema services to address current service delivery pressures and secure equitable access.
- Further develop palliative care consultant/ middle grade infrastructure to support 24/7 access to advice and 7/7 face to face assessment
- Re-procure Rapid Response Service across County Durham and Darlington to support 24/7 crisis patient care / family support
- Explore feasibility of developing the Hardwyke Ward, Sedgefield Community Hospital to provide access to specialist palliative care inpatient beds and day care services.
- Review of Peterlee Talking cancer services

Impact

- Unnecessary tests will be removed from the cancer pathways
- Pathways will be reduced, pressure on some diagnostic services will be reduced, patient experience will be improved

- Reduction in inappropriate hospital admissions
- Improved equitable access to palliative and end of life service
- Securing NICE compliant services

8. To review services and contracts and explore opportunities for new commissioning arrangements

Why

- Requirement to respond to changes in legislation and national guidelines
- Range of contracts due to end over the next two years which require evaluation to assess impact on patient outcomes

How

- Review of services commissioned under Any Qualified Provider (AQP) contracts
- Exploration and development of primary care co-commissioning
- Development of Tier 3 weight management services
- Completion of the re-procurement of the Home Equipment Loans services (including wheelchair services)
- Review of the 111 service and expansion of the Directory of Service

Impact

- Improved patient satisfaction
- Reduction in inappropriate activity
- Increase in appropriate referrals and admissions

9. To redesign and develop pathways to improve outcomes

Why

- Specific areas have been identified through feedback from stakeholders including public and clinicians that has determined focussed work on pathway development

How

- Cardiovascular disease
- Community Stroke
- Back Pain
- Expansion of the Community Outpatient Parenteral Antibiotic Therapy pathway
- Continued development of an Integrated Diabetes Pathway
- Evaluation of a community COPD nurse co-ordinator
- Review of physiotherapy services

Impact

- Improved patient satisfaction
- Reduction in inappropriate activity
- Increase in appropriate referrals and admissions

10. To work with the Local Authority to develop the wider public health agenda and explore joint commissioning opportunities

Why

- Better Care Fund sets out a range of services and funding that will be commissioned jointly with Durham County Council

How

- Explore the potential for developing personal health budgets
- Review of support services for alcohol related issues
- Identification of initiatives that support the wider determinants of health

Impact

- Improved patient satisfaction
- Reduction in inappropriate activity...

11. To further understand and develop strategic enablers to support the health economy over the next 10 years

Why

- Requirement to ensure services are safe and sustainable beyond the next 5 years

How

- To work with providers to ensure workforce strategies are in place to support the planned changes to services over the next 4/5 years
- Development of primary care work force strategy
- Continue to work with the wider health economy to progress Securing Quality in Health Care Services

Impact

- Resilient workforce and healthcare system

12. To redesign and develop services and pathways for women and children

Why

- Patient feedback in relation maternity pathways and services
- Requirement to complete work in relation to children's pathways started in previous years intentions

How

- Further develop and implement clinical pathways for children
- Review of Maternity services
- Review of Maternal Health Pathway
- Review of Teenage pregnancy support
- Review of CFS pilot

Impact

- Improved patient satisfaction

**Draft Commissioning Intentions 2015-2016 – Appendix 3
North Durham CCG**

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