Health and Wellbeing Board

21 January 2016

North Durham CCG (NDCCG) and Durham Dales, Easington and Sedgefield CCG (DDESCCG) Planning Process Update and Draft Commissioning Intentions 2016/17

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

Purpose of the Report

1. The purpose of this report is to provide an update on the refresh of the North Durham Clinical Commissioning Group (ND CCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) potential commissioning intentions for 2016/17 (attached at Appendix 2) and provide an overview of the national planning requirements.

Background

2. NHS North Durham CCG has a close working relationship with NHS Durham Dales, Easington and Sedgefield CCG through the County Durham Unit of Planning. The unit of planning includes members from all key partners including Foundation Trusts, Local Authority and public health professionals.

3. The County Durham Unit of Planning has an agreed five year strategic plan that is aligned to the strategic aims of the County Durham Health and Wellbeing Strategy (JHWS).The CCGs contribute to the delivery of the JHWS and this feeds into CCG processes for planning and identifying gaps.

4. CCGs are now required to produce a one year operational plan for 2016/17, and to work with the health and care system to create a Sustainability and Transformation Plan (STP) covering the period October 2016 – March 2021. This will take into account the JHWS.

National Planning Guidance

5. The national planning guidance ““Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21” was issued in late December 2015. This included details of new national requirements to be incorporated into individual CCG commissioning intentions, emerging system changes and financial planning assumptions.

6. The NHS is required to produce two separate but connected plans:

   - A five year Sustainability and Transformation Plan (STP) which is place based and driving the Five Year Forward View (to be submitted in June 2016).
   - A one year Operational Plan for 2016/17 – this will be organisation based but consistent with the emerging STP. This will be submitted by 11th April 2016.

7. The following areas will be priorities or “must dos” for 2016/17:

   - Develop a high quality and agreed STP.
   - Return the system to aggregate financial balance.
   - Develop and implement a local plan to address the sustainability and quality of general practice.
   - Get back on track with access standards for Accident and Emergency (A&E) and ambulance waits.
   - Improve and maintain NHS Constitutional Standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment.
   - Deliver the NHS Constitution 62 day cancer waiting standards, continue to deliver 2 week wait and 31 day cancer standards and make progress in improving one year survival rates and reducing the proportion of cancers diagnosed following an emergency admission.
   - Achieve and maintain the two new mental health access standards – more than 50% of people experiencing a first episode of psychosis will commence treatment with a National Institute for Health and Care Excellence (NICE) approved package of care within two weeks of referral; 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral with 95% treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two thirds of estimated number of people with dementia.
   - Deliver actions set out in local plans to transform care for people with learning disabilities.
   - Develop and implement an affordable plan to make improvements in quality.

8. In addition to this there is a key focus on major transformational change including the Better Health Programme.

9. NHS England has asked that STPs are developed across a wider footprint than the existing planning unit footprints. DDES and ND CCG will be part of a Durham, Darlington and Tees planning footprint which maps to the Better Health Programme work ongoing.

10. Smaller local planning groups will still be required for specific issues such as local authority engagement and joint commissioning.

Process for Identifying Priorities

11. An in-depth data review was undertaken by North of England Commissioning Support (NECS) and presented to CCG leads (finance, quality and commissioning) and Durham County Council leads (planning, public health and commissioning) for each CCG. A long list of key priorities has been identified using a range of local and national data sources.

    This includes:

    - Existing work plan and priorities.
    - Constitutional and performance issues that need to be addressed.
    - Issues identified by the data review (this included the Joint Strategic Needs Assessment (JSNA), public health profiles, NHS Outcomes Atlas, Atlas of Variation, Commissioning for Value, programme budget data, Spend and Outcomes Tool (SPOT) and local data.
    - Activity pressures.
    - New national priorities for 2016/17.

    Only a small number of new areas have been identified by each CCG.

12. Public and stakeholder feedback on services has been captured throughout the year. In addition a number of specific workshops have been held with the public and stakeholders, focussed on developing the potential priorities. Views have also been sought via the CCG's websites and through My NHS.

13. Clinical leads have been allocated to the priority areas as follows:

    DDES:

    - Urgent and emergency care – Dr Stewart Findlay.
    - Long term conditions – Diabetes – Dr Winny Jose, Respiratory – Dr Dilys Waller.
    - Mental health – Dr Kamal Sidhu.
    - Learning disabilities – Dr Cliff Allison, Gillian Findley.
    - End of life – Dr Nari Pindolia, Gillian Findley.
    - Frail elderly – Dr James Carlton.
    - Primary Care – Dr Jonathan Smith.
    - Cancer – Dr Robin Armstrong.
    - Maternity – Gillian Findley.
    - Children – Gillian Findley.
    - Better Health Programme - Dr Stewart Findlay/Dr Neil O'Brien. (North Durham CCG)

14. In addition to this the commissioning delivery team are working with public health leads on the following cross cutting issues:

    - Alcohol – Dr Lynn Wilson, Kirsty Wilkinson.
    - Tobacco – Gill O'Neill, Dianne Woodall.

NDCCG:

- Children – Dr Chandra Anand.
- End of Life Care and Pain Management – Dr Philip LeDune.
- Cancer – Dr Patrick Wright.
- Diabetes – Dr Patrick Ojechi.
- Mental Health – Dr Richard Lilly.
- Frail Elderly and Out of Hospital – Dr Neil O'Brien.
- Urgent and Emergency Care – Dr Jan Panke.
- Better Health Programme – Dr Neil O'Brien.

Process for review and prioritisation – operational plans

15. Members of the commissioning team have met with clinical leads to review the priority areas and identify the key outcomes improvements and discuss what the best approach might be to achieve these improvements.

16. There are several ways that improvements can be achieved in these areas which include:

    - Development of contractual incentives/Commissioning for Quality and Innovation (CQUIN) schemes for major acute/Mental Health providers.
    - Use of contractual levers.
    - Development of enhanced services.
    - Priorities for the Quality Improvement Scheme.
    - Priorities for the Prescribing Scheme.
    - Service reviews.

17. A team of experts from provider management, quality and commissioning are also reviewing the full list of intentions and advising how we might address them.

18. As there is a finite resource in primary, community and secondary care we will be asking the clinical leads to prioritise the areas where we want either primary or secondary care to focus on. This will take place throughout December and be finalised in January.

19. There are a limited number of new areas to focus on. However, the work on out of hospital services linked to the Better Health Programme will be significant and will gather pace during 2016/17. The CCGs will need to ensure that enough capacity available to work on this which may impact on the ability to deliver against all of the areas identified. Again, the clinical leads and executive committees will review this to develop a prioritised plan.

Development of Sustainability and Transformation Plan (STP)

20. The STP is being developed across the Durham, Darlington and Tees (DDT) footprint and will be closely linked to Better Health Programme, the JHWS and the CCGs out of hospital strategy and plans. This work will be supported by NECS. Further details will emerge once the governance structure for the DDT planning footprint has been developed.

21. Some early work has been undertaken in the CCG to look at what the key themes will be for the strategic plan and the out of hospital model for both CCGs. This builds on the work that has been undertaken to date on the development of a strong and sustainable primary care and federated working.

22. STPs will become the single application and approval process for acceptance on to programmes with transformation funding attached from 2017/18 onwards. The Spending Review highlighted that additional dedicated funding will be made available for transformation change over the next five years. This funding is for initiatives such as spread of new models of care, primary care access and infrastructure, technology roll out and to drive clinical priorities (such as diabetes prevention, learning disabilities, cancer and mental health).

Durham Unit of Planning CCG Priorities

23. Durham Unit of Planning priorities are:

    - Mental Health. (including Children and Young People's Transformation Plan)
    - Transformation for Learning Disabilities.
    - Urgent Care. (including Urgent and Emergency Care Vanguard and all age mental health liaison and crisis care)
    - Diabetes.
    - Frail and Elderly.
    - Primary Care Transformation. (Primary Care Strategy and Operating Model)
    - End of Life Care.
    - Better Hospital Programme.
    - Cancer and maternity. (national priorities with more detail expected in winter 2015)

Alignment of Plans

24. The refresh of CCG operational plans will include reflecting Better Care Fund plans including the target reduction in emergency admissions currently captured in activity plans.

25. Work will also be needed to ensure consistency between commissioner and provider plans.

26. 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. This is reflected in the long list of priorities for each CCG.

27. The CCG plans will be closely linked to system-wide transformation work, such as the Better Health Programme and Urgent and Emergency Care Vanguard.

28. The operational plan will also align with the emerging STP.

The Planning Timetable

Stage	Date	Progress
Long list developed	End of November	Complete
Review by clinical leads	End of November/December	Complete
National Planning guidance published	22nd December 2015	Complete
Prioritisation of areas of focus:		
- Clinical Lead	December/January	In progress
- Executive Committees	December/January	In progress
Patient engagement	December/January	In progress
Funding prioritisation (clinical leads and Executive Committees)	January/February 2016	In Progress
Consultation on standard contract and announcement of CQUIN and Quality Premium	January 2016	
Further guidance on STPs issued	January 2016	
Confirmation of the STP Footprint and volunteers for mental health and small DGH trails	29th January 2016	
First submission of draft 16/17 operational plans	8th February 2016	
National tariff S118 consultation	January/February 2016	
Publish national tariff	March 2016	
Executive Committee sign off of Operational plan	By 31st March 2016	
Governing Body sign off of Operational plan	By 31st March 2016	
Council of Members sign off of Operational plan	By 31st March 2016	
National Deadline for signing of contracts	31st March 2016	
Submission of final 16/17 Operational plans aligned with contracts	11th April 2016	
STP Submission	June 2016	
Assessment and Review of STPs	End of July 2016	

29. 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. It is recommended that the Health and Wellbeing Board delegate the power of authority to the Corporate Director, Children and Adult Services, Durham County Council, the Chief Clinical Officer, DDES CCG and the Chief Operating Officer, ND CCG & DDES CCG in consultation with the Chair of the Health and Wellbeing Board to sign off the local premium indicators for 2016/17.

Recommendations

30. The Health and Wellbeing Board is recommended to:

- Receive the Planning Progress Update and Draft Commissioning Intentions 2016/17 for comment.
- Note the planning timetable.
- Delegate the power of authority to the Corporate Director, Children and Adult Services, Durham County Council, the Chief Clinical Officer, DDES CCG and the Chief Operating Officer, ND CCG & DDES CCG in consultation with the Chair of the Health and Wellbeing Board to sign off the local premium indicators for 2016/17.

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Appendix 1: Implications

Finance
Clear financial plans in relation to priorities will be developed to support achievement of overall financial balance and this will form part of the strategic plans to be developed. All plans are dependent on the funding available to the CCG.

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 to mitigate against these. There is a risk that expenditure on contracted services may reduce the amount of funding available to spend on development projects. There are existing financial controls in place to mitigate against this.

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. Stakeholders are involved in the development of these plans via existing stakeholder groups such as Area Action Partnerships, Patient Reference Groups etc. and public and stakeholder engagement events.

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.

Any changes to services or pathways may require a formal consultation or for the CCG to go through a procurement process. The CCG has appropriate governance processes in place.

Appendix 2: Long List of Potential Commissioning Intentions 2016/17

Potential 16/17 Commissioning Intention	CCGs	Contribution to Constitutional Standards and other measures	Objective	Policy context and anticipated national priorities 16/17
Urgent and emergency care				
Urgent care review Urgency & Emergency Care Vanguard Primary care weekend opening Systems resilience Durham Urgent Care Transport review	Both Both Both Both Both 	Time through Accident & Emergency (A&E) Ambulance handover Ambulance response times Delayed Transfers of Care Reduced A&E attendance and non-elective admissions	Improve the co-ordination of urgent and emergency care services to reduce the pressure on A&E departments and reduce unnecessary admissions. Improve consistency of standards and reduce fragmentation and deliver high quality health and social care to patients.	Vanguard
Out of Hospital Care				
Diabetes new model of care Respiratory nurse project Develop integrated care models for out of hospital community services Vulnerable Adult Wrap Around Services (reactive and proactive) Intermediate Care Plus Care Plan Commissioning for Quality and Innovation Day hospital review Wheelchair services Non-weight bearing patients Frail elderly scheme Holistic commissioning strategy for Continuing Health Care	Both DDES Both DDES Both Both Both Both DDES NDCCG Both	Potential Years of Life Lost Expected 5-10% increase in 75+ population in next 5 years Delayed Transfer of Care Admissions Readmissions Excess Bed Days	To ensure community based services are joined up, responsive and integrated. Providing the right care in the right place at the right time.	

Joint Commissioning & Mental health Children & Young People's Plan Child and Adolescent Mental Health Services review Integrated primary and community – Community Psychiatric Nurse Crisis concordat Crisis services Early Intervention in psychosis Suicide Prevention Implementation Plan Recovery college Special Educational Needs & Disability Autism Dementia	Both Both DDES Both Both Both Both Both Both Both Both Both	% of people followed up within 7 days of discharge from psychiatric inpatient care The proportion of people entering treatment against the level of need in the general population The proportion of people who complete treatment who are moving to recovery Increase numbers of patients on a care programme approach Decreasing the numbers of people subject to the mental health act Decrease in the numbers of young people with 3 or more admissions per year for mental health issues	Improving access at time of crisis Promoting recovery and staying well Reducing suicide and self-harm	Mental health (national priority)
Learning Disabilities Care and treatment Reviews (CTR) National fast track programme Eye care pathway	Both Both DDES/both	All patients to have a CTR within 10 days of admission and review after 6 months	Delivery of care programme approach to empower individuals Right care in the right place, at the right time	Learning disabilities (national priority)
End of life Palliative care consultant Lymphoedema	Both Both	1% of population to be on primary care palliative care registers % of patients that are offered an Anticipatory Care Plan Preferred place of death recorded Preferred place of death achieved Death in usual place of residence	Continuous implementation of the End of Life Strategy Supporting people to die in the place of their choice with the care and support they need	

Primary care GP recruitment Primary care strategy Practice budgets Estates utilisation review		Patient Survey GP Choices Contribution to out of hospital delivery	To develop workforce and infrastructure to delivery care closer to home High quality cost effective primary care	5 Year Forward View
Demand management Outpatient review programme Clinical Support Information Outpatient Parenteral Antibiotic Therapy Community minor orthopaedic surgery Cryotherapy Value based commissioning Ongoing activity and demand management and monitoring	Both Both DDES DDES DDES Both Both	Benchmarked data review including local data and national sources such as NHS Atlas, Commissioning for Value and public health profiles	Implement best practice standards for referral and treatment	
Cancer Implementation of the Macmillan information services review outcomes Macmillan primary care nurse project Review of cancer pathways to improve waiting times and outcomes Radiology initiated follow up (lung pathway)	Both DDES Both Both	Cancer breast symptomatic Cancer 62 days to treatment Cancer mortality	Increase in the number of patients surviving 12 months following treatment and reduction in <75 mortality rates. Improve the proportion of patients diagnosed at an earlier stage. Contributing to the prevention agenda (including smoking cessation).Achieving the 62 day referral to treatment.	Cancer Strategy (national priority)

Improve the recording of stage of disease Implementation of the refreshed health equity audit actions (including smoking cessation)	Both Both		Improving uptake of screening opportunities	
Seven day services	Both	Primary Care Secondary Care Specialist palliative care Hospice inpatient admissions	Improve clinical outcomes and improve patient experience through reducing the risk of morbidity and excess mortality following weekend admission in a range of specialties. Improved quality, efficiency and innovation: • admission prevention; • the speed of assessment, • diagnosis and treatment; • the safety and timing of supported discharge; • reduced risk of emergency readmission; • better use of expensive plant and equipment; • avoidance of waste and repetition; and • service rationalisation to enable safe consultant staffing levels.	Seven day services – 5 Year Forward View

Maternity Developing and implementing maternity specification Maternal mental health Pathway Maternal Obesity	 Both Both	 National maternity specification Local measures Smoking cessation Smoking at time of delivery	 To increase the quality of care for women across the full pathway pre and post-natal pathways.	
Obesity Paediatric obesity pathway Adult tier 3 service review	 Both Both		Integrated pathway of care to improve the health wellbeing of obese adults and children	5 Year Forward View (prevention)
Children Paediatric continence review Specialist schools nursing review	 Both Both		To commission a tier 2 community service. To implement the outcomes of the review ensuring alignment between the re-procurement and the review of community paediatric services.	
Procurements International Normalised Ratio Podiatry Audiology Home oxygen services	 Both Both Both Both		Implementing the outcomes of the procurements on due to expire contracts	
Better Health Programme	Both	Standards and measures currently being discussed.	Contributing to a regional system wide strategic approach to the delivery of the best possible care and outcomes in acute medicine, acute surgery, A&E, critical care, acute paediatrics, maternity and neonatology and out of hospital care.	