Health and Wellbeing Board

26 July 2016

Final Commissioning Intentions 2016-17 / Sustainability and Transformation Plan Update

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

Purpose of the Report

1 The purpose of this report is to provide the Health and Wellbeing Board with the final Commissioning Intentions for 2016-17 and progress on the Sustainability and Transformation Plan (STP) on behalf of North Durham Clinical Commissioning Group (NDCCG) and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG). The final commissioning intentions for 2016/17 are included in Appendix 2.

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 Joint 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 is organisation based but consistent with the emerging STP;
- These submission dates were achieved – the one year operational plan has had several iterations and re-submissions due to changes nationally and the final operational plan was submitted this month.

7 The following areas are priorities and/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 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 two 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 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 CCG 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 was identified using a range of local and national data sources.

12 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, CCG Spend and Outcomes Tool and local data);
- Activity pressures;
- New national priorities for 2016/17.

13 Only a small number of new areas were identified by each CCG.

14 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.

15 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 Neil O'Brien

In addition to this the commissioning delivery team are working with Public Health leads on the following cross cutting issues:

- Alcohol – Dr Mike Lavender, Jane Sunter
- 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 Lilley
- 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

16 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.

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

- Development of contractual incentives/Commissioning for Quality and Innovation 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

18 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.

19 As there is a finite resource in primary, community and secondary care asked the clinical leads to prioritise the areas where we want either primary or secondary care to focus.

20 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 is 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.

Sustainability and Transformation Plan (STP)

21 The Organisations within the STP footprint are as follows:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG

- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG
- County Durham and Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- South Tees NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- Darlington Borough Council
- Durham County Council
- Hartlepool Borough Council
- Middlesbrough Council
- North Yorkshire County Council
- Redcar and Cleveland Council
- Stockton-on-Tees Borough Council

Collaborative leadership, governance and decision-making

- Proactive Local Health Economy with a significant volume of work already in place;

- The Better Health Programme (BHP) forms a central role aligned with other schemes as Urgent Care, Learning Disabilities, Digital Care and Mental Health Parity of Esteem;

- BHP has an established governance structure already in place – this is under review to ensure it is robust and supports full engagement across the STP footprint. BHP structure will be enhanced to include key STP stakeholders;

- STP lead is Alan Foster with mutual support from all Accountable Officers across the system providing a consensus view on the direction of travel;

- Executive Director of Finance from an NHS Foundation Trust has been appointed as the Chief Finance Officer for the STP;

- Short return was submitted in April 2016 and a meeting was held with Simon Stevens in May 2016 to review current progress on the plan. This was positively received and work is ongoing to further develop the plan for the next submission on the 30th June 2016. A follow up meeting with NHS England will be held toward the end of July 2016. The plan will provide further detail on how the footprint intends to close the gap on the three challenges as well as support delivery of the Five Year Forward View and will include and activity and workforce submission. It is understood that the plan submitted at the end of June 2016 will be a work in progress and one of the key requirements is that it reflects a shared view based on the needs of the patients across the footprint.

An inclusive process

- NHS FTs and CCGs already have strong and robust patient engagement;
- The public, patient, stakeholder and staff engagement approach has been designed with the support of the Consultation Institute with multiple approaches e.g. stakeholder forum, social marketing;
- First phase commenced in January and the second phase started on 5th May;
- Further periods of engagement until formal public consultation which is planned from November 2016.

Local government involvement

- Collaboration with the Local Authorities will continue to require close partnership working;
- Every part of the system has engaged in significant transformation in the past five years;
- Direction of travel may be a challenge for some of our Local Authority organisations;
- Accountable Officers are continuing to dedicate time to close partnership working with the Local Authority Chief Executives;
- The Councils have recommended a collective Overview and Scrutiny Committee.

Engaging clinicians and NHS staff

- A Clinical Leadership Group has been in place for last 3 years;
- Designated Clinical Leads for each specialist service;
- Engaging with 20,000 staff and the public on the draft models of care.

Our initial thinking about how to radically upgrade prevention over the next five years

- Most Health and Wellbeing strategies are already in the final years of implementation and will require revision but it is recognised that the impact and progress expected has not been as successful as anticipated. To accelerate improvements, closer alignment between organisations within the STP is required to address the prevention agenda and focus on the delivery plan.

- The key drivers of variability identified by the RightCare analysis has highlighted the need to integrate services across all points of access and the associated key themes correlate with the local health and wellbeing priorities which include;
    - Lifestyle: smoking, obesity and alcohol
    - Keeping people healthier and living independently longer
    - A collaborative model for health prevention and social care

- Reducing variation in outcomes through the alignment of services is a key action and greater focus on initiatives of proven effectiveness and implementing at scale and pace is critical to accelerating the prevention agenda over the next five years;

- CCGS and Health and Wellbeing Boards have been working closely to develop local solutions in response to their identified issues and gaps and will continue to progress these plans to deliver much close integration between health and social care including a greater emphasis on prevention;

- Further work is planned with Public Health and Local Authority stakeholders to take stock of what is in place locally and identify where it is beneficial to scale up initiatives giving consideration to cross boundary working to ensure commitment to work together across sectors to agree joint integrated plans.

The role patients and communities have in mobilising healthier behaviours – and how we will give them greater control

- We have a strong track record across the footprint of working collaboratively with Voluntary Community Sector (VCS) organisations where there are key delivery partners in out of hospital care building on previous innovative programmes e.g. experience led commissioning, patients in control. Our plans are focused on building community assets and our Programme Board includes the Chief Executive of Voluntary Organisations Network North East (VONNE) who is providing advice and support in how we develop our Voluntary, Community, and Social Enterprise (VCSE) partners and upscale current initiatives that have proven effective in reaching the relevant local communities and delivering health improvement;

- Our stakeholder group engages over 200 community representatives (including local elected members, Healthwatch, Voluntary organisations and community opinion leaders) who have been working with us to shape our vision, engagement work and options for change;

- Our plans include shifting investment from more costly hospital activity into the third and community sector to enhance care at home and early discharge from hospital. Further investment in the third and community sector to develop the local plans to enhance more care at home;

- Implementation of a Recovery Focused Approach, including harm minimisation, in Mental Health (this recognises that we need a culture shift to one where we work with service users on achieving their goals and aspirations rather than a pure focus on symptom reduction.

How our system will work with local government to deliver prevention and public health improvements

- We already have in place robust partnerships with our seven Councils which are formalised through the Health and Wellbeing Boards in each area. Ongoing work through the Better Care Fund, Health Improvement initiatives and integration proposals will provide the platform for greater focus on prevention, reduction in health inequality and health improvement. Right Care benchmarking data has helped to prioritise our work to those areas where the greatest improvements can be achieved;

- STPs is to be 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).

Alignment of Plans

22 The CCGs operational plans reflect Better Care Fund plans including the target reduction in emergency admissions currently captured in activity plans. The CCGs plans will be closely linked to system-wide transformation work, such as the Better Health Programme and Urgent and Emergency Care Vanguard.

Durham Unit of Planning CCG Priorities

23 The priorities below take on many different forms (service reviews/evaluations; decommissioning; recommissioning; service redesign – pathway changes; clinical thresholds) and for each of these areas of work a scope; project mandate and plan are developed to ensure the following are explored and worked through throughout e.g. prevention; treatment and aftercare which is paramount in ensuring services are fit for purpose whilst

Durham Unit of Planning priorities are:

- **Urgent Care** (including Urgent and Emergency Care Vanguard and all age mental health liaison and crisis care)

- **Out of Hospital Care**
  Diabetes new model of care
  Respiratory nurse project

Develop integrated care models for out of hospital community services
Vulnerable Adults Wrap Around Service (VAWAS) -reactive and proactive
Intermediate Care +
Care Plan Commissioning for Quality and Innovation (CQUIN)
Day hospital review
Wheelchair services
Non-weight bearing patients (discharges/nursing homes)
Frail elderly scheme
Holistic commissioning strategy for Continuing Health Care

- **Joint Commissioning** - Mental Health (Adults and Children)
  County Durham Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience 2015 – 2020
  Children and Adolescent Mental Health Service review
  Integrated primary and Community Psychiatric Nurses (CPN)
  Crisis concordat
  Crisis services
  Early Intervention in psychosis
  Suicide Prevention Implementation Plan
  Recovery college
  Special Educational Needs and Disability
  Autism
  Dementia

- **Joint Commissioning** - Learning Disabilities (Adults and Children)
  Care and Treatment Reviews (CTR)
  National fast track programme
  Eye care pathway

- **End of Life Care**
  Palliative care consultant
  Lymphoedema

- **Primary Care** Transformation (Primary Care Strategy and Operating Model)
  GP recruitment
  Primary care strategy
  Practice budgets
  Estates utilisation review

- **Demand Management**
  Outpatient review programme
  Clinical Soft Intelligence
  Outpatient Parenteral Antimicrobial Therapy
  Community minor orthopaedic surgery
  Cryotherapy
  Value based commissioning
  Ongoing activity and demand management and monitoring

- **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)

- **Seven Day Services**

- **Maternity**
  Developing and implementing maternity specification
  Maternal mental health Pathway
  Maternal Obesity

- **Obesity**
  Paediatric obesity pathway
  Adult tier 3 service review

- **Children's services**
  Paediatric continence review
  Specialist schools nursing review

- **Procurements**
  International Normalised Ratio (INR)
  Podiatry
  Audiology
  Home Oxygen

- **Better Health Programme**

Recommendations

24 The Health and Wellbeing Board is recommended to:

- Note the Planning Progress Update
- Note the final CCG Commissioning Intentions (Appendix 2)
- Note the Sustainability Transformation Plan progress and update.

Contacts: Donna Bradbury, Commissioning Manager
Tel: 0191 374 6089
Lorrae Rose, Commissioning Manager
Tel: 0191 374 2760

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 and the delivery of QIPP.

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 AAPs, PRGs 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: 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 Uand EC Vanguard Primary care weekend opening Systems resilience DUCT review	 Both Both Both Both Both	 Time through Aand E Ambulance handover Ambulance response times Delayed Transfers of Care Reduced Aand E attendance and non-elective admissions	Improve the co-ordination of urgent and emergency care services to reduce the pressure on Aand 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 VAWAS (reactive and proactive) IC+ Care Plan CQUIN Day hospital review Wheelchair services Non-weight bearing patients Frail elderly scheme Holistic commissioning strategy for CHC	 Both DDES Both DDES Both Both Both Both Both 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.	

Potential 16/17 Commissioning Intention	CCGs	Contribution to Constitutional Standards and other measures	Objective	Policy context and anticipated national priorities 16/17
Joint Commissioning and Mental health Cand YP plan CAMHS review Integrated primary and community CPN Crisis concordat Crisis services Early Intervention in psychosis Suicide Prevention Implementation Plan Recovery college SEND Autism Dementia	 Both Both DDES Both 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	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	

Potential 16/17 Commissioning Intention	CCGs	Contribution to Constitutional Standards and other measures	Objective	Policy context and anticipated national priorities 16/17
		Death in usual place of residence		
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	5YFV
Demand management Outpatient review programme CSI OPAT 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	Cancer Strategy (national priority)

Potential 16/17 Commissioning Intention	CCGs	Contribution to Constitutional Standards and other measures	Objective	Policy context and anticipated national priorities 16/17
Improve the recording of stage of disease Implementation of the refreshed health equity audit actions (including smoking cessation)	Both Both		day referral to treatment. 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 – 5YFV
Maternity Developing and implementing maternity specification Maternal mental health	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.	

Potential 16/17 Commissioning Intention	CCGs	Contribution to Constitutional Standards and other measures	Objective	Policy context and anticipated national priorities 16/17
Pathway Maternal Obesity				
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	5YFV (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 INR 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, Aand E, critical care, acute paediatrics, maternity and neonatology and out of hospital care.	