TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 12TH MARCH 2014

TELFORD & WREKIN CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS FOR 2014/15

REPORT OF: FRAN BECK, EXECUTIVE LEAD COMMISSIONING TELFORD & WREKIN CCG

HEALTH & WELLBEING BOARD PRIORITY SPONSOR: DAVID EVANS, CCG ACCOUNTABLE OFFICER

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report summarises the intentions of the Clinical Commissioning Group for 2014/15.

While these are particularly significant for the current contracting round with NHS and other providers, many of the intentions have longer term implications. For example, the intension to shift resources, currently committed to acute care into integrated health and social care in the community, represents a much longer strategic ambition, and one now enshrined in the Better Care Fund Plan proposals.

2. RECOMMENDATIONS

The Board is asked to:-

1. Note the information in this report
2. Highlight any areas for improved synergy between council/public health and CCG commissioning intentions.

3. IMPACT OF ACTION

The impact of the commissioning intentions will be to further improve:-

- Quality and safety of care
- Self-care, complementing the council's personalisation strategy;
- Access to appropriate services for all our population, but especially the most vulnerable
- Integrated care close to home
- Value for money
- Performance of NHS services so that the CCG can ensure deliver of NHS constitutional rights.
- Configuration of services

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	They will impact on the majority of priorities, but will specifically help 'Improve differences in life expectancy in the borough'. The table at *Appendix 1* illustrates the synergy between JSNA, Health and Well Being Board, Council and CCG priorities.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)	
	Yes	As shown in *Appendix 1*
	Will the proposals impact on specific groups of people?	
	Yes	They impact on all people in the Borough and are likely to improve access for more vulnerable groups.
TARGET COMPLETION/DELIVERY DATE	Ongoing	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The intentions are designed to ensure maximum benefit from service redesign and to ensure value for money for all aspects of healthcare delivered in Telford and Wrekin.
LEGAL ISSUES	Yes	The CCG has already shared commissioning intentions with provider organisations, particularly where there are contractual implications.
EQUALITY & DIVERSITY	Yes	One of the key objectives for Telford & Wrekin CCG is to reduce health inequalities, and improve life chances for all our population. The commissioning intentions will support this by, for example, integrating services to target resources more effectively.
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact.
PATIENTS & PUBLIC ENGAGEMENT	Yes	The commissioning intentions have been accessible on the CCG website since October 2013. Engagement has been completed with Patient representative members of the Patient's Roundtable. Many of the concepts were explored through 'A Call to Action' - the major engagement exercise launched by NHS England in 2013, and robustly implemented by organisations within this Local Health Economy.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	There are key links to other strategic initiatives, particularly the Future Fit Strategic Clinical Review of Hospital Services, and the Better Care Fund.

PART B) – ADDITIONAL INFORMATION – Telford & Wrekin Clinical Commissioning Group Commissioning Intentions

1. INFORMATION

1.1 **Why is it important?**

The CCG produces an annual revised update on its commissioning intentions. These reflect how the organisation intends to translate its strategic objectives into commissioning services.

1.2 **The Process to Date**

This paper provides an update on the proposed commissioning intentions presented to the Telford & Wrekin Clinical Commissioning Groups Board meetings on 10th September 2013, and 14th January 2014.

1.3 Since September there has been:-

- Consultation with key stakeholders about our strategic direction, and implications for commissioning intentions for 14/15
- A number of related exercises, most notably, A Call to Action which have reinforced the intentions.
- New guidance published by NHS England which also reiterates the importance of our strategic aims, and now requires us to formulate these into long term and operational planning documents by February 2014.
- The announcement of the need to create the Better Care Fund, which is covered in a separate paper to the Health and Well Being Board.

1.4 The Clinical Commissioning Group's (CCG) commissioning intentions can be summarised under the six characteristics of a modern NHS as described in the NHS England Planning Guidance 'Everyone Counts', published at the end of December 2013. Page 10 of the guidance states:-

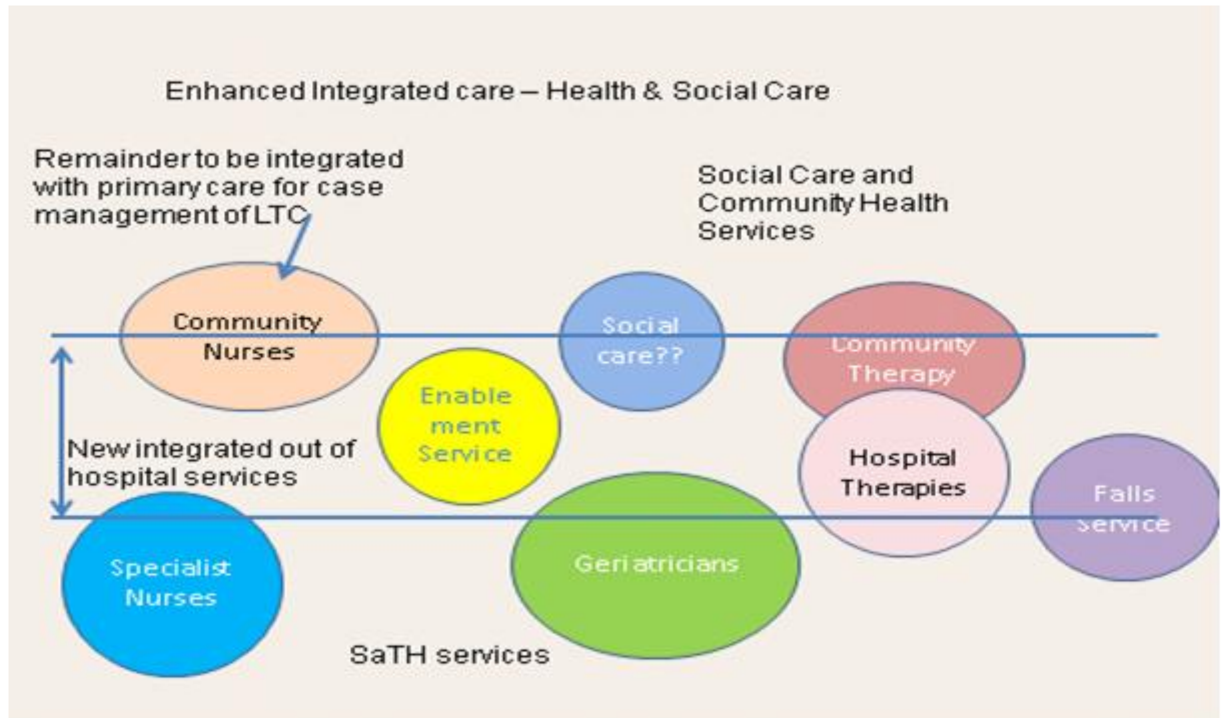
"*NHS England has identified that any high quality, sustainable health and care system in England will have the following six characteristics in five years:*

1. *A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.*
2. *Wider primary care, provided at scale.*
3. *A modern model of integrated care.*
4. *Access to the highest quality urgent and emergency care.*
5. *A step-change in the productivity of elective care.*
6. *Specialised services concentrated in centres of excellence*."

The diagram at Appendix 2 illustrates how the CCG intends to commissioning a whole system approach to delivering these ambitions, building on our existing strategic approach.

1.5 The commissioning intentions were originally drafted and presented to the CCG Board in September 2013. A detailed summary of proposals is included at Appendix 3. The board indicated initial support for the wide range of commissioning intentions to be shared with and

discussed with stakeholders. The Board also proposed a transfer of £3m in 14/15 from acute services to the development of integrated health and social care services – since renamed 'The Better Care Fund'. This shift is in line with the national requirements for the CCG to have identified circa £6m for integrated 'Out of Hospital Services' by 2015. The diagram below demonstrates the ambition to enhance the existing Enablement Service by integration of additional capacity currently in acute and community health services:-



1.6 The following stakeholders have been consulted on our intentions as planned:-

- GP Forum 15.10.13
- Chief Officers Group 08.10.13
- Shrewsbury and Telford Hospital Trust 03.12.13
- Shropshire Community Healthcare Trust 07.11.13
- Patient representatives on the Roundtable 16.12.13
- Member engagement session at GP Forum 17.09.13
- GP Forum 15.10.13

1.7 Feedback has been largely positive albeit with concerns about the scale of change required within a relatively short time scale. The high profile 'A Call to Action' running concurrently has helped validate the significance of the transformational aims above.

1.8 It is important to note that this exercise has not been operating in a vacuum and that several other key strategic developments have been underway simultaneously – all which interplay significantly with our proposals:-

- A Call to Action
- The Strategic Clinical Review (Future Fit) which will establish how best to configure acute and community hospital services/beds.
- Development of the Better Care Fund Plan with Telford & Wrekin Council.
- NHS England Everyone Counts: Planning for Patients 2014/15 TO 2018/19 guidance expectations – the CCG was required to submit the first draft of tw year operational plans to NHS England on 14th February along with the Better Care Fund Plans which were submitted on the same day and in parallel with council submission to the Local Government Association.
- Negotiation of 2015/16 NHS Contracts with all providers of NHS services.

2. Next steps

2.1 NHS Telford & Wrekin commissioners are working closely with Shropshire CCG and the Commissioning Support Unit (CSU) to develop the activity levels required for the 14/15 contracts. These calculations take into account the:-

- Commissioning intentions
- Demographic growth & provider efficiency requirements
- Emerging 14/15 Quality, Innovation, Productivity and Partnership (QIPP) plans
- CCG allocations and commitments against these
- Additional demands such as meeting the 18 week Referral to Treatment (RTT) target.

2.2 It is important to note that 2014/15 represents the third year of the Quality, Innovation, Productivity and Partnership (QIPP) programme and the CCG will continue to use innovative service redesign schemes to improve quality and value for money.

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

4. BACKGROUND PAPERS

- Update on the CCG Authorisation and NHS Commissioning Board Development - report to 14 November 2012 Shadow Health and Wellbeing Board by Fran Beck.

- Update on the Development of the Clinical Commissioning Group – report to 23 January 2013 by Dr Mike Innes

- CCG papers on 14/15 commissioning intentions can be found on the CCG website.

- A related paper on the Better Care Fund was presented at an extraordinary Health and Well Being Board meeting on 12.02.2014.

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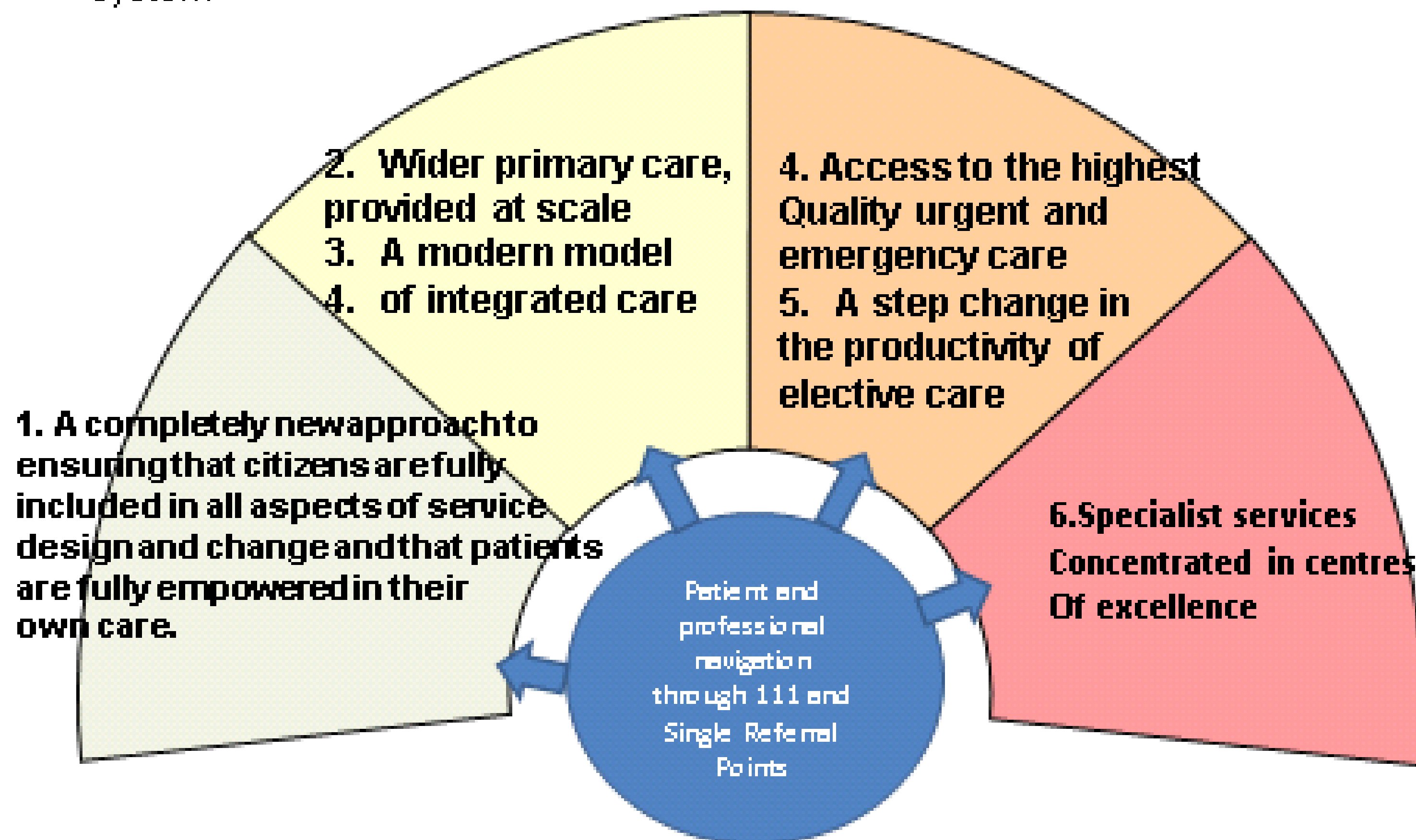
APPENDIX 1

Links between needs and shared priorities in Telford & Wrekin

JSNA	H&WB priorities	Council priorities	CCG priorities	3 CCG Everyone counts priorities
7 years mortality difference between communities	Improve differences in life expectancy especially from deprived communities, BME groups, patients with CVD or Cancer and men	Improve the health and well-being of our communities and address health inequalities	Increasing life expectancy and reducing health inequalities	
High rates CVD and Cancer			Encouraging healthier lifestyles	
Growing children's population		Put our children and young people first And Protect and support our most vulnerable children and adults	Supporting vulnerable people	1. Improving life chances of new born 2. Reducing emergency admissions of children with Long Term Conditions
High TP Rate	Reduce TP			
Smoking at delivery	Reduce the number of smokers			
Low birth weight				
Rising obesity in children and older age groups	Reduce the number of overweight children and adults			
Growing older populations	Support people with specific health needs to live independently for as long as possible			3. Developing an integrated approach to reduce hospital admissions from Care Homes
Growing number of unpaid carers	Improve unpaid carers health and well being			
Increase in dementia and ASD	Support people with Dementia and Support people with autism			
Increase in alcohol related health problems	Reduce the number of people who mis-use alcohol or drugs			


Whole system transformation – adopting the 6 characteristics of a modern health and social care system
1. A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
2. Wider primary care, provided at scale
3. A modern model
4. of integrated care
4. Access to the highest Quality urgent and emergency care
5. A step change in the productivity of elective care
6.Specialist services Concentrated in centres Of excellence
Patient and professional navigation through 111 and Single Referral Points

Appendix 3

Proposed commissioning intentions for 2014/15

1.0	Commissioning intentions for transformation	Progress to date
	1. A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.	
1.1	All new planned care pathways will include a self-care component and focus on how that can be promoted.	Emerging BCF proposals include facilitation of improved performance of voluntary sector contracts; a greater focus on self-management; and of targeting vulnerable individuals. Plus expansion of self-care schemes, perhaps using the following model from the Health Foundation as the starting point. Focus on self-efficacy Motivational interviewing Telephone coaching Care plans Goal setting Patient held records Active group education Information provision Online courses Group education Behaviour change Electronic information Self-monitoring Written information Focus on technical skills Including this as a key theme in the BCF will help ensure a consistent approach with the Local Authority, reduction of duplication and more rigorous performance management of contracts.
1.2	The CCG intends to support community and voluntary organisations who are able to demonstrate the ability to help prevent unnecessary admissions particularly of vulnerable patients, e.g. • Frail/Complex needs • Mental health problems • Alcohol related • Children	
1.3	Existing contracts with voluntary organisations will be reviewed to ensure that we have agreed the optimal service specifications.	
1.4	We will continue to roll out deployment of Health Trainers and Care Navigators in partnership with Age UK.	
1.5	We will monitor the outcomes of Tele-health projects with patients, clinicians and Keele University with a view to identifying 'what works' so we can increase deployment of effective electronic and technological equipment.	
2.0	**Wider primary care provided at scale**	
2.1	Community Nurse capacity will be more closely aligned with primary	Modelling demand and capacity is underway.

	care practices and the enhanced Integrated team. This will allow us to meet this objective and the need to provide modern integrated care through the Better Care Fund plan. The exact arrangements for this will be developed through 2013/14 ready for implementation in 14/15.	Proposals on how to move resources into a 'Team Around the Practice', model and how best to incentivise arrangements will be presented to the GP Forum in March.
2.2	To facilitate further shift of planned care out of a hospital setting, and to strengthen alternative provision the CCG intends to:- • Expand use of Advice and Guidance • Review procedures of limited clinical value • Review all Advanced Primary Care Services (APCS) to ensure service specifications are suitable for the new models. We will then commission new services where appropriate. • This will include decommissioning the current APCS Musculo-Skeletal Service (MSK)and Rheumatology, and Hospital based Pain services and tendering for a comprehensive Community MSK model. • Similarly the CCG may decide to tender for a Community Ophthalmology Service. • Continue planned changes already in progress to move elements of specialities that can be done in primary/community care out of hospital settings e.g. Dermatology, Gynaecology, Respiratory, Pain, Cardiology, Ophthalmology etc. • Agree the next tranche of specialities, e.g. Follow up appointments for Breast Surgery to be provided in primary care. • Review current Diagnostic Services to ensure prompt access by primary care, e.g. prompt access to CT scan for Community Respiratory Service. • Redesign front end of all pathways challenged by 'Referral to Treatment' 18 week target (RTT) to make better use of capacity, e.g. use Optometrists for ophthalmology.	Planned care service redesign is underway for all specialities and Business Cases for related procurement e.g. Musculo-skeletal Services (MSK) being developed and progressed. The Telford Referral And Quality Service TRAQs has been reviewed and a series of proposals to improve function, quality and productivity, while reducing cost are being proactively considered by the CCG Board. TRAQS has supported the improved quality of GP referrals the CCG is now focusing on schemes to help reduce variation in primary care.
2.3	During 14/15 further work will be completed with Telford Referral And	

	Quality Service (TRAQs) developing the following pathways:- ○ Gastroenterology ○ Headache ○ Endoscopy ○ Male urology/prostrate ○ Haematuria ○ Improved ENT/Audiology ○ Kidney disease ○ Neurology ○ Liver disease – Hep B ○ Liver disease – Hep C ○ Diabetes – extend expert and X-pert patient programmes ○ Community based blood transfusion service ○ Varicose veins	
2.4	The CCG will also develop a timetable to complete Service Reviews on:- ○ General Surgery ○ Vascular Surgery ○ General Medicine ○ APCS services ○ Chiropody Service ○ Termination of pregnancy ○ Enhanced Services Specifications for Minor injuries, Near Patient Testing, Anti-coagulation, Arterial Fibrillation, ○ Heart Assessment Team ○ Rapid Assessment Interface and Discharge (RAID) service	
3.0	**A modern model of integrated care**	
3.1	The CCG intends to redesign the following specific services to support patients more effectively in the community, and reallocate resources accordingly:- • Acute services providing an element of rehabilitation, e.g. The Falls Unit at the Paul Brown Unit	The detailed plans for this are included in the Better Care Fund plans. Discussions with health providers, particularly Shrewsbury and Telford Hospital Trust and Shropshire Community Healthcare Trust are underway to achieve agreement on what capacity will be located in the expanded integrated service.

	• The Community Nursing service • Shropshire Enablement Service • Hospital and Community Therapy services	The aim is to provide a 24/7 alternative to inpatient care for patients whose needs can be met in the community by an expanded integrated 'Rehabilitation and Enablement' Team with a Multi-Disciplinary Team (MDT), clinically led by a Geriatrician or GP, and potentially managed (as now) by the Local Authority. The steering group is developing an implementation plan which may require an element of 'double running' during the first 6 months of 14/15 with the aim of reducing bed capacity in SaTH by September 2014. The CCG is making good progress towards designing an alternative model for Urgent and Emergency Care. There will be an iterative process developing the local model with the Service Redesign included in the FutureFit programme. This will inform the future specifications for local 111, Out of Hours and Walk in Centre arrangements.
3.2	The Better Care Fund plan provides fuller details of work in progress to develop this model	
4.0	**Access to the highest quality urgent and emergency care**	
	The future emergency care arrangements will be a key theme in the Future Fit Service Configuration Review, and recommendations for a Local Health Economy wide system will be recommended. Current contractual arrangements for the following services come to an end during 2015:- • NHS 111 • Out of Hours services • Walk in Centres There is potentially synergy between these and we will be working in collaboration with Shropshire CCG during the remainder of 2013/14, to design new service models with the aim of procuring new contracts during 2014/15 for start dates of 1.4.15.	The CCG is currently focused, along with partners on the delivery of the 4 hour target for patients to be discharged within 4 hours of arriving at the Emergency Department. The FutureFit programme will steer the production of an effective Urgent Care model that will be fit for purpose, sustainable and safe. Engagement on potential models will be thorough and recommendations made later in 2014. In the meantime the CCG has introduced primary care nurses into the Emergency Department to help reduce the number of inappropriate attendances, i.e. patients with primary care needs whose care can be provided in other ways. This is being seen as a test of concept but will hopefully lead to a more integrated model during the next 12 months.
5.0	**A step change in the productivity of planned care**	

5.1	The CCG intends to ensure all patients have constitutional rights to treatment within 18 weeks of referral met. We intend to continue to use contractual levers to ensure delivery of RTT (and other performance indicators.	Meeting the RTT target continues to be a significant challenge for SaTH but plans are on schedule to meet the target by 1st October 2014. A Remedial Action Plan has been agreed, and the hospital trust is implementing detailed Demand and Capacity plans for every speciality. The CCG continues to monitor progress closely, but is also proactively offering patients the choice of other providers where they can be seen more quickly. The pathway redesign above will support improvements in productivity.
5.2	The detailed proposals included in 2 above related to improving planned care, and envisage a different role for secondary clinicians in future whereby more advice and guidance to GPs, and more shared care for patients with Long Term Conditions and/or complex presentations will be encouraged.	
6.0	**Specialised services concentrated in centres of excellence**	
6.1	While this ambition addresses the national need to rationalise specialist tertiary centres, the need to complete the local reconfiguration of acute services remains a major priority for local partners.	The local response to 'A Call to Action' was extremely informative, and a major Clinical Services Review 'FutureFit'is now underway. This will conclude in September 14. There will be no immediate additional impact of this on commissioning intentions for 14/15, although the CCG will clearly be maintaining a stance of zero tolerance for poor quality and safety.
6.2	While the CCG will clearly be engaged in the strategic review under 'A Call to Action', we will also be reviewing viability of every clinical pathway where performance is not achieving NHS constitution targets, and where necessary commissioning alternative provision.	
6.3	Challenged specialities including ophthalmology and orthopaedics will be prioritised. We are already implementing planned changes to ophthalmology pathways which will involve community Optometrists delivering primary care aspects – this will be further embedded during 14/15.	
7.0	**Mental health and Children's Services**	
	The CCG intends to review how well mental health services are improving outcomes, and how well mental health needs are addressed alongside physical health problems. The QIPP programme started in 13/14 will continue as we seek to achieve more efficiencies from Mental Health Services.	The CCG is proactively leading a review into the effectiveness of the Mental Health Modernisation programme concluded in 12/13. This will also review the potential need for and role of Castle Lodge and will report in June 2014. The review is being completed in partnership with both local authorities, both CCGs the Foundation Trust, patients and GPs. Engagement with the Joint HOSC has

		commenced and there will be a formal presentation of early findings and proposals as part of the formal engagement process to the HOSC in March 2014. The final report will be shared with the Health and Well Being Board, HOSC and CCG Boards.
7.1	The CCG, working with partners has revised the service specification for the Child and Adolescent Mental Health Service. During 14/15 implementation of this will continue, including the integration of referral arrangements through Family Connects and development of tier 2 services.	Progress implementing Family Connects as a single referral point for children and family referrals has progressed well, albeit with more work to do. This is an important element of ensuring partners deliver access to the range of options within a 'Comprehensive CAMHS model'. The new service specification for CAMHS has been completed and work is underway to ensure effective implementation. This includes some radical requirements around integrated working, out of hours advice and guidance and transition with adult services.
7.2	The CCG is considering procurement options for the 'Improving Access to Psychological Therapies' Service during 2014/15, given slow progress to date improving access targets.	
7.3	The CCG is concerned at high rates of smoking at time of delivery. Commissioners will be monitoring closely how well the midwifery service supports and signposts pregnant women to appropriate H2Q services and if performance does not improve will seek to extend the market for midwifery providers.	
7.4	The CCG will work closely with the council to clarify how best to support complex families; and to develop and then implement the Health and Well Being priority for people with Autism. Similarly the CCG has a shared commitment with the council for services to Carers and will continue to strengthen support services.	
8.0	**Support services**	
8.1	The CCG intends to review the CSU contract during 2013/14 and will make further decisions about how best to procure support services by the end of September 2014.	Elements of the contract with the CSU are being proactively reviewed and revised arrangements will be in place from April 2014.
8.2	It is possible this may lead to a re-procurement exercise for some or all of the services.	