Aligning commissioning cycles – Clinical Commissioning Groups and Surrey County Council

5 September 2013



Aligning commissioning cycles

Purpose of the presentation:

To share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups and Surrey County Council.

The Health and Wellbeing Board is asked to:

- ➤ Note the presentation given by the rep's of the Clinical Commissioning Groups & Surrey County Council
- Consider & discuss any opportunities, gaps or challenges
 that have been identified in the presentation
 Agree any further actions required to support the

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Agree any further actions required to support the development & alignment of commissioning plans

Surrey Heath Clinical Commissioning Group







Commissioning plans - Surrey Heath CCG 14/15 Planning Timeframes

Timescales	Actions	Public Engagement	Outputs
Q1 (April- June)	Needs assessment	20 th June event – share needs assessment & feed in local intelligence	Surrey Heath & FPH system needs assessment summaries
Q2 (July - Sept)	Gap analysis & prioritisation	10 th Sept sharing first draft annual plan for feedback	First draft annual plan
Q3 (Oct- Dec)	Stakeholder input(providers &commissioners)Refine in light of national guidance	12 th December share final draft annual operating plan for comments	Final draft annual plan and 3 year commissioning plan
Q4 (Jan – March)	Align incentives & contracts through negotiation processFinalise detailed project plans	March – Look back on 13/14	CCG Prospectus (May)







Commissioning plans – Surrey Heath CCG

Priorities identified from needs, public & practice engagement events:

- Prevention & reduction in risk factors
- Early diagnosis including dementia and hypertension
- Reducing geographical inequalities
- Urgent care pathway and services to the elderly (including focus on falls, carers, nursing homes, End of life care)
- Reducing clinical variation (primary and secondary care)
- Elective pathways: Musculoskeletal and skin services
- Health and Social Care integration







Surrey County Council – Public Health





Commissioning plans - Public Health Global Burden of Disease Study 2010

The top 10 risk factors contributing to the overall burden of disease and early death in the UK are:

1. Smoking (~12%) 6. Diet (low fruits) (~5%)

2. Hypertension (~9%) 7. High total cholesterol (~4%)

3. High BMI (~9%) 8. Diet (low nuts/seeds) (~3%)

4. Physical inactivity (~5%) 9. High fasting glucose (~3%)

5. Alcohol (~5%)

10. Diet (high sodium) (~3%)

Source: Global Burden of Disease Study 2010 (Lancet, March 2013)



Commissioning plans - Public Health

Priorities identified from international & UK evidence, PHE National Policy and local needs assessment (JSNA)

PH Prevention Priorities:

- stop smoking
- obesity, nutrition and physical activity
- substance misuse (incl. alcohol)
- sexual health
- health checks
- mental health promotion



Commissioning plans - Public Health

Contracts novated from the NHS

PH Service	Contract type	Provider	Timeline
Sexual Health - GUM	Acute & Community	FPH, ASPH, Virgin	SH hub & spoke model redesign 2014
Sexual Health – EHC/IUCD/contraceptive implants	PH Agreement	GPs	Annual review
Sexual Health – EHC, Chlamydia Screening	PH Agreement	Pharmacy	Annual review
Chlamydia Screening	Associate	Virgin	
Chlamydia Pathology	Acute	FPH, ASPH, ESH	Chlamydia Pathology
HIV/AIDS	Associate	Virgin	
Children 5-19 (school nursing)	Community Block	Virgin, CSH, FCH&C	2015 0-5 transferring from NHS England Area Teams to PH
Substance Misuse		SABPT, Virgin, various other specialist providers	Re-tendering various contracts in 2014 - 2015
Substance Misuse	PH Agreement	GPs, Pharmacy	Annual review
Health Checks	PH Agreement	GPs, Pharmacy	Annual review
Stop Smoking (4 wk quits)	PH Agreement	GPs, Pharmacy	Annual review
Obesity, nutrition and physical activity, HENRY	Associate	Virgin, Surrey Nurturing Links	
First Steps (MH promotion)	Associate	Virgin	

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Surrey County Council – Adult Social Care





Commissioning plans - Adult Social Care

Commissioning priorities	Timeframe		
Surrey integrated community equipment service: s75 agreement, joint service	Contract to 31/3/14 then op 2x1year extensions	tions of	
<u>Sensory services</u> : Joint strategy	Contracts with SAVI and First 2014 then possible extension		
Long term neurological conditions: Joint strategy	Agree implementation plans by April 2014; new services for community opportunities by April 2015		
<u>People living with HIV</u> : Joint service aligned budget	Contract to 31/3/14 then options of 2x1year extensions		
Whole Systems Partnership Fund: joint programme accountable to whole systems partnership board	t Current 4 yr whole system funding arrangements run to 14/15*		
Domiciliary care : Joint tender with Continuing Healthcare leads	2 plus 2 contract: First 2 yrs concluding in Apr 14	Health an Wellbein	
*Whole system funding will be replaced by the new health and social care integration transformation fund w.e.f 15/16 - full details of allocation and conditions are awaited but it			

seems likely that this will considerably increase the sums available

Commissioning plans - Adult Social Care

Commissioning priorities	Timeframe
Ageing Well: programme of activities to support Health & Wellbeing priorities	Ongoing strategy; workshop being developed later this year
Extra care housing for older people: review of services, including future delivery models	Spring 2014, with ongoing renegotiation of contracts
Health and social care for people with a learning disability (PLD): Develop collaborative commissioning	2013-2015
Accommodation for PLD deliver a shift from residential and nursing care to individualised community accommodation	2013-2017
Transition for PLD: Influence how services are planned and delivered for young people and ensure people with a learning disability over the age of 65 have access to a range of services that best meet their assessed needs.	2013-2015 Healt
	, vve

Commissioning plans - Adult Social Care

Commissioning priorities	Timeframe	
Adult mental health services: Establish joint health and social care commissioning strategy	To be agreed and signed off by March 2014	
Implement adult mental health Community Connections services across the 11 Districts & Boroughs (aligned commissioning with CCGs)	Services began April 2013 for 3 years	
Implement the Older Peoples Mental Health & Dementia Strategy	Programme begar implemented by 2	•
Deliver <u>Dementia Friendly Surrey</u> Project.	By March 2014	
Services delivering <u>Carers Commissioning</u> Strategy jointly funded by ASC and CCGs	Current strategic grants/contracts run until 2015	
Review Carers Commissioning Strategy in the light of Commissioning for Carers Guide 2013	April 2015	
Housing related support for all client groups: align future commissioning with client group commissioning; new contracts with strategically relevant services.	2013-2017 with new contracts by 2014 Wellberger	

East Surrey Clinical Commissioning Group





Commissioning plans - East Surrey CCG Commissioning Planning timeframe

- July August 2013: develop commissioning intentions (CI) 2014/15 includes JSNA, QIPP, service commissioning and decommissioning, finance, AQP community, clinical networks and other CCGs
- September 2013: review and refresh of 13/14 commissioning intentions
- 30 September 2013: Cl issued
- October January 2014: contract negotiations
 with providers

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Commissioning plans - East Surrey CCG Commissioning Priorities

1. To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence

Deliverables:

- Ensuring people have a positive experience of secondary care services by continuing to improve quality and safety
- Ensuring people have a positive experience of primary care services by continuing to improve quality and safety in primary care by assessing GP and out of hours services
- Ensuring people have a positive experience of community care by continuing to improve quality and safety
- Continuing to improve the quality of medicines management
- Improving the partnership between NHS and local government through joint working through the Health and Wellbeing Board.

2. To increase life expectancy and reduce health inequalities

Deliverables:

- Reducing premature mortality from cardiovascular disease (CVD) by further improving the prevention, management and treatment of CVD in primary care and community care
- Reducing premature mortality from cancer
- Meeting the needs of the ageing population, specifically around mental health, dementia services and frail elderly pathways
- Addressing long term conditions management and treatment, specifically around Chronic Obstructive Pulmonary Disease and Diabetes
- Improving life chances for children and young people and addressing teenage pregnancy rates
- Increasing immunisation rates

3. To encourage healthier lifestyles

Deliverables

- Addressing the obesity rate in adults and children
- Reducing the number of alcohol-specific admission (including in children)
- Improving access to information regarding lifestyle advice and good nutrition ensuring services are delivered through front line staff e.g. "Making Every Contact Count"
- Reducing smokingattributable hospital admissions and deaths by smoking intervention programmes
- Increasing the breastfeeding rates
- Improving mental health and wellbeing of the population

4. To support vulnerable people

Deliverables

- Ensuring carers have appropriate access to healt and prevention services
- Ensuring patients recovering from episodes of ill health or following injury have access to rehabilitation and re-ablement
- Treating and caring for people in a safe environment and safeguarding them from unavoidable harm or death
- Ensuring that all patient safety incidents are reported and investigated

5. Deliver CCG functions
effectively, efficiently and
economically in accordance
with generally accepted
principles of good governance
and as an employer of choice

Deliverables:

- Delivering our Quality, Innovation, Productivity and Prevention targets in full
- Staying within financial budget
- Adhering to our governance framework
- Understanding what we are commissioning; from whom and its volume and price





Commissioning plans - East Surrey CCG Quality, Innovation, Productivity & Prevention

2013/14 QIPP target £5.7million

- Urgent care i.e. reducing A&E attendances through A&E front door management
- Planned care i.e. integrated alcohol pathway
- Direct access i.e. diagnostic direct access
- Prescribing continued improvements in prescribing performance.





North West Surrey Clinical Commissioning Group





Commissioning plans - North West Surrey CCG Strategic Objectives

To enable all North West Surrey people to enjoy the best possible health

- 1. Improve quality of life by promoting self-care and independence
- 2. Optimise the integration, quality and effectiveness of services
- 3. Increase length of life and prevent people from dying prematurely
- 4. Help people recover from ill-health
- 5. Target spend for greatest gain and eliminate waste





Commissioning plans - North West Surrey CCG Workstreams and Priorities

Frailty and Dementia

Mental Health

Cardiovascular, Stroke and Diabetes

Urgent Care Pathway

Children & Young People

Planned Care and Referral Management

Cancer

End of Life

Neurological

Targeted Communities

Learning Disability (Adult & Children)

North West Surrey
Clinical Commissioning Group



Commissioning plans - North West Surrey CCG SCP Development Timeline

Event	Date
Whole System Workshop	13 th June
Workstream Development	June – August
Locality Stakeholder Events	September
First Draft Commissioning Intentions 14/15	30 th September
Whole System Workshop	23 rd October
SCP Published	End November
Refreshed Commissioning Intentions 14/15	Early December
NHS Planning Guidance/ NHS PbR Guidance 14/15 Issued	November – January
Provider Contract Negotiations	January - March
Provider Contracts Agreed	End March



Surrey Downs Clinical Commissioning Group









Commissioning plans - Surrey Downs CCG

Our strategy

Acute commissioning

- Agree standards of care for acute providers
- Undertake equality impact assessment to support case for change

Primary care

 Improve quality standards in general practice to support new and/or revised care pathways

Strategy founded on principles of integration









Commissioning plans - Surrey Downs CCG

Out of Hospital

- Admission avoidance via community services
- Improved urgent care system
- Elective care
- Improved discharge pathways

Surrey Health and Well-being Strategy

- The CCG's priorities are aligned with Surrey's Health and Well-being Strategy
- Emerging senates/ networks offer an opportunity to improve integration









Commissioning plans - Surrey Downs CCG

Key projects

- Quality "walk arounds" with all providers
- Enhanced services in primary care
- Diabetes care
- Continuing healthcare review
- Out of hours GP services procurement
- X-ray services in community hospitals
- End of life care register









Guildford and Waverley Clinical Commissioning Group





Commissioning plans - Guildford and Waverley CCG

Improving Quality

- Supporting changes to way in which we refer people to hospital.
- Offering more healthcare close to where people live preventing unnecessary trips to hospital.
- Helping people to care better for themselves when they have long term health issues





Commissioning plans - Guildford and Waverley CCG

Changing the way that people access healthcare

- Lots of people who attend A&E could be seen and treated elsewhere
- In particular our frail elderly population need less hospital admissions and more care provided where they live.
- Changing pathways for common childhood conditions including those with fever and bronchilitis.





Commissioning plans - Guildford and Waverley CCG

Improving outcomes

- Helping more people to die in the place of their choice
- Providing treatments to people with mental health problems so that they can recover
- Helping people with a learning disability to access good healthcare
- Ensuring that children who are looked after
 receive a timely health check

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North East Hampshire & Farnham Clinical Commissioning Group







Commissioning plans - NE Hampshire & Farnham CCG

Key inputs

- ➤ Hampshire Health and Wellbeing Strategy
- ➤ Surrey Health and Wellbeing Strategy
- ➤ The emerging CCG 5 year strategy and further details on priorities and measures of success
- ➤ NEH&F CCG Joint Strategic Needs Assessment
- > Feedback from stakeholder engagement
- > 'Frimley' system Joint Strategic Needs Assessment
- Financial strategy and draft financial framework for 2014/15







Commissioning plans - NE Hampshire & Farnham CCG 14/15 Proposed High Level Commissioning Intentions

2014/15 Proposed Commissioning Intention	Reason / Justification
Frail elderly	National objective
Respiratory Services	High level of emergency admissions to hospital
Diabetes Pathway	Rising number of people with diabetes
Dementia	Rising number of people with dementia
Cardiovascular Disease (Heart Failure)	Decrease mortality rates
Cancer Variation	Reduce inequalities (JSNA)
End of Life	Improve access to 24/7 care
Digestive system	High level of emergency admissions to hospital
Ophthalmology	Improve patient pathway







Commissioning plans - NE Hampshire & Farnham CCG 14/15 Proposed High Level Commissioning Intentions

High Level 2014/15 Commissioning Intention	Reason / Justification	
Nutrition & hydration in Care Homes	Improve quality of life	
Acute Mental Health Inpatient pathway	Promote independence and improve quality of	
	life	
IAPT	Evidence based treatment for anxiety and	
	depression	
CAMHs	Improved access to treatment for young	
	people in crisis	
Paediatric access to urgent care	High level of emergency admissions to	
	hospital	
Extending MSK services to include	Extending choice and access for patients	
Rheumatology		
Reduce inequalities in access to home IV	Patient experience	
therapy		
Joint Commissioning of placements for	Winterbourne View Concordat	
patients with LD with complex issues	Recommendation	







Commissioning plans - NE Hampshire & Farnham CCG Timetable May 13 – Sept 13

	Month	Inputs/Activities	Deliverables	Organisation	Joint Commissioning Actions
	May 2013	 Review last years needs assessment and undertake gap analysis Review current plan and QIPP for very early 	Reviewed needs assessmentQIPP review	• CCG	Early discussion re: priorities for the Frimley
Z	June 2013	view on issues and delivery	Q. i review		system
ay-September	July 2013	 Undertake national and peer CCG benchmarking exercise Production of 2014/15 Joint Strategic Needs Assessment 	 Inform 2013/14 Commissioning Intentions 	• CCG/CSU • PHE	
mbe	Augu st 2013	Produce high level Commissioning Intentions	First draft of high level intentions for engagement	• CCG	
er e e e e e e e e e e e e e e e e e e	Sept 2013	 Engage with Stakeholders to inform and shape Commissioning Intentions Feed back on high level commissioning intentions Development of 2014/15 QIPP Initiatives 	 Develop Communications Plan to support stakeholder engagement processes 2014/15 QIPP Development Process 	• CCG/CSU • CCG	 Engagement across Surrey re mental health & LD Services Engagement across Hampshire re Childrens Services







Commissioning plans - NE Hampshire & Farnham CCG Timetable Oct 13 – Dec 13

	Month	Inputs/Activities	Deliverables	Organisation	Joint Commissioning Actions
October -	October 2014	 Publish Final CCG Commissioning Intentions to Providers Review of M6 FOT position and revise 14/15 financial gap 	Final CCG Commissioning Intentions	• CCG	 Joint commissioning Intentions published Collaborative Commissioning Intentions published
December	November 2014	 National Operating Plan (or equivalent) published CCG Allocations published Share first cut contract activity and QIPP plans with providers and assess provider impact 	 Annual NHS Operating Plan Allocations First cut contract activity plans 	NHS England/DHNHS England/DHCCG	
	December 2014	 Agree Contracting Strategies Submission of high level plans and selection of 3 local priorities for Quality Premium CCG Quarterly Checkpoint Meeting National Tariff and 14/15 Contract issued 	 Contracting strategy Draft high level plan Assurance Pack including Planning 14/15 Tariff/Contract 	CCG/CSUCCGCCG/Area TeamNHS England/DH	 Agree contracting Strategy and Arrangements Outline CQUIN schemes agreed for providers







Commissioning plans - NE Hampshire & Farnham CCG Timetable Jan 14 – April 14

	Month	Inputs/Activities	Deliverables	Organisation	Joint Commissioning Actions
	January 2014	 First draft Annual Operating and Delivery plan (including Plan on a Page) First cut finance and QIPP plans First cut activity and delivery indicators into Unify 	 First Draft Annual Operating and Delivery plan, finance and QIPP plans, activity and delivery indicators 	• CCG/CSU	
January – A	February 2014	 Area Team review of draft plans and feedback to CCGs Weekly updates on contract negotiations (via Area Team template) 2nd Draft activity and local delivery indicators into Unify 2nd Draft finance and QIPP plans submitted 	 Area Team Template Unify Template Finance Templates	Area TeamCCG/CSUCCG/CSUCCG	
April 2014	March 2014	 Sign-off final plans and submissions by Governing Body (GB 12th March 2014) Final cut finance and QIPP Plans submitted Final Activity and local delivery indicators into Unify CCG sign-off of Provider CIPs Final submission of CCG Annual Operating and Delivery Plan (and Plan on a Page) Area Team sign-off 	 Annual Operating and Delivery Plan Finance templates Unify Template Provider CIPs Annual Operating and Delivery plan 	CCGCCG/CSUCCG/Area TeamNEH&F CCGArea Team	
	April 2014	 All contracts for 14/15 signed (including CQUIN, QIPP Delivery Contract, Enhanced Services) Governing Body report on final contract position (GB 9th April 2014) 	Signed Contracts for all ProvidersGoverning Body Report	CCGArea TeamCCG	N/A







Surrey County Council – Children, Schools and Families





Commissioning plans - Children, Schools & Families Programme of commissioning – Current Activity

- ➤ Historically single agency procurement of externally provided services
- One pooled budget (CAMHS)
- ➤ Increasing driver for joint commissioning of health and wellbeing services through Children and Families Bill
- Moving approach towards joint commissioning strategies, joint strategic needs assessment, market position statement and procurement plan
- ➤ Developing use of framework tenders, joint commissioning, collaborative commissioning, Section 75 agreements and Section 256 arrangements
- ➤ Developing joint commissioning against a number of needs reflected in the children's health and wellbeing action plan



Commissioning plans - Children, Schools & Families

The Health and Wellbeing Board is asked to sign up to this programme of joint commissioning activity that will be delivered through the Children's Health and Wellbeing Group

Early help	Children with complex needs	Mental health (CAMHS)	Looked after children
➤ Establish Early Help Commissioning group to develop Early Help Joint Commissioning Strategy ➤ Market position statement ➤ Business case ➤ Joint Procurement Project	 Development of Commissioning Strategy and joint procurement project for short breaks & personal support → Joint strategic review of short breaks → Joint procurement of therapies 	 ➤ Consultation on Draft Joint Commissioning Strategy ➤ Set-up of procurement project for targeted CAMHS pooled budget ➤ Draft s.75 for pooled budgets governance 	➤ SCC Draft LAC Commissioning Strategy ➤ Guildford & Waverley CCG tendering for LAC medicals ➤ Review of protocols for notification of LAC out of county in need of secondary care i.e. CAMHS

A&E admissions – GP focus

- ➤ Work with Children's Centres to distribute leaflets/workshops around appropriate use of health services
- > Education packs distributed in all Surrey primary schools



Commissioning plans - Children, Schools & Families Developing a shared understanding of need

Gaps

➤ Service use and prevalence projections, holistic view of child and their family (parental issues), giving CYP a voice in their service development, data/information sharing between partners

Current Activity

- ➤ SurreySays: aims to deliver a new consistent approach to consultation and gathering feedback within SCC and with partners
- ➤ **PREview** using this predicting model more widely to accurately predict need, prevalence and future service use
- ➤ Publishing needs assessments relating to children and young people's health and wellbeing on public websites
- > Developing a shared knowledge of what data exists and who holds it
- ➤ Developing a list of potential research areas for future research students, including developing links with University of Surrey



Commissioning plans - Children, Schools & Families Actions

Year 1	Year 3	Year 5
Live list on what needs analyses/assessments are in progress	1, 3 and 5 year projections on the use of CYP services for each theme	1, 3 and 5 year projections on the prevalence of need for each theme
Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure all new/renewed commissioning contracts include requirement to evidence voice of CYP
Develop a multi-agency data and analyst group to monitor and facilitate interagency data sharing	Provide a mechanism through which we can join up information on the needs of the parent(s)	
Invite partners to share all new engagement/ consultation with CYP on SurreySays	Monitor and report on how engagement/consultation with CYP informs each theme	Heal
Identify and promote the Caldicott Guardian		Well

Aligning commissioning cycles – summary

Questions from members of the Board?

The Health and Wellbeing Board is asked to:

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- Consider & discuss any opportunities, gaps or challenges that have been identified in the presentation
- ➤ Agree any further actions required to support the development & alignment of commissioning plans

