HEALTH AND WELL-BEING SCRUTINY COMMITTEE 4th April 2012

Sunderland PCT and Clinical Commissioning Group Commissioning Intentions for 2012/13

REPORT OF SUNDERLAND PCT AND SCCG

1. Purpose of Report

1.1 The purpose of the report is to highlight the potential changes to services in 2012/13 so that the Committee can seek further information on any plans that they may represent a substantial changes/variation and request more information. This may involve a report; a PCT or CCG member in attendance at a future meeting or written information circulated to members.

2. Background

1.1 Each year the PCT signals to its Providers any changes it may want to make to current commissioned services. This may result in commissioning new services or decommissioning a current service. Providers receive the intentions in advance of the year in which the changes may take place so that they can make any necessary preparations. The Document outlining the intentions is attached.

3. Current Situation

3.1 With the establishment of shadow Clinical Commissioning Groups (CCGs), Sunderland CCG has been actively involved in the development of the intentions for 2012/13. They are clear about the service areas that will be their responsibility from April 2013 as set out in appendix 2 of the document attached. The CCG is now much more aware of the purpose of the intentions and the areas covered following a number of development sessions. They have also identified a number of particular intentions where they want to actively lead the developments over their shadow year.

3.2 There are a number of intentions which from April 2013 will move to other bodies e.g. the Local Authority (Public Health related intentions) and the National Commissioning Board. These are indicated in Appendix 2 to the attached document.

4. Conclusion & Recommendations

4.1 The Committee is recommended to note the PCT/CCG Commissioning Intentions for 2012/13 and consider where they might want further information on any particular intention.

5. Background Papers

5.1 Sunderland PCT and CCG Commissioning Intentions 2012/13 attached

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NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and Sunderland Teaching Primary Care Trust

SUNDERLAND CLINICAL COMMISSIONING GROUP and PCT

2012/13 Commissioning Intentions

January 2012

Sunderland Clinical Commissioning Group

2012/13 Commissioning Intentions

1. Introduction

This document sets out Commissioning Intentions for Sunderland for 2012/13. The Sunderland Clinical Commissioning Group (CCG) has played a leading role in developing these intentions, but the continuing statutory responsibilities of the PCT and the need to provide a comprehensive assessment of commissioning plans across the broad range of services means that the document also outlines plans for those services expected to transfer to other commissioning organisations from April 2013, including a range of Public Health initiatives.

The Commissioning Intentions for Sunderland have been developed to deliver the longer term strategic objectives described in the Sunderland Integrated Strategic and Operational Plan (ISOP) and those emerging from the developing Clear and Credible Plans (CCP) of the CCG, but focus in particular on investment and disinvestment priorities we intend to progress in 2012/13.

The document makes reference to the following key issues:

Sunderland Integrated Strategic and Operational Plan
Sunderland Clinical Commissioning (SCCG) Group Pathfinder priorities
SCCG Clear and Credible Plan
Resource releasing/QIPP programme initiatives
National priorities/local contracting issues
National tariff and planned activity
Investing in quality

The 2012/13 Commissioning Intentions outline our plans in relation to acute, primary care, mental health/learning disabilities and community based contracts and set the scene for the 2012/13 contract discussions. The document describes the SCCG and PCTs' approach to a variety of issues which will impact on 2012/13 contracts with local providers.

This document is intended to reinforce and update, where necessary, on the Commissioning Intentions document which was published in October 2011 and does not therefore signal a material departure from the plans that have previously been shared with providers. This document will support the agreement of 2012/13 contracts by 15th March 2012.

Appendix 1 provides an analysis of the 2012/13 Resource Releasing Initiatives (RRIs) for Sunderland TPCT and appendix 2 provides the detail of the initiatives the CCG and PCT will be implementing in 2012/13. Work has already commenced on a number of these initiatives which were identified in last year's Commissioning Intentions document.

2. Sunderland Clinical Commissioning Group (SSCG)

SCCG is made up of 54 constituent practices led by an Executive Committee of 6 GPs elected by their peers. The CCG is a pathfinder testing the arrangements for clinically led commissioning over the next 12 months. The Pathfinder Sub Committee of the PCT (with both executive, non executive and SCCG membership) is the committee that assures the PCT statutory board during transition and has given delegated responsibility for commissioning to the CCG.

In terms of interim delegation of responsibility for the overall commissioning budget until the CCG becomes a statutory body, a timetable has been agreed with the PCT. The total budget amount excludes the current PCT budget on areas such as primary care, specialised services and public health which will transfer to other bodies. A high level overview has been agreed of the programme and service areas which will become the delegated responsibility of the CCG to commission and the suggested timetable for that transfer of delegated responsibility. Day to day responsibility for service areas will be agreed with indicative amounts over time and this will increase in percentage terms until 100% is transferred by April 2012. This has been aligned with the PCT's scheme of delegation and standing orders.

The CCG has taken a lead role in developing the intentions for 2012/13, supported by the PCT management team particularly over the transition period to authorisation as a statutory body in 2013

The commissioning intentions reflect the SCCG Pathfinder priorities. These areas are where the CCG is currently taking a leadership role and responsibility and these align to the local Quality, Innovation, Productivity and Prevention (QIPP) agenda for improving use of resources and are supported by Practice engagement:

- **Improving the whole system Urgent Care response**
- **Improving the quality of care for people with chronic obstructive pulmonary disease (COPD) across the whole system as a key step to taking on more responsibility for patients with a range of long term conditions**
- **Improving the quality and reducing the cost of prescribing**
- **Addressing clinical effectiveness in primary care**

This focus follows work with the Health Inequalities National Support team and the Director of Public Health to identify the factors contributing to the significant life expectancy gap in Sunderland and the worsening position for men in particular. Over 60% of the gap is as a result of cardio-vascular disease, cancer and respiratory diseases. Eight high impact interventions have been agreed and the CCG is leading on four of these.

- Consistent use of beta blockers, aspirin, ACE inhibitor and statins following a circulatory event
- Systematic treatment for COPD
- Cancer awareness and early detection
- Identification and management of atrial fibrillation

The initial focus is on delivery of the 4 areas above as these are priority health requirements for the people of Sunderland and achievable within the pathfinder timeframe.

However, the CCG is increasingly taking a lead role with the commissioning of local health priorities out with the pathfinder but part of the Sunderland Integrated Strategic and Operational Plan (ISOP) and the CCG Clear and Credible Plan. This leadership is subject to capacity issues (both clinical and managerial) and the level or impact of the proposal currently and in the future e.g. where a decision taken now by the PCT may impact on the CCG when it becomes a statutory body. This leadership will increase over 2011/12 as the CCG develops as an organisation and agrees the level of commissioning support from the PCT. The CCG is now clear about those intentions where it will take the lead for ensuring progress in 2012/13 as these will contribute to its track record required for authorisation. However, the CCG equally recognises the need to influence and support the remaining intentions.

As part of the transition, the CCG expects to be authorisation ready by October 2012 and authorised to take on statutory responsibility for commissioning no later than March 2013.

3. Sunderland Integrated Strategic and Operational Plan (ISOP) and the SCCG Clear and Credible Plan

The Sunderland ISOP, refreshed in April 2011, just as SCCG were forming, sets out how the PCT will change the shape of health services across Sunderland over the next three years with the support of the CCG, and shift the balance from treating illness to helping and supporting individuals to live longer and healthier lives.

The CCG embraces the intention behind the current NHS South of Tyne and Wear vision for the future as it applies to Sunderland - to work together to **make South of Tyne and Wear healthy for all** which is under pinned by the following key aspirations:

- **Better health** to live longer, with better quality of life and fair access to services;
- **Excellent patient experience** ensuring safe care, effective treatment and quality services;
- **Wise use of your money** with the right services at the right place and time, reducing waste and ensuring value for money.

Underpinning this vision, is the need to change the shape of services away from an emphasis on treating ill health to one of enabling and supporting individuals to live healthier lifestyles and adopt positive behaviors, supported by an integrated tiered healthcare system.

In order to achieve this “future state”, the focus of the strategy is on prevention, secondary prevention and long term conditions. Care will be delivered closer to the patient’s home through the commissioning of new services supported by integrated

pathways together with the radical reform of current provision aimed at eliminating waste and moving care out of hospitals.

SCCG has developed its own draft Clear and Credible Plan for the next 5 years which will be aligned with the ISOP and has set out the following draft Vision:

Our vision is to achieve **'better health for Sunderland'** and was agreed by the Executive Committee in November 2011.

Our vision is supported by three high level goals which describe the changes we aim to make in the medium to longer term, which are to:

- Improve the health and well being of all local people; to live longer, with a better quality of life and a reduction in health inequalities across the locality;
- Integrate services better across health and social care;
- Underpinned by more effective clinical decision making.

We will do this by working closely with patients, the public, carers, providers and partners.

The CCG is working with the PCT, local providers, the Local Authority and patients to ensure that the vision is delivered via a whole system approach. They will work within the ISOP framework and also the Joint Strategic Needs Assessment and are committed to delivering collaboratively on the local QIPP agenda to which CCG plans are aligned.

The PCT has identified seven areas (strategic objectives) in which major change is needed in order to move towards the vision of the future and the thirteen programmes of initiatives to be undertaken:

Prevention	Reducing CVD and cancer deaths	• Obesity • Smoking • Alcohol
	Ensuring all children have the best start in life	• Child Health • Maternity
Long term conditions	Identifying people with long term illnesses & risk factors then providing appropriate, high quality care and preventative treatment	• CVD risk • Cancer • Long term conditions & Rehabilitation
Safer, better quality services, delivered closer to home with no duplication or	Streamlining high quality urgent care for adults and children	• Sick & Injured children • Urgent care
	Providing more, high quality planned care closer to home	• Planned care
	Changing the way mental health services are provided	• Mental Health

	Providing those at the end of life with a good death	• End of Life Care

The CCG has initially identified a number of areas (strategic objectives) in which major change is needed in order to move towards its vision of the future. The commissioning intentions led by the CCG are examples of initiatives that will be progressed however further work is taking place on the key programmes (with linked initiatives) required to deliver the objectives:

- Play an active role in the delivery of the **Health** and **Wellbeing Strategy**
- Every practice to optimise **screening** and **early identification** opportunities
- Integrated tiered approach to **Mental Health** across the whole healthcare system
- Integrated **urgent care** response, easily accessible at the appropriate level
- Improve quality of care for **long term conditions** across the whole system
- Provide more **planned care** closer to home
- Every practice to systematically improve the quality of **prescribing** adhering to evidence based guidelines
- Every practice operating to agreed **standards** and pathways – working collaboratively with partners

The PCT will publish a refreshed ISOP in early 2012 and the CCG will publish a draft CCP which will outline the key initiatives to be undertaken in 2012/13 building upon progress achieved in 2011/12. The initiatives outline the activities to be undertaken in delivering strategic objectives including the full QIPP programme, in all sectors of healthcare provision including primary care, community, mental health and acute.

The plans will also address the specific actions required to address the national requirements as outlined in the forthcoming 2012/13 Operating Framework.

4. Resource releasing initiatives (RRIs)

2012/13 will be the third year of our programme of Resource Releasing Initiatives (RRIs). Last year the Operating Framework increased the time period over which the total programme of financial savings must be realised so schemes were re-phased to recognise this additional year; RRI schemes run until 2014/15.

Tariff efficiencies continue into 2012/13 from 2011/12 which has allowed us to focus on those schemes which are of the most strategic importance, which are most easily delivered and which provide the greatest savings which significantly reduces the risks to delivery of savings.

Appendix 1 details a breakdown of the level of savings for each RRI for each of the following three years, split by PCT.

Detailed activity and financial breakdowns for each RRI are included in the planned activity and financial profiles which are being issued in tandem with this document.

5. Delivery of National Priorities

The 2012/13 Operating Framework was published in December 2011. The framework details a number of key areas that require particular attention during 2012/13 to provide the bedrock for a health service driven by patients and clinicians:

- Dementia and care of older people
- Carers
- Military & veterans' health
- Health Visitors and Family Nurse Partnerships
- An outcomes approach

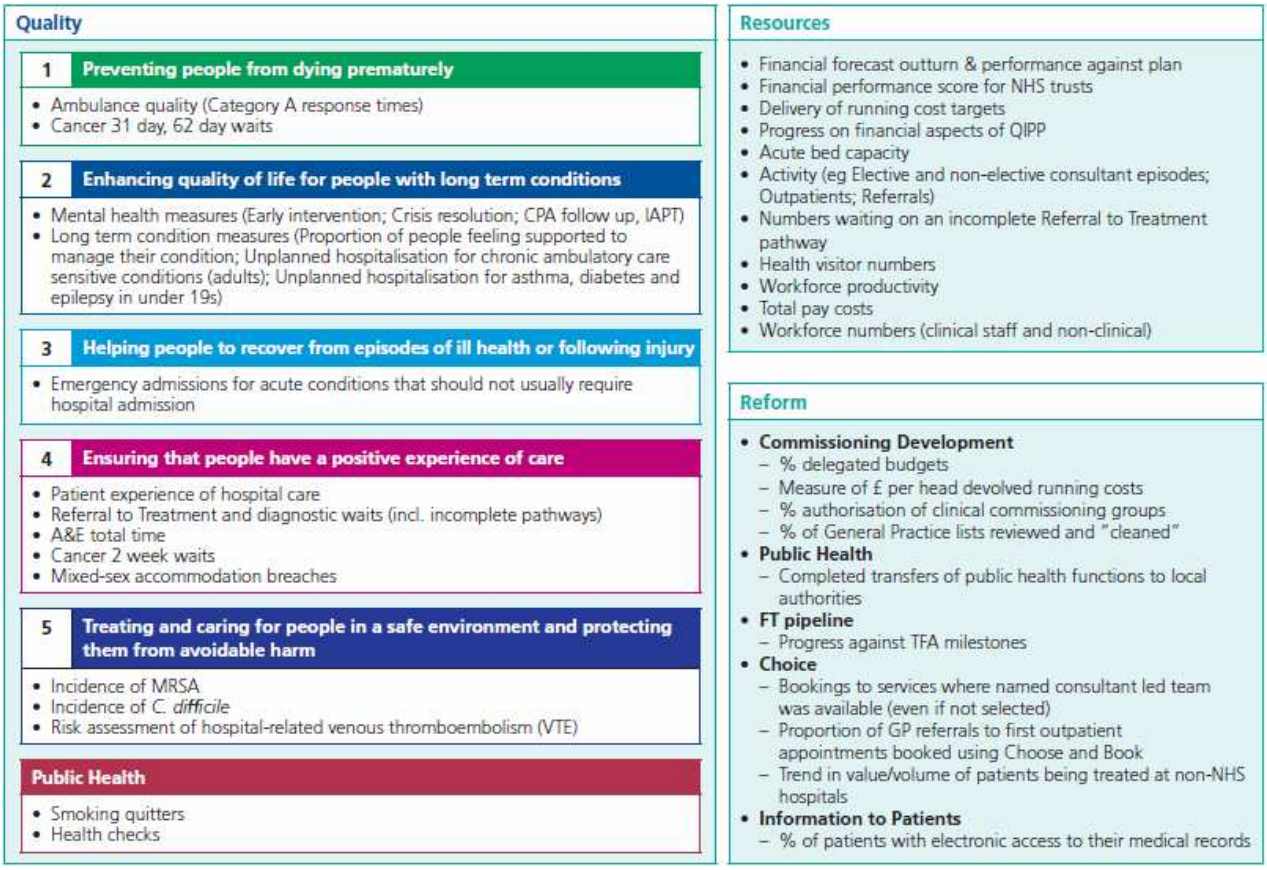
The National Operating Framework emphasises that the experience of patients, service users and their carers should drive everything the NHS has to do. National measures have been set out and can be grouped into 3 categories:

- Quality – those indicators of safety, effectiveness and patient experience that provide an indication that standards are being maintained or improved;
- Resources – those indicators of finance, capacity, and activity that demonstrate the robustness of organisations; and
- Reform – indicators that demonstrate commissioner and provider reform, with more information and choice provided to patients.

Within these categories there are 5 domains:

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Detailed below are the key performance measures which will be subject to national assessment in 2012/13:



Quality

1 Preventing people from dying prematurely

- Ambulance quality (Category A response times)
- Cancer 31 day, 62 day waits

2 Enhancing quality of life for people with long term conditions

- Mental health measures (Early intervention; Crisis resolution; CPA follow up, IAPT)
- Long term condition measures (Proportion of people feeling supported to manage their condition; Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults); Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s)

3 Helping people to recover from episodes of ill health or following injury

- Emergency admissions for acute conditions that should not usually require hospital admission

4 Ensuring that people have a positive experience of care

- Patient experience of hospital care
- Referral to Treatment and diagnostic waits (incl. incomplete pathways)
- A&E total time
- Cancer 2 week waits
- Mixed-sex accommodation breaches

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

- Incidence of MRSA
- Incidence of *C. difficile*
- Risk assessment of hospital-related venous thromboembolism (VTE)

Public Health

- Smoking quitters
- Health checks

Resources

- Financial forecast outturn & performance against plan
- Financial performance score for NHS trusts
- Delivery of running cost targets
- Progress on financial aspects of QIPP
- Acute bed capacity
- Activity (eg Elective and non-elective consultant episodes; Outpatients; Referrals)
- Numbers waiting on an incomplete Referral to Treatment pathway
- Health visitor numbers
- Workforce productivity
- Total pay costs
- Workforce numbers (clinical staff and non-clinical)

Reform

- **Commissioning Development**
  - % delegated budgets
  - Measure of £ per head devolved running costs
  - % authorisation of clinical commissioning groups
  - % of General Practice lists reviewed and "cleaned"
- **Public Health**
  - Completed transfers of public health functions to local authorities
- **FT pipeline**
  - Progress against TFA milestones
- **Choice**
  - Bookings to services where named consultant led team was available (even if not selected)
  - Proportion of GP referrals to first outpatient appointments booked using Choose and Book
  - Trend in value/volume of patients being treated at non-NHS hospitals
- **Information to Patients**
  - % of patients with electronic access to their medical records

The key priority of ensuring the services we commission are of the highest quality will be addressed through further development of the CQUIN scheme and via the continued development of the infrastructure to support quality improvement with our providers as outlined later in this paper.

6. Workforce Assurance:

A key requirement of the NHS Operating Framework 2012/13 is that each PCT seeks assurance from the providers it commissions services from, that they have a safe and affordable workforce in place. As part of this, the PCT will seek assurance around the 9 workforce key lines of enquiry, to assure ourselves in relation to the following areas:

- Has the plan been developed using good data/intelligence and with clinical engagement?
- Is it safe, affordable and integrated?
- Is there a robust process in place to monitor progress against plan?

In addition to the assurance of plans, the PCT is required to submit workforce forecasts for 2012/13 and narrative describing the process. In constructing the

workforce forecasts for 2012/13 the PCT seek provider cooperation in determining and signing off an appropriate forecast.

7. National tariff and planned activity profiles

Where relevant, detailed financial and activity schedules outlining the impact of commissioning intentions and reflecting modelled activity requirements will be issued in association with this document. Proposed activity volumes will be costed using the draft PbR tariff. The basis on which activity assumbtion have been modelled will be shared with the providers for discussion and agreement as aprt of the contract negotiations.

NHS SoTW will work with providers to effectivley manage the impact of revised tariff arrangements and explore potential to adopt tariff flexibilities.

8. Any Qualified Provider

Plans to implement the AQP initiative are in progress in accordance with the national timeframe which requires PCOs to have commissioned a minimum of three services on this basis with effect from October 2012. Adult hearing aid in the community, podiatry and anticoagulation services are to be commissioned on an AQP basis by NHS SoTW.

Providers will be kept informed of the implications this may have on existing contract agreements as the implementation process develops.

9. Investing in quality

National context

'Equity and Excellence: Liberating the NHS' (July 2010) placed a significant emphasis on developing and implementing quality standards to improve healthcare outcomes for patients. As the architecture of the new NHS develops the mechanisms to do this are evolving. The NHS Commissioning Board (NHSCB) will have a statutory duty to exercise its functions with a view to securing continuous improvement in the quality of health services. Securing improvement in outcomes, as defined by the *NHS Outcomes Framework* will be particularly important as the Board will be held to account using this framework.

It is anticipated that the NHSCB will use Quality Standards developed by NICE to drive its commissioning processes. NICE Quality Standards – and accredited evidence produced by other groups such as the Royal Colleges – will underpin the *Commissioning Outcomes Framework*, through which clinical commissioning groups will be held to account. Quality Standards are intended to be the backbone of the commissioning system, supporting consistent improvement in all parts of the country.

It seems clear from the emerging national picture that the NHS Outcomes Framework underpinned by NICE Quality Standards will increasingly influence the focus of attention within quality improvement work going forward. It is important therefore whilst the statutory duty of quality lies with PCTs that in 2012/13 our quality

review mechanisms take these into account. Existing quality schedules and Commissioning for Quality and Innovation (CQUIN) schemes align well with the NHS Outcomes Framework and this alignment will be more explicit in 2012/13.

The Operating Framework for NHS England 2012/13, as in previous years, outlines requirements linked to quality and these will also need to be taken into account.

During this transition period SoTW will maintain a focus on quality assurance and improvement during 2012/13 using existing quality mechanisms linked to contractual process for instance quality review meetings, monitoring against quality schedules and CQUIN schemes in addition to safety systems such as serious incident reporting.

Local priorities for quality assurance or improvement
The process of identifying priorities for quality assurance and improvement has begun and it is anticipated that these will be agreed in January by relevant groups.

Patient safety

- Strengthening of Serious Untoward Incidents (SUIs) processes and development of consistent reporting
- Infection control
- Safeguarding
- Reducing hospital mortality (Including reducing deaths from Venous Thromboembolism (VTE))
- Reducing harm from pressure ulcers
- Discharge communication

Clinical effectiveness

- NICE guidance compliance
- NICE quality standards, particularly stroke, heart failure, dementia, chronic obstructive pulmonary disease and VTE prevention
- Specific clinical areas linked to PCT strategic priorities

Providers will be asked to share and discuss their clinical audit programme for 2012/13 through the relevant quality review group by end of April 2012.

Patient experience

- Collection and review of patient experience information and completion of related actions
- Patient reported outcome measures (PROMS)
- Delivering single sex accommodation
- Continued development of a programme of PCT non-executive director visits to provider organisations focused on patient experience.

Providers will be asked to share and discuss their patient experience programme for 2012/13 through the relevant quality review group by end of April 2012.

Commissioning for Quality and Innovation (CQUIN) 2012/13
Where an NHS Standard Contract is in place, 2.5% of the contract's outturn value will be awarded to the provider for the achievement of CQUIN goals. This is a significant increase from 1.5% in 2011/12. The Operating Framework for NHS England 2012/13 includes the CQUIN arrangements:

- Nationally mandated goals on VTE risk assessment and on responsiveness to personal needs of patients will continue to be in place.
- New national goals in relation to improving diagnosis of dementia in hospitals and use of the NHS Safety Thermometer have been added.
- National goals must continue to be linked to around one fifth of the value of the CQUIN scheme unless commissioners decide there is negligible room for improvement.
- Commissioners and providers should have due regard to the NHS Chief Executive's Innovation Review when developing local CQUIN schemes for 2012/13, as this will be used as a pre-qualification criteria for CQUIN in 2013/14.

North East PCOs have worked together, and in conjunction with the SHA, on a timetable for the 2012/13 commissioning round; the CQUIN timetable has been agreed as part of this wider commissioning timetable referred to below.

A range of stakeholders including Clinical Innovation Teams, the North East Quality Observatory, providers and commissioners are currently involved in the development of suggested measures for CQUIN schemes. Proposals for CQUIN indicators should have a clear rationale, existing data flow where possible and sufficient baseline data to adequately inform goal setting prior to contract agreement.

It is expected that draft CQUIN schemes will be reviewed/agreed by the Quality, Patient Safety and Clinical Governance Committee and Clinical Commissioning Groups in January.

10. Timetable

The Interim Commissioning Intentions included a contract timetable outlining key milestones to be achieved as part of the contract agreement process. Nationally there is an expectation that the contracts will be agreed by Thursday 15th March. Locally NHS SoTW intends to work with providers to reach agreement and formally sign off contracts by Friday 9th March. It should be noted that this will be dependent on the publication of the final tariff which is expected mid February.

Appendix 3 identifies the process and timeframes adopted by the CCG for the 2012/13 planning round.

11. Local contracting issues

The following contract issues will be addressed with the providers by NHS SoTW as part of the contract negotiation process:

Contract documentation: Where appropriate, the revised standard contract will be adopted and where existing contracts extend beyond the one year term, discussions will take place regarding the potential, by mutual agreement, to adopt the revised standard contract. Altrernatuively it is the xpectation of NHS SoTW that the DoH standard deed of variation will be adopted. In particular, a joint programme of work will be agreed as part of the Service Development and improvement plan to develop service specifications for services delivered under the contract.

Local Tariffs: Where appropriate, local tariffs will continue to be reviewed with a view to identifying areas of potential efficiency. The emphasis will be on identifying opportunities for reduced expenditure which allow providers to release costs. Tariff efficiencies outlined in PbR Guidance may be applied to non tariff services.

Block Contracts: Where relevant, review of remaining block contracts will be undertaken in accordance with the ongoing contract management arrangements.

Coding and Counting Changes: Where counting and coding changes are agreed during the negotiation process a commissioner based risk assessment will be required from providers prior to entering into any discussions regarding implementation. In addition, commissioners expect that any such coding changes will be under pinned by an appropriate in year risk share arrangement to protect both providers and commissioners from unanticipated financial risk.

High Cost and Excluded Drugs: Commissioners will continue to work with providers to more accurately predict the level of expected spend in order to agree realistic baselines within contracts. Commissioners expect that providers will supply patient level details related to all high cost and excluded drugs, linked to condition.

Never events: In line with the 2011/12 Operating Framework, and as outlined in the revised standard contract, the commissioner will not fund those spells identified as “never events”.

Contract Management: In line with the revised standard contract, NHS SoTW expects to agree indicative contract acrivity plans which will be affordable, deliverable and which will ensure key performance targets are achieved. It is expected that the activity plans will be based on clear activity planning assumptions which will form part of the contract agreement and which will be reviewed in year in the context of any material variance from planned levels. In accordance with the requirements of the standard contract, NHS SoTW expects that contract queries raised through the contract review mechanism will be resolved in a timely manner.

Trauma networks: Commissioners will work in conjunction with local providers to implement the trauma network arrangements in accordance with the implementation timetable.

Specialised commissioning: Work will be undertaken with the North East Specialised Commissioning Group, in conjunction with providers, to effectively map out the activity and financial implications on individual contracts arising from the introduction of revised specialised commissioning definitions, the intention being to reduce the level of financial risk to both commissioners and providers.

NEAS: Commissioners will continue to actively contribute and support the lead commissioner of ambulance services, particularly in the development of PbR related tariffs in line with national currencies which will be implemented in April 2012. The commissioner expects that, following specific discussions with the provider, where it is clinically safe to do so, there will be a significant increase in the number of patients transported to MIUs as an alternative to A&E.

Community services and joint commissioning: Where appropriate, community based contracts will be reviewed to continue the process of ensuring high quality cost effective services which meet the needs of the local population.

Commissioners, in conjunction with CCG leads, intend to progress a number of procurements as outlined in the appendix to this document.

We will continue to work with local authorities and other local government services to deliver statutory requirements and identify opportunities to work better together to improve peoples health and well being and achieve more efficient and integrated delivery of services: developing and delivering joint commissioning arrangements for locally agreed health and care services as appropriate; pooled budgets, lead commissioner arrangements and / or commissioning of integrated health and care services.

We will review and develop the statutory NHS Continuing Health Care function; mental health and learning disability out-area-placements; and statutory s.117 (MHAct 1983) aftercare arrangements.

Mental health contracting: 2012-13 is the introductory year for what is a major change in the way that mental health care is currently funded, a shift from block grants to PbR currencies which are associated with individual service users and their interactions with mental health services. Commissioners will work constructively with providers to ensure a smooth transition to this new Care Packages and Pathways Programme (CPPP) system throughout 2012/13.

Contract penalties: In addition to the standard penalties outlined in the legally binding contract, NHS SoTW expects to re-negoiate the existing locally agreed penalties with a focus on agreeing a small number of penalties focussed on encouraging service improvements. The principles governing the application of the contract penalties which are reflected in current contract agreements are expected to continue to apply.

The rationale supporting the introduction of the penalty schedule remains the need to support the delivery of continued national and local targets and which enhance patient experience and good system management.

Consultant to Consultant Referral Policy: The CCG, in conjunction with the PCT and provider colleagues, plans to revise the existing Consultant to Consultant referral policy.

Public Health: Further guidance and specific detail of both the ring fenced public health budget allocations and further guidance on the Public Health Services which Local Authorities become responsible for commissioning in April 2013 is still emerging. It is unclear how similar the ring fenced allocation will be to the current PH spends across the three PCTs in SoTW.

Services are currently commissioned across a range of providers in the NHS, Local Authorities, the Independent, Private and Voluntary Sectors with a wide range of notice periods, from three to twelve months. In these circumstances it is possible that there may be a reduction in available funding and based on Joint Strategic Needs Assessments and Health and Wellbeing Board discussions and decision making during 2011/12 and 2012/13, it is highly likely each PCT and Local Authority may need to make alterations to current commissioning arrangements. These will be dependent on individual local authority's financial circumstances and associated decision making and might require the formal giving of notice on all Public Health contracts but further detail is not available and discussions cannot commence until the DoH issue the shadow budget allocations for 2013/14 and associated guidance.

Primary Care: Contract management arrangements for Directed and Local Enhanced Services are being agreed between the PCTs and the North East Primary Care Services Agency. From April 2012, there will be a transfer of commissioning responsibilities for the local enhanced services to PCTs as an interim arrangement pending DoH confirmation of commissioning responsibilities for these services in the future.

The North East Primary Care Services Agency will coordinate the re-procurement of APMS GP practice contracts where these are due to come to an end. In 2012/13, the NEPCSA, on behalf of NHS SoTW, will complete service reviews on the Barmston and Encompass 1 GP practices and make recommendations to Sunderland Teaching PCT on future service provision. Service reviews will start on the four GP practices transferred to STFT. This process will enable commissioners to determine the best way of meeting the needs of the patients when the current agreements come to an end. There will be a similar process for the Blaydon MIU and GP practice timed for the end of that contract in 2014. The Blaydon service review will have two components as the MIU service will be reviewed by GP Commissioners and the GP service by the NEPCSA in line with Barbara Hakin's guidance.

Network commissioning issues: The focus of this document is on commissioning intentions related to services directly commissioned by the CCG and PCT. Services which are jointly commissioned or which are commissioned on a network basis, for

example, specialised commissioning and the North East Cancer and CVD Networks will be addressed through the established routes.

Health equity: The CCG and PCT expect all providers to actively engage in initiatives at both PCT and locality level which are aimed at establishing fair access to services and in particular demonstrate, in conjunction with the commissioner, practical changes to service delivery to improve equity of delivery.

12. Equality, Diversity and Human Rights

SCCG and NHS South of Tyne and Wear are committed to promoting human rights and providing equality of opportunity; not only in our employment practices but also in the way we commission our services. The organisation also values and respects the diversity of our employees and the communities we serve. In applying this policy, the organisation will have due regard for the need to:

Promote human rights
Eliminate unlawful discrimination
Promote equality of opportunity
Provide for good relations between people of diverse groups
Consider providing more favourable treatment for people with disabilities

This policy aims to be accessible to everyone regardless of age, disability (physical, mental health or learning disability), gender (including transgender) race, sexual orientation, religion or belief or any other factor which may result in unfair treatment or inequalities in health or employment.

13. Equality Impact Assessment

Positive Impact – the Commissioning Intentions sets out that there is a duty on the Provider of services to ensure equity of access to their services for people from all groups regardless of race or ethnicity, disability (physical, mental and learning disabilities), gender (including transgender), age, sexual orientation, religion and belief or any other factor which may result in unfair treatment or inequalities in health. It also recognises that there are some services for specific groups – for example, gender specific breastfeeding services. It is anticipated that the Commissioning Intentions will ensure providers deliver a service that promotes equality and has a positive impact on all groups.

The development of the Sunderland ISOP has sought to promote equality, human rights and tackle health inequalities. This has been through carrying out health needs assessments, life-style surveys, publication of the Single Equality Scheme, Health Impact Assessments, Equality Impact Assessments and involving partners, stakeholders and local communities in the design, planning and development of services.

As part of the practical work that is undertaken to develop service specifications for new or changing services as part of our commissioning development work, we will

undertake equality impact assessments to ensure that our services provide equity of opportunity, equity of access and equity of outcomes.

14. Summary

This Commissioning Intentions document is aimed at raising awareness of the initiatives which the CCG supported by the PCT intends to implement during the next contract year, some of which are already in development. As plans are developed and implemented, the impact on individual contracts will be discussed with the providers. Where applicable, the detailed activity and cost schedules which accompany this document identify the activity and financial impact of the 2012/13 resource releasing initiatives.

Appendix 1

SUNDERLAND TPCT					
Programme Board	RRI	Year on year target savings £k			
		2012/13	2013/14	2014/15	Total
Children's					
	Reform care of sick & injured child	£0	£0	£0	£0
	Total	£0	£0	£0	£0
Long Term Conditions					
	Reduce emergency admissions (EL Re-admissions)	£480	£0	£0	£480
	Reduce emergency admissions (NEL Re-admissions)	£294	£0	£0	£294
	Reduce emergency admissions	£0	£338	£806	£1,145
	Reduce excess hospital bed days	£442	£442	£442	£1,326
	Total	£1,216	£780	£1,248	£3,244
Urgent Care					
	Reduce emergency admissions (EL Re-admissions)	£1,100	£0	£0	£1,100
	Reduce emergency admissions (NEL Re-admissions)	£320	£0	£0	£320
	Reduce emergency admissions	£0	£367	£874	£1,240
	Total	£1,420	£367	£874	£2,660
Mental Health					
	Reduce price paid for Gateshead FT older peoples mental health service	£0	£0	£0	£0
	Total	£0	£0	£0	£0
Planned Care					
	Reduce outpatient first attendances	£177	£177	£177	£531
	Reduce outpatient review attendances	£239	£239	£0	£478
	Move Carpal tunnel out of hospital	£200	£200	£0	£400
	Reduce nurse led outpatient clinics	£265	£265	£265	£795
	Review ISTC (Spire) contract	£320	£160	£0	£480
	End short term funding to community services for HCAIs	£0	£0	£0	£0
	Research grant funding for cancer drugs, not currently reimbursed	£0	£0	£0	£0
	Total	£1,201	£1,041	£442	£2,684
Primary & Community based services					
	Reduce Primary Care budgets	£500	£0	£0	£500
	Total	£500	£0	£0	£500
Medicine Management					
	Reduce prescribing costs to North East average (Astro PU)	£650	£650	£650	£1,950
	Total	£650	£650	£650	£1,950
Support Functions					
	Reduce PCT management Costs (Including Community Health Services)	£310	£0	£0	£310
	Total	£310	£0	£0	£310
Public Health					
	Public Health	£0	£0	£0	£0
	Total	£0	£0	£0	£0
	Total	**£5,297**	**£2,838**	**£3,214**	**£11,349**

Appendix 2

Sunderland Commissioning Intentions 2012/13

Attached below are the Sunderland Commissioning Intentions 2012/13 split by likely future Commissioning Responsibilities: with specific colour coding for those which the CCG will lead in 2012/13.

Please note that this is a provisional split based on information known to date and may be subject to change.

Orange: anticipated these will fall within the CCG remit once a statutory body, and currently the CCG support/ influence where appropriate, but led by PCT.
Purple: anticipated these will move to the Local Authority
Blue: is anticipated these will move to NHS Commissioning Board
Green: will be led by the CCG in 2012/13

NB: Table updated January 2012

Strategic Priority	Action
Cancer Services	Remodel Breast Cancer Services across NHS SoTW (excluding screening services) in order to implement a sustainable service model. Developments include; 5 year follow up clinics to be nurse led. The remodelled service is expected to be operational during 2012/13.
	Ensure cancer pathways for Foundation Trusts are in line with North East Cancer Network model pathways. Awaiting standards for Brain and Sarcoma services
	Work with Foundation Trusts to ensure processes are in place to recoup funding through Patient Access Schemes for High Cost Cancer Drugs.
	Increase the uptake of Radiotherapy Services by implementing a strategy to secure local provision.
	To identify sufficient endoscopy capacity to meet demand
	Deliver outcomes of teenager and young adult cancer standards in collaboration with NECN
	Increase the early detection and identification of cancer and increase uptake by reducing variation in GP profiles.
Learning disabilities	Ensure that physical health care checks in primary care for people with learning disabilities are implemented.
	Develop an Autism Spectrum Disorder assessment and diagnostic service across Sunderland from April 2012.
Mental Health	**Primary Care Mental Health**
	Primary Care Mental Health Services - increase input into long-term conditions in terms of identification of mental health problems and treating them – through other specialist staff already dealing with LTC (see LTCs Commissioning Intentions)

	Continue the process of repatriating high cost out of area placements to locally provided services.
	Develop and agree an adult attention deficit & hyperactivity disorder assessment, diagnosis and treatment service.
	Implement mental health specific actions within the Suicide strategy.
	Specialist / Secondary Care
	Continue to work with NTW to realise efficiencies in relation to QIPP & ensure continued engagement in the delivery of resource releasing initiatives. Use quality initiatives to support service development.
	Work with NTW to support the implementation of the business case for re-provision of in-patient, outpatient & community services regarding new facilities at Ryhope & Monkwearmouth during 2012/13
	Continue implementation of the Mental Health Model of Care § Secondary care re-modelling including liaison and services for veterans § Further development of mental health in primary care (Primary Care Mental Health Service) including a review of access to practice based counselling § Further development of the dementia strategy including anti psychotic prescribing plan (Links with medicines management) § Moving to tariff § Potential move towards AQP for psychological therapies in primary care.
	Contracts / QIPP
	Lead the implementation of CPPP (PbR for mental health) in shadow form across contracts
	Consider existing commissioning arrangements moving to Any Qualified Provider for psychological therapies in Primary Care
Children's Services	Implement the recommendations from the review of Speech, Language and Communications needs. Working in partnership Local Authority and Community provider/ other key partners to ensure the new model of provision is embedded and sustainable.
	Review Children's Community Nurses (CCNs) and palliative care for children in line with requirements set out in Aiming High for Disabled Children.
	Review occupational therapy and physiotherapy services for children and young people and consider future commissioning intentions.

	Review the implications for new national tariff for children's diabetes
Urgent Care	Implement the 111 single point of access for urgent care to signpost patients with an urgent care requirement to the most appropriate service to meet their needs. The contract to provide the 111 service was awarded in November 2011; between November 2011 and September 2012 urgent care services will need to be aligned to the 111 operational model (including GP out of hours) which will include a range of re-procurements where necessary or variation of current contracts.
	Develop an urgent care transport strategy to support the implementation of 111.
	Arrange an annual 'Choose Well' public information campaign to publicise the range of services, points of access, hours of operation and areas of exclusion by targeting focus groups in SoTW in order to help reduce demand for secondary care services.
	Following the evaluation of the current models of minor injury and illness units across SoTW, a standard model of GP integrated working will be implemented across all MIUs. Modelling work will also look at the number of services required, the most appropriate locations and associated commissioning actions. • Houghton MIU options to be agreed • The exploration of an urgent care hub in CHS is underway.
	Develop safe and appropriate pathways for patients with ambulatory care conditions to enable assessment and treatment in hospital without the need to be admitted.
	Introduce Telehealth technology for patients with long term conditions under a joint initiative across NHS SoTW with Local Authority colleagues in each locality.
	Review Urgent Care Nursing services across Sunderland to understand the impact to develop a future state.
	Expected impact of the introduction of Trauma Centres and locally the potential re-classification of our local FTs as Trauma Units.
	Develop a community based cellulitis model and service.

	Develop a community based DVT model and service.
Long Term Conditions	**Develop a commissioning model for Long Term Conditions** **Self Care** Implement self care model for LTCs, including reviewing current provision of self management education and support, improving access to a menu of options, systematic delivery within pathways, and workforce development to increase capacity and capability. To review the future commissioning arrangements of self care services To embed self care opportunities into health care core services
	Develop a commissioning model for Long Term Conditions <u>Specialist Rehabilitation</u> Consider the findings of the review and commission new models and approaches to specialist rehabilitation which provides increased access from primary care, a menu based approach to service delivery and ensure synergies and joint working between specialist professionals
	Develop and commission an integrated model of intermediate care services (including rehabilitation and reablement) for individuals with LTCs and frail elderly within each PCT locality, including care within individuals own homes.
	Develop and commission an integrated model of intermediate care services (including rehabilitation and reablement) for individuals with LTCs and frail elderly within each PCT locality, including community based 'step up' facilities.
	To review the existing rapid access community nursing teams and consider opportunities for improved access and clarity of role. In particular to develop integrated teams including a joint urgent care and 24/7 team (linked to intermediate care, see above)
	Review provision, role and effectiveness of Specialist Community Nursing and Community Matrons to develop appropriate models of case management that support proactive and anticipatory primary care. This may require decommissioning elements subject to the review.
	Complete the review and implementation of changes to the district nursing service whilst retaining the option to procure alternatives depending on the outcomes

	Having completed the review of the impact of the additional reablement/readmission investment in 2011/12 we will work with stakeholders to develop sustainable and successful schemes for 2012/13.
	Improve provision of heart failure services across primary community and secondary care
	Review the COPD pathway and identify improvements that could be made to improve patient care.
	Improve discharge processes (including documentation) and opportunities for early supported discharge.
	Implement single-site model for weekend TIA clinics.
	Develop a revised service model for the provision of diabetes services across primary community and acute.
	Develop recommendations for future commissioning following the pilot of the community arrhythmia service. .
	Implement an AQP procurement for community based INR services
	Improve the management and provision of AF services across Primary, Community and Secondary care including developing a community model and service.
	Commission a home oxygen assessment service.
	Increase the use of risk stratification tools across primary community and secondary care
	Diabetic Retinal Screening - Vary service specifications to reflect the new national commissioning pathway
Planned Care	Reduce the number of procedures of limited clinical value for varicose veins.
	Implement the revised pathway for patients with carpal tunnel syndrome
	Explore further alternative surgical pathways including Trigger Finger and Dyputrens contracture
	Explore variation in outpatient referrals in order to reduce outpatient first and follow up attendances where

	appropriate
	Explore feasibility of increased GP access to diagnostic tests for non obstentric ultrasound and MRI for dementia
	Review dermatology services and consider aligning the new service model if appropriate with the model commissioned for Gateshead and South Tyneside.
	Following scoping of nurse led clinics in terms of continued viability and cost, agree clinics to "decommission" or change to ensure added value to patient pathways
	Review Adult Hearing Services with an aim to improving access, choice and quality of care (AQP).
	Review podiatry services with an aim to improving access, choice and quality of care (AQP).
End of Life Care	To ensure end of life care packages are co-ordinated and available 24/7
	To have advanced care plans and DNAR in place for all appropriate patients
	Re-provide St Benedict's Hospice.
	Deliver outcomes of specialist palliative care standards in collaboration with NECN
Medicines Management	To have an action plan in place to improve the quality of prescribing, optimise medicines usage in patients with long term conditions and deliver disinvestment opportunities in Primary care prescribing.
	To manage prescribing expenditure within prescribing envelope, to move closer to the North East average to release resources to invest in better quality service. (Astro PU)
	Work with both secondary and primary care to develop a health economy approach to prescribing of medicines across pathways of care.
	Through the contracting process to develop plans for a consistent and collaborative approach for the transfer of prescribing responsibility, including improving the effectiveness of communication, provision of shared care medicines and outpatient prescribing,
	Work with Primary Care to develop a LES for Shared Care
	Explore options to develop services to improve medicines management in care homes in order to reduce the number of emergency admissions and reduce medicines wastage.

	Explore options for collaborative working across primary and secondary care in relation to the provision of stoma and incontinence
	Explore options for collaborative working across primary care and communality in relation to the provision of wound management products, including encouraging appropriate use of the wound management formulary
	Improve the systems for high impact / cost drug exclusions to include a consistent approach across the locality / region and effective implementation of the decisions.
	Work with local community pharmacists to optimise services available within the community pharmacy contract to support patients taking their medicines including . Improving rates of repeat dispensing, (implementation of the actions of the repeat dispensing RPIW) . New medicines service . Targeted use of medicines usage reviews . review of the use of MDS
	Ensure there are robust local mechanisms for decision making around medicines.
	Review the contract for provision of medicines management support to individual practices within the SCCG to ensure a Sunderland wide approach to priorities.
	All secondary care and primary care providers to ensure patients post MI benefit from 4 drugs – aspirin, beta-blocker, stain and ACEI
Childrens Acute	Enhance services provided by CCNTs to include care of acutely sick and injured children and with extended hours (evenings and weekend working). Evaluate the ongoing testing of the revised CCNT model in Sunderland and use the evaluation to inform future development of services.
	Subject to public consultation, implement the agreed paediatric emergency pathway; including children's assessment and short stay services.
	Implement a contract variation to extend the role of Walk-in-centres and Minor Injury Units to include assessment and treatment of children under two years of age.

Public Health England/Local Authority Responsibilities

Strategic Priority	Action
Cancer Services	Increase uptake of Bowel Cancer Screening by raising awareness. Whilst ensuring contract volumes reflect anticipated increases in demand.
	Introduction of HPV testing for Cervical Screening.
	Implement urgent lower GI investigation by adopting the Hamilton Risk Assessment Tool into 2WW time frame.
	Enhance engagement and uptake of services following HEA of Breast Screening Service.
Joint commissioning	Implementation of robust joint strategic function arrangements with Sunderland LA through the use of Health Act flexibilities.
	Implement current preferred option from the outcome of the review of the assessment and commissioning processes around CHC, FNC(Free Nursing Care) & s117 (Section 117) and consider future commissioning intentions
	Continue to implement the Carers strategy and local action plans in each locality.
	Enhancement of governance & quality arrangements with independent sector providers. Building on stock take around contracting to ensure all provider relationships are underpinned with provider contracts.
	Work collaboratively to bring together plans for development of physical health, mental health, medicines management and end of life care for Sunderland care homes. (Links with Urgent care and frailty Team in Sunderland.)
Mental Health	Implement the emotional health & wellbeing plan.
	Implement mental health specific actions within the Suicide strategy.
	Re-provide BME and LGBT wellbeing programmes.
	Re-provide workplace health programme with improved service offer for organisations not pursuing NE Better Health at Work Award.

Children's Services	Review school nursing services for provision and capacity to ensure all key elements of the Healthy Child Programme 5-19 years are delivered and key outcomes are achieved.
	Develop an early intervention and prevention strategy with local partners and consider future commissioning intentions to ensure effective evidence based interventions are delivered and monitored in accordance with need to reduce health inequalities and narrow the gap in outcomes.
	Review children's overweight and obesity services (across all the tiers) to meet the requirements of a life course approach and ensure children and young people have access to timely, appropriate and accessible support to meet their needs, and consider future commissioning intensions. (Links with Prevention and Staying Healthy)
	Implement a model to minimise risk taking behaviours and build resilience. To build associated workforce capacity, a risk and resilience training package will be developed in partnership with the Local Authority. Review workforce skills and competencies against the core standards of the model.
	Develop a phased approach to the implementation of 'You're Welcome' quality standards. Ensure service providers deliver in accordance with 'You're Welcome' quality standards.
	Ensure all appropriate providers are signed up to the new electronic C Card and are using it appropriately and develop on basis of need.
	Ensure compliance with NHS SOTW strategy, policies and procedures for Safeguarding Adults and Children.
	Implement recommendations from the CQC and Ofsted joint inspections.
	Review drug and alcohol services for children and young people in Sunderland and implement recommendations in line with the risk and resilience model.
	Ensure increased focus on short breaks for young carers and parents of children with disabilities
	Review stop smoking services for young people in line with NICE guidelines. (As part of the Stop Smoking Services review).
Prevention/ Staying Healthy	Following completion of evaluation of Healthcheck Programme, consider future commissioning arrangements
	Following completion of evaluation, consider future commissioning intentions for prevention and treatment of obesity and exercise on referral services
	Following completion of review & HEA, amend/re-provide Stop Smoking services.
	Re-commission alcohol & drugs services in line with the National Drugs Strategy with a focus on recovery and outcomes from treatment.

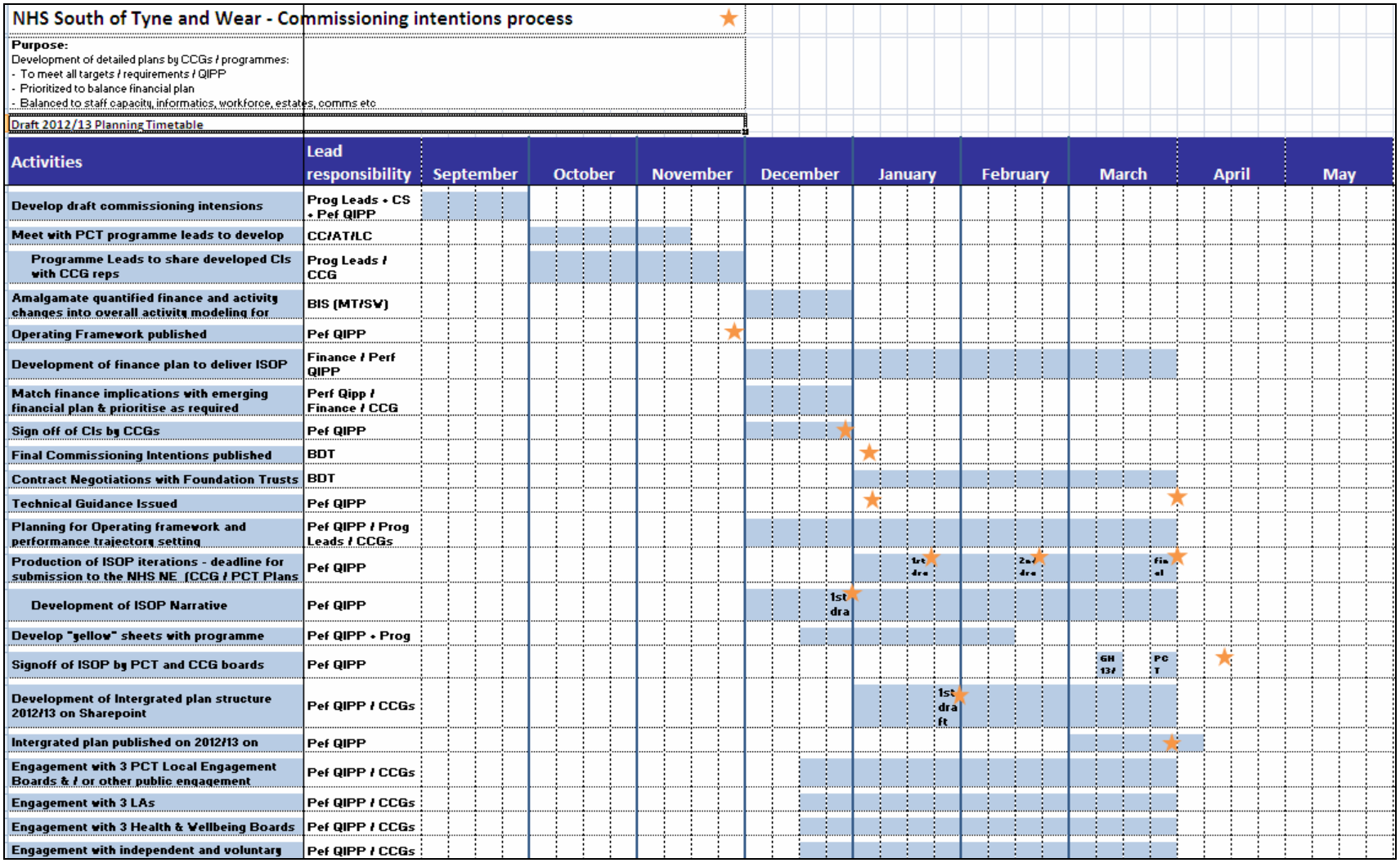
	To re-commission the Chlamydia programme across SOTW when clarification on 2012/13 targets received.
	Implement the sexual health locality action plan which is informed by the findings of the sexual health review with a focus on: - • Governance arrangements • Access to Contraception • Reducing the prevalence of STIs • Improving, protecting and promoting the sexual health and wellbeing of the population.
	Review the input of providers into the Multi Agency risk assessment Conference (MARAC) process relating to incidents of domestic violence
	Re-align pathway of care for offenders on release of prison as necessary.
	Review the commissioning arrangements of FRESH and Balance.
	Ensure that substance misuse service continue to develop accessibility for ex-service personnel and that pathways are adapted to support their needs.
	Consider future commissioning arrangements of Health Trainer Service following publication of future shadow budget arrangements.
	Review provision and coordination of training & capacity building across lifestyle services and re-align services accordingly.
	Utilise findings of the Lifestyle survey (due March 2012) to inform in year variations in lifestyle services and inform commissioning intentions 2012/13 utilising a social marketing approach
	Review and consider future commissioning arrangements of the Health Champion training.
	Implement recommendations arising from report on outcomes of physical health improvement programme for people with severe mental illness (SMI)
Child and Adolescent Mental Health Services and Learning Disabilities	Development of Tier 2 CAMH service provision including improved access to talking therapies in line with evidence base. To increase the capacity of universal service providers to promote mental health for children and young people, recognise problems early in their development, intervene and refer as appropriate Provide direct services to Children, young people and their families with moderate mental health needs, including grouping work and talking therapies

Establishment of new model of specialist community CAMH / LD service provision with a particular focus of integrated pathways of care for children, young people and their families: • with complex, severe or persistent mental health needs • with learning difficulties and disabilities • in special circumstances • with complex behavioural mental health and social care needs • who require access to intensive home treatment service
Re-alignment of resources/ changes in service provision for children and young people with ASD based on outcomes of the review that will take into account: • Change regional service provision • Changes in specialist community service provision (newly awarded CAMHS/ LDD contract) • Newly published NICE Guidance in line with the outcome of the review of 2011/12
In partnership with LA, development of services for Children and Young people with Disabilities: • implementation of continuing care guidance • implementation outcomes of review community equipment service (including children's wheelchair services) • Implementation of short break guidance • implementation of SEN guidance • personalised planning outcomes • implement recommendations of CQC / OFSTED inspections • improve transition between Children's and Adult Services
Working in partnership with Local Authority support the review of SEN assessment and statement framework. This will explore the potential for changing / revising the existing systems with an assessment process, a single, joined up 'Education, Health and Care Plan'. Explore opportunities to implement personal health budgets for children as part of this overall review (links with LA).
Implementation of the review of services for Looked After Children
Implementation of result of review of Child protection service specification
Implementation of outcomes of review of services for children and young people involved in youth justice system.

NHS Commissioning Board Commissioning responsibilities

Strategic Priority	Action
Children's Services	Continue to implement the expansion programme for Family Nurse Partnership (FNP) and Health Visiting Services. Ensure the Health Visitor service meets the requirements of the new national model and service specification which will come into effect from 1 April 2012 (as per requirements of Early Implementer Site status). Continue to review the impact of the new model working in partnership with early years providers to ensure the best start in life is achieved. Review skill mix within the Health visiting service and explore opportunities nationally to expand the FNP offer.
Maternity Services	Carry out social marketing exercise across Sunderland using a regional model to increase the number of women breastfeeding.
	Review performance across the breastfeeding pathway looking at rates and peer support programmes (Quality Service Review).
	Support acute hospitals to achieve Baby Friendly Status.
	Review pathways for families with additional needs with a view for develop an integrated pathway with Children's services.
	To explore the options available to deliver a community based rapid response service to reduce the numbers of unplanned admissions during pregnancy.
	Evidenced based commissioning; Develop a review programme of services specifications for community based children services and maternity against existing evidence base. Identify opportunities to develop innovative practice.
	Review newborn screening pathways including assessment of AQP impact on audiology

Appendix 3


NHS South of Tyne and Wear - Commissioning intentions process
Purpose:
Development of detailed plans by CCGs / programmes:
- To meet all targets / requirements / QIPP
- Prioritized to balance financial plan
- Balanced to staff capacity, informatics, workforce, estates, comms etc
Draft 2012/13 Planning Timetable
Activities
Lead responsibility
September
October
November
December
January
February
March
April
May
Develop draft commissioning intensions
Prog Leads + CS + Pef QIPP
Meet with PCT programme leads to develop
CC/AT/LC
Programme Leads to share developed CIs with CCG reps
Prog Leads / CCG
Amalgamate quantified finance and activity changes into overall activity modeling for
BIS (MT/SW)
Operating Framework published
Pef QIPP
Development of finance plan to deliver ISOP
Finance / Perf QIPP
Match finance implications with emerging financial plan & prioritise as required
Perf Qipp / Finance / CCG
Sign off of CIs by CCGs
Pef QIPP
Final Commissioning Intentions published
BDT
Contract Negotiations with Foundation Trusts
BDT
Technical Guidance Issued
Pef QIPP
Planning for Operating framework and performance trajectory setting
Pef QIPP / Prog Leads / CCGs
Production of ISOP iterations - deadline for submission to the NHS NE (CCG / PCT Plans
Pef QIPP
Development of ISOP Narrative
Pef QIPP
1st dra
Develop "yellow" sheets with programme
Pef QIPP + Prog
Signoff of ISOP by PCT and CCG boards
Pef QIPP
Development of Intergrated plan structure 2012/13 on Sharepoint
Pef QIPP / CCGs
1st dra ft
Intergrated plan published on 2012/13 on
Pef QIPP
Engagement with 3 PCT Local Engagement Boards & / or other public engagement
Pef QIPP / CCGs
Engagement with 3 LAs
Pef QIPP / CCGs
Engagement with 3 Health & Wellbeing Boards
Pef QIPP / CCGs
Engagement with independent and voluntary
Pef QIPP / CCGs