

Sunderland CCG Commissioning Intentions 2013/14

1. Purpose of the Report

- To present the current list of commissioning intentions to be circulated to providers (Appendix A) subject to any changes required within the national planning guidance;
- To provide an overview of the commissioning intentions process developed in accordance with the SCCG Governing Body;
- To outline the wider planning process of which the commissioning intentions are a part;
- To set out next steps for Sunderland CCG.

2. Background

Commissioning Intentions indicate to service providers how we intend to shape the healthcare system for the people of Sunderland during 2013/14.

As part of the development of the CCG 5 year commissioning plan, a draft list of commissioning intentions was initially developed. This process now builds upon these draft intentions to produce a final list of our intentions for 2013/14.

3. Commissioning Intentions 2013- 2014

In order to build upon the draft commissioning intentions for 2013/14, a local process for SCCG was developed and agreed by the SCCG Governing Body. This process has been informed by the high level Commissioning Intentions timetable for the North East which has been developed by South of Tyne and Wear NHS Business Delivery Team.

The first stage of the local process was to draw upon the information we already had which involved:

- Further review of draft intentions by Strategic / Programme Leads;
- Health and Wellbeing Board Strategic priorities;
- Practice suggestions from QP work in 2012;
- Recommendations from the ECIST report;
- Accelerating the bigger picture priorities;
- Insights we already have from LINKS;
- Feedback from the engagement undertaken regarding the commissioning plan;
- Insights from CHSFT regarding their priorities;
- Feedback from the LEB.

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This work produced a revised long list of intentions which was then circulated for comment to:

- Sunderland CCG Executive;
- Clinical Leads for discussion within Clinical groups;
- Locality Managers to share with the Practices and patient forums.

At this point we also communicated with our key stakeholders, including Sunderland City Council LA, to ask what their priorities were for 2013/14. From which we received a positive response with the following common themes from stakeholders:

- Pleased to be asked for their comments;
- Willing and keen to work with the CCG;
- Noted they had the same objectives such as supporting people at home and more services in the community.

The outcome of this was a long list of intentions which took into account the views of patients, practices, providers, Local Authority, CCG Executive, PCT programme leads and Clinical Leads.

The next stage was to prioritize this long list. Two prioritization sessions were held on the 13th & 27th November 2012. Executive leads, Clinical leads & relevant Strategic leads were asked to undertake an initial assessment of each of the proposed intentions in order that an informed assessment against each proposal could be made. These sessions also considered any relevant intelligence from the high level commissioning intentions process in relation to areas such as tariff arrangements, CQUIN and specialized commissioning. The outcome of these sessions was agreement in principle of initiatives to progress in 2013/14 noting the following:

- The majority were seen as high priorities;
- The need to undertake activity/finance impact analysis to inform QIPP plans;
- The need to sense check affordability including determining what will need recurring or non recurring monies;
- The need for the activity/finance analysis to inform the ranking/staggering of the intentions;
- The need to effectively communicate the final list to Locality Managers to share with Localities for any final comment before the Governing Body approve the intentions;
- The need to share the list of intentions with the Health and Wellbeing Board;
- Consider if any further public input is possible;

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- Consider where further Clinical Leads may be needed to lead the delivery of the intention as where this is not possible this will inform whether the work is deliverable.

Following formal stakeholder engagement with the local authority, we also met with local authority representatives from both Adult Services and Child Services to discuss the following:

- SCCG Commissioning Intentions;
- Potential issues in relation to commissioning intentions for those responsibilities transferring to Sunderland City Council;
- The best way to conclude engagement with the Health and Wellbeing Board in relation to commissioning intentions noting that the document will be published prior to the formal Health and Wellbeing Board on 25th January 2013.

Following approval of the SCCG Commissioning Intentions by the SCCG Governing Body, the list was also circulated to local authority representatives.

Refreshed Clear and Credible Plan for 13/14

Developing the Commissioning Intentions and circulating them to Providers in early January is the first step in the annual refresh of the 5 year Strategic Plan (CCP). Once the high level intentions are agreed and the activity/cost impact analysis has been undertaken to inform the ranking/staggering, work needs to progress on agreeing the more detailed work programmes/plans. These programmes of work will need to take account of the best way to deliver the commissioning intentions within both the available monies for commissioning and the available management resources.

A first draft of our revised Plan for 2013/14 needs to be with the SHA/NCB on the 25th January. The requirements of which are detailed in the recent publication of the national planning guidance, Everyone Counts: Planning for patients 2013/14 and outlined below:

- Plan on a page including:
 - (i) key elements of transformational change;
 - (ii) key risks; and
 - (iii) Confirmation that national requirements will be met;
- Trajectories on relevant measures in section 2 plus three local priorities;
- Activity plans – summary at commissioner level;
- Financial information.

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This guidance is currently being reviewed by Sunderland CCG in order to understand the requirements outlined, including the identification of any additional nationally prescribed initiatives which need to be included within our commissioning intentions for 2013/14.

The final refreshed CCG Plan is required by the SHA/NCB by 5th April 2013.

Next Steps

In setting out the next steps we have taken into account what were considered important principles in moving forward the commissioning intentions:

- Outcome Driven;
- Deliverable;
- Achievable;
- Cost Effective;
- Equitable.

These principles will also guide the revised annual plan and work programmes for our staff.

The next steps also illustrate that developing the annual high level commissioning intentions for Providers is the first step in a planning process required to enable annual delivery of the SCCG 5 year Strategic Plan.

Next Steps:

1. Assess the impact of any national 'must dos' for 2013/14, communicated by the DH;
2. Circulate the intentions to Providers /Stakeholders early January with a covering letter explaining how their comments have been taken into account;
3. Full impact assessments wherever possible of the final list of intentions to be undertaken considering finance and activity implications. This will lead to an initial ranking/staggering of the intentions to inform the first draft of the refreshed CCP or annual operational plan by mid January 2013;
4. Negotiate and conclude the contracts by early March 2013 taking the above steps into account;
5. Complete the final annual operational plan by 5th April 2013;
6. Robust operational plans for 2013-14 will be developed for each Work Programme;
7. Agree a monitoring programme to ensure delivery is on track.

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Recommendations:

The Health and Wellbeing Board is asked to:

- Note the final list of Commissioning Intentions including the outcomes from further work with Localities;
- Note the requirements for CCG's outlined within the national guidance 'Everyone Counts: Planning for patients 2013/14'.
- Note the CCG Planning Process.

20th December 2012.

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Appendix A

The table below details the list of initiatives which have been prioritised as a commissioning intention for Sunderland CCG in 2013/14:

Objective	Action
Integrated urgent care response, easily accessible at the appropriate level	Align urgent care services to the 111 operational model
	Explore the development of an urgent care transport strategy to support the implementation of 111
	Explore the development of an urgent care hub in City Hospitals Sunderland
	Continued implementation of pathway for acutely sick and injured children
	Implement new pathway for headaches
	Explore innovative ways of offering same day access
	Implement review of MIU/walk in centres including hours of operation.
	Implement new DVT Pathway
	Changes to NEAS Contracting Arrangements i.e. National Tariffs indicated by PBR Guidance
	Provision of care close to or in patients homes
	Primary eyecare Assessment and Referral Service (PEARS)

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	Implement Emergency Care Intensive Support Team (ECIST) Review recommendations
	Work with the Urgent Care Team to review their guidelines on admissions for COPD patients
<p>Improve quality of care for long term conditions across the whole system</p>	Implement a revised pulmonary rehabilitation pathway and service specification
	Implement cardiac rehabilitation service specification and review access to heart failure rehabilitation
	Implement standards and recommendations from SOTW Rehabilitation Strategy
	Revised service model for Diabetes intermediate service and modernisation of secondary services
	Specialist Community Nursing and Community Matrons review
	Ongoing implementation plan including the treatment room review and District Nursing services review
	Commission Community Arrhythmia service
	Commission Community Traumatic Brain Injury Service
	Continue to develop models for integrated community teams across health and social care (including the intermediate care hub)
	Commission a community model to support care homes and housebound patients
	Commission self management for individuals with long term conditions

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	Work to develop single practice relationships with individual care homes
	Address gaps in weekend support in community services and social care for early discharge / admission avoidance
	Increase the use of telehealth to help in the management of patients with long term conditions
	Explore opportunities to increase access to psychological therapies within long term condition patient pathways
	Explore opportunities to reduce hospital admissions and provide care closer to home through redesign of pathways for individuals with long term neurological conditions
	Continue to review and evaluate community bed based services to prevent admissions to hospital and long term care
	Revise pathways for referral to rapid access chest pain clinic to make use of the new calcium scoring test
	Scope implications of testing for Familial Hyperlipidemia
	Work with providers to develop mechanisms to fast track patients for gallstone surgery if they are admitted while waiting for the procedure
Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guidelines	Commission pharmacist support for nursing and residential homes across Sunderland
	Review discharge/prescribing in secondary care
	Work collaboratively with Community Pharmacy to improve MM
	Review the provision of the Minor Ailments Service within Sunderland.

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	Review the supply mechanism for Gluten free foods.
	Continue to engage in the procurement process for sip feeds.
	Review utilisation of Script Switch
	SCCG will fund NICE approved drugs / TAGs and will work with providers & stakeholders to ensure that appropriate protocols / pathways are in place to enable patients to access NICE approved drugs / TAGs.
	Work in collaboration with the NHS Commissioning Board LAT Controlled Drug Accountable Officer to ensure that the CCG meets any statutory requirements for the safer management of controlled drugs
Provide more planned care closer to home	Ensure implementation of friends and family test
	Review of endoscopy capacity in light of service changes
	Reduce the number of procedures of limited clinical value
	Explore further alternative surgical pathways ie: joint injections (including community approach / inter-practice referrals)
	Explore variation in outpatient referrals in order to reduce outpatient first and follow up attendances where appropriate.
	Review and rationalise access across community services
	To promote improved management and maximise appropriate referrals, thus reducing variation among GPs and practices around the management of Rheumatological problems
	To commission an escape knee service - Enabling self-management and rehabilitation / exercise for Arthritic knee pain.

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	Explore feasibility of increased GP access to diagnostic tests for non obstetric ultrasound and MRI
	Review of MSK CATS Intermediate Care Service.
	Management of Back Pain including use of Back Book / STaRT Back programme
	Review national guidance re: commissioning services for maternity and newborn
	Develop a community based ENT service (including micro suction)
	Re-invigorate the community dermatology model
	Develop a ring pessary service in practice (with inter-practice referrals)
Integrated tiered approach to Mental Health across the whole healthcare system	<p>Continued CCG Leadership of whole system Model of Care Programme, delivering services that:</p> <ul style="list-style-type: none"> • Are safe: • Are built on best practice: • Are service user and carer focused: • Support social inclusion: • Work in Partnerships: • Are local, timely and equitable: • Are efficient and cost effective: <p>Ensure that vulnerable people with Learning Disabilities and/or Mental Health problems receive safe, appropriate high quality care</p> <p>Enhance the physical health of people with severe mental illness</p> <p>Enhance the physical health of people with learning disabilities</p>

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<p>Implementation of Mental Health PbR through Care Pathways and Packages Project delivering</p> <ul style="list-style-type: none"> - Agreed Pathways of Care and associated Care Packages - Agreed Quality and Outcome Measures - Agreed Costing Methodology
<p>Further development of Primary Care MH Services including further development of IAPT services and evaluation of practice based counselling services.</p>
<p>Continued use of contractual incentives to drive service transformation with NTW to include:</p> <ul style="list-style-type: none"> - Consolidation of Initial Response Team and Crisis response - Improved timely Access to Treatment services - Improved communication across MH System
<p>Continued commissioner support and engagement to NTW PRIDE project delivering new build and reconfigured inpatient environments at Monkwearmouth in 2013 and Ryhope in 2014</p>
<p>Review current and establish robust future joint commissioning arrangements with Local Authority in relation to mental health and learning disability</p>
<p>Implement recommendations emerging from current evaluation of mental health needs presenting in A&E</p>
<p>Further develop Children and Young Persons MH Services consolidating the reprovisioned Tier 3 service and recommissioning Tier 2 services. Develop seamless transitions between youth and adult pathways (ADHD, ASD, eating disorders, emerging PD).</p>
<p>Continue to implement the national dementia strategy with the Local Authority & primary care - case finding, effective interventions & anti psychotic prescribing.</p>
<p>Explore option of integrated service linking district nursing/liaison CPN and medical input operating in residential/nursing homes.</p>
<p>Repatriation of out of area placements</p>
<p>Scope potential pilot schemes to provide frequent attenders (at primary care, MIUs and A&E) with psychological support as appropriate</p>

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<p>Play an active role in the delivery of the Health and Wellbeing Strategy</p> <p>Every practice to optimise screening and early identification opportunities</p>	<p>Evaluate integrated approach to identifying and meeting the needs of vulnerable patients (e.g: older people) working with other providers/agencies (e.g: social care) pilot.</p> <p>Review joint commissioning arrangements with local authority including: Continued implementation of the carers strategy; Dementia Strategy; Community equipment; Implement lead commissioning arrangements for continuing healthcare with LA; Implement revised statutory obligations in respect of the mental health capacity act; Review grant funding arrangements; Services for children with disabilities and complex health needs in line with Special Educational Needs and Disabilities, Children and Young People's Continuing Care and Short Break Guidance; Services for C&YP and families in special circumstances eg: LAC, YOS, Troubled families. Training in Care Homes</p> <p>Safeguarding - Ensure all children in care are supported to be healthy - Review of LAC specification</p> <p>Safeguarding - Ensure all Providers discharge their safeguarding functions effectively</p> <p>Review the funding allocated to STFT in relation to safeguarding</p> <p>Review current contract with STFT re: Continuing Health Care</p> <p>Consider the findings of the review of speech and language therapy services, to inform new models of commissioning / delivery</p>
<p>with partners</p>	<p>Develop guidelines for the management of benign prostatic hyperplasia in primary care</p> <p>Review vasectomy referrals to secondary care and promote community clinic (and put on Choose and Book)</p> <p>dysfunction and Lower Urinary Tract symptoms)</p>

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	Develop guidelines for the management of dizziness and tinnitus in primary care
	Use of Curb 65 score in primary care as risk assessment before admission to hospital in cases of pneumonia
	Increase uptake of LVSD Treatment
	Locality based education campaign - make patients more aware of costs of using A&E and provide them with information about alternatives
	Develop inter-practice referral arrangements for sexual health services (ie: coil fitting)
	Develop pipelle guidelines and training/education for practices and arrangements for inter-practice referrals