

Meeting:	Health & Wellbeing Board
Meeting date:	15th September 2015
Title of report:	NHS Herefordshire CCG Commissioning Intentions 2016/17
Report by:	Director of Operations (NHS HCCG)

Classification

Open

Notice has been served in accordance with Part 2, Section 5 (Procedures Prior to Private Meetings) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (Regulations) 2012.

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

To outline to the Health and Wellbeing Board:

- the context and constraints that are impacting on the development of NHS Herefordshire Clinical Commissioning Group's Commissioning Intentions;
- delivery against previous years stated intentions;
- the process being undertaken in the development of this year's intentions and plans, including ensuring alignment with Herefordshire's Joint Health and Wellbeing Strategy; and
- key priorities and intentions for 16/17.

Recommendation(s)

That the Health and Wellbeing Board:

- (a) review and comment on content of the report;**
- (b) recognise the quality and financial challenges facing Herefordshire's health and social care system and the process being followed to ensure the CCGs Commissioning Intentions take account of these; and**
- (c) recognise the alignment of the CCGs Commissioning intentions with**

Herefordshire's Joint Health and Wellbeing Strategy.

Alternative options

1. No alternative options. The CCG is expected to outline to the Health and Social Care system, and its key providers, its key commissioning intentions for the forthcoming financial year (2016/17) annually in the autumn of each year. This is part of the annual commissioning process that all CCGs follow. The intentions themselves outline the issues and priorities the CCG will take into account in the development of contracts with providers and its service redesign plans in 2016/17.

Reasons for recommendations

2. The CCG is a core member of the Health and Wellbeing Board, Transformation Board and Joint Commissioning Board and is keen to ensure its plans and intentions are shared, reviewed and developed jointly, where appropriate, with partners and stakeholders. It needs to ensure its plans meet national requirements and adhere to NHS England guidelines and frameworks, but importantly it also needs to make certain it reflects local challenges, priorities and needs. The Health and Wellbeing Board is one of the key bodies where the latter needs to be reviewed and considered.

Key considerations

3. Herefordshire CCG is responsible for commissioning the following services for the people of Herefordshire
 - Urgent & Emergency Care
 - Out of hours primary care
 - Planned hospital care
 - Services for people with learning disabilities
 - Rehabilitation services
 - Mental health services
 - Children's healthcare services
 - Maternity & New-born services
 - Community health services
 - NHS Continuing healthcare
4. It is currently jointly responsible, since April 2015, for the commissioning of Primary Care Services (excluding dental, pharmacy and ophthalmic services) with NHS England. During the remainder of 2015/16 the CCG will be working with NHS England to consider how the CCG may take on full delegated responsibility in relation to primary care commissioning. It is not responsible for commissioning:

- Specialist services e.g. radiotherapy
 - Some primary care services e.g. Dental and ophthalmic services
5. In developing its commissioning intentions for 2016/17 the CCGs will build on and take account of:
- The priorities identified in HCCG's Operational plan, also reflecting the aspirations in HCCGs 5 Year Strategic Plan for the healthcare system, developed with partners.
 - HCCGs Quality, Innovation, Productivity and Prevention (QIPP) and Commissioning for Quality and Innovation (CQUIN) plans;
 - National and local priorities including delivery of NHS Constitutional standards and quality improvements
 - The latest information available in Herefordshire's Joint Strategic Needs Assessment (JSNA): 'Understanding Herefordshire'
 - Joint working with the Local Authority and the Health & Well-Being Board and associated work plans.
 - Herefordshire's refreshed Joint Health and Wellbeing Strategy and the priorities outlined and agreed by the Health and Wellbeing Board in April 2015.
 - The CCG's financial recovery plan and associated measures and actions designed to deliver an improved financial position for the Health and Social Care system
6. It is widely accepted that existing patterns of care and demand cannot simply be replicated, particularly in light of the widely rehearsed statements around predicted demographic changes, and that local system change is critical to deliver improved patient outcomes and productivity throughout the system for the long term. Commissioners will therefore require providers to collaborate in the development and delivery of the system plan; demonstrating commitment to change even in the absence of business benefit. The CCG will be pursuing joint working to achieve responsive, proactive care which systematically meets the needs of individuals regardless of organisational boundaries and which will ultimately achieve improved patient outcomes.
7. The health system, in addition to a failure to meet key constitutional standards e.g. 4 hour waits and some cancer waiting time targets over the last year, has also seen some significant quality challenges. This includes an acute provider currently in Special Measures; concerns around mortality rates, and mixed sex ward breaches. Improvement plans are in place, and the CCG is working with providers and NHS England to ensure that these are delivered, but these all have an impact on resources and capacity within the system. Herefordshire also faces a challenge regarding workforce sustainability. This is increasingly evident across the health system from the recruitment of nurses in the acute sector to GPs in primary care.

8. In line with national requirements, the CCG will continue to measure its delivery of improved outcomes against the NHS Outcomes Frameworks; local targets agreed with partners, as well ensuring a continuing focus on meeting the commitments to patients outlined in of the NHS Constitution. For example, the CCG expects patients to receive treatment within 18 weeks of referral, unless there is a valid reason for waits beyond this performance standard.
9. Every year the CCG identifies within its commissioning intentions 5 key work areas that it had assessed as a priority area. The priorities agreed for 2015/16, along with a summary s, are outlined below.

a) Community teams

- New model for community teams (across health and social care) developed incorporating learning and developments to date.
- CCG has provided investment to providers to support and resource roll-out of community teams across the county.
- Focus in roll-out continues to be on personalisation, decreasing emergency admissions, maximising independence and improving end of life care.

b) Stroke services

- Clinical model and resulting resource requirements agreed by WVT and CCG. NHSE Assurance process achieved.
- Work with third sector around service user and carer voice in implementation and evaluation of Early supported discharge progressing.

c) Cancer services

- Cancer strategy drafted and being consulted on with partners, patients and public.
- Survivorship is central theme of cancer programme.
- Improvement against NHS Constitutional standards, will continue to be managed through contract process

d) Dementia developments

- Provision of support to care homes through the creation of a dementia care home in-reach team
- Reduction in dementia waiting times for memory assessment
- Improved community support for people with dementia with ongoing post diagnosis support from the Alzheimer's Society

e) End of life provision

- End of life programme in place, supported by Marie Curie
- A business case for end of life packages has been developed with partners and approved by CCG, alongside an anticipatory care planning framework.

A fuller list of delivery against the CCGs intentions is contained in appendix 1.

10. Building on 2015/16 the CCG's Governing Body, with input from Clinical colleagues, has initially identified the following areas as priorities for the coming eighteen months. The CCG will be working with providers to ensure that these priorities are both recognised in 2016/17 plans and considered in service redesign programmes;
 - Urgent Care pathway
 - Demand Management schemes, in particular improvement in diagnostic services
 - Community services redesign and continued development of community teams
 - Cancer and stroke services inc delivery of constitutional standards
 - Mental Health Pathway, overseen by the partnership approach to the Mental Health Programme, focusing on prevention and enhancing CAMHS
11. Additionally two significant cross-cutting themes, that also underpin the wider System Transformation Programme, have also been identified by the CCG as essential enablers to delivering change. These are: System Wide Workforce Development and Better Use of Technology. The system has traditionally struggled with recruitment and retention issues, and is also focused on using its current workforce more effectively it is therefore developing a clear workforce strategy. Significantly it has also not levered the advances in IT that could benefit a rural county and its residents e.g. development of telecare and telehealth services. Both these areas are proposed as requiring increased focus from the CCG in 2016/17 and beyond.
12. The CCG will continue to undertake further modelling in collaboration with partners to assess opportunities for investment/disinvestment and service redesign. This will include benchmarking against best practice; use of Commissioning for Value information and programme budget analysis, as well as participation in the Right Care programme. The CCG will also carry on engaging and involving stakeholders in the development of its intentions over the coming months. The CCG draft commissioning intentions will be shared with partners and providers over the coming month.

Community impact

13. In developing its commissioning intentions the CCG has taken account of the Joint Health and Wellbeing strategy. The CCG's Governing Body recently reviewed its

plans and intentions to assess their strategic alignment against the JHWS. It noted particularly the top priority of mental health and reiterated its commitment to the development of an improved Mental Health pathway, with its local authority partners, as one of its core work programmes over the next 18 months.

14. The CCG's Governing Body also noted the need to enhance its work around Children and Young people, and will continue to work ever more closely with the Local Authority on this agenda in the coming months. The CCG is fully committed to the Children and Young Peoples Partnership, and via the Joint Commissioning Board, and its engagement in the wider C&YP structures, will continue to develop this programme of work. This will include pursuing via the mental health programme its intention to ensure an improved CAHMS offering with Local Authority partners.
15. The CCG's Governing Body also noted that information and signposting was an area that needed strengthening as part of its support to the delivery of the Joint Health and Wellbeing Strategy, to this end key initiatives, like the establishment of a Care Co-ordination Hub, and the development of a directory of services are integral to its plans.
16. The delivery of an efficient and effective urgent care pathway is also of paramount to the community and patients. This has come through in CCG consultation events and exercises, and the CCG is also mindful of underperformance on key NHS constitutional targets associated with the pathway. This is a major focus of the CCG system resilience plans and service redesign programme and will involve partners from across the system, including Herefordshire Council, NHS Wye Valley Trust and GP Practices.

Equality duty

17. The CCG ensures that its key programmes of work require an Equality Impact Assessment and it also adheres to the NHS Equality Development scheme, designed to ensure it pays due regard to the public sector equality standard and improved outcomes for vulnerable groups. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

Financial implications

18. Herefordshire CCG (HCCG) is facing a challenging in-year position in 2015/16. This has necessitated the requirement of an in-year recovery plan as identified as part of the national planning process in May 2015. During the early months of 2015/16 HCCG's in-year risk has increased. At this stage the CCG is currently assessing savings requirements for 2016/17 which is dependent on delivery during 2015/16.

Legal implications

19. The CCG has several statutory duties that it needs to comply with and that its Commissioning Intentions must take account of and respond to. The most significant of these include duties to:

- promote the NHS Constitution;
 - publicise and promote information about choice;
 - exercise its functions with a view to ensuring that health services are provided in an integrated way;
 - whilst carrying out its functions, act with a view to enabling patients to make choices in respect of aspects of health services;
 - protect vulnerable adults and children and young people from abuse and neglect and promote their welfare;
 - exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals;
 - whilst carrying out its functions, promote the involvement of patients, and their carers and representatives;
 - act under guidance from the Secretary of State specific to autism;
 - make "joint commissioning arrangements" with local authorities in respect of the education, health and care provision to be secured for children who have special educational needs
20. In developing its intentions the CCG will be ensuring it complies with its statutory duties, in particular this will include meeting its obligations around the NHS Constitution and putting in place improvement plans and programmes designed to deliver nationally stipulated standards. It will also be ensuring it consults and involves patients and the public on any decommissioning or disinvestment decisions it may need to consider in light of the financial challenges the health and social care system faces.

Risk management

21. The CCG ensures it identifies and manages its risks across its work programmes and reports this to its Governing Body. The key areas of risk are focused on the delivery of financial sustainability across the health system; potential inability to deliver NHS Constitutional standards, and non-delivery of transformational change. Mitigating actions are in place including the development of a financial recovery plan and clear improvement plans for key targets.

Consultees

22. The CCG will be ensuring it consults and involves patients and the public on any decommissioning or disinvestment decisions it may need to consider in light of the financial challenges the health and social care system faces. It will work closely with

partners across the system to understand any possible adverse impacts on partners' plans its commissioning decisions could have, and put in place mitigating plans.

Appendices

Attachment 1 – 2015/16 Commissioning Intentions update

Attachment 2 – 2016/17 Draft list of potential Commissioning Intentions

Background papers

None