

## Attachment 1: Herefordshire CCG Commissioning Intentions Summary Update 2015/16

1. In developing its outline commissioning intentions for 2015/16, the CCG took into account national requirements, the local financial context, areas of underperformance and patient experience. It also consulted and engaged CCG members via the CCG GP Parliament and through feedback from practice visits. This work shaped and informed the schemes and intentions agreed by the CCGs Governing Body, as well as the CCGs operational plans for 15/16.
2. The CCG continued through 15/16 to also work jointly with other commissioners to co-ordinate commissioning intentions where it was the Lead Commissioner. The CCG has worked closely with Herefordshire Council (Public Health, Adults and Children's Commissioners) and NHS England and Public Health England to align objectives and ensure co-ordination of plans. This work has continued a pace with the embedding of a Joint Commissioning Board, Better Care Plans and an agreement to jointly commission Mental Health Services with the Local Authority. These plans will become part of our intentions for 16/17, as we continue to align commissioning resources and plans with partners.
3. The CCG continues to lead the County's System Resilience Group to ensure that Herefordshire's urgent care system works together to manage demand in the system and deliver its system resilience plans. For example a key measure of success is the delivery against the NHS Constitutional commitment that *there is a maximum four-hour wait in A&E for patients from arrival to admission, transfer or discharge*, an area we continue to underperform as a system. These issues will need to be considered as we develop our intentions for 16/17.
4. HCCG's commissioning schemes for 15/16 were grouped according to the NHS Outcomes Framework domains and indicate how each intention was intended to support the delivery of the CCGs priorities and objectives. Table 1 describes in further detail the current status/detail of work against the original intentions outlined to the CCGs Governing Body in September 2015.
5. In developing the Commissioning intentions for 16/17 the learning from the 15/16 process, and status/success of delivery and how these have been contracted for will be one of the key elements in determining this year's priorities. This will involve prioritisation sessions with stakeholders and assessment and use of JSNA. The Commissioning intentions document will be presented to the CCGs Governing Body in September.

**Table 1 NHS HCCG**

NHS Outcome	CCG Work stream/priority(s)	Service area	Commissioning Schemes	Relevant to current providers	Status
Preventing people from dying prematurely	Enhancing and improving planned care	E-referral	<ul style="list-style-type: none"> <li>E-referral - develop work programme and ensure implementation of a single electronic referral process across all specialities, underpinned by agreed pathways of care</li> </ul>	All providers	<p>Key work stream of the demand management programme. Developments linked to the national programme and changes to choose and book and underpinning local processes. Has been contracted as a QIPP for 15/16 and agreed with Wye Valley in the Clinically-led Specialty Pathway CQUIN. This includes the below specialties only:</p> <ul style="list-style-type: none"> <li>Dermatology *</li> <li>Cardiology *</li> <li>Gastroenterology*</li> <li>T&amp;O*</li> <li>ENT</li> <li>Urology</li> </ul> <p>* starred specialties have met with CCG representatives and action plans are in the process of being produced and agreed</p>
	Enhancing and improving planned care	Supported Self-management	<ul style="list-style-type: none"> <li>Supported self-management: development of patient held records and self-management plans (Inc. roll out and development of risk stratification systems, processes and tools)</li> </ul>	All providers	<p>Local Long Term conditions strategy agreed - now being embedded in local clinical practice. The objectives of the strategy:</p> <ul style="list-style-type: none"> <li>Improve supported self-care</li> <li>Reduce unscheduled admissions and readmissions</li> <li>Maintain and improve quality of care</li> <li>Reduce health care costs</li> </ul> <p>Developed care plan templates in EMIS especially for the top 2 per cent most at risk of admission worked with primary and secondary care as well as nursing homes to embed use. This has been key focus of education days over last 12 months, and will continue</p>

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					to be so.
Enhancing and improving planned care	Cardiovascular disease		<ul style="list-style-type: none"> <li>CVD: collaborate with partners to deliver Herefordshire action plan that underpins the County's CVD outcomes strategy. To include commissioning of integrated Familial Hypercholesterolemia for Hereford and Worcester, an integrated community focused diabetes service and review tier 2 and tier 3 obesity pathways for priority patients.</li> </ul>	WVNHST with other providers	<p>Commissioning of FH will remain a priority for CCG. The CCG have engaged with and participated in all relevant FH meetings led by West Midlands Strategic Clinical Network. A single FH service is still planned for West Midlands Area.</p> <p>Integrated Community Focused Diabetes Service over the past 12 months we have developed local care pathways to support integration across whole pathway e.g. Diabetes Foot care Pathway and a Transition Pathway for young people with diabetes</p> <p>The CCG have also engaged with wider partners across West Midlands including West Midlands Ambulance Trust with view to developing a single Hypoglycaemia Pathway for West Midlands s area</p> <p>The CCG have and continue to work closely with partners to achieve a more integrated pathway for Obesity; key strands of work include listening to peoples experiences of weight management via our involvement in the Putting Patients in Control Programme, working with LA Herefordshire has also secured Sport England funding to help increase access to physical activities and a range of sports with support to help people to access the most appropriate activity /ranges of activities.</p>
Enhancing and improving planned care	Stroke		<ul style="list-style-type: none"> <li>Continue to implement outcomes of the Stroke Review across the whole pathway including Stroke Prevention in AF, a networked approach to a fully serviced</li> </ul>	WVNHST	<ul style="list-style-type: none"> <li>Clinical model and resulting resource requirements agreed by WVT and CCG, NHSE Assurance process achieved</li> <li>Work with third sector around service user and</li> </ul>

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			<p>HASU/ASU, greater use of early supported discharge, through to work with stroke survivors to improve quality of care for stroke patients and delivery of national TIA standards</p>		<p>carer voice in implementation and evaluation of ESD in progress</p> <ul style="list-style-type: none"> <li>• Immediate medical recruitment to improve TIA performance from March 2015.</li> <li>• Increased nursing and therapist levels.</li> </ul>
Enhancing and improving planned care	Cancer	Cancer	<ul style="list-style-type: none"> <li>• Ensure compliance with NHS constitutional commitments &amp; delivery of Strategic Clinical Network priorities for local cancer care to achieve better outcome for people living with and beyond cancer.</li> </ul>	WVNSHT and Gloucestershire Hospitals NHST	<ul style="list-style-type: none"> <li>• Cancer strategy drafted and being consulted on with partners, patients and public.</li> <li>• Survivorship is central component of cancer programme.</li> <li>• Improvement against NHS Constitutional standards will continue to be managed through contract process, current poor performance focused on breast symptomatic waits.</li> </ul>
Enhancing and improving planned care	End of Life Care	End of Life Care	<p>Improve end of life care pathways including:</p> <ul style="list-style-type: none"> <li>• Secure integrated end of life care packages which are available 24/7</li> <li>• Ensure advanced care plans in place for all appropriate patients</li> <li>• Secure educational model for EOL care for whole health &amp; care economy (inc Care homes)</li> </ul>	All providers	<ul style="list-style-type: none"> <li>• End of life packages – a business case to address this is currently being worked up jointly by St Michael’s Hospice and Marie Curie, for consideration by HCCG.</li> <li>• A planning for your future framework (patient held ACP document) has been adapted, based on Gloucestershire CCG, and will be piloted within Herefordshire.</li> <li>• Educational model - work is ongoing with St Michael’s Hospice to deliver this. Pilot sessions have been delivered, further discussions are taking place in order to learn from the sessions to date, and feed into future content design.</li> </ul>
Enhancing and improving planned care and improving ill and preventing ill-health	Diagnostics	Diagnostics	<ul style="list-style-type: none"> <li>• Improved rapid access to diagnostic tests ensuring that NHS organisations are delivering a maximum wait of 6 weeks for tests across all specialities</li> </ul>	All providers	<ul style="list-style-type: none"> <li>• Part of our demand management programme of work that is being developed jointly with WVT.</li> <li>• Improvement Trajectory requested from Trust</li> <li>• Has been contracted as a QIPP for 15/16 and agreed with Wye Valley in the Clinically-led Specialty Pathway CQUIN</li> </ul>
Modernising	Inpatient care	Inpatient care	<ul style="list-style-type: none"> <li>• Evaluate the provision of liaison</li> </ul>	2gether	<ul style="list-style-type: none"> <li>• Agreed Greater access to mental health liaison in</li> </ul>

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	Mental Health & Urgent Care		<p>psychiatry service within the Urgent Care pathway. Consolidating existing provision in a comprehensive service.</p> <ul style="list-style-type: none"> <li>Maintain appropriate access to inpatients services by &amp; Involvement of Crisis Intervention Team prior to admission, and follow-up discharge within 48 hours to reduce risk of harm</li> </ul>	NHS Foundation Trust & WVT NHST	<p>ED, and Hereford Hospital and community hospitals wards</p> <ul style="list-style-type: none"> <li>Agreed CQUINs focusing on care planning, discharge planning, engagement of vulnerable groups in IAPT and personality disorder care pathway development</li> </ul>
	Modernising Mental health	Strategy development and delivery	<ul style="list-style-type: none"> <li>Develop system wide mental health and wellbeing strategy with partners building on findings of the Mental Health Needs Assessment</li> <li>Ensure patient access to psychological therapies is improved and NHS England targets are met</li> </ul>	2gether NHS Foundation	<ul style="list-style-type: none"> <li>Mental health needs assessment developed, is now being use to inform commissioning, strategy development being led by Herefordshire Council</li> <li>Progression towards national target on waiting times for early intervention in psychosis and IAPT during the national shadow year to enable Herefordshire to start 2016 achieving the target.</li> <li>Joint MH Procurement project agreed with Herefordshire Council.</li> </ul>
	Modernising Mental health	Mental Health rehabilitation	<ul style="list-style-type: none"> <li>Review access and criteria for rehabilitation to improve the provision of recovery services, long-term treatment and care available within the county, with the outcome of more people regaining independent living skills and continued repatriation of patients</li> </ul>	2gether NHS Foundation	<ul style="list-style-type: none"> <li>This intention forms part of the mental health re-provision; and in addition a QIPP saving has been identified with the provider for 15/16, this will be the main focus for 15/16.</li> </ul>
Enhancing quality of life for people with long-term conditions	Improving Health Outcomes for Children & Greater Integration of Care & Preventing ill-	Children with disabilities and complex needs	<p>Work with partners and providers to continue the implementation of the Children and Families Act 2013 by:</p> <ul style="list-style-type: none"> <li>Developing operational arrangements for integrated education, health and social care plans and reviews.</li> <li>Continuing the redesign of short breaks provision and work with WVNHST to</li> </ul>	WVNHST (and Herefordshire Council)	<p><i>Agreed</i></p> <ul style="list-style-type: none"> <li>Development of Consistent care planning arrangements across the pathway, particularly with Community Children's services;</li> <li>Agreement to review all children's community services</li> <li>Agreement of principles of single assessment at point of entry, including risk assessment, which is</li> </ul>

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	health and promoting Health		engage in associated transition arrangements <ul style="list-style-type: none"> <li>Continue the implementation of the Herefordshire Transition protocol for children with long-term conditions.</li> </ul>		consistently revised] <ul style="list-style-type: none"> <li>Transition arrangements for short breaks agreed</li> <li>Transition arrangements for children for diabetes and CAHMS in place.</li> </ul>
	Improving Health Outcomes for Children & Greater Integration of Care	Adult Care and children with Long-term conditions	<ul style="list-style-type: none"> <li>Supported self-management: development of patient held records and self-management plans (Inc. roll out and development of risk stratification systems, processes and tools)</li> </ul>	All providers	Local Long Term conditions strategy agreed now being embedded in local clinical practice. The objectives of the strategy: <ul style="list-style-type: none"> <li>Improve supported self-care</li> <li>Reduce unscheduled admissions and readmissions</li> <li>Maintain and improve quality of care</li> <li>Reduce health care costs</li> </ul> Care plans for epilepsy, PD and diabetes developed and being launched in June 2015, and further training underway, to support self-management of LTCs
	Preventing ill-health and promoting health	Neurology, PD, MS & Epilepsy	<ul style="list-style-type: none"> <li>Develop additional capacity to advise patients, carers and clinicians and improvement of care pathways including transitions process,</li> </ul>	WVNHST	<ul style="list-style-type: none"> <li>Funding for epilepsy nurse has been secured</li> <li>Care plans for epilepsy, PD and diabetes developed and being launched in June 2015, and further training underway, to support self-management of LTCs</li> </ul>
	Preventing ill-health and promoting health and greater integration of care	Personal health budgets	<ul style="list-style-type: none"> <li>Enhance use and availability of personal health budgets in line with national requirements</li> </ul>	All providers	<ul style="list-style-type: none"> <li>Personal Health Budgets are being offered to people aged 18 and over in receipt of continuing healthcare funding for longer than three months. The National Requirement states that from October 2014 everyone who is eligible for continuing healthcare has the right to have a PHB if they want one.</li> <li>The CCG are also offering PHB to people who have recently met CHC criteria but were in receipt</li> </ul>

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					of a direct payment through Adult Social care previously to ensure continuity of care.
	Greater Integration of Care & Mental Health	Dementia	<ul style="list-style-type: none"> <li>Dementia: work with partners to implement living well dementia strategy including community memory service and ensure delivery of national delivery targets</li> </ul>	2gether and Primary care Providers	<ul style="list-style-type: none"> <li>Provision of support to care homes through the creation of a dementia care home in-reach team</li> <li>Reduction in dementia waiting times for memory assessment</li> <li>Improved community support for people with dementia with ongoing post diagnosis support from the Alzheimer's Society</li> </ul>
	Greater Integration of Care	Falls	<ul style="list-style-type: none"> <li>Development and implementation of integrated falls service; this will include focus on a whole system approach including early intervention, early self-management, tele care options, and a mobile response service</li> </ul>	WVTNHST	<ul style="list-style-type: none"> <li>Falls service commissioned and in place, review and evaluation of service will continue during 15/16.</li> </ul>
	Modernising mental health	Mental health	<ul style="list-style-type: none"> <li>Re-procurement of Mental Health services during 2015 to commence April 2016, in line with contractual requirements.</li> </ul>	2gether NHS Foundation Trust	<ul style="list-style-type: none"> <li>Agreed with Herefordshire Council a joint commissioning approach to commence now April 2017.</li> </ul>
	Modernising mental health	Acquired Brain injury	<ul style="list-style-type: none"> <li>Review current care pathway and identify gaps/ barriers / challenges</li> </ul>	WVNHST & 2gether NHS Foundation Trust	This work is intended to begin during 15/16. Resources and capacity to begin work are being established.
<b>Helping people recover from episodes of ill health or following injury</b>	<b>Improving Urgent Care</b>	<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>Review, evaluate and reform the Urgent Care pathway focusing on acute care, intermediate care, community health and social care services.</li> <li>Re-commission Community Teams as a single integrated resource including the county-wide roll-out of community teams and implementation of RAAC</li> <li>Review urgent care provision, GP OOH</li> </ul>	WVNHST & NHS 111 Provider, Prime care, West Midlands Ambulance Trust	<ul style="list-style-type: none"> <li>Pathway developed and implemented for ambulatory care</li> <li>WVT and local providers developed outline model for redesigned integrated urgent care pathway. CCG are taking this forward through development of a local urgent care network. Utilising existing contracts to align incentives across the health and care economy. CCG dialogue with incumbent providers to deliver model, procurement decisions will be made subsequent to this dialogue.</li> </ul>



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			<p>services, WIC &amp; MIUs to re-procure services using outcomes based commissioning approach.</p> <ul style="list-style-type: none"> <li>Retain oversight of the effectiveness of the new 111 service and shape delivery.</li> <li>Explore an Urgent Care hub with a single point of access to hospital services and to community health and care services.</li> <li>Review pathways for ambulatory care sensitive conditions to enable patients to be treated in 'non bed based' settings where ever appropriate</li> <li>Redesign paediatric emergency and urgent care pathway.</li> </ul>		<ul style="list-style-type: none"> <li>Additional resources agreed with WVT to roll out Virtual Ward (inc Hospital at Home) countywide.</li> <li>Regional NHS111 procurement did not result in contract award for our area, potential to align future model with urgent care network development above.</li> <li>Single point of clinical access will be delivered through a Care Coordination Centre</li> <li>Urgent and emergency Paediatric pathway will be accessed via the newly emerging Care Coordination Centre.</li> </ul>
	Modernising Mental Health & improving health outcomes for children	CAHMS	<ul style="list-style-type: none"> <li>Seek adoption of the WMQRS standards</li> <li>Seek improvement in the delivery of provision through involvement in CYP IAPT (Improve access to psychological therapies).</li> <li>Continue to ensure implementation of the Herefordshire Transition protocol, including provision up to age 25 from children's services.</li> </ul>	2gether NHS Foundation Trust	<ul style="list-style-type: none"> <li>CAHMS draft specification developed and under review</li> <li>CYP IAPT externally reviewed by DH; assurance provided that service is doing well.</li> </ul>
Ensuring that people have a positive experience of care	All work streams	Patient Experience & Involvement	<ul style="list-style-type: none"> <li>Seek further engagement activities that improve the extent of participation by patients and their carers in service developments across all health services.</li> <li>Seek opportunities to improve the extent of participation by patient and carers in shaping and evaluation of care pathways so that people understand the role they can take in their own health and health</li> </ul>	All providers	<ul style="list-style-type: none"> <li>Putting Patients In Control programme piloted with obesity patients, designed – to help and co-produce obesity pathway - this methodology will be used to support other programmes e.g. care planning during 15/16</li> <li>Patient and carers groups continue to be involved in design of pathways and referral routes e.g. long-term conditions management and mental health needs assessments</li> </ul>



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			<p>care</p> <ul style="list-style-type: none"> <li>Utilise patient feedback via e-Consultation pilot to inform steps in future e-referral processes</li> <li>Work with HealthWatch to develop a systematic approach to patient and public engagement to establish effective sustainable processes that ensure patient and public views are considered in the steps of service re-design.</li> <li>Harness opportunities to work with Herefordshire Carers Support to help embed and evaluate local care pathways and referral processes (e.g. Heart Failure support group)</li> <li>Children and young people's experiences are collated and shared with commissioners</li> </ul>		<ul style="list-style-type: none"> <li>CCGs is continuing to use CCG membership scheme to promote and engage patients with the CCGs work programme(s)</li> <li>Strengthened arrangements already in place across partners e.g. HealthWatch and local authority to ensure co-ordinated approach to engagement and involvement, includes joint communication group for transformation programme.</li> <li>The Council, Herefordshire Clinical Commissioning Group and Healthwatch Herefordshire have joined together on behalf of the children and young people's partnership to commission the 'Participation People' to work with children and young people from across Herefordshire to gain their views and opinions on local services.</li> </ul>
Promoting good health for all people	Preventing ill-health and promoting health	Healthy lifestyles	<ul style="list-style-type: none"> <li>Work with key partners, including Hereford Council Public Health, to improve and promote smoking cessation services and alcohol abuse services to promote healthier lifestyles</li> <li>Embed MECC into every consultation and contact with people in appropriate settings and within the educational programme</li> <li>Support education across primary, secondary care and care homes</li> </ul>	All providers	<ul style="list-style-type: none"> <li>The Council recently undertook an any qualified provider re-commissioning exercise and from 1st April 2015 has 12 providers capable of providing stop smoking behavioural support services in pharmacies, G.P. surgeries and community settings.</li> <li>Herefordshire Council has been retendering substance misuse services for the county. The service will include in-reach to hospital settings and closer working with primary care services when it goes live later this year. Services will be configured to offer prevention, early intervention and interventions which lead to recovery from substance misuse."</li> <li>CCG education programme includes education sessions with Primary Care and Nursing homes to</li> </ul>

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					ensure targeted interventions that deliver CCG outcomes, key focus has been embedding of LTC strategy in clinical practice

