

# HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

<b>Title:</b>	<b>Barking and Dagenham CCG Commissioning Intentions 2015/16</b>		
<b>Report of the Clinical Commissioning Group (CCG)</b>			
<b>Open Report</b>	<b>For Information</b>		
<b>Wards Affected: ALL</b>	<b>Key Decision: No</b>		
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<b>Sponsor:</b> Conor Burke, Chief Officer Barking and Dagenham CCG			
<b>Summary:</b>  The CCG is refreshing the operating plan for 2015/16 to take into account the updated JSNA, local and national priorities for delivery including the Better Care Fund requirements and financial plans. Priority areas for the CCG are summarised in this document. These are the areas where providers will be required to align their services to achieve the outcomes required (as indicated through commissioning intentions).			
<b>Recommendation(s)</b>  The Health and Wellbeing Board is recommended to:  (i) Note and comment on the Clinical Commissioning Group commissioning intentions for 2015/16.			

## 1. Background

- 1.1. NHS commissioners are required to refresh their Operating Plans annually to take into account changes in local needs, central planning guidance and annual financial allocations. The planning process develops year on year to reflect national policy.
- 1.2. In line with national requirements, Barking and Dagenham CCG has agreed a two year Operating Plan for 2014 – 2016 and a Better Care Fund Plan which has been approved by the Health and Wellbeing Board. A five year strategic plan was signed off for the Barking and Dagenham, Havering and Redbridge (BHR) health economy in September 2014.
- 1.3. National planning guidance for 2015/16 is due to be published in early December. NHS England has indicated that the planning guidance will be covered by a single year financial settlement and that there will be no requirement to refresh the five year strategic plan, due to the general election. The mandate will be broadly stable

for 2015/16 with the only additional major requirement relating to mental health access (see section 6 below for more detail).

- 1.4 Commissioning intentions for 2015/16 have been drafted based on the current Operating Plan, the output of service reviews, policy recommendations and stakeholder engagement. They will be finalised in December to take into account the 2015/16 national planning guidance and stakeholder feedback.

## **2. Planning requirements 2015/16**

- 2.1 Planning for 2015/16 will require a refresh of the two year Operating Plan. It is expected that there will be a greater focus on ensuring that commissioner and provider plans are aligned and that CCG plans are delivering their stated outcomes, including Commissioning for Quality Innovation Payments (CQUINs), the Quality Premium and CCG Outcome indicators.
- 2.2 Plans will also need to reflect changes to the commissioning system: it is expected that co-commissioning of primary care by NHSE, the CCG and Local Authority will be implemented from April 2015; the forthcoming planning guidance is also expected to set out future commissioning models for specialised commissioning, transferring the commissioning of some specialised services to a local level. The introduction of Integrated Personal Commissioning (IPC) is a new form of commissioning that partners are considering as a pilot for 2015.
- 2.3 It is anticipated that the first draft of the Operating Plan will be submitted to NHS England at the end of February 2015 with the final plan submitted at the beginning of April.

## **3. Joint Strategic Needs Assessment**

- 3.1 The Joint Strategic Needs Assessment (JSNA) for Barking and Dagenham has recently been refreshed and was approved by the Board on 28<sup>th</sup> October 2014. The recommendations from the JSNA focus on the impact of poverty on the health status of Barking and Dagenham residents and on premature mortality.
- 3.2 Detailed work to map the CCG's commissioning intentions to the JSNA recommendations is underway however the priority areas of commissioning mental health, children and maternity services and cancer services will respond to a number of the key recommendations from the JSNA as will the ongoing joint work with LBBD to deliver the Better Care Fund.

## **4. Engagement**

- 4.1 Feedback from the CCG stakeholder survey 2014 highlighted that the CCG could do more to demonstrate that it engages with member practices, and stakeholders, when making commissioning decisions. There has therefore been an additional focus on drawing on the views and experiences of patients and the public, clinicians, the voluntary sector, providers and other key stakeholders in the 2015/16 planning process.
- 4.2 Development of the draft commissioning intentions has been informed by engagement throughout the year with the Health and Wellbeing Board subgroups for Children and Maternity, Integrated Care and Mental Health; CCG members and;

the Patient Engagement Forum. The CCG Patient Engagement Forum has identified the following priority areas - cancer care, maternity services, children's services, mental health and learning disabilities. More focused stakeholder engagement activities have taken place through the development of the Better Care Fund plan, specifically for intermediate care, which has been subject to a public consultation, end of life care and on the emerging carers strategy. A wider stakeholder engagement event with Healthwatch is planned in January to engage on the refresh of the Health and Wellbeing Strategy and the CCG Operating Plan.

4.3 Barking and Dagenham CCG is planning to publish a commissioning prospectus in March 2015 that will describe the CCG Operating Plans to stakeholders and the public.

## **5. Priority areas**

5.1 CCG commissioning intentions have been mapped against the following priority areas:

- Mental health
- Cancer
- Children's services
- Stroke
- Primary Care Improvement
- Urgent care
- Planned care
- Learning disabilities
- Maternity
- Integrated care

### **5.2 Mental health**

5.2.1 The transformation of mental health services is being driven by national policy and local needs. Improving mental health is a Health and Wellbeing Board priority.

5.2.2 The Barking and Dagenham, Redbridge and Havering CCGs have developed a mental health commissioning framework which has identified some common priority areas across the three CCGs, responding to national, NHSE and local commissioning expectations. The framework is the result of a short and relatively high level exploration of mental health services across the three boroughs and has started from a position with limited information.

5.2.3 This framework strengthens and clarifies CCGs' responsibilities in relation to mental health commissioning but does not propose to have identified all the solutions to achieve parity of esteem with physical health. It is expected that alongside the mental health needs assessment, which is being undertaken by Public Health, this will inform the development of a mental health commissioning strategy for Barking and Dagenham.

5.2.4 The framework makes a number of recommendations needed to:

- Meet the ambitions around mental health included in the 5 year strategic plan
- Ensure the CCGs meet operating plan targets around improving access to psychological therapies and dementia (or develop an agreed way forward)
- Ensure there are plans to "close the gap" between physical and mental health
- Commission mental health services more effectively in the future.

5.2.5 Five priority areas for mental health commissioning have been identified in the framework:

- Mental health crisis – including the development of a borough crisis concordats across partners
- Integration of physical and mental health services
- Improving access to psychological therapies
- Support for carers
- Improving dementia services

5.2.6 The mental health sub-group of the Health and Wellbeing Board will provide the forum for more detailed discussion about improvements in these areas, and alignment between the mental health needs assessments and the national requirements.

5.2.7 NHS England and the government have published [Achieving Better Access to Mental Health Services by 2020](#), a five-year ambition to put mental health on a par with physical health services. From 2015/16, access standards and waiting time standards will be introduced in mental health services, with an additional £80 million investment nationally. This aims to deliver:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies (IAPT) programme, with 95% of people being treated within 18 weeks
- NICE approved treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis

5.2.8 A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals, by increasing the availability of liaison services, such as RAID, and improve crisis response services, such as Home Treatment teams. There will also be a requirement for all areas to sign up to the Crisis Concordat. Availability of liaison psychiatry will inform CQC inspections and therefore contribute to ratings.

5.2.9 Starting in 14/15, further consideration will be given to identifying other service areas for maximum waiting times, which may include eating disorders and perinatal services.

### **5.3 Cancer services**

5.3.1 Barking and Dagenham has poorer under 75 mortality rates for cancer than the England average and is an outlier for early diagnosis of cancer. Barking and Dagenham residents are at risk of developing cancer through lifestyle risks including smoking and physical inactivity. A significant amount of work has gone on, at a local level and at a London level, to develop an improved model of care for cancer services. A BHR Cancer Collaborative Commissioning Group has been established, chaired by the Director of Public Health for Barking and Dagenham.

5.3.2 The London Cancer Commissioning Board has agreed pan-London commissioning intentions for 15/16 that focus on:

- The early detection of cancer
- Reducing variation in the quality of secondary care services
- Living with and beyond cancer

5.3.3 Local commissioning intentions will be agreed through the Cancer Collaborative Commissioning Group. These include:

- Ensuring that all cancer services are commissioned in line with the requirements of NICE Improving Outcomes Guidance and NICE quality standards (QS), the London Model of Care for cancer services and the National Cancer Survivorship Initiative (NCSI).
- Supporting delivery of national CWT standards, services will be commissioned against timed tumour level pathways commencing with lung, colorectal, breast and prostate cancers in 2015/16 with further roll out to other tumour sites in 2016/17.
- Commissioning a number of services to support the earlier diagnosis of cancer in line with the Pan London Early Detection pathways.
- Commissioning some services to manage the consequences of anti-cancer treatment (late effects).

5.3.4 This is an area that is of particular importance and interest to the CCG Patient Engagement Forum, further work with the PEF is planned to enhance local patient engagement in this work.

### **5.4 Children's services**

5.4.1 The Children and Maternity Sub-Group have agreed a set of shared priorities and is co-ordinating the activities that will help deliver these priorities. These priorities are: improving health outcomes for children with disability and special education needs; improving health outcomes for looked after children, care leavers and youth offenders; early years development and childhood obesity. The commissioning plans of the CCG are aligned with these priorities.

- 5.4.2 During 2014 the CCG and LBBD have been working together to ensure that the requirements to provide Education Health and Care Plans are in place for children with special education needs and disabilities (as required by the Children and Families Act 2014).
- 5.4.3 The CCG and LBBD have agreed to create a joint commissioning post for children's services and are planning joint reviews of how children's therapies and Child and Adolescent Mental Health services (CAMHs) are commissioned. These reviews, which will be carried out collaboratively with the providers, will focus on ensuring that sustainable service models are commissioned that lead to better outcomes for children and young people. An important part of this process will be developing better ways of sharing information about how services are performing. Further work to explore how better to integrate services will also be undertaken.

## **5.5 Stroke**

- 5.5.1 People with disability after stroke should receive rehabilitation in a dedicated stroke inpatient unit and subsequently from a specialist stroke team. The current pathway in Barking and Dagenham for early supported discharge and stroke rehabilitation is split across acute and community care which introduces a number of hand offs for patients that can slow down the journey to recovery. The model of care does not currently meet national performance standards and there is a need to review the resources required to meet local need.
- 5.5.2 A review of the stroke rehabilitation pathway is being undertaken across the Barking and Dagenham, Havering and Redbridge CCGs in 2014/15. This will inform the development of a new model of care that meets national standards and delivers an improvement in patient outcomes and experience of services and reduced length of stay in acute care through early supported discharge. The scope of the review covers acute and community rehabilitation services including stroke rehabilitation beds.
- 5.5.3 The CCG has given notice to providers that, following the pathway review, it is expecting to commission a new model of care during 2015/16. A significant change in the service model would require public consultation.

## **5.6 Primary care improvement**

- 5.6.1 "Transforming Primary Care: General Practice – A Call to Action" sets out the case for change for general practice. This sets out the challenges associated with a growing, more transient population with increasingly complex needs, higher list turnover at a time of economic constraint and decreasing investment in real terms.
- 5.6.2 The BHR CCGs have established a Primary Care Transformation Programme which aims to deliver a transformation in services through:
- Improvement in the quality and performance of primary care
  - General practice working more effectively with others to deliver co-ordinated and integrated care

- Where appropriate, individual general practice units working together as a single unit to realise better outcomes and benefits for patients and the local health economy

5.6.3 Progress has been made in delivering the schemes that have been funded through the Prime Ministers Challenge Fund: a GP Federation has been established in Barking and Dagenham to provide 'Access Hubs' for GP appointments on weekday nights and weekends. Across the BHR CCGs, development continues of the Complex Care Primary Care Organisation (Health 1000) which will be providing enhanced care to the most complex patients in the area.

5.6.4 BHR CCGs are progressing plans to develop co-commissioning with NHS England. National guidance was released on 10 November advising on potential models for joint decision making and full delegation. The CCG will need to submit a completed proforma to NHSE in January 2015 if it chooses to opt for either of these options.

## **5.7 Urgent care**

5.7.1 B&D CCG agreed an Urgent Care Strategy in 2014, which focused on supporting access to patients' own GPs as the first port of call for urgent primary care needs including developing the service model at Barking Hospital Walk in Centre.

5.7.2 Increased access to GP services in the evenings and weekends is being progressed by the GP Federations as part of the Prime Ministers Challenge Fund proposals.

5.7.3 This work aligns with the BHR system work, overseen by the Urgent Care Board to improve the performance of urgent care commissioned services. The Barking and Dagenham, Redbridge Havering and Waltham Forest CCGs are collaborating on the procurement an Urgent Care Pathway that will integrate services currently provided by NHS 111, GP out of hours services and Urgent Care Centres co-located with A&E departments.

## **5.8 Planned care**

5.8.1 Improvements in planned (elective) care that will be progressed in 2014/15 include:

- Procurement of a direct access physiotherapy service
- Procurement of a wound care service (post-op suture removal and general wound care, with possible inclusion of tissue viability service)
- Procurement of elective care treatment service from the King George Hospital site (current contract ends in 2015/16)
- Piloting a tier 3 weight management service

5.8.2 Reviews of the pathways for diabetes and respiratory diseases will also be undertaken as well further work to develop a community dermatology service.

## **5.9 Learning disabilities**

5.9.1 The CCG is intending to transfer the commissioning functions for some learning disabilities services to LBBB under section 75 agreement from April 2015. These

include the commissioning of an integrated community learning disabilities team and continuing healthcare. The joint commissioning arrangements will provide a continued focus on implementing the recommendations in the Winterbourne Concordat.

## **5.10 Maternity**

5.10.1 The CCG will support the delivery of improved public health outcomes through contracts with providers of maternity services. Priorities for 2015/16 include:

- A reduction in smoking during pregnancy
- A reduction in late access to antenatal care
- Increased uptake of breastfeeding

## **5.11 Integrated Care**

5.11.1 The Better Care Fund sets out eleven schemes that the CCG and LBBD are taking forward. The schemes are expected to impact on a number of outcome measures - emergency admissions, delayed hospital discharges, effectiveness of reablement, admissions to residential care, injuries due to falls and quality of life.

5.11.2 The Commissioning decisions relating to the Better Care Fund will be taken by a Joint Executive Management Committee (meeting in Shadow Form during 2014) and formalised in a Section 75 agreement.

## **6. Mandatory Implications**

### **6.1 Joint Strategic Needs Assessment**

The CCG commissioning intentions respond to the JSNA, with more detailed work to follow to ensure recommendations in the refreshed JSNA are mapped into commissioning plans.

### **6.2 Health and Wellbeing Strategy**

The Health and Wellbeing Strategy priority areas are reflected in the CCG commissioning plans. Public health priorities are set out in the BHR five year strategic plan, with deliverables for 2015/16 aligned to CCG operating plans.

### **6.3 Integration**

Barking and Dagenham CCG and Local Authority have a strong history of integrated working and integrated commissioning is reflected throughout the CCG operating plan; the operating plan incorporates the Better Care Fund plan and joint commissioning arrangements for learning disabilities in 2015/16. The BHR Integrated Care Coalition has agreed a five year Strategic Plan, which sets out the delivery programmes that will improve system outcomes over this period.



#### **6.4 Financial Implications**

The CCG will review and update its financial plans in line with the latest operating plan requirements. The financial plans will take into account a number of factors including; planning guideline assumptions, commissioning intentions, QIPP delivery and the baseline position. The 15/16 budget process will align to the plans and will be approved through CCG governance processes.

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#### **6.5 Legal Implications**

Joint commissioning for services in the Better care Fund Plan and for learning disabilities will be formalised through Section 75 agreements in 2015/16.

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#### **6.6 Risk Management**

CCG risks are managed through the Governing Body Assurance Framework. A risk-share arrangement will form part of the s 75 agreement that will provide the governance for the Better Care Fund.

#### **6.7 Patient/Service User Impact**

The overall impact of the CCG's Operating Plan will be measured through nationally mandated and locally selected indicators.