NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
25th November 2016

Commissioning Intentions

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Executive Lead(s):	James Blythe
Relevant Committees or forums that have already reviewed this issue:	Commissioning intentions workshop; locality meetings (in two iterations); Clinical Cabinet
Action required:	For discussion
Attached:	Draft CIs; PODs
CCG Strategic objectives relevant to this paper:	All
Risk	NA
Compliance observations:	**Finance:** The Commissioning Intentions form the basis of the CCG's service redesign work plan for the following year, including the delivery of QIPP
	Engagement : Public engagement on priorities has taken place and is reflected in this document
	Quality impact: QIAs will be undertaken on individual schemes as they are developed
	Equality impact: EqIAs will be undertaken on individual schemes as they are developed
	Privacy impact: PIAs will be undertaken on individual schemes as they are developed
	Legal: Any legal implications would be at individual scheme level

EXECUTIVE SUMMARY

Enclosed for this item is the draft commissioning intentions document for 2017-19.

The Commissioning Intentions (CIs) document is intended to reflect the discussions held at the CIs workshop on 30th September and subsequent discussions in locality meetings. The PODs constitute the first iteration of planning for initiatives proposed in the CIs document.

The CIs document and the supporting operating plan and project documentation constitute the CCG's commissioning work-plan for 2017/18 and inform our priorities and internal resourcing. It is important that Governing Body is sighted early on next year's plan – due to the volume of work and lead-in times it is difficult to introduce new priorities outside of those contained within the CIs. The national requirement to sign contracts by 23rd December leaves us with less scope to amend our priorities in Q4 as QIPP savings will need to be calculated based on impacts in affected acute specialties.

The Commissioning Intentions will return as a document for approval in January 2017.

Date of paper	21st November 2016
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Commissioning Intentions 2017/19

Improving care together
across Surrey Downs

Contents table

Version history

Version	Date	Author	Comment
1.0	4 November 2016	Mable Wu	First draft
2.0	4 November 2016	James Blythe	Second draft
3.0	21 November 2016	James Blythe	Third draft
4.0	22 November 2016	James Blythe	Draft for Governing Body

Introduction

1. NHS Surrey Downs CCG issues each year, detailed Commissioning Intentions (CIs) to each of its contracted providers. These commissioning intentions reflects the CCG's plans for the following year to maintain or change current contracts and activity flows.

2. The CIs for 2017/18 have been drafted in the context of:

   - Areas of health need as identified by Surrey Downs CCG Health Profile
   - The Five Year Forward View
   - The CCG's Sustainability and Transformation Plan (STP)
   - Opportunities identified in the RightCare Programme
   - The CCG's Financial Recovery Plan 2015 – 18 and associated directions from NHS England regarding the CCG's financial position

3. Input to developing these CIs have been:

   - Existing priority work areas, agreed in 2016/17 CIs and requiring ongoing development in 2016/17
   - Areas of variation in activity and cost versus statistical peers
   - Workshop with CCG staff and Governing Body members
   - Prioritisation exercises run with each of the CCG's three commissioning locality meetings
   - Public and patient feedback and engagement via a survey and gathered via comments and questions from events and meetings run by the CCG

4. This document is deliberately not detailed or exhaustive. The CCG has a comprehensive governance process for developing and assuring commissioning programmes. Each of the areas of work indicated in this document will be subject to the development of a Programme Initiation Document (PID), which is subject to scrutiny by a Programme Delivery Board, an assessment of its potential impacts on Quality, Equality and Privacy, and eventually, Executive Lead signoff. Assurance on this process is via the CCG's Finance and Performance Committee which will review the overall Operating Plan for the CCG for 2017 – 18.

5. CIs are divided into broad work areas for the CCG. In a number of areas the CCG commissions services on a collaborative basis with other CCGs, so the CIs reflect shared intentions between a number of CCGs/

Our Health Profile

6. Detailed information is available from Surrey County Council's public health team in the form of our Joint Strategic Needs Assessment. However, points to note in considering these commissioning intentions are:

- Continuing growth in the older age (65+) population

- Increasing use of food banks in the Surrey Downs area which may indicate a growing challenge of poor health driving a risk of unplanned admissions outside of the older age catchment which is typically the key driver in an area like ours
- The high prevalence of fuel poverty, particularly in the Dorking locality
- Rurality continuing to impact GP access
- Rising numbers of people with a personal care disability – set to rise by 9 % in the next ten years.
- Increasing numbers of people within the local area with a learning disability, particularly those who are now ageing as well

Themes from public engagement

7. These commissioning intentions take into account feedback we have received from GP member practices, wider stakeholders and members of the public.

   Feedback from a public survey, completed by 120 local residents, highlighted the following themes:

   Primary care

   - Generally those who responded to the survey said they had good access to primary care services and generally levels of satisfaction with primary care services were high

   - Respondents placed a high priority on improving access to primary care services, including longer consultations, the ability to see a GP within 24 hours and the introduction of GP appointments at weekends

   - If weekend GP practice appointments were introduced in future, the majority felt it would be inappropriate to use these as routine appointments for adults. Instead, it was felt these appointments should be aimed at those needing urgent advice, people with long-term health conditions and children's appointments (including immunisations and routine appointments)

   Planned care, procedures and general well-being

   - The majority of respondents agreed that if they needed to see a specialist or have a minor procedure they would prefer to be seen in a community setting (a GP led clinic or local service), rather than at a large hospital

- 66% of respondents strongly agreed or agreed that mental health support (such as the Improving Access to Psychological Support programme) should be targeted at people who have long-term conditions (such as diabetes and joint problems), who may be more likely to suffer from mental health related problems.

- When promoting the importance of healthy lifestyles and raising awareness of factors that can have a negative impact on health, respondents ranked 'obesity' as the most important, followed by 'smoking', followed by 'alcohol and substance misuse' as the order in which these should be prioritised

Integration

- 97% of respondents agreed that health services should work more closely with social care and the voluntary services to make care more joined up for patients

- The majority of respondents said they would like to be more involved in decisions relating to their care

Out of hours services

- One in three respondents had experience of the NHS111 service in the past 12 months. Experiences of the service were mixed.

Sharing of information

- 88% of respondents agreed that information held in their medical records should be made available to other services (such as the ambulance service and out of hours GP services) so medical professionals have the information they need to treat them in an urgent or emergency situation

Other priorities

- People listed the following among their other key priorities for local health services

    - A greater focus on end of life care

    - A greater focus on mental health support and reducing treatment times

    - Support for more services being in the community, closer to home, with more specialist GP services and local blood testing services retained

    - Greater use of technology (for example telehealth solutions for people with long-term conditions)

    - Greater continuity of care across the health system so patients see the same medical professionals where possible

- More support for the frail and elderly and homebound (including lower level emotional support for those who are lonely)
- Improved A&E and ambulance performance
- Closer working between health and social care, particularly following discharge from hospital
- Earlier cancer diagnosis and treatment
- Improved maternity care
- Greater focus on prevention and promotion of the health checks programme
- Support for retaining services locally at Epsom Hospital

In addition, discussions that took place at a meeting of our Participation Action Network on 21 November prioritised a number of areas including mental health, learning disabilities, support for people living with long-term conditions and ensuring access to services across the Surrey Downs is equitable for the entire population (including the homeless and Gypsy, Roma and Traveller communities).

Sustainability and Transformation Plan

8. As part of Surrey Heartlands Sustainability and Transformation Plan (STP), the CCG has been engaged in identifying system-wide opportunities to improve quality, efficiency and sustainability of services. Opportunities have been identified in six areas:

    a. Cancer
    b. Musculoskeletal care
    c. Women's and children's services
    d. Cardiovascular care
    e. Mental health
    f. Urgent and emergency care

9. Detailed planning to realize these opportunities will be developed via the mobilization of the Surrey Heartlands Academy, part of the overall STP plan. Where the CCG-level plans are likely to be part of the larger STP initiative, this is indicated.

Primary care

10. Many of the CCG's commissioning intentions in relation to primary care will be determined by the outcome of a forthcoming vote on applying for delegated primary care commissioning responsibility.

11. Some programmes will be undertaken irrespective of whether delegated status is taken forward:

    a. Ongoing review of the CCG's primary care standards to ensure quality and value for money

    b. Development support to our GP federations to develop further to take a full role in locality based new models of care in each locality in the future

    c. Extended GP access will be developed in each locality:

        i. Epsom, as a PMCF area, receive funding from NHS England to continue and further develop extended hours service. The locality will pilot in 2017/18, moving some in-hours urgent appointments into the hub-based service, freeing up GP time for more complex patients, in line with the STP and national GP Forward View

        ii. East Elmbridge will be supported to apply for extended access funding, with a proposal that as well as meeting core hours, they will provide a Saturday hub-based long term condition management clinic

        iii. Dorking will be supported to apply for extended access funding, with a focus on hub services with new workforce models including in-house pharmacy support and physiotherapists

Planned care

12. In 2016/17, the CCG has rolled out community cardiology models in each of its three localities; fully implemented its optometry referral refinement scheme; implemented prior approval for procedures subject to commissioning thresholds and policies; and is in the process of commissioning a tele-dermatology model.

13. In 2017/18, the CCG will

    d. Aligned to the Cancer STP programme

        i. introduce a new pathway for follow-up after bowel screening, to improve cancer early detection and reduce follow-up in secondary care

ii. standardize monitoring of PSA tests in the community

e. Aligned to the musculoskeletal STP programme

i. review provision of pain management services, in particular the use of complementary therapies

ii. work with the Dorking locality to disucss adopting the model of conservative management of joint pain presentations currently used in the Epsom area

f. Aligned to the STP cardiovascular workstream, develop cardiology models in each locality, to reflect locality aspirations including consultant advice to GP on patient management based on direct access investigation, rapid access chest pain services, heart failure management, management of atrial fibrillation and anticoagulation, practice link nurses and post-A&E follow-up

g. Introduce community respiratory care clinics (linked to locality level integration models)

h. Commission a community-based Dermatology service in each locality, aligned to existing local pathways and primary care capacity and capability

i. Review pathways for investigation of benign gastrointestinal disease, focusing on the utilization of colonoscopy

j. Further develop of ophthalmology pathways to include extended glaucoma monitoring and treatment of minor eye conditions in optometry

Urgent care and integration

14. We know that people who go to hospital will often have a range of complex health and social care needs which current systems are not well adapted to support. Because our localities work each work with a slightly different set of partner agencies, for a plan to address this to be effective it needs to reflect the local context and most importantly be locally owned. This is why we asked each locality to develop its own urgent care and integration transformation priorities for 2016/17. In 2016/17, the CCG, working with its localities, extended its delivery of CMT/Community Hub models in East Elmbridge and Dorking, and commissioned the first year of the Epsom Health and Care programme in the Epsom locality.

15. These models will continue to develop in 2017/18. Specifically:

i. We will work with East Elmbridge to extend the caseload of the CMT/Hub service, creating greater proactive care capacity in line with the successes it has seen in reactive care

ii. We will work with Dorking to mobilise a bespoke CMT model, supported by the wider Hub, in line with its Primary Care Home application

iii. Subject to agreement of the supporting financial arrangements with the acute Trust, we will support Epsom Health and Care into the second year of mobilization and delivery of the business case agreed in March 2016

16. We will continue to develop, with the services in each locality, some of the supporting architecture to a successful urgent care and integration strategy, including

    i. A care planning approach that is integrated with GP clinical systems, and facilitates key care planning information being available in all relevant settings of care

    ii. Effective risk stratification that influences cohort selection in Hub/CMT services

    iii. A CCG-wide End of Life Care strategy that builds upon current successes and ensures equity of high quality provision

    iv. Specific initiatives to support nursing and residential homes in the general management, hydration and crisis management of their patients

    v. Through the STP and Surrey Heartlands Academy, evaluation of all integration models to ensure spread of best practice

17. The CCG will work with its STP partners to simplify and streamline the urgent care system, ensuring consistent access to the right care in the right setting. A key focus will be to redefine the role of 111/Out of Hours care ahead of reprocurement of both services.

18. We will evaluate the SRG scheme put in place at Epsom General Hospital for a GP in A&E service for winter 2016/17, with an aspiration to develop a self-funding business case for a sustainable service model.

19. We will work with local partners to implement the specific outcomes of the Community Hospitals Review in relation to NEECH and Molesey hospitals.

Children's and young people's services

20. The Surrey-wide children's services collaborative has a three year programme of commissioning intentions.

Mental health services

21. The CCG works as part of a Surrey Heartlands collaborative to commission mental health services. A detailed set of mental health specific commissioning intentions, applying to the three CCGs in the collaborative, is appended to this document.

22. In addition to these, the CCG will locally focus on:

    i. Continuing the improve dementia diagnosis rates, particularly amongst service users in residential care settings

    ii. Continuing to improve IAPT referral rates, reflecting the new 16.7% prevalence target introduced nationally for 17/18

    iii. Reviewing the pilot Safe Haven model in Epsom and agreeing its future mobilisation

Medicines optimisation

23. As part of managing at risk patients in the community, our Medicines Management Team in 2017/18 will continue to advise GPs and also focus on specific preventative measures:
    i. optimising the identification and management of patients with Atrial Fibrillation with a focus on the increase in uptake of anticoagulation therapy where appropriate

    ii. supporting improvements in the quality and safety of prescribing by increased reporting and learning from medicines related incidents in primary care

    iii. continued support for GP practices to optimise prescribing in patients with asthma, COPD and diabetes

    iv. initiatives to reduce poly-pharmacy and ensure prescribing for the frail elderly is safer
    v. continue to implement improvements in prescribing and support initiatives that reduce the risk of antimicrobial resistance

Prevention

24. The CCG will:

    i. Deliver the National Diabetes Prevention Programme, with initial rollout in Q3/Q4 2016/17 and full rollout during 2017/18
    ii. Introduce social prescribing initiatives to all parts of the CCG area, working with District and Borough partners
    iii. Continue to support a targeted range of personalization and prevention initiatives via the Better Care Fund, working with Surrey County Council
    iv. Play an active role in the STP prevention workstream, driving greater individual accountability for health status

Continuing healthcare

25. Commissioning intentions will be confirmed following discussions at CHC Programme Board.

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