NHS

Kernow Clinical Commissioning Group

Commissioning intentions 2017/18 - 2018/19

Contents

Introduction

The purpose of commissioning intentions

NHS Kernow is responsible for commissioning healthcare on behalf of the people of Cornwall and the Isles of Scilly.

Commissioning intentions set out the context for commissioning healthcare and enable a conversation between commissioners and providers about what needs to change.

They are part of an on-going dialogue with providers to agree what can be delivered through contracts and lead to operational plans and service development and improvement plans.

These intentions cover the years 2017/18 and 2018/19.

They complement the contract notification and principles letter. Please read the letter in conjunction with these commissioning intentions.

National requirements

NHS England has set out expectations for changes to the way healthcare is provided in its **Five year Forward View**, **Forward View for General Practice**, **Forward View for Mental Health**, the **Urgent and Emergency Care Review**, and **Future in Mind**, the national strategy for child and adolescent mental health. The changes are to be set out in a Sustainability Transformation Plan.

NHS England has described each Sustainability Transformation Plan as the route map for how the local NHS and its partners make a reality of the Five year Forward View, within the spending review envelope.

It provides the basis for operational planning and contracting. The 2017-19 planning and contracting round will be built out from sustainability transformation plans.

Two year contracts will reflect two year activity, workforce and performance assumptions that are agreed and affordable within each local plan.

Cornwall and the Isles of Scilly‘s Sustainability Transformation Plan is under development and its priorities for change have provided the framework for our commissioning intentions.

It is an iterative process and conversations with providers about commissioning intentions will feedback into further development of the Sustainability Transformation Plan.

As part of the operational planning process and within the context of our sustainability Transformation Plan, we will need to consider opportunities to establish new care models, the likely timetable and implications for contracts.

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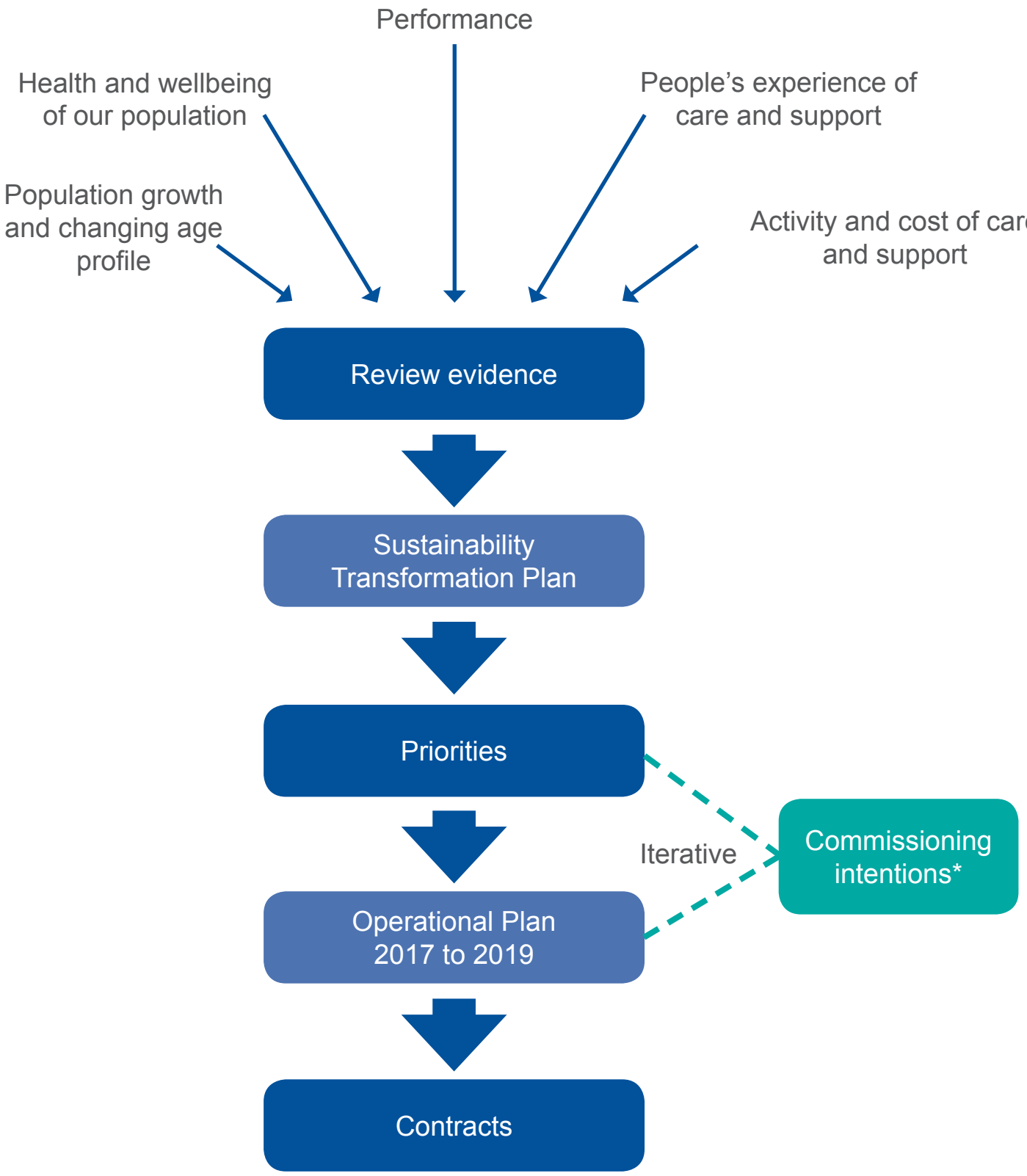

* Conversations between commissioners and providers around the commissioning intentions further inform development of the priorities for change and the content of operational plans.

Planning guidance and nine 'must do's'

NHS England has issued planning guidance that includes nine 'must do's' for 2017/18 and 2018/19. They are summarised in the table below.

Further detail can be found in the guidance on NHS England's website.

In addition, we have a statutory duty to tackle health inequalities

We must also make sure that our commissioning strategy aligns with local Health and Well-being strategies.

The nine 'must do's' in the planning guidance for 2017/18 and 2018/19

1.	Sustainability Transformation Plan	Implement agreed Sustainability Transformation Plan milestones and achieve agreed trajectories for key measures of success.
2.	Finance	Deliver financial control totals, moderate demand and increase provider efficiency.
3.	Primary care	Ensure the sustainability of General Practice, extend access and support General Practice at scale.
4.	Urgent and emergency care	Deliver the four hour A&E standard including the five elements of the A&E improvement plan, the four priority standards for seven day hospital services; implement the urgent and emergency care review with a 24/7 integrated service by 2020; reduce avoidable ambulance conveyances; and prepare for the waiting time standard for those in a mental health crisis.
5.	Referral to treatment times and elective care	Deliver the constitutional standard for referral to treatment times, streamline elective care pathways, including outpatient redesign, 100 per cent use of e-referrals, and deliver the national maternity services review.
6.	Cancer	Deliver cancer standards, implement the national cancer task force report, improve one year survival rates, roll out follow up pathways starting with breast cancer, and preparing for others; and ensure all elements of the recovery package are commissioned.
7.	Mental health	Deliver the implementation plan for the Mental Health Forward View, ensure delivery of the mental health access and quality standards, increase baseline spend on mental health, maintain a dementia diagnosis rate of at least two thirds; eliminate out of area placements for non-specialist acute care.
8.	People with learning disabilities	Deliver Transforming Care Partnership plans, reduce in-patient bed capacity for people with learning difficulties, improve access to healthcare for people with learning disabilities and reduce premature mortality.
9.	Improving quality in organisations	Implement plans to improve quality of care.

The financial challenge

The commissioning deficit

As a health and social care system we have a major financial challenge. As commissioners we are expected to end 2016/17 with a deficit of £53.7 million, including repayment of £17.4 million which was our deficit in 2015/16.

The gap between funding available and system costs is driven by rapidly increasing demand for services, operational inefficiencies, variation in practice and the fact that the model of care we currently commission relies heavily on the more expensive forms of care.

Returning to financial balance

We have implemented a financial recovery plan during 2016/17 to reduce the deficit on our commissioning budget and our commissioning intentions and operational plan for 2017/18 and 2018/19 must continue to return us to a balanced budget.

The time frame over which we can achieve a balanced budget is still to be determined as part of the development of the Sustainable Transformation Plan. However, early indications are that recovery will need to address both the cumulative deficit being repaid, as well as the underlying recurrent deficit by 2020/21.

We will seek to become a more strategic commissioning organisation and over time move away from involvement in more provider-related functions. We will make sure that the services currently commissioned by the Clinical Commissioning Group are most appropriately commissioned by the NHS and where there are services that should be commissioned by other organisations agree when and how the services should be re-commissioned.

We will work jointly with commissioners from the councils and NHS England to develop a more efficient provider sector. As a clinical commissioning group, we will use procurement to achieve an economic, efficient, and effective service model.

We will work with commissioners and providers to develop a Sustainability Transformation Plan to implement alternative methods of providing care and support that deliver the outcomes people need at lower cost.

However, whilst participating fully in the development of a single Sustainability Transformation Plan for Cornwall and the Isles of Scilly, as a Clinical Commissioning Group, NHS Kernow will remain financially, organisationally and managerially independent.

Resourcing the system

Resourcing of the current system as a system is unplanned and unsustainable. If the Clinical Commissioning Group and NHS England is placed effectively in the position of a lender to an unaffordable system (thereby incurring a deficit) it has to deduct that deficit from the following year's funding allocated for commissioning services placing even greater financial pressure on the system and widening the financial gap even further.

We will seek to understand our options for a more sustainable solution for resourcing the system while we make the changes necessary to our care model.

As a system we must live within our means.

NHS England and NHS Improvement will set a control total for our expenditure as a system and services and the level of contract activity must be planned to deliver that control total.

Achieving value for money

It is our intention to review all services to increase value for money, reduce duplication and waste and free up resources to respond to a level of population growth and increasing demand that is unavoidable.

We will review contracts to ensure they are focussed on our core priorities and to reduce the overall number of individual contracts to enable a more coordinated approach to care provision and more effective management of contracts with the resources available.

These reviews have already commenced in 2016/17.

We have to focus limited resources on activity that will have the greatest impact in ensuring we deliver constitutional standards at the lowest cost per capita.

We will realign/reduce expenditure to bench marked levels compared to similar Clinical Commissioning Group areas and national upper quartile performance.

In realigning/reducing spend we will continue to have regard to achieving parity of esteem for mental health.

We will seek to reduce risk and increase certainty across contracts and look for opportunities to risk/gain share.

We aim to reduce the number of individual contracts to increase resilience and provide opportunities for innovation to providers.

We do not wish to lose the innovation, flexibility and local knowledge brought by smaller providers and look to the sector to develop models of collaborative working.

We need to retain the flexibility across all contracts to achieve optimum value for money.

We will work with our Council partners to ensure optimum value for money in all jointly commissioned services

We will identify with our Council partners commissioning areas that we could jointly impact on to improve value for money

We will ensure that we have an agreed work programme and core offer with Cornwall Council Public Health for 2017/18 to assist us in making informed decisions on value for money commissioning.

Commissioning for quality

During a time of increasingly constrained resources and the need to achieve the highest possible value from these resources, it is essential that we maintain focus on ensuring that the quality (safety, experience and effectiveness) of the services we commission is not compromised and that unwarranted variation in care is minimised.

We will work with providers to:

Place the NHS constitution at the heart of our work ensuring we monitor and make improvements to the quality and equality of healthcare we commission.

Further develop and refine the local quality schedule within contracts to supplement the requirements of the standard national contract ensuring best practice to deliver better outcomes with a robust quality assurance process to measure success.

Implement national CQUINs as per guidance and to ensure the CQUIN goals are sustained after the CQUIN scheme has ended.

Build on the work already implemented and in progress to deliver improvements in the NHS England assurance framework individual indicators for the six clinical priorities of cancer, dementia, diabetes, learning disabilities, maternity and mental health.

Support self-management for people diagnosed with long term conditions with measurable prevention initiatives ‘making every contact count’

Establish short, medium and long term objectives and actions to systematically develop patient safety workforce skills/competencies in line with the sign up to safety campaign

Sustain scrutiny on mortality to reduce avoidable mortality.

Continue emphasis on the use of the NHS Safety Thermometer to ‘temperature check’ and make local improvement of harm free care in the areas of pressure ulcers, falls, catheter associated urinary tract infections, and venous thromboembolism.

Embed learning from serious incidents, coroners inquests, safeguarding, complaints and clinical reviews in to contractual processes and review assurances methodology to include triangulating data, targeted site visits and working with providers.

Strengthen keeping patient and staff experience central to supporting openness, transparency and candour throughout the system

Respond to requirements from regulatory reviews and policy such as the Chief Nursing Officer strategy and vision

Develop enhanced quality assurance in care homes and domiciliary care with the local authority

Focus on access to services for looked after children and care leavers including children looked after placed into Cornwall

Focus on the early identification and treatment of sepsis of any person in any clinical environment.

Providers must respond to national and local emerging safeguarding requirements.

Principles and approach

Principles

How and what we commission must facilitate the re-design and integration of services to deliver NHS England's Five Year Forward View and our emerging Sustainability Transformation Plan.

The changes we make must contribute to our triple aim ie improve health and well-being, improve people's experience of care and reduce the cost per capita of care.

The changes we make must contribute to developing more localised care provision, shaped to meet local needs and make optimum use of local assets and resources.

We will recommission services where value for money can be improved or costs reduced and services will be re-procured to deliver lower system costs, more localised care and better patient experience

Approach

RightCare

As part of the work on the Sustainability Transformation Plan, it is our intention to work with all providers on the development of optimal care pathways, following the RightCare methodology.

The methodology identifies significant variation in patient outcomes, activity and costs compared to similar clinical commissioning group areas and we explore with providers whether it is warranted.

As a result of the RightCare approach, we expect a reduction in variation, an improved patient experience, improved outcomes for patients and efficiencies to be delivered by all healthcare providers along the length of the optimal pathways of care.

There will be increased emphasis in optimal pathways on prevention, early intervention, self-care, and care in primary care and the community. We expect a reduction in activity in secondary care as a result.

Net savings resulting from redesigned pathways of care will be deducted from contracts over the two years (2017/18 and 2018/19)

RightCare savings relating to prescribing will similarly be removed from budgets.

Contracts

We will be increasing specificity and a focus on outcomes across all contracts, including mental health and children's services.

Larger blocks of acute services will be re-bundled to facilitate the re-provision and integration of services – focusing on physiotherapy, transport and elective services

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We will reduce dependence on bed-based care by improving access to and availability of community based support for both mental and physical health. This will include a discharge to assess approach across our system.

Acute bed capacity and community bed provision will be rationalised as more care provision is delivered in patients' home environments.

New pathways will be developed which reduce secondary care admissions across a number of targeted Right Care specialisms including MSK, cardiovascular, complex patients and respiratory.

New pathways which incorporate the principles of Self Care will feature prominently in this new approach.

Acute providers will be tasked to develop and implement new ambulatory pathways of care, which reduce pressure on emergency departments and treat patients quicker with lower resultant admissions.

Best practice pathways will be developed in the emergency departments for musculoskeletal conditions, paediatrics, stroke, coronary heart disease, and sepsis.

Mental health will receive greater focus: contractual service specifications will be more detailed with associated transparent costs.

We will reshape and re-procure services as necessary to deliver commissioning standards for integrated urgent and emergency care in order to produce a better and more cost-effective service as part of the peninsula network of urgent and emergency care.

The GP service at the Royal Cornwall Hospital will be integrated with minor injury units, the NHS 111 service and GP out of hours service to produce a stronger and more sustainable primary care service to support urgent care.

The care pathway for people at the end of life will be remodelled with local hospices and third sector providers playing prominent roles.

Contract management and financial sanctions and consequences will be applied as per the contract conditions and technical guidance. These will not be waived.

CQUIN has to be earned, and is never paid as a matter of right, or paid through any other scheme or arrangement.

There will be no local CQUINs, providers will be required to deliver the national CQUINs as specified in the guidance

Restrictions will be placed on the prescribing of medicines of limited clinical value or that can be obtained at lower cost off-prescription. This includes over the counter medicines for minor ailments, and on the prescribing of milk and foodstuffs, gluten free products and paracetamol/calpol-type over the counter painkillers.

In the management of medicines we will reduce waste, reduce unwarranted variation and reduce the cost of prescribing, for example there will be a system-wide review of the management of repeat prescriptions.

The supply arrangements related to the provision of dressings will be reviewed.

NHS Kernow will review financial control processes which support the commissioning of Continued Health Care, mental health, learning disabilities and children's services, with a view to procuring better value across contracted arrangements.

Sustainability Transformation Plan priorities

The five priorities

It is imperative that as a system we achieve financial recovery and improve performance to deliver constitutional standards (Emergency Department waiting times, referral to treatment waiting times, etc)

There are five priorities to achieve this within our Sustainability Transformation Plan:

1. Prevention and the sustainability and development of General Practice
2. Integrated care in the community
3. Transforming urgent and emergency care
4. Redesigning pathways of care and provider and commissioner reform
5. Improving productivity and efficiency

Our commissioning intentions are set within the framework of the five priorities.

Prevention and the sustainability and development of General Practice

We will focus prevention on making every contact count and developing the role of General Practice in pro-actively identifying people at risk within their Practice population.

The key strength of General Practice is that GPs provide a personal response to a dedicated patient list.

GPs can shape the care for each individual so that it is personal to that individual's needs. They are in a unique position to shape the path of care each person takes and influence the level of demand placed on other elements of the health and care system.

They also become the default source of help if other services are unable to meet people's needs. Practices are under intense pressure due to increasing demand and limited capacity exacerbated by recruitment issues.

It is our intention to work with the NHS England commissioners, the Local Medical Council, Kernow Health CIC and others to implement the General Practice Forward View.

We will work with partners to collectively support practices to implement the ten high impact changes that build resilience and release GP capacity from non-clinical tasks.

In our role to support the development of General Practice we will work with practices to extend and improve access in line with requirements for new national funding by March 2019.

As part of the RightCare pathway work we will also work with practices to realise potential for increased prevention, early intervention and management of long-term conditions, including support for care homes.

It is our intention to encourage practices to cluster together to meet the requirements for extended access and to provide services at scale that individual practices would not be able to do alone.

We will explore opportunities to take advantage of NHS England's commitment to the provision of a clinical pharmacist and a mental health worker supporting a cluster of practices.

Locally enhanced services in Primary Care will be reviewed to maximise the impact the budget has to enhance General Practice services and to avoid elective and non-elective referral activity.

We would like to explore opportunities with practices to develop the multi-specialty community provider approach where appropriate.

Integrated care in the community

For people with long-term conditions it is our intention to shift care from hospital settings to support people in their usual place of residence. It is a key element of the emerging Sustainability Transformation Plan to develop integrated care in the community supported by multi-disciplinary teams (including social care and the voluntary sector).

Community services will be reviewed to optimise the contribution that integrated multi-disciplinary teams can make to reduce avoidable admissions to hospital and attendances at the Emergency Departments

The intention is build personal and community resilience, so that people rely less on statutory care and become more independent, but can access high quality, responsive and effective care when they need it.

There will be a sustained focus on identification of people who are frail and implementing personalised care with a key worker, support plan and case management.

It is our intention to embed and mainstream personalised care planning for those individuals with complex needs and one or more long term conditions.

We would like to refocus on embedding and implementing a model of self-care and self-management across long-term conditions, including living with and beyond cancer. Developing self-care will be a key element of the Sustainability Transformation Plan and we will seek to implement patient activation measures.

We will focus on implementing a discharge to assess model across our system to ensure people have the optimum chance of recovery, reablement, and rehabilitation. This will revise the current operational processes for the Early Intervention Service (EIS) and the onward care team and the discharge processes from the acute hospitals.

The Better Care Fund plan for 2018/19 will be developed in line with NHS England's planning guidance. The aim will be to ensure that all plans reflect the relevant commissioning intentions set out in this document eg plans to implement seven day services; plans to reduce delayed transfers of care.

We intend to work with maternity providers, partners across the STP footprint, the local maternity system and the clinical network for maternity to implement the National Maternity Review's Better Births Report Recommendations for:

- Personalised care
- Continuity of care
- Safer care
- Better postnatal and perinatal mental health
- Multi-professional working across boundaries
- A reformed payment system

We will work with providers, partners and the emerging clinical network for perinatal mental health to deliver the improvements in perinatal mental health services identified in the Five Year Forward View for Mental Health.

It is our intention to re-procure the IAPT service.

We will work with providers and partners to develop plans to implement the Mental Health Forward View and reduce the number of suicides in Cornwall and the Isles of Scilly.

Service reviews proposed for 2017/18 are:

- Specialist palliative nursing
- Expert patient programme
- Enhanced DN palliative care at home service (to commence 2016-17) to inform how to commission a consistent, county wide palliative care at home service
- Wheelchairs
- Community matrons
- Dementia liaison nurses
- Nurse practitioner
- Specialist falls service

Transforming urgent and Emergency care

Achieving the A&E standard

We must achieve the four hour standard for waiting times in the Emergency Department.

It requires a whole system approach and will continue to work with providers to focus on implementing the five mandated initiatives to improve performance

- Introduce primary and ambulatory care screening in the Emergency Department
- Increase the proportion of NHS 111 calls handled by clinicians
- Implement the Ambulance Response Programme (Dispatch on Disposition and improved Clinical Coding)
- Implement SAFER and other measures to improve in-hospital flow
- Implement Discharge best practice to reduce DToCs (Discharge to Assess, Trusted Assessor etc)

We expect a reconfiguration of Emergency Department services (ambulatory care and streaming at the 'front door') as part of the redesign.

We are working with the Councils to improve discharge focusing on enabling 'discharge to assess', which will include a re-focus of intermediate care provision.

NHS 111, Minor Injury Units, GP out of hours service and acute GP service

In line with the national policy around the need for a functionally integrated 111 and Out of Hours Service which is echoed in local Sustainability and Transformation Plans for Urgent Care, Urgent care is currently under review with a procurement pending for a new service from December 2017.

We will be re-procuring an integrated 111 and Out of Hours Service to commence from December 2017.

At this time, the following service areas are currently being considered as part of the potential tender:

- 111 Service
- Out-of-hours Primary Care
- Minor injury units provided by Cornwall Partnership Foundation NHS Trust
- West Cornwall Hospital Urgent Care Centre provided by Royal Cornwall Hospital NHS Trust
- Acute GP service

We are exploring the appropriate configuration of urgent care centres as part of a system redesign of our model of urgent care.

End of life

We are seeking to develop end of life crisis intervention teams with St Luke's Hospice with a view to provide a likely service model for increasing specialist outreach support from hospices,

Crisis Care Concordat

The implementation of the local Crisis Care Concordat action plan will be incorporated into the system wide plan for implementation of the Sustainability Transformation Plan.

It is our intention to work with providers towards an accredited Home Treatment Team

Redesigning pathways of care

We will ensure delivery of the constitutional standard for referral to treatment times and 100 per cent use of e-referrals.

Our intention is to streamline elective care pathways, including outpatient redesign.

We are working with system partners to design optimal pathways of care using the RightCare methodology for

- Musculoskeletal problems
- Cardiovascular problems (including coronary heart disease, stroke, and diabetes)
- Complex patients (including those who are frail , people with medically unexplained symptoms, and other frequent users of health services)
- People at end of life

It is also our intention within this time period to review pathways for neurological conditions, trauma, respiratory conditions, cancer and mental health.

It is our intention for these pathways to remove unwarranted variation, improve results for patients, and reduce activity and costs to at least the level of performance of the best performing of our ten most similar peer clinical commissioning groups.

The RightCare benchmarking data has indicated a variation of £29 million between us and our peers ie we are spending more across:

- MSK: £7m
- Trauma: £4.6m
- Circulatory problems: £4m
- Other pathways (including cancer, neurology, respiratory etc): £13m

Following an evaluation of the current pilot we will be seeking to implement a county wide coordinated diabetes pathway utilising virtual clinics. We would like to further test this model with partners for other pathways to reduce the need for secondary care outpatient appointments and deliver more in the community.

We are also appraising options, with system partners, for future provision for stroke including rehabilitation beds and early supported discharge.

The intention is to implement the preferred options in 2017.

Mental health needs will also be considered as part of the redesign of pathways for physical health so that we have integrated pathways for mental and physical health.

Diagnostic services will be re-procured to deliver lower system costs, more localised care provision and a better patient experience.

The Sustainability Transformation Plan is also seeking to optimise use of technology to improve people's experience of care and enable self-care. As part of all pathways we will expect the redesign to optimise use of virtual clinics, alternatives to face to face outpatient appointments and assistive technologies for self-care

It is also our intention to remove procedures and medicines of limited clinical value from pathways.

The following procurements are planned for elective care service for 2017/18 or 2018/19: Bodmin Treatment Centre, direct access echo cardiograms, AQP MSK, MSK adult physiotherapy, direct access non-obstetric ultrasound.

System wide improvements in efficiency and cost effectiveness

Non-emergency patient transport will be re-procured as a system wide service.

Services of limited clinical value will not be commissioned.

The commissioning and provision of Continuing Health Care will be focused on improvements to the national benchmarking Key Performance Indicators.

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