NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 22 September 2015

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/15/09/10 NHS Wiltshire CCG Commissioning Intentions 16/17**
Author:	David Noyes – Director of Planning, Performance and Corporate Services Attain Commissioning Services – the CCG's Strategic Planning Partner
Lead Director/GP from CCG:	David Noyes Director of Planning, Performance and Corporate Services
Executive summary:	The NHS Wiltshire CCGs Commissioning Intentions for 2016 /17 provides an insight into what services the CCG proposes to commission next year. It sets these intentions in the context of what has been achieved to date, the challenges being presently faced, and the services changes required to address future needs within the Wiltshire health economy. The document is intended to give Providers an initial understanding of the specific areas that commissioning will focus on next year, in order that they may plan appropriately. The Governing Body is requested to approve this document
Evidence in support of arguments:	National and regional data benchmarking utilised, with analytic review undertaken by the CSU and CCG. Consultation with clinical and managerial leadership across the CCG.
Who has been involved/contributed:	Engagement and consultation across the CCG groups/localities, and liaison with clinical colleagues. Also system partners via a series of discussions with Executive Director colleagues.
Cross Reference to Strategic Objectives:	To deliver cost effective high quality services which address the needs of the local population and involve patients, practices and partners.
Engagement and Involvement:	The Commissioning Intentions supports the implementation of the CCG 5 year strategy on which there was extensive consultation.
Communications Issues:	The CCG will need to continue to communicate with Providers the intended services to be commissioned and the supporting rationale
Financial Implications:	Delivery of the Commissioning Intentions will support the CCG remaining in a financially viable position and delivers against QIPP target

Review arrangements:	Review will be via monthly Performance Reporting of the QIPP projects that are developed from the Commissioning Intentions
Risk Management:	This supports the CCG identified risk regarding the delivery of QIPP
National Policy/ Legislation:	Five Year Forward View
Public Health Implications:	The Public Health agenda has been reflected in the commissioning intentions, specifically in relation to prevention and early intervention
Equality & Diversity:	Equality Impact Assessment will be provided for the Commissioning Intentions
Other External Assessment:	Progress with and delivery of CCG commissioning plans and strategy is regularly monitored by NHS England Area Team
What specific action re. the paper do you wish the Governing Body to take at the meeting?	It is recommended that the Governing Body: Approves the CCG Commissioning Intentions 2016/17.

NHS Wiltshire Clinical Commissioning Group
COMMISSIONING INTENTIONS 2016/17

"The right healthcare, for you, with you, near you"

Wiltshire CCG -- Commissioning Intentions Contents 2016/17

1. Executive Summary

NHS Wiltshire Clinical Commissioning Group has the responsibility to the population of Wiltshire to ensure the provision of good quality accessible healthcare that meets the countywide population needs. The CCG remains focused on continuing to deliver against both the standing NHS constitution targets which underpin good quality care, and our transformation journey to deliver our 5 year strategy by delivering care closer to the homes of the population we serve and promoting early intervention and prevention. In doing so, we will also continue to encourage and support individuals to take greater responsibility for their health and wellbeing, and to utilise the services provided in the most appropriate manner to meet their health needs. We will also continue to work with our co commissioners, and specifically Wiltshire Council to provide seamless integrated services, that are more focused on the needs of individuals. We have already started to deliver and we are implementing the system wide changes to effect the objectives we have set out. Our intention is to continue on this journey, as we remain both committed to the implementation of our strategy and determined to achieve it successfully.

The demand on health services continues to rise, and we are witnessing challenging pressures in both unplanned activity and in planned care activity, especially in Gastroenterology, Urology, General Surgery, ENT and Diagnostics. This demand has put pressure on the health system across acute, community and primary care as well as challenging the financial position of the CCG.

It is therefore essential that we continue on the journey we have embarked upon, one that will continue to see us implementing our strategic imperatives, both in the short and the longer term. Our short term aims will be translated through our Commissioning Intentions, and we will continue to pursue our longer term strategic goals by delivering a system wide Transformation Programme. (Section 10 provides more detail on our intentions around system transformation)

2. Introduction

These Commissioning Intentions cover the financial year from April 2016 to March 2017 and describe the changes and improvements to healthcare that Wiltshire CCG wishes to make to enhance service provision across the local health economy. Working closely with our providers, services will be commissioned to achieve these changes, which will ensure that high quality health services continue to be delivered to the people of Wiltshire. This document is aimed primarily at our current and prospective providers, and is a description of how we intend to shape the local health economy. The Commissioning Intentions will form part of an ongoing dialogue to agree contractual deliverables, which will continue to shape the wider system transformation.

Through our Commissioning Intentions we are progressing our local health and social care priorities as well as continuing to address national priorities as outlined by NHS England. Our Commissioning Intentions continue to be aligned with our strategic aims and objectives, as articulated in the Wiltshire CCG's 5-Year Strategic Plan, and also respond to the views and comments expressed by our local population around priority areas and how the NHS needs to change. Our intention is to work with providers, social care partners and service users to ensure that high quality, safe and affordable health and care services are provided and delivered at the right time and in the most appropriate setting.

3. Delivering against our commitments

During the last year we have progressed our vision that Health and Social Care services in Wiltshire should support and sustain independent healthy living. We have implemented our strategy and the key principles;

- That people are encouraged and supported to take responsibility for, and to maintain and enhance their well-being.
- That there is equitable access to a high quality and affordable system, which delivers the best outcome for the greatest numbers.
- That care should be delivered in the most appropriate setting, wherever possible at, or close to home.

We have supported the delivery of our strategy by strong partnership working with both our Provider colleagues and Co-Commissioners, and delivering against our commitment to the integration of health and social care through close working with Wiltshire Council.

We believe that we have made good progress over the last year and have commissioned services that have created significant improvements to the NHS in Wiltshire, albeit generating financial pressures. We have the right relationships and strong plans in place to continue this process, and we will continue to make further improvements to the health and wellbeing outcomes for our communities through this year's Commissioning Intentions.

❖ Successes that we have seen

We have witnessed success being achieved by the delivery of our strategy in the form of improved provision of community services. We have also benefitted from strong clinical leadership and strong collaborative working with all stakeholders which has translated into enhanced patient care.

Most importantly we have established 20 Multidisciplinary teams across the county. These fully integrated patient centred local multi-disciplinary teams (comprising community nursing staff, therapists, mental health workers and social workers) based in our communities are a fundamental building block of our strategy. They build on the existing strength of primary care across the county, with the teams designed to wrap around primary care practices, being led and co-ordinated by our GPs.

We have also successfully recruited and established Care Co- ordinators county wide, delivering one of the CCG's very early aspirations. The coordinators, based in GP practices, help to reduce unnecessary admissions into hospital or care home. They act as a point of contact to bring together the medical and social care services that may be available to someone who needs just that little extra support to stay at home.

Our endeavours are supported by the application of proven risk stratification tools, and we have established an improved, better integrated, co-ordination cell (the Simple Point of Access) to help mobilise the right services, at the right place and right time.

Accordingly, we have made good progress in delivering against our commitment to deliver transformational change and in particular to improved vertical and horizontal integration across our system to improve the delivery of seamless care for individuals where services are more effectively joined up. An example of this has been the implementation of the Wiltshire Better Care Plan, developed in close partnership with Wiltshire Council and a nationally recognised pathfinder in this area, with the launch of a number of integrated schemes including;

- step up intermediate care and crisis management in community settings
- access to care service and one number for all health and social care referrals
- enhanced urgent care at home including rapid access re-ablement and end of life services
- focused integrated case management at GP level
- bed based and non bed based discharge to assess -daily system wide operational dashboard
- system review of intermediate care which involved a range of focused Individual client journey reviews

We have continued to build on the excellent foundations of primary care in the county, strengthening that by encouraging federation across primary care practices. Given the importance of primary care in the delivery of our strategy, we have exploited the opportunity to become a co-commissioner of primary care services. This gives us more control over the future direction and delivery of primary care. We are also encouraging empowerment of non GP clinicians to free up GP capacity, extended hours and provision of locally tailored support targeted to meet the specific needs of our largely rural, but each individual, communities, and are delivering localised plans to achieve this. We also have an aspiration to enhance primary care provision to include greater access to urgent care services without recourse to A&E. Indeed, we have utilised the funding provided under the Transforming Care of Older People programme to encourage local innovation to improve support to the frail and elderly cohort of our population, and have a scheme live under this programme in every part of the county.

We have recognised the need for major change across the health and social care system and we have started to build a system of integrated care for every person in our County and the delivery of care and support built around the needs of the individual. We are fully committed to cooperation and coordination between health, social care, public health, other local services and the third sector, and we have witnessed significant strides towards achieving this, something we will continue to evolve over the next 12 months.

We believe we are seeing the start of a social movement of change that places the patient at the centre of the delivery of their care and support, and placing GPs in the driving seat of clinical leadership has enabled this successful change. We intend to continue to make great strides towards the delivery of an integrated out of hospital system, centred around primary and community based care, much of which will be facilitated by our new provision of community services, but we remain seized of the need to deliver change against a backdrop of financial stability. Accordingly, we will continue to need to carefully balance the pace of change against the enduring need to deliver against our targets and remain financially viable.

Our Commissioning Intentions for next year are founded on the Wiltshire Care Model and the principles associated with the success we have witnessed to date. We will continue to put the patient at the centre of everything that we do.

4. The Local Challenges

As we know Wiltshire's health system will continue to face challenges as we strive to improve health and wellbeing and health outcomes at a time of increasing demand and limited resources. Tackling these issues requires us to continue to deliver credible clinical leadership that can align service provision with clinical need in a cost effective manner. Wiltshire GPs will therefore remain central to the healthcare decision making process and to the commissioning processes that strive for a healthcare system which is highly effective, sustainable and affordable.

We must continue to improve the quality, consistency and economics of our key services, by continuing to implement our strategy of commissioning care closer to home in an integrated manner. This will involve taking the next steps in developing community capability in a more productive and effective way. We will encourage providers to work together in order to deliver effective care, based on greater clinical specialisation, the prevention of duplication and better use of assets. We recognise that recruitment and retention of staff has been difficult for a number of specialties, particularly mental health, and we will continue to seek workforce solutions from our providers to enable high quality of care to be delivered.

We will continue to respond to the needs of the frail elderly and those with mental health and long-term conditions, by delivering a step-change in the way services are delivered out of hospital. We will need to provide improved access to primary and community care through community hubs and highly effective general practice, (where possible through GP Federations), and ensure the associated development of integrated care pathways. We are confident that it is achievable to make inroads into this growing demand on the basis of our strategic and operational capabilities.

We continue to implement and refresh our 5 year Strategic Plan, utilising an operational delivery plan. In recognition of the scale and pace of change required, we are developing a supporting Transformational Programme to ensure system wide change occurs, while continuing to operationalise existing change projects. Our over-arching intentions and strategy have not changed, and so we envisage the next year involving a continued drive to deliver the objectives of our strategic approach within the bounds of the key programmes of work which are already in place, and as our financial position allows.

5. Meeting the Needs of Our Changing Population

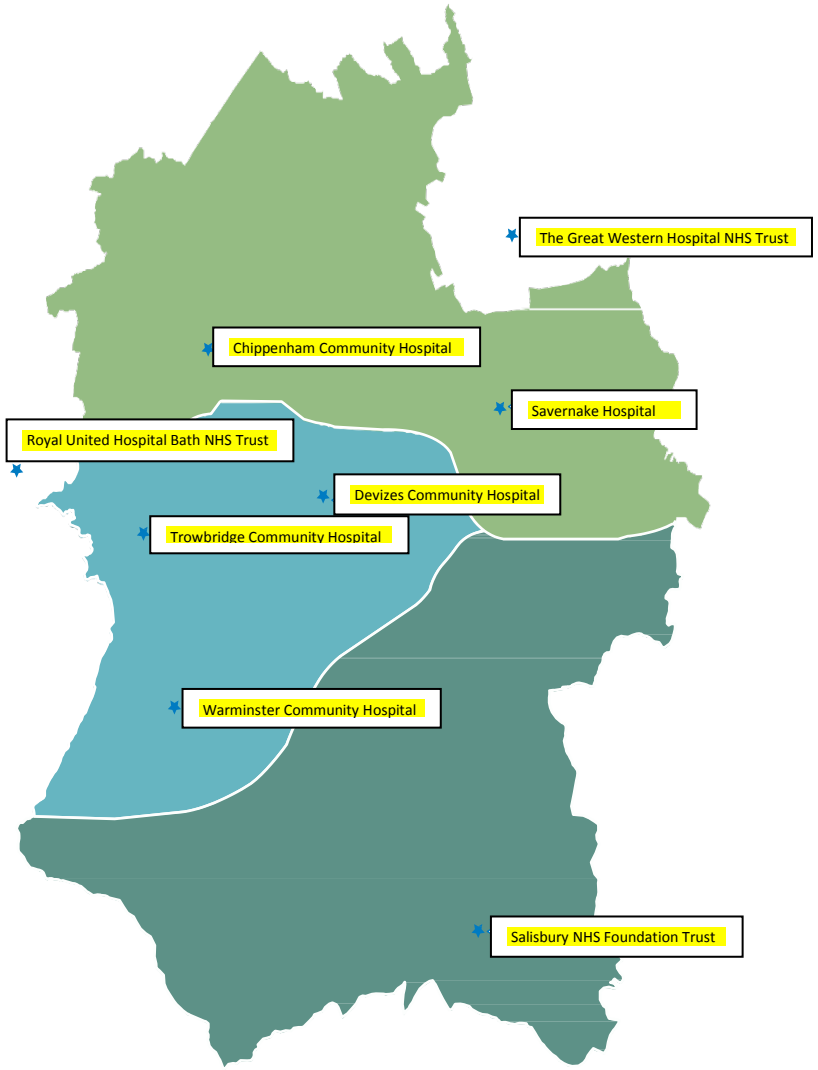
Our five year strategy, with the vision that "Health and Social Care services in Wiltshire should support and sustain independent living" continues to represent our direction of travel and our response to the challenges we face. Our strategy envisaged a fundamental shift in the balance of care, so that acute bed based care would no longer be the default setting. We are continuing to work to that objective, with the provision of a range of services based at home and in the community that safely and effectively support people and their care needs. We remain committed to shifting the balance of care, and will continue our work towards progressing changes which will support this. Our Commissioning Intentions remain aligned to supporting the roll out of the Wiltshire Care Model, delivering more prevention and care closer to home, through ensuring our intentions are focused, realistic and that sufficient capacity and capability is available to deliver them. The 16/ 17 commissioning intentions will provide the health system with the critical focus to implement the required present service changes, while steering us towards larger scale system wide transformational changes.

The commissioning intentions will reflect a number of general principles to ensure that tangible healthcare benefits and outcomes are achieved within a financially sustainable health and social care economy. The key components are:

- Quantifying what needs to be commissioned based on clinical need, capacity and demand, and the promotion of out of hospital services, and considering closely what should be de-commissioned.
- Focusing on developing locality plans and the reduction in the variation in care, including Primary Care.
- Early intervention and prevention, and the development of greater integration of services around the patient will continue to be a central theme.
- Effective planned care and greater support for the challenges associated with unplanned care will be viewed as paramount to successful transformation.
- Progressing the need for 7 day services and enhancing Primary Care will also be integral to the development of commissioning intentions. (Extending GP practices working with specialist consultant led services, and ensure localities are the focal point for a range of services MDTs)
- Developing mental health services in keeping with the national agenda

6. The Local context for planning

The CCG is split into 3 localities – NEW (North & East Wiltshire), Sarum (South Wiltshire) and WWYKD (West Wiltshire, Yatton Keynell & Devizes), cover the population of Wiltshire and each have their own Clinical Executive and reporting structure.



The services areas that the CCG is responsible for include:

- Community Health services
- Maternity services
- Elective hospital care (planned care)
- Rehabilitation services
- Urgent and emergency care including A&E, ambulance and out-of-hours services(unplanned care)
- Mental Health services
- Older people's healthcare services
- Healthcare services for children
- Healthcare services for people with learning disabilities
- Continuing healthcare
- Abortion services
- Infertility services
- Wheelchair services
- Home oxygen services
- Treatment of infectious diseases
- Meeting the costs of prescriptions written by our GPs

The services that the CCG commission will enable the achievement of the outcomes as described in the CCG outcomes indicator set, the delivery of the pledges within the NHS Constitution and delivery across the 5 requirements of the NHS Outcomes Framework

Demographics – The population needs we plan for:-

Population increase: Wiltshire's population is set to increase by 31,100 persons between 2011 and 2021 according to ONS interim population projections, an increase of 6.6%. That is an increase from 474,000 to 505,000 and approximately 23% will be over 65 years.

The dependency ratio is projected to increase by 12.8% between 2011 and 2021 in Wiltshire compared to a 7.4% rise in England. Also, the dependency ratio for over 65s in Wiltshire is predicted to grow by 9.8% between 2011 and 2021, with a smaller increase in ratio of 4.8% estimated to occur in England over the same period. This is a result of our increasing ageing population.

The key characteristics that are found across the population of Wiltshire, in contrast to the average for England, are as follows:
(Information from Public Health Outcomes Framework Aug 2015)

- The health of people in Wiltshire is generally better than the England average.
- Deprivation is lower than average, with less children living in poverty than the average for England.
- Life expectancy for both men and women is higher than the England average.
- Over the last 10 years, all-cause mortality rates have fallen.
- The early death rate from heart disease and stroke is better than the England average.
- Number of children classified as obese, better than the average for England.
- Levels of teenage pregnancy and breastfeeding are better than the England average.
- Estimated levels of adult 'healthy eating' and smoking are not significantly different than the England average.
- The rate of road injuries and deaths is worse than the England average.
- Rates of sexually transmitted infections are worse than the England average
- Smoking prevalence is not significantly different than the England average.
- Priorities in Wiltshire include substance misuse - drugs and alcohol, long term conditions, mental health.

7. Improving Health Outcomes - National and Local Focus

NHS England continues to promote a number of priorities to ensure high quality care for the people of England, by building on the Five Year Forward View. These priorities are designed to improve quality and services; to drive better value for money; and to build the foundations for the future health and care system. Accordingly, the CCG has, and will continue to align its Commissioning Intentions and strategic planning to these priorities, and ensure patients receive the standards guaranteed by the NHS Constitution
The 10 priorities are:

1. Improving the quality of care and access to cancer treatment
2. Upgrading the quality of care and access to mental health and dementia services
3. Transforming care for people with learning disabilities
4. Tackling obesity and preventing diabetes
5. Redesigning urgent and emergency care services
6. Strengthening primary care services
7. Timely access to high quality elective care
8. Ensuring high quality and affordable specialised care
9. Whole system change for future clinical and financial sustainability
10. Foundations for improvement

In addition, the development last year of annual planning guidance that had been jointly produced for the entire NHS, by NHS England, Public Heath England, Monitor, the NHS Trust Development Authority, the Care Quality Commission and Health Education England is a significant supporting step in focusing on improving national health outcomes.
The CCG will also maintain a focus on established national priorities. This will mean progressing the requirements of the Outcomes Framework.

From a local Wiltshire perspective, the CCG responds to the findings of the Joint Strategic Needs Assessment (JSNA) which assesses local health needs; the Health and Well Being strategy which has been developed in partnership with Wiltshire Council and feedback from patients and the public on local services. This information, together with the CCG's experience as clinicians working in the local health system, has highlighted the key priorities the CCG will continue to address through commissioning. These are:

- Staying healthy and preventing ill health
- Planned care
- Unplanned care and frail elderly
- Mental health
- Long Term Conditions (including dementia)
- End of life care

- Community services and integrated care

8. Immediate Commissioning Priorities

Our aim is to ensure that our population is able to obtain the support and advice they need within their local communities to maximise wellbeing by living healthily, being able to effectively manage long term conditions and to receive timely support and care during periods of crisis.
To achieve our aim we will commission a broad range of collaborative, accessible services that are supported by specialist and standard service providers. This will achieve four key objectives:

- To increase the resilience of local communities
- To reduce the number of people attending hospital
- To minimise the duration of stay for those requiring emergency hospital care
- To co-ordinate discharge processes and post hospital care

❖ Planned Care

We will utilise the commissioning process to develop consistency in the level and quality of healthcare services delivered across the county. We will reduce the variation in service provision from providers by supplying greater clarity on service specifications and expectations regarding the delivery of services. It is imperative, that we have a high degree of consistency and uniformity in the manner in which we meet the needs of the county.

Surgical Intervention

To support the commissioning objective of reducing variation in service provision, we will promote greater clinical engagement and discussions between clinicians that look specifically at threshold levels for surgical intervention. The intention of the CCG is to be more prescriptive regarding thresholds for surgery and to consider procedures which may require prior approval or further discussion between the GP and consultant. We recognise the challenge of managing growth in various specialities is an ever present one, and while we will continue to review the demand and capacity modelling, we envisage that by ensuring thresholds for interventions are clear, demand will be managed more effectively. There will be an initial focus on continuing the work on Gastroenterology, with subsequent work being undertaken on Cardiology, Urology, Ophthalmology and ENT.

Follow Up Activity

The CCG will also engage clinicians to determine and agree a list of specialties where the CCG will no longer routinely commission follow up appointments. This will be based at condition level, and where follow ups are undertaken within these specialties for agreed conditions, retrospective audits will be undertaken to verify the validity of such activity. Likewise the CCG will commission services that utilise primary care to enable follow up to be undertaken in alternative settings to acute hospitals. Examples of the specialties to be considered include General Surgery; ENT; Gynaecology; Paediatrics. We will also improve patient experience and demand, by reviewing the variation in preventable 2 week waits for referral and seek to develop advice and guidance services

Ophthalmology

To support the improvement in the appropriateness of referral for ophthalmology patients, the CCG intends to commission a referral refinement scheme to provide enhanced accuracy of diagnosis. The CCG will also seek to commission community provision to reduce follow up activity in specific areas, including stable glaucoma / occupational hypertension and cataracts.

Optimising Elective Surgery

When patients do attend elective surgery, optimising this opportunity to achieve a good clinical outcome is of the utmost importance. The CCG will therefore promote and commission self-management and self-care initiatives to ensure that those accessing surgery have the greatest potential to achieve the best outcome possible.

Post-surgery, patients still require support, and particularly in Cancer, survivorship schemes can make a significant impact in the re attendance of patients at emergency departments. We will review the provision of cancer survivorship programmes in line with the national cancer strategy to improve services for patients and reduce preventable attendances across primary and secondary care.

Consistency in Elective Care

We will continue to encourage all providers of elective care to ensure a high degree of uniformity in the provision of elective care. This will involve a consistency of achievement in minimum waiting times; average length of stay; removal of threshold variations; and consistency of pathways. We will commission services that deliver quality care against high standards of performance. We will work with secondary care to agree key demand and capacity triggers and actions, linking this to the operations escalation framework, to avoid longer waiting times for patients and reduce clinical risk.

Referral Decision Making - Diagnostics

The referral patterns of patients from Primary Care still has significant variations across the county. The decision by GPs to refer can be enhanced by good diagnostic support, and with significant growth in diagnostics, primary and secondary care clinicians will work together to fully understand and clarify direct access pathways and to review the criteria for open access MRI.

Maternity

In progressing the commissioning theme of enhancing service provision and reducing variation, the maternity service specification is under review. In addition, the national maternity review is due to be completed by Dec 2015, and the future commissioning of maternity services will be based on the implementation of its recommendation.

Acute Core Service Provision

It is also important that there is clarity on the core service provision of acute hospitals as the CCG is intending to commission services that support an integrated community model and enhances the opportunity for GPs to develop areas of special interest. Success has already been seen in the provision of Dermatology in the community, and it is intended that Audiology and Rheumatology are likewise reviewed with the potential for service provision in the community.

Cancer

The CCG will review the impact of the national cancer strategy to ensure the commissioning of high quality, effective and consistent services for patients. This will include reducing preventable 2week wait referrals by reviewing referral pathways with primary and secondary care clinicians, reducing preventable diagnostics - linking with the current gastroenterology work stream - improving early diagnosis rates and supporting patients living with and beyond cancer.

MSK

We intend to commission a community based MSK interface service across Wiltshire on the basis of successful outcomes in the 3 early adopter sites of Warminster, Chippenham & Salisbury. The objective is to provide rapid access to triage & early intervention to prevent chronicity, promote self-management and reduce T&O referrals and procedures. The intended reduction in 1st OP appointments and follow ups in T&O is conservatively estimated at 15% in 16/17; additional 15% 2017-19. The reduction in surgical procedures for 2016/17 is targeted as 10% reduction in hand procedures; 10% reduction in hip procedures; 10% reduction in knee procedures; 25% reduction in shoulder procedures; 50% reduction in back procedures. Wiltshire CCG also intends to improve the pain pathway by shifting emphasis to one of self-management & intervention by MSK specialists in primary care with MDT input from secondary care facing pain specialists. This will also require providers to support a single point of referral via pain services to include pain/T&O MDT reviews and onward referral to T&O as appropriate. This will further support and increase opportunity to reduce referrals to secondary care pain services & T&O so that only necessary referrals are made. Precise numbers will be calculated as part of the analysis and in light of the outcomes of introducing the MSK interface service.

Community Heart Failure Service

The current status is that Wiltshire CCG does not commission a specific community heart failure service to target the current frequent (40%) re-admission rate for patients discharged with heart failure. The cost to Wiltshire CCG is currently over £1.5M in the last 12 months. Research from the British Heart Foundation has indicated an average reduction of 43% in re-admissions where a community Heart Failure service is in place. The cost of providing such a specialist service is not insignificant as, by definition, the heart failure nurses (HFNs) need to be highly qualified and experienced. The business case developed, recommends the provision of a pilot service scheme for a period of 12 months to assess the efficacy of the scheme and monitor savings as well as predicted clinical outcome improvements and patient and carer feedback. A successful pilot would result in this service being commissioned across the county.

End of Life

The CCG will continue to enhance and progress the commissioning of End of Life initiatives to provide quality options for patients that reflect their choices, and assist in reducing unnecessary admission to the acute sector. The joint working between the acute sector and community / primary care is essential to support the provision of a high quality options for patients. An example of successful joint working has been seen in the TEP initiative, (Treatment Escalation Plan), which has been rolled out across the county, and it is intended to pilot this initiative in nursing homes.

❖ Urgent and Unplanned Care

"Front Door"

With the demand on the "front door" of acute hospitals a source of system pressure, the Commissioning Intentions will seek to reduce the variation and duplication within Emergency Departments. A local ambulatory care tariff will come into effect 1st Jan 2016, differentiating between low, medium and high care requirements. In addition the development of emergency pathways in Paediatrics and Early Pregnancy / Gynaecology will likewise require discussion and subsequently an agreed tariff.

In recent years a significant focus has been placed on addressing the growing numbers of 65yrs + that attend emergency departments. Early intervention, crisis management and caring for elderly patients in the home setting through such schemes as Transforming Care of Older People, has successful started to address this issue. We are now seeing a growth in 18 – 65yrs that are presenting at A&E, and we intend to start addressing this trend, by reducing VBZ code (no treatment) attendances by commissioning appropriate services in the community. Examples of the type of services to be utilised, are the Urgent Primary Care Centre development in Devizes and the utilisation of specialist paramedics in localities. Working with GPs and locality teams patients would be redirected away from the acute sector, and be supported in the community setting.

Ambulance Services

We will continue to commission emergency and urgent care services, as part of a collaborative agreement with South West Commissioners, from South Western Ambulance Service NHS Foundation Trust. We recognise that this service faces a number of challenges as it responds to the national workforce challenges in paramedics and the impact of changes to paramedic education. We will continue to explore collaborative working as part of the wider solution to utilise paramedic skills within primary care to both assist effective use of clinical resources and to support avoidance admission to acute care where it is not clinically appropriate.

Out of Hours

We will continue to commission an enhanced Out of Hours Service that provides the CCG with an integrated solution for OOH care, enhanced clinical support for health care professionals and the co-ordination and effective utilisation of both health and social care beds together with the provision of support packages to support personal independence.

NHS 111

We will continue to commission NHS 111 services as part of a co-contract with Bath and North East Somerset CCG, and work with wider CCG partners to improve provider performance. We will explore the opportunities to virtually integrate aspects of the NHS 111 service with the ambulance and out of hours services where this is deemed to improve demand management and patient experience.

❖ Mental Health Services

Dementia - Care Home Liaison Expansion

The diagnosis rates for dementia across the County have increased significantly, and therefore, on the basis of the initial success of the Care Home Liaison Service initiative, an expanded service is being commissioned to support all care homes providing care for people living with dementia and also to support the specialist beds that will be commissioned in care homes. This will be a 7 day a week service, from 8.00 am – 8.00 pm and it anticipated that the new service will be implemented in late 2015. The CCG will also be looking to commission services to support dementia patients at home that experience a crisis.

Specialist Beds

The CCG and Council completed a needs analysis which indicated that Wiltshire needed a significant increase in specialist dementia beds in care homes across the county. There are 16 beds in the new Devizes OSJ home that have been identified for the development of a specialist dementia unit and from Sept 2015 it is intended to jointly commission 8 beds, and a further 8 from January 2016. The CCG and Council will jointly continue to determine opportunities to commission more specialist beds.

IAPT for long term conditions

There is evidence of co-morbidity between long term conditions and depression and anxiety. Wiltshire was part of a national pathfinder to develop IAPT for long term conditions. This funding ceased in April 2014 and the national findings are still awaited. A full service review is currently underway of the IAPT service and any future commissioning priorities will be informed by the results of the review which is due to be completed by September 2015.

Children and Young People

The recent report of the Children and Young People's Mental Health Taskforce Future in Mind, jointly chaired by NHS England and the Department of Health, establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it including a greater focus on early intervention. The CCG will work closely with the Council, schools and the voluntary and community sector on the development of a Local Transformation Plan to support improvements in children and young people's emotional wellbeing and mental health. The Transformation Plan will be signed off by the Health and Wellbeing Board in September with further detail on proposals being added over the coming months. The Transformation Plan will include proposals to:

- Enhance the Eating Disorder Service provided by Oxford Health NHS Foundation Trust
- Reduce the number of children and young people attending A and E with anxiety and stress
- Develop much stronger links between primary and specialist CAMHS and schools

- Link the CAMHS single point of access with the Council's Children's Services single point of access to ensure that children and young people get the right help as early as possible
- Increase investment in counselling services, including on-line counselling

Section 12 Assessments

The availability of Section 12 doctors has been identified as an issue by the Crisis Care Concordat. WCCG plan to commission a service that will ensure appropriate cover 24/7 for Section 12 assessments. Options are being explored with the intention of commissioning a new service by April 2016.

Early Intervention for Psychosis

National guidance and targets have been published in 2015 and assessment of the current provision compared to the national standards is expected to highlight changes to the commissioned service. The CCG will determine what changes will be envisaged once a full understanding of the issues have been identified.

Personality Disorder – Self Harm

There is evidence that early intervention for people with a personality disorder can reduce people presenting with self-harm and other behaviour that requires secondary care intervention, and given that many of the recent increases in inpatient admissions in Wiltshire are linked to personality disorders the CCG would intend commissioning a service to support a community based service. There is already a pilot in Salisbury and the development of a community based service for people with a diagnosis of emotionally unstable personality disorder is a priority.

Pathway Development

The CCG would intend for clinical pathways to be developed that were focused on the needs of mental health patients who present at A&E and have a dual diagnosis. (eg alcohol misuse and a mental health diagnosis)

Rehabilitation / Intermediate care

Wiltshire CCG does not currently commission any rehabilitation/intermediate care for adults recovering from a psychiatric in-patient episode. The CCG will determine what intermediate care is required for the future, with a full analysis of the commissioning options with a view to commissioning the most effective service

9. Co Commissioning

❖ Better Care Plan

The Better Care plan which commenced in 14/15 and was continued in15/16, has provided a strong framework for integration, transformation and system wide delivery across Wiltshire. Co commissioning with Wiltshire Council continues to be a key priority to develop integrated service delivery and although different stances may be taken in relation to scheme priorities, financial allocation and other areas of joint commissioning there is a genuine desire to work collaboratively.

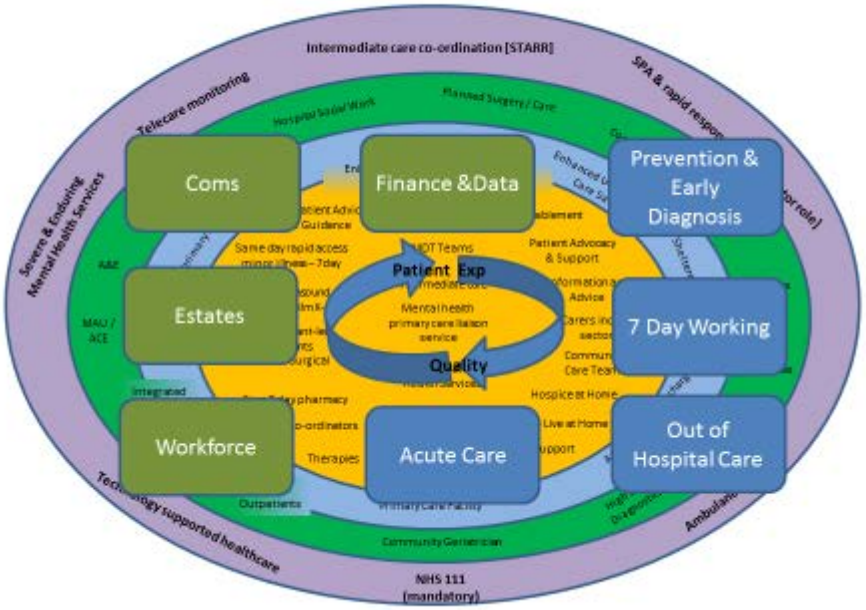
The Better Care plan has provided a strong framework for integration, transformation and system wide delivery across Wiltshire, and the key principles that underpin this approach to integrated service delivery will continue during 2016/17 and beyond. It is proposed that the model of care for Wiltshire which has been put in place will continue as follows:

- Simplified access to core services through one number for the whole system
- Effective Triage which increase use of alternatives rather than generate additional pressure
- Stronger links with 999 and the ambulance service at point of need, and extending the scope of the ambulance service.
- Integrated service provision based on localities with appropriate clinical, community service, mental health and social care input to make them effective.
- Risk stratification and anticipatory care development
- Ongoing development of credible alternatives to manage a higher level of acuity in community settings
- Specialist provision and support in out of hospital settings underpinning the system ambition
- Focus on discharging patient home first.
- Enhanced discharge arrangements with integrated community teams being able to pull patients out of hospital once the patient is medically fit.
- Provide choice, control and support towards the end of life by having a structured approaches across the system in areas such as the Gold Standards Framework, with advance care plans, advance decisions and adequate choice.
- Reliable intermediate care and care at home which enables patients to get to their normal place of residence more quickly
- A greater emphasis on upstream prevention and focus on self-management and signposting
- Senior expert clinical opinion as early as possible in the pathway wherever the patient presents across the system
- Building from the bottom up, ensuring that providers play a key part in the development of the integrated model of care.
- Increased responsibility for system change rests with providers

The integration work undertaken to date will continue to be supported by the CCG and Wiltshire Council through the Better Care Programme

10. System Transformation

Our commissioning intentions for 16/17 remain aligned to supporting the roll out of the Wiltshire Care Model, delivering more prevention and care closer to home, through ensuring our intentions are focused, realistic and that sufficient capacity and capability is available to deliver them. To support this exercise and the associated improvement to whole system working, the eight key workstreams will be further developed and implementing actions from these workstreams will underpin our commissioning intentions. There are 4 Enabler workstreams - Finance & Data; Communication; Estates; Workforce, and 4 Service workstreams - Prevention & Early Detection; 7 Day Working; Out of Hospital Care; Acute Care. These are represented in the diagram below



Workstreams

Finance & Data – The financial stability and sustainability of the system wide health and social care environment is critical. An understanding of activity and associated financial scenarios to determine changes to resource allocation will be an aspect that the CCG will investigate in detail.

Prevention & Early Detection – It is generally recognised that prevention and early detection and intervention is a clinical and cost effective way of addressing health needs, however, the resource allocation and service provision often does not reflect its importance. The CCG will place more emphasis on prevention and early detection and will work with Public Health and the Health and Wellbeing Board to develop focused objectives.

7 Day Working – The requirement to deliver 7 day working will require careful assessment of the system wide impact and refined locality based implementation in a timely manner. This issue impacts on all providers, and it is therefore important that clearly agreed implementation plans are produced.

Out of Hospital Care – On the basis of population groupings and specialties, supported by impact assessments, decisions on locality based out of hospital models will be developed

Acute Care – The redesign of services and the delivery of them in the community and primary care will be intricately linked to the alteration in activity associated with the acute setting. Recognising this shift, and quantifying its impact will be essential to retain the service continuity and financial balance.

Workforce – The need to analyse careful the workforce gap and the challenges of attracting and retaining staff in Wiltshire, particularly when such significant service change, increasing health need and financial constraints exist, will be a critical susses factor in delivering lasting change.

Estates – The CCG has produced an estates strategy to provide insight and direction to the supporting function that the effective utilisation of estates can contribute to the transformational process.

Communications – The CCG promotes the open and transparent involvement and engagement of all stakeholders through wide ranging and detailed communication. The delivery of a transformed health economy can only be achieved by strong credible joint working.

The CCG has outlined these areas in order to focus future developments and to underpin the commissioning intentions. It is also intended to stimulate discussion and thought around the key challenges we all face, and encourage a greater degree of collaborative working.

11. Quality and CQUIN

Quality

The aim of the CCG is to ensure that we lead the drive to improve the quality of care and treatment of all commissioned services despite the challenging financial situation. The CCG is committed to ensuring that a culture of continuous improvement is imbedded not only from within the CCG but in all providers in Wiltshire. The CCG is committed to the development of a Commissioning for Quality Framework which will continue to drive forward a range of initiatives which aim to continue the quality of care for the people of Wiltshire.

The Framework will also respond to requirements from recent regulatory reviews and policy, namely:

- Government response to Mid Staffordshire Public Inquiry and a number of additional safety reviews (Hard Truths November 2103)
- Transforming Care- actions following the review of Winterbourne View
- CIPOLD 2013, recommendations arising out of Confidential Inquiry in the Premature Deaths of People with a Learning Disability
- Nursing Review – 6 C's
- Regulatory changes to CQC and Monitor.

Internally the aim will be to ensure that quality is integrated into all commissioning of new services, monitoring of existing services and development of plans.This will be achieved through collation and analysis of existing information collated through CQUIN's and Quality schedules to assess health needs. The use of patient experience, reviews of national policy and identification of gaps in service provision. There will be close working with partners and key stakeholders such as the Academic Health Science Network and Quality Surveillance Groups. Relationships with providers will be strengthened to promote a system wide approach to improvement of pathways of care, as well as the experience of care.

Throughout this process there will be a robust quality assurance and risk management process with a strengthened focus on community to include care homes and support to primary care. The CCG will ensure that there are effective working relationships with NHS England to develop local assurance processes and outcome monitoring for Primary care that fits the model for integrated care with primary care at the centre. This will result in the following outputs:

- CCG Quality Framework
- Delivery of local quality improvement objectives supported by a CCG quality team operational work plan.

CQUINS

- The approach to CQUINs will be to continue to embed the national schemes to deliver system wide effectiveness, as well as supporting the delivery of the QIPP initiatives, incentivising changes in clinical practices in known areas of clinical quality concern and supporting achievement of Commissioning Outcomes Framework (COF) indicators. CQUIN arrangements for 2016/17 will focus on consolidation of

the national menu of schemes with associated measures. Where national CQUINs are already being achieved, stretch quality indicators will be introduced.

- The aim will be to continue to have fewer CQUINs to allow greater incentive for change. The CCG intends to develop CQUINs, which are aligned to the Commissioning Intentions.

12. Financial and Contractual Context

❖ Financial Sustainability

We await information on allocations and tariff changes for 2016/17. Our planning position continues with the assumptions that

- the NHS will continue to receive real terms inflation and that this is marginally above GDP inflation levels
  - as in previous years it is assumed that any growth received will have a range of national pre-commitments
  - any residual growth funding will first be used to fund recurrent pressures brought forward from 2015/16
- efficiency requirements for providers will continue at similar levels to previous years
- There will be no investment in new developments unless mandated by NHSE.
- net inflationary uplifts to tariffs will be minimal or negative with the continued step difference between acute and non-acute services linked to the Francis report
- demographic and demand increases will continue to put financial strain on both providers and commissioners and a joint approach will be required to reduce activity levels and associated costs within our health system

The financial plans for the CCG will reflect the national guidance, anticipated to be published in December. In the interim it is assumed that in addition to the above:

- CCGs must plan for a surplus of at least 1%
- An element of funding to be held as headroom for non-recurrent expenditure
- Overall running costs funding will continue to see a reduced funding level
- CQUIN will remain at 2.5% - this should not be assumed to be baseline income by providers and providers will need to demonstrate exceptional quality and have ensured all national standard quality requirements have been met
- National business rules will be rigorously applied in line with NHS contract terms
- The CCG will review the application of best practice tariffs to ensure quality outcomes
- The CCG will look to work with providers to ensure the financial stability of the health economy
- Application of the readmissions policy remains with the CCG having fully reinvested these funds
- Application of marginal rate payments for non-elective activity above the 2008/09 thresholds continues with the CCG determining reinvestment
- CCG will seek to continue with the application of local prices where appropriate including marginal rates for elective activity over and agreed baseline.
- CCG will be developing QIPP schemes in conjunction with providers with appropriate risk shares to support scheme delivery
- The CCG will not accept any coding and counting changes that have not had the appropriate notice periods attached or have a material impact without a pace of change

In a financially challenged environment we have a duty to patients to ensure that services are delivered with the greatest possible efficiency. Our expectation is that providers will co-operate to deliver service change. We will be pursuing stretching activity planning assumptions as evidence of commitment to continuous improvement.

- **Contracting**

We will make full use of contracting, National tariff and procurement options and models to support delivery of the CCG's commissioning intentions.

Contract Type

To date the CCG has commissioned services using the NHS National Standard Contract and National tariff. As we move forward into an environment where we are looking to commission services along whole pathways within Primary and secondary care using models of vertical and horizontal integration, more innovative contracting models will be required to commission these most effectively and ensure a sustainable health economy. In the longer term, the introduction of GP Federations will also effect the contractual process.

In order to prepare the system for this significant change, the CCG will look towards agreeing contracts for 2016-17 which are commissioned either by National Tariff (PbR) / Block arrangements which may include risk share arrangements around key deliverables. These will exist both between providers and commissioners and will be designed to incentive correct behaviours and delivery of key commissioning strategies, as well as ensure system stability during a period of change and financial challenge.

Cap and Collar

The CCG intends to work collaboratively with providers to gain agreement to cap and collar contracts, which will share the responsibility for reducing the level of clinical intervention and managing risk and will be important in supporting the activity planning and delivery processes to ensure that future activity is addressed and managed effectively. This also supports the clinical leaders view that there is too much clinical intervention and that clinical thresholds have to increase in order to maintain a financial sustainable health system.
The approach will be to manage risk through a payment collar and payment cap and there will be the potential to incorporate levels of risk share. This will require further discussion with providers, but the CCG would wish to intimate its intention to develop this type of contractual process

Early Warning

To address areas where activity levels continue to show growth, the CCG intends to utilise the early warning regime that is embedded within the contract, to encourage Providers to notify the CCG when they become aware of any unexpected or unusual patterns of referrals and/or activity, specifying the nature of the unexpected pattern and the Provider's initial opinion as to its likely cause.

Coding

It order to reduce the amount of uncoded activity to below 5%, Providers will be required to adjust the activity on SUS, once a challenge has been accepted so that monitoring through SUS is correct. It is the intention of the CCG to include this in the local element of the Reporting Requirement schedule.

Data Management

To ensure greater interoperability, it is essential that the TTP viewer is fully utilised, and also the enhanced Summary Care Record when it goes live. It is recognised that Providers will require to consider options as to how to achieve this objective, and accordingly, the CCG intends to incorporate this into the Service Development Plan, meeting the national requirement to move to full digitalisation by 2016. The CCG will work with Providers to address this challenge and ensure implementation throughout the year.

National & Local Tariffs

To accompany the new models of contracting, work on local tariffs and financial frameworks will be required to ensure payments reflect the work done/received and that the models of contracting are appropriately funded. This will mean the wider use of local tariffs for year of care/pathways and financial incentives/penalties to drive changes in delivery.

Contracting Levers and Business Rules

Within existing contracts, the application of contract levers will be maintained to ensure commissioned services are provided in line with specified requirements to the agreed levels of quality. The use of contract levers to ensure adherence to pathways will be supported by clinical audit and review, and we will work with providers to ensure that clinical engagement is meaningful and supports appropriate contracting.

The CCG will continue to work with providers to address system challenges and there will be a mutual obligation on all contracting parties to co-operate with each other and to actively facilitate the changes to pathways and care modalities in line with national policy. Such an obligation will be part of the contracts for 16 /17, and carry sanctions or incentives, as may be appropriate.

CCG Clinical policies set out the conditions where prior approvals and exceptional funding requests must be made in advance of treatment commencing. The process for the monthly validation check and an acknowledgement by providers that unauthorised activity in these categories will not be funded will continue to be incorporated into the contractual schedules.

Current CCG Clinical policies are being reviewed and in addition, interventions where clinical criteria are appropriate will be developed, with the latest versions of any documents coming into force within contracts 4 weeks after issue.

The CCG will continue to work with Trusts to identify areas of activity which could be covered by a local tariff which supports innovative pathways that incentivise providers to reduce the number of emergency admissions and to reduce the average length of stay.

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Commissioning Intentions 2016 /17

For the record	
Name of person leading this EIA Gordon Frame - Attain	Date completed15th Sept 2015
Names of people involved in consideration of impact	
Name of director signing EIA David Noyes	Date signed

What is the proposal? What outcomes/benefits are you hoping to achieve?
The purpose of this document is to outline to Providers what services the CCG intends to commission in 2016/17. It has a strong alignment to the CCG 5 year Strategy and Transformation Programme. The outcome/benefit will be the continuation of the transformation to an out of hospital care model.

Who's it for?
All residents of Wiltshire

How will this proposal meet the equality duties?
These Commissioning Intentions are aimed at Provider organisation, but are relevant to all individuals in Wiltshire, and the CCG will ensure that the document is made publically available, and a range of alternative languages or formats for the visually impaired are considered.

What are the barriers to meeting this potential?
None identified

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
None identified

How can you involve your customers in developing the proposal?
Builds on the ongoing engagement and feedback received regarding service provision.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
There are no current gaps at this stage

3 Impact

Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?
None identified

What can be done to change this impact?
Not applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?
None identified

Does further consultation need to be done? How will assumptions made in this Analysis be tested?
No

4 So what? Link to business planning process

What changes have you made in the course of this EIA?
No changes have been made as no adverse impacts have been identified.

What will you do now and what will be included in future planning?
Focus on:

- People encouraged and supported to take responsibility for, and to maintain/enhance their well being
- Equitable access to a high quality and affordable system, which delivers the best outcome for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to home

When will this be reviewed?
The out puts from the Commission Intentions will be reviewed monthly via the Performance Review Meeting

How will success be measured?
The degree to which the intentions are delivered operationally and reflected in the contractual process.