

Report to:	Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
Date:	22 November 2017
By:	Anna Hargrave, Chief Transformation Officer <i>NHS South Warwickshire Clinical Commissioning Group</i> Andrea Green, Accountable Officer/Matt Gilks, Director of Commissioning <i>NHS Coventry and Rugby Clinical Commissioning Group</i> <i>NHS Warwickshire North Clinical Commissioning Group</i>
Title:	CCG Commissioning Intentions 2018-19 – Context and Development Process
Purpose:	To provide an update to the Committee regarding the broader context for the development of the Clinical Commissioning Groups' commissioning intentions for 2018-19 and to outline the process undertaken to develop the commissioning intentions documents.

Recommendation/s

The Committee is asked:

1. To note the wider context for the development of the Coventry and Warwickshire Clinical Commissioning Groups' (CCGs) commissioning intentions for 2018-19;
2. To note the process undertaken to develop the commissioning intentions; and
3. To provide any comments or feedback in relation to the content of the report.

1. Context/Background Information

Clinical Commissioning Groups

- 1.1. The three Coventry and Warwickshire Clinical Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) are clinically-led statutory NHS bodies responsible for the commissioning (planning, buying and monitoring) of most healthcare services for the people of Warwickshire. The CCGs operate within a financial budget set by the Department of Health.
- 1.2. Commissioning, in summary, is about "*getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population, and measured by how much they improve outcomes*".¹

NHS Five Year Forward View (2014)

- 1.3. In October 2014 NHS England published the *NHS Five Year Forward View* (5YFV).² This key policy document sets the context within which all subsequent local plans (as identified in section 2 below) have been developed. The 5YFV articulates a clear vision of the future, in which greater emphasis is placed on prevention, integration of services (in other words, organisations, both commissioner and provider, within local health and care systems working together to meet the needs of and deliver the best care for patients) and putting patients and communities in control of their health. The 5YFV sets out a vision and collective view of how the NHS needs to change, what change might look like and how to achieve it.

¹ <https://www.nhscc.org/ccgs/>

² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

1.4. The 5YFV identifies different approaches that local areas can take to deliver the vision set out in the document – these so-called ‘new models care’ are being tested and refined through national pilot (vanguard) sites.³ Although the new models of care offer a ‘*blueprint*’ that local areas may choose to adopt, this is not mandatory. In driving transformation at a local level, system leaders must, however, remain focused on addressing three ‘*gaps*’ described in the 5YFV:

- **The health and wellbeing gap** – describes the gap in health outcomes and how it will be addressed through a greater focus on prevention. This includes not only addressing lifestyle related issues, such as smoking, diet and alcohol, but also the wider determinants of health which are the ‘causes of the causes’, including early years, education, the built environment and employment.
- **The care and quality gap** – describes the quality and scope of services provided, with the solutions focused on developing different care models, using technology and addressing variations in quality. This focus in particular provides the CCGs with significant opportunities to improve provision of healthcare in Warwickshire, looking at tackling the variation in quality indicators within CCG geographies and in comparison to other areas in England and inequities in quality across the county.
- **The funding and efficiency gap** – which is described in two parts. The first is a shortfall in funding to the NHS as a whole, which is part of a national challenge made clear in the 5YFV. The second part is to continue to identify productivity gains and cost efficiencies within services. Closer working between organisations is highlighted as a key opportunity to create efficiencies (by reducing duplicated activities, sharing infrastructure, developing a shared workforce, etc.).

1.5. From a focus on the triple gap emerges a ‘*triple aim*’, which forms the golden thread between all of the local plans described in section 2 and the delivery of which will be the ultimate marker of our success as organisations:



Delivering the Forward View: NHS planning guidance 2016/17-2020/21 (2015)

1.6. December 2015 saw the publication of the national planning guidance *Delivering the Forward View*.⁴ As in previous years, the guidance established the ‘rules’ for local strategic planning, articulating the national priorities that local plans should address and confirming the financial assumptions and business rules that plans were required to build out from. The document also introduced the concept of Sustainability and Transformation Plans (STPs) – system wide plans developed jointly by local health and care commissioner and provider organisations to accelerate implementation of the vision in the 5YFV.

³ <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

- 1.7. The three CCGs sit within the Coventry and Warwickshire STP footprint. There is a strong history of partnership working at both a strategic and operational level between the CCGs, the two local authorities and the four NHS main provider organisations that make up the footprint. To date, the process of developing and implementing the local STP plan *Better Health, Better Care, Better Value* has offered an opportunity to strengthen local relationships further and to reach clear decisions on the actions required to design and deliver transformative solutions. Many of these solutions address priorities and challenges that have already been recognised in strategic plans at individual organisation level. The *Better Health, Better Care, Better Value* plan acknowledges that momentum must as a minimum be maintained, and wherever possible accelerated, on transformation projects that have come out of existing strategic plans and are now incorporated within the STP (for example, over the last 12-18 months delivery of the Out of Hospital transformation programme has been a key area of focus for the STP partners).⁵
- 1.8. In common with other STPs nationally, the *Better Health, Better Care, Better Value* plan is characterised by a number of key themes (see **Appendix A**), which are also reflected in the other local plans described in section 2.

2. Local Strategic Plans

Strategic Plans

- 2.1. The CCGs' Strategic Plans articulate our vision and values as organisations, describing the overall ambition and longer term outcomes that we have set for ourselves.⁶ As noted above, the plans incorporate the key themes that are now recognised as characteristic of the higher geographic level STPs; thus reflecting the extent to which STPs exist as drivers of established priorities (all targeted toward delivering the 5YFV triple aim).
- 2.2. While, as outlined in section 1, being shaped by national policy direction, for CCGs the strategic planning process commences with assessment and understanding of local need. The Strategic Plans set out our understanding of the health challenges facing our populations and the specific initiatives that we are putting in place to tackle them. Key sources in relation to understanding local challenges in terms of both health and social care need are the Warwickshire Joint Strategic Needs Assessment (JSNA) and the Warwickshire Health and Wellbeing Strategy. Many of the CCGs' work programmes directly address the Health and Wellbeing Strategy priorities. The latest Health and Wellbeing Board (H&WB) annual review outlines the contributions that the CCGs have made in relation to the H&WB priorities.⁷

Operational Plans

- 2.3. All CCGs are required by NHS England to develop Operational Plans on a cyclical basis.⁸ The Operational Plans are developed out from the Strategic Plans and set the work programme for the CCG for a defined time period (either 1 or 2 years) within the Strategic Plan period. The overall programme described in the Operational Plans must, as a fundamental, enable a CCG to meet its statutory duties and to make progress towards delivering its strategic aims.⁹
- 2.4. It is not the purpose of the Operational Plan to detail all of the services that we commission as CCGs and how they will be delivered; instead the document outlines our strategic programmes, how our priorities link to national policy, what delivery work streams will help us to achieve our priorities, how we will measure performance and what risks we face in delivering the plan.

⁵ <http://www.southwarwickshireccg.nhs.uk/mediafile/3fa50e24-80bd-4127-8466-6e5ff982f95f>

⁶ <http://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=68ef044f-565f-4ae8-8f44-d6206bf85a3d;>

<http://www.coventryrugbyccg.nhs.uk/mf.ashx?ID=59d85a54-2a27-41ea-b32e-a3500f7c03bc;>

<http://www.warwickshirenorthccg.nhs.uk/mf.ashx?ID=11722529-9758-4ef4-9005-e0b3d0cb35a0.>

⁷ <https://democratic.warwickshire.gov.uk/cm5/CalendarofMeetings/tabid/128/ctl/ViewMeetingPublic/mid/645/Meeting/3889/Committee/494/Default.aspx>

⁸ <http://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=2bbc89e2-304c-4871-a561-f77df1f4fe3b>

⁹ <https://www.gov.uk/government/news/functions-of-clinical-commissioning-groups>

- 2.5. The Operational Plan has four key audiences:-
- It provides assurance to the CCG Governing Body that the organisation will deliver its statutory duties and that the organisation's work programmes reflect the direction of travel the Governing Body has set (through its endorsement of the Strategic Plan);
 - It gives assurance to NHS England that the CCG has plans in place to meet its statutory duties and to deliver other core performance standards set out in the NHS Constitution e.g. the referral to treatment waiting time target;
 - It communicates and confirms to teams within the CCG the expected work programmes and outcomes to be achieved over the plan period, and sets a clear framework for monitoring progress;
 - It communicates to our population the CCG's work programme and (through the identified metrics of success) helps members of the public to understand what changes they can expect to see through delivery of the plan.
- 2.6. In very simple terms the development of the Operational Plan provides an opportunity for the CCGs to ask the question 'are we still doing the right thing?'. In answering this question, the CCGs will consider a range of sources of evidence to ensure that our efforts are being directed towards areas where the most value will be achieved – this includes the outputs of engagement with our Member Practices, populations and other key stakeholders. **Appendix B** contains a non-exhaustive list of other possible sources of external evidence.
- 2.7. The answer to the question must also take into account national policy and guidance. The *NHS Operational Planning and Contracting Guidance 2017 – 2019* describes nine 'must do' priorities which all CCG Operational Plans were required to address.¹⁰ Unsurprisingly, in the context outlined in section 1, a key feature of the guidance was a focus on cross-system working – speaking to this point our Operational Plans recognise that we will not succeed in delivering the triple aim if we continue to commission and provide services in the way that we have done previously. Change will need to be driven by effective collaboration between organisations on both the commissioner and provider side.
- 2.8. A number of other plans sit in support of the Operational Plan. For example, one of the 'must do' priorities for 2017-2019 was for all CCGs to develop a plan which responds to the April 2016 publication of the *General Practice Forward View*.¹¹ The CCGs' General Practice Forward View plans set out how we will work with our own Member Practices to develop and implement a 'new model' of primary care, which offers benefits for both practices and patients. As **Appendix A** highlights 'redesigning primary care' is a major area of focus for all STP footprints.

3. Commissioning Intentions

- 3.1. The process of developing commissioning intentions is one of the more technical actions within the wider strategic planning process described in sections 1 and 2 above, with all CCGs required to develop and publish commissioning intentions on an annual basis.
- 3.2. Developed firmly in the context of the Strategic and Operational Plans, the commissioning intentions identify how the CCG intends to translate its strategic aims into the commissioning of services, with a key audience being the major local provider organisations. The commissioning intentions enable our major providers to understand how our strategic vision impacts contracts and, specifically, what will continue in the existing contracts and what changes will be implemented.

¹⁰ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

¹¹ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

- 3.3. Again, and as outlined in paragraph 2.6. above, the process of developing the commissioning intentions offers the CCG an opportunity to pause and take stock. This year the publication of another key national policy document the *Next Steps on the NHS Five Year Forward View* coincided with the start of the development process. This document identifies a number of key deliverables that NHS organisations must address through their planning. Ensuring that the development of the 2018-19 commissioning intentions took account of these deliverables was a priority for all of the CCGs.
- 3.4. In summary, the key functions of the commissioning intentions documents are:
- To notify our providers as to what services the CCGs intend to commission for the following year;
 - To provide an overview of our priorities for the coming financial year in line with national and statutory requirements set out in sections 1 and 2 above;
 - To drive improved health outcomes for our local populations; and
 - To transform the design and delivery of care, within the resources available.
- 3.5. The work to develop commissioning intentions happens with an agreed timetable (see **Appendix C**) geared to accommodate a period of engagement and to enable the commissioning intentions to be delivered to the CCGs' providers by the end of September each year (the timing of delivery acknowledges the requirement in the NHS Standard Contract to provide 6 months' notice of any proposed significant changes to services).
- 3.6. **Appendix C** highlights the range of engagement activity which takes place as part of the development of the commissioning intentions. The commissioning intentions documents provide a constructive basis for engagement between the CCGs and our Member Practices, stakeholder partners, patients and the wide public, with the insights gained through this engagement used to shape the priorities within the documents.
- 3.7. A set of 'contracting intentions' are developed to sit alongside the commissioning intentions. The contracting intentions are highly technical in nature and address both performance and quality aspects of the commissioned services.
- 3.8. The CCGs' September 2017 reports and presentations to the Warwickshire Health and Wellbeing Board provide a detailed overview of the content of the 2018-19 commissioning intentions.¹² The commissioning intentions are presented to the Health and Wellbeing Board each year for the Board's endorsement.

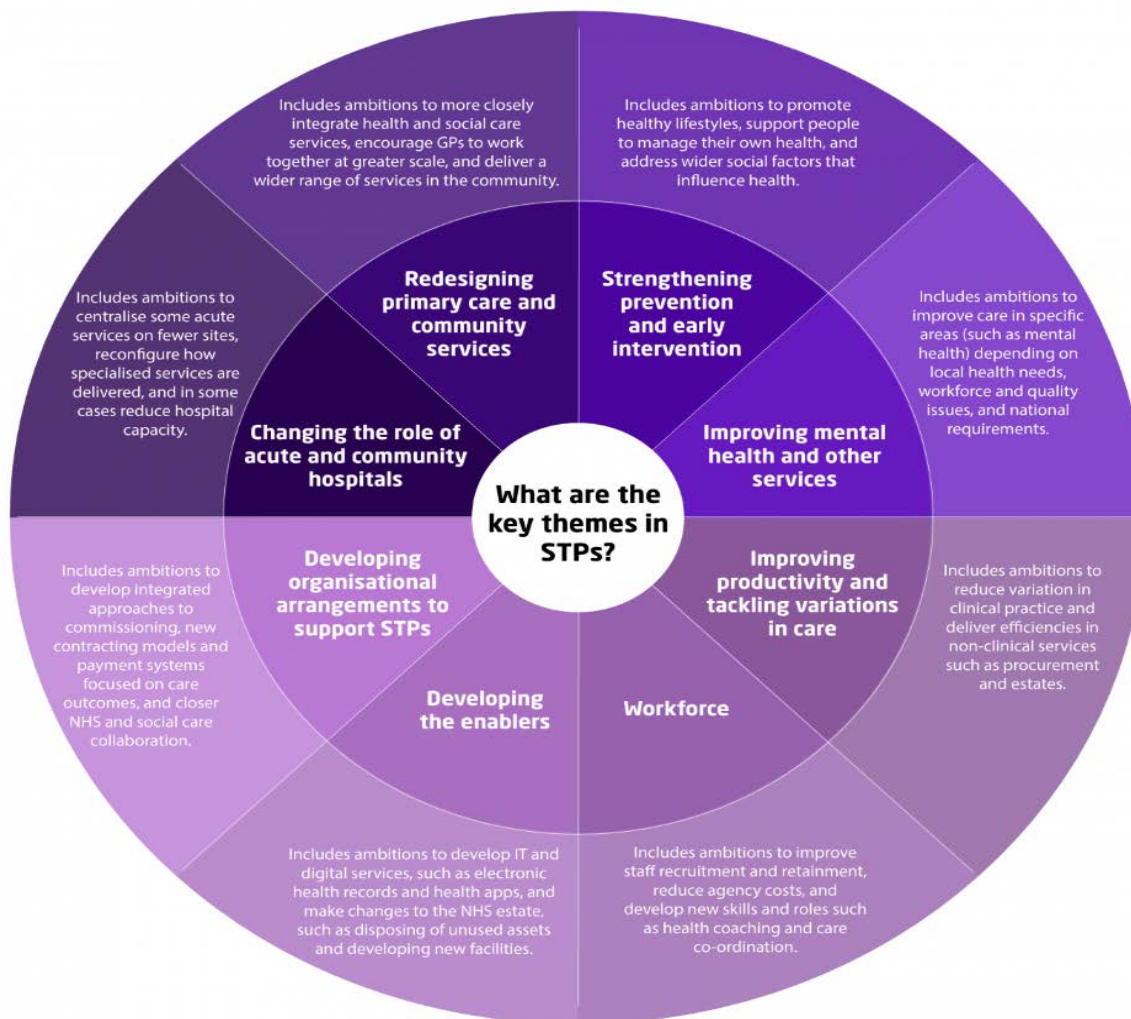
4. Recommendation/s

- 4.1. The Committee is asked:
- To note the wider context for the development of the Coventry and Warwickshire Clinical Commissioning Groups' commissioning intentions for 2018-19;
 - To note the process undertaken to develop the commissioning intentions; and
 - To provide any comments or feedback in relation to the content of the report.

END OF REPORT

¹²<https://democratic.warwickshire.gov.uk/cmis5/CalendarofMeetings/tabid/128/ctl/ViewMeetingPublic/mid/645/Meeting/4158/Committee/494/Default.aspx>

APPENDIX A



Sustainability and transformation plans (STPs) explained

The King's Fund, February 2017

<https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained>

APPENDIX B

1. Commissioning for Value Packs – RightCare

NHS RightCare is a national NHS England supported programme, the overarching aim of which is to help to increase the value which a population receives from the resources spent on their healthcare. The programme supports CCGs to:

- Make the best use of their resources – by tackling over use and underuse of resources.
- Understand their performance – by identifying variation between demographically similar populations so they can adopt and implement optimal care pathways more efficiently and effectively.
- Focus on areas of greatest opportunity – by identifying priority programmes which offer the best opportunities to improve healthcare for people and ensuring taxpayer money goes as far as possible.
- Identify tried and tested evidence based processes to make sustainable improvements to reduce unwarranted variation.

Further information can be found at: <https://www.england.nhs.uk/rightcare/products/>.

2. Health Investment Network

The Health Investment Network has been established to help commissioners “improve their ability to achieve the best health outcomes from every pound invested”. The website provides access to the knowledge and tools which can support CCGs’ health investment and disinvestment decisions

Further information can be found at: <http://www.networks.nhs.uk/nhs-networks/health-investment-network>.

3. The Spend and Outcome Factsheet and Tool (SPOT)

The Spend and Outcome Tool (SPOT) has been developed by the Association of Public Health Observatories. The profile supports understanding of the overall relationship between spend and outcomes in relation to identified categories, by highlighting areas of significant variance which are likely to require more in-depth analysis. SPOT includes a large number of measures of spend and outcomes from several different frameworks. A number of different benchmarks are used to provide a range of peer comparisons.

Further information can be found at: <http://www.yhpho.org.uk/resource/view.aspx?RID=49488>.

4. NHS Digital Website

The NHS Digital website holds a wide range of key data and information, for example:

- *Compendium of Population Health Indicators*
A wide-ranging collection of over 1,000 indicators designed to provide a comprehensive overview of population health at a national, regional and local level.
- *Quality Outcomes Framework (QOF) Data*
QOF was introduced as part of the national General Medical Services (GMS) contract on 1 April 2004. The Framework rewards GP practices for the provision of quality care and helps standardise improvement in the delivery of primary medical care services. QOF prevalence data records the proportions of registered patients living with identified health conditions. The data identifies which conditions are the most prevalent and which exhibit the greatest changes year on year.
- *Social Care*
This collection captures the main findings for each measure in the Adult Social Care Outcomes Framework (ASCOF). The ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements.

Further information can be found at: <https://digital.nhs.uk/home>.

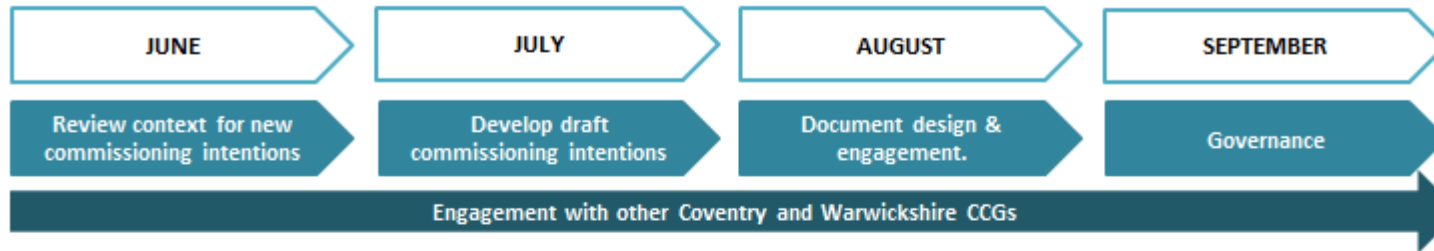
5. Contract Performance Data

The CCG Operational Plans describe the systematic processes which are in place relating to the management of each CCG’s contract portfolio (from both a contractual performance and quality perspective). Reviews of data and information assist CCGs to conclude actions to be taken to

improve services and, in turn, health outcomes for their populations. Where performance is not in line with national or other appropriate benchmarks, the CCG will investigate the reasons for variation and formulate responses, as appropriate. This may trigger different action depending upon the circumstances, for example:

- Calling upon local enablers, including contractual management levers (e.g. clauses, performance notices, service specification reviews), clinically led debate with providers/other key commissioners to discuss potential issues and propose resolution; or
- Improvement proposals for existing services; or
- Business cases to commission new services or to propose re-procurement of existing services; or
- Disinvestment from an intervention or service.

Commissioning Intentions Development Process



ACTIVITIES

<ul style="list-style-type: none"> Review strategic context & population needs; Review commissioning intentions from previous year; Start to identify priority areas for current year. 	<ul style="list-style-type: none"> Identify long list of statements aligned to priority areas and strategic cornerstones. Refine long list. 	<ul style="list-style-type: none"> Seek input from key stakeholders; Design document with support from CSU Communications Team; Commence period of wider public engagement. 	<ul style="list-style-type: none"> Review outputs of engagement; Update draft document; Present document to Health and Wellbeing Board; Progress document through CCG internal governance.
---	---	--	--

METHODS

<ul style="list-style-type: none"> Document review (local and national); Review of existing feedback mechanisms. 	<ul style="list-style-type: none"> Seek input from CCG senior management team, wider staff team and project leads; Workshop as part of CCG Team meeting; Workshop as part of Public and Patient Participation Group meeting. 	<ul style="list-style-type: none"> Stakeholder meetings; Share document via usual engagement channels; CCG website, CCG social media, etc. 	<ul style="list-style-type: none"> Attendance at relevant meeting forums. Production of reports and briefings.
--	---	--	--

OUTPUTS

<ul style="list-style-type: none"> Updated understanding of strategic context; Progress against prior year commissioning intentions documented. 	<ul style="list-style-type: none"> Draft commissioning intentions statements produced; Records of the output of engagement events completed. 	<ul style="list-style-type: none"> Draft commissioning intentions document; Engagement report. 	<ul style="list-style-type: none"> Draft document endorsed by Health and Wellbeing Board; Final document approved by CCG Members' Council; Final document published by end of September.
---	--	--	---

Information Sources and References

How does the NHS in England work?, October 2017 (Video)

<https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

Section 1

NHS Five Year Forward View, October 2014

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Simon Stevens on the NHS Five Year Forward View, January 2015 (Video)

<https://www.kingsfund.org.uk/audio-video/simon-stevens-nhs-five-year-forward-view>

New Care Models Vanguard

<https://www.england.nhs.uk/ourwork/new-care-models/vanguards/>

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, December 2015

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Section 2

Coventry and Warwickshire Clinical Commissioning Groups' Strategic Plan 2014-2019

<http://www.coventryrugbyccg.nhs.uk/mf.ashx?ID=59d85a54-2a27-41ea-b32e-a3500f7c03bc>

NHS South Warwickshire CCG 2016-2020 Strategic Plan

<http://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=68ef044f-565f-4ae8-8f44-d6206bf85a3d>

NHS South Warwickshire CCG Operational Plan 2017-2019

<http://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=2bbc89e2-304c-4871-a561-f77df1f4fe3b>

The Functions of Clinical Commissioning Groups, June 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216555/dh_134569.pdf

NHS Operational Planning and Contracting Guidance 2017-2019, September 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

General Practice Forward View, April 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Section 3

Next Steps on the NHS Five Year Forward View, March 2017

<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>