

# Commissioning Intentions



2015-16



# 1 Introduction



This commissioning intentions document contains a summary of the initiatives that the CCG plans to deliver over the next 12 to 18 months, and which will result in improvements to the services that you, as patients, access in the forthcoming year. The document deliberately does not cover all of the initiatives, projects and changes that the CCG is planning – a process that is ongoing – but instead summarises the initiatives that are ‘good to go’ and require changes to our contracts or the way in which providers deliver services in 2015/16.

## Who we are

NHS South Warwickshire Clinical Commissioning Group (CCG) came into full operation in April 2013.

The CCG is made up of 36 GP practices and covers a population of 271,000 people over the geographical area of Warwick and Stratford-upon-Avon districts. GPs from each practice – as the people closest to dealing with people’s healthcare needs on a daily basis – are responsible for leading the CCG and making sure that everything we do provides real benefit to the public.

We receive a set amount of money each year from the government (nearly £300 million in 2013/14). This is used to buy hospital and other services for patients.

Our responsibilities include commissioning (‘planning’ and ‘buying’) services from partner organisations such as NHS South Warwickshire Foundation Trust (SWFT), for acute and community services and Coventry

and Warwickshire Partnership Trust (CWPT), for mental health and learning disability services. We also work closely with NHS England who directly commission primary care, specialised services, military and offender health services, to ensure local needs are taken into account at all times.

We work in partnership with Warwickshire County Council to ensure health (including Public Health services) and social care services are joined up, and we deal with other groups such as charities, education providers and community organisations to make sure that as many people as possible have their voices heard.



## 2 What we do



### Our vision is:

To build relationships with patients and our communities to improve health, transform care and make the best use of resources.

To deliver this we consult with GP practices and the public, identify areas for improvement and take on board the key needs of local people in order to deliver the four aims that guide us as an organisation:

- To build relationships with patients and our communities;
- To improve health and reduce health inequalities;
- To improve the quality of care and transform services;
- To make the best use of our resources.

### How we do it

NHS England issued guidance in December 2013 that outlined a planning process for two and five years. As a result of this, we produced two key documents that provide the context for the commissioning intentions contained in this document.

The first of these documents is called Transformational Change: Transforming Lives. This document describes the joint vision for services that we have developed with Coventry and Rugby CCG and Warwickshire North CCG.

The document explains what we want to achieve over the next five years, both collectively and individually. This document draws on our Integrated Plan 2013–16, which remains our principal planning document as we enter 2015/16. Transformational Change: Transforming Lives simply describes the end point more clearly.

We were also required to produce a Two-year Operating Plan: 2014–16. This document describes what we are going to do to deliver the changes described in Transformational Change: Transforming Lives in more detail and at a south Warwickshire level.

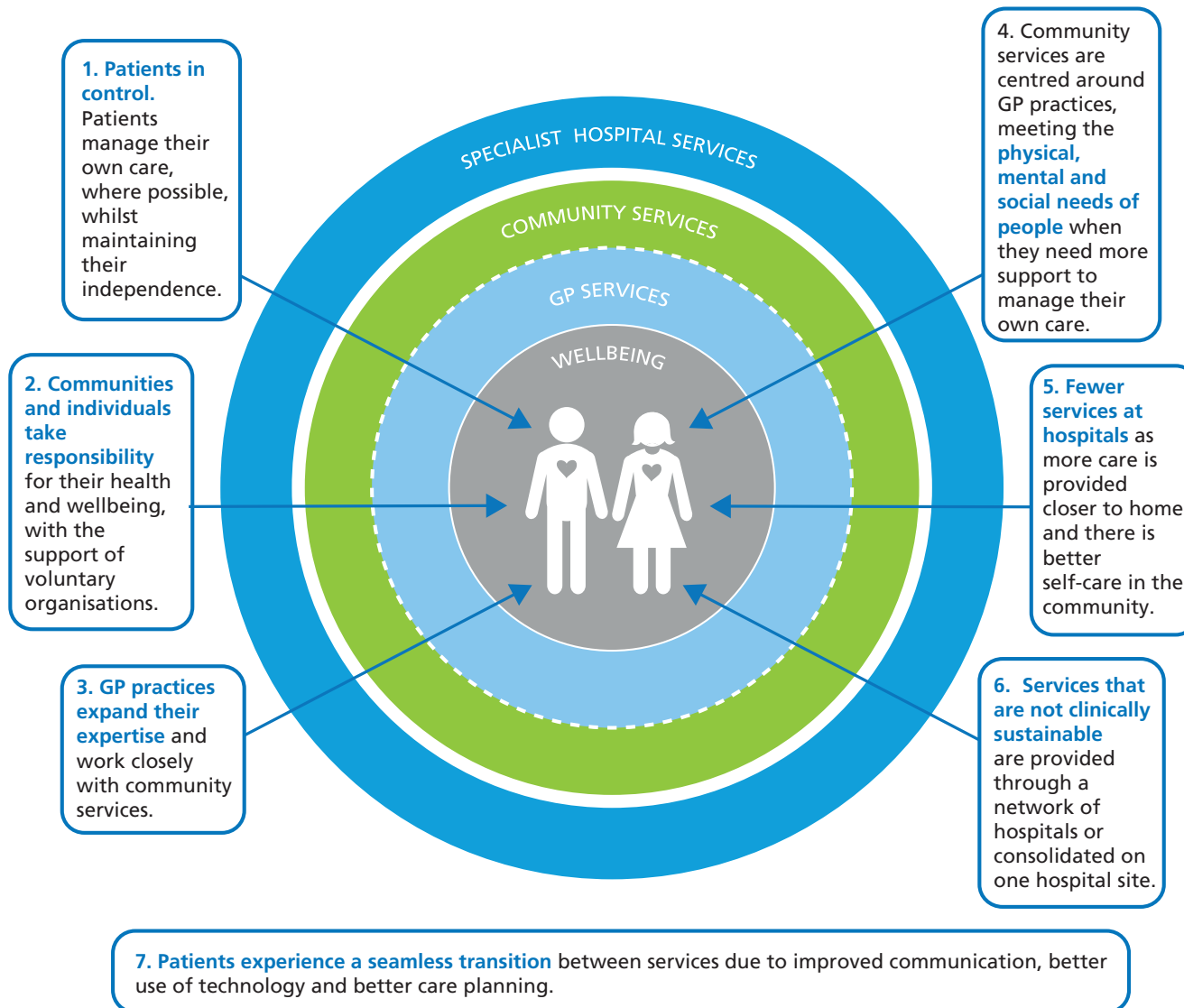
In doing this we were able to describe in detail the impact of our commissioning activities on our providers; this, in turn, gave them the opportunity to plan and prepare for the changes we envisage for south Warwickshire over the next two years.

Central to Transformational Change: Transforming Lives and the Two-year Operating Plan: 2014–16 is the Better Care Fund (BCF). The BCF aims to drive greater integration between health and social care, with a single pooled budget enabling health and social care services to undertake more collaborative commissioning.

# 3 5 year strategy



The diagram below summarises the 5 year vision for services across Coventry and Warwickshire



## 4 Our challenges



During 2015/16 we will require providers to start making changes to the way they deliver services, which will lead us towards our vision for services across Coventry and Warwickshire.

We recognise the challenge that this poses for healthcare providers but it is impossible to keep on providing health services as we do now in the long term, and so we must keep working closely with our providers to transform services, make them safer, more efficient and effective, and to develop flexibility to meet changing needs. All this has to be done on very tight budgets (in real terms our budget for 2015/16 will actually be less than 2014/15), and so it is essential we make every penny count.

**The most significant change we want to make during 2015/16 is the shift to care that is more planned.** The work undertaken by our member practices on the Proactive Care Programme and Accountable GP for the over 75s in 2014/15 puts us in a strong position to make this real. This means that patients who need co-ordinated care will be systematically identified and supported by a team of professionals who will ensure that the patient is in control of their own care and has a single point of contact. Providers will need to ensure that they are able to support our GPs to deliver team-based care.

**We also want to make significant progress in ensuring that people feel equipped to self-manage their care.** Many people are in regular contact with our healthcare providers and we therefore need providers to support people by equipping them with the support and knowledge to be effective at self-management. Providers also need to demonstrate progress in Putting Patients in Control.



# Our challenges



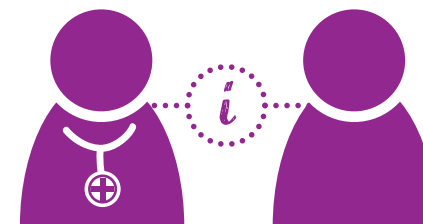
Equally, those individuals with physical long-term conditions often have unidentified mental health needs that healthcare providers must identify and address.

There is still a need to focus on issues that remain a challenge to us and indeed the wider NHS. As an example, delivery of the NHS Constitution remains absolutely essential and we will continue to work closely with all providers to ensure they are best placed to help achieve this.

We recognise the significant progress that has been made on seven-day services but we have not completed the journey. All too often patients experience a different service at the weekend or at night, and we want this to be resolved.

**The move to seven-day working has also highlighted the importance of good information sharing systems.** While some aspects of information sharing work well there is too much variation in the quality and timeliness of the transfer of clinical information between clinicians, and between clinicians and patients. Developing robust information sharing systems is an absolute must for providers in 2015/16.

In order to improve health outcomes overall and reduce the inequalities in health outcomes of those with mental health needs and learning disabilities, healthcare providers will need to demonstrate how they give equal weighting to mental and physical health.



# 5 Our 2015/16 Commissioning Intentions...



## ...and how we will achieve them

The table on the following pages show the improvements we are planning to make in 2015/16. These have been mapped against our 4 aims, 12 objectives and the 6 programmes that underpin the Transformational Change: Transforming Live's Document.

It must be stressed that these plans are simply a summary of the work that is 'good to go' over the next 12 months or so. The process of planning and improving services is ongoing, with plans for the next five years or so contained in the key documents already mentioned. This commissioning intentions document deliberately does not cover all of those initiatives, but instead summarises the parts ready to be delivered and that need our providers to respond to.





Aim	Objectives	How we will achieve it	Specific improvements
To build relationships with patients and our communities	Primary care is able to provide the flexibility and expertise that people want	<p><b>Primary Care at scale</b></p> <ul style="list-style-type: none"> <li>We are working in partnership with the AHW Area team to expand primary care expertise so that more care is delivered in a person's home or a GP surgery;</li> <li>Consultants will support GPs through education, training and advice;</li> <li>Primary care providers will collaborate with each other and other parts of the health and social care system (with GPs as the coordinator) to provide more 7-day services (where relevant), with emphasis placed on prevention of ill health, better management of chronic and long-term conditions, enhanced self-care and early intervention;</li> <li>Individuals with learning difficulties or mental health issues will have greater focus placed on their physical health, while those with long-term conditions will be managed in a way that better supports their mental health;</li> <li>Full use will be made of the opportunities to work differently and the benefits of Telemedicine will be harnessed.</li> </ul>	<ul style="list-style-type: none"> <li>There will be a reduction in the number of outpatient appointments in secondary care following the implementation of Diabetes Super 6;</li> <li>There will be a reduction in the number of patients requiring appointments with mental health services for a diagnosis of dementia as a consequence of an improved pathway that will allow a diagnosis to be made for the majority of patients in primary care;</li> <li>Providers (SWFT, CWPT and Social Care teams) need to be operationally ready to support groups of practices to deliver care co-ordination;</li> <li>A new ADHD pathway for young people in transition and newly presenting adults will allow GPs to manage individuals locally. We will therefore need to engage in a dialogue with CWPT about the implementation and resource implications;</li> <li>We want our member practices to have increased the use of direct access diagnostics to support the management of patients on heart failure, dementia, anaemia and DVT pathways. Providers need to be able to be able to operationalise the increased capacity required for the relevant diagnostic modalities;</li> <li>We will continue our 'improving primary care quality' programme aimed at reducing the variations in primary care provision across practices and improving overall quality;</li> <li>During 2015/16 we will conclude the process for re-commissioning of Out of Hours Services. Providers will need to respond to any system changes that may occur as a result of this process.</li> </ul>



# Our Commissioning Intentions



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	<p>People are able to work with us to co-produce services</p>	<p><b>Building community resilience and ownership</b></p> <ul style="list-style-type: none"> <li>Local communities and individuals will take responsibility for the health and wellbeing of the local population through the support of voluntary organisations and community groups;</li> <li>The patient voice will be demonstrated in all of our commissioning decisions.</li> </ul>	<ul style="list-style-type: none"> <li>All pregnant women, regardless of location, will be carbon monoxide screened at booking (KPI 95%) and at 36 weeks (KPI 95%) and provider are expected to record this electronically;</li> <li>Every woman identified as a smoker will be given brief advice, including how to maintain a smoke free home, and referred to the Stop Smoking Service unless they opt out (KPI 95%);</li> <li>Midwifery Services to send referrals to the Stop Smoking Service within 48 working hours (KPI 90%);</li> <li>Secondary care services should ensure that women accessing inpatient maternity services have easy and immediate access to a full range of NRT products at all times (KPI percentage of identified smokers offered NRT on admission 90%);</li> <li>Every appointment with a pregnant woman undertaken by allied services such as youth service, health visitors, children's centre staff, and priority families workers should be considered as an opportunity to discuss the risks of smoking in pregnancy and to make a referral (MECC KPIs apply);</li> <li>A Senior Lead for tobacco control should be identified within each hospital setting. The role to be based on NICE Guidance PH 48 recommendation 10;</li> <li>KPI Identified Lead and annual report to Trust Board;</li> <li>All provider trusts will have a named MECC and 5 Ways to Wellbeing champion in each clinical area/ nursing team;</li> <li>Each provider has a clear action plan to roll out MECC and 5 Ways to Wellbeing;</li> <li>100% of frontline staff are MECC and 5 Ways to Wellbeing trained by March 2016;</li> <li>Achievement of 10% increase year on year in frontline staff flu immunisations;</li> <li>BFI stage 3 achieved by December 2015 by all maternity providers;</li> <li>75% breast feeding initiation achieved by September 2015;</li> <li>Signpost all people who meet the health criteria to exercise on referral;</li> <li>ALL maternity providers to have a maternal obesity pathway implemented from April 2015;</li> </ul>
	<p>People remain independent and manage their own care needs</p>		
<p>To improve health and reduce health inequalities</p>	<p>Improve health and reduce health inequalities by supporting people to make healthy lifestyle choices for themselves and their children</p>		
	<p>People who are socially isolated are supported to engage with their local community</p>		

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Aim	Objectives	How we will achieve it	Specific improvements
			<ul style="list-style-type: none"> <li>• Personal health budgets will give patients and the clinical teams working with them greater flexibility in meeting their healthcare needs;</li> <li>• Dementia navigators will support GPs to provide a greater level of support to patients and their carers in the post-diagnostic period;</li> <li>• We are seeking to commission improved Maternal Mental Health services in order to maximise the outcome for mothers and their babies in cases of post-natal depression. Providers will need to collaborate with each other to redesign services;</li> <li>• Providers and the voluntary sector need to develop systems and processes that allow them to work collaboratively to support care-coordination.</li> </ul>
	<p>Ensure that both the physical and mental health needs of people are addressed equitably</p>	<p><b>Commission an integrated out-of-hospital service</b></p> <ul style="list-style-type: none"> <li>• Building on the improvements to primary care and through increased collaboration with social care (via the BCF), we will develop a new service model that will meet the physical, mental and social needs of local people</li> </ul>	<ul style="list-style-type: none"> <li>• From September 2015 onwards a new CAHMS service will be in place that integrates levels 1–3 and incentivises early intervention – joint commissioning arrangements will be put in place and a new specification developed. Providers need to be aware of this development. We will engage and communicate progress throughout and formally write to providers at the appropriate time to notify any changes to contracts;</li> <li>• The Warwickshire Autism Strategy will be implemented, underpinned by a new diagnostic pathway that CWPT will implement;</li> </ul>
<p>To improve the quality of care and transform services</p>	<p>Where people need support to manage their care, ensure that the care system responds in a co-ordinated way</p>		<ul style="list-style-type: none"> <li>• The Warwickshire Autism Strategy will be implemented, underpinned by a new diagnostic pathway that CWPT will implement;</li> <li>• We are keen to expand the Clinical Review Team (repatriation and review programme) to cover Learning disability and would like to enter into a dialogue with CWPT about the implications of this;</li> <li>• Providers need to ensure that looked after children receive well co-ordinated care that meets their needs;</li> <li>• Providers will need to be able to respond to the requirements of the SEND reforms from the 1st April. We will be reviewing the services available for children with complex needs (SEND) and considering the options for more integrated services. We will engage providers in this process and we will formally notify providers of any contractual changes at the appropriate time;</li> <li>• We require providers to work with primary care to develop systems and processes that support co-ordinated care; this will specifically require IT infrastructure development;</li> </ul>

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Aim	Objectives	How we will achieve it	Specific improvements
			<ul style="list-style-type: none"> <li>• We will roll the community contract over for one more year. During this year we will undertake the process for the re-commissioning of community services. Existing providers will be required to provide us with the data required for us to undertake this process. This process is central to our work with Warwickshire County Council on the Better Care Fund. Existing and potential providers will be invited to engage in the process. We will formally notify providers of any contractual changes at the appropriate time;</li> <li>• In collaboration with Warwickshire County Council there will be changes to care home contracts to ensure that this part of our system supports the delivery of care outside the hospital;</li> <li>• We will undertake CHC and FNC regular clinical reviews in accordance with national framework timescales;</li> <li>• Providers are required to deliver a programme of work to ensure that information received in primary care is accurate and timely;</li> <li>• We will conclude the process for re-commissioning of NHS 111. Providers will need to respond to any system changes that may occur as a result of this process.</li> </ul>
To make the best use of our resources	People will receive the same response from the care system 24/7	<p><b>Access to the highest quality care</b></p> <ul style="list-style-type: none"> <li>• Commissioned services will deliver high-quality, safe, effective, consistent care 7 days a week;</li> <li>• Services will be systematically reviewed to ensure they are meeting standards and outcomes expected;</li> <li>• We have supported the national strategy for specialised services by developing local services that concentrate on centres of excellence for those services.</li> </ul>	<ul style="list-style-type: none"> <li>• We are currently developing options for the recommissioning of cardiac and pulmonary rehab, we anticipate that changes will be required to contracts during 2014/15 and that formal notification of change will be made at the appropriate time;</li> <li>• We are reviewing domiciliary phlebotomy services in order to improve the experience for patients. Formal notification of change will be made at the appropriate time;</li> <li>• The process to re-commission stroke services is underway and we will work with providers and patients to identify the best solution for Coventry and Warwickshire;</li> <li>• Providers will work with each other and the CCG to deliver improved access to local services in response to the Winterbourne Review.</li> </ul>
	People will be confident that their care is safe and will feel that they have been treated with respect and dignity		

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To make the best use of our resources	<p>People will receive care that is evidence based and contributes to the improvement outcome they have agreed with professionals</p>	<p><b>Elective Productivity</b></p> <ul style="list-style-type: none"> <li>• People undergoing elective procedures will be confident that they will benefit from improved clinical outcomes, that the procedure is safe and that each contact they have with the system will contribute to better health.</li> </ul>	<ul style="list-style-type: none"> <li>• Following a review of IAPT services, we will work with providers to improve access rates;</li> <li>• We will continue reviewing the referral patterns of our member GP practices to address variations in referral rates and we therefore expect the growth in GP referrals to remain at a similar level to our current contracted activity;</li> <li>• Increased Choose and Book utilisation remains a priority and we need providers to be able to respond to increase usage in primary care.</li> </ul>
	<p>People will experience less duplication and waiting because of more efficient processes</p>		
	<p>People will have confidence that the CCG uses public money wisely and is in control of its finances</p>	<p><b>Market management</b></p> <ul style="list-style-type: none"> <li>• We will drive efficiency, effectiveness and value for money by managing contracts robustly;</li> <li>• We will maximize procurement opportunities and develop providers so that they can respond to our commissioning activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Providers will adhere to NICE Technology Appraisals;</li> <li>• Providers will be required to adhere to a revised Patient Transport Service eligibility criteria.</li> </ul>



Westgate House, Market Street, Warwick CV34 4DE  
Telephone: 01926 493491 email: [contactus@southwarwickshireccg.nhs.uk](mailto:contactus@southwarwickshireccg.nhs.uk)