

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 9 January 2014

Subject: **INFORMATION REPORT – NHS
England’s Direct Commissioning
Intentions for 2014/15**

Responsible Officer: Jo Murfitt,
NWL Head of Assurance, NHS England

Exempt: No

Enclosures: Appendix A - Primary Care
Commissioning Intentions 2014/15
London Region
Appendix B - Specialised Services
Commissioning Intentions 2014/15
London Region
Appendix C - Screening Commissioning
Intentions 2014/15 London Region
Appendix D - Public Health -
Immunisations and Military
Commissioning Intentions 2014/15
London Region
Appendix E - Health in the Justice
System Commissioning Intentions
2014/15 London Region

Section 1 – Summary

- This brief report provides members of the Health and Well Being Board with the opportunity to consider the commissioning intentions developed by NHS England (London). Since April 2013 NHS England has had responsibility for commissioning services in the following areas: Primary care, Specialised Services, Screening, Immunisations and Health in the Justice system. It compliments the report from Harrow CCG.
- To ensure that national plans are complimentary with local CCG plans, NHS England has required that Strategic Planning Groups (SPGs) are created. These groups should be large enough to ensure that system wide issues can be addressed and should include a wide range of stakeholders including Local Authority representatives, CCGs, NHS England direct commissioners and representatives of the voluntary sector and the public. North West London CCGs have agreed with NHS England (London) that the existing governance and planning arrangements that have been set up to deliver a number of NWL strategic objectives such as Integrated Care, 7 day working and Shaping a Healthier Future be used as the vehicle to develop NWL strategic Plans. The Collaborative board set up to oversee the delivery of the Integrated Care project, will act as the SPG and will drive and oversee the delivery of a NWL 5 year strategic plan by April 2014.

FOR INFORMATION

Section 2 – Report

2 Introduction and Summary of Commissioning Intentions

Attached as appendices are the DRAFT commissioning intentions for directly commissioned services from NHS England (London region). The documents cover:

- Primary care
- Specialised services
- Screening
- Immunisations
- Health in the Justice system

These have been built to reflect the national commissioning intentions, which were published in October / November 2013. These can be accessed on [:www.england.nhs.uk/2013/10/com.intentions](http://www.england.nhs.uk/2013/10/com.intentions).

These commissioning intentions are draft currently, and are still being developed by the direct commissioning functions of NHS England (London). They are now being shared widely including with Health and Well Being Boards and any comments or feedback would be welcomed.

Set out below is a summary of the key messages from each set of commissioning intentions below:

<i>Direct commissioning function</i>	<i>Key points from direct commissioning intentions</i>
Primary care (GP, pharmacy, dental and optometry services)	The commissioning intentions include: <ul style="list-style-type: none"> • QIPP(savings) Requirement 14/15 • GP Information Technology (IT) Investment Criteria • Investment in Call 2 Action for Primary Care including Premises • Standard London wide approach in absence of National Single Operating Model • Extended Access Pilots • Fair Funding and Equalisation Policy • Working with CCQs on Improvements in Primary Care Quality • Working with CCGs on Out of Hospital Agenda
Specialised services; this includes a wide range of services e.g. Neonatal intensive care, paediatric intensive care, burns etc.	Key areas of focus are: <ul style="list-style-type: none"> • Use of data to support high quality services • Work with CCGs to commission along patient pathways to secure early intervention and prevention strategies that reduce the level of demand in specialised services • A systematic market review for all services to ensure the right capacity is available across services • Collaborative working with CCGs, local authorities and providers

	<ul style="list-style-type: none"> • Explore with CCGs innovative commissioning approaches to facilitate the transformation of CAMHS pathways • Review of all non-Payment by Results tariff payments • Contracting intentions – including single provider contracts and consistent contracting
Screening e.g. antenatal, breast and bowel screening	<p>Key areas of focus are:</p> <ul style="list-style-type: none"> • Service review and developments – including service redesign and review of back office functions • Service developments with co dependencies on CCGs, Public Health England, specialised commissioning, Primary care Commissioning, Local Authorities and other providers – including formalising co-commissioning arrangements with partners • Contracting intentions – including single provider contracts and consistent contracting • Supporting coverage – working with CCGs and other partners to increase coverage • CCG Information technology and IT developments - NHS England and CCGs will need to work cooperatively around IT developments within primary care, where there are often multiple interfaces with screening programmes. • Antenatal and new-born screening - NHS England needs to work closely with CCGs who commission maternity services
Immunisations and military health	<p>Key areas of focus for 14/15 are:</p> <ul style="list-style-type: none"> • <i>Tightening key areas of the agreement.</i> We have given further clarity to what NHS England is accountable for. More outcome measures are now set against numerical baselines – Further details are in relevant more detailed section of the attachments. • <i>Beginning to deliver further ambitions</i> NHS England inherited historic variations in contractual arrangements and local levels of service performance. The S7A sets out steps for NHS England to align contractual arrangements with national service specifications and, through focusing on low performers, to start reducing historic variations in local performance. • <i>For immunisations and early years,</i> this will include: <ul style="list-style-type: none"> • developing memorandum of understandings and public health action plans with CCGs, • developing an integrated governance framework with Local Authorities • an additional 621 Health Visitors over the next

	<p>two years</p> <ul style="list-style-type: none"> • <i>For military health</i>, this will include: <ul style="list-style-type: none"> • Better communication of the London Region's commitment to veterans
Health in the Justice system	<p>Main strands of work are:</p> <ul style="list-style-type: none"> • Direct procurement healthcare services (London) – commissioning of services • Procurement support (nationally) • Service review and developments – specifically with SARCs • Transfer of commissioning responsibility for healthcare in police custody suites by April 2015 • Develop liaison and diversion schemes – through developing service specifications and a national operating model • Promoting healthy prisons • Re-commissioning of non-direct healthcare services in prison • Information management and technology – procurement of IT for custody suites and roll out of prescribing model for prisons • Research and development – developing a framework for pathway review • Involving patients in the design and monitoring of services • Links with CCGs to develop continuity of care pathways, referral pathways with primary care and pathways to support those being released from custody / on bail • Links with PHE / CCGs / Specialist commissioning / MH Trusts to improve continuity of care

Attached as appendices are the more detailed draft plans for each of these service areas.

2.1 Inclusion of NHS England Commissioning Plans into CCG commissioning Plans

The new planning process (see below) requires CCGs and NHS England as co-commissioners to work together to deliver a 5 year strategic plan that will achieve a number of aims including improved outcomes for patients, better integrated care, and safe and sustainable services etc.

To achieve the delivery of a NWL 5 year strategic plan, NHS England and the 8 NW London CCGs are working together to agree the contents of their plan. For NWL CCGs this involves building on work in progress such as the work on integrated care, the work to support the implementation of Shaping a Healthier Future etc. From an NHS England perspective discussions need to take place on how CCG commissioners can help NHS England deliver its commissioning intentions e.g. through better commissioning of maternity services to deliver improved antenatal care or in terms of making changes to the Child and Adolescent Mental Health

pathway. A series of meetings are scheduled and the output from each of these meetings will be part of what is included in the NWL final 5 year plan.

3 NHS England Planning Process and Planning Guidance

Until now NHS planning has been based on producing an annual plan. However, the NHS along with other partners is facing an unprecedented challenge in terms of funding and demands. NHS England is committed to transforming outcomes for patients and to playing its role in minimising inequalities within and between communities. The Call to Action forecasts a financial gap of £30bn by 2020/21 and the affordability challenges in 2014/15 and 2015/16 are real and urgent. Therefore a different approach is required in planning terms to address these challenges.

CCGs and NHS England as co-commissioners are charged for the first time with producing both a 2 year operational plan and a 5 year strategic plan. For the first time financial allocations will be for two years allowing the agreement of longer contracts and providing a opportunity to plan on a longer times basis.

- In terms of what is required each five year plan should include the first two years of operational delivery in detail so that patients, their carers and other key stakeholders can be satisfied that progress is being made against the longer term goals and the service transformation needed to realise them;
- plans must be explicit in dealing with the financial gap and risk and mitigation strategies;
- the planning process and timelines have been aligned with our national partners, including NHS commissioners, Monitor, the NHS Trust Development Agency (TDA) and the Local Government Association;
- CCGs have been asked to choose their own footprint for Health and Social Care planning. NHS England has asked each CCG to commit itself to a larger 'Unit of Planning' so that wider issues which affect more than one commissioner can be dealt with at scale. Ealing CCG has agreed to be part of a North West London Strategic Planning group (SCG);

3.1 Timetable for Submissions

NHS England detailed planning guidance is due to be published on the NHS England website and sent out at the same time as financial allocations to commissioners. This is due on 19th December. The planning timetable is detailed below. It is very challenging however it is aligned across organisations such as Monitor and The TDA which will help both providers and commissioners

Activity	Deadline
First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process for with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational	4 April 2014

plans and draft 5 year strategic plan	
Submission of final 5 year strategic plans	20 June 2014

4 Key Implications

The creation of a 5 year strategic plan will be very challenging given the NWL CCGs are very well developed in their planning whilst NHS England as co commissioners are less advanced. In addition the focus of planning attention is somewhat different in that NHS England commissioners are generally planning on the basis of a pan London approach rather than on a specific area or borough basis. Therefore there is a need for careful coordination to ensure one set of commissioning plans do not contradict another. A process has been set in place to avoid this and to ensure that the NWL 5 year plan is consistent between all commissioners. In addition NHS England plans are necessarily very high level and broad at this stage so more detailed local discussions will be essential to be able to understand local ambitions and aspirations .The creation of SPGs allows all local partners to have the opportunity to discuss these issues and understand what they mean at both a borough and North West London planning level..

The new commissioning system is acknowledged as complex and this is reflected in the need to ensure alignment between the various NHS statutory organisations tasked with overseeing the system i.e. NHS England, TDA and Monitor. Alongside this Health and Well Being Boards have a key role to play in providing local oversight of commissioning plans to ensure their fit with the findings of local Joint Health Needs Assessment (JSNA) and other local health needs. In addition for NWL London CCGs the work being taken pan NWL CCGs i.e. developing Integrated care, supporting the delivery of Shaping a Healthier Future will provide the framework for the NWL plan. Central to all commissioning systems is a need to ensure engagement with the public and patients to be able to discuss and engage with the level of change that is required. The NHS England Call to Action and local work in London such as the recent launch of a case for Change for General Practice, are all potentially confusing. The challenge for the SPG will be to steer a clear path through all of these policies and publications and to develop a clear narrative for NWL that is in tune with the expectations of Health and Well Being boards s and which above all describes how health outcomes will be improved. The delivery of this key ambition is in danger of being lost in the plethora of initiatives and changes that will need to be described and planned.

The financial challenge is as noted immense for both health and social care and delivery of the Better Care Fund, which sees existing funding being recycled into more preventative proactive care will be challenging although the Integrated Care Pilot in NWL does provide a good basis for discussion. NHS England has recognised this challenge and the publication of two year allocations will support discussions on making changes to contracts over a longer period which will be needed to deliver both the ambitions of local CCG commissioners and NHS England.

In summary Harrow Health and Well Being Board will need to able to test and challenge the narrative emerging from the planning process to ensure that it is able to clearly describe how local health outcomes will be improved and how all of the plans will fit together and deliver the level of aspiration that all commissioners have for local residents in terms of health outcome improvements.

Section 3 – Further Information

Draft NHS England directly Commissioned Services are being share widely with CCGs, H&WBB etc. and comments are invited on the proposals that are set out within the 5 attached appendices.

The council has not had an opportunity to discuss these commissioning intentions with NHS colleagues. Officers will try to organise a discussion before the Board meeting and advise members on the outcome. If this is not possible the council can offer comments at, or following, the meeting.

Section 4 – Financial Implications

The detailed resource implications have being signed off by CCGs and by NHS England Board

Section 5 - Equalities implications

N/a

Section 6 – Corporate Priorities

If a Council or Joint report - Please identify which corporate priority the report incorporates and how:

- Keeping neighbourhoods clean, green and safe.
- United and involved communities: A Council that listens and leads.
- Supporting and protecting people who are most in need.
- Supporting our town centre, our local shopping centres and businesses.

Section 7 - Contact Details and Background Papers

Contact: Jo Murfitt, NHS England on 0207 932 3088

Background Papers:

NHS England Planning Guidance (due out 19/12)

NHS England ; A Call To Action ; www.england.nhs.uk/2013/07/11/call-to-action