

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP
COMMISSIONING INTENTIONS FOR 2015/16

To: Health and Wellbeing Board

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From: Sarah Shuttlewood, Acting Director Performance and Delivery,
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1. PURPOSE

1.1. This report provides the Health and Wellbeing Board with information about the 'Commissioning Intentions' process that is currently underway at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

2. BACKGROUND

2.1. The CCG is in the process of writing its Commissioning Intentions as part of the annual contracting cycle with providers. The purpose of this exercise is to give providers with which the CCG contracts (and other stakeholders) reasonable notice of the intended developments that will be taking place in the next financial year. Commissioning Intentions (CIs) for 2015/16 must be submitted to contracted providers by 30th September 2014.

2.2. The CCG Commissioning Intentions will be a 'technical' (rather than public facing) document, although it will be available to the public via the CCG website. At present, they are still in draft and at the time of writing have yet to be approved by the CCG's Governing Body.

2.3. However, as stated in the previous report, their purpose is not to set new strategic directions but to signal intentions that have already been agreed within the CCG and, where appropriate, in consultation with stakeholders and the public.

2.4. Inclusion of projects or initiatives in CIs may be the start of a process where notice can be given to providers to cease or change services. This helps contracts to be amended and agreed more quickly in order to get change and improvements happening. However, if a project is not included, it does not prevent the service change happening alongside projects listed in CIs, and projects not listed may later become commissioning priorities.

3. STRUCTURE AND PROCESS

3.1. As described previously, the CCG Commissioning Intentions (CIs) must be closely aligned with the strategies for the local health and social care system. The key points from the various elements of the Commissioning Intentions are set out below:

3.2. The Commissioning Intentions document is set out in two parts:

- Main document, which goes to all providers
- 'Annex A' which is tailored for each provider, concentrating on issues or developments that are specific only to that provider

- 3.3. In the document we set out the context for the system and then go on to define the likely implications of this for providers in 2015/16 (in terms of impact on activity, finance, procurement, decommissioning of services etc.)
- 3.4. The Commissioning Intentions have been developed in discussion with the relevant commissioning leads from the CCG and Local Commissioning Groups (LCG) and although some further detail is still required, they provide a good reflection of how we expect to develop services in 2015/16.
- 3.5. It should be noted however, that 'CCG Commissioning Intentions' is more of a technical document aimed at providers, rather than a public facing document. Nevertheless, we have ensured that we have had appropriate engagement with patients, and held a workshop on 4th September with members of the CCG Patient Reference Group present.
- 3.6. The structure of the document is slightly different to the framework reported last month, with amendments being made following feedback on the initial draft. Some of the key points from each section of the CIs are outlined below as examples of the type of intentions we are signalling. However, clearly these do not cover all the intentions in the document.

Main Document:
Context
<ul style="list-style-type: none"> • Demographic Change and Health Need (drawn from JSNAs) • Improvement Ambitions (drawn from JSNAs and CCG 'System Blueprint') • Financial Context – current status, showing projected £35m financial gap for 2015/16, assumptions for growth in funding and likely efficiency requirements of 4-5% to be achieved through QIPP savings requirements
Strategic Direction
<ul style="list-style-type: none"> • 'System Blueprint' – refers providers to the System Blueprint that was developed in consultation with system stakeholders and patients. This section highlights the importance of the two main transformational programmes: <ul style="list-style-type: none"> ○ Older People's Programme – updating providers on progress for this important strategic initiative, confirming likely go-live dates and implications for 2015/16. ○ Better Care Fund – setting out current status of plans and how this will impact in 2015/16 • Care Design Groups – providing latest information on the progress of these groups and the outputs that can be expected over the next year. • Future Structure of Service Provision – outlining the importance of the collaborative work that is now underway • Operational Plan – drawing out key initiatives from the CCG two year plan that will impact in 2015/16 • Improving Quality – setting out the likely focus of efforts to improve quality across the health system for 2015/16
Operational Intentions
<ul style="list-style-type: none"> • System Wide: sets out some of the broader system-wide planning for 2015/16 e.g. <ul style="list-style-type: none"> ○ Potential co-commissioning for primary care ○ Infrastructure planning for Northstowe ○ Increasing focus on promoting efficiency through contracts • Urgent Care: sets out the response to increasing urgent care activity e.g. <ul style="list-style-type: none"> ○ Putting the work of System Resilience Groups into practice ○ Focus on under patients under 65yrs for some parts of the system ○ Reprourement of 111 Service and GP Out of Hours service • Planned Care: sets out key initiatives that will impact in 2015/16 e.g. <ul style="list-style-type: none"> ○ Requirement for providers to work with CCG on delivery of 20% productivity gains over next five years. ○ Signalling future procurement, such as Musculoskeletal Services physiotherapy

<ul style="list-style-type: none"> ○ Highlighting other LCG level initiatives. ● Mental Health – key initiatives for mental health signalled here ● Children’s Services – key initiatives, including future procurements signalled.
<p>Principles for Commissioning all Contracts</p> <ul style="list-style-type: none"> ● This section sets out the key principles that will be applied to all contracts, covering the following areas: <ul style="list-style-type: none"> ○ Application of NHS Standard contract and guidance ○ Activity and Pricing – information on expectations and processes ○ Contractual Quality Requirements ○ CQUIN schemes ○ Information and IT requirements ○ New Services, Drugs and Devices ○ Medicines Management
<p>Annex 1 – Impact on Specific Contracts for 2015/16</p> <ul style="list-style-type: none"> ● A provider Annex has been developed for each of the main providers, setting out those local initiatives that do not impact across the whole system but may affect individual provider services. ● This will also set out the CCG’s expectations of the provider for example where cooperation is required in order to implement wider service developments (such as the Older People’s and Adult Care services).

3.7. The working draft will be shared with the CCG Governing Body on 16th September giving sufficient time for amendments and executive sign off for the final document which must be issued by 30th September.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1. The CCG’s Commissioning Intentions are being drawn together based on the recent system-wide strategy work. The strong focus on transformational change in older peoples’ services and the joint work being progressed through the Better Care Fund initiatives are both key elements of commissioning plans this year and the CIs are closely aligned with all relevant local system strategies including:

- Cambridgeshire Health and Wellbeing Strategy
- Cambridgeshire and Peterborough System Blueprint
- Cambridgeshire and Peterborough Two Year Operational Plan
- All relevant Joint Strategic Needs Assessments with Local Authorities

Providers have been fully involved in the strategy work and therefore will already be well prepared for the important elements of the CIs.

5. IMPLICATIONS

5.1. Issuing Commissioning Intentions is part of normal business for CCGs, but they are particularly important this year due to the wide-scale changes that are being planned with partners as we work towards a more sustainable system. The Older People and Adult Care Services programme and implementation of initiatives through the Better Care Fund stand out as the most significant areas of work. These programmes will aim to reduce significantly the current reliance on emergency hospital admissions in favour of a more preventive approach. The CCG will also focus on standardising elective care services across the system to ensure that we offer a fair and affordable service to the public.

5.2. Provider organisations have already signed up to a concordat designed to promote system working, putting service users' needs before those of individual organisations and adherence to the principles of this agreement will be vital for success.

6. RECOMMENDATION/DECISION REQUIRED

6.1. The Health and Wellbeing Board is asked to comment.

Source Documents	Location
1. Cambridgeshire & Peterborough CCG 'System Blueprint'	http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm
2. Cambridgeshire & Peterborough CCG Two Year Operational Plan	Available from CCG on request (not published)