NHS
Luton
Clinical Commissioning Group

Commissioning Intentions 2015/16

Appendix 1

Together for a healthier Luton

1. Introduction

This document describes Luton CCGs commissioning intentions for 2015/16. Our commissioning intentions are the product of on-going engagement with our clinical community and stakeholders and represent our current planning and preparation for 2015-16. This document primarily supports provider engagement through the planning round and the revision of our 2015-16 Operational Plan.

2. Our Challenges

2.1 Financial Recovery

Luton CCG was formally identified as being in Financial Recovery during the early part of 2014/15. A turnaround strategy has been developed and immediate actions are being implemented, overseen by a robust PMO, to ensure that the CCG is back on track with its rolling financial plan agreed with NHS England in Quarter 1 2014/15. Our turnaround plans require the delivery of a range of short term measures; however it is important that recovery should be seen as a range of corrective actions which will yield benefits at different points of time over the next one to two years. We have therefore articulated in this document a full range of short, medium and longer term actions, some of which we anticipate to be delivered or partially delivered prior to the commencement of 2015/16.

There are a number of reasons for the CCGs current financial position

- Hospital activity, both elective and non-elective / A&E attendances, is performing significantly above plan. This requires the CCG to implement appropriate processes and controls to influence expenditure, primarily through the contracting function
- Over performance in mental healthcare. This primarily due to the cost of placements out of area in the private sector
- There are some weaknesses and areas of variation in the local GP infrastructure
- The CCG has a shortfall of funding against its weighted capitation target of £14.2m in 2014/15. Whilst this is being addressed centrally through greater than average funding increases, it will be some time before the CCGs commissioning budget accurately reflects the needs of the local population.
- The CCG is a relatively small commissioning organisation but given that the CCG has to largely replicate the infrastructure of much larger organisations, this places the CCG at a relative disadvantage in terms of capacity to manage the breadth of the agenda.

2.2 Delivery of the Five Year System Strategy

The CCG has led the development of a Health and Social Care Five Year System Strategy 2014/15 to 2018/19 that provides a vision of the future of health and social care in Luton.

- In 2019 Luton residents will benefit from integrated health and care that has four elements: a person centred approach enabled by a focus on **PREVENTION** that helps people to keep themselves well; a shared **PERSONAL PLAN** for patients and service users; **BETTER USE OF SHARED EVIDENCE AND DATA**; **A MULTI-DISCIPLINARY, MULTI-PROFESSIONAL TEAM APPROACH** to service delivery built on Four GP clusters in the town. We will work in

partnership with patients, their carers, providers and other partners to deliver a high quality and cost effective health and social care system to the people of Luton, empowering them to lead healthy and independent lives.

The delivery of this vision and associated improvements in health outcomes **requires us all to work together as one system** with the following shared principles:

- Improving quality and safety
- Delivering integration and collaboration
- Delivering service Innovation
- Increasing the focus on early intervention
- Wrapping services around the patient
- Safeguarding the vulnerable
- Achieving value for money
- Ensuring full citizen engagement

3. Overview of Key Work Programmes 2015/16

The focus of the CCGs Commissioning Intentions for 2015/16 is on the delivery of the Financial Recovery Plan.

Table 1 below outlines the key programmes of work required to deliver progress financially whilst at the same time delivering improvements in clinical and safety outcomes.

Our plans are phased so that the immediate deliverables are focused upon the management of GP elective referrals and robust contractual management. At the same time we must put in place the building blocks of plans to improve the quality of primary care and the effective implementation of the Better Care Fund to drive a reduction in emergency admissions in the longer term.

The CCG has begun to work with clusters and practices to implement peer review of GP referrals to ensure that all referrals are of high quality and appropriate.

In a parallel process by December the CCG will develop GP referral protocols for key specialities and closely monitor their implementation

In the medium term (18 months) the CCG will develop the maturity of the clusters through management support, training and the roll out of the locality infrastructure. The CCG will work with the NHS England Area Team to performance manage non-complaint or poor performing practices.

Table 1: Key Recovery Programmes

	Programme			
	Better Care Fund / Whole System Transformation	**Proactive Primary Care**	**Elective Care and GP Referrals**	**Robust Contractual Processes**
Objective	Integrated working delivering out of hospital care – reduced emergency admissions and length of stay	Reduce A&E attendance, direct emergency referrals and related short stay admissions	Ensure standardisation of practice to reduce avoidable referrals	Develop processes and infrastructure to ensure that contracts are delivered to plan
2014/15 Plan	Strengthen capability and drive delivery of current initiatives	Eradicate the abnormal increase in activity through cluster initiatives and contractual challenges	Develop cluster led initiatives to enable people to be managed in primary care rather to reduce inappropriate referrals. Prioritise the roll out of activity reporting and budgetary controls to clusters	Address over performance and risks through process improvement and challenge.
2015/16 Plan	Drive through full year effect of 2014/15 initiatives	Review opportunities to streamline the pathways and incentivise changes in system behaviours. Use procurement as a lever for change	Ensure rapid transition to a mature cluster accountability framework supported by strengthened referral protocols which aim to formalise 14/15 initiatives	Develop further challenges for 2015/16 and explore opportunities for procurement
	Longer Term		**Shorter Term**	

4. Specific Service Priorities 2015/16 (Table 2)

What	Description	Timescale
	1. Better Care Fund / Whole System Transformation	
Better Care Fund / Integration	Our plans for the use of the Better Care Fund to drive joined up out of hospital represent a major part of our commissioning intentions for 2015/16. Integration in Luton is being driven through the *Better Together programme*, which brings together the NHS, comprising Luton CCG, Luton and Dunstable University Hospital Foundation Trust, Cambridgeshire Community Services NHS trust (CCS) and South Essex Partnership university NHS Foundation Trust (SEPT), East of England Ambulance Service Trust (EEAST) with Luton Borough Council (LBC or the Council), Luton's voluntary and community sector (VCS) and Luton residents represented by Healthwatch. The developing vision for health and social care services is one that sees a shift from reactive to proactive care. There will be community based services centred on the four clusters of GP practices, working alongside Multi-disciplinary teams as well as co-located specialists. Connected information systems will ensure a smoother journey for the service user ensuring individuals receive treatment or care earlier in their condition or problem. Our approach recognises that services must be based around the needs of people not organisational boundaries	**2014/15 – 2016/17**
Better Care Team Project (BCT)	During the course of 2014/15 we began to progress our intention is to create multi-disciplinary teams that will include social workers, district nurses, hospital at home nurses, hospital consultants and home help. Planning around the person will take account of both physical and mental health needs and mental health professionals will be an integral part of the multi-disciplinary team. Professional accountability for the overall coordination of care for each individual will be held by a GP and a personal electronic plan will enable resident information to be shared across the	**2014/15 - 2016/17**

What	Description	Timescale
	whole system as necessary, including the ambulance service. Additionally, home care services will play an increasingly important role within the multi-disciplinary teams and will be trained to provide a broader range of services than on offer currently. This will enable them to support clinical care and to provide assistance in some areas such as pressure care, changing dressings and hydration. A clearer and simpler system should help all professionals to signpost people towards "healthier" services, strengthening the early intervention and self-management model that is an important part of our shared vision. In 2015/16 we will continue our roll out of this programme which initially focuses on the frail elderly but will be extended to encompass a broader range of patients with long term conditions.	
Seven day working	Seven day working is a central part of the service vision for the Better Care Team Project with its initial focus on the frail elderly In Luton, the priority for 2014/15 and 2015/16 will be to extend services across the whole health and care system where that will enable admission prevention, reduce the risk of emergency re-admission, speed up hospital discharge and ensure everyone can leave within 24 hours of being "ready to go" A review of hospital discharge delays undertaken in 2013 identified a number of areas where improved access outside "office hours" would help us to deliver the outcomes set out in this plan. These include: • A recommendation that services, particularly work with residential/ care homes to help and support them overcome barriers to receiving patients back at weekends and after 4.30 pm, as well as to prevent avoidable admissions in the first place • Exploring the possibility of providing a jointly resourced social work service with Central Bedfordshire to cover weekend work • Our integrated discharge team works across all seven days supporting carers and families to make early decisions on discharges This team will need to	**2014/15 – 2016/17**

What	Description	Timescale
	partner effectively with mental health services as an integrated team to support patients with dementia return to their own homes as soon as possible, as safely as possible • Community nursing covers seven day working, the intermediate care services supported by social care will move to a similar pattern to support rapid assessment and early supported discharge for stroke patients back into the community and into rehabilitation services. Community nursing supports intermediate care so it is essential that these services remain as integrated teams supported by social care The new community model of care across Luton will ensure providers work together to develop and define a single assessment process negating the need for multiple reviews by specific individuals. Ongoing audits will examine the day of transfer from hospital to avoid peaks and troughs and monitor any service that does not work weekend which impacts a successful transfer.	
Data Sharing	In the short term all current social care customers will have their NHS number migrated which is expected to be completed by the end of 2014. A new social care IT system is being implemented for Adults and Children from Jan 2015. This will see NHS numbers added at entry with exemption reports to ensure NHS is central to joint work. The new social care system will allow an improved interface with NHS. A project is currently being scoped which will deliver an integrated view of a patient's care plan. This will improve patient outcomes as the right information will be available to inform decision making efficiently and result in the 'right care' delivered in the 'right place' The project has three key components: 1. Design and implementation of an IT 'portal' solution, 2. Staff engagement and support 3. Information sharing protocols and procedures. This project is an enabler for the Better Care Team (BCT) project.	**2014/15 – 2015/16**

What	Description	Timescale
	By implementing a portal solution which provides an integrated view of patients: • Having the right information at hand will facilitate care being delivered in the right place ,improving patient outcomes and supporting the Luton vision of Person centred planning, • Seamless holistic delivery of care • Avoidable hospital admissions • Improved self-management and independence • A reduction in service duplication In order to support information sharing across multiple provider organisations, an Information Sharing Agreement (ISA) has been drawn up and is in the process of being signed. The ISA outlines the model of patient consent that will be followed.	
Integrated Unplanned Care for Children	The CCG will work with community and acute providers to refine the integrated care pathways relating to paediatrics to prevent unnecessary demand for unplanned care and ensure that children are seen and treated in the right place at the right time. This will require joint ownership of a programme of work to refine existing pathways to ensure high quality care and make best use of resources. As part of this the CCG will establish Rapid Response Team integrated working with GP Clusters to reduce inappropriate non-elective activity. We will proactively manage children in Luton and to address variation between GP practices.	**2015-16**
Integrated children's services	We intend to integrate models of care that meets the need across LCCG/LBC for CAMHS, OT and speech and language therapy. We will agree joint commissioning arrangement of services to develop integrated working models that flex capacity to respond to need.	**2015-16**
Personal Health Budgets	The CCG will be rolling out and embedding personal health budgets for people in line with the emerging national requirements which includes continuing healthcare and selected cohorts of people with longer term conditions as per national direction.	**2014/15 – 2015/16**

What	Description	Timescale
	2. Proactive Primary Care	
Clinical Validation	We will Implement a process for clinical validation to enable practices to report cases of clinical service provision that GPs do not accept payment for.	**Commencing Q3 2014/15**
Clinical pathway reviews	We intend to review the following clinical pathways to improve evidence base and appropriateness of referrals: • Clinical pathways for upper GI endoscopy • Clinical pathways for urodynamic and urogynaecology procedures We intend to review the clinical protocols and impact of direct access MRI and CT.	**Commencing Q4 2014/15**
General Practice IT	The CCG will prior to 2015/16 agree a comprehensive ICT shared service specification for the delivery of local support personalised to the needs of each practice. We will ensure compliance with GMS contract requirements for electronic appointment booking, online ordering of repeat prescriptions and interoperable records.	**Commencing Q3 2014/15**
End of Life Care	The CCG is asking practices to identify their cohort of patients requiring personalised end of life care in order that crisis events can be mitigated against. We will ensure that practice level disease registers are updated routinely and that practices host regular multi-disciplinary team meetings to ensure that local plans reflect the wishes and needs of individual patients.	**Commencing Q3 2014/15**
Intermediate Care	The CCG will shortly conduct a full review of the 20 rehabilitation beds at Moorland Gardens Care Home with a view to revising the commissioning arrangements.	**Commencing Q3 2014/15**
A&E Attendance – Practice Level Patient Management	The CCG has seen a sharp rise in the number of A&E attendances in the first half of 2014/15. There is considerable variation in the relative contribution of individual practices to this growth which affects all age groups except the elderly and is in the main of very light case mix with "no abnormalities detected". We will work with the GP Clusters to understand the reasons for practice variation and drive the delivery of proactive case management to ensure that patients are managed in primary care	**Commencing Q3 2014/15**
A&E Attendance – Patient Awareness and Education	Current analyses suggest that there is an increase in A&E attendance of patients from East Europe and the Indian sub-continent. We will work with partners to ensure that new arrivals to Luton are aware that they should look to primary care as their first port of call for minor issues.	**Commencing Q3 2014/15**
	3. Elective Care and GP Referrals	
Procedures of Limited	Luton CCG recognises that some surgical procedures offer less benefit to patients	**Commencing Q3 2014/15**

What	Description	Timescale
Clinical Effectiveness	than others and that some procedures are more effective given certain circumstances and patient criteria. In 2014 we have implemented a revised policy for implementation by all Providers, to maximise the benefit to patients of our finite local NHS resources. The implementation of the full list of 64 procedures of limited clinical effectiveness agreed by the Beds and Herts Low Priorities Forum and requiring the submission of referral templates will be tracked as a contractual requirement in 2015/16. The CCG also intends to extend this list based upon the best available evidence and best practice from other parts of the country.	
Community Musculoskeletal Service	The current service has been active since 2010 and the contract is due to expire in June 2015. The CCG is currently commencing a full review of the service to assess how it is being utilised by the 31 practices, patient outcomes and the proportion of referrals that are referred on to the hospital. The CCG intends to re-commission the service in 2015/16. This will not necessarily be a like for like re-procurement and the Service Specification will be based upon the outcomes of the above review.	**Commencing Q3 2014/15**
Referral Management	The GP Clusters are leading a programme to peer review all referrals at a practice level to ensure that they are of high quality and appropriate. This process will continue into 2015/16 and beyond	**Commencing Q3 2014/15**
Fertility	The CCG will develop a local process to ensure that 1. The referring GP adheres to the local IVF policy and is able to provide evidence 2. The consultant checks that the patient referral complies with the local policy. The CCG will undertake spot audits to verify compliance. The CCG will not make payments to providers if treatment is provided outside of the local policy	**Commencing Q4 2014/15**
Ophthalmology	The cataract referral pathway utilising local optometrists is currently being reinstated. A local glaucoma referral template will be implemented shortly. The CCG will monitor compliance to agreed local pathways	**Commencing Q3 2014/15**
Enhanced Recovery Programme for Elective	The CCG will put in place an evidence based protocol to ensure that, when appropriate, patients are advised to stop smoking and / or undergo a weight loss	**Commencing Q4 2014/15**

What	Description	Timescale
Care	programme prior to referral, to ensure the best possible outcomes. We will require providers to comply with the advanced recovery programme.	
Continuing Care	An evaluation of the effectiveness of the current pathways and arrangements will take place in 14/15. Pathways and commissioning arrangements will be informed by cross referencing with other commissioned pathways, packages of care and benchmarking.	**2015/16**
Obesity Services	We will ensure that the patient pathway for clinical management of obesity is clearly implemented, reserving hospital management only for those people for whom tiers 1 and 2 services have been unsuccessful, despite patients' full engagement with these services. We will work with the Acute Trust to ensure that the Tier 3 service is also deployed effectively so that only patients meeting NICE criteria may access tier 4 NHS bariatric surgery.	**2015/16**
Maternity	a) In 2014 we have agreed a revised service specification for maternity services, along with BCCG, which will be monitored in-year to ensure the highest quality maternity services for all Luton and Bedfordshire women and their babies; b) We will work with GPs and the Acute Trust to reduce the number of postpartum readmissions to hospital, which is higher than expected.	
4. Robust Contractual Processes		
Ambulatory Care	The CCG will conduct an evaluation of the effectiveness of the current Ambulatory Care Unit and continued roll out and implementation of ambulatory care pathways in 2014/15 across acute and community providers. Pathways are to be informed by cross referencing the top 49 AEC pathways and those which form the highest volume and spend for the CCG. Local package prices will be developed in line with pathways.	**Commencing April 2015**
Unscheduled Care Services	For 111, GP Out of Hours, Walk in Centre and Urgent GP Clinic, the performance management of these contracts will transition from "light touch" to robust contract monitoring. The CCG is currently reviewing the use of some of these services by frequent users to understand the level to which they are being used as standard primary care. Depending on the outcome of this, the CCG will put in place a protocol to ensure that the services are used appropriately. We require providers to work with	**Commencing Q3 2014/15**

What	Description	Timescale
	commissioners to help manage patient demand, including promoting self-care, and redirecting patients back to primary care where appropriate.	
Review of all Any Qualified Provider (AQP) contracts	The CCG will review the performance of all contracts to ensure they deliver the desired quality outcomes and are value for money	**Commencing Q3 2014/15**
Walk in Centre Demand	There is some evidence that some patients are using the Walk in Centre as an alternative to accessing their own GP. The CCG intends to require the provider to re-direct patients to their own GP if they require • Repeat prescriptions (if home surgery open) • Signing certificates • Wound Dressings If a patient attends the Walk in Centre frequently we will request that they are only seen if they register with the Town Centre practice.	**Q3 2014/15**
Ambulance Services	Luton CCG intends to • See an increase Hear & Treat rates • See a decrease conveyance rates • Ensure EEAST follow appropriate protocols to reflect future changes in Urgent care centre provision. • Facilitate engagement directly with providers to refine operational processes and reduce handover delays. This will require timely data to validate delays and associated management information.	**Commencing April 2015**
5. Procurements		
The CCG is currently developing a procurement strategy covering the period 2015/16 to 2018/19 and this will be published in Q3 2014/15		
Community Musculoskeletal Service	The CCG is currently commencing a full review of the service to assess how it is being utilised by the 31 practices, patient outcomes and the proportion of referrals that are referred on to the hospital. The CCG intends to re-commission the service in 2015/16. This will not necessarily be a like for like re-procurement and the Service Specification will be based upon the outcomes of the above review.	**2015/16**

What	Description	Timescale
Urgent Care Services	Urgent and unscheduled care services such as 111, GP Out of Hours, Urgent GP Clinic and the Walk in Centre will be subject to a system level review. Current contracts for these services are due to expire at different time points over the next two years. It is unlikely that individual services will be re-procured in isolation but will be subject to a system procurement during 2016/17.	**Review commencing Q3 2014/15**

5. Contracting Principles

At the time of writing, we are awaiting full details of the 2015/16 NHS Standard Contract, Payment by Results rules and tariffs, the National Operating Framework and Outcome Measures and any other expectations of NHS England. However, the CCG intends to agree contracts that incorporate the key requirements of these documents.

The CCG will use all available contract levers during 2015/156to ensure performance remains in line with agreed standards. General contracting principles, including expected additional requirements to the standard terms of the contract, will include:

5.1 Quality, Safety and Performance Standards

As a principle, providers will be expected to comply with all national quality, safety and service performance standards, including Serious Incidents, Infection Control and Safeguarding. Providers must adopt any new and recommended standards of best practice and evidence-based working including the principles and outcomes of the Francis Report, Keogh Review, Berwick Report and the Winterbourne Review. Assurance will be sought on the quality of service provision through announced and unannounced visits.

Providers will be expected to make further progress towards delivering the Safer Staffing recommendations highlighted by the Keogh review, including staffing and skill mix levels and training standards for nursing, medical and other staff involved in the provision of services. Providers will be required to report front-line staffing levels to the CCG on a monthly basis.

The CCG will maintain the existing scrutiny on mortality (including specialty level mortality rates). If a mortality alert is issued by the CQC, providers will be expected to inform the CCG of this, their response and to provide details of any associated action plan.

Providers will be expected to report against the agreed metrics in the NHS Outcomes Framework; Everyone Counts and take remedial action where performance is demonstrated as below the national expected level.

Localised quality standards, performance indicators and outcome measures as determined by the CCG will be agreed with Providers to improve specific areas of quality which are of current concern.

The CCG will develop and agree national and local CQUINs with Providers, setting stretching targets to drive quality improvements and service change in priority areas. This will include the development of whole system CQUINs to promote integrated working. Providers will be expected to continue to implement actions in place as a result of the delivery of the 2014/15 CQUINs. Luton CCG will be looking to develop mechanisms to release a proportion of CQUIN monies upon demonstration of the continued roll out of good practice.

All providers will be expected to demonstrate their broader organisational engagement with clinical networks and their key work areas including any relevant data submissions and audit requirements.

Providers will be required to implement the *Prevent* agenda requiring healthcare organisations to work in partnership to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.

5.2 Activity and Finance

We will seek to work jointly with providers to manage capacity in line with our financial envelopes and to support this we expect the full engagement of providers to support service change and redesign in the development of cost effective pathways.

Productivity and performance standards will be agreed with providers, linked to the QIPP agenda across the local health and social care system. Providers will be expected to deliver CIPs which will be quality impact-assessed by the CCG as part of formal sign off.

We will adhere to PbR tariff unless local tariffs are specifically negotiated; this may include where a provider delivers a service outside the 'average' parameters that PbR represents. PbR rules regarding counting and coding will be followed to ensure that parity of coding and charging exists across all providers. Luton CCG intends to adopt any PbR mandatory tariff items including Best Practice and any new PbR terms which link the tariff to delivered outcomes; where providers claim for a best practice or outcome based tariff, they will need to clearly demonstrate that requirements are being delivered to receive payment. Luton CCG will continue to work with non-acute providers to develop tariffs and currencies that enable us to move from block contracts to services commissioned on a cost and volume basis, and delivered on an outcome basis.

Risk sharing arrangements will be agreed in contracts that mitigate the risk of in year changes to the cost of activity; this will include shifts in case mix and coding and any outcomes of the unbundling of activity from tariffs.

All contracted activity, whether PbR or Non-PbR, will require reporting at an individual patient level to allow for validation and receive payment. The CCG will stipulate minimum data sets and requirements that providers will need to comply with to ensure that data supplied is in a consistent and standardised format and can be attributed to practices. These requirements will be in line with the continued developments of our local system MedeAnalytics and will need to conform to national directives on the sharing of patient-identifiable data.

5.3 Luton CCG Policies and Protocols

Luton CCG will only contract with Providers that abide by our policies and protocols. These include, but are not limited to, local clinical policies and access criteria (including treatments of limited clinical effectiveness, prior approval thresholds and pathways for BMI and Smoking) as determined by the CCG, which may be different to the Provider's host CCG. Referrals will clearly specify when patients are being referred for a clinical opinion and patients will only be treated if they meet the CCG's criteria for treatment.