Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: Chief Officer, Islington Clinical Commissioning Group

Meeting of	**Date**	**Agenda Item**	**Ward(s)**
Health and Wellbeing Board	10 October 2013	Item	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Islington CCG Commissioning Strategy Plan Update

1. Synopsis

This paper provides an update to the Islington Health and Wellbeing Board on the development of the five year Commissioning Strategy Plan for Islington CCG.

2. Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of the engagement in the development of the CCG's Commissioning Strategy Plan to date
- Note the Case for Change that will underpin the Commissioning Strategy Plan.
- Note that the Board will receive the final version of the CCG's Commissioning Strategy Plan in March 2014.

3. Background

This paper provides an update to the Health and Wellbeing Board on the development of the five year Commissioning Strategy Plan for Islington CCG. The contents of this paper therefore include:

- An overview of the Case for Change that underpins the strategy;
- An update on engagement events with our GP members, patient groups and the wide community and voluntary sector to help develop the strategy;
- An overview of commissioning priorities to be included in the strategy.

3.1 Developing the Case for Change: 'A Call to Action: The NHS Belongs to the People'

3.1.1 Context

In July 2013, NHS England published 'A Call to Action', a public document inviting all users and NHS staff to collaborate on the future strategic direction of the health service. It is expected that nationwide, clinical commissioning groups use the document as the basis for debate for long term planning purposes. Islington Clinical Commissioning Group will use 'A Call to Action' as the basis for developing its Case for Change and therefore the basis of the Five Year Commissioning Strategy Plan.

Whilst not quite presenting a traditional 'case for change' approach itself, the publication depicts a climate of tightening budgetary constraints that predicates a significant move away from traditional hospital based care towards integrated care around the highest cost patients who have long-term conditions. This is not news; much of the ethos of the delivery of cost efficient and clinically efficacious care has been a policy of the government in recent years and indeed this publication reiterates much of what is contained within the Operating Framework for the NHS in 2013/14, 'Everyone Counts'.

3.1.2 Messages

Headlines intended to stimulate debate include the following:

- The NHS treats around one million people every 36 hours;
- Between 1990 and 2010, life expectancy in England increased by 4.2 years;
- The difference in life expectancy between the richest and poorest parts of the country is now 17 years;
- Around 80 per cent of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and poor diet;
- One quarter of the population (just over 15 million people) have a long term condition such as diabetes, depression, dementia and high blood pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed;
- Hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times more likely to spend a day in hospital that those under 65;
- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030;
- Around 800,000 people are now living with dementia and this is expected to rise to 1,000,000 by 2021;
- Since it was formed in 1948, the NHS has received around four per cent of national income;
- Modelling shows that continuing with the current model of care will lead to a funding gap of around £30b between 2013/14 and 2020/21.

3.1.3 Local interpretation and developing work streams

Whilst these factors represent a national picture, work is underway between the CCG and Public Health to develop local intelligence on the burden of disease and service need to inform a complete 'Case for Change' that will be presented as the central piece of our five year strategy. This data will be driven directly from a combination of the refreshed Joint Strategic Needs Assessment and provider activity data around trends.

The Commissioning Support Unit has provided some initial, high- level intelligence for each CCG in North and East London that suggest areas for further work-up in the form of *'Commissioning Resource Packs'.* Additionally work has already commenced on collaborative commissioning intentions between North London CCGs around a number of areas, including:

- Maternity;
- Urgent Care;
- Community Services.

A leadership group is also now being chaired by David Cryer, Chief Officer of Camden CCG, to report to the Chief Officers group on leadership and collaboration within the contracting and planning round. There will inevitably extensive sharing of material between CCG planning leads.

3.1.4 Challenges to address in the Case for Change

'A Call to Action' affirms the approach to direct local commissioning structures, through the Health and Well Being Boards, to find the solutions to local problems rather than rely on central government control. CCG commissioners will certainly retain responsibilities for achieving NHS Constitution standards and mandatory financial targets, such as surplus limits and risk shares. However, the emphasis appears to be on creative, if not radical, schemes to save money and maintain improvement in quality outcomes. Inevitably at operational level the ability to deliver radically different health services in Islington will be challenged by the following factors:

- The pace of change required to deliver a truly integrated care system, with a primary care led, locality level approach;
- The resource required to deliver safe sustainable services in an environment where Foundation Trust status or acquisition are now mandatory;
- The constraints of Payment By Results driven contracts within the context of severely cash limited commissioning budgets;
- The inescapable growth of an inner city borough such as Islington;
- The backdrop of the substantial Council savings programme in Islington;
- Public regard for the status of the Whittington Hospital and its central role in delivering local health services.

3.1.5 A Call to Action: NHS England direct commissioning responsibilities

In terms of their direct responsibilities for commissioning primary care services, in August 2013 NHS England has published a further document: 'Improving General Practice: A Call to Action'.

The picture painted through this publication is far more vivid; it describes a service in need of overall modernisation with a directive Case for Change outlining these key underlying objectives for general practice:

- Proactive co-ordination of care, particularly for people with long term conditions and more complex health and care problems;
- Holistic care: addressing people's physical health needs, mental health needs and social care needs in the round;
- Ensuring fast, responsive access to care and preventing avoidable emergency admissions and A&E attendances;
- Preventing ill-health, ensuring more timely diagnosis of ill-health, and supporting wider action to improve community health and wellbeing;
- Involving patients and carers more fully in managing their own health and care;
- Ensuring consistently high quality of care: effectiveness, safety and patient experience;

It is worth noting that many of these principles already govern the commissioning approach taken by Islington CCG, in its Constitution and its strategic priorities. In order to work through these issues, through the Local Area Team, NHS England will:

- Work with local communities to develop local strategies, based on the emerging principles set out in the Call to Action and based on close engagement with patients and the public to ensure that general practice develops in ways that reflect their needs and priorities and build on their insights;
- Discuss with local practices, CCGs and other community partners what changes we need to make nationally to support these local strategies;
- In parallel, engage with national professional bodies and other national partners to help develop common purpose and support.

A member of the Local Area Team met informally with the Commissioning Senior Management Team on 22nd August to discuss the agenda for the coming months and how interdependencies between their work. This an emerging work stream that is some way off being describable as 'joint'; however there was general agreement from that it was desirable to make the most of available opportunities and share our experiences of the listening exercise we are undertaking ourselves.

3.2 Co-ordinating the local engagement

3.2.1 Initial engagement with local membership and stakeholders

During the summer and autumn a series of events are being held with local groups to develop our commissioning intentions, these being:

- Pan Islington Patient Forum in June and September;
- Pan Islington GP Forum in July and September;
- Community and voluntary sector engagement events in July and October.

3.2.2 Pan Islington Patient Forum

Feedback from the Patient Forum in July demonstrated a need for the public to receive guarantees from the CCG to sustain local services such as the Whittington Hospital.

The discussion also covered the following areas in some detail:

- Impact of social factors on the wider determinants of health, in relation to service, the environment, education and a key recurring theme around social isolation, Islington having a high number of single member households amongst some of its most vulnerable social groups;
- Problems understanding how to access services;
- Outlined many of the benefits of an integrated care approach in terms of individualised, co-ordinated care;
- Far better communication from all health services, between each other and patients and carers;
- Lack of alternatives to traditional medicines, e.g. osteopathy and homeopathy.

The outcome from the forum included a clear emphasis from local patients on support to keep them healthy and mentally well, rather than a very long list of 'more' traditional health services.

3.2.3 Pan Islington GP Forum

The CCG membership was asked to consider future commissioning strategy in the following areas:

- Community diagnostics (pending the end of the NHS England seven year agreement that will be passed down to CCG's to negotiate);
- The Quality Premium for 2014/15;
- Other areas of development around the strategic priorities for best start in life, reducing health inequalities, and mental health and wellbeing.

Highlights of the discussion included:

- A number of additional or different services were noted as possible areas for development including a community pain service (covering physiotherapy, acupuncture and musculo-skeletal services), access to psychological therapies for people with long-term conditions and chronic pain, and establishing multi-disciplinary case conferences for complex children;
- GPs proactively supporting a reablement package at different stages of the 91 day pathway;
- More work with the public on awareness of services and how to access them, e.g. social marketing campaign
- Questions arose about patient choice and competition for community services where those services do not reach the required quality standards such as physiotherapy at Whittington Health.

3.2.4 Community and Voluntary Sector Event

In this forum, the 2013/14 budget breakdown was shared to stimulate debate. The group was also asked some open questions about what they felt were important to them.

Highlights of the discussion included:

- More information was requested on the breakdown of costs to understand how the resource is committed to the strategic priorities;
- More priority should be given to the roles of carers generally and the dementia advisor model;
- Recognition of a gap in awareness of local services, thereby enhancing the need for the locality navigators role;
- Using best practice models from other similar areas such as SHINE in Hackney linking housing and health;
- Whilst a focus needs to be maintained on robust processes in accessing local services, such as the single point of access models, more emphasis needs to be put upon commissioning for quality outcomes for individuals.

3.2.5 Governing Body seminar: general discussion

After being talked through the process of delivering the Commissioning Strategy Plan, the Governing Body had a short but general debate about the fundamental topics for debate suggested these three areas as those which should be explored, quantified and consulted on:

- Access to 'first contact' health services, *including* GP access and with a tight focus on urgent care: how it is defined by the NHS and the public using it;
- The service model for primary care;
- The extent to which integrated care provision and infrastructure can be locality based and what, operationally, that would mean for Islington over the coming years. This very much needs to follow the Pioneer proposals (regardless of the outcome of that process);
- The inclusion of children's services in integrated care and the impact of transition from paediatrics into adult care.

The Governing Body members were also keen to see more information on workforce planning and the collaborative work being undertaken between CCGs, particularly in regards to value based commissioning.

3.3 <u>Development of planning processes</u>

Following notice of the two-year financial settlement and to assist in the preparation of the Five Year Plan, the Chief Finance Officer has begun to prepare a Long Term Financial Model for the CCG. This can only be built on assumptions at this time but it will give us the flexibility to model best and worst case scenarios and inflate or deflate savings schemes in accordance with final allocations as they become clearer in the 2014/15 planning round.

The financial plan scenarios will reflect some of the key financial risks the CCG may face over the next few years:

- Revision to CCG allocations, with weighting for deprivation focusing on Public Health rather than CCG allocations;
- Alignment of resources across the commissioning landscape;
- Creating of the integration fund, and transfer of the fund to social care by 2015/16;
- On-going efficiency requirements of 4% per year.

Commissioning leads in the CCG, including joint commissioners with Islington Council are assessing current savings and investment schemes to make recommendations for their continuation into the following two years.

Also, following an in-year non-recurrent investment process, a number of 'big ticket' transformational projects for instance a community ward service, are already in process for funding recurrently from next year onwards.

3.3.1 Commissioning Strategy Plan (CSP) Strategic Objectives

Strategic objectives set out in the CSP, and agreed through the Islington Health & Well-being Board focus on:

- Ensuring that every child has the best start in life;
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities;
- Improve mental health and wellbeing;
- Delivery of high quality, efficient services within available resources.

The priorities for the Islington CCG Commissioning Strategy Plan will accrue from:

- The Case for Change;
- The Islington Joint Strategic Needs Assessment (JSNA) agreed through the Health & Wellbeing Board;
- Local stakeholder engagement through the 2013/14 contract round including feedback from patient participation groups, voluntary sector, and GP constituent members;
- Performance standards specified in the NHS Constitution for A&E, cancer waits, surgery waits and infection rates;
- The NHS Operating Framework and Outcomes Framework;
- London-wide commissioning and contracting priorities;
- Intelligence from contract monitoring for service quality in 2013/14.

3.3.2 CSP Programmes to deliver Strategic Objectives

The case for change being developed for the CSP demonstrates profound health inequalities and prevalence gaps, and that care for the most vulnerable people is often fragmented and unscheduled rather than planned.

Islington CCG has identified four delivery programmes, and key long-term priorities within each programme, to deliver our strategic objectives and address the case for change.

a) Prevention Programme

A focus on prevention and early diagnosis and intervention through:

- Closing the prevalence gap between expected and recorded incidence of long-term conditions;
- Risk stratification of the population in order to develop the best health intelligence so we can target our services appropriately;
- Earlier detection and screening for ill health;
- Joint working with London Borough of Islington around early intervention programmes for families.

b) Integrated Care Programme (London priority)

Develop new ways of commissioning and delivering healthcare so that care is planned and managed close to home through changes to:

- Commissioning approach focusing on both intensive users of health and social care, and health and wellbeing of the broader population;
- New pathways of care for people with long-term conditions including cancer, mental health, diabetes, cardiovascular disease and frailty;
- A focus on self-care, personalisation, patient activation and mobilisation of community assets;
- A better alignment of urgent care services across centres co-located with A&E, NHS 111 number, GOP out-of-hours, and general practice;
- A better alignment of physical and mental health services particularly for people with long-term conditions including mental health.

c) Primary Care Development Programme (London priority)

Develop the capability and capacity of primary care by investing for quality and challenging poor performance.

- Productivity and capability – Transformational (3 years); Incremental (1-2 years). Focus on workforce leadership and team development in primary/community care

d) Clinical and Cost Effectiveness Programme

Re-profile Islington investment in healthcare between acute and community/primary care by removing reliance on acute services for basic healthcare, improving acute productivity and decommissioning ineffective treatments. The Programme will be delivered through:

- London Quality Standards including emergency medicine and surgery programmes;
- Procedures of limited clinical effectiveness policy;
- Productivity in acute hospitals (London priority);
- Effective contract management;
- Referral management by primary care;
- Medicines management efficiency – acute and primary care;
- Care closer to home service developments;
- Values based approach to commissioning, and moving provider payments towards payment for outcome rather than output.

4. Implications

4.1 Financial implications

The Commissioning Strategy Plan and commissioning intentions for 2014/15 will be established within the CCG's resource envelope.

The main risks to delivering the CCG financial target primarily relate to national changes to the commissioning system and the split of responsibility across the CCG, NHS England and Public Health, delivery of acute contracts within financial envelopes, and delivery of savings schemes.

The financial plan scenarios will reflect some of the key financial risks the CCG may face over the next few years:

- Revision to CCG allocations, with weighting for deprivation focusing on Public Health rather than CCG allocations;
- Alignment of resources across the commissioning system;
- Creating of the integration fund, and transfer of the fund to social care by 2015/16;
- On-going efficiency requirements of 4% per year.

4.2 Legal Implications

The Health & Social Care Act 2012 established clinical commissioning groups, with a responsibility to commission healthcare services for their registered populations. Under Section 195 of the 2012 Act, the Health and Wellbeing Board is under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

4.3 Equalities Impact Assessment

All commissioning plans will be subjected to Equality Impact Assessments (EQIA) as they are devised.

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4.4 Environmental Implications

None

5 Conclusion and reasons for recommendations

This paper provides an update to the Islington Health and Wellbeing Board on the development of the five year Commissioning Strategy Plan for Islington CCG.

The Health and Wellbeing Board is asked to:

- Note the progress of the engagement in the development of the CCG's Commissioning Strategy Plan to date
- Note the Case for Change that will underpin the Commissioning Strategy Plan.
- Note that the Board will receive the final version of the CCG's Commissioning Strategy Plan in March 2014.

Next Steps are to:

- Develop the Case for Change for Islington;
- Continue the process of engagement in the development of our commissioning intentions, incorporating the themes from "A Call to Action", through existing structures, using additional opportunities to communicate and learn from our local users and partners in innovative and traditional way;
- Development of the Commissioning Strategy Plan for sign-off in March 2014.

Background papers: None

Attachments: None

Final Report Clearance

Signed by:

Date: 20 September 2013

Received by ……. Head of Democratic Services

……. Date

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