Topic:	**Assessment of CCG Commissioning Intentions and CCG Annual Reports**
Meeting Date:	**09 June 2016**
Authors:	**Jon Topham** **Locality Public Health Commissioning Lead**
Board Member	**Richard Harling**

1. INTRODUCTION

1.1. The Staffordshire Health and Wellbeing (HWB) Board is supported to manage its cycle of business by the HWB Intelligence Group. In May 2016 the Group evaluated the CCG commissioning intentions for the HWB Board. This paper outlines the summary of the evaluation.

1.2. As previously stated the HWB Intelligence Group exercises this responsibility on behalf of the HW Board in:

- Reviewing the plans of the Clinical Commissioning Groups as to whether these contribute to the delivery of the JHWS
- Review how far a CCG has contributed to the delivery of the JHWS and to performance assess how well their duty has been discharged in terms of having regard to the JSNA and JHWS.
- To ensure patient and public voice is heard as part of the Health and Wellbeing Boards decision making

2. The Plans Evaluated

2.1. The following **Commissioning Intentions** have been received

South East Staffordshire & Seisdon Peninsula • Shropshire and South Staffordshire Foundation Trust • Heart of England Foundation Trust • George Eliot NHS Trust
Cannock • The Dudley Group NHS Foundation Trust • Walsall Healthcare NHS Trust
Stafford and Surrounds • The Royal Wolverhampton NHS Trust
North Staffordshire • Combined Healthcare • SSOTP • UHNM

East Staffordshire

- Delivering the 5 Years Forward View in East Staffordshire

3. Evaluation of Commissioning Plans

3.1. The Commissioning Intentions from North Staffordshire, South East Staffordshire and Seisdon Peninsula, Cannock Chase and Stafford and Surrounds all followed the same format and have similar commissioning intentions.

3.2. No Commissioning Intentions have been received from East Staffordshire CCG but the forward view indicates the broader context in East Staffordshire

3.3. The priority workstreams are common across all CCGs as part of operational and financial recovery plans. These priorities are :

Commissioning High Value Interventions	• Decommissioning and disinvestment from interventions and services of limited clinical value • Providing patients with support to stop smoking or lose weight prior to elective surgery in order to improve outcomes
Elective Services	• Pathway redesign reducing the level of inappropriate and unnecessary elective referrals • Community based assessment & treatment services • GP referral review • Consultant to consultant referral review • fundamental redesign of follow up care
Reconfiguration of the urgent and emergency care system	• Reducing unnecessary and avoidable emergency admissions • Maximising the contribution of community hospitals and MIUs to reducing acute service utilization
Frail Older People	• Building on the improvements we have made in care for patients with dementia and the elderly with frail and complex needs
Long Term Conditions	• Transform services for those with long term conditions improving quality, co-ordination of care and efficiency • Strengthening approaches to risk stratification and case management • Scaling up self-management and use of technology
New Models of Care	• Building provider alliances with a focus on out of hospital care co-ordination and delivery • Developing capability and capacity in Primary Care to form new federations and partnerships with other out of hospital providers • Investigating the potential for provider alliances to deliver under outcomes based, capitated contracts with aligned incentives for high value interventions and reduced system cost • Clinical networks for surgery which create sustainable models of provision
Mental health	

3.4. The priority workstreams are identified in 9 common commissioning schedules

- High Value Interventions
- Elective Care
- Reconfiguration of the Urgent and Emergency Care System
- Frail Older People

- Long Term Conditions
- New Models of Care
- Mental Health Services
- Medicines Optimisation
- Other Services

3.5. Other local bespoke schedules are also attached and include: acute services; Acute, Community and Mental Health Services for East Staffordshire CCG; Dementia, Cancer and End of Life Care

3.6. The Commissioning Intentions reviewed are for the current year 2016/17 and this review is effectively retrospective

Recommendation 1: That CCGs agree a timeline with the Board to agree when Commissioning Intentions are received

Recommendation 2: That thee Board should receive a report on Commissioning Intentions prior to their implementation

3.7. We have reviewed the Commissioning Intentions using the template previously used by the Intelligence Group, and agreed by the HWB Board. The review is based on 5 key questions

Use of Evidence
Alignment to the Living Well Strategy
Impact on Population Health and Reducing Health Inequalities
Monitoring and Evaluation
Effective use of resources

3.8. Based on analysis of the Commissioning Intentions a summary of key points are given against each question

3.8.1. Use of Evidence

- Most documents make reference to national learning, NICE guidance, partnership working and Impact assessments
- There appears to be little use of local intelligence or benchmarking within the Commissioning Intentions although there is evidence of their use in the Annual Reports.
- There is no reference to the JSNA in the commissioning Intentions, although the Intelligence Group felt that this was because the JSNA only provides high level needs data and is probably therefore less relevant for specific CCG Commissioning Intentions.

Recommendation 3: Identify, with CCGs, whether we need to develop a subset of the JSNA that will support development of CCG commissioning intentions

- The Commissioning Intentions do not make reference to being informed by Patient and Public Voice, engagement, or Healthwatch, although they do in Annual Reports. There is reference to collecting

patient satisfaction data as part of quality metrics, but it is not evident that the commissioning intentions are informed and influenced by patients and the public

Recommendation 4: That the HWBB, in future, asks CCGs to show how they reflect the views of Patients and Public in the commissioning process

- There is evidence of NHS to NHS interactions within the commissioning intentions and much of what is written is predicated on a more joined up system. It is less clear what influence local partners and the third sector have had in informing the Commissioning Intentions as part of wider system leadership and strategic planning

Recommendation 5: That the HWBB ask the CCGs to engage in early dialogue with partner organisations in the development of Commissioning Intentions

3.8.2. Alignment to the Living Well Strategy

- Whilst most annual reports mention both the Health and Wellbeing Board and the Living Well Strategy, it is less clear that commissioning Intentions take account of either the HWBB or the Living Well Strategy.
- Many of the priorities outlined in the Commissioning Intentions do align with Living and Ageing Well, for example Mental Health, Frail Elderly, Long Term Conditions.
- The commissioning Intentions are mainly about secondary care and shifting to community and primary care based provision. There is a focus on early intervention, and prevention, particularly with regard to Long Term Conditions, but no mention of how this will be achieved. For example are there opportunities to shift primary prevention interventions into the secondary care space?

Recommendation 6: That the HWBB asks CCGs, in future, to show how their Commissioning Intentions meet the Living Well Strategy

3.8.3. Impact on Population Health and Reducing Health Inequalities

- Some key vulnerable patient groups are mentioned, for example Learning Disabilities and Mental Health.
- However there is little reference to health inequalities in terms of socio-economic status.
- We know that the inequalities gap is not improving, and we know that demands on services are likely to be higher from particular sections of the community. It is not clear from the Commissioning Intentions how the CCG will support and monitor their contribution to reducing health inequalities across Staffordshire.
- Whilst the commissioning intentions do, in most cases, relate to outcomes it is not always clear how CCGs will monitor them.

Recommendation 7: That the HWBB asks CCGs, in future, to show how their Commissioning Intentions address Health Inequalities

3.8.4. Monitoring and Evaluation

- Clear reference is given to data collection and that there is a long established mechanism for monitoring activity and quality metrics.
- There was less reference to longer term outcomes and how these would be monitored.

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3.8.5. Effective Use of Resources

- There is a clear emphasis on a shift to the community.
- However there is no evidence that resources are being shifted into prevention.
- It is not clear from the documentation how the changes will make the system more affordable

4. Evaluation of Annual Reports

4.1. This section provides a high level summary of some of the key messages emerging collectively from the Staffordshire CCGs Annual Reports and how their activity links to the Board's Living Well Strategy, the prioritisation of prevention and early intervention and the focus on patient voice.

4.2. The Board has a role in ensuring CCGs plans link to the Health and Wellbeing Strategy and to that end a narrowly defined role in being consulted as part of the preparation of the annual reports. In undertaking a high level assessment of the annual reports, analysis was based on the extent to which linkages could be drawn to:

- the alignment with the Board's Living Well Strategy, and fit with the Board's preventative agenda, and
- the mechanisms through which customer experience has, and is, informing planning.

4.3. It was the view of the Intelligence Group that the methodology for assessing Health & Wellbeing Strategies was less relevant for retrospective annual reports. So this section will give a short overview of the key themes that emerge from the annual reports

4.4. The following **Annual Reports** have been received and reviewed; East Staffordshire; South East Staffordshire & Seisdon Peninsula; Cannock; Stafford and Surrounds and North Staffordshire (draft)

4.5. All Annual reports cover a retrospective summary of performance, and relevant financial information and all CCGs recognise the difficult financial circumstances that they find themselves managing.

4.6. In contrast to the Commissioning intentions, more focus in given in the annual reports to Patient and Public Engagement, reference is made to Patient Participation Groups; lay members; use of social media, Citizens Juries; Network Groups and Patient Boards.

4.7. Reference to the HWB Board was made in all annual reports

4.8. Reference to populations demography and statistics and to the JSNA was mentioned in all annual reports

4.9. All of the annual reports highlight progress on key commissioning priorities that link to supporting groups prioritised in the Living Well Strategy. Examples include:

- East Staffordshire CCG reflect on three key achievements; the improving lives long term conditions programme; the quality programme that has improved quality amongst its providers; and improving performance
- North Staffordshire CCG cover achievements in a number of areas, the list includes; the development of a transformational plan for Child and Adolescent Mental Health; integrated services for Children with special educational needs; medicines optimisation; rapid access to residential and care homes; cancer and end of life service improvements; and the front of house urgent care centre designed to divert non urgent care from the urgent care service
- South East Staffordshire and Seisdon Peninsula CCG refer to a number of achievements including; case management in primary care; redesign of local dementia services; the introduction of an integrated specialist dietetic service; expansion of community based physiotherapy, orthopaedic and pain management services; and acute visiting service that provides rapid response for patients requiring a home visits
- Both Cannock Chase CCG and Stafford and surrounds refer to similar achievements, including; disinvestment from Procedures of Limited Clinical Value; dementia care; and developing capability and capacity in primary care

4.10. All CCGs made reference to partnership working both across the health economy and with partners, in particular the County Council. All reports mentioned the BCF

Recommendation 8: The HWBB asks the Healthy Staffordshire Select Committee to annually assess Commissioning Intentions and the Annual Reports.

5. RECOMMENDATIONS

5.1. The Board agree the recommendations that arise from this report