

NHS Commissioning Board Area Team Commissioning Plans 2013/14

Governing Body meeting

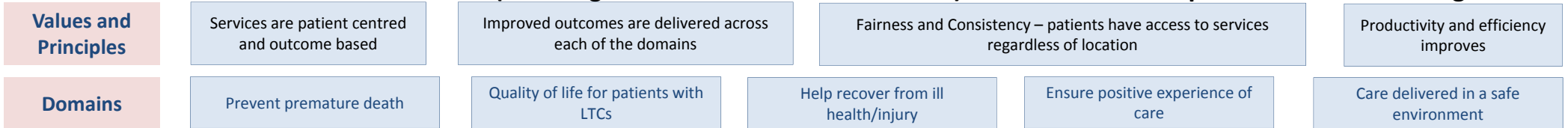
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4 April 2013

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Key messages	
<p>This set of slides presents the NHS Commissioning Board Area Team's (AT) commissioning plans for South Yorkshire and Bassetlaw for 2013/14.</p> <p>The plans are shared with the CCG Governing Body to help us work together as co-commissioners for the people of Sheffield, with the Area Team commissioning primary care and specialised care, and the CCG commissioning most secondary care services.</p> <p>These plans will also be shared with Sheffield's Health and Wellbeing Board.</p>	
Assurance Framework (AF)	
<p>Risk Reference Number: 1.4.1 (and others)</p> <p>Failure to develop and implement effective strategies. RR Ref 1022</p> <p>Is this an existing or additional control (add control reference number): Additional – alongside the CCG's commissioning intentions, replaces current control (ABH4)</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? Not known</p> <p>Which of the 9 Protected Characteristics does it have an impact on? All, as these plans will affect all the population of Sheffield.</p>	
Recommendations	
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Notes the NHSCB Area Team's commissioning intentions • Considers how the CCG and the Area Team should work together as co-commissioners for the benefit of the people of Sheffield 	

Area Team: South Yorkshire & Bassetlaw (covering whole of Yorkshire & Humber)

Specialised Services Programme

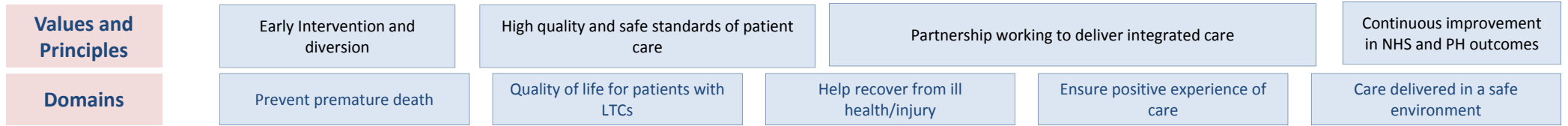


Pre-existing Priorities 12/13	Strategic Context and Challenges	QIPP Improvements	Organisational Development
<ol style="list-style-type: none"> <u>Service Issues</u> <ul style="list-style-type: none"> Implementation of the Yorkshire & Humber Vascular Services Review Reconfiguration of sarcoma services for North Yorkshire and Humber population Formulation of the plan to develop and expand radiotherapy capacity Implementation of national decision on paediatric cardiac surgery Phased implementation of national Neonatal Toolkit (neonatal surgery and gestational thresholds) Phase 2 of the Major Trauma implementation plans Specialised mental health case management and gate-keeping and capacity review for CAMHS <u>System/Process Issues</u> <ul style="list-style-type: none"> Establishment of robust and resilient data and information systems Delivery of safe transition in terms of commissioning all prescribed services and transferring non-specialised services to CCGs Safe and effective transition of contracts from PCTs to NHS CB 	<ol style="list-style-type: none"> <u>Standards and Quality</u> <ul style="list-style-type: none"> Core specifications in place for all services or derogations applied for Responding to all issues emerging from the Francis Report and Winterbourne. <u>Service and Organisational Configuration</u> <ul style="list-style-type: none"> Service/system reconfiguration across Yorkshire & the Humber High profile FT applications in the pipeline e.g. Leeds Teaching Hospitals, Hull & East Yorkshire Hospitals, Mid Yorkshire Hospitals Clinical service reviews in progress e.g. Mid Yorkshire Establishment and development of strategic clinical networks and Operational Delivery Networks <u>Finance & Workforce</u> <ul style="list-style-type: none"> Need to develop sustainable 24/7 workforce in key specialties Significant financial challenges in managing performance and delivering QIPP in an environment of increasing demand/cost <u>New Commissioning System</u> <ul style="list-style-type: none"> Single operating model for the commissioning of specialised services Implementation of the manual and identification rules Development of relationships with other service commissioners and CSU Work with CCGs to understand the commissioning implications of services identified "for early review" 	<ul style="list-style-type: none"> Development of quality assessment framework Secure compliance against service specifications with clear action plans Standardisation of local prices Contribute to development and implementation of national QIPP schemes (including procurement) Work with local providers to implement QIPP schemes locally Work with providers on high cost drug & device cost reductions and demand management Further implementation of gatekeeping and case management of mental health pathways Increase pre-emptive transplants Implement PET/CT price reduction 	<ul style="list-style-type: none"> Development of relationships and ways of working within the Area Team and between the 3 Area Teams in Yorkshire & the Humber Develop collaborative co-commissioner approach with CCGs Embed new single operating model for specialised commissioning Develop relationships with strategic clinical networks and operational delivery networks Relaunch/refocus provider relationships Develop local arrangements to secure and sustain the patient voice Design and develop systems and processes for managing complaints and incidents Establish and embed new CSU activities

	National Priorities 2013 14	Expected Outcomes of Implementing National Guidance Locally in 2013 2014	End State Ambition 2015 16
Internal Medicine	<ol style="list-style-type: none"> Reconfiguration of vascular services National consultation on the services for Adult Congenital Heart Disease <ol style="list-style-type: none"> Implementation of the service specifications for cystic fibrosis services (centres and shared care) Completion of the introduction of the year of care tariff 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Establishment of provider networks and appropriate centralisation of arterial work Symptom to treatment waiting time for carotid endarterectomy <14 days Agreed configuration of ACHD services for Yorkshire & Humber with networks and surgical centres clearly defined <ol style="list-style-type: none"> Clearly defined provider networks underpinned by inter Trust agreements setting out clinical responsibilities. Agreed service model for North Yorkshire & Humber area ie York and Hull 	<ol style="list-style-type: none"> All services compliant with national standards and improved clinical outcomes <ol style="list-style-type: none"> Safe and sustainable services with clear patient pathways Improved clinical outcomes All services compliant with national standards and improved clinical outcomes
Cancer and Blood	<ol style="list-style-type: none"> Implement the recommendations of the National Radiotherapy Advisory Group and the service specification Reconfiguration of sarcoma services Implementation of Improving Outcomes Guidance/national service specification for pancreatic cancer services Implementation of IOG/national service specification for brain/CNS cancer services Implementation of consistent chemotherapy policies and national CDF list Develop robust contracting model for the high cost drug for paroxysmal nocturnal haemoglobinuria 	<ol style="list-style-type: none"> Action plan agreed with providers detailing the service model, preferred service locations and procurement arrangements for radiotherapy <ol style="list-style-type: none"> Revised service model for sarcoma services for the North Yorkshire & Humber population Transfer of specialised surgery out of Hull Completion of a review of the sustainability of pancreatic cancer surgery in Hull <ol style="list-style-type: none"> Reduced lengths of stay in tertiary centre Efficient repatriation to local services Implementation of national currencies, tariffs and policies in local contracts Database fully implemented and drug costs monitored 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Improved access to radiotherapy Increased uptake of targeted radiotherapy eg IMRT Services meet the national standards <ol style="list-style-type: none"> Services that meet the national standards Improved clinical outcomes <ol style="list-style-type: none"> Improved access to treatment and rehabilitation services post surgery Improved quality of care for patients Consistent and equitable provision of chemotherapy and cancer drugs to patients Clear process for monitoring and managing demand for ultra orphan drugs
Trauma	<ol style="list-style-type: none"> Implementation of the national service specification for major trauma (adults and children) Delivery of 18 week waiting time for adult neurosurgery services Implementation of national service specification for burn care services Implement the national service specification for spinal cord injury services 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> 100% of patients ISS 16> direct referrals to major trauma centres 100% of patients ISS 16> in a major trauma centre with a rehabilitation prescription All neurosurgery providers meeting the 18 week standard Complete gap analysis and work with North West and North East Area Teams to develop plan to achieve compliance (service configuration of burn care centres and burn care facilities) Work with STHT and MYHT to complete a gap analysis and develop an action plan to achieve compliance 	<ol style="list-style-type: none"> All major trauma admissions direct to major trauma centre and prompt access to rehabilitation Robust provider capacity plans/commissioner plans to sustain improved waiting times Clear patient pathways across the network and improved quality of services <ol style="list-style-type: none"> National standards achieved across patient pathways Timely rehabilitation and resettlement for all patients
Women and Children	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Implementation of the recommendations of the national review of paediatric neurosurgery Implementation of the JCPCT decision about the configuration of children's congenital heart services Develop a plan to deliver the next phase of implementing the national Neonatal Toolkit and the national service specification Establish more formal arrangements for coordinating the delivery of paediatric surgery 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Y&H/NE Networks established for paediatric neurosurgery Y&H/NE Network established with children's cardiology centre in Leeds <ol style="list-style-type: none"> Referral to tertiary centres: gestational threshold of 26 weeks and 6 days to be achieved across all providers in Y&H Comprehensive gap analysis of medical and nursing workforce and phased plan of implementation agreed. Established network of providers and inter-Trust agreements to support in reach and outreach working 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Safe and sustainable paediatric neurosurgery services Safe and sustainable services for children with congenital heart problems with clear patient pathways All providers meet the national standards of provision and deliver improved quality of care Sustainable high quality surgical services for children
Mental Health	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Secure service and CAMHS Case Management and Gatekeeping Continued roll-out of My Shared Pathway and Patient Involvement Increase women's secure capacity Offender PD project development jointly with NOMS Review and increase CAMH's T4 capacity in area Responding to issues emerging from Winterbourne report 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Reduce admissions, length of stay and cost efficiencies. Improved pathway management for patients, and care delivered in appropriate level of security Improved quality of services and threshold management New beds open Roll out of national Offender PD work programme (legacy doc) Action plan agreed and delivery options identified Implications for local providers identified and actioned 	<ol style="list-style-type: none"> <ol style="list-style-type: none"> Case management embedded into practice for all specialised MH services Improved access to and egress from Secure Services Appropriate capacity provided nationally Review of new Offender PD service infrastructure Increased capacity provided and reduced out of area placements Safe and appropriate services

Values and Principles	Delivery of high quality and safe care to patients	Improved outcomes are delivered across each of the domains	The wider system addresses the needs of Armed Forces, their families and veterans	Seamless transition of care, no disadvantage or exclusion from the Constitution	
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment
Pre-existing Priorities 12/13	Strategic Context and Challenges		QIPP Improvements	Organisational Development	
<i>What are the pre-existing priorities that would need to continue to ensure delivery of this programme for your Area in 13/14 (delete guidance when typing)</i>	<i>Please describe any key issues in your area that will have an impact on delivery of this programme (delete guidance when typing)</i>		<i>Further information to aid completion will be provided in the financial guidance due w/c 14/01/13. Please identify any programmes of work impacting and improving quality (delete guidance when typing)</i>	<i>Please identify any organisational development requirements that would support delivery of the programme (delete guidance when typing)</i>	

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Prosthetics*	• • • •	• • • •	• • • •
Infertility Treatment*	• • • •	• • • •	• • • •
Armed forces covenant	• • • •	• • • •	• • • •
Mental Health	• • • •	• • • •	• • • •
Armed Forces Network	• • • •	• • • •	• • • •



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	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
General Prison Healthcare	• • •	• • •	• • •
Secondary Care	• • •	• • •	• • •
Substance Misuse	• • •	• • •	• • •
Secure Training Centres	• • •	• • •	• • •
Secure Childrens Homes	• • •	• • •	• • •
Immigration Removal Centres	• • •	• • •	• • •
Sexual Assault Services (* linked to Public Health)	• • •	• • •	• • •
Liaison & Diversion	• • •	• • •	• • •
Police Custody Suites	• •	• •	• •

Values and Principles	Common core offer of high quality patient centred primary care	Continuous improvement in health outcomes across the domains	Patient experience and clinical leadership driving the commissioning agenda	Balance between standardisation and local empowerment	
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

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	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Assurance	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
Quality	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
Single Operating Model	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •
Securing Excellence-Dentistry	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •
FHS	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

Values and Principles	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location	Productivity and efficiency improves
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Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment
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	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Immunisation	• • • •	• • •	• • •
Screening Programmes (Cancer)	• • • •	• • • •	• • • •
Screening Programmes (Non-Cancer)	• • • •	• • • •	• • • •
0-5 years Programme (including HV and FNP)	• • • •	• • • •	• • • •
NHSCB and PHE agreements	• • • •	• • • •	• • • •