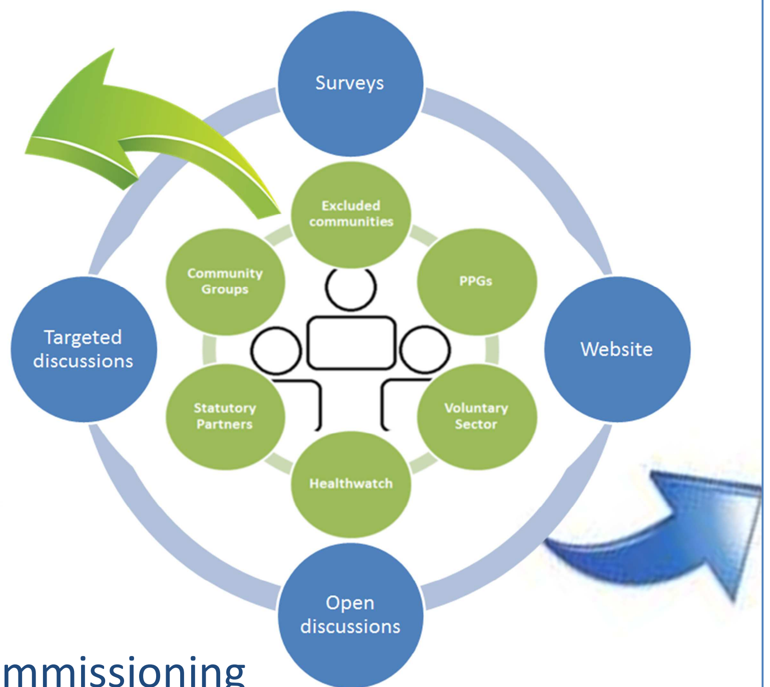
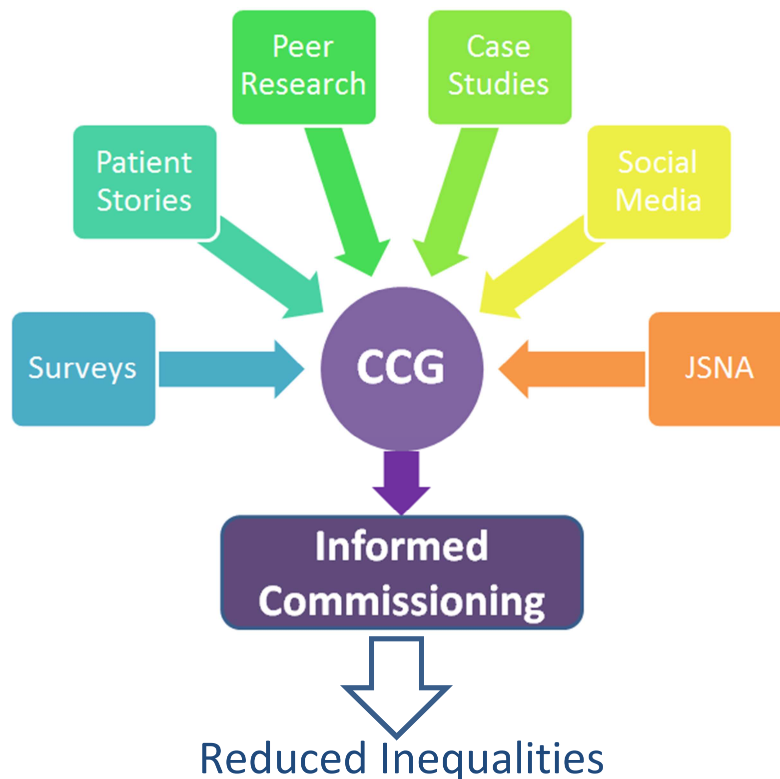
Brighton and Hove CCG Draft Commissioning Intentions
2015/16

Empowered Patients

Involved Public



Informed Commissioning



Reduced Inequalities

Contents

Contents 0

1. Introduction 1
2. Developing our plans 1
3. Financial and planning context 2

4. Service Specific Commissioning Intentions 2
4.1. Community Services 2
4.2. Mental Health 5
4.3. Urgent Care 7
4.4. Planned Care (including Cancer) 8
4.5. Children and Young People 9
4.6. Maternity 10
4.7. Medicines Management 10

5. Reducing Inequalities 11
6. Primary Care Development 11
7. Quality and Safety 11

8. Sustainability 11
8.1. Commissioning for Sustainability: 12
8.2. Being Sustainable as an Organisation 12
8.3. Leading our Member Practices 12

1. Introduction

Last year the CCG produced a 5 Year Plan setting out its long term strategic objectives and an Operating Plan which outlined how, over the two year period 2014-2016, the CCG planned to deliver its strategic objectives.

This year the CCG are required to refresh the second year of its Operating Plan. To do this we will revisit our existing plans and update where necessary based on the Joint Strategic Needs Assessment and detailed needs assessments undertaken in the past year. We will work with our partners to ensure that our commissioning intentions align with other strategic plans in the city.

During 2014 we have developed the themes from our strategic plan in to a number of detailed implementation plans including the Better Care Plan, Happiness Strategy, Primary Care Strategy and the Operational Resilience and Capacity Plan.

This document brings together the commissioning intentions from the existing plans and identifies areas where needs assessment suggest we need to focus our attention in 2015/16. These commissioning intentions are draft and will be developed over the coming months in light of national guidance and detailed financial analysis. A final plan will be produced and published in April 2015.

2. Developing our plans

Our Commissioning Intentions have been pulled together following an extensive year-round engagement process with:

i. our member practices: bi-monthly discussions with each of our three Localities on commissioning plans;
ii. patients and the public: regular public events discussing key themes including frailty, Happiness and proactive care;
iii. Excluded communities: regular meetings with and feedback from third sector organisations contracted to provide feedback from traditionally excluded groups such as LGBT, gypsies and travellers, disabled people;
iv. Patient and Participation Groups: via the PPG Network and Governing Body Lay representation;
v. The City Council: co-produced plans such as the Better Care Plan, Happiness Strategy;
vi. Neighbouring CCGs and co-commissioners from NHS England: Whole system plans, such as the Operational Capacity and Resilience Plan, developed in conjunction with other NHS commissioners and overseen by the System Resilience Group;

A summary of our draft commissioning intentions will be sent to all members of Patient Participation Groups and distributed widely across the City. Feedback can be submitted via the CCG website or at the public event in January 2015.

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3. Financial and planning context

National planning guidance, including guidance on financial allocations, will be published in December 2014. For the purposes of this document we have used last year's planning assumptions. These numbers are therefore a guide and will be subject to change.

Table 3.1: Initial Planning Assumptions

	2015-2016
Growth on CCG Opening Allocations	2.00%
Tariff (Mandatory)	-1.10%
Non Mandatory (Non-PbR, Tariff)	-1.30%
Activity Growth	2.35%
CQUIN	2.50%
Prescribing Inflation (before new drugs)	5.00%
Contingency	0.50%
Integrated Transformation Fund (est)	3.00%
Non Recurrent Expenditure Reserve	2.00%
Planned Surplus (1)	1.50%

We are currently reviewing actual and planned expenditure, to evaluate the impact of existing cost pressures in future financial years and to fully understand the impact of the use of non-recurrent funding sources for some schemes.

New funding will need to be identified where schemes are expected to continue, but are not currently included in 15/16 plans.

A number of factors are likely to impact on the financial position in 15/16, which will become clearer in the next few months once the financial framework is published and the roll forward position becomes clearer.

4. Service Specific Commissioning Intentions

4.1. Community Services

Our longer term approach to community services, as described in our Better Care Plan, is to develop integrated care focused on our frail and vulnerable residents. Substantial change to the way the system works together to provide care and community services are a key part of this programme. Services will be redesigned and care will be provided by multi-disciplinary teams based around clusters of GP practices, building on the Integrated Primary Care Team model.

Comprehensive assessment and care planning are essential components of the Better Care Programme. We will bring together a wide range of views from clinicians, health care professionals, individuals and their carers to develop a standard assessment and care plan. With the support of IM&T we will develop a secure electronic method of shared access across the system.

Personal Health Budgets are a key aspect of personalisation - with the aim of improving outcomes by

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placing individuals at the centre of decisions about their care. By working alongside health service professionals to develop a care plan, and through taking ownership of a known budget, individuals will achieve greater choice and control of the services required to support their needs. The PHB project is integral to the CCG vision for the local frail population by actively promoting individual's ability to stay healthy and well by providing 'whole person care', promoting independence and enabling people to fulfil their potential..

The table below sets out the key 2016 work programmes which come under the banner of Better Care:

Table 4.1.1: Better Care Projects

Work stream	Description
Integrated Frailty Integrated Homeless Personalised Care Planning	We will bring together the learning from the phase 1 practices and other related projects such as proactive care and EPIC. This will be used to shape the future integrated model of care. During 15/16 we will evaluate phase 1, design and implement phase 2.
Personal Health Budgets	For 15/16 the proposal is to extend PHBs beyond continuing healthcare in line with the NHS Mandate objective to offer PHBs to those in the community who may benefit from them. The focus will be on implementing PHBs for a small cohort of patients with long term conditions through the Better Care Frailty Phase 1 and Homeless workstreams.

Whilst we are working on our longer term plans for integration, we will continue to strengthen our community services. Demand in terms of both volume and complexity continues to rise. We have strong services to prevent hospital admission and are continuing to strengthen services to facilitate earlier discharge from hospital as well as enhance some of our smaller more specialist community services. We need to strengthen our specialist community services and move to a model whereby they can consistently support more generic primary and community teams with the care for patients with complex needs as well as the develop the skills within the broader primary care and community workforce. The table below describes areas we intent to explore over the coming months:

Table 4.1.2: Community Services Work Streams

Work stream	Description
Integrated Respiratory Service	Brighton & Hove has the highest proportion of COPD admissions accounted for by multiple attenders in Kent, Surrey and Sussex. Currently 46% of admissions coded as 'COPD' are those who have also been admitted in the previous year. There is scope to improve outcomes for our population by redesigning the model of care. There are numerous examples of integrated respiratory models. The evidence from elsewhere suggests demonstrable improvements can be made by the system working with a more coordinated approach: for example preventing premature mortality relating to COPD, improved patient outcomes in terms of health-related quality of life, as well as reductions in A&E attendances and unnecessary emergency admissions through timely diagnosis and access to evidence based treatments

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Work stream	Description
Lower Urinary Tract (LUTS) Pathway	The vast majority of people with LUTS are referred into secondary care (Urology). Evidence suggested that many of the referrals into secondary care that could have been supported within primary or community care settings The proposal is to explore diverting activity from secondary care through the enhancement of capacity in SCT's bowel and bladder services.
Lymphedema Pathway	NICE guidelines 'Improving Supportive and Palliative Care for Adults with Cancer (2004)' make a clear recommendation about the need for lymphedema services, the various service levels that need to be available to manage complex cases and also preventative work. There are potential links with tissue viability services for many lymphedema patients so the proposal is to develop an integrated tissue viability and lymphedema service that is accessible to adults with any form of lymphedema. At the present time we estimate that between 10-30% of people with lymphedema in the city are receiving a specialist service.
Anti-coagulation	During 2012 there were some major changes in the guidance on the treatment for the prevention of stroke and systemic embolism in atrial fibrillation. Three new oral anticoagulation (NOAC) drugs have come onto the market. Two of these, Dabigatran etexilate (March 2012) and Riveroxaban (May 2012), have NICE approval and the third, Apixaban has a final appraisal determination. None of these drugs require the regular monitoring that warfarin requires. Since 2012 there has been on-going growth in prescribing of NOACs and they currently account for around 7.5% of anticoagulant prescribing. The proposal is to re-tender the service in line with the CCG's procurement requirements and to assess the impact on the NOAC's in terms of any new model of care.
Short Term Services	Review the model for step up/step down and rehabilitation services ensuring we have the right model and capacity within the City. We need to provide services that ensure people avoid being admitted to hospital wherever possible and following a stay in hospital they are discharged appropriately and their independence maximised.

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Work stream	Description
Dementia	Key findings from the 2014 JSNA for dementia were that the city has some pockets of excellent dementia services, but they are not always joined up and there are some gaps. We need to take more of a whole system approach to the way we commission dementia services. Key recommendations include the need for better/more: • Diagnosis and earlier intervention • Joined up services that support patient centred care • Carers support • Support to local community services • Training and education A Dementia Plan has been produced which was formally signed off by HWB in October 2014. It aims to treat dementia as a 'long-term condition', aligning dementia services with physical health services so a holistic approach is taken to the care of people with dementia. Better Care Funds of £250K have been identified and new multi-agency Dementia Partnership Board has established to agree prioritisation of funds oversee the delivery of the Plan.

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4.2.Mental Health

Brighton and Hove has comparatively high levels of mental health need. Strategically our approach to improving mental health is to prevent ill-health developing. This requires a whole system response to address some of the broader risk factors relating to mental illness such as employment and housing.

The national strategy No Health Without Mental Health provides the overarching framework and Brighton and Hove now has its own local Happiness Strategy to improve mental health and wellbeing which aims to make mental health part of everyone's business. This local strategy represents a real change in direction from our historical approach which was largely been about the strategic direction of mental health services rather than the way the whole system can work together.

Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. It is therefore essential that we have the right support early on in people's lives to help to prevent mental illness from developing and to mitigate its effects when it does.

Over the last few years our strategic approach has been to shift from inpatient care to community care and we have reduced our local adult inpatient acute bed capacity by 20% and re-invested this funding into community services.

The plan is to continue to strengthen mental health pathways and services providing as much support in the community wherever possible and also integrating mental health support.

The Mental Health Crisis Care Concordat sets out expectations that "No one in a crisis will be turned away". The CCG is working with local stakeholders to ensure local delivery which involves embedding already agreed changes to the urgent care pathway, making sure we have comparable crisis care arrangements for

children, and trying to ensure as few people as possible are taken to custody under s136 of the Mental Health Act .

From 1 October 2014 the CCG took back commissioning responsibility for child and adolescent mental health from Brighton and Hove City Council. This provides us with an opportunity to ensure there is sufficient focus on supporting mental health at a young age as part of an overall system of care as well as ensuing there are effective pathways at the transition point into adulthood. We know from local intelligence that there are improvements we need to make to services and the system of care and we are planning to undertake a local multi-agency review of emotional health and mental wellbeing support to children and young people which will be underpinned by a joint strategic needs assessment. This piece of work will inform future models of care for the City.

Mental Health is also key to our Better Care Plans both the frailty and the homeless work programmes Work is on-going to work out how resources can best be aligned to the new cluster based multi-disciplinary teams that are being developed.

Table 4.2.1: Mental Health Work Streams:

Work stream	Description
Improved Complex Trauma Pathway	The complex trauma pathway is fragmented and there are gaps in terms of provision. The majority of sexual and domestic abuse counselling is not commissioned but funded by recipients and charitable funding. The proposal is to develop a complex trauma pathway for survivors of sexual abuse and domestic abuse.
Psychological Interventions to People with Psychosis	A recent audit indicated people with psychosis under the care of Sussex Partnership Foundation Trust highlighted that their care packages included limited availability of psychological therapy despite evidence of the effectiveness of family therapy and Cognitive Behavioural Therapy. NICE recommends that all people with psychosis should be offered one or both of these interventions.
Psychological Support "gap" between Primary and Secondary Mental Health Services	Preparation for Payment by Results in Mental Health has mapped optimal care pathways against current service availability. This has identified a group of people whose needs may fall between a gap in service. Typically, the needs of this group are too complex for the Wellbeing services but not severe enough to require the coordinated multi-disciplinary input of secondary care mental health services. The detail of the service model is being worked through but could include the community and voluntary sector and/or an extension to the Practitioner role which is provided as part of the Wellbeing Service.

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Work stream	Description
Development of a Pathway for Medically Unexplained Pathway	MUS are common [20% of Primary Care Consultations and up to 50% outpatient attendances across all specialities], Patients can be repeatedly investigated and referred but in only 5-10% of cases will an organic cause be found for the symptoms. Invasive investigations increase morbidity and mortality and presentation with MUS is associated with twice the standardised mortality ratio for cancer, accidents and suicide. This proposal is for a Stepped care model for recognition, assessment and treatment of MUS.
Strategic Review of emotional health and wellbeing pathways for children and young people	We spend £2.4 million on CAHMS and most of this in the more intensive treatment end and comparatively little in terms of prevention. The CCG spend on CAMHS is about 5% of the mental health spend on adults. The proposal is to under-take a multi-agency review of child and adolescent mental health services to inform a new model of care for emotional health and mental wellbeing support to children and young people.
Extension of the Mental Health Liaison Team to Children and Young People	The 24/7 Liaison Team at the County Hospital is for adults only and there is not psychological support available for children and young people who attend A&E and/ or are admitted in a crisis. Within RSCH approximately 300 under 18 year olds who are admitted with a mental health issue each year. We have recently seen an increase in the number of young people presenting with self-harm, eating disorder and conversion disorder. There has been an increase of 40% in rate of self-harm among young people presenting at A&E from 2010 until 2013 with increased acuity

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4.3.Urgent Care

We recognise that to have a resilient urgent care system we need to significantly change our models of care, particularly, for older people from a reactive bed based service to one that is more proactive, integrated and responsive to what people want. The key mechanism for delivering this change will be the Better Care Programme.

We will continue to focus on urgent care, working as a system to reduce the numbers of people attending A&E, supporting the delivery of the 4 hour standard and streamlining pathways into, within and out of hospital.

In particular, we will continue to work with the trust to deliver significant reductions in ambulance handover delays and to sustain consistent achievement of the 4 hour standard beyond March 2015 onwards following successful implementation of the Operational Resilience and Capacity Plan. The table below outlines the key components of that plan:

Table 4.3.1:Urgent Care Work Stream

Work stream	Description
Supporting patients and the public to access care	We will continue to develop and implement our local communications strategy building on the work already started via the We could be heroes campaign.
Delivering the 4 hour A&E standard	We will continue to work in collaboration with our local acute hospital to achieve sustainable improvement in the 4 hour A&E standard and in ambulance handover delays.
Reducing ambulance conveyance	We will develop our local approach to contracting and commissioning of ambulance services that is much more responsive to local need and priorities.
Integrated Urgent Care model	We intend to accelerate work already commenced in 2014/15 to develop an integrated primary care led service as the entry point to urgent care in the city. Urgent care provision in Brighton and Hove is complex and difficult for patients and professionals to navigate, with the default position often being ringing 999 or attending A&E. With the implementation of NHS 111 and further changes to GP opening times, the time is right to look at this resource as a whole and seek to develop and implement an integrated urgent care model that makes sense for patients and clinicians. We will be conducting an option appraisal towards the end of 2014/15 aiming for implementation of the agreed model in 2016/17.
Acute Assessment Pathways	Building on the work commenced in 2014 we will expect to see further expansion in ambulatory care and acute assessment pathways and will seek to formalise a local tariff for non-admitted activity.

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4.4.Planned Care (including Cancer)

We will be seeking to implement a number of planned care pathways changes or service developments over the coming year including:

- The development of a Community Irritable Bowel Syndrome (IBS) service
- The development of new direct access diagnostics pathways e.g. 24hr ECG, endoscopy etc.
- We will seek to commission repeat chest x-rays following abnormal results without the referral going back to the GP
- A review of the use of direct access diagnostics by primary care
- Implementation of ae neurology virtual clinic including direct to diagnostic and one-stop services

Cancer is a priority in Brighton and Hove CCG’s 2 year Operating Plan. The CCG has established a Cancer Action Group and are in the process of developing a detailed work plan. The CCG priorities are aligned to the Cancer Strategic Clinical Network’s (SCN) strategy for improving cancer detection and care. The CCG are also working with the SCN to reconnect the cancer commissioning pathway which has become fragmented since the NHS reorganisation of 2013 when Sussex Cancer Network ceased to operate.

The programme of work will be structured around the following key themes:

- Promoting the uptake of cancer screening programmes
- Early diagnosis in primary care including 2 week wait referrals and conversion rates and improved

access to diagnostics

- Reducing diagnosis in A&E and other emergency settings
- Pathway redesign work with secondary care (particularly for colorectal and lung cancers) to reduce the possibility of avoidable delays in care and treatment
- Education of GPs, health professionals, patients and carers about cancer risks, early diagnosis and survivorship

A summary of the potential workstreams is contained in the table below:

Table 4.4.1: Planned Care Work Streams

Workstream	Description
Irritable Bowel Syndrome	The main purposes are: - to support people with IBS without referring them to hospital - release capacity in secondary care for patients who need acute services - to support primary care by proving a more specialist service for those patients who need more time and/or a higher level of clinical knowledge of IBS The service will provide dietary and lifestye advice and will support patients in informed self-management, providing a range of information and resources. The service will signpost patients to psychological support if needed. The service will provide a patient helpline.
Direct Access Diagnostics	The CCG is working with stake holders to review current Lung, Colorectal, Breast Prostate pathway for patients who need CT in line with the Cancer Outcomes Strategy 2011 which recommended GPs have direct access to chest x-rays; brain MRIs; abdominal/pelvic ultrasound
Increase endoscopy capacity	Explore increased awareness and use of the iron deficiency anaemia (IDA) clinic and redesign the CCG anaemia pathway to take into account the positive predictive value of IDA in over 65s
Screening	Improved uptake of breast screening across all demographics with an impact on diagnostics
Living Beyond Cancer Survivorship	we will work with the trust to improve the percentage of patients offered a treatment summary completed at the end of each acute treatment phase, sent to the patient and GP

4.5.Children and Young People

Earlier this year the CCG took back commissioning responsibility for children and young people's community paediatric and therapy services from Brighton and Hove City Council. The table below outlines the areas where we need to focus in 15/16.

Table 4.5.1: Children and Young People Commissioning

Supporting Primary Care	• Children's urgent care pathways, to embed local and national guidelines and best practice, cascading training to all members of the team and to ensure prioritisation of reassurance to families of under 5s;

	• Children with disabilities and complex needs – ensuring these children and young people can easily access appointments that recognise their individual needs; holding a register of these children and providing input to their transition to adult services; • Multi-disciplined working around children and young people with complex needs, ensuring agreed identification of cases with other professionals: e.g. Mid Wives; Health Visitors and School Nurses; Paediatricians; CAMHs and proactive approaches to working as part of a team around these children and young people.
Supporting Communities Therapies	Development of therapeutic support and pathways for children with medically unexplained symptoms and chronic pain management all of whom require input from OT, Clinical Psychology and physiotherapy. There is currently no such service available and we need to undertake a scoping exercise to understand the level of need.

4.6.Maternity

Maternity services in Brighton and Hove are provided by Brighton and Sussex University Hospitals Trust; there is an Obstetric Led Unit at the Royal Sussex County Hospital site or women can choose to have a home birth which accounts for about 5% of local births. Brighton does not provide full choice of birth place as it does not have a midwifery-led unit. Following initial delays there are now plans being developed for such a service that will provide for increased capacity, a co-located birth centre and a women's health centre for both ante natal and gynaecology outpatients. The current timescale for the completion of all this work is 2015.

We will be working with neighbouring CCGs on the development of the Maternity Dashboard with regular informative narrative. We also expect to work closely with maternity services on a realistic plan to improve the numbers of normal births. We intend to develop a service specification for maternity services and work with key stakeholders to ensure that the Birthing Unit is developed to reflect the needs of the local population.

4.7.Medicines Management

Moving into 2015-16, we will continue to work with partner commissioners, providers and other organisations to optimise medicines use in all care settings for our population, to ensure that patients get the best possible health outcomes from the investment that we make in medicines and other prescribed items.

We will continue our current work plan by consolidating the roll out of governance systems for high cost drugs (Blueteq) and continue at pace the delivery of system-wide and online formularies. We will also focus on the implementation of NICE Guidance and on prescribing in key therapeutic areas such as for those with long-term conditions.

We will continue with the managed entry of new drugs via the Brighton Area Prescribing Committee as a governance structure to reflect the needs of the local health economy. We will engage with neighbouring

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CCGs and providers to ensure that medicines which are evidence based and affordable are made available to the general public whilst delivering value for money when committing the use of public funds.

5. Reducing Inequalities

In order to address the gap in life expectancy and improve mortality and morbidity in the City overall, the CCG plans to commission a range of high impact, evidence based interventions to improve health outcomes in 2015/16 based on the outcomes of the premature mortality audit.

6. Primary Care Development

In July 2014 the CCG Governing Body approved the Primary Care Strategy, which set out the CCG vision for Primary Care and General Practice in Brighton and Hove.

"We see high quality primary care as the foundation on which to build the very best healthcare for the population of Brighton and Hove. In order to achieve this we will need to increase capacity and capability in primary and community services so that we focus on preventative and proactive care, particularly for the most frail and disadvantaged communities".

We have established a Primary Care Transformation Board to oversee this significant area of development in 2014/15. Key to the Board's areas of responsibility will be to:

- Commission a range of services in Primary Care via a new offer to General Practice, an appropriately costed city-wide Locally Commissioned Service (LCS) that addresses key areas of health inequality, improves clinical outcomes and shifts the model of care to one that is more proactive and preventative for our most frail population;
- Oversee the development of a collaborative model of primary care in order to respond to the City wide LCS and build a more resilient and sustainable model of provision in the City;
- Manage the process for receiving primary care commissioning responsibilities back from NHS England, ensuring the governance around this is robust;
- Strengthen the mechanisms for reporting on and addressing issues relating to the quality of care in general practice.

7. Quality and Safety

Quality and safety in the delivery of health services, is the fundamental core to the roles and responsibilities of every commissioning and provider organisation. Within Brighton & Hove Clinical Commissioning Group (CCG), quality is defined as clinical effectiveness, patient experience and patient safety. We are committed to ensuring patient focussed outcomes arising from the standards should be embedded in service redesign, planning and commissioning and that all contracts are robustly monitored , in order to provide assurance that the quality standards and outcomes are being met.

8. Sustainability

8.1.Commissioning for Sustainability:

- Ensuring our clinical pathway designs address prevention, quality, innovation productivity and integration.
- Delivering our duties under the Social Value Act of 2012 and embedding social value and community assets in our procurement practice.
- Fully utilising contractual levers to ensure sustainable practice within commissioned services.

8.2.Being Sustainable as an Organisation

- Ensuring we have energy efficient business processes;
- Paying our staff the City's living wage;
- Providing a workplace which facilitates health and wellbeing.

8.3.Leading our Member Practices

- Supporting general practice with energy audits and top 10 high impact actions;
- Addressing areas such as medicines wastage;
- Facilitating enablers such as the roll out of electronic prescriptions;
- Agreeing a programme of work with member practices and developing a "sustainability pledge" for members.

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