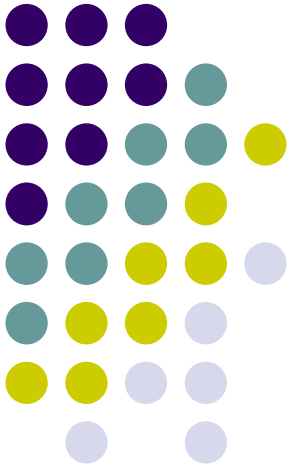
The *NHS*

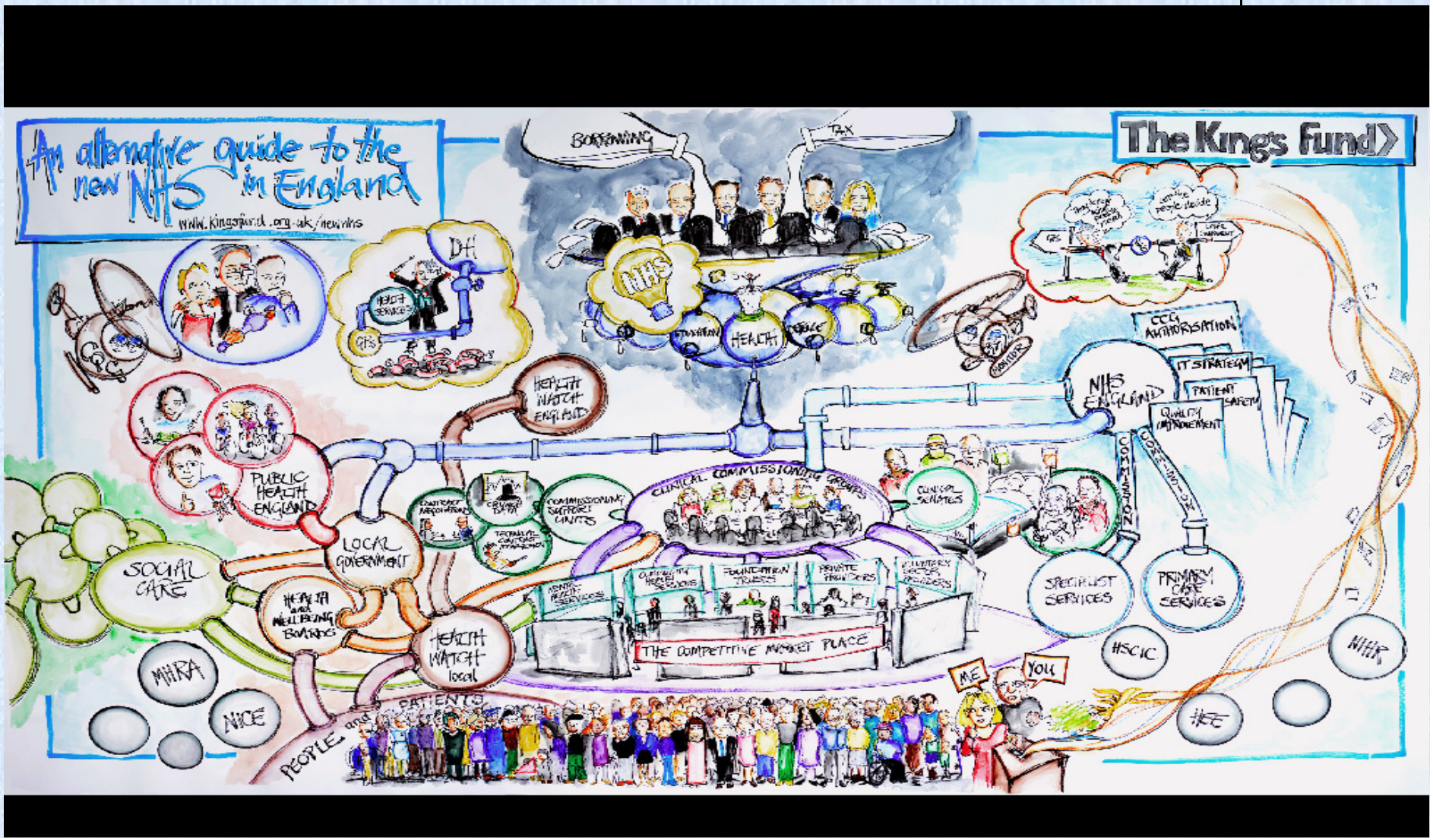
Dr Jim O' Donnell
Chair
NHS Slough CCG

30th June 2016

Health Scrutiny Panel, SBC

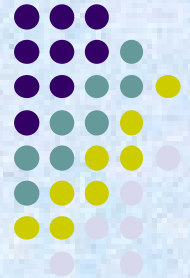


The Kings Fund video: An alternative guide to the new NHS in England (www.kingsfund.org.uk)



NHS Budget 2016/17:

£120.4 billion, 4 regions, London, Midlands & East, North and South; £71.9 bn to 209 CCGs



- ✓ ***CCGs commission a range of routine services***
- ✓ ***Urgent and emergency care, elective (planned) hospital care, community health services, maternity and mental health***
- ✓ ***General practice – 115 delegated commissioning, all CCGs by 2017/18***
- ✓ ***Specialised services – increasingly with NHS England***
- ✓ ***6 Commissioning Support Units (CSUs)***
- ✓ ***15 Academic Health Sciences Networks***
- ✓ ***£3.9bn mandatory minimum to be spent jointly with LAs in Better Care Funds - £9m in Slough***

The future vision – 5YrFV

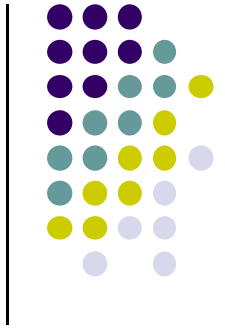
- Co-commissioning is one of a series of changes set out in the ***NHS Five Year Forward View***.

- The *Forward View* set out the need to **break down traditional barriers** in how care is provided. Out-of-hospital care to become a much larger part of what the NHS does, and for services to be **integrated around the patient.**
  - Co-commissioning is a key driver of this by enabling **greater collaboration between commissioners across local health economies and wider geographical and organisational footprints.**

- 5YrFV encourages **greater innovation in service and delivery models** in recognition that one size does not fit all when it comes to diverse demographics and local need. It sets out a number of new models of care including **multispecialty community providers (MCP), integrated primary and acute care systems (PACS)**, and integrated approaches to urgent and emergency care (UEC).
  - **New models of care will be easier to deliver by having commissioning responsibilities for primary and secondary care in the same organisation - CCGs.**
  - Furthermore, **co-commissioning will give GPs a greater say over the development of new services and models of care for their local communities.**

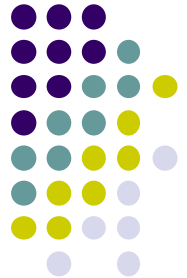
- The *Forward View* also sets out **a commitment to invest more in primary care over the next five years :** Through co-commissioning **CCGs will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.**

NHS Five-Year Forward View
- 9 high level priorities



- Development of a high quality and agreed STP
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and skill mix
- Urgent and Emergency care Transformation
- Improvement against and maintenance of the NHS Constitution standards of 92% non-emergency pathways
- Improve Cancer survival rate via early diagnosis and treatment
- Improve Mental Health service
- Deliver actions set out in local plans to transform care for people with Learning Disability, implementing enhanced community provision, reducing inpatient capacity, rolling out care and treatment reviews in line with published policy.
- Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality.

Since the Five-Year Forward View ……
- 2 new models. 2016: 44 STPs



- Urgent and Emergency Care Vanguards – reduce A&E pressure through coordination of services
- Acute care collaborations – linking hospitals to improve clinical and financial viability
- 50 new vanguards

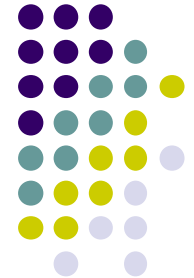
- www.kingsfund.org.uk/altguidenhs - link to video animation

- Sustainability and Transformation Plans (STPs) - local system based, brings providers, commissioners, LAs, together
- Frimley STP, 750,000 population.

The GP Forward View

- An **additional minimum of £2.4bn per year by 2020-21** in GP services, from £9.6bn to £12bn - a 14% real terms increase. (£322m increase in primary medical care allocations
- in 2016-17). 20% of this will be spent on 7-day services.
- Includes £900m of **capital spend** on practice premises over the five years – CCGs approval for the plans required, and provision of a greater range of services.
- Seen widely as the end of the starvation-strangulation of general practice by a vengeful DH post the 2003-4 contract implementation and financial outcomes.
- £112m to give every practice access to a clinical pharmacist, in addition to the £32m already allocated. Plus £6m for PM development & £15m for nurse training capacity until 2020.
- £45m to train receptionists and clerical staff as **patient navigators** and handle clinical paperwork.
- £30m to implement innovative ways of freeing up GP time for patient appts.
- Most of the funding to be distributed as **primary care transformation** support , and (or) to implement schemes trialled in 7-day access pilots, or IT innovations – e-consulting, video consulting, etc. £171m practice transformational support.
- Will be further supplemented by the £550m+ STP (**Sustainability & Transformation Plan**) to support struggling practices (£40m), further develop the GP workforce, tackle workforce issues and stimulate care re-design.
- Reduced frequency of CQC inspections to 5-yearly for practices rated Good or Outstanding.
- Practice resilience fund - £16m this year, then £24m over next four years. Summer. LMCs.
- GP Retainer scheme - £12,000 per year per practice, via HEE
- Help promised with the rising cost of medical indemnity.
- New GP funding formula for general practice to replace Carr Hill
- Mental Health therapists funding for each practice via BCFs.

Aims of Co-commissioning



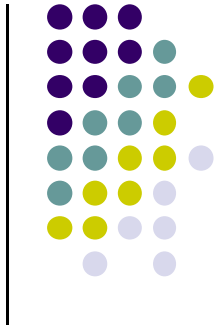
- To harness the energy of CCGs to create a ***joined up***, ***clinically-led*** commissioning system which delivers ***seamless***, ***integrated*** out-of-hospital services based around the ***needs of local populations.***
- From ***CCGs' early expressions of interest***, NHSE sees benefits of co-commissioning as:
  - Improved provision of ***out-of hospital services*** for the benefit of patients and local populations;
  - ***A more integrated healthcare system*** that is affordable, high quality and which better meets local needs;
  - More **optimal decisions to be made about how primary care resources** are deployed;
  - ***Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services***; and
  - A more ***collaborative approach to designing local solutions for workforce, premises and IM&T challenges***.
- Co-commissioning is the beginning of a longer journey towards ***place-based commissioning…joined health and care services.***

Sustainable Finances

The table below shows the 'programme' funding allocation for our three CCGs for 2016/17 of £490m and the growth compared to 2015/16. For 2016/17 NHS England has made some fundamental changes to how the 'target' allocations are calculated for CCGs (the amount a CCG should theoretically receive based on a 'fair share' of the national funding available) and this means the actual funding for each of our CCGs is now much closer to this theoretical target. Slough CCG is funded marginally above the target

	2016-17 Final allocation after place based pace-of-change £k	2016-17 Final growth £k	2016-17 Final growth %	2016-17 Final per capita allocation £
NHS Bracknell and Ascot CCG	153,421	6,601	4.50%	1,085
NHS Slough CCG	171,799	5,083	3.05%	1,117
NHS Windsor, Ascot and Maidenhead CCG	165,111	9,160	5.87%	1,077

Finances – cont.

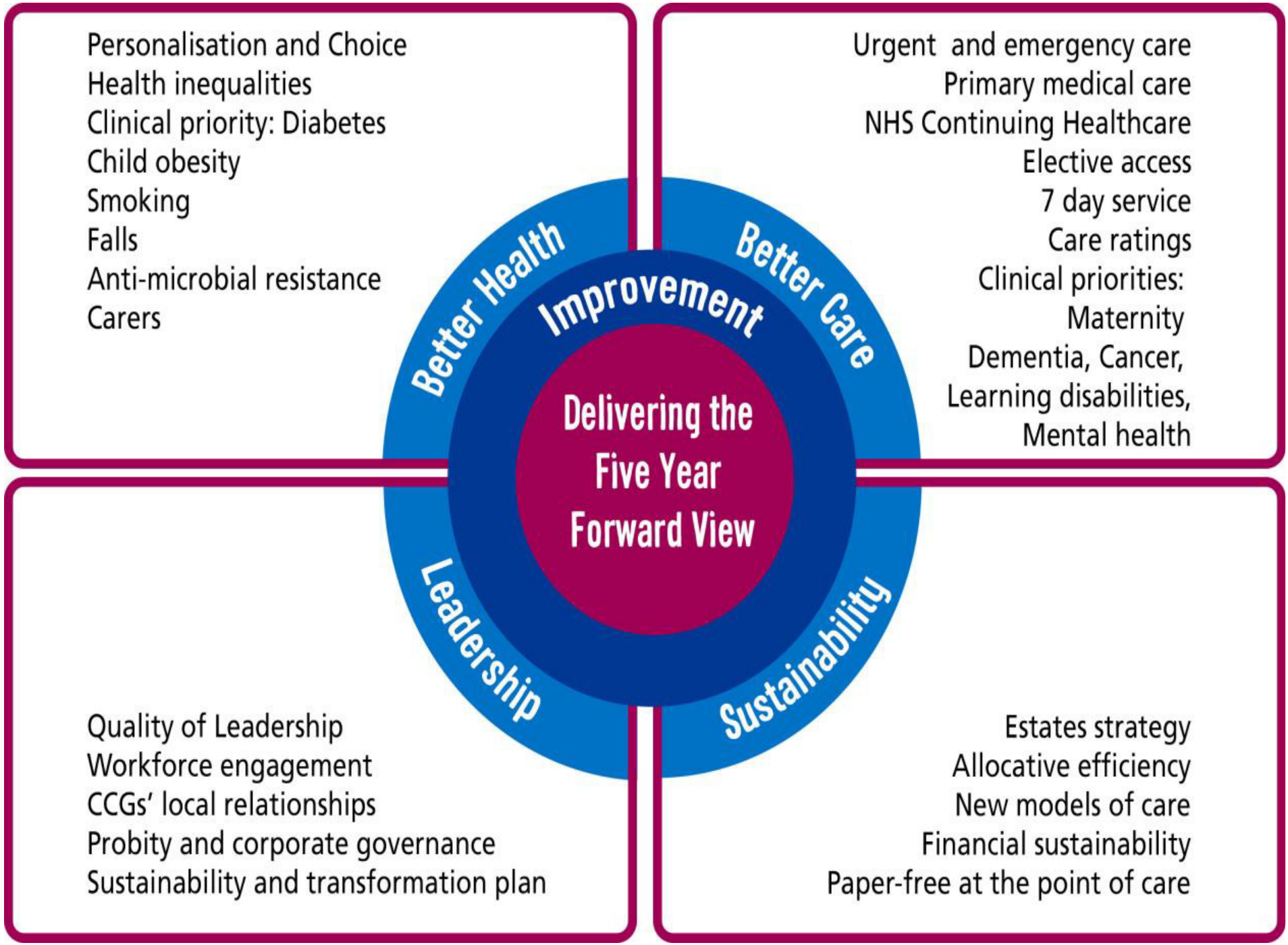


- Slough allocation has been affected by the movement in our funding formula (goal posts sometimes do move).
- This means we need to meet additional requirements within the mandate with relatively less growth than our neighbouring CCGs
- The CCG therefore has a planned QIPP gap of circa £5 million
- There are savings plans built in year to cover the ensuing gap and all investments will be reviewed in-year
- The area of over-performance tends to be in non-elective (unplanned) activity for Slough, although our elective (planned) activity is also showing signs of performing above last year.

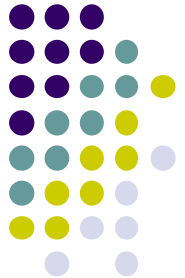
CCG Assurance Process: has changed into the new

2016-17 Improvement and Assessment Framework (IAF): 4 domains, 6 clinical priorities, 57 indicators designed to supply indicators for adoption in STPs as a marker of success. NHS constitutional, core performance and finance indicators, outcome goals, transformation challenges.

- **Better Health** - improving health & wellbeing, bending the demand curve
- **Better Care** - care redesign, performance of constitutional standards, outcomes, esp. in six important clinical areas – Diabetes, Mental Health, Dementia, Learning Disabilities, Cancer, Maternity
- **Sustainability** - financial balance, securing good value for money
- **Leadership** - quality of CCG leadership, of its plans, work with partners, governance arrangements, probity, how it deals with conflicts of interest


Personalisation and Choice
Health inequalities
Clinical priority: Diabetes
Child obesity
Smoking
Falls
Anti-microbial resistance
Carers
Urgent and emergency care
Primary medical care
NHS Continuing Healthcare
Elective access
7 day service
Care ratings
Clinical priorities:
Maternity
Dementia, Cancer,
Learning disabilities,
Mental health
Better Health
Improvement
Better Care
Delivering the Five Year Forward View
Leadership
Sustainability
Quality of Leadership
Workforce engagement
CCGs' local relationships
Probity and corporate governance
Sustainability and transformation plan
Estates strategy
Allocative efficiency
New models of care
Financial sustainability
Paper-free at the point of care

2016-17 Improvement and Assessment Framework (IAF):

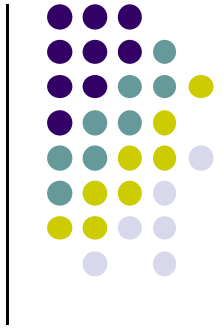


- Support dialogue between NHSE & CCG
- Risk-based continuous approach
- 360 degree CCG stakeholder survey
- CCG population outcomes indicator set
- RightCare Commissioning for Value packs that set a CCG's priorities
- Overall ratings and relative performance on MyNHS & other channels
- 29 areas, 57 indicators, reported quarterly
- Independent panels for each of the six clinical priorities
- How well CCGs play into their local systems
- Subject to regional and national moderation

Area	Indicator Name
Better Health	
Smoking	Maternal smoking at delivery
Child obesity	Percentage of children aged 10-11 classified as overweight or obese
Diabetes	Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
	People with diabetes diagnosed less than a year who attend a structured education course
Falls	Injuries from falls in people aged 65 and over
Personalisation and Choice	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
	Personal health budgets
	Percentage of deaths which take place in hospital
	People with a long-term condition feeling supported to manage their condition(s)
Health inequalities	Inequality in avoidable emergency admissions
Anti-microbial resistance	Appropriate prescribing of antibiotics in primary care
	Appropriate prescribing of broad spectrum antibiotics in primary care
Carers	Quality of life of carers

Area	Indicator Name
Better Care	
Care ratings	Use of high quality providers
Cancer	Cancers diagnosed at early stage
	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
	One-year survival from all cancers
	Cancer patient experience
Mental Health	Improving Access to Psychological Therapies recovery rate
	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
	Children and young people's mental health services transformation
	Crisis care and liaison mental health services transformation
	Out of area placements for acute mental health inpatient care - transformation
Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism
	Proportion of people with a learning disability on the GP register receiving an annual health check
Maternity	Neonatal mortality and stillbirths
	Women's experience of maternity services
	Choices in maternity services
Dementia	Estimated diagnosis rate for people with dementia
	Dementia care planning and post-diagnostic support
Urgent and emergency care	Achievement of milestones in the delivery of an integrated urgent care service
	Emergency admissions for urgent care sensitive conditions
	Percentage of patients admitted, transferred or discharged from A&E within 4 hours
	Ambulance waits
	Delayed transfers of care attributable to the NHS per 100,000 population
	Population use of hospital beds following emergency admission
Primary medical care	Management of long term conditions
	Patient experience of GP services
	Primary care access
	Primary care workforce
Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
7 day services	Achievement of clinical standards in the delivery of 7 day services
NHS Continuing Healthcare	People eligible for standard NHS Continuing Healthcare

Area	Indicator Name
Sustainability	
Financial sustainability	Financial plan
	In-year financial performance
Allocative efficiency	Outcomes in areas with identified scope for improvement
	Expenditure in areas with identified scope for improvement
New models of care	Adoption of new models of care
Paper-free at the point of care	Local digital roadmap in place
	Digital interactions between primary and secondary care
Estates strategy	Local strategic estates plan (SEP) in place
Leadership	
Sustainability and Transformation Plan	Sustainability and Transformation Plan
Probity and corporate governance	Probity and corporate governance
Workforce engagement	Staff engagement index
	Progress against workforce race equality standard
CCGs' local relationships	Effectiveness of working relationships in the local system
Quality of leadership	Quality of CCG leadership



CCG STATUTORY DUTIES:

Commission Services for Patients of Practices & the CCG Area's Unregistered Persons	Promote Integration
Emergency Care in/for Slough	Maintain Register of Interests
For Out-of-Area placements	Conflicts of Interest
Ensure Delivery of The Mandate	Public Consultation
Commission Effective High Quality Services	Publish CCG Plans Annually
Ensure Primary Care Quality	Consult SWB & Public in relation to Plans, incl. HOSC
Reduce Health Inequalities	Publish Annual Report
Involve Every Patient	Maintain the GB Constitution
Promote Patient Choice	Equalities Act & Health & Safety at Work Act
Obtain Appropriate Advice	Employment Rights Act
Promote Innovation	Human Rights Act
Support & Promote Research	Data Protection Act
Educate & Train Personnel	Freedom of Information Act