Norfolk County Council
at your service

Health and Wellbeing Board

Date: **Wednesday 8 January 2014**

Time: **9.30am**

Venue: **Room 16, Abbey Conference Centre, Norwich**

SUPPLEMENTARY AGENDA

Please find attached a replacement report for item 6 of the original agenda. This replaces pages 85 to 87 of the original agenda.

6 **Clinical Commissioning Groups – Commissioning Intentions.** Andy Evans (**B3**)
Report of the Great Yarmouth & Waveney CCG.

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IN TRAN communication for all

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Great Yarmouth and Waveney
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30 September 2013

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Dear Colleague

NHS Great Yarmouth and Waveney CCG Commissioning Intentions 2014 – 2015

1. Context

This letter sets out NHS Great Yarmouth and Waveney Clinical Commissioning Group's (HealthEast) commissioning intentions for the contract year 1 April 2014 to 31 March 2015.

The NHS has changed dramatically over the last year. Strategic Health Authorities and Primary Care Trusts have gone. In their place, we have NHS England and Clinical Commissioning Groups. General practice clinicians in HealthEast have embraced the opportunity to have far greater involvement in the design and management of local health services and we are determined to broaden that involvement to all clinicians and practitioners in all of the local organisations providing care and support to our population.

Our major structural ambition for 2014/15 is to create an operational, effective Integrated Care System (ICS) covering the whole of the Great Yarmouth and Waveney health and social care system. This will include all commissioners and providers involved in providing health and well-being services or who contribute to the health of our population. This will include the major commissioners - Norfolk County Council, Suffolk County Council, Great Yarmouth Borough Council and Waveney District Council as well as our major providers, be they NHS or non NHS organisations.

We believe that integration of services, vertically and horizontally, is the most effective way to improve services to our local population and maximise the value we obtain from our increasingly pressured financial resources. To improve the services patients experience we must remove operational barriers between organisations and minimise what we spend on bureaucratic management processes. At the same time we must build on the capabilities of empowered staff across the organisations in the ICS in order to achieve care that is best

suited to an individual's needs. Our commissioning intentions are therefore aimed at supporting the achievement of this objective as well as the more conventional aspects of planning normally expressed in the annual commissioning intentions letter.

It is our intention to support seamless working across organisations through contractual means. We will increasingly look to agree prime or lead providers for areas of care who will bring unified cross organisational management to pathways. We will also seek to incentivise and focus on preventative and out of hospital care by moving away from PbR to whole year funding.

At the same time we will be developing 'area based' funding where we pool funding with commissioning partners where relevant and possible, across health, district and social care boundaries.

HealthEast is committed to improving the health of our population and providing more care that is closer to, or in, patients' homes. We will commission services that are flexible and modern and contribute to achieving this aim. Working with all our partners in health, social care, local authorities and the voluntary sector, and of course patients and carers, this new approach will deliver our vision *"Better care, Better health, Better value"* by:

- Addressing the major causes of illness and ill health in our population
- Designing services to meet the needs of patients and carers;
- Delivering more care to people at home to help prevent them having to go into hospital;
- Ensuring all providers work together within new integrated health and social care hubs;
- Working closely with local authorities and the voluntary sector to deliver care in an integrated way, working closely with the new Health and Wellbeing Boards and to address the non-health determinants of health;
- Offering greater support for people with long-term conditions; Listening to what our patients, carers and clinicians tell us about the needs of the population;
- Reviewing every contract for effectiveness and value for money before April 2014; and
- Ensuring that we abide by the values of the NHS constitution.

HealthEast's intentions will also incorporate the following:

- The outcome of the joint consultation by NHS England and Monitor regarding the future strategy for payment and pricing for NHS-commissioned services, the expected publication date is currently unknown;
- The outcome of the NHS England review of incentives, rewards and sanctions within the NHS system in line with the commitment in 2013/14 planning guidance, the expected publication date is currently unknown;
- The impact of the National Operating Framework 2014/15, due for publication in Autumn 2013;
- The impact of the 2014/15 Payment by Results (PbR) tariff, due for publication in Autumn 2013;

- The impact of guidance for NHS commissioners to support legal duties for individual and patient participation, due for publication in October 2013;
- The impact of the updated national contract, due for publication in December 2013;
- The impact of NHS England (NHSE) guidance, as and when published;
- The impact of NICE publications, as relevant, as and when published; and
- The intention to review all our contracts for value for money and to act accordingly, changing, reducing or terminating any which are not deemed adequate.

This letter forms part of the dialogue to agree contract schedules and activity plans for 2014/15 and HealthEast may well approach providers to work with them on developing improved or more appropriate services.

HealthEast will also be working with other commissioners of services for the population of Great Yarmouth and Waveney – the local area team of NHS England, the public health arms of Norfolk County Council and Suffolk County Council. We will be seeking to ensure that services commissioned by us all integrate and act to achieve our aims for our population.

1.1 Understanding the financial context and QIPP (Quality, Innovation, Productivity and Prevention)

The medium and longer term present the health system, both locally and nationally, with a challenging financial scenario. In 2014/15 there will be no recurring financial resource available for investment into new services unless some commissioning decisions are made around disinvestment from clinical services. Cost pressures already identified include inflationary and other increases in prescribing and drugs costs, continuing healthcare, and the impact of tariff and other acute cost pressures. These include non PBR/local prices being subject to the same percentage change as national PBR pricing.

There will also be an impact on health from the actions taken to reduce budgets by County Councils. This will undoubtedly hit social care budgets which will have an impact on health costs. The need for an Integration Plan for 2014/15 associated with the Integration Transformation Fund (ITF) which highlights some specific areas of practice eg 7 day working, joint assessments, will affect both resource levels available and services required.

Again in 2014/15 HealthEast will be required to set aside 2% of recurrent funding to spend non-recurrently. This non recurrent fund will be used to enable the local health system to transform services and in doing so increase quality and reduce waste. Commitments against this fund will need to be agreed by the local area team of NHS England, and will need to demonstrate savings and efficiencies as an outcome.

HealthEast's QIPP savings target for 2014/15 reflects the financial environment; it also reflects our commissioning intentions highlighting the areas where together we can increase quality through joint working and smarter working. It is essential that QIPP is delivered on a system wide basis as well as within individual organisations and we expect the full engagement of service providers in QIPP initiatives. We must increasingly view commissioning resources as system funding to be shared between providers to advance system objectives.

HealthEast will actively encourage collaborative ventures between providers of care to reduce transaction costs and share infrastructure investments, building services along integrated care pathways, minimising disruption to patient access and continuity of care.

1.2 Patient and User Engagement / Involvement

Providers will be expected to actively seek the views of patients/users, carers and the public, and to use the feedback gained from patient experience to inform any proposals for service change. Providers will be expected to use the Friends and Family Test not only with those patient groups determined within the 2013-14 CQUIN scheme (acute in-patients, A&E and maternity), but also with other patient groups. Other providers will be expected to develop modified versions for children, parents, people with poor mental health, cognitive disorders and people with learning disabilities.

All providers must formally discuss any proposed service changes with HealthEast, and fully consider the need for public consultation – in line with relevant national and local guidance.

Patients and carers have told us that they want information to be improved and better signposting to services available. We will expect providers to focus on this in 2014/15.

1.3 Patient Experience, Safety and Quality

HealthEast places clinical quality and the patient experience at the core of everything we do and we will continue to work with and support our providers to deliver better, safer services and improve patient outcomes.

HealthEast expects all of its providers to participate in a quality and safety collaborative within the locality to share quality and safety challenges, and the commitment to system-wide improvements for the benefit of our patients and organisations. A current example of this is the pressure ulcer collaborative programme.

We remain committed to commissioning services which have been assessed by local NHS clinicians, and which meet the national statutory requirements for providing multidisciplinary safe and high quality care. HealthEast will expect all providers to:

- Ensure safe staffing levels demonstrated by nurse staffing reviews undertaken six monthly and reported to the organisation's boards and HealthEast;
- Improve staff satisfaction and engagement demonstrated by improvements within staff satisfaction surveys. We require all organisations to discuss the use of the National Staff Survey and where HealthEast agrees that they are not available or suitable, we will agree the appropriate tool for use;
- Demonstrate improvements in national performance standards and outcomes for people who suffer a stroke and improving services, pathways and experience for people with dementia;

- We will expect a reduction in the incidence of developed pressure ulcers; the current analysis of the incidence of pressure ulcers within the Great Yarmouth and Waveney area will inform the expected reduction of pressure ulcers for each provider; and
- People living with diabetes have a high amputation rate due to poor foot care. We require all providers to contribute to an improvement programme that will result in better health and improved outcomes for people with diabetes.

Complaints can be the earliest symptom of a problem within an organisation and the NHS should use them to learn from and improve their service. A national review is being undertaken by Ann Clywd MP, and once published HealthEast will expect all providers to:

- Exceed the standards enshrined within the national complaints review. HealthEast will require briefings through the contract quality review meetings (CQRM) or reports on request - indicating the timescales and progress;
- Review how intelligence from concerns and complaints can be used to improve service delivery, and how this information can be made available to service users and HealthEast;
- Review the skills and behaviours that staff need, to ensure that the concerns of individuals are at the heart of their work; how complainants might more appropriately be supported during the complaints process through, for example, advice, mediation and advocacy;
- Consider the outputs of this review with patient and carer representatives - to not only ensure transparency with the process, but also to capture user experience of participating in the complaints process;
- Promote the increased use of independent advocacy within their complaints policy and processes, posters, website and other communication with patients; and
- Review the use of local resolution meetings. HealthEast will expect an agreed increase in the number of local resolution meetings undertaken.

1.4 Commissioning for Quality and Innovation (CQUINs)

In order to ensure that quality improvements and innovation are embraced by all providers, HealthEast expects all CQUIN goals to be agreed and signed off by the end of February 2014. In order to achieve this, HealthEast will commence discussions with all providers during November 2013. All providers are expected to engage in this timescale.

In the event of the CQUIN schedule in contracts not being signed off prior to the 31 March 2014; HealthEast will withhold payment for each month that the CQUIN schedule remains unsigned, and this money will not be paid to the provider retrospectively. The CQUIN payments will only be achievable from the beginning of the subsequent full month once the schedule is signed.

1.5 The CCG Quality Premium

National Guidance and measurements for CCG Quality Premiums are expected to be published in autumn 2013, and it is our expectation that all providers will contribute to delivering the required outcomes to ensure the achievement of maximum financial benefit to

the local health and social care system. HealthEast will include this requirement in the 2014/15 contracts agreed with all providers.

1.6 Integrated commissioning

HealthEast believes in the benefits of an integrated approach to the provision of health and social care services. We will increasingly be looking to commission services differently across organisational boundaries, utilising shared learning from partner organisations across Norfolk and Suffolk. This will involve a new model of commissioning associated with the ICS.

The key priorities in 2014/15 will be to:

- Identify and develop innovative joined-up services with partners. This may involve changes to the way we contract for services in order to deliver all-embracing, seamless packages of care;
- Maximise the opportunities that joint commissioning offers to reduce duplication and remove gaps in services. We will do this by reviewing contracts held by us, Norfolk County Council and Suffolk County Council to establish where joint contracting would be more effective. We will ensure that the services we commission deliver person-centred care and support closer to home, in line with the HealthEast Out of Hospital Strategy;
- Commission services that reduce demand for long-term care and prevent unplanned hospital admissions. In particular we will work with partner organisations to reduce winter pressures across health and social care;
- Ensure that services provide a good and safe customer experience; and
- Deliver identified savings targets.

We want to strengthen our involvement with the voluntary and community sector. To do this we will work with providers to review existing funding arrangements (including those that are jointly funded with other partners such as social care) to ensure that resources are targeted to meet agreed outcomes. This may result in redefining the service, re-negotiating funding levels, tendering for services or terminating the existing agreements, if the service is no longer what is required. We hope that this will provide an opportunity for voluntary and community sector organisations to develop new innovative ways of working with HealthEast.

We want to support carers so that they are able to continue in their caring role for as long as they wish. To do this we will be:

- Developing an integrated response to the needs of family carers, young carers and young adult carers;
- Ensuring that family carers, young carers and young adult carers are supported to make choices and access opportunities which promote their own health and wellbeing;
- Reviewing the provision and effectiveness of respite and breaks for family carers, young carers and young adult carers; and
- Developing new innovative ways of working with providers to support carers.

2 Care Provision

2.1 Out of Hospital

It is our intention to have all general hospital and community services delivered under a single management structure. There will be a procurement over the next 18 months (for formal contractual implementation on 1 April 2015), which will lead to this, but we aim to have operational implementation before then.

All providers are expected to be actively involved in implementing the HealthEast Out of Hospital strategy. In addition there will be early focus on the planning and delivery of on-going developments for integrated working in Lowestoft and Gorleston. This work will primarily focus on:

- Integration of the out of hospital teams with Primary Care;
- Integration of key voluntary organisations and welfare/benefits support into the out of hospital teams;
- Expansion of out of hospital services into 7 day a week provision; and
- Expansion of the Generic Workers to support the work of health and social care professionals.

Using the learning from the establishment of the integrated out of hospital teams in Lowestoft and Gorleston, providers are expected to expand out of hospital teams into the areas of Great Yarmouth and South Waveney. This will progress towards the system-wide implementation of integrated out of hospital teams.

Providers will be expected to deliver the clinical and service development recommendations resulting from clinical audits.

This work will shift commissioning away from discrete, separate community based health and social care services such as district nursing, community matrons and home care, moving to support the commissioning of single, fully integrated, Out of Hospital teams providing patient centred care at home whenever it is safe, sensible and affordable to do so.

Providers will implement these developments in a way that will both support and facilitate the Lowestoft Strategy and the development of an ICS for Great Yarmouth and Waveney.

2.2 Urgent Care

HealthEast aims to achieve services which are delivered seamlessly to patients through a cross organisational management structure for urgent care focusing on the needs of patients requiring urgent care. We wish to implement this approach by April 2014.

The system-wide Urgent Care Board will be responsible for developing integrated service delivery through the following key work-streams:

- A&E / East of England Ambulance Service NHS Trust (EEAST) integrated working - The recent introduction of the Hospital Ambulance Liaison Officer (HALO) working within the James Paget University Hospitals NHS Foundation Trust (JPUH) A&E has demonstrated that focused coordination and communication has improved handover performance. JPUH and the EEAST need to build upon the HALO pilot to sustain this improvement;
- A simplified process and information flow between care homes, EEAST and the JPUH is needed to ensure the safe admission and discharge of elderly patients. We expect all providers to implement recommendations from the integrated urgent care board;
- Reduce falls - We expect providers including primary care professionals to deliver multi-disciplinary intervention programmes for the effective prevention of falls. This will incorporate primary and secondary fracture prevention through the early identification of individuals likely to fall, early assessment of bone health, fracture liaison and increased geriatrician support with a dedicated multi-disciplinary clinic which will support a best practice model;
- Out of Hospital teams will be aligned to Care Homes - The out of hospital teams will be aligned to care homes to ensure improved continuation of care and improved relationships throughout the multi-disciplinary team;
- We expect providers to collaborate in the development of clear processes and standardised information for residents from care homes being admitted into acute care;
- Complex patients with behavioural issues – Providers will work together to deliver a local service to support individuals with complex psycho-social needs who regularly come into contact with A&E, ambulance, mental health, police and social care services. The service will reduce the frequency of inappropriate contacts and support them to improve lifestyle outcomes;
- 7 Day Working - We expect all providers to be planning equal care 7 days a week where appropriate to ensure patient safety and support patient flow 24 hours a day; and
- The Directory of Services (DoS) which underpins the NHS 111 Pathways service for Great Yarmouth and Waveney requires routine review to ensure that all provider details (services available, access times etc) remain up to date and relevant. All providers will be required to take on this responsibility for their respective services from 1 April 2014. Providers will be trained and supported in this work by NHS Anglia Commissioning Support Unit. This will be embedded in all contracts.

2.3 Planned Care

HealthEast requires providers to work with the CCG to achieve more effective planned care for patients. Over the next year we will work on;

- Ophthalmology pathways - Streamline pathways and develop one stop clinics;
- Dermatology pathways - Ensure that we continue to have a robust local service which can meet future demands;

- Diabetes - We require the current providers to work together to deliver a diabetes service with a single management structure. The service will provide specialist advice to patients and primary care staff within GP practices;
- Leg Ulcer and dressings service - We require providers to work together to improve ulcer management and outcomes;
- Minor procedures – Wherever possible, minor procedures will be carried out in the community;
- One stop clinics – We require as many one stop clinics to be developed, covering as many conditions as possible;
- Choose and Book development and implementation plan – We require all providers to have all appropriate services available on Choose and Book;
- We expect all providers to work together on the development of a local e-referral implementation project;
- Review of Podiatric referral criteria. We cannot currently meet demand for this service and therefore require new referral criteria to be created to match demand with capacity; and
- Working with the Suffolk and Norfolk CCGs, we will procure a re-specified ME/CFS service.

2.4 Respiratory

We require the JPUH to be the lead provider in a pilot project to transform acute and community respiratory services into a single, integrated system - moving away from payment by results.

The service will provide for an integrated approach for both acute and chronic respiratory disease management. The service provider will deliver the service to patients within their usual place of residence or within a designated community setting. The new service will be expected to work closely with primary care clinicians, fostering a community focus for the care of patients with respiratory disease.

2.5 Stroke

Having reflected on the NHS Midlands and East Stroke review process and findings, HealthEast expects its two providers of hyperacute care (JPUH and Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)) to continue to work together to develop effective local clinical network relationships. This should embrace and go beyond collaborative working, to develop joint posts and rotas in order to improve Stroke care at both sites, working towards 7 day consultant cover and improving patient care and outcomes incrementally towards the gold standard specification set out in the review process.

HealthEast has carefully considered both the clinical evidence and expert opinion presented in the review, and also the opinion of our local population. We do not believe that reconfiguration of the provider stroke units at NNUH and JPUH would be clinically or cost effective, based on the evidence presented. Our patients wish service provision to remain local. We therefore require both units to work together for the benefit of the patients of both Norfolk and Waveney, improving care across both sites. We do not support centralisation of

the hyperacute units and will continue to commission stroke services from both sites in 2014/15.

2.6 Mental Health

HealthEast will progress local service development in mental health services, and will support the wider clinical commissioning agenda through collaborative working with the other Norfolk and Suffolk CCGs, and with our local authority partners in Norfolk and Suffolk.

Specifically we will:

- In collaboration with the Norfolk CCGs, we will redesign and retender the Improving Access to Psychological Therapies (IAPT) service, including the integration of counselling services currently placed elsewhere - with a new service start date of April 2015;
- Evaluate the Dementia Intensive Support Team (DIST) based at the JPUH. This evaluation will inform a decision on whether this service continues;
- Evaluate the working age adult's psychiatric liaison service being established at the JPUH. This evaluation will inform a decision on whether this service continues from April 2014; and
- Ensure there is a robust adult community eating disorders team which continues to provide services across Great Yarmouth and Waveney in 2014/15.

Areas in which we wish to work collaboratively with the wider system in 2014/15 include:

- Working with Norfolk and Suffolk NHS Foundation Trust (NSFT) to ensure that the Trust's Service Strategy is implemented appropriately during 2014/15 - in accordance with the outcome of a full public consultation on significant service changes for the dementia and complexity in later life and adult pathways in Great Yarmouth and Waveney. This will include working to a local central signposting service for patients and carers. We expect a decision to be made by June 2014;
- Continuing to ensure that all aspects of the dementia strategy and the Prime Minister's Challenge are in place or being implemented by all our providers; and
- We will require all providers to have the transitional pathways in place and appropriately accessed for all young people transitioning from young person to adult services.

2.7 Learning Disabilities

We want everyone with a learning disability to have the same access to health services as the general population and reduce inequalities. Areas for providers to focus on for 2014/15 include:

- Implementing the outcomes of the 2013 Joint Health and Social Care Self-Assessment Framework;
- Working in collaboration with partners in the implementation of the recommendations from the Winterbourne View Review and continued monitoring of all individuals placed in private hospitals;

- Active collaboration between both the Great Yarmouth and Waveney Community Learning Disabilities (LD) Teams to support GP Practices to increase the uptake of the LD DES;
- Working in partnership with the Suffolk CCGs and Suffolk County Council in developing a new service model for Learning Disabilities services in Suffolk, including Waveney, for future procurement; and
- Continuing to work in partnership with the JPUH to ensure improved delivery of the LD Acute Pathway.

2.8 Individual Care Packages for Mental Health and/or Learning Disabilities

We will continue to robustly review all individual and joint funded packages of care to ensure value for money and quality for mental health and/or learning disabilities service users in partnership with individuals, carers, providers and joint funders.

This will include:

- Agreeing a protocol and funding tool for allocating proportional funding between partner agencies; and
- Implementing a robust review process for all placements.

2.9 Children's, Young People, and Maternity

HealthEast is committed to the healthcare of children, young people and their families. We will evaluate current provision and continue to design and develop and review service models so that they offer measurable and improved healthcare outcomes.

By September 2014, a clear and transparent "local offer" must be published with input from all our providers in accordance with The Children and Families Bill 2013. This takes forward the Government's commitments to improve services for vulnerable children and to support families to achieve the best outcomes. It underpins wider reforms to ensure that all children and young people can succeed no matter what their background. The Bill requires local authorities and health services to develop joint commissioning arrangements across health, education and social care services.

Specific areas of priority for HealthEast in 2014/15 will be:

- For our providers to develop an integrated neurodevelopmental pathway including assessment and transition arrangements to young adulthood for children. Providers will be expected to take account of the views, wishes and feelings of children, young people and their carers should be taken into account and the pathways will need to span a range of services including, but not limited to, community paediatrics, child and adolescent mental health, clinical psychology, education, social care, allied therapies and specialist nurses;
- Providers will be expected to work with HealthEast to develop pathway for children and young people with additional needs and disabilities which are compliant with the standards and guidance detailed in the Reform of Provision for Children and Young People with Special Educational Needs (DH, 2012);

- HealthEast requires providers to develop integrated community emotional wellbeing intensive treatment provision and transitional arrangements, taking into account the NSFT Service Strategy (Tier 3 to Tier 4); and
- All providers will be expected to have in place a robust integrated system which tracks each identified Great Yarmouth and Waveney child along the looked after children pathway, including early intervention to specialist care.

2.10 Continuing Healthcare and Funded Nursing Care

- HealthEast will bring the administration of funded nursing care for Norfolk (Great Yarmouth) residents in line with the current processes for Suffolk (Waveney) residents;
- We intend to implement integrated commissioning and contract development with both local authorities in order to manage the provider market for care services for those eligible for continuing health care. A timetable for this will be shared by HealthEast with providers - who will be expected to meet the expectations and timescales that will be set out clearly; and
- Consideration for NHS continuing healthcare is an integral part of discharge planning. Referrals for NHS continuing healthcare will be made by any health or social care professional and from relatives, carers or patients themselves. These will be supported by an NHS continuing healthcare checklist undertaken by a health or social care professional that is familiar and supporting the patients care needs.

2.11 Cancer

- All cancer services will provide NICE compliant cancer services at all times;
- JPUH must review and streamline the diagnostic pathways for lung cancer to support early diagnosis by end of March 2014; and
- ECCH must provide an evaluation of the community cancer nursing pilot to enable HealthEast to assess the impact for a widespread change in 2014/15 if possible.

2.12 Palliative Care

HealthEast's planned outcomes for palliative care include delivering more choice for palliative patients about their preferred place of their care/death. This will be supported by safe and effective governance and transfer processes for all palliative patients being transferred between care settings. All health and social care providers will be expected to provide safe and high quality palliative care:

2.12.1 <u>New model of Palliative care:</u>

HealthEast requires our local health and social care providers to work together to deliver the following elements of the new model of care from April 2014 within the current cost envelope*. We will be working with providers to develop proposals to deliver this new model of care and we will require a lead provider.

*Funding will be restructured to release funds to support inpatient care beds

- 24 hours a day, 7 days a week integrated health and social care hospice at home service (through the reconfiguration of the existing hospice at home, Marie Curie nursing and continuing health care palliative care fast track services);
- Single point of contact 24 hours a day, 7 days a week telephone advice (for staff and patients and carers), proactive co-ordination of the hospice at home service and drop in information and support for patients and carers;
- To work towards achieving step down/step up provision of eight community specialist palliative care beds within local community hospitals/care homes (four in Great Yarmouth and four in Waveney); and
- Specialist palliative care for patients with complex care needs in acute and community care settings including peripatetic specialist support for the inpatient beds, 7 days a week.

HealthEast wants to overcome the current confusion over the leadership and management of the Louise Hamilton Centre as part of the planning for the new model of care. These arrangements will be confirmed by the end of March 2014, in partnership with our providers.

2.12.2 Governance and information transfer:

From April 2014 all health and social care providers should ensure that safe and effective governance and information transfer processes are in place for the movement of palliative patients between care settings so that their care needs are met, and their decisions respected, eg the implementation of the yellow folder, electronic palliative care record and resuscitation documentation. HealthEast will review governance mechanisms and where they are not adequate we will require them to be improved

2.12.3 Palliative care education:

HealthEast will require providers to ensure their staff are competent and confident in the provision of safe and effective palliative care, the standards will be set by HealthEast.

2.12.4 Evaluation of effectiveness:

HealthEast requires health and social care providers to evidence the benefits of this service transformation via proxy measures associated with the QIPP challenge (improved choice, patient/carer experience and reduced inappropriate admissions to acute care in the last year of life). Parameters will be agreed with HealthEast.

2.13 Medicines Management

Medicines Management is a vital part of our aim to use all resources optimally. We will further the following objectives:

- Eclipse Patient Passport – implementation of the Eclipse system to issue “patient passports” to those with complex conditions who are, or may frequently require, emergency services including ambulances and acute admissions/attendances. These passports will be carried by patients and will give clinicians access to specific information regarding care plans, do not resuscitate information and current prescribed drugs, monitoring etc;

- We require all providers to participate actively in a pilot which it is anticipated will be rolled out more widely by summer 2014;
- Develop a clear, agreed joint formulary with all providers for commonly prescribed medicines to be used by all prescribers. The formulary will be clear about those medicines which should not be routinely used. We will require providers to report monthly on compliance;
- Realign the supply and ordering of prescribed continence products to a dedicated service no longer involving GP practices; and we intend to realign supply of continence products to the 'Rotherham model' run by our current continence nurse team;
- Develop the use of Eclipse as a source of clinical benchmarking, used by community practitioners and for further risk stratification of patients; and
- We intend to move International Normalised Ratio (INR) testing and warfarin dosing to a community based service using finger sampling rather than the current phlebotomy testing. This will have an effect on Pathology testing demand.

HealthEast will also continue to work with its constituent GP practices to further improve quality and safety in prescribing, and will support their business leadership to ensure that there is a vibrant future for general practice in our area, as well as having the capacity and capability to manage further rising demand on health services.

3 Contracting

HealthEast is keen to promote and implement innovative and more effective approaches to commissioning and contracting, particularly in relation to service integration. HealthEast will therefore explore new approaches such as competitive dialogue and the prime contractor model as appropriate.

The NHS Standard Contract continues to be mandated and HealthEast will continue to use the electronic contract system during 2014/15 with improvements to the e-Contracting platform expected to deliver additional functionality. A revised NHS Standard Contract for 2014/15 will be issued by NHS England, and this new, updated contract will be used by the CCG for all clinical contracts[1] with a service commencement date of 1 April 2014 onwards. HealthEast will also issue Variations for all ongoing contracts to incorporate 2014/15 terms with effect from 1 April 2014.

Many of the standards and quality requirements in existing contracts relate to acute hospital services. Contracts in 2014/15 will include more detailed requirements for community, mental health and other services. These will include requirements which are specified both locally, and on a national level.

HealthEast will continue to closely monitor activity delivered by contracted providers and will not pay for any services or activity delivered where these are not commissioned with that provider, or for services with Prior Approval agreements where this approval has not been

[1] With the exception of those clinical services covered by GMS/PMS contracts for primary medical care and equivalent contracts for primary dental, pharmaceutical and ophthalmic services.

sought, and agreed by HealthEast. This will not affect the rights of patients to exercise choice and choose and book will continue to be supported.

NHS England is working jointly with the Health and Social Care Implementation Centre to review the existing reporting requirements schedule in the contract (schedule 6C) for 2014/15 and it is anticipated that this will be influenced by the recommendations of the Francis Report, and the drive for better outcome measures. HealthEast will expect all Providers to provide appropriate assurance of service outcomes, safety, quality and performance through the routine collection and reporting of data. The existing single-year duration of contracts can be incompatible with outcomes-based commissioning, and it is anticipated that a more flexible approach will be possible during 2014-15 within nationally-set parameters.

4. Personal Identifiable Data and Information Management

From the 1 April 2013 HealthEast has legally been unable to receive patient identifiable data (PID) for secondary uses direct from providers. To enable in year contractual reporting the change in legal position resulted in the format of 2012/13 local datasets to be reconfigured to a non-PID form. Although enabling some contractual reporting this change has prevented HealthEast performing all the secondary uses it was previously able to perform. An example of this is the tracking of patients across the system which is useful exercise to perform when assessing the impacts of commissioning changes. To address this loss of functionality from April 2013, HealthEast has been working with neighbouring CCGs in a joint tender exercise to procure services from a Data Service for Commissioners Regional Office (DSCRO). The outcome of the exercise was that the North of England DSCRO (NECS) has been identified as the preferred provider. A DSCRO is an organisation commissioned by NHS England to process PID on behalf of all commissioning organisations. Further details regarding DSCROs can be found at the following hyperlink:
http://www.hscic.gov.uk/dataserviceforcommissioners

For all providers: Working with NECS will have implications for all our providers as all PID datasets will need to be provided to the DSCRO and not to HealthEast. To ensure a smooth transition and effective implementation HealthEast is currently working on a joint implementation plan with NECS. A full specification of required data templates and data transfer methods will be shared, but we will require providers to work with ourselves and the DSCRO on various areas including but not limited to: Data quality, data standardisation, data flows, data access and invoice validation. We will also require continued on-going compliance with the reporting requirements of UNIFY 2 and SUS, which includes compliance with the required format, schedules for delivery of data and definitions as set out in the Information Centre Guidance and All Information Standards Notices (ISNs), where applicable to the service being provided.

For acute contracts: We will be expecting trusts to submit all corrections to data via SUS so that SUS becomes the definitive source of data together with any amendments being submitted as Net change (as opposed to bulk). We will be expecting trusts to be submitting data to SUS in the latest version of the commissioning data set (CDS) as advised by any information standard notice (ISN). With SUS as the definitive source of data where SUS is able to receive particular data items no local datasets will be required to process the data

correctly. In addition to existing challenges raised by commissioners and practices in 2014/15 some agreed challenges will come directly from the DSCRO to providers.

For community contracts: Completion, as a minimum, of the community Information dataset and on-going development to ensure that the provider is able to submit the Community Information dataset to SUS and as an interim measure will be able to submit it locally to NECS. The dataset should be compliant with ISN 0149 - where completion of NHS Numbers is a mandatory requirement.

5. Areas commissioned collaboratively and by other organisations

The Commissioning Intentions set out within this letter are specific to those services commissioned by HealthEast. Other Commissioners, including local authorities and NHS England, will be responsible for developing, and sharing, their own Commissioning Intentions. We aim to ensure that the services we commission jointly, and individually, integrate with those commissioned by others, delivering value for money and high quality care for all.

5.1 Public Health Services

We will continue to work with public health colleagues and with the Health and Wellbeing Boards of Norfolk and Suffolk to address challenges such as rising obesity levels. This work will continue to be supported by our innovative System Leadership Partnership Board which acts as a local Health and Wellbeing Board, drawing together partners from across the community including health, social care, third sector and patient representation. We will build on past successes and address challenges through smoking cessation services, tobacco control initiatives, NHS health checks and public awareness campaigns.

5.2 Primary Care

Whilst General Medical Services (GMS) GMS and Personal Medical Services (PMS) services from general practice are contracted for by NHS England, HealthEast considers GP practice development to be crucial to delivery of strategic plans. As such, we will be developing a primary care strategy which fits with our overall service strategy and which will inform the NHS England local area team primary care strategy. The integration of general practice with all other services is vital to improved patient care and GP practices will play a vital role in developing new services replacing or building on current Local Enhanced Services (LESs).

HealthEast are intending that funding currently being used to resource LESs will be recycled and used, with additional funding added, to develop a new range of services delivered in primary care, but which will be more integrated with the services delivered by other providers to achieve better out of hospital care. These will focus on preventative measures and addressing the challenges of long term conditions.

The procurement will result in these services managed under standard NHS contract conditions.

HealthEast will support the development of a local GP Federation in order to stimulate and strengthen GP practices, to allow commissioning with one representative GP organisation in the interests of spreading consistent services across the area and stimulate greater cross fertilisation of ideas and practice between practices.

5.3 Emergency Ambulance Services

HealthEast will continue to commission emergency ambulance services as part of the region-wide Ambulance Commissioning Consortium. A single contract with EEAST will be held by the Suffolk CCGs and the Consortium Board will issue a separate letter setting out the Commissioning Intentions agreed with the constituent CCGs, including HealthEast.

In 2014-15 there will be a strong locality focus and EEAST will be expected to engage with HealthEast in the delivery of its Out of Hospital Strategy. We will require EEAST to achieve consistent delivery of national response targets across all localities, and to ensure the most effective allocation of existing resource.

If you have any questions or queries about this letter, please contact our Director of Contracting Tessa Litherland in the first instance on tessa.litherland@nhs.net.

Yours faithfully

Andrew Evans
Chief Executive

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Commissioning intentions 2014/15 and beyond

Andrew Evans
Chief Executive

January 2014

Better Health, Better Care, Better Value

Aiming to achieve

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

- Focus on our whole population
- Integration across the public sector
- Best use of total resources
- Well-being not health alone
- Care at home and in the community
- Removal of perverse incentives
- Vertical integration effects
- Prevention and early treatment
- Sharing care, resources, risks and benefits with partners

Contracting actions

NHS
Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

- Single operational management arrangements across pathways/disease areas required
- Respiratory care pilot- whole care approach
- Some movement from *Payment By Results*
- Out of hospital team
- 7 day working requirements
- Investing in primary care
- Virtual pooling of budgets with partners – CCs, D/BCs, NHS England
- Scrutiny of value for money of all contracts