

Annual Review of NHS Rotherham CCG's Commissioning Plan

Ian Atkinson
Deputy Chief Officer
Rotherham CCG

Your life, Your health

Presentation Overview

- 1) Process for reviewing the CCG's Commissioning Plan
- 2) Background: 2015-19 Strategic Direction
- 3) Background: Financial Challenge
- 4) Review of 2016-17 priority areas



Your life, Your health

1) Process for reviewing the plan

Purpose

- To fully engage CCG member practices and stakeholders in the CCG's 2016-17 planning process, through the review and refresh of the CCGs 2015-19 Commissioning Plan.
- It is important to note that for 2016-17 the CCG will only refresh the plan.

Process –

Locality members and stakeholders are asked to review the identified key priorities within the 2015-19 Commissioning Plan, ratify the plan and suggest any amendments for 2016/17.

Stakeholders will receive the first draft version of the plan for comment in mid-**December**, plan signed off in **February**.

2) 2015-19 Strategic Direction

Strategic Aims

*Health and Wellbeing
'Strategic Aims'*

*The CCG Strategic Aims
seek to address all six
H&WB Strategic Aims
across all life stages
and for all
communities both
geographical and
communities of
interest. See full
document for more
information*

Unscheduled Care (unplanned care)

*Emergency Centre, GP Case Management, 7 day
working, enhanced care co-ordination centre*

Clinical Referrals (planned care)

*Improving care pathways so patients get the right care at the
right time including reducing the number of hospital follow-ups*

Mental Health

*Deliver Adults and CAMHS transformation plans,
including Adult MH Liaison and Parity of Esteem*

Rotherham Partnerships

*To deliver the Better Care Fund and the joint children's agenda,
with RMBC*

Transforming Community Services

*Locality based nursing, safer discharge,
admissions prevention, integrated out of hours*

Medicines Management

*Increase quality, efficiency, reduce variation & waste across 36
practices, six service redesign projects*

Developing General Practice

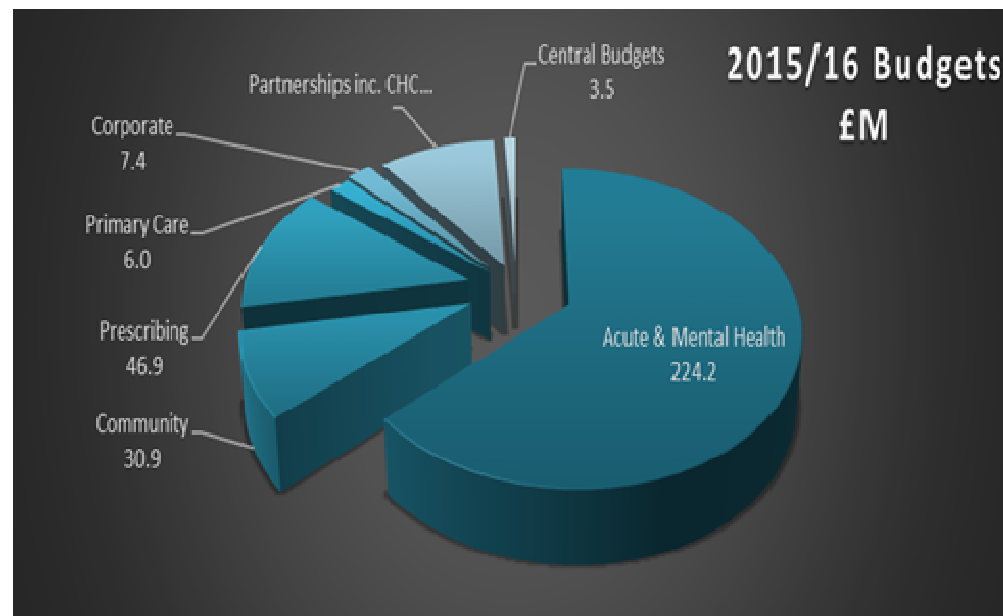
*Delegated responsibility for commissioning general practice
and co-commissioning of Primary care and specialised services*

Regional Partnerships

*Deliver the 'Working Together Collaboration',
with other CCG's across South Yorkshire*

3) Financial Challenge

- Rotherham has a £75m financial efficiency challenge over the 5 year period 2014 -2019.
- In 2015/16 providers of health care will receive around 2% less for providing the same service.
- Rotherham Hospital has an Efficiency plan of £12.5m in 2015-16.
- Increased costs and activity means that health services would need an extra 6% in the budget each year, just to stay still. Budgets are increasing at around 1-2%.



4) 2016-17 Refresh of the Plan

CCG Governing Body, Strategic Clinical Executive Members and RMCB representatives have already reviewed the current plan (2nd September) and have identified the following key elements for specific discussion and feedback:

- 1) Approach to joint commissioning with RMBC including Better Care Fund
- 2) Commissioning of Children's Services
- 3) Response to Child Sexual Exploitation (CSE)
- 4) Hospital & Community Services
- 5) Mental Health Services (including Learning Disability)
- 6) Primary Care

*there are many other areas of the plan for which the CCG would welcome feedback. The final slide provides further details.

1) Joint Commissioning with RMBC inc BCF

Current Plan states:

- In 2015/16 we will Consolidate the Better Care Fund plan

2016/17 propose to include:

- Review of the current Better Care Fund initiatives
- Explore opportunity for future joint commissioning in the following areas:
 - Children
 - Learning disabilities
 - Continuing Health Care
 - Mental Health
 - Social Care

2) Commissioning of Children's Services

Current Plan states:

- Focus on Integration of The Rotherham Foundation Trust (TRFT) Acute and Community Children's Services
- Collaboration between South Yorkshire hospitals children's services (Working Together)

2016/17 propose to include:

The development of a Children's Joint Commissioning Strategy:

- Children and Adolescent Mental Health Services (CAMHS)
 - 0 – 5 year olds
 - Special Educational Needs and Disability
 - CSE post support
 - Looked After Children
 - Early help (Children's Centres)
- Delivery of Care Quality Commission (CQC) action plans affecting children (TRFT and Rotherham Looked After Children and Safeguarding)
- Focus on Efficiency with the Hospital (number of beds, assessment beds & rapid assessments)
- Explore potential for locality working

3) Response to Child Sexual Exploitation (CSE)

Current Plan states:

- We will work with partners to address all issues that arise from the Jay and Casey Reports into CSE

2016/17 propose to include:

Delivery of Child Sexual Exploitation Strategy (Evolve)

- Prevent
- Pursue
- Victim Support

4) Hospital & Community Care

Current Plan states:

Unscheduled Care - Commission New Emergency Centre (Spring 2017)

Elective Care - Focus on pathway work to manage demand

Commission 7 day hospital services working

Quality

- Care Quality Commission (CQC) action plan
- Stroke action plan
- Commissioning for Quality and Innovation (CQUIN)/local outcome framework

QIPP

- 3.5% year on year efficiency
- Non elective activity to flat line
- Follow ups reduce by 8%

2016/17 propose to include:

- Focus on the Development of Information Technology (IT) interoperability
- Working together (including implementing regular ward rounds and including RMBC)
- Sustainability review and consider Integrated models spanning organisational Boundaries / Acute Care Collaboration with Federation board

4) Hospital & Community Care ...contd

Current Plan states:

Community Transformation Phase 1

- Community nursing – invest, reconfigure and distribute according to need
- Care Co-ordination Centre
- Community unit
- Falls & Bone health
- Neuro-rehabilitation

2016/17 propose to include:

Community Transformation Phase 2

- Realign Intermediate Care
- Integrated rapid response
- Reduce delayed transfers of care
- Further develop care co-ordination centre
- Joint protocols with social care & Rotherham Doncaster and South Humber NHS Trust (RDASH)
- Review of respiratory pathway

5) Primary Care

Quality driven services

- 4 year investment plan – needed to stabilise practices
- Benchmarking e.g. staffing
- New models of delivery – primary/community led services
- Quality and Outcomes Framework (QOF) – concentrate on Personal Medical Services (PMS_ reinvestment in the first instance but there is a consistent view that QOF not fit for purpose

Services as local as possible

- Telephone consultations, skype
- Wider use of workforce
- Integrating Out of Hours and urgent care
- Estates review – Rotherham CCG strategy

Equality of service provision

- Explore opportunity to develop a Basket of Enhanced services
- Review opportunity for Primary Care to work jointly to deliver borough wide coverage of provision.

5) Primary Care ...contd

Increasing appropriate capacity & capability

- Develop Workforce plan
- Explore New workforce models given difficulty in recruitment,
- Recruitment strategy

Access

- Weekend/bank holiday pilot
- Provision of wrap-around services to support pilot

New models of care

- Collaborating practices to deliver care in the community

Self care

- Social prescribing – extension
- Technology assisted
- Case management
- Improved Patient education – this was felt to be fundamental – where to go, who to see, how we handle ‘dissatisfaction’

5) Primary Care ...contd

Robust performance management

- Performance dashboard to support consistency
- Use of RAIDR (Reporting Analysis & Intelligence Delivering Results)

Continued improvements to medicines management

- Waste scheme
- Prescribing Local Incentive Scheme
- Minor ailments - out of practice and into pharmacy

Engaging patients to optimise patient pathways

- Reinvigoration of Practice Participation Groups
- Condition specific focus groups

6) Mental Health, CAMHS & Learning Disabilities

Current Plan states:

- Parity of Esteem/Crisis Care Concordat
- Quality Innovation Productivity and Prevention (QIPP) – 3.5% year on year efficiency for RDASH but re-invested in mental health e.g. voluntary sector or primary care mental health
- Quality agenda (NB CCG and RDaSH CQC reports)
- Support to historical victims of child abuse and ensure safeguarding arrangements are fit for purpose
- Reducing delayed transfers of care

2016/17 proposal:

- National waiting time targets – Improving Access to Psychological Therapies (IAPT) & Early Intervention in Psychosis
- CAMHS Transformation Plan – 5 year plan
- National programmes to improve perinatal mental health and eating disorders
- Winterbourne & new commissioning models for Learning Disability

6) Mental Health, CAMHS & Learning Disabilities ...contd

Adult & Older Peoples Mental Health Transformation Plan	
Adult Mental Health Liaison (Better Care Fund)	Better reporting on outcomes
Improving Access to Psychological Therapies (IAPT)	Single point of access , reduce Did Not Attend (DNA) rates, reduce waiting times and improve recovery
Dementia Carer Resilience and Mental Health Social Prescribing pathways	Provide GP link workers in practices, support locality working and improve recovery
Dementia (including GP Local Enhanced Services)	Emphasis on prevention, reduce waiting times, recovery & locality focus

6) Mental Health, CAMHS & Learning Disabilities ...contd

Learning Disabilities

- New community investment
- Assessment & Treatment Unit future plan
- Moves toward joint commissioning with RMBC

CAMHS Transformation plan

- Universal services
- Review Efficiency of existing service
- Getting best value for CCG **20%** additional investment
- Review Pressures on the system Tier 3/4 interface & impact on Adult wards

Other sections in the Plan

The following list are areas not covered in the presentation but are very important to the CCG, feedback is welcome:

- Health & Well Being Strategy
- Joint Strategic Needs Assessment
- Medicines Management
- Continuing Care & Funded Nursing Care
- End of Life Care
- Ambulance & Patient Transport Services
- Specialised Commissioning
- Public Involvement & Promotion of Choice
- Health Inequalities
- Statutory Responsibilities
- Efficiency
- Finance
- Information Management & Technology
- Communication
- Performance & Assurance
- Risk
- The prevention of Child Sexual Exploitation will remain a priority in 2016-17

Feedback from Stakeholders

The CCG welcomes all feedback and any comments can be sent via the CCG email address Rotherhamccg@rotherham.nhs.uk

The current 2015/16 Commissioning Plan is available at <http://www.rotherhamccg.nhs.uk/our-plan.htm>

The first draft version of the 2016/17 Commissioning Plan will be circulated to stakeholders for comment mid-December.

CCG transformation capacity is finite so it is important that if new initiatives are prioritised some exiting initiatives are stopped.