NHS
Newcastle Gateshead
Clinical Commissioning Group

NHS Newcastle Gateshead CCG Commissioner Plan 2016/17 Version 1.0

Transforming lives together

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1. Introduction

NHS England published the Five Year Forward View on 23rd October 2014. The Forward View sets out a clear vision for the future of the NHS based around new models of care.

In December 2015, NHS England published the NHS Shared planning guidance which outlines a clear list of national priorities for 2016/17 as well as longer term challenges for local systems. Each local health and care system has also been asked to come together to create their own local blueprint for accelerating implementation of the Forward View.

All NHS Organisations have been asked to produce two separate but interconnected plans:

- A local Northumberland Tyne & Wear health & care system 'Sustainability & Transformation Plan' covering the period from October 2016 to March 2021
- A plan by organisation for 2016/17. This will need to reflect the emerging Sustainability and Transformation Plan. This document describes the NHS Newcastle Gateshead CCG commissioning plan for 2016/17.

We are currently in the process of working with partners, stakeholders, the clinical community, patients and the public to develop our long term 'Sustainability & Transformation plan' and it is imperative that in 2016/17 we focus on key areas of transformational work to address our greatest challenges (long term sustainability and current pressures).

To date the following areas have been identified as priorities to ensure the sustainability of our local health economy:

Population Focus

- Older People
- Children, young people and families

System Focus

- Collaborative hospital working
- Intermediate care system
- Sustainable primary care

System Approach

- Prevention & Early intervention
- Individual and community resilience

In order to ensure our priorities for 2016/17 are aligned with this emerging thinking, we have linked each of our priorities to these key areas of focus.

The commissioning intentions outlined in this document are not a complete list of all the initiatives, projects and service transformation areas that are either already underway or are in the pipeline, but instead:

- Outline the key priorities for the year ahead which will improve the quality of service and/or improved value for money;
- Provide the context for commissioning changes;
- Provide an indication to current and potential providers of how, working with our partners we intend to shape the delivery of health services for our population.

2. Background and context

We have made significant progress towards achieving our local health and care economy vision and continue to accelerate our programme of transformation working closely with partners utilising opportunities outlined within the *NHS Five year Forward View*.

Moving forward, there will be a single Sustainability and Transformation plan for the Northumberland Tyne & Wear region which will be made up of three local footprints, namely Newcastle Gateshead, North Tyneside Northumberland & Sunderland South Tyneside. This plan will describe our shared local vision for 2021 regarding care both inside and outside our hospitals underpinned by better integration with local authority services in respect of prevention and social care.

2.1 Case for Change

The challenges for Clinical Commissioners

We know the NHS is facing a period of unprecedented challenges which are not unique to NHS Newcastle Gateshead CCG. These challenges are driven by the following:

An ageing population	▪ Anticipated significant growth in over 85 year olds ▪ Currently more than 40% of people admitted to hospital are over 65 years ▪ Unplanned admissions for people over 65 years account for more than 70% of hospital emergency bed days ▪ When they are admitted to hospital, older people generally stay longer and are more likely to be re-admitted
Increasing costs	▪ 80% of deaths in England are from major diseases (i.e. Cancer) many of which are attributable to lifestyle risk factors i.e. excess alcohol, smoking, poor diet ▪ 46% of men and 40% of women will be obese by 2035
Budgetary constraints	▪ Although NHS budgets are protected in real terms, current forecasts point to a £30bn gap in funding by 2020/21.
Increasing long term conditions	▪ It is predicted that there will be 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease nationally ▪ 25% of the 15 million people in England with a long term condition currently utilise 50% of GP appointments and 70% of the total health and care spend in England.
Public expectations	▪ Patients and the public rightly have the high expectations for the standards of care they receive. There are increasing demands for access to latest therapies, greater information requirements and more involvement in decisions about their care.

In response to the challenges set out above our collective ambition is to maintain high quality and sustainable health and care services for our public and patients which we will achieve through:

- Ensuring our citizens are fully engaged
- Wider primary care provided at scale
- A modern model of integrated care
- Access to highest quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence.

Population demographics and health profile

The health of people in Newcastle and Gateshead is generally worse than the England average, with life expectancy for both men and women lower than the England average. The 2013 Health profiles and demographics provide us with the following overview of our population:

- ***The resident population of Newcastle is approximately 281,000 with an increase of 24,000 (8.5%) forecast over the next 25 years.***
- ***The resident population of Gateshead is approximately 200,000 with an increase of 11,400 (5.7%) forecast over the next 25 years.***
- ***On average, deprivation is higher than the England average. Almost a quarter of people in Newcastle live in the 10% most deprived areas nationally, around 7% live in the 10% least deprived areas nationally***
- ***On average, deprivation is higher than the England average. Approximately 16% of people in Gateshead live in the 10% most deprived areas nationally, around 38% live in the 20% most deprived areas***
- ***Over the last ten years all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.***
- ***29.9% of children in Newcastle aged under 16 years live in poverty compared to an England and Wales average. This equates to approximately 13, 600 children living in poverty***
- ***23.2% of children in Gateshead live in poverty; this is significantly higher than the England and Wales average. This equates to approximately 9,305 children living in poverty***
- ***Around 22.8% of year 6 children in Gateshead are classified as obese, higher than the average for England***
- ***Around 23.2% of year 6 children in Newcastle are classified as obese, higher than the average for England***
- ***Levels of teenage pregnancy, GCSE attainment, alcohol specific hospital stays among those under 18, breastfeeding initiation and smoking in pregnancy in Newcastle & Gateshead are worse than the England average***
- ***Smoking related deaths and hospital stays for alcohol related harm in Newcastle and Gateshead are worse than the England average***
- ***Estimated levels of adult 'healthy eating', smoking and physical activity are worse in Gateshead than the England average***

There are significant health inequalities in Newcastle and Gateshead, despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment.

We are committed to promoting opportunities for health for all people in Newcastle and Gateshead through partnership working and efforts to prevent illness, protect from harm or threat to health and wellbeing and reduce unfair and avoidable health inequalities. To support the achievement of these goals we will continue to implement the evidence based practice utilising frameworks such as the Commissioning for Prevention 5 step framework as outlined within the NHS England Call to Action.

3. Commissioning plan 2016/17

This document outlines our current thinking in relation to key areas of focus for 2016/17.

We know there are underlying challenges in our health economy that must be addressed to successfully build a sustainable care model. These include:

- Managing increased demand for services from our frail elderly population;
- Delivering robust and effective community services, bringing care closer to home;
- Working together to develop new models of delivery which ensure sustainability and affordability.

Our process for developing these key areas of focus has been set clearly in the context in which the organisation operates, responding to (in no particular order):

- National requirements outlined within the Five Year Forward view;
- What our patients and the public are telling us;
- What the Quality Review process highlighted;
- What our stakeholders and partners are telling us;
- The CCG's vision and values;
- Local population need, as described by the Joint Strategic Needs Assessment (JSNA/NFNA);
- Utilising the evidence base for example NICE, Commissioning for Value and Right Care;
- Intelligence from in-year contract performance monitoring;
- Assurance requirements, including the DH Operating Framework/Outcomes Framework and NHS England requirements;
- QIPP (Quality, Innovation, Productivity & Prevention) delivery;
- Transformational change requirements to ensure a sustainable health economy;
- Funding and efficiency requirements.

Nationally, NHS England has prescribed the following must do's which must be achieved in 2016/17:

National Must Do
1. Development of STP
2. Aggregate financial balance
3. Sustainability and quality of general practice
4. Achievement of access standards for A&E and ambulance waits
5. Achievement of NHS Constitution referral to treatment standards
6. Achievement of NHS Constitution cancer standards and one year survival
7. Achievement of new mental health standards
8. Transform care for people with learning disabilities
9. Make improvements in quality.

These requirements have been considered through our planning process to ensure we achieve these as well as accelerating transformation in 2016/17.

4. Our vision

Our Vision is to ***transform lives together*** by prioritising:

- **Involvement -** of people in our communities and providers to get the best understanding of issues and opportunities.
- **Experience** - people centred services that are some of the best in the country.
- **Outcome -** focusing on preventing illness and reducing inequalities.

The diagram below summarises our vision and is surrounded with the core NHS values to show our local work is always in the context of being a consistent National Health Service.

5. Areas of Focus in 2016/17

In 2016/17 we will focus on key areas of transformation to address our greatest challenges (long term sustainability and current pressures). Our key areas of focus moving forward will be:

Population Focus

- Older People
- Children, young people and families

System Focus

- Collaborative hospital working
- Intermediate care system
- Sustainable primary care

System Approach

- Prevention & Early intervention
- Individual and community resilience

We continue to progress with the development of the new care models described within the Five year forward view, and in line with this, our major areas of transformation for 2016/17 continue to be:

- Mental Health Services;
- Urgent Care Vanguard;
- Care Homes Vanguard in Gateshead;
- Proof of concept model of care in Newcastle;
- Re-procurement of community services in Gateshead;
- Implementation of the General Practice Strategy.

The full list of our priorities for 2016/17 can be found at Appendix 1:

6. Measuring success

We will continue our work on the development of an *Outcomes Based Commissioning* (OBC) framework. This framework will focus on Providers delivering services that focus on outcomes for patients and their carers. The focus will also be on patient centred goals and overall service improvement.

Nationally, our performance will be assessed against the following measures in 2016/17:

NHS Constitution Standards	Standard	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
A&E waits				
A&E Waiting Times – Total time in the A&E department	95%	Monthly	Yes	Yes
Cat A Ambulance Calls				
Ambulance clinical quality – Category A (Red 1) 8 minute response time	75%	Monthly	Yes	Yes
Ambulance clinical quality – Category A (Red 2) 8 minute response time	75%	Monthly	Yes	Yes
Ambulance clinical quality – Category A 19 minute transportation time	95%	Monthly	Yes	Yes
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	Monthly	Yes	Yes
Diagnostic Test Waiting Times				
Diagnostic Test Waiting Times	1%	Monthly	Yes	Yes
Cancer Two Week Wait				
All cancer two week wait	93%	Monthly/ Quarterly	Yes	Yes
Two week wait for breast symptoms (where cancer was not initially suspected).	93%	Monthly/ Quarterly	Yes	Yes
Cancer Waits - 31 Days				
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	96%	Monthly/ Quarterly	Yes	Yes
31-day standard for subsequent cancer treatments-surgery	94%	Monthly/ Quarterly	Yes	Yes
NHS Constitution Standards	**Standard**	**Monthly/ Quarterly/ Annual Total**	**Technical Guidance**	**Planning Trajectory**
31-day standard for subsequent cancer treatments - anti cancer drug regimens	98%	Monthly/ Quarterly	Yes	Yes
31-day standard for subsequent cancer treatments - radiotherapy	94%	Monthly/ Quarterly	Yes	Yes
Cancer Waits - 62 Days				
Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	85%	Monthly/ Quarterly	Yes	Yes
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	90%	Monthly/ Quarterly	Yes	Yes
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	n/a	Monthly/ Quarterly	Yes	Yes

NHS Constitution Supporting Standards	Standard	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Cancer				
One-year survival from all cancers	N/A	Annual	Yes	See note 1

Infection	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Healthcare acquired infections (HCAI) measure (Clostridium Difficile Infections)	Monthly	Yes	Yes

Activity	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Total referrals (All specialities)	Monthly	Yes	Yes
Consultant led1St Outpatient attendances	Monthly	Yes	Yes
Consultant led Follow up outpatient attendances	Monthly	Yes	Yes
Total elective admissions (spells)	Monthly	Yes	Yes
Total non-elective admissions (spells)	Monthly	Yes	Yes
Total A&E attendances	Monthly	Yes	Yes
Total Endoscopy tests*	Monthly	Yes	Yes
Total Diagnostics tests (excluding Endoscopy)*	Monthly	Yes	Yes
RTT admitted activity	Monthly	Yes	Yes
RTT non-admitted activity	Monthly	Yes	Yes

Mental Health	Expectation	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
IAPT Roll-Out	15%	Quarterly	Yes	Yes
Estimated diagnosis rate for people with dementia	66.7%	Monthly	Yes	Yes
IAPT Recovery Rate	50%	Quarterly	Yes	Yes
IAPT Waiting Times - The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*	75%	Quarterly	Yes	Yes
IAPT Waiting Times - The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*	95%	Quarterly	Yes	Yes
Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	50%	Quarterly	Yes	See note 1

Better Care Fund	Expectation	Monthly/Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	N/A	Annual	Yes	Yes
Delayed Transfers of care per 100,000 population (attributable to NHS, social care or both)	N/A	Monthly	Yes	Yes
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	N/A	Annual	Yes	Yes

Transforming Care	Expectation	Monthly/Quarterly/Annual Total	Technical Guidance	Planning Trajectory
Reliance on inpatient care for people with a learning disability and/or autism*	An overall reduction in the number of inpatients who have either a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) throughout 2016/17.	Quarterly	Yes	Yes

* Added for 2016/17 Planning Round

Note 1: Trajectory for this indicator must be reflected in CCG plans, although it will not be formally collected in UNIFY. It will be monitored in-year, and CCGs will be held to account for their performance against this indicator.

7. Finance

The financial plan for 2016/17 has been developed in parallel with the wider planning requirements.

Following release of the CCG's allocation for 2016/17 (and expectations for the following four years) in January 2016 it has become clear that there will be increased financial pressure on the CCG in 2016/17 and future years.

The CCG's programme cost allocation for 2016/17 has increased by 3.05% which equates to £20.7m, giving total funding for services of £721m for the year.

Financial plans have been developed in line with national financial planning assumptions for the year including:

- Inflation and efficiency adjustments to contracts based on national tariff guidance
- CQUIN to remain at 2.5% of contract value
- Provision of funding for mental health services, including child and adolescent mental health services (CAMHS) and general practice information technology (GPIT), some of which was provided via national non recurrent funding in 2015/16.
- Compliance with national business planning requirements to provide contingency and non-recurrent funds
- Planned achievement of surplus in as agreed with NHS England.

Given the significant calls on the funding allocation for 2016/17, new plans for spending on commissioning of services outside of the demand planning and performance requirements within major contracts has been minimal.

A key focus of the financial plan is in developing and implementing the CCG's Quality, Innovation, Prevention and Productivity (QIPP) savings plans for 2016/17 and future years. The plans total £14m for 16/17 and are reflected across the full range of services commissioned by the CCG. The CCG will look to work closely with service providers to explore opportunities to ensure all parties achieve best value for the funding available, including utilising focused work on Right Care opportunities. This will be supported by the application of consistent objectives across the range of commissioning tools, for example CQUIN schemes with providers and engagements programmes with general practice.

Even within the current balanced financial plan significant risks remain, and alongside them the need to continue with QIPP and wider transformation schemes which will support the local health economy to achieve sustainability in future years.

8. Contract implications

Where appropriate, detailed financial and activity schedules reflecting modelled activity requirements will be issued for discussion with our providers. In circumstances where commissioning intentions are expected to have a material impact on 2016/17 provider activity levels, the activity impact will be included in the proposed activity and financial schedule.

Commissioners and providers are required to jointly agree activity profiles and consequently the assumptions underlying our activity estimates will be shared with providers for discussion and agreement as part of contract negotiation process.

Timetable

Contract negotiations will be carried out within the national timeframe with expected sign off by the nationally agreed date. NHS Newcastle Gateshead CCG intends to work with providers to reach agreement and formally sign off contracts in accordance with the required timeframes.

9. Equality and Diversity

As public sector organisations, the NHS Newcastle Gateshead CCG Alliance are statutorily required to ensure that equality, diversity and human rights are embedded into all our functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution.

In the exercise of our functions we will ensure that we:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Human Rights Act.
- Provide equality of opportunity and ensure good relationships for people who are protected by the Equality Act 2010.

This means that we should:

- Work towards ensuring that people protected by the Equality Act are not disadvantaged.
- Take steps to meet the needs of people from protected groups.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Our aim is to uphold these objectives and to close the gap in health inequalities.

Our equality strategies are available on our website.

10. Summary

The purpose of this document is to raise awareness of the transformation initiatives and schemes NHS Newcastle Gateshead CCG intends to implement during 2016/17. As plans are developed and implemented, the impact on individual contracts will be discussed with providers.

11. Appendix 1: Plan on a Page 2016/17