MEETING DATE:	10 January 2013	North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 6.3	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Caroline Briggs Senior Officer Commissioning Support and Service Change Commissioning Support and Service Change	

COMMISSIONING PLAN 2013/2014

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Builds on previous reports to November Committee, regular Engine Room discussions and CCG Committee Workshop in December
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)* Yes Public

1. PURPOSE OF THE REPORT:

To update CCG Committee on the development of the CCG Commissioning Plan for 2013/14 following publication of 'Everyone Counts – Planning for Patients 2013/14' on the 18th December 2012 and supporting guidance for CCG's on the 21 December

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	**x**
Deliver the best outcomes for every patient	**x**
Improve patient experience	**x**
Reduce the inequalities gap in North Lincolnshire	**x**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	x	No	

The final version of the plan will include an assessment of risks against the delivery of the plan. This will be integrated in to the risk management register and board assurance framework for 2013/14

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x

5. LEGAL IMPLICATIONS:

Yes		No	x

6. RESOURCE IMPLICATIONS:

Yes	x	No	

The 13/14 and medium term financial plan are being developed as part of the commissioning plan

7. EQUALITY IMPACT ASSESSMENT:

Yes	x	No	

Proposals within the commissioning plan will be subject to equality impact assessment

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	x	No	

A public and stakeholder event is planned for the 22 January 2013 to share the CCG's emerging plans and priorities and seek input into shaping the final plan

Does this paper need to be forwarded on to another Committee Group?

no

9. RECOMMENDATIONS:

The CCG is asked to: -

- Receive the update
- Delegate the identification of three local priorities to be measured in relation the Quality Premium to the Engine Room with input from the Stakeholder event on the 22 January, Council of Members on the 24th January and the Shadow Health and Wellbeing Board on the 24 January
- Agree to receive the draft plans for submission to the Area Team on the 25 January virtually with discussion supported at the Engine Room on the 17th January and the Council of Members meeting on the 24 January.

Briefing paper

CCG Committee on the 14 November agreed the timeline for the development of the CCG Commissioning Plan for 2013/14. This was subject to the publication of planning guidance from the NHS Commissioning Board.

'Everyone Counts – Planning for Patients 2013/14' was published on the 18 December 2012 and 'Supporting Planning 2013/14 for Clinical Commissioning Groups' was published on the 21 December 2012.

The Supporting Planning document sets out the formal requirements of all CCG's. Rather than imposing targets the NHS CB expects CCG's to develop their own local priorities through their input into the Joint Health and Wellbeing Strategy. However CCG's are expected to set out real ambition in their plans, and are required to identify 3 local priorities against which it will make progress during the year. These priorities will be taken in to account in determining if the CCG should be rewarded through the Quality Premium.

The CCG is also expected to plan on the assumption that no indicator contained within the national NHS Outcomes Framework of the CCG Outcome Indicator Set deteriorates.

Annex A attached shows the measures which will be used in year as well as annually to across the five domains of the NHS Outcomes Framework and which will be used in the Quality Premium.

Annex B sets out the national requirements in terms of operational standards expected from the NHS Constitution, including additional measures as specified by the NHS CB within Everyone Counts.

The guidance require the following to be submitted to the Area Team, with an initial submission to them on the 25th January and a final version on the 5 April

- "Plan on a Page" including key elements of transformational change;
- Template covering :
  - Self certification of commitment to delivery of the rights and pledges of the NHS Constitution, Mandate and *Clostridium difficile* objective;
  - Self certification of assurance that provider cost improvement plans are deliverable without impacting on the quality and safety of patient care;
  - Trajectory for dementia diagnosis rates and Improving Access to Psychological Therapies (IAPT) - proportion of people entering treatment;
  - Trajectories for locally selected priorities;
  - Activity trajectories for 4 key measures – elective finished first consultant episodes(FFCEs), non-elective FFCEs, first outpatient attendances, A&E attendances;
- Financial information, including a brief overview of financial position, underlying assumptions and associated risks.

The requirements and timescales are set out below:

Date	Activity
	CCG Plans
18 Dec 12	Allocations published Planning guidance published
21 Dec 12	Supporting information published Draft NHS Standard Contract published
w/c 7 January 2013	UNIFY2[1] Data collection available
25 Jan 13	CCGs to share first draft of plans with Area Team Directors to include: "Plan on a Page" including key elements of transformational change; Template covering Self certification of delivery of the NHS Constitution, Mandate and *Clostridium difficile* objective; Self certification of assurance of provider CIPs; Trajectory for Dementia and IAPT; Trajectories for locally selected priorities; Activity trajectories for 4 key measures – elective FFCEs, non-elective FFCEs, first outpatient attendances, A&E attendances; Financial information
By 8 Feb 13	Area Directors to provide feedback to CCGs
End Feb	Re-submission of Finance Templates and update on contractual negotiations
11 Feb to 29 Mar 13	Discussions to support Area Team Director assurance of plans
31 Mar 13	CCG and NHS Commissioning Board contracts signed off
5 Apr 13	Final CCG plans shared with Area Team Director
8 Apr to 19 Apr 13	Board analyses CCG plans and plans for direct commissioning with a view to identifying risks to delivery
22 Apr to 10 May 13	Board confirms that plans add up to a position that delivers the mandate and improves patient outcomes within allocated resources
By 31 May 2013	Each CCG publishes its prospectus for its local population

The timeline needs some revision in light of this but it does not deviate significantly from that planned. An amended version is attached at Annex C

ANNEX A

NHS Outcomes Framework measures which the NHS Commissioning Board and Clinical Commissioning Groups will use to track progress (i.e. data can be generated at clinical commissioning group level and a baseline can be determined against which progress can be considered).

Domain	Measures that are suitable for both in year and annual assessment	Measures that are suitable for annual assessment only	In Quality Premium
Preventing people from dying prematurely	None	Potential years of life lost (PYLL) from causes considered amenable to healthcare Under 75 mortality rate from cardiovascular disease Under 75 mortality rate from respiratory disease Under 75 mortality rate from liver disease Under 75 mortality rate from cancer	Potential years of life lost (PYLL) from causes considered amenable to healthcare
Enhancing quality of life for people with long term conditions	Combined measure of Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and 2 measures from domain 3.	Proportion of people feeling supported to manage their condition Health-related quality of life for people with long-term conditions Dementia Diagnosis Rates	Combined measure of Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Emergency admissions for acute conditions that should not usually require hospital admission Emergency admissions for children with lower respiratory tract infections (LRTI)
Helping people to recover from episodes of ill health or following injury	Combined measure as above with Emergency admissions for acute conditions that should not usually require hospital admission Emergency admissions for children with LRTI Emergency readmissions within 30 days of discharge from hospital	Patient Reported Outcomes Measures (PROMs) for elective procedures: i)Hip replacement, ii)Knee replacement, iii)Groin hernia, iv)Varicose Veins	
Ensuring that people have a positive experience of car	Patient experience of i GP Services ii GP Out of Hours services, Friends and family test	Patient experience of hospital care (needs attribution to CCG)	Patient experience measure
Treating and caring for people in a safe environment and protecting them from avoidable harm	Incidence of healthcare associated infection: MRSA Incidence of healthcare associated infection: *Clostridium difficile*	None	Incidence of healthcare associated infection: MRSA and *Clostridium difficile*

ANNEX B

Expected rights and pledges from the NHS Constitution 2013/14 (subject to current consultation) including the thresholds the NHS Commissioning Board will take when assessing organisational delivery.

Referral To Treatment waiting times for non-urgent consultant-led treatment
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%
Diagnostic test waiting times
Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral – 99%
A&E waits
Patients should be admitted, transferred or discharged within 4hours of their arrival at an A&E department – 95%
Cancer waits – 2week wait
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
Cancer waits – 31 days
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%
Cancer waits – 62 days
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers) – no operational standard set
Category A ambulance calls
Category A calls resulting in an emergency response arriving within 8minutes – 75% (standard to be met for both Red 1 and Red 2 calls separately)
Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%
Mixed Sex Accommodation Breaches
Minimise breaches
Cancelled Operations
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.
Mental health
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%.

Additional measures NHS Commissioning Board has specified for 2013/14.

Referral To Treatment waiting times for non-urgent consultant-led treatment
Zero tolerance of over 52 week waiters
A&E waits
No waits from decision to admit to admission (trolley waits) over 12 hours
Cancelled Operations
No urgent operation to be cancelled for a 2nd time
Ambulance Handovers
All handovers between ambulance and A & E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.

Annex C

Months	Key meetings/events and deadlines	Issue for debate	Outcomes sought	Progress
Sep	20/9 – Engine Room	Outline process and timelines	Support to direction and timeline	supported
Oct	4/10 – Engine Room	Financial plan and QIPP update	Agreement to process to update plan and take forward development	Supported
	18/10 – CCR ER	Approach to development of commissioning intentions Approach to engagement with public and stakeholders	Agreed direction	Agreed
	22/10 CCG exec team plus CSS - Management confirm and challenge of 12/13 QIPP plans	Review of plans set as part of 12/13 planning round and deliverability and update (including delivery against 12/13 commissioning intentions)	First cut revision to feed into 1/11	completed
	25/10 COM	Approach to development of commissioning intentions Approach to engagement with public and stakeholders	Support for approach and clarity re role of Council of Members	Completed
Nov	1/11 – ER	Commissioning intentions What do we want to change (inc CQUINS)? Activity modelling assumptions Contract negotiation strategy – what are the must do's/show stoppers? QIPP 13/14	Outline of plans to be developed further during November via email and discussions between GP leads ,management support (CCG and CSU) and COM leads	Update provided of progress Draft commissioning intentions Shared for further circulation Position on forward QIPP plan Not covered contract negotiation strategy or further QIPP plans

Months	Key meetings/events and deadlines	Issue for debate	Outcomes sought	Progress
		What do current plans look like? What else are we going to do?		
	8/11 – CCG Committee (Public)	Structure, process and timeline	Agree	Agreed
	15/11 – ER – Sustainable Services workshop			Future models of Care developed to be fed into commissioning plan and sustainable services programme
	22/11 – Council of Members	Sign off vision, strategic objectives (aims)and consider draft Commissioning intentions and QIPP	To feed into single integrated plan narrative Consider how we use to shape prioritisation criteria	Draft commissioning intentions and CQUINs shared with COM for feedback prior to 29th ER Strategic Aims previously signed off by COM's
	29/11 ER	Receive update re commissioning intentions, QIPP Financial plan prioritisation	Agree draft commissioning intentions per provider Consider prioritisation	Update received - Commissioning intentions - QIPP - Prioritisation principles discussed Further QIPP detail required to support intentions by provider
Dec	6/12 – ER (dependent on NHSCB timetables)		Agreement of initial submission to NHSCB?	Additional ER 29th therefore not on agenda 6/12
	13/12 – CCG workshop	Review of Commissioning Board requirements (NHS mandate and NHS Outcomes framework), review of vision values and aims, priority areas	Leadership and direction to contracting team	Worked through to inform content of plan
	13/14 Planning guidance and allocations expected to be published		Will tell us what 'must do's' are	Published 18 December 2012 with supporting guidance for CCG's published 21 December.
	20/12 – ER	Single Integrated Plan – update on all elements to date	Tie together all elements	Considered guidance and requirements, allocations and initial assessment of impact, QIPP outline proposals
Jan	3/1 - ER	Draft commissioning plan for 13/14 (inc QIPP)	For finalisation to consider at CCG Committee	Not available for consideration at 3rd given full guidance issued 21/12

Months	Key meetings/events and deadlines	Issue for debate	Outcomes sought	Progress
		Draft financial plan for 13/14 Final commissioning intentions for each provider		
	10/1 - CCG Committee (public)	Draft commissioning plan for 13/14 (inc QIPP) Draft financial plan for 13/14	Agreement to allow full plans to be pulled together	Update to be provided
	25/1 – submission of first draft plan on a page and supporting trajectories, financial templates to Area team			
	17/1 – ER	Draft 'plan on a page'	Support for developing draft for submission 25/1	
	22/1 – Stakeholder and Public Engagement Event	Draft CCG plans and priorities for 2013/14		
	24/1 - COM	Draft CCG plans and priorities for 2013/14	Support for developing draft for submission 25/1 and full plans	
Feb	7/2 - ER	Update on contract negotiations	Leadership support for contracting team in finalising	
	14/2 – CCG workshop	Draft plan narrative and supporting plans	Finalisation of draft	
	21/2 - ER	Update on contract negotiations	Leadership support for contracting team in finalising	
	28/2 - COM	Update on contract negotiations	Leadership support for contracting team in finalising	
	28/2 – resubmission of financial templates and update on contract negotiations			
Mar	7/3 - ER			

Months	Key meetings/events and deadlines	Issue for debate	Outcomes sought	Progress
	14/3 – CCG Committee	Final CCG commissioning plan (SIP)	Sign off for submission to NHSCB	
	31/3 – Contracts signed			
Apr	5/4	Full submission to Area team		
May	31 May	CCG publication of prospectus		