

Commissioning Intentions

2016/17



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1. Purpose of this document

This document sets out the CCGs initial plans for the coming year (2016/17). This should be read alongside The Five Year Forward View (NHS England, 2014). The proposals contained here will form the basis of further engagement with our clinical community through the Clinical Strategy Group and Locality Member Groups, with provider organisations through the contract negotiation process and with patients and public at events scheduled for January 2016 and February 2016.

2. Developing our plans

Our Commissioning Intentions have been pulled together following an extensive year-round engagement process with:

- i. our member practices: bi-monthly discussions with each of our three Localities on commissioning plans;
- ii. patients and the public: regular public events discussing key themes including frailty, Happiness and proactive care;
- iii. Excluded communities: regular meetings with and feedback from third sector organisations contracted to provide feedback from traditionally excluded groups such as LGBT, gypsies and travellers, disabled people;
- iv. Patient and Participation Groups: via the PPG Network and Governing Body Lay representation;
- v. The City Council: co-produced plans such as the Better Care Plan, Happiness Strategy;
- vi. Neighbouring CCGs and co-commissioners from NHS England: Whole system plans, such as the System Resilience Plan, developed in conjunction with other NHS commissioners and overseen by the System Resilience Group;

A summary of our draft commissioning intentions will be sent to all members of Patient Participation Groups and distributed widely across the City. Feedback can be submitted via the CCG website or at the public event in January 2016 and February 2016.

3. National Financial context

NHS England and independent analysts have calculated that a combination of growing demand and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21.

The NHS has a track record for delivering efficiency of 0.8% annually, but this has increased to 1.5%-2% in recent years. For the NHS to continue to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance -compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems.

This scale of challenge cannot be met by efficiencies alone. Delivery of the transformation described in the FYFV is essential to ensure future financial balance for the NHS.

4. Local Financial and planning context

The final CCG allocations are due to be published in January 2016. For the purposes of this document we have the most up-to-date planning assumptions available. These numbers are therefore a guide and will be subject to change.

Table: Initial Planning Assumptions

	2016/17
Growth on CCG Opening Allocations	1.80%
Tariff (Mandatory)	0.40%
Non Mandatory (Non-PbR, Tariff)	0.40%
Activity Growth	2.25%
CQUIN	2.50%
Prescribing Inflation (before new drugs)	5.00%
Contingency	0.50%
Non Recurrent Expenditure Reserve	2.00%
Planned Surplus (1)	1.50%

We are currently reviewing actual and planned expenditure, to evaluate the impact of existing cost pressures in future financial years and to fully understand the impact of the use of non-recurrent funding sources for some schemes.

New funding will need to be identified where schemes are expected to continue, but are not currently included in 15/16 plans.

A number of factors are likely to impact on the financial position in 16/17, which will become clearer in the next few months once the financial framework is published and the roll forward position becomes clearer.

5. Health Needs of Brighton and Hove

Brighton and Hove Joint Strategic Needs Assessment has recently been refreshed and has been used to inform the development of the commissioning intentions alongside Right Care and Atlas of variation. The below provides a high level summary of the health needs of Brighton and Hove:

- All-age all-cause mortality is slightly elevated from the England mean.
- There is a higher level of deprivation in Brighton and Hove compared to the England mean, although this is lower than some neighbouring CCGs.
- Inequalities in male and female life expectancies are both worse than the England mean.
- The mental health spend per weighted head of the population is higher than the England mean, with favourable outcomes which are better than those of most neighbouring CCGs.
- The directly standardised mortality rate from suicide and undetermined injury is higher than the England mean and exhibits worse outcomes.
- The musculoskeletal spend per weighted head of the population is much higher than the England mean, however the Patient Reported Outcome Measures EQ-5D Hips Health Gain scores worse in comparison to the England mean.
- The cancer spend per weighted head of the population is higher than the England mean, and a higher percentage cancer patients receiving treatment within 2 months of diagnosis.

However, there are worse cancer outcomes in terms of mortality from all cancers in those under 75 years old.

- The gastrointestinal disease spend per weighted head of the population is similar to the England mean, however we have a higher mortality rate for gastrointestinal disease than average.
- The spend per weighted head of the population for circulation is higher than average, mortality from circulatory diseases is lower, and the number of patients with CHD whose last blood pressure was more than 150/90 is slightly lower.
- The respiratory spend per weighted head of population is also similar to the England mean, but mortality from respiratory diseases such as COPD is slightly higher than average. The percentage of patients with CRF and hypertension on ACE/ARB therapy is 1% higher than average.

The sections below outline the draft commissioning intentions for 2016/17.

6. Community Services

Significant changes are required to community services, primary care and acute care if we are to respond effectively to local and national drivers for change. Our strategic plans for Better Care are to develop more planned and integrated care for our frail and vulnerable populations. Phase 1 of the Brighton and Hove Better Care Plan is focused on testing out the new frailty model of care through the development of integrated multi-disciplinary teams based around two clusters of GP practices. During Q3 and Q4 of 2015-16 we expect that this will increasingly integrate with the proactive care model to provide a joined up, proactive approach with SCT working in partnership with General practice and other providers to support our most vulnerable and frail to remain well and living at home. We see this as building on the work SCT has already implemented and the services provided, in particular by the integrated primary care teams.

The roll out of Better Care across the city will continue in 2016-17. We will continue to work collaboratively with all local providers and other stakeholders through the agreed Better Care Programme structures to focus on prevention, self management, integrated care and care closer to home. SCT are an integral part of the Better Care Plan and will be a key partner in the delivery of integrated care across the City.

Whilst we are working on our longer term plans for integration, we will continue to strengthen our community services. Demand in terms of both volume and complexity continues to rise. We have strong services to prevent hospital admission and are continuing to strengthen services to facilitate earlier discharge from hospital as well as enhance some of our smaller more specialist community services. We need to strengthen our specialist community services and move to a model whereby they can consistently support more generic primary and community teams with the care for patients with complex needs as well as the develop the skills within the broader primary care and community workforce. The table below describes areas we intent to explore over the coming months:

Commissioning Intention	Description
Discharge to Assess	Discharge to Assess - In support of the Discharge to Assess programme the CCG will invest in community health services that facilitate the timely discharge of patients from hospital for the

Commissioning Intention	Description
	assessment of their long term care and therapy needs. This investment will fund extra therapists and health care assistants within the Community Rapid Response Service delivered by Sussex Community Trust. The CCG will also commission a Social Prescribing service from the voluntary sector to support people discharged from hospital to access community resources and reduce social isolation.
Intermediate care beds	Intermediate care beds – The Ernst and Young work completed in 2015/16 has key recommendations that include a review of community beds. We intend to redesign our intermediate care bed provision, to support both urgent and step up care as well as step down care, and with reduced average length of stay, which will include re-procurement. We give 12 months’ notice on the existing contract for this element of community short term services, with the expectation of a new service being in place for 01/10/16.
Improving outcomes for people living in Care homes	Improving outcomes for people living in Care homes – To explore joint health and social care approach to support quality and practice for residents in Residential and Nursing Homes promoting a holistic approach to quality improvement. In particular expanding the support to Care Homes around end of life care support and resources.
Neurology	Neurology - To develop integrated multi-disciplinary teams to support people with neurological conditions. We want to ensure the service has sufficient capacity and is resilient, fit for the future and to further embed principles of self-management and preventative approach.
Diabetes	Diabetes - We are in the final stages of the Community Diabetes Hub procurement. In line with this commissioners will work with the new provider to ensure appropriate transition to the new community service hub, including the transfer of current outpatient diabetes services.
Single Point of Access	Single Point of Access – We would like to work with you to scope, develop and implement a single point of access hub. This will be a stepping stone to improving access to services across urgent and routine care in the City, and will be a key element of wider system change over the next few years.
Respiratory –	Respiratory – we want to continue to work with you to develop and deliver an integrated respiratory care service, including case finding and providing consultant support to primary care to reduce COPD related admissions.
Self-management	Self-management - The CCG is currently mapping the availability of commissioned self-management/self-care services across Brighton and Hove. This will inform the development of a local Self-management strategy in spring 2016. The aim is to facilitate access to a broad of a range of self-management support (including digital technology such as telecare or telehealth). This is considered an important part of the Better Care Personalisation programme and the CCG wishes to work with SCT and other partners to introduce options for self-care/self-management into individual care planning through both cluster multi-disciplinary and specialist city-wide community health services during 2016-17.
Personal Health Budgets (PHBs)	Personal Health Budgets (PHBs) – NHSE expects CCGs to lead a major expansion of PHBs from 2016-17 with a particular focus on children with complex needs and people with multiple long term conditions. During 2016-17 the CCG aims to build a partnership with local NHS providers and voluntary sector and user led/community organisations to develop its offer of locally available PHBs. The

Commissioning Intention	Description
	<p>offer would sit within a broader programme of commissioning personalised community based services alongside robust case management, care planning, and self-care options for individuals.</p> <p>The CCG will therefore look to enter into discussions with SCT to develop the operational management of PHBs (including assessment and care provision). Much of 2016-17 is likely to explore identifying population cohorts/individuals who might benefit, and developing budget setting and sustainable funding models. This would include how best to build the PHB offer into the work of cluster integrated delivery teams as part of broader personalisation initiatives.</p>
Person Centred Outcomes Measure	Person Centred Outcomes Measure (PCOM) – The CCG is currently working with providers to develop an approach to support person centred care planning to support better outcomes at an individual level and drive local service improvements. We expect to work with you to introduce this approach in community health services.
The Integrated Homeless model	The Integrated Homeless model is a key focus for the CCG this year and will continue to be over the coming year. SCT is a key partner in ensuring the health needs of homeless people are met and we want to continue to work with you, and other providers, to design and deliver the model.

7. Mental Health

Mental health remains a key commissioning priority for the CCG. In collaboration with Brighton and Hove City Council the Happiness Strategy was launched in the summer of 2014. We have now set out our plans for the next 2 years. The strategy sets out the framework for improving Mental Health and Wellbeing in the City.

The Happiness Strategy takes an all-round approach to mental health and wellbeing and as well as the inclusion of specific actions around mental health services it also provides a framework to make mental health part of everyone's business. It includes a broader set of actions, for example around employment, training, and working with schools.

Huge change has taken place in adult mental health services in Brighton and Hove over the last few years and the CCG intend to continue to work collaboratively with SPFT to ensure that wherever possible care is delivered outside hospital. The CCG is also committed to working with a wide range of providers across the City, including the community and voluntary sector, to provide services across a range of needs.

As part of our commitment to Parity of Esteem, in addition to our planned improvements to improve mental health services, we will continue to ensure mental health becomes an integral part of all relevant care pathways. Where appropriate, the CCG will look at commissioning all age pathways to ensure that individuals at the point of transition (between children's and adult services) get the most appropriate care to meet their needs.

We will continue to monitor performance against existing service standards and the new standards for EIP in force from April 2016. We intend to increase our focus on quality and support SPFT in developing services in line with evidence of best practice and outcomes, including the programme of work arising from recommendations made following the Care Quality Commission inspections earlier this year.

In addition, we will continue to work with the trust to secure sustainable improvement in delayed transfers of care, and expect the trust to remain a core member of the wider health economy System Resilience Group, and associated sub groups to ensure the health and social care system is sufficiently resilient to meet demand.

The CCG will also work with other mental health providers to ensure that there is continuous service improvement, and that new and emerging national standards around access to mental health services are met.

Our draft priorities for 2016/17 are:

Commissioning Intention	Description
complex trauma pathway	Develop a complex trauma pathway that will support young people over the age of 14yrs and adults who have experienced severe trauma. The focus will be on developing a network of providers with SPFT as the lead agency. The plans for this are well worked up and additional investment has been secured.
urgent care pathway	Review the urgent care pathway , including the Mental Health Liaison Team, to ensure that the level of investment/capacity can adequately meet the needs of those in mental health crisis in the city. This continues the work done in 2015/16 on the Crisis Care Concordat . We will further reduce the numbers of people detained under section 136, and continue to reduce the numbers of people being detained to custody.
rehabilitation pathway	The rehabilitation pathway across the city will be reviewed to better meet the changing needs of our population and a new model of care developed as a result of the re-investment of resource from the closure of Hanover Crescent.
Transformation Plan for children and young people's mental health services	The Transformation Plan for children and young people's mental health services that is currently being developed gives us an opportunity to work with you to ensure that we have appropriate and responsive services across the City. We want to work with you to ensure that the additional investment allocated to the plan supports the transformation of children and young people's mental health service in Brighton & Hove. This will include looking at how services are accessed and the timeliness of response, and clarity on the workforce in LD CAMHS, neurodevelopmental and ASD services and the capacity to meet the demand.
Eating disorder services for children and young people	Eating disorder services for children and young people have also attracted additional investment over the next 5 years. We want to work with you to look at how we further strengthen ED services for children and young people, and how we work with adult services to ensure an age appropriate pathway without the 'cliff edge' of transition. We will also continue to monitor the capacity within the BHED Service against demand. B&H CCG will look to other CCGs across Sussex, as well as SPFT, to support the development and implementation of better ED services.
children and young people's mental health liaison team	The children and young people's mental health liaison team at the Royal Alex Children's Hospital (RACH) will further enhance the crisis response service to children and young people in a mental health crisis. We want to ensure that SPFT and BSUH work together to provide a responsive crisis pathway within RACH. SPFT will also engage BSUH staff in a programme of training and development around mental health issues.
Integrated Homeless model	The Integrated Homeless model is a key focus for the CCG this year and will continue to be over the coming year. SPFT is a key partner in ensuring the mental health needs of homeless people are met and we want to continue to work with you, and other providers, to deliver the model.
Recovery College	We will work with SPFT and other community providers to continue to develop the Recovery College in Brighton & Hove. We also want to explore the development of a Discovery College for young people .
Community and Voluntary Sector	The community and voluntary sector deliver a wide range of services that a vital part of the mental health provision across the City. The CCG will be reviewing all the contracts we have

Commissioning Intention	Description
	with the C&VS to ensure that we are commissioning the right services, that duplication and gaps are identified and plans in place to manage these, and that we maximise the contribution of our community and voluntary sector partners in the mental health and wellbeing of our population.
Wellbeing Services	The contract for the provision of Wellbeing services, which includes IAPT and a primary care mental health service, expire in March 2017. Throughout 2016/17 we will be re-procuring these services to ensure that they meet the needs of our City's population, are effective and represent good value for money. The work will include talking to patients, the public and other stakeholders about what a primary care mental health service needs to look like.
Autism pathway	We will work with Brighton and Hove city Council to ensure that we review services offered to those individuals who have a diagnosis of autism or other autistic spectrum disorders. This will include scoping the need for additional support services for both children and young people and adults.
Dementia	We will work with SPFT to continue to ensure that people with Dementia have access to high quality care through the specialist dementia teams. We also want SPFT to continue to work with partners across the system to ensure people have access to timely diagnosis and follow up support as necessary. In addition we want to ensure that there is equity of access to crisis and urgent care services for those with dementia, specifically looking at access to dementia crisis services .

8. Hospital Care

The CCGs expect the trust to work closely with commissioners in the proposed collaborative commissioning alliance around the BSUH catchment area. Building on the findings of the recent Ernst and Young capacity review, it is essential that the trust and the wider system engage in a more radical programme of transformation in order to manage demand more effectively outside of the hospital and optimise capacity within BSUH. We expect this to include the following programme areas:

- *Keeping people well* – including the establishment of a more collaborative model of General Practice and aligning/integrating community resources to deliver more joined up care
- *Responsive services* – including a system-wide frailty pathway and a single integrated model for community geriatrics and the extension of sub-acute community care via Hospital at Home and Discharge to Assess schemes;
- *Safe and effective hospital care* including good practice such as the SAFER flow bundle and assessment at home/hospital at home models being business as usual across all wards areas on both sites;
- *Short Term Reablement Services* - a more responsive and appropriate model of care for step up/step down and rehabilitative care that is consistent and streamlined across the LHE.

We will continue to focus on urgent care, working as a system to reduce the numbers of people attending A&E, supporting the delivery of the 4 hour standard and streamlining pathways into, within and out of hospital.

In particular, we will continue to work with the trust to secure sustainable improvement in handover delays and consistent achievement of the 4 hour standard beyond March 2016 onwards following successful implementation of the current Urgent Care Improvement Plan.

We expect the trust to be a core member of the local health economy System Resilience Group, and associated sub groups thus ensuring the health and social care system is sufficiently resilient to meet demand.

We expect the trust to achieve sustainable delivery of the 18 week wait service standard during 16/17 as per local improvement trajectories. We also expect historic data quality issues to have been

addressed and will be seeking assurance that robust internal data quality processes are in place on an on-going basis to ensure that patients' constitutional rights are met.

In order to achieve a sustainable 18 week position across the system, we will work to increase the range of choice of provider that is available to patients. We will also continue to work with acute colleagues to identify any referrals that could be better met in primary care and support peer review in primary care to benchmark best practice in referrals.

Where service standards are not met it is our intention to apply fines and penalties in 2016/17 and re-invest them in recovery where they will have most impact.

Commissioning Intention	Description
7 day services	We expect the trust to be compliant with a minimum of 5 of the 10 7 days a Week Forum Clinical Standards by April 2016 with a plan articulating how compliance with all 10 standards will be achieved by March 2017. In particular, the CCGs expect the trust to prioritise implementation of Service Standard 8 On-going Review at PRH which requires consultant wards rounds 7 days a week.
Stroke Services	<p>We expect the trust to implement the findings of the Sussex Stroke Collaborative programme. We will expect acute stroke services to meet the SEC CVD Strategic Clinical Network Stroke Clinical Advisory Group quality standards for hyper acute stroke and TIA services.</p> <p>Community rehabilitation of stroke survivors will be provided in collaboration between health and social care and will meet the service outcomes set in the South East Stroke Service Specification. Review of stroke survivors at between 4 and 8 months post stroke will be integral to the proactive prevention of readmission; this will be undertaken to the recommendations of the South East Cardiovascular Strategic Clinical Network.</p> <p>Community services should report to SSNAP in a timely manner and with data completeness. We would expect continued improvements in performance ahead of any reconfiguration and plan to work collaboratively to create a world class stroke service for the CCGs by implementing the best option highlighted by the exhaustive pan Sussex stroke service review.</p>

9. Planned Care and Cancer Care

The CCGs expect to work with the trust to respond to the implications of the Independent Cancer Taskforce and the NHS England implementation plan which is expected later in 2015/6 and to implement the new NICE 2WW guidance issued in June 2015.

Our cancer programme is structured around the three following priority areas and specific programmes of work. Work streams relevant to the trust are included below.

Commissioning Intention	Description
<i>Raising awareness and earlier diagnosis of cancer</i>	<p>Reducing premature mortality- Key to improving cancer outcomes and delivery of nationally mandated cancer standards including improving 1 year cancer survival rates, reducing diagnosis in A&E</p> <p>Work with the trust to Implement best practice pathway for patients with suspected Lung Cancer (ACE) including, working with the trust to support a pathway for walk in service (no appointment necessary) for patients requiring a Lung/ Chest X-ray for suspected cancer</p> <p>Promoting the uptake of cancer screening programmes</p>

Commissioning Intention	Description
	<p>Improve uptake of breast screening across all demographics with an impact on diagnostics</p> <p>Review current Lung, Colorectal, Upper GI, Breast, Prostate pathways in line with the Cancer Outcomes Strategy which recommended GPs have direct access to Upper GI Endoscopy, chest x-rays; brain MRIs; abdominal/pelvic ultrasound</p>
<p>Improve cancer waiting times so that all providers meet national mandated standards</p>	<p>Delivery of cancer mandated standards</p> <p>Implementation of National Institute of Clinical Excellence (NICE) guidance for suspect cancer referrals</p> <p>Pathway redesign work with secondary care (particularly for colorectal, lung Prostate (PSA), Urology cancers) to reduce the possibility of avoidable delays in care and treatment</p> <p>Work with the trust to establish demand and capacity need for upper GI endoscopy</p> <p>Work with the trust to explore direct to test colonoscopy</p> <p>Work with the trust to explore proposals for a Vague Bowel Symptoms hub</p> <p>Work in partnership with secondary care to enable effective communication with primary care regarding patient treatments and late effects of treatments</p>
<p>Enhanced Survival</p>	<p>Improving patient experience and self-management, reducing premature mortality</p> <p>Work with the trust to establish a Sussex-wide Pelvic Toxicity Service to support cancer patients who have been treated with radical radiotherapy to the pelvis area. A significant proportion of this cohort of patients develops long-lasting side effects, and there is no local service that can offer them support.</p> <p>Work with the trust to develop a remote clinic for patients with Indolent haematological malignancies</p> <p>Increased implementation of the SE SCN Cancer Recovery Package comprising of 4 main elements - Holistic needs assessment (HNA) and care planning, treatment summaries, cancer reviews and patient education and support events</p> <p>Work with the trust to improve percentage of patients offered a treatment summary completed at the end of treatment and sent to patient and GP</p> <p>Work with the trust to improve percentage of patients offered a Holistic Needs Assessment during and at the end of treatment</p> <p>Work collaboratively with the trust and third sector and other partners to deliver aspects of the Recovery Package including psychological Support.</p>

10. Children and Young People

Children's physical health care services in Brighton and Hove are provided by Brighton and Sussex University Hospitals Trust (BSUH), with the more community based therapy services provided by Sussex Community Trust (SCT).

The majority of health care for children and young people is provided by GPs in primary care and is in the context of looking after the family as a whole. Children in the pre-school tend to see their GP 6 times a year on average, with school age children seeing their GP 2 to 3 times per year. The CCG wants to ensure that primary care has the capacity and capability to offer high quality health care to children and young people. We will do this through the Locally Commissioned Service (LCS)

outcomes contract, building on the work done throughout 2015-16. Having happy healthy children in our city will lead to happy healthy adults and less reliance on the health and social care system.

The CCG are also committed to bringing care for children and young people, particularly those with the most complex needs, closer to home and away from hospital based settings. This is reflected in the work we will do to review and re-design children’s community nursing and other therapies. We will be working closely with our key partners, BSUH and SCT, to achieve this.

We will continue to work collaboratively with all local providers and other stakeholders to focus on prevention, self-management, integrated care and care closer to home.

The CCG will continue to work with BSUH and SCT to develop a performance reporting dashboard for paediatric and community based therapy services, building on the progress made throughout this year.

Commissioning Intention	Description
Medically Unexplained Symptoms	The CCG wants to commission an all-age pathway to support those children, young people and adults who experience medically unexplained symptoms. During this year we have been scoping the need and looking at models of delivery for the pathway.
Children’s Community Nursing	A particular element of the re-alignment of community health services outlined in the Better Care paragraph above is to take forward a review of local Children’s Community Nursing services. The CCG wishes to work with SCT and other partners to ensure that there is access to sufficient community-based generic and specialist Children’s nursing to support the provision of care close to home for children and families.
Speech and Language Therapy	The CCG wishes to undertake a review with Brighton and Hove Children’s services and SCT into the current levels of demand for local Speech and Language Therapy services, and future capacity requirements to respond to this. This will include looking at the needs of those young people between 16 and 25 years, in light of the SEND reforms (see below).
special educational needs and disability	In light of the recent SEND (special educational needs and disability) review we want to work with providers and other strategic partners, in particular the local authority, to ensure that children and young people with SEND have access to integrated, high quality care that meets needs in a personalised way and takes a whole family approach.

11. Maternity

Maternity services in Brighton and Hove are provided by Brighton and Sussex University Hospitals Trust; there is an Obstetric Led Unit at the Royal Sussex County Hospital site or women can choose to have a home birth which accounts for about 5% of local births. Brighton does not provide full choice of birth place as it does not have a midwifery-led unit. Following initial delays there are now plans being developed for such a service that will provide for increased capacity, a co-located birth centre and a women’s health centre for both ante natal and gynaecology outpatients. The timescales

for this development are still being worked through but it is hoped that 2017-17 will see some progress.

We will be working with neighbouring CCGs on the development of the Maternity Dashboard with regular informative narrative. We also expect to work closely with maternity services on a realistic plan to improve the numbers of normal births. We intend to develop a service specification for maternity services and work with key stakeholders to ensure that the Birthing Unit is developed to reflect the needs of the local population.

The CCG will also ensure that the recommendations from the national maternity review, which is currently underway and due to report in early 2016, will be taken into account in all its maternity commissioning plans.

The CCG will continue to work with BSUH and neighbouring CCGs to develop a performance reporting dashboard for maternity services, building on the progress made throughout this year.

The development of commissioning intentions for maternity services will be heavily influenced by the outcomes and recommendations from the national Maternity Review and therefore have not been worked through.

The Review will develop proposals for the future shape of modern, high quality and sustainable maternity services across England. The proposals should, in particular, seek to achieve three complementary objectives:

- first, review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units
- second, ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies
- third, support NHS staff including midwives to provide responsive care. (Maternity Review Terms of reference, NHSE March 2015)

12. Medicines Management

Moving into 2016-17, we will continue to work with partner commissioners, providers and other organisations to optimise medicines use in all care settings for our population, to ensure that patients get the best possible health outcomes from the investment that we make in medicines and other prescribed items.

We will continue our current work plan by consolidating the roll out of governance systems for high cost drugs (Blueteq) and continue at pace the delivery of system-wide and online formularies. We will also focus on the implementation of NICE Guidance and on prescribing in key therapeutic areas such as for those with long-term conditions.

We will continue with the managed entry of new drugs via the Brighton Area Prescribing Committee as a governance structure to reflect the needs of the local health economy. We will engage with neighbouring CCGs and providers to ensure that medicines which are evidence based and affordable are made available to the general public whilst delivering value for money when committing the use of public funds.

This section sets out the expectations for 2016/17 with regard to high cost drugs for the Coordinating Commissioner on behalf of itself and Associate Commissioners.

Adherence to all medicines management specification documents, i.e. The Interface Prescribing Policy (IPP) and the CCG 2016/17 Payment by Results excluded drugs Commissioning Intentions for PbRe Drugs document.

All existing, and new drugs and technologies should be provided within the scope of National Tariff guidance unless:

- Explicitly excluded through the National Tariff 2016/17 and funding agreed with commissioners, or
- As part of excluded services or
- Through local arrangement agreed with the commissioners
- The 2016/17 Payment by Results excluded drugs Commissioning Intentions document will contain all drugs and indications that are expected to be prescribed in 2016/17 in line with the scoping horizon work undertaken between November 2015 and January 2017. Horizon scanning of drugs and respective business cases to support their use must be submitted to commissioners by 31 December 2015 in order that decisions and finances are aligned for 2016/17. Business cases will not be accepted in-year except for drugs which get a positive NICE Technology Appraisal in-year.
- A full data set will be submitted for all drug charges and any subsequent challenges

We will continue to monitor prescribing spend against budgets set for GP practices and other providers. We will use our prescribing monitoring dashboards to identify outliers with prescribing and work with partners to address any problems or learning needs.

We have set KPIs for all our projects and will be monitoring performance against KPIs on a regular basis.

For the high cost drugs we have a CQUIN with our main provider and will be monitoring achievement against target for that.

Commissioning Intention	Description
Drug charges	Drug charges must be for the drug only and at acquisition cost or at local Procurement Partnership (LPP) agreed price, whichever is lower. There will be no additional charges automatically added to drug prices without prior discussion and agreement with commissioners and in accordance with National Tariff rules.
patient access schemes	It is the responsibility of the Provider to ensure that all national/regional agreed patient access schemes (PAS) are in put in place within the provider and all such drugs will be charged as per the detail of the PAS.
minimises the potential for waste	Providers will be expected to prescribe and supply in a manner that minimises the potential for waste: examples of prescribing practices that could lead to financial waste include dispensing very large supplies of drugs in particular high cost drugs with each issue.
biosimilar PBR drugs	Where biosimilar PBR drugs are available, new patients should be initiated on the

Commissioning Intention	Description
	biosimilar product in preference to the branded originator product.
Challenges to drug interventions	Challenges to drug interventions will be responded to within the prescribed timeframe for all challenges
specialized services/chemotherapy	If specialized services/chemotherapy commissioning is transferred back to CCGs, robust systems and processes will be put in place to manage the entry of new drugs/chemotherapy protocols onto formularies to ensure that there is appropriate governance in place and that evidence based, clinically safe, cost-effective decisions are made.
procurement	The Provider will work with the commissioner when contracts are negotiated for the procurement or supply of items such as continence or stoma devices, glucose monitoring devices or feeds which may require ongoing prescription in primary care.
Oral Nutritional Supplements	In the case of Oral Nutritional Supplements (ONS) the Provider should only supply enteral feeds on discharge if accompanied with a nutritional management plan including a MUST score.
professional standards	The Provider will work with commissioners to fully implement the Hackett report and the professional standards issued by the Royal Pharmaceutical Society of Great Britain including clinical and cost effectiveness review and audit of home care medicines.
blister pack of medicines	A two week blister pack of medicines should be supplied on discharge for patients who require such a medication compliance aid. This is in-line with Section 6.1 of the IPP which states that 'patients should be discharged from hospital with a supply of medication in line with local policy, minimum 14 days.'
Stoma	We will undertake reviews of prescribed stoma appliances to ensure choices and quantities are aligned to our local guidance. We hope to work with specialist stoma nurses to achieve medicines optimization and reduced waste in this area.
Wound Care	We will continue to improve uptake of ONPOS for the provision of wound care to our residents. We will be looking at the appropriateness of quantities being ordered and rationalizing the choices on our formulary. This will help reduce waste and encourage better use of NHS resources. We will work to include optimal prescribing and be part of the Wound Care LCS.
Specials	We will work with providers to ensure that 'specials' are only prescribed and dispensed where there is no suitable licensed alternative.
Nursing Home Project	We will continue to deliver a nursing home medication review service to encourage safe and appropriate medicines management in care home and nursing home settings. We will continue to work towards a model of one GP practice per home to ensure consistency and to also align the homes to the cluster model of working within the city.
Better Care Pharmacist Model	We will continue with our cluster based pharmacist work building a case for more pharmacists working in GP surgeries across the city.
Prescribing Work as part of the LCS	We will move the prescribing incentive scheme to become an integral part of the primary care LCS this will ensure greater engagement and the achievement of medicines optimisation objectives.

13. Information Management and Technology

The CCG intends, in line with national ambition for electronic (paperless), interoperable and real-time health records by 2020 (NHS England, 2015), to begin the implementation of the CCGs Digital

Roadmap during 2016-17. The CCGs Digital Roadmaps will be published by April 2016 following consultation with Local Authorities, NHS providers and the Health & Wellbeing Boards. The CCG intends to embed technology and use of information in core CCG decision making in order to use them much more fundamentally to improve productivity and quality. It will develop a vision and roadmap that consists of:

- A view only portal for professionals across organisations to access patient records held in multiple organisations.
 - A shared working space where professionals can record and work together on a subset of care plans for patients with complex needs or a high level of risk.
 - A portal for patients/potential patients, with a view of records, ability to record, and access to relevant evidence.
 - An effective management / intervention planning toolset.
 - Effective use of specialist clinical expertise through teleworking initiatives.
 - Streamlined care delivery making effective use of information and technology wherever there is a benefit.

The CCG has identified the following prerequisites to successfully deliver the roadmap:

- The agreement of a CCG commissioning vision and strategy. Informatics is an enabler and cannot enable from within a silo separate from the commissioning agenda, neither can informatics lead development of the commissioning strategy. It must be integrated with the commissioning agenda.
- An effective means of leading this agenda, in terms of expertise, seniority, and time.
- Appropriate resources and skills to develop and deliver projects.
- Governance and coordination mechanisms, particularly across organisations.
- Provider strategy, scrutiny and challenge.
- Business cases for the future products starting with identification and quantification of benefit expected.
- Identification of critical clinical data to be required, with a focus then to drive up its quality, consistency and timeliness.
- Supporting strategies for information governance, management information, knowledge and skills, and programme control.

We will work with providers to develop consistent service improvement development plans to underpin the delivery of the digital roadmap.

The items below out the key performance and quality indicators relating to informatics:

- a. All discharge summaries to be send electronically
- b. Full implementation of the 2015/16 priority digital standards
- c. Implementation plan for pipeline digital standards 2016-2020
- d. Improved use of available shared records such as SCR
- e. Full engagement with development of the Digital Footprint and dedicated resource to support delivery.

Commissioning Intention	Description
Risk stratification	Risk stratification – (commissioners need to define how the tool may be used to support their

Commissioning Intention	Description
	requirements. Link needs to be considered with LCS audit tools. Need to consider implications for data collected by GPs – coding and summarising, management of information received by the practice from other providers.)
Shared Care Record	Shared Care Record – (Care records exist. The digital roadmap will need to define how these will be shared in the medium and long term.)
Share My Care	Share My Care (See my note above. This is a short term solution for sharing Care Records, specifically the Contingency Plan) deployment is this year -see my note above. It may become the tool of choice to share Care Records but that decision has not been made yet).
Summary Care Record	<u>Summary Care Record</u> - Increase benefits realisation of SCR additional information through requirements on providers to increase viewing of SCRs.
GP Records Sharing	<u>GP Records Sharing</u> –Commission options appraisal of viewing portal solutions (including ROCI) as part of digital roadmap development.
-	- Develop and implement Records Sharing Charter proposal to ensure patients are supported to make informed decisions about the use and sharing of their electronic patient records, in line with the requirements for Personalised Health and Care 2020
-	- Undertake Electronic Patient Record reviews underpins GP records sharing by providing assurance that practices meet the standards for information management, data quality and information governance.

14. Primary Care Development

In July 2014 the CCG Governing Body approved the Primary Care Strategy, which set out the CCG vision for Primary Care and General Practice in Brighton and Hove.

“We see high quality primary care as the foundation on which to build the very best healthcare for the population of Brighton and Hove. In order to achieve this we will need to increase capacity and capability in primary and community services so that we focus on preventative and proactive care, particularly for the most frail and disadvantaged communities”.

In 2015/16 we established a Primary Care Committee to oversee this significant area of development. Key to the Committee’s areas of responsibility will be to:

- Commission a range of services in Primary Care via a new offer to General Practice, an appropriately costed city-wide Locally Commissioned Service (LCS) that addresses key areas of health inequality, improves clinical outcomes and shifts the model of care to one that is more proactive and preventative for our most frail population;
- Oversee the development of a collaborative model of primary care in order to respond to the City wide LCS and build a more resilient and sustainable model of provision in the City;
- Manage the process for receiving primary care commissioning responsibilities back from NHS England, ensuring the governance around this is robust;
- Strengthen the mechanisms for reporting on and addressing issues relating to the quality of care in general practice.

15. Quality and Safety

Quality and safety in the delivery of health services, is the fundamental core to the roles and responsibilities of every commissioning and provider organisation. Within Brighton & Hove Clinical Commissioning Group (CCG), quality is defined as clinical effectiveness, patient experience and patient safety. We are committed to ensuring patient focussed outcomes arising from the standards should be embedded in service redesign, planning and commissioning and that all contracts are robustly monitored, in order to provide assurance that the quality standards and outcomes are being met.

16. Sustainability

Commissioning for Sustainability:

- Ensuring our clinical pathway designs address prevention, quality, innovation productivity and integration.
- Delivering our duties under the Social Value Act of 2012 and embedding social value and community assets in our procurement practice.
- Fully utilising contractual levers to ensure sustainable practice within commissioned services.

Being Sustainable as an Organisation

- Ensuring we have energy efficient business processes;
- Paying our staff the City's living wage;
- Providing a workplace which facilitates health and wellbeing.

Leading our Member Practices

- Supporting general practice with energy audits and top 10 high impact actions;
- Addressing areas such as medicines wastage;
- Facilitating enablers such as the roll out of electronic prescriptions;
- Agreeing a programme of work with member practices and developing a "sustainability pledge" for members.