

Commissioning in STPs - how will it be different?

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Lifting the Health of the People of Hardwick

CLINICAL COMMISSIONING GROUPS

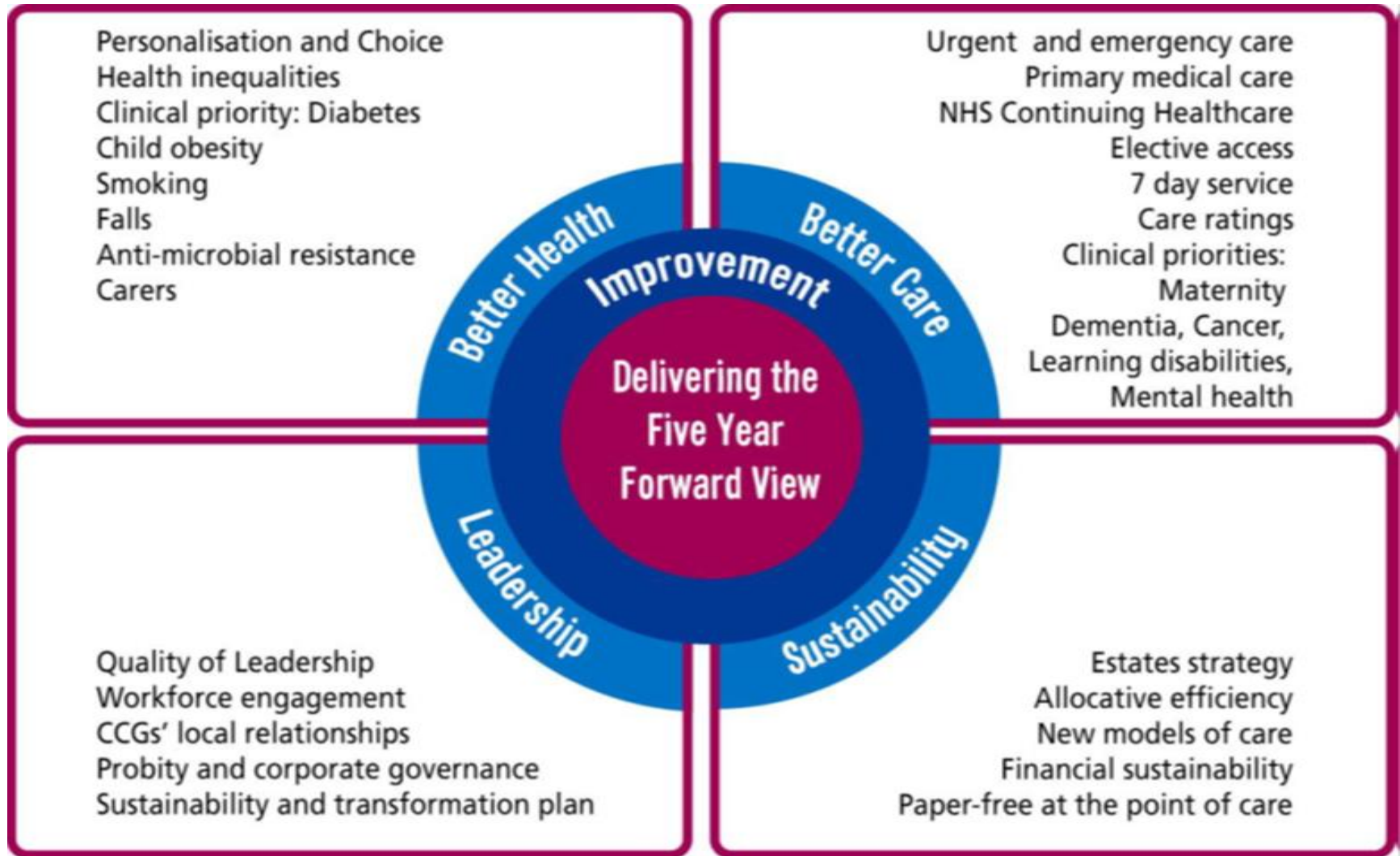
Clinical Commissioning Groups

- Established 1st April 2013
- Clinically led organisations
- Membership consists of groups of general practices that come together in each area to commission the best services for their patients and populations
- Commissioning is the process of planning, agreeing and monitoring services
- Most of NHS Commissioning budget is managed by 209 CCGs

Clinical Commissioning Groups

- Commissioning is not one action but many:
 - Health needs assessment for a population through clinically based design of a patient pathway
 - Service specification or procurement with continuous quality assessment
- CCG Improvement and Assessment Framework – annual assessment of CCGs
 - NHS Constitution and other core performance and finance indicators
 - From June 2017 will incorporate additional information from local STPs

CCG Improvement & Assessment Framework



NATIONAL AUDIT OFFICE REPORT

Key Themes for commissioners to consider

- “The ambulance service has a pivotal role to play in the performance of the entire urgent and emergency care system, as a conduit to other services and helping patients access the facilities they need close to their home”.
 - *How do CCGs better engage with ambulance providers?”*
- This means utilising new models of care rather than taking patients to hospital
 - *“Progress would be greater if barriers were removed – what are the main barriers”*
- “Using these new models of care is likely to have incurred additional costs for primary and community care services”

Key Themes for commissioners to consider

- Ambulance services are not commissioned consistently across England, with differences in how they are funded and what they are funded for”.
- “Introducing a standard operating framework and consistent commissioning arrangements may help, but our work raises serious questions about the place of ambulance services in the health system and their ability to operate effectively”

Key Themes for commissioners to consider

- “NHS England, NHS Improvement and ambulance trusts in England should work together to define the optimal operating framework for an ambulance trust”
 - *What does a single commissioning framework for ambulance services look like?*
- “Ambulance commissioners should take a consistent approach to commission ambulances, based on the framework”
 - Wales use the CAREMORE framework for collaborative commissioning

SUSTAINABILITY & TRANSFORMATION PLANS

Sustainability & Transformation Plans

- 5-year plans for the future of health and care services in local areas
- NHS organisations have come together to develop plans covering 44 areas of the country
- STPs represent a very significant change to the planning of health and care services in England
- 60 questions for local leaders covering three headlines:
 - Improving quality & developing new models of care
 - Improving health and wellbeing
 - Improving efficiency of services

Sustainability & Transformation Plans

- Organisations need to collaborate rather than compete
- Growing consensus that more integrated models of care are required – integration is essential
- Providers and Commissioners need to come together to manage the collective resources available for NHS services for their local populations
- Collaboration with other services and sectors beyond the NHS to focus on the broader aim of improving population Health & Wellbeing
- STPs sit at the heart of change – will mean dismantling some power structures built up in recent years

System Priorities

- Not all regions have the same priorities – based on population need
- Health & Wellbeing
 - Keeping people well & healthy for longer
- Focus on primary and community care
- Dementia and Mental Health
- Cancer & diagnostics
- Transforming Urgent & Emergency Care
- Strategic Commissioning

DERBYSHIRE SUSTAINABILITY & TRANSFORMATION PLAN

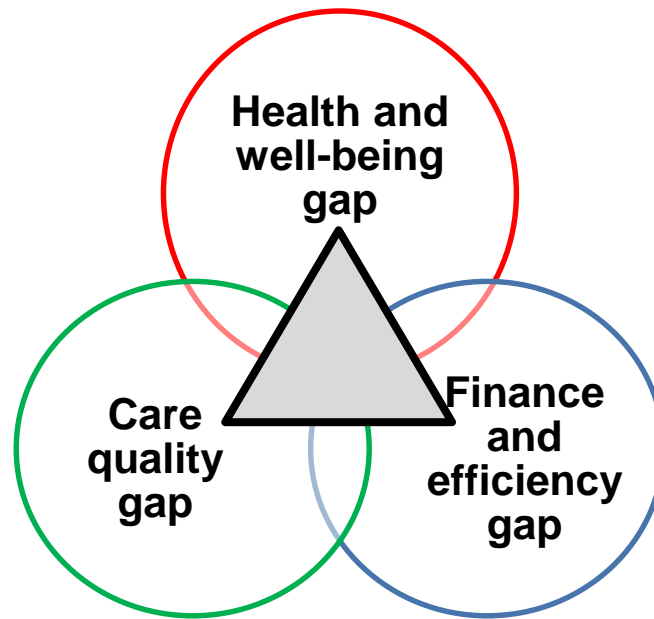
Derbyshire STP: Our Gaps

Health & Wellbeing Gap

- People living longer with more complex ill health
- 5% of population consume 45% of resources
- Next 15% consume 25% of resources
- Deprivation, MH and LD equate to poorer health
- CHD & cancer disproportionate to life years lost
- Focus on emotional health and wellbeing of C&YP

Care Quality Gap

- Services are not integrated
- Overly reliant on a bed-based system
- Patients not supported to be independent
- Care not always in the right setting
- Uncoordinated, inconsistent and complicated urgent and primary care



Finance & Efficiency Gap

- Resources not keeping pace with rising demand and costs
- Inefficient use of estate
- Perverse incentives
- Overall financial challenge by 2021 = £329m (£219m health, £109m social care)

STP Priorities - Derbyshire

We will deliver more care locally through joined up services (carers, voluntary, social care, GPs, primary care, community, hospitals) resulting in a reduced need for bed based care...

Community/Place

More local services
Proactive case management
Improved primary care access
(GPFV)
Reduced need for bed based
care (acute, community, MH and LTC)

Urgent Care

Rapid response teams
Assessment, advice and
treatment hubs
Integrated UCCs
7-day services

Prevention

Early intervention to prevent,
diagnose & treat disease
Making every contact count
Self-management
Behaviour change

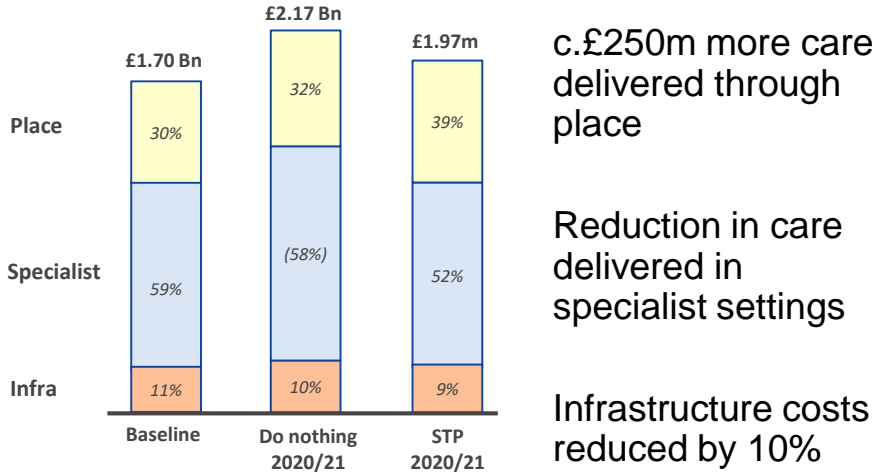
System Efficiency

Workforce efficiency
Control of agency costs
Back office collaboration
Streamlined procurement
Estates optimisation

System Management

Implications for the 'Shape' of the System

'Shape' of our system (health costs)



Workforce implications

2,500 more staff delivering place based care (c.10% of our current workforce)

Cultural change to empower patients and families

Develop and attract key skills / capabilities / roles:

Collaborative cross system approach to employing, rewarding and developing our workforce

Bed-based care

Investing in place based care will enable us to reduce our bed based care – acute, mental health and community hospitals

Fewer non elective admissions and reductions in length of stay

Reductions in the number of people requiring care in long term care homes

Physical configuration of services

The development of place based 'community hubs / networks' – aligned to local service needs (e.g. urban/rural) – fully integrated with primary care

Some community hospital sites may not be required (Better Care consultation); others will play a key role

Development of co-located urgent care centres at ED sites

Rationalisation of back office facilities

A place based approach

From:

- Focus on organisations
- Individual organisational incentives
- Process targets to support day to day activity
- Monitoring performance
- Risk transfer
- Separate episodes of care – reactively provided
- Fragmented care with multiple handoffs
- Individual records
- Maximising cost reduction

To:

- Focus on specified populations
- Aligned incentives (e.g. population budgets)
- Use of outcomes that matter to those populations
- Measuring outcomes
- Risk share
- Knowing the population and providing care proactively to those most at risk
- Integrated care – co-ordinating delivery across providers
- Information sharing and a common record
- Maximising value

STPs and the ambulance service

- *How does the ambulance service become an integral part of the system?*
- *What are the opportunities and risks to the ambulance sector?*
- *National commissioning framework vs local need*

Commissioning in STPs

- Strategic commissioning
 - Collaborative Commissioning across a group of providers and commissioners rather than individual contracts
 - Commission against a set of agreed outcomes across the system
 - Financial open-book approach across all organisations – shared financial risk across the system
 - Financial envelope on cost per head of population to cover delivery of agreed outcomes
 - System sustainability rather than sustainability of individual organisations
 - Provider/Assurer function
 - Some specialist services commissioned across a larger footprint by lead CCG
 - Transformation funding aligned to delivery of STP priorities

Challenges

- STPs are being designed in an NHS environment that was not designed to support collaboration
- Organisations focus on their own services & finance rather than working with others for the greater good of the population
- Organisations take a “fortress mentality”, acting to secure their own future regardless of the impact on others
- How do we move from a them and us approach?

Opportunities

- Ambulance Response Programme (ARP)
 - Clinically focussed
 - Better for all patients
 - Future focus on outcomes
 - Opportunity to support new models of care
 - Opportunity to deliver efficiencies
- NHS Improvement Sustainability Review
 - Focus on challenges faced by ambulance providers
 - Future commissioning model being developed
 - NACN leading the work on a new commissioning framework