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Northern, Eastern and Western Devon  
Clinical Commissioning Group

# CF01 NEW Devon CCG Commissioning Framework 2014 - 2016



**NEW Devon CCG Commissioning Framework 2014-2016**

# NEW Devon CCG Commissioning Framework 2014/16

A document that sets our five-year strategic direction,  
delivered with a focus on quality,  
a detailed and robust plan for 2014/16 and  
a financial framework that combine to  
support the delivery of our vision

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# Executive Summary of Our Intentions

## 1. Purpose

- To place the individual at the centre of our work to support the delivery of our vision
- To produce a single, clear, consistent and robust framework for all our commissioning activity
- To work equally with all providers by providing the same information at the same time and acting consistently
- To achieve key national targets sustainably from within our resource base

## 2. Strategic Planning Approach

- To place a focus on strategic planning to ensure that NEW Devon CCG has a clear 5 year plan for submission in early 2014 that guides shorter term actions
- To engage with Local Authorities, neighbouring CCGs and the Area Team of NHS England to ensure alignment of all key commissioning strategies
- To engage with the public and communities through each element of strategic change

## 3. A Plan for Quality

- We want high quality of care to become a right and an expectation for our population. High quality, cost effective care must be a feature of all the services we commission, reducing variation, commissioning evidence based care and focusing on quality improvement
- Patients have a right to be cared for with kindness, dignity and respect and we will ensure that the experience of people is at the centre our commissioning framework

## 4. Detailed Planning Framework for 2014/15

- To produce a process for 2014/15 that is clear and robust
- To use the CCG's core strategies to look to work in collaborative partnership with providers, based on an understanding of positions built from national contracting guidance
- To align system levers so that we focus effort, attention and reward based on the areas we want to change
- To produce commissioning intentions that are comprehensive and cover all aspects of care

## 5. Financial Framework

- To ensure the CCG has a deliverable financial 5 year plan and strategy to sustain comprehensive and sustainable high quality health services to its population
- To work on system and health community sustainability rather than simply on the CCG position
- To work with the Area Team to produce the most robust position possible, given the challenging financial position for all organisations

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*The framework is composed of a series of modules.*

*Through the planning process we will issue more detailed guidance for each module and in response to any national guidance published.*

*We will issue an update each fortnight during the period December – March.*

## Section 1 : Purpose

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# 1.1 Purpose of the Commissioning Framework

## Our Intention

- To place the individual at the centre of our work to support the delivery of our vision
- To produce a single, clear, consistent and robust framework for all our commissioning activity
- To work equally with all providers by providing the same information at the same time and acting consistently
- To achieve key national targets sustainably from within our resource base

## Engagement and Involvement

- Active local engagement with all providers through contract discussions & periodic CCG wide events
- Co-commissioners in Social Care are key to success and collective effort will drive our commissioning ambition
- Working closely with the Area Team on both primary care and specialist commissioning will be crucial elements

## Next Steps and Actions

- The launch of this framework is supported by a CCG wide partner organisation event
- We will organise further events, subject to partner request and support
- We will meet individually with all stakeholders to explain the local implications of our approach
- We will produce further guidance each week to support the planning process

## Background and Context

We are mandated to produce a five year strategy which will focus on how as a health and social care community we create a high quality and sustainable system that delivers on our ambition to place individuals at the centre of our work.

We recognise that we cover many providers and health communities in NEW Devon CCG. Our commissioning framework therefore delivers a single, clear and robust approach that will apply to each community consistently: our unit of account is to deliver success to all areas within the CCG.

We recognise the challenges within this planning round and believe that by setting out a clear framework and looking to work collaboratively with all providers and across organisational boundaries offers the best chance of collective success with the best patient and population outcomes. The framework will also allow us to adopt solutions for individual communities where these fit within the key principles we establish.

The framework also allows us to bring together, summarise and track all key documents in one place and to provide a forum to answer questions in a way that benefits all interested parties.

# 1.2 Purpose of this Document

## Our Intention

- To enable all our partners and stakeholders to have a shared understanding of the CCGs approach to the commissioning and planning process in the short and longer term
- To provide the basis for the planning process that will build to be a comprehensive framework
- To outline the information and guidance we will share as part of this process

## Engagement and Involvement

- To ensure all providers have an opportunity to participate and influence commissioning decisions and planning
- Test with partners areas where further detail at a CCG level would be helpful
- Further discussion with leaders about owning and leading on system wide change and strategic issues

## Next Steps and Actions

- We will add modules to this core document to build to a full and detailed framework covering all aspects of our commissioning plan
- Work with co-commissioners in Local Authorities and with the Area Team to work on ensuring that all our commissioning process are well aligned

## Background and Context

In our first year as a CCG building our commissioning intentions we have reflected on how we pulled together plans in shadow form 12 months ago. We have also listened hard to feedback we have received.

As a CCG we recognise that we need a clear and consistent framework that drives towards equity for our population and therefore applies to all providers and contracts equally. Within the parameters set, this unified approach can then be negotiated to fit to local circumstances.

Our process to create commissioning intentions has therefore been a single, CCG wide effort with a set of collective workshops pulling together our clinicians and senior managers.

Therefore being more explicit and transparent around our decision making processes, our commitment to sharing guidance and information to foster strong, open and collaborative relationships with our joint commissioning colleagues and providers is key.

This document is the first phase of that journey.

## 1.3 NEW Devon CCG Context

### Our Population

The CCG covers a population of approximately 890,000 people and spends £1.1 billion to provide large elements of their care. We serve populations with some similar but differing needs and our commissioning intentions reflect the need for us to operate within a single, clear, consistent framework that is sensitive to our diverse communities.

Our priorities emphasise areas requiring focus to achieve consistent quality of service and the NHS Constitutional standards for access. We will ensure that we support patients' decision-making in relation to their conditions to enable them to take ownership of their care.

We place particular emphasis on better management of the interfaces between services, health and social care providers and other agencies. The Devon Predictive Model and the use of risk stratification will continue to be a fundamental approach to our work in keeping people well.

Clinical outcomes are good, However the cost of total provision in a number of areas is higher than other places and, when combined with the economic outlook and shifts in demography, lead to a need for change. Our strategies look to move resources towards prevention and self care and better management of long term conditions and urgent care.

### Context

Financial sustainability for the health economy is critical. By working on a CCG-wide basis on high cost and volume pathways and in areas where the opportunity for financial return is the greatest, we will enable investment in services which provide the greatest health gain, moving towards equal outcomes and reasonable access for our whole population.

The CCG will build stronger and clearer commissioning and contracting relationships with our providers. Explicitly in these arrangements, managing down and controlling growth in activity will be approached as a joint issue for all organisations. It will require all our combined expertise and better engagement with the public.

The CCG will support services to lower the costs of provision for providers, which we see as consistent with shifts of care settings and the development of more efficient and effective pathways. Our financial incentives will be aligned to support the sustainable implementation of such changes.

## Section 2 : Strategic Planning Approach

**Publication Date for this Module : 4<sup>th</sup> December 2013**

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# 2.1 Overview and Commissioning Principles

## Our Intention

- To place a focus on strategic planning to ensure that NEW Devon CCG has a clear 5 year plan for submission in early 2014 that guides shorter term actions
- To engage with Local Authorities, neighbouring CCGs and the Area Team of NHS England to ensure alignment of all key commissioning strategies
- To engage with the public and communities through each element of strategic change

## Engagement and Involvement

- Engagement with stakeholders, providers, co-commissioners and the public in each element of the strategic plan
- Work with co-commissioners on alignment of strategies to ensure best use of resources to achieve the highest quality of services
- Work with providers to expand discussions between providers about best organisation of services

## Next Steps and Actions

- Engage external support to produce a high-quality strategic plan in 2014 that effectively captures and documents the wealth of work that has been undertaken within NEW Devon CCG on a range of initiatives
- Review next steps with providers following initial meeting with Chief Executives held on 27<sup>th</sup> November 2013

## Background and Context

The Commissioning Framework is a combination of an operational and strategic plan. We recognise the accountability we hold over both timescales and are clear that we need to have a clear long-term, strategic intent to guide our shorter term actions in order to create sustainable health and care systems.

We are engaged in a number of different strategic discussions that also sit alongside commissioning changes such as NHS 111 and Out-of-Hours services. Both our work on Transforming Community Services and the opportunities inherent in integration of services supported by Integration Transformation Fund are significant in terms of scale and potential to transform the landscape.

It is important that we are able to pull all different elements of strategic planning in to one, coherent plan for NEW Devon CCG that also relates to neighbouring communities.

We will complete a five year plan early in 2014 and also recognise that we will need to continue to work further on this during 2014/15.

# 2.2 Health and Wellbeing Strategies – Plymouth

### The Health and Wellbeing Board intends:

- To develop plans to improve health and wellbeing
- To have oversight of other agencies plans relating to health and wellbeing improvement.
- To engage and consult with the public, service users and patient reps in order to promote health and wellbeing.
- To work in a different way by demonstrating system leadership and co-operative and collaborative approaches

**NEW Devon CCG will work with its partners to commission services that contribute to the delivery of the Joint Health and Wellbeing Strategy**

### Engagement and Involvement

- The H&WB is committed to finding different ways to engage with the public and will learn from the best
- Plymouth's strategic framework for H&WB has been informed by surveys, visiting communities, listening to the public's views face-to-face and using bespoke surveys
- The meetings of the Board are webcast

### Next Steps and Actions

- The Joint Commissioning Partnership is responsible for setting commissioning plans that focus on tackling the Health and Wellbeing Board priorities, (1) mental health, (2) healthy weight, (3) substance misuse, and (4) health and social care integration

### Background and Context

Plymouth's Health and Wellbeing Board has developed a vision of what it aspires to achieve for all the people of Plymouth, recognising that people think of health and wellbeing in different ways.

The Health and Wellbeing Board's vision for Plymouth is to have healthy, happy and aspiring communities and to actively promote the health and wellbeing of all people in Plymouth. This vision will be achieved by everyone working together and by greater integration.

Three strategic approaches have therefore been agreed by the Health and Wellbeing Board and its members will hold each other to account for their delivery.

Plymouth's Strategic Framework for Health and Wellbeing will use the evidence found in the Marmot Review 'Fair Society, Healthy Lives' to test its own plans, and those of its partners for effective approaches for reducing health inequalities.

NEW Devon CCGs commissioning plans have taken account of the Joint Strategic Needs Assessments and will contribute to delivery of the Joint Health and Wellbeing Strategies.

# 2.2i Health and Wellbeing Strategies

## – Devon

### The Health and Wellbeing Board intends:

- To invest in evidence-based preventive interventions across the life-course
- To work through effective partnerships to address the inequalities in health that exist across our localities
- To reflect the importance of mental health and emotional wellbeing alongside physical health priorities

**NEW Devon CCG will work with its partners to commission services that contribute to the delivery of the Joint Health and Wellbeing Strategy**

### Engagement and Involvement

- Developing effective engagement and involvement processes with the protected characteristics groups is a priority. To achieve this will involve strengthening our links with voluntary and community bodies and partnerships e.g. Devon's Equality Reference Group if we are to engage with local people who are most disadvantaged

### Next Steps and Actions

- Contribute to the Health Needs Assessments for protected characteristic groups and long term conditions
- Produce an end of life care commissioning specification
- Support carers and people with dementia
- Promote healthy lifestyle through physical activity, healthy eating, stopping smoking /alcohol & substance misuse

### Background and Context

Devon's Joint Health and Wellbeing Strategy has four strategic priorities:

- A focus on families
- Healthy lifestyle choices
- Good health and wellbeing in older age
- Strong and supportive communities.

This life-course approach recognises the importance of a healthy start to life as well as the need to support people through healthy ageing.

Within each priority a number of themes and topics that require joint working are identified including;

- Reducing and preventing domestic and sexual violence and abuse
- Promoting healthy lifestyle
- Providing accessible sexual health services
- Improving diagnosis and dementia services
- Supporting carers of all ages
- Reducing and preventing suicides
- Supporting people with multiple/complex needs
- The needs of people with sight loss/impairment.

NEW Devon CCGs commissioning plans have taken account of the Joint Strategic Needs Assessments and will contribute to delivery of the Joint Health and Wellbeing Strategies.

# 2.3 Integration and the Integration Transformation Fund

## Our Intention

- To develop and adopt a shared set of commissioning principles with local authority partners
- To integrate our commissioning, services delivery and health and wellbeing
- To fully embrace the opportunity presented by the Integration Transformation Fund to change the nature of commissioning and speed & scale of integration

## Engagement and Involvement

- Engagement by our GP members with the public in each of the 3 localities
- The involvement of stakeholders as part of the TCS process & the development of commissioning principles
- We have been actively involved in working with our local authority partners to develop plans for integration

## Next Steps and Actions

- To work with each of our local authority partners to refine vision and plans for integrated commissioning.
- To develop business cases, engaging providers in the delivery of plans that integrate health and care services
- To develop plans that optimise use of the Integration Transformation Fund; submitted by 14th February 2014
- To provide an update on progress to Devon and Plymouth Health and Well Being Boards in January 2014 and at future meetings

## Background and Context

Our population, through the engagement events that have taken place on the subject of Transforming Community Services, our clinical membership and the King's Fund all identify integration as a key priority. Integration is not an end in itself, but a means of continuing to improve outcomes for our local population whilst achieving sustainable use of shared public resources.

Locally NEW Devon is working with Devon County Council and South Devon & Torbay CCG, a national pioneer site, to develop an integration plan and share learning across a large population and geography. At the same time NEW Devon is also working on an integration plan with Plymouth City Council who are part of the Labour group of Innovation Councils.

The development of an Integration Transformation Fund, as recently announced by NHS England and the Local Government Association now offers a real opportunity to integrate the commissioning of out of hospital services and this will form an essential approach as part of NEW Devon's Commissioning Framework and 2 to 5 year plan.

## 2.4 Transforming Community Services

### Our Intention

- To design and commission a model of community services with clear and consistent outcomes for patients, carers and communities
- To take notice of the strong messages from stakeholders and communities about joined up care where organisational boundaries are invisible
- To achieve a sustainable pattern of provision with personalised and out of hospital care at the centre of this

### Engagement and Involvement

- Extensive engagement of patients, carers and the public throughout North, East and West Devon
- Involvement of a large system wide stakeholder reference group at key milestones in the process
- Active involvement of local authorities in all aspects of the Transforming Community Services Programme

### Next Steps and Actions

- Developing the strategy, principles and outcomes for services in the community
- Preparing a supporting implementation plan that includes proposals for sustainable delivery of services
- Continued engagement in this work including a further stakeholder event in February 2014 before the strategy and implementation plan is finalised

### Background and Context

We seek to balance equity of outcome, reasonable access and value for money in the provision of services for our entire population.

Community services have a key role in supporting delivery of our vision for 'healthy people, living healthy lives in healthy communities'. Getting these right is particularly important to support people whether in an urban setting, a market or coastal town, or rural hamlet.

Although there are many examples of excellent community services in North, East and West Devon, we need to deliver care in new and innovative ways to respond to changing expectations, needs and resources.

The 2011 Transforming Community Services Programme brought about the separation of commissioning and provision of community services. It is now time to take the next steps to achieve consistent and quality outcomes for people through local services that are designed to be sustainable and stand the test of time. Our implementation route must deliver integrated and personalised pathways of care.

# 2.5 Provider Landscape and Sustainability

## Our Intention

- To create a clear view of the future landscape of provision (health and social care) and sustainability
- To work with providers, the Area Team and neighbouring CCGs in creating a robust picture
- To undertake independent analysis and to support local dialogue that leads to successful joint arrangements between different parties

## Engagement and Involvement

- Engagement of provider CEOs and the local authorities & wider engagement of stakeholders and partners
- Further briefings for provider boards and wider staff groups through localities
- Collaboration with the Area Team(s) with regard to primary care & specialist commissioning

## Next Steps and Actions

- The development of the CCG 5 year strategy will require early work on the provider landscape. The expertise lies within the provider system and therefore a series of opportunities for collaboration will be created over the coming months
- Commission external support to ensure that this thorough and considered piece of work with its clear vision of future function and form can be completed at pace

## Background and Context

We are looking towards a landscape that works across pathways and is focuses on patients and not organisations as it start point.

The structural and fiscal challenges that the NHS faces over the next 5 years are of such magnitude that a sustainable NHS and social care system can only be achieved by significant and radical provider landscape change. It is imperative that commissioners have a clear view about the future function and form of the local health and social care system in collaboration with providers and in liaison with the NTDA.

There are a number of co-dependent pieces of work which include the Integration Transformation Fund delivery and TCS. In addition there are 2 enabling strategies – health and wellbeing and community capacity and workforce without which this work will fail.

We will need to work with the Area Team(s) to ensure that the impact of specialist commissioning is understood. In addition the value of co-commissioning of primary care services with the Area Team will be critical to the design of the future provider system.

## 2.6 Area Team Commissioning Strategies

### Our Intention

- To work with the Area Team to ensure future models of specialist commissioning and national strategies are integral to our strategic planning
- To work with the Area Team to co-commission primary care and therefore be able to describe a strategy and provider landscape that meets the needs of our populations and encompasses a full range of providers

### Engagement and Involvement

- Work with providers on the impact of specialist services specifications on local services
- To sponsor conversations between provider Chief Executives on collaboration
- To work with the Area Team to ensure alignment of commissioning strategies

### Next Steps and Actions

- Organise on-going meetings with Provider Chief Executives about provider landscape and specialist services
- Review specialist commissioning alignment through Specialist Commissioning Collaborative
- Agree nature of co-commissioning of primary care with the Area Team in both short and longer term

### Background and Context

The new landscape for commissioning in the NHS comprises different commissioners with delineated responsibilities for parts of the health system.

In order to form an effective strategic plan it is imperative that these different elements align successfully so that we place individuals, rather than organisational accountability at the heart of our planning effort.

We know that the Area Team is keen to co-commission Primary Care with the CCG and we will work with them over the next few months to ensure there is alignment with our commissioning intentions in both the short and medium term.

The new specifications for specialist services will have a significant impact on the future shape of services and this, in turn, will have an effect on more routine hospital services. The extent to which organisations choose to work in partnership or have to consider a different service base in order to become sustainable. We recognise the current specialist centres in the peninsular.

## Section 3 : A Plan for Quality

**Publication Date for this Module : 13<sup>th</sup> December 2013**

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## 3.1 A Plan for Quality

### Our Intention

- We want high quality of care to become a right and an expectation for our population. High quality, cost effective care must be a feature of all the services we commission, reducing variation, commissioning evidence based care and focusing on quality improvement
- Patients have a right to be cared for with kindness, dignity and respect and we will ensure that the experience of people is at the centre our commissioning framework

### Engagement and Involvement

- Commissioning for quality measures will be built on national requirements however we will also ensure that these align with provider improvement plans
- High quality care cannot be delivered in isolation we intend to bring the health and social care system together with a focus on quality improvement

### Next Steps and Actions

- Produce the detailed “Plan for Quality” Module by 13<sup>th</sup> December 2013
- We will clearly set out a number of quality standards congruent with provider ambitions
- CQUIN & quality requirements aligned to commissioning
- Events will be planned for the new year with a focus on improving experience of care, quality improvement and collaboration across health and social care

### Background and Context

The learning from recent national inquiries and inspections has reinforced the needs of patients to be at the centre of all the NHS does. The learning of the past and from the Keogh and Berwick reviews bring centre stage the need for all NHS staff to focus on ensuring that patients receive high quality and responsive care and that they receive a positive experience of care.

Listening, transparency and learning are all features of an effective health and social care system that rigorously focuses on quality improvement and ensuring people have a positive experience. Where failure does occur we will ensure that we will support providers and clinicians in being open and transparent with patients working to the spirit of the ‘Duty of Candour’.

We will ensure that the needs of vulnerable groups are understood, that care delivery is sensitive to those needs and appropriate and that vulnerable people are safeguarded from harm.

The delivery of the Public Sector Equality Duty is not only a legal requirement but also a route to ensuring that equity of access and outcome is a feature of care delivery.

## Section 4 : Detailed Planning Framework for 2014/16

### Publication Date for this Module : 20<sup>th</sup> December 2013

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# 4.1 Detailed Planning Approach

## Our Intention

- To produce a process for 2014/16 that is clear and robust
- To use the CCG's core strategies to look to work in collaborative partnership with providers, based on an understanding of positions built from national contracting guidance
- To align system levers so that we focus effort, attention and reward based on the areas we want to change
- To produce commissioning intentions that are comprehensive and cover all aspects of care

## Engagement and Involvement

- We have listened to providers including the Chief Executives feedback on 27<sup>th</sup> November 2013
- We will discuss commissioning intentions with all providers and amend if necessary
- Discuss with all providers and communities the merits of an approach based on collaboration

## Next Steps and Actions

- Produce the detailed planning approach module for 20<sup>th</sup> December 2013
- Organise monthly planning meetings for stakeholders across NEW Devon – January to April 2014
- Discuss contracting approaches within individual health communities and with each provider

## Background and Context

Alongside our creation of a strategic plan, we need to produce clear, robust and coherent plans for 2014/15 and for 2015/16.

This operational plan needs to show how we plan to invest our resources and work with providers in order to secure the services we need from within our allocation. It is clear that this will be a significant, health community wide, challenge that will test our ability to work collaboratively to achieve the best outcomes for the population we serve.

Our approach is based on understanding the position of the CCG and our distinct communities based on national guidance and contracting.

We believe our three core strategies guide a positive, collaborative process that could see us working alongside providers at scale on joint programmes of quality, innovation, productivity and prevention that deliver significant cost savings whilst protecting core services.

However, we recognise that this may not work for all so we also outline a more traditional and transactional process for some circumstances.

## 4.2 Our Core Strategies

### Our Intention

- To discuss with all communities and providers the options around contracting based on collaborative partnership – aligning QIPP and provider CIPs
- To understand each contract based on full application of national guidance and the benefits of using this or other approaches
- To look for solutions that are sensitive to achieving sustainability in individual health communities, understanding risks and benefits
- To invest in relationship development to achieve collaborative approaches

### Strategy 1

Ensure the clinical community and the public take joint ownership of the sustainability agenda

- We believe that the best chance we have of creating sustainable health communities in our area is by working collaboratively with all partners to jointly own the requirement to live within the resources we are given and provide the highest quality of services
- We will clearly set out what this challenge would mean in each community and how we could reduce risk & focus our efforts, both clinical and managerial, on the key areas where we need to transform the systems centred on the population we serve

### Strategy 2

Ensure systems and processes are developed that make the best use of limited resources, every time

- We want to work on a single set of efficiency and productivity plans with providers and co-commissioners, recognising the wasted effort in savings initiatives that conflict or lead to poor results
- We can then collectively align the resources we have for change
- We will look at equity of resource allocation

### Strategy 3

Move the focus of commissioning away from treatment and towards a prevention and maintenance approach

- We want to use headroom to facilitate change that invests in the solutions to the causes of problems, rather than the symptoms
- The more we achieve joint and collective solutions, the more we can invest in the cost of change
- Joint commissioning will help embed this strategy

### Other Approaches

- We recognise that a collaborative approach may not suit all situations. It is where we want to begin discussions (albeit, based on full PbR exposition), but will follow strict national models where required

## 4.3 Our Key CCG Intentions

### Background and Context

Our combination of intentions seeks to balance equity of outcome, reasonable access and value for money in the provision of services for our entire population. Reduction of health inequalities will focus on outcomes and on access. Investment may be differential to achieve this.

The necessary transformation of the system will bear on the provider landscape and we can anticipate consolidation of expertise and provider development in line with the location of needs, consistent with the recommendations of the Keogh Review. A key next step with Local Authorities, specialist and primary care commissioners and health providers is to embark on the design which delivers and sustains explicit health & social care outcomes and begins from an ambitious scope for the Transformation Integration Fund.

Explicitly, this will require reinvestment of current resources. An ethical framework will guide the inevitably difficult investment and disinvestment decisions across competing priorities. Such decisions must be taken. We would look for and expect provider support in reaching and implementing such decisions.

We intend to establish with providers a mutual responsibility for:

- i. controlling the demand for services and
- ii. lowering the commissioned costs and provider unit costs of provision.

This to be supported through contracting mechanisms, strategic relationships and creative use of local flexibilities in tariff arrangements. Our emphasis is sustainability and quality. Lowering of unit costs and of demand in planned care in particular, to support shifts of resource to meet unplanned and emergency demand in the most appropriate settings of care, will be inevitable.

Patients and carers will experience seamless, coherent pathways for chronic and acute conditions with an emphasis is keeping well, early diagnosis, shared decision-making, supported self-management and independence.

The local commissioning landscape itself will undergo closer alignment to ensure coherent approaches across primary care, specialist commissioning, public health and social care leading to a single, straightforward strategy.

## 4.3 Our Key CCG Intentions

### Our Intentions focus on priority issues:

- In the short-term, a 14/15 shift of unscheduled contacts to urgent planned care where possible. This, alongside planning of the future landscape of Urgent and Emergency settings of care, will realise the vision of the *Keogh Review*.
- Early exploitation of the *Integration Transformation Fund* with a broad and ambitious scope across Advance Care Planning and frailty, unscheduled care, admissions avoidance, 7-day working, integrated discharge planning and onward provision across health & social care and provider boundaries. This alongside local development of the care market in partnership with Local Authorities.
- Rapid access to senior medical opinion in support of optimal diagnosis, treatment and demand management. This will use our local Referral Management Centre to realise many of the gains anticipated by the NHS eReferrals Service.
- Targeted follow-up care, seeing patients according to need rather than by default when they are well. Infrastructures to achieve this are well established in exemplar sites but underexploited in Devon.
- Major pathway and service transformation on the basis of outcomes, access, evidence, value for money and benchmarked opportunities. These will include CHC, frail elderly/ complex adult pathways, orthopaedics, ophthalmology, dermatology, diabetes, respiratory medicine, psychiatric liaison, access to psychological therapies, eating disorders, personality disorders, autistic spectrum disorders and out-of-area placements.

*Our Key CCG Intentions will apply to all our communities and all relevant providers.*

*We will develop detail for each of our commissioning intentions and publish by 20<sup>th</sup> December.*

*We will involve co-commissioners and providers in discussions about the exact nature of each intention.*

## 4.3 Our Key CCG Intentions

### Our Intentions focus on priority issues:

- Prevention and Recovery, to include expansion of 'Enhanced Recovery' practice in surgery and medicine and recovery in mental health services.
- Direct access pathology services linking evidence to clinical pathways, rationalising this provision on a value basis to achieve the large gains envisaged in *Lord Carter's Review of NHS Pathology Services*.
- Investment and disinvestment on the basis of treating equally the needs of our populations, with explicit consideration of clinical effectiveness and value for money. Transparent process to be established before the end of 13/14.
- Together with SD&T CCG and local authority partners will produce a coordinated suite of joint commissioning strategies including:
  - ◆ Dementia
  - ◆ Learning Disability
  - ◆ Mental Health
  - ◆ Carers

These strategies will share common approaches that will guide joint commissioning plans aimed at improving outcomes and empowering individuals through coordinated commissioning across the health and care system.

# 4.4 Developing Our Commissioning Intentions

## Our Intention

- To publish full detail on each intention by 20<sup>th</sup> December 2013, including cost target for each area
- These will be specific and tangible with regard to 14/15 service change, as described opposite.
- The development of very large scale intentions such as the local consequences of the Keogh Review will require bespoke planning and provider engagement

## Engagement and Involvement

- Within Localities and Partnerships' existing engagement structures with providers, work to respond to and finesse the implementation of 14/15 service changes linked to contracts
- Longer-term transformation intentions will be reflected in Provider Landscape engagement

## Next Steps and Actions

- Publication of Ethical Framework for prioritisation decisions
- Mutual understanding of benchmarked opportunities.
- Development and publication of detailed Cost, Quality, Rationale, Implementability descriptions of commissioning intentions

## Background and Context

We recognise that commissioning intentions and the subsequent contracting intentions are key to the process of agreement with providers in 2014/15. We have focussed on a single set of intentions that will apply across the CCG and promote consistency.

Alongside CCG intentions, additional intentions will be developed on a Locality and Partnerships basis.

Commissioning Intentions must be tangible and specific with regards to 14/15.

Where specific 14/15 service changes are concerned, alongside the detailed intention we plan to describe for each:

- ◆ Cost Savings
- ◆ Initial Quality impact
- ◆ Rationale/Evidence
- ◆ 'Implementability'

These domains are established in NHS Evidence Case Studies of service change and lend themselves to very practical description which will support the contract and service impacts of change.

# 4.5 Aligning Levers for Change

## Our Intention

- To support delivery of our key commissioning intentions by aligning levers for change to focus on the outcomes we are seeking
- Look to apply some CQUINs across a community, thereby incentivising cooperation between providers
- Headroom directed at those providers with whom we have agreed transformation, on the achievement of measurable outcomes
- To focus levers on the delivery of sustainable, recurrent change

## Engagement and Involvement

- We will discuss the overall approach with providers to ensure the alignment of levers matches the outcome we are seeking
- Through contract negotiation and service redesign forums including Clinical Partnership Groups

## Next Steps and Actions

- Produce detailed guidance by 20<sup>th</sup> December 2013
- Clarify Financial Framework at contract level
- Set out decision-making framework for allocating incentives
- Exemplify examples of aligned levers eg e-prescribing and follow-up management

## Background and Context

We recognise that for many years there have been criticisms that commissioners have not managed to align incentives to their key intentions. One of our key success criteria for this framework is to provide coherent alignment of incentives across all of our workplan.

This means looking at all mechanisms we have and providing one meaningful statement of alignment (albeit that many areas will not require all levers)

Levers include:

- ◆ Contract terms
- ◆ CQUIN
- ◆ QIPP
- ◆ Fines and penalties
- ◆ Headroom
- ◆ Quality Premium
- ◆ GP Enhanced Services

This means, for example, that for an area of change we will write clear contract terms, where the change is supported by headroom with a quality element attracting CQUIN payments and the primary care change required incentivised using an enhanced service mechanism.

# 4.6 Contracting Approach

## Our Intention

- To contract in a way that supports our collaborative ambitions
- Manage risk to both parties through development of longer term agreements, extension of benefit-sharing arrangements & implementation of a pace of change policy
- Incentivise non-face to face activity, where appropriate
- Use contractual mechanisms to incentivise up-streaming
- Work collaboratively with partner commissioners
- Enforce contractual terms and challenge non-compliance
- Work with providers and follow Monitor Guidance when agreeing local prices and departures from national tariffs

## Engagement and Involvement

- Through contract negotiation and service redesign forums including Clinical Partnership Groups

## Next Steps and Actions

- Clarify Financial Framework at contract level by 20<sup>th</sup> December
- Share CCG approach to local pricing
- Produce clear expositions of each contract based on full national guidance
- Follow national expectations in creating contract positions regardless of agreed contract type

## Background and Context

The CCG's Contracting Principles set out how we will conduct contract negotiations in order to support the CCG in commissioning safe, patient-centred services, within the local financial context.

We have outlined how we want to work with providers and communities in collaboration and we will work to produce contracts that support this. Notwithstanding this intent, we recognise that all contracts need to be based on the highest quality of technical contracting work that clearly and explicitly give an exposition of the financial, activity and quality position.

We will work within national guidance/NHS Constitution and Monitor's guidance regarding agreement of local prices and authorisation of departures from tariff.

Contracts will have an outcome-focused approach, that provides assurance regarding quality, safety and patient experience, and will facilitate change through the alignment of incentives and disincentives.

We will agree conduct expectations for negotiations for all parties.

## Section 5 : Financial Framework

**Publication Date for this Module : 20<sup>th</sup> December 2013**

|     |                                   |    |
|-----|-----------------------------------|----|
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| 5.2 | Framework Requirements            | 30 |
| 5.3 | High Level CCG Financial Position | 31 |
| 5.4 | CCG Approach                      | 32 |

# 5.1 Financial Context

## Our Intention

- To ensure the CCG has a deliverable financial 5 year plan and strategy to sustain comprehensive and sustainable high quality health services to its population.
- To work on system and health community sustainability rather than simply on the CCG position
- To work with the Area Team to produce the most robust position possible, given the challenging financial position for all organisations

## Engagement and Involvement

We have consistently shared the CCG's emerging financial position with Provider Directors of Finance and will continue to update:

- May 2013
- 30<sup>th</sup> August 2013
- 1<sup>st</sup> November 2013
- December 2013 - date to be confirmed

## Next Steps and Actions

- Produce full CCG financial framework (following release of national guidance) by 20<sup>th</sup> December 2013
- Achieve consensus on the financial position facing communities and providers within the health and social care community
- Review our allocation across our communities in comparison with national formula, when agreed

## Background and Context

The CCG's plan for its £1.1bn budget in 13/14 and the adjustments for in-year performance and specialist services has meant that the CCG's allocation is over committed going in to 14/15 in a number of areas.

Benchmarking helps understand this position – the CCG performs well on emergency admissions and prescribing but invests above average in elective admissions, primary care, high cost placements and has retained a significant level of resources within community services.

In addition some large NHS providers are facing significant financial challenges in 13/14 and looking ahead at future resource levels.

The CCGs commissioning resources will be increased by 2% in the next 2 years and this will be enhanced by reductions to tariff, however this is in huge contrast to the last 15 years.

Whilst allocations are reasonably certain during the next two years, changes in allocation formulae and the integration transformation fund mean the CCG is facing a medium term reduction of 2%. The CCG is therefore expecting to operate in a flat cash environment over the next two years.

## 5.2 Financial Framework Requirements

### Our Intentions

In order to provide the best environment to allow the whole health community to move towards sustainability the CCG will:

- Re establish a compliant financial framework with:
  - headroom of 2% 14/15 & 3% 15/16
  - surplus of 1%
  - contingency of 0.5%
- Provide for growth in services but at a low marginal cost
- Apply headroom to structural change and transformation
- Establish an agreed and all encompassing approach to use of the Integration Fund
- Develop further our transformation (QIPP/redesign) plans of 2% building on local commissioning intentions, existing local schemes, local benchmarking and efficiency analysis and NHS England value commissioning pack
- Ensure primary care and specialist commissioners plans and financial frameworks are aligned
- Ensure that the local plans and framework move the CCG towards its strategic intentions and in particular issues of financial and service equity

### Background and Context

The CCG was not compliant with national planning guidance for its financial framework in 2013/14. This facilitated the maximum upfront investment in services, but left the CCG with no resources to invest in change programmes and with little ability to manage risks that have emerged in year.

It is clear that this approach has not worked as well as had been anticipated to create the conditions for change and the level of risks experienced has caused major financial concerns for the CCG and therefore the Area Team.

In developing the financial plan the CCG has made reference to assumptions included in '*Strategic and Operational Planning in the NHS*'.

The response to *Call to Action* and the opportunities identified in the '*Commissioning for Value*' insight pack are also included.

In addition, the CCG has developed an approach with its local authority commissioning partners to the *Integration Transformation Fund*.

# 5.3 CCG High Level Financial Position

Northern, Eastern and Western Devon  
Clinical Commissioning Group

| NEW Devon Clinical Commissioning Group            |            |            |
|---|------------|------------|
| Medium Term Financial Plan                        | 2014-15    | 2015-16    |
|   | £m         | £m         |
| Growth 2%/1.9%                                    | 21         | 20         |
| Returned Surplus                                  | 0          | 11         |
| Pace of Change to New Allocation Formula          | (2)        | (7)        |
| Tariff Deflator                                   | 13         | 11         |
| <b>Total Sources</b>                              | <b>32</b>  | <b>35</b>  |
| Activity and Drug Growth                          | 11         | 24         |
| Primary Care (Including Prescribing)              | 1          | 3          |
| Complex Care                                      | 5          | 8          |
| QIPP/Savings Requirement                          | (20)       | (15)       |
| <b>Total Applications (Net of QIPP)</b>           | <b>(3)</b> | <b>20</b>  |
| <b>Position before Operating Plan Assumptions</b> | <b>35</b>  | <b>15</b>  |
| Headroom/Contingency                              | 24         | 15         |
| Increase in Surplus (1%)                          | <b>11</b>  | <b>(0)</b> |
| <i>Memorandum: Social Care Transfer/ITF</i>       | 2          | 34         |

## 5.4 CCG Approach

### Our Intention

- To set out the financial outlook
- To produce a financial and service strategy which provides for a sustainable health and social care service
- To finalise the two year plan
- To outline likely impact on provider positions of the planning assumptions
- To set out commissioning and contracting arrangements – including outline application of transformation/headroom fund
- Provide an open and transparent approach to financial planning and the resource impact and availability on commissioners and providers
- Offer a collaborative approach to contracting and commissioning to ensure sustainable service delivery

### Engagement and Involvement

- Clear statement on resources
- Compare financial projections with commissioners and providers
- Review current and future plans with commissioners and providers to determine how much of the gap can be filled
- Agree a process for collaborative working to complete the gap
- Meeting with providers 4<sup>th</sup> December 2013
- Outline financial schedules to providers on 18<sup>th</sup> December
- Engage facilitated support
- Establish joint scenario planning exercises within the health economy

### Next Steps and Actions

- To share final framework on 20<sup>th</sup> December 2013
- Set out likely impact by locality and provider
- Determine type of contract to be adopted
- Agree process for finalising contract values
- Joint strategic approach to be supported by external strategic planning input
- To review the financial framework developed by the CCG in light of guidance and best practice
- To review the outputs from the service plans to ensure these match with resources set out

## Section 6 : Planning Process and Timelines

| Publication Date for this Module : 4 <sup>th</sup> December 2013 |   |    |
|--|---|----|
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| 6.2  | NHS England Operational Planning Timeline | 35 |
| 6.3  | NEW Devon CCG Timetable                   | 36 |

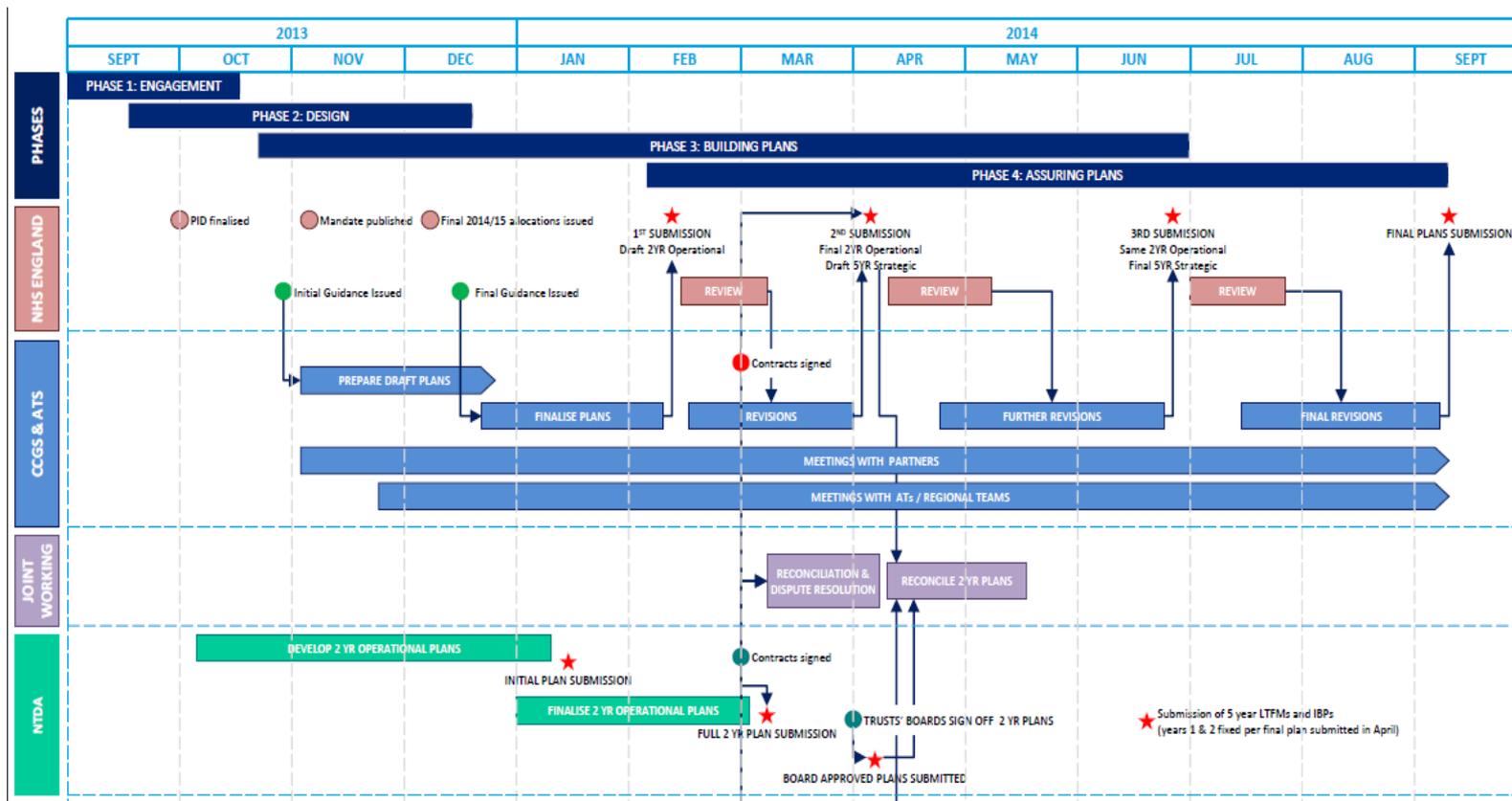
# 6.1 Process Overview and Key Dates

## Our Intention

To develop a single, consistent and clear operational and delivery plan informed by the CCG membership through a rigorous process based on evidence review and clinical challenge.

| Date                            | Key Actions  |
|---------------------------------|--|
| 27 <sup>th</sup> November 2013  | Meeting with key provider and Local Authority Chief Executives   |
| 4 <sup>th</sup> December 2013   | Launch of Commissioning Framework and meeting with providers and stakeholders  |
| 13 <sup>th</sup> December 2013  | Release of CF03 – Update and “A Plan for Quality” module   |
| 20 <sup>th</sup> December 2013  | Release of CF04 – “Top 6 Commissioner Priorities” CF05 – “Contracting Principles” & CF06 - “Financial Framework” modules |
| 31 <sup>st</sup> December 2013  | Release of CF09 Activity Planning  |
| 10 <sup>th</sup> January 2014   | Release of CF11 – Commissioning update   |
|                                 |  |
| At least fortnightly thereafter | Updates of national guidance and revised CCG framework   |
|                                 |  |

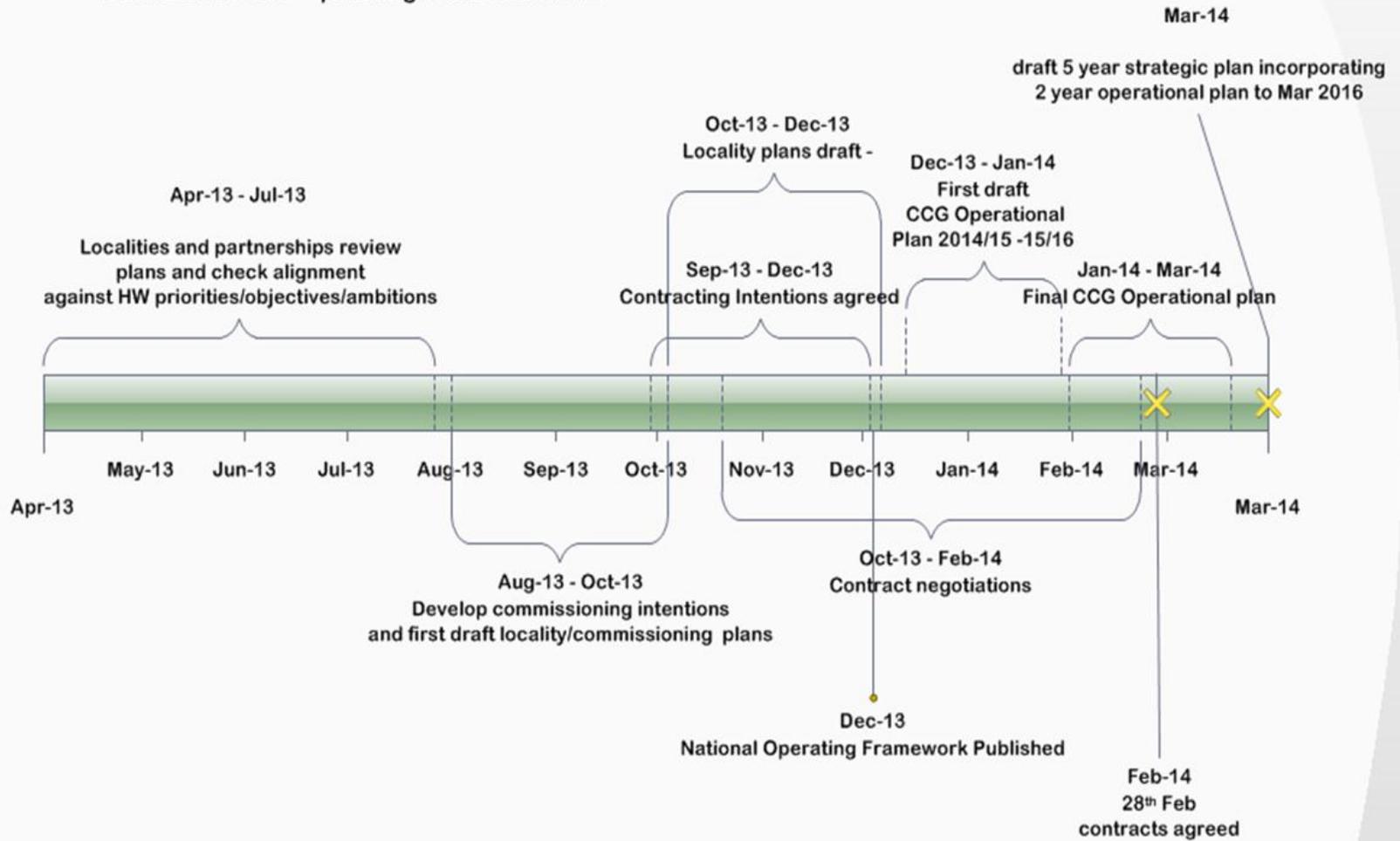
# 6.2 NHS England Operational Planning Timeline



# 6.3 NEW Devon CCG planning timeline

Northern, Eastern and Western Devon  
Clinical Commissioning Group

NEW Devon CCG - planning timeline 2013/14



## Appendices

|      |  |    |
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# I NEW Devon CCG Guidance Issued

Northern, Eastern and Western Devon  
Clinical Commissioning Group

| Ref  | Guidance  | Date published                 |
|------|---|--------------------------------|
| CF01 | Commissioning Framework   | 4 <sup>th</sup> December 2013  |
| CF02 | Devon Chief Executives Joint Session Notes 27 <sup>th</sup> November 2013 | 4 <sup>th</sup> December 2013  |
| CF03 | A Plan for Quality  | 13 <sup>th</sup> December 2013 |
| CF04 | Top 6 Commissioner Priorities   | 20 <sup>th</sup> December 2014 |
| CF05 | Contracting Principles  | 20 <sup>th</sup> December 2014 |
| CF06 | Financial Framework   | 20 <sup>th</sup> December 2014 |
| CF09 | Activity Planning   | 31 <sup>st</sup> December 2014 |
|      |   |                                |
|      |   |                                |
|      |   |                                |
|      |   |                                |
|      |   |                                |
|      |   |                                |
|      |   |                                |
|      |   |                                |

## II National Guidance and Summaries

|   | Guidance and link   | Date Issued                |
|---|---|----------------------------|
| 1 | <p><b>A Call to Action - NHS England</b></p> <p>Sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. A clear statement that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf</a></p>  | 11 <sup>th</sup> July 2013 |
| 2 | <p><b>Planning for a sustainable NHS: Responding to the ‘call to action’</b></p> <p>Sir David Nicholson, Chief Executive, writes to commissioners to focus attention and thinking regarding the development and delivery of bold and ambitious plans for the future.</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/10/david-letter-comm.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/10/david-letter-comm.pdf</a></p>   | 10th October 2013          |
| 3 | <p><b>Integration Transformation Fund - LGA &amp; NHS England letter and guidance</b></p> <p>The ‘Integration Transformation Fund’ is a single pooled budget for health and social care services to work more closely together in local areas.</p> <p>A fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk.</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/08/itf-aug13.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/08/itf-aug13.pdf</a></p> <p><a href="http://www.local.gov.uk/documents/10180/5572443/Next+steps+on+implementing+the+Integration+Transformation+Fund/4e797e4b-0f1a-4d53-a87d-6a384a86792d">http://www.local.gov.uk/documents/10180/5572443/Next+steps+on+implementing+the+Integration+Transformation+Fund/4e797e4b-0f1a-4d53-a87d-6a384a86792d</a></p> | 17th October 2013          |

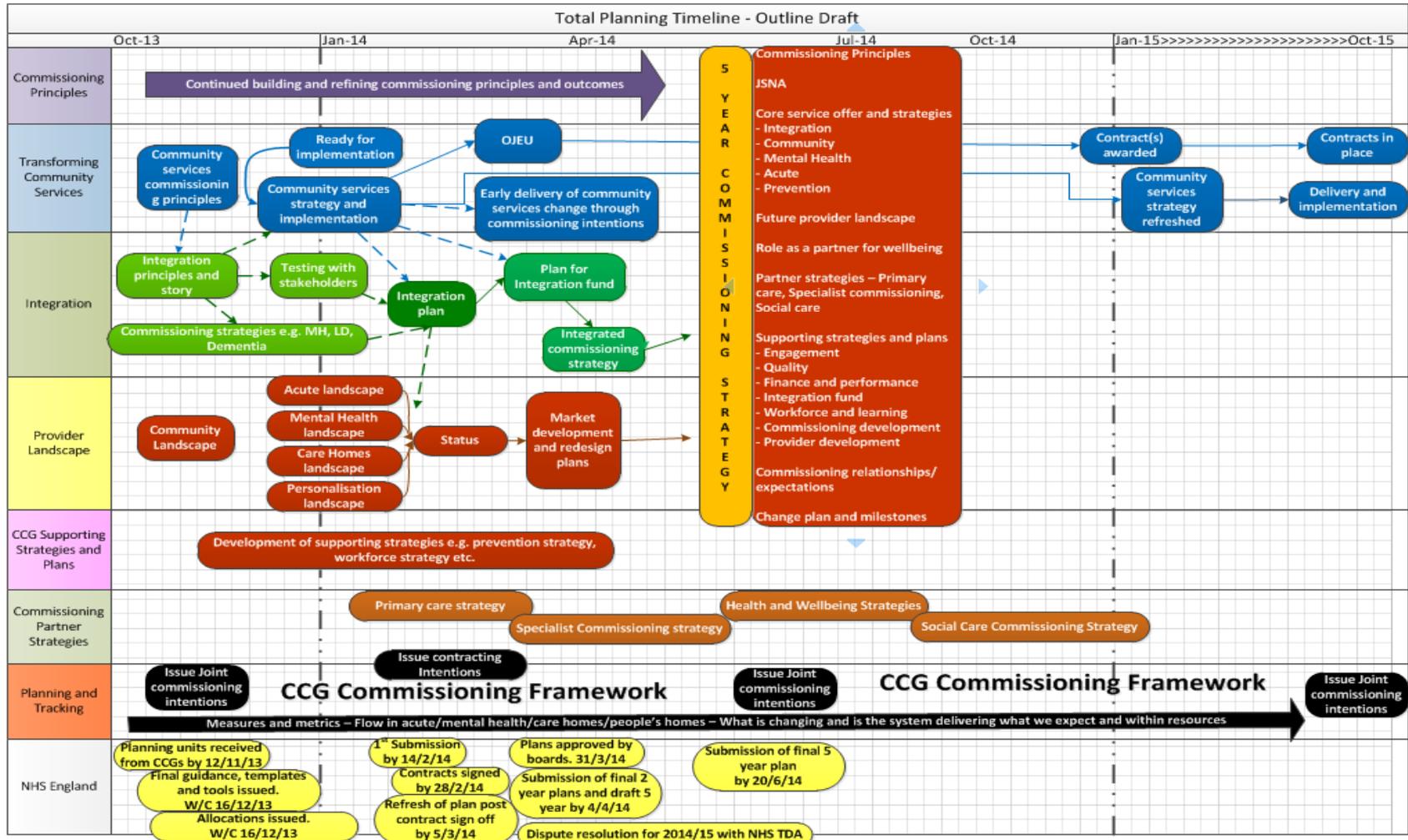
## II National Guidance and Summaries

|   | Guidance and link   | Date Issued  |
|---|---|--------------|
| 4 | <p><b>NHS National payment tariff system – Monitor</b></p> <p>NHS England and Monitor have taken on responsibility for the NHS payment system from the Department of Health under the provisions of the Health and Social Care Act 2012 (the 2012 Act). The long-term aim is to improve the payment system to support delivery of good quality care for patients in a sustainable way. The payment system proposed in 2014/15, are designed to help commissioners and providers address the strategic challenges facing NHS care in their localities by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> by offering more freedom, to encourage the development of new service models;</li> <li><input type="checkbox"/> by providing greater financial certainty to underpin effective planning; and</li> <li><input type="checkbox"/> by maintaining incentives to provide care more efficiently.</li> </ul> <p><a href="http://www.monitor-nhsft.gov.uk/sites/default/files/publications/2014%2015%20National%20Tariff%20Payment%20System%20A%20Consultation%20Notice.pdf">http://www.monitor-nhsft.gov.uk/sites/default/files/publications/2014%2015%20National%20Tariff%20Payment%20System%20A%20Consultation%20Notice.pdf</a></p> | October 2013 |
| 5 | <p><b>Strategic and Operational Planning in the NHS – NHS England letter and guidance</b></p> <p>This guidance outlines detail of planning process across the health and social care system and ensures commissioners, providers and local authorities know the expectations of them and can start working together</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/11/jnt-plann-lett.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/11/jnt-plann-lett.pdf</a></p>  | 4th Nov 2013 |

## II National Guidance and Summaries

|   | Guidance and link   | Date Issued   |
|---|---|---|
| 6 | <p><b>NHS Standard Contract and Incentives 14/15</b></p> <p>Outlines the process for development of the standard contract</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/11/lett-incent.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/11/lett-incent.pdf</a></p>  | <p><b>11<sup>th</sup><br/>November<br/>2013</b></p> |
| 7 | <p><b>NHS Mandate</b></p> <p>Refreshed NHS Mandate – stating changes kept to a minimum to “ensure refreshed mandate remains strategic, outcomes-focused and affordable .....</p> <p>some specific implications for CCGs :</p> <ul style="list-style-type: none"> <li>• CCGs work with NHS England to contribute to a new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020 – through earlier diagnosis, reducing variation in avoidable deaths and access to the right treatment.</li> <li>• enabling local commissioners to stimulate the development of innovative integrated provision.</li> <li>• Further focus on CCGs working with local authorities to ensure that vulnerable people, particularly those with learning disabilities receive safe and high-quality care.</li> <li>•</li> </ul> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf</a></p> | <p><b>November<br/>2013</b></p>                     |

# III Total Planning Timeline



# IV Responses to Questions Asked

| Question | Response |
|----------|----------|
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |

# V Source material used to support the framework

|   | Information Source   | Date                 |
|---|--|----------------------|
| 1 | <b>Independent Review of NHS Pathology Services - Lord Carter</b><br><a href="http://collections.europarchive.org/tna/20081105144224/http://www.thecarterreview.com/downloads/CarterReviewPathologyReport.pdf">http://collections.europarchive.org/tna/20081105144224/http://www.thecarterreview.com/downloads/CarterReviewPathologyReport.pdf</a>   | August 2006/May 2008 |
| 2 | <b>Plymouth Health and Wellbeing Strategy</b><br><a href="http://www.plymouth.gov.uk/healthy_plymouth.pdf">http://www.plymouth.gov.uk/healthy_plymouth.pdf</a>   | 2008                 |
| 3 | <b>JSNA - Devon and Plymouth</b><br><i>Joint strategic needs assessment</i><br><a href="http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/07/Joint-Strategic-Needs-Assessment-Devon-Overview-2012.pdf">http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/07/Joint-Strategic-Needs-Assessment-Devon-Overview-2012.pdf</a><br><br><a href="http://www.plymouth.gov.uk/jsnaplymouthinterimreport.pdf">http://www.plymouth.gov.uk/jsnaplymouthinterimreport.pdf</a>  | Rolling updates      |
| 4 | <b>Winterbourne View report</b><br><br>The Department of Health (DH) has published its final report into the events at Winterbourne View hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.<br><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf</a> | December 2012        |
| 5 | <b>Devon Health and Wellbeing Strategy 2013-2016</b><br><a href="http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/12/Health-Wellbeing-Strategy.pdf">http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/12/Health-Wellbeing-Strategy.pdf</a>  | Spring 2013          |

# V Source material used to support the framework

|   | Information Source   | Date                        |
|---|--|-----------------------------|
| 6 | <p><b>NHS Constitution revised</b></p> <p>The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that’s free and for everyone. No government can change the Constitution without the full involvement of staff, patients and the public. The Constitution is a promise that the NHS will always be there for you.</p> <p><a href="http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf">http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf</a></p> | 26 <sup>th</sup> March 2013 |
| 7 | <p><b>Guidance for commissioners on ensuring the continuity of health care services - Monitor</b></p> <p>To support commissioners to safeguard NHS services in their local area.</p> <p><a href="http://www.monitor-nhsft.gov.uk/sites/default/files/publications/ToPublishFinalCRSGuidance28March13.pdf">http://www.monitor-nhsft.gov.uk/sites/default/files/publications/ToPublishFinalCRSGuidance28March13.pdf</a></p>  | 28 <sup>th</sup> March 2013 |

# V Source material used to support the framework

|   | Information source   | Date       |
|---|--|------------|
| 8 | <p><b>The Kings Fund – 10 Priorities for commissioners</b></p> <p>Focusing a shift from acute and episodic care toward prevention, self care and integrated and well coordinated care to cope with an aging population and increase in prevalence of chronic diseases directing resources to the patients with greatest need and redress the 'inverse care law' by which those who need the most care often receive the least.</p> <p><a href="http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/10PrioritiesFinal2.pdf">http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/10PrioritiesFinal2.pdf</a></p>  | April 2013 |
| 9 | <p><b>The Keogh Review</b></p> <p>Review into the quality of care and treatment provided by hospital trusts with persistently high mortality rates. High mortality rates at Mid Staffordshire NHS Foundation Trust were associated with failures in all three dimensions of quality - clinical effectiveness, patient experience, and safety - as well as failures in professionalism, leadership and governance. Outcome of review identifies common themes and barriers to delivering high quality care across the NHS.</p> <p><a href="http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf">http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf</a></p> | July 2013  |

# V Source material used to support the framework

Northern, Eastern and Western Devon  
Clinical Commissioning Group

|    | Information Source   | Date           |
|----|--|----------------|
| 10 | <p><b>Berwick Review</b></p> <p>This report highlights the main problems affecting patient safety in the NHS and recommendations to address them.</p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf</a></p>   | August 2013    |
| 11 | <p><b>Northern Eastern Western Devon CCG Benchmark Review Part 1 – Acute Care (incl A&amp;E)</b></p> <p><a href="http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886">http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886</a></p>  | August 2013    |
| 12 | <p><b>Devon Health and Wellbeing Strategy 2013-16 update</b></p> <p><a href="http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/downloads/2013/09/Joint-Health-and-Wellbeing-Strategy-2013-update-Final-19-09-13.pdf">http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/downloads/2013/09/Joint-Health-and-Wellbeing-Strategy-2013-update-Final-19-09-13.pdf</a></p>  | September 2013 |
| 13 | <p><b>NHS England Commissioning for Value insight pack - NEW Devon</b></p> <p>The insights in these packs will support local discussion about prioritisation and utilisation of resources. The aim of this pack is to help local leaders to improve healthcare quality, outcomes and efficiency by providing the first phase in the NHS Right Care approach - “Where to Look”. That is, where to look to help CCGs to deliver value to their populations.</p> <p><a href="http://www.england.nhs.uk/wp-content/uploads/2013/10/CfV-nrth-est-wst-dev.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/10/CfV-nrth-est-wst-dev.pdf</a></p> | October 2013   |

# V Source material used to support the framework

|    | Information source   | Date          |
|----|--|---------------|
| 14 | <p><b>Closing the NHS Funding Gap: How to get better value health care for patients</b></p> <p>Report outlines the opportunities which are available to deliver better care and close the financial gap.<br/>Page 4 - link to PDF document: "Improvement opportunities in the NHS- Quantification and Evidence Collection</p> <p><a href="http://www.monitor.gov.uk/sites/default/files/publications/ClosingTheGap091013.pdf">http://www.monitor.gov.uk/sites/default/files/publications/ClosingTheGap091013.pdf</a></p>   | October 2013  |
| 15 | <p><b>The New GP Contract</b></p> <p>On 15 November, NHS Employers and the General Practitioners Committee of the BMA announced changes to the GMS contract in England for 2014/15. The focus of the changes are on reducing unplanned admissions/accident and emergency attendances and reducing the number of indicators in the quality and outcomes framework (QOF) to allow GPs more time to spend with their patients.</p> <p><a href="http://www.nhsemployers.org/SiteCollectionDocuments/Summary%20of%202014-15%20GMS%20deal%20FINAL.pdf">http://www.nhsemployers.org/SiteCollectionDocuments/Summary%20of%202014-15%20GMS%20deal%20FINAL.pdf</a></p> | November 2013 |

# V Source material used to support the framework

|    | Information source   | Date          |
|----|--|---------------|
| 16 | <p><b>NHS England - Right Care Examples</b></p> <p><i>Identifying “Value Opportunities” in West Cheshire – Service Reviews and Business Process Engineering</i></p> <p><a href="http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886">http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886</a></p> | November 2013 |
| 17 | <p><b>Northern Eastern Western Devon CCG Baseline performance analysis and options for financial savings</b></p> <p><a href="http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886">http://www.newdevonccg.nhs.uk/ccg-intranet/corporate/commissioning-framework-documents/100886</a></p>  | November 2013 |

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