CCG Commissioning Intentions 2020/21

Contents
CCG Commissioning Intentions 2020/21 ......................................................................................... 1
Approach to Commissioning Intentions for 2020/21 .................................................................................. 2
  Background ........................................................................................................................................... 2
  Context for 2020/21 (Year 2 of the ICS plan) ..................................................................................... 2
  Financial Sustainability Model .............................................................................................................. 4
CCG’s Commissioning intentions .............................................................................................................. 6
  Developing the system architecture ................................................................................................. 6
  System Priorities ............................................................................................................................... 7
  Prevention, inequalities and wider determinants of health .............................................................. 8
  Proactive care, self-management and personalisation .................................................................... 10
  Urgent and Emergency Care ............................................................................................................ 12
  Mental Health .................................................................................................................................... 13
  Value, resilience and sustainability .................................................................................................. 14
  Learning Disabilities, other long term plan must dos and local priorities .................................. 15
  Contracting Timetable 2020/21 ...................................................................................................... 19
  Contractual Implications for 2020/21 ............................................................................................. 20
Approach to Commissioning Intentions for 2020/21

Background

The Nottinghamshire Clinical Commissioning Groups are taking a different approach to commissioning intentions for 2020/21, recognising that we are working with ICS partners to develop and agree a joint five-year plan for the Nottingham & Nottinghamshire ICS, in response to the Long Term Plan. Enclosure 2 is the draft ICS five-year plan (2019-24) which was submitted on the 27th September 2019.

The draft plan outlines how the Nottingham & Nottinghamshire system will address the challenges facing the system, meet the commitments of the Long Term Plan and better use the resources available to the system to deliver for the population we serve.

The plan will continue to be developed during October/early November. During this time an assurance process will also take place with NHS England and Improvement. The final ICS five-year plan will be signed off by all ICS partner Boards / Governing Bodies and the ICS Board before the final submission on 15th November 2019.

Context for 2020/21 (Year 2 of the ICS plan)

The system is facing a challenging year in 2020/21 (year 2) with continuing pressures in performance, quality, finance and workforce. Our forward projections clearly demonstrate our system cannot resource the do nothing scenario; the limiting factors are workforce, funding and operational capacity.

Additional funding will be available to the system to transform services and deliver the Long Term Plan requirements; however this is phased towards the later years in the plan as per the table below:
### Enc. 1 - Commissioning Intentions 2020/21

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>20/21</th>
<th>21/22</th>
<th>22/23</th>
<th>23/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>The expansion of community mental health services for children and young people aged 0-25; funding for new models of integrated primary and community care for people with SMI from 2021/22 onwards; and specific elements of developments of the mental health crisis pathways.</td>
<td>1.2</td>
<td>1.2</td>
<td>4.1</td>
<td>8.2</td>
</tr>
<tr>
<td>Primary Care</td>
<td>This funding includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams. (e.g. practice resilience programme), and associated commitments must be met. Additional funding is also included to support the development of Primary Care Networks.</td>
<td>3.7</td>
<td>3.9</td>
<td>4.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Ageing Well</td>
<td>Deployment of home-based and bed-based elements of the Urgent Community Response model, Community Teams, and Enhanced Health in Care Homes.</td>
<td>0.0</td>
<td>0.6</td>
<td>1.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>Rapid Diagnostic Centres funding in 2019/20 only; Cancer Alliance funding to support screening uptake delivery of the Faster Diagnose Standard and timed pathways. Implementation of personalised care interventions, including personalised follow up pathways and Cancer Alliance core teams.</td>
<td>2.2</td>
<td>1.7</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>CVD, Stroke and Respiratory</td>
<td>Increased prescribing of statins, warfarin and antihypertensive drugs; increased rates of cardiac, stroke and pulmonary rehabilitation services; increased thrombolysis rates; and early detection of heart failure and valve disease.</td>
<td>0.8</td>
<td>0.8</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td>CYP &amp; Maternity</td>
<td>Local Maternity Systems funding; Saving Babies Lives Care Bundle funding from 2021/22; postnatal/pysch funding from 2023/24; funding for integrated CYP services from 2023/24.</td>
<td>0.8</td>
<td>0.8</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td>LD Autism</td>
<td>Funding for rollout of community services for adults and children and keyworkers from 2023/24.</td>
<td>0.8</td>
<td>0.8</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Prevention</td>
<td>Tobacco addiction - Inpatient, outpatient/day case and Smoke Free pregnancy smoking cessation interventions.</td>
<td>0.8</td>
<td>0.8</td>
<td>1.7</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Table 1: Funding to deliver the Long Term Plan requirements**

Therefore, our focus for 2020/21 needs to be on how we use our baseline funding of £1.65 billion to deliver sustainable services for our population.
**Financial Sustainability Model**

As part of the five year plan the system has developed a Financial Sustainability Model, the model is underpinned by the five government financial tests included in the Long Term Plan:

<table>
<thead>
<tr>
<th>Test</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1: Financial Balance</td>
<td>Demonstrate how all NHS organisations will return to or maintain financial balance</td>
</tr>
<tr>
<td>Test 2: Deliver Productivity</td>
<td>As a minimum deliver the required provider cash releasing efficiency (1.1% for providers in balance and 1.6% for providers in deficit)</td>
</tr>
<tr>
<td>Test 3: Manage Demand/Appropriate Growth</td>
<td>Demonstrate actions to support appropriate reductions in demand for care through better integration and prevention</td>
</tr>
<tr>
<td>Test 4: Reduce Variation in Organisational Performance</td>
<td>Reduce unjustified variation in performance, supported by national programmes and tools.</td>
</tr>
<tr>
<td>Test 5: Capital and assets</td>
<td>Make better use of capital investment and assets to drive transformation</td>
</tr>
</tbody>
</table>

Building on the national five financial tests and the system analysis of the drivers of our do nothing financial gap (cost base issues, productivity/pathway changes and activity growth); the system has identified 10 high level levers of change.

The delivery of the levers of change will ensure that we better use our resources to meet the requirements of the Long Term Plan and will be supported by the strategic delivery plans produced for the five-year plan.

The 10 levers of change are outlined below, this is not intended to be an exhaustive list:
During the 2020/21 operational planning round we will continue to work together to further develop the year 2 strategic delivery plans in to detailed operational plans for inclusion in the Service Delivery Improvement Plan (SDIP).

For 2020/21, the CCGs needs to ensure a balanced financial plan in the context of an underlying deficit in Mid Nottinghamshire and continued demand pressures across all six CCGs.

In order to do this we will need to agree affordable contracts which mitigate financial risk for us as an organisation, and the wider system. At the same time we are conscious that our providers have their own financial challenges, and we do not wish to further destabilise our providers. In order to live within our means, our contracts in 2020/21 will require a significant level of efficiencies, whether by reducing activity or through providers working more efficiently within the resource available, or both.

We will engage early with providers to talk them through our planned approach to a fair apportionment of our allocation against areas of expenditure and then work together to understand how they can meet demand within these limited financial envelopes.

We will use the ICS planning approach as a strategic framework to guide these discussions, but clearly the detail will need to be worked through and appropriate contractual arrangements put in place to support the required changes to contracts and services.

We also recognise that at the time of producing these commissioning intentions, the ICS assumptions around efficiencies are based on a system view, are correct at a point in time and that the assumptions and implications need still validation at an individual organisation level before being transacted at an operational level.
CCG’s Commissioning intentions

The NHS Long Term Plan Implementation Framework asks that STP/ICSs meet the following requirements for their plans:

- The plans should be based on realistic workforce assumptions and deliver all the commitments within the Long Term Plan
- System plans will be aggregated, brought together with additional national activity and published as part of a national implementation plan by the end of the year
- The national implementation plan will set out initial performance trajectories and programme milestones to deliver Long Term Plan commitments
- Some commitments in the Plan are critical foundations to wider change. All systems must deliver on these in line with nationally defined timetables or trajectories
- Systems will have freedoms to respond to local need, prioritise, and define pace of delivery for majority of commitments, but need to plan to meet the end points set
- Plans should prioritise actions that improve quality of, and access to, care for local populations, with a focus on reducing health inequalities & unwarranted variation.

Plans will be aligned to the following principles:
- Clinically-led
- Locally owned
- Realistic workforce planning
- Financially balanced
- Delivery of all commitments in the Long Term Plan and national access standards
- Phased based on local needs
- Reduce local health inequalities and unwarranted variation
- Focussed on prevention
- Engaged with Local Authorities
- Drive innovation.

Developing the system architecture

We have set out a proposed critical path to support the developing integrated system. This has formed part of our application for merger across the CCGs:

<table>
<thead>
<tr>
<th>Year</th>
<th>Critical Path</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/20</td>
<td><strong>Transition Phase</strong></td>
</tr>
<tr>
<td></td>
<td>1. Development of ICP maturity thresholds (in line with national work)</td>
</tr>
<tr>
<td></td>
<td>2. ICPs develop governance infrastructure</td>
</tr>
<tr>
<td></td>
<td>3. Implement shadow governance structure including clinical leadership</td>
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<tr>
<td></td>
<td>4. Development of ICP shadow programme working and budget arrangements</td>
</tr>
<tr>
<td></td>
<td>5. Alignment of CCG functions with ICPs, PCNs &amp; Strategic Commissioner</td>
</tr>
<tr>
<td></td>
<td>6. ICP level financial recovery planning &amp; development to be aggregated to</td>
</tr>
</tbody>
</table>
ICS/CCG level
7. Develop & support to the ICPs for Alliance contract development
8. Outcomes framework development and risk and reward mechanisms
9. Development of PHM mechanisms

2020/21 Phase 1
1. Shadow ICP budget monitoring & reporting
2. Further development of functional alignment based upon learning from transition phase, with embedded staff in ICPs & PCNs
3. Identify all key outcomes in detail & reporting requirements
4. Alignment of contracts across providers
5. ICPs development and agreement of mobilisation and delivery plans
6. Assessment against maturity matrix and development support
7. Implementation of PHM mechanisms

2021/22 Phase 2
1. Development of CCG functions into ICPs/PCNs where appropriate
2. Monitor performance and review phasing of function support devolution

System Priorities

The local response to the Long Term Plan (LTP) in Nottingham and Nottinghamshire has resulted in the ICS agreeing 5 system priorities:

The CCGs will work with all providers to move at pace to implement the services changes described in the following sections. Where required, the CCG will serve notice on existing contracts to support the transformational redesign of services to improve the health and well-being of the population and improve efficiency within the system.
## Service Priority 1: Prevention, inequalities and wider determinants of health

### Reducing inequalities

**Background**
We are working to improve health and wellbeing by improving access to quality care, giving care closer to home and encouraging people to make healthier choices and lead healthier lives.

**Key changes**
- We will be progressing with using allocative efficiency and other data tools to influence our commissioning in order to support reducing inequalities.
- We will be targeting areas of highest need to reduce inequalities, with differential expenditure based on identified population need.

### Tobacco and related harm

**Background**
In Nottinghamshire tobacco is the highest risk impacting on years lived with disability and years of life lost due to premature mortality.

**Key changes**
- There will be a targeted approach through organisations in particular in relation to mental health and maternity services with improved data sharing across organisations to support the integration of services.
- The NHSE pilot for smoking in pregnancy will continue with further roll out.

### Diet and physical inactivity

**Background**
Diet and physical inactivity is a key component of the system plan for prevention.

**Key changes**
- There will be a targeted approach to physical inactivity programmes with pilots progressing through 2020/21.
- During 2019/20 The ICS will be expressing an interest to be one of a small number of sites to test delivery of enhanced weight management support for particular groups of individuals and tier 3 services for those with severe obesity and comorbidities. This will be in relation to children and adults.

### Alcohol related harm

**Background**
Work will be undertaken to identify priority neighbourhoods and agreeing actions to support wider and proportionate implementation of Intervention and Brief Advice (IBA).

**Key changes**
- Through the Primary Care Programme Board, PCNs will be identifying opportunities in relation to IBA in order to target their neighbourhoods as relevant.
- Through the ICS HR & OD Collaborative, plans will be developed alcohol harm and staff health and wellbeing.

### Cancer

**Background**
One of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients

**Key changes**
- Implement the new diagnosis standard to ensure patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening is implemented for the Prostate, Lower GI,
Lung, Upper GI cancer pathways.
- Implementation of a personalisation model to meet the NHS Long term Plan requirement that by 2021, where appropriate, every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. This will include risk stratified follow up and remote monitoring all elements of the Recovery Package.
- We will continue to support the implementation of Lung Cancer Screening in Mid Notts; providers will be asked to ensure their capacity and operating protocols are sufficient to meet the expected increased demand that this will bring.

### Diabetes

**Background**

We are looking to standardise pathways and resource across the Nottingham and Nottinghamshire CCG to improve patient outcomes particularly in relation to foot care and achievement of the 3 treatment targets.

**Key changes**

- Nottingham and Nottinghamshire ICS has been selected nationally to be an early engagement site for online structured education for people diagnosed with type 2 diabetes. It is expected that this will be rolled out across the area during 2020/21.
- Pathways and resource will be standardised to improve patient outcomes particularly in relation to the achievement of the 3 treatment targets. To deliver this service which will be significantly different from current provision we will decommission existing community diabetes services with a view to re-specifying and re-commissioning a new model of care.
- With regards to foot care, we intend to implement a proof of concept for a foot protection service from 1 April 2020.

### Surgical Care

**Background**

We will continue to work with partners to deliver system-wide transformational models of Surgical Care.

**Key changes**

- Delivery of the transformation plan for services within the Treatment Centre.
- Continuation of the transformation of outpatient programmes at both NUH and SFHFT to reduce the number of face-to-face outpatient visits in line with the NHS Long term Plan requirement.
- Continued review of services and development of standardised pathways/service models across the CCG area; in 20/21 as a minimum this will include eye health services, ENT, diagnostics, cardiology and respiratory.
- Ensure that care is delivered in line with best practice standards achieving as a minimum upper quartile performance (GIRFT, British Association of Day Surgery guidelines, etc.).
- Implementation of processes to ensure referral guidance is aligned across the CCG and regularly
updated. This will require input from clinicians in secondary and primary care to support the review and/or development of service specific referral best practice guidelines.

### End Of Life (EOL)

**Background**
The CCG intends to improve the patient and carer experience at the end of life.

**Key changes**
- Increasing the early identification of patients who may be entering their last 12 months of life so that they can be supported to make informed choices about their treatment and care.
- Ensuring patients can be confident that their wishes regarding treatment are followed, by the continued rollout across all providers of service of the RESPECT documentation.
- Ensuring that advance care plans, including access to anticipatory medicines, are in place for patients requiring standardised anticipatory medicine guidelines to be adopted by community providers and General Practice.

### Complex and multiple needs

**Background**
The CCG intends to work with partners in the system to ensure that people with complex and multiple needs are supported to living longer, happier, healthier and more independently into old age.

**Key changes**
- Commissioners will be undertaking service reviews of provision in areas where there are complex matrix arrangements with our wider partners e.g. homelessness, carers services.
- Commissioners will work with partners to review the opportunities of the Better Care Fund to support system priorities.

## Proactive care, self-management and personalisation

### Service Priority 2: Proactive care, self-management and personalisation

**Care Co-ordination**

**Background**
A revised model of care coordination will be implemented to ensure the care of patients with multiple needs is proactively managed.

**Key changes**
- Following completion of a service benefit review in 19/20 commissioners intend to re-specify and where necessary re-commission a new operating model for care co-ordination across Nottingham and Nottinghamshire in 20/21.

**Segmentation and risk stratification**

**Background**
A new approach to population segmentation and risk stratification will be developed to ensure the needs of the population are better.

**Key changes**
- Support Primary Care in ensuring that all risk registers are up to date and maintained.
- Ensure that appropriate individuals are discussed at MDTs following risk stratification.
understood to support the planning and delivery of services.

- MDTs will adopt a standard operating policy based on national best practice to ensure effective care planning for those at risk of secondary care interventions.

### Disease and condition management

#### Background

A focus on frailty will continue into 20/21 building on the positive work conducted in 19/20.

A number of other clinical areas are also the focus of the ICS clinical strategy team, reviews of which will drive transformation priorities in 20/21.

#### Key changes

- It is imperative that the work completed in primary care settings (MDTs and risk stratification) is integrated with frailty services in Emergency Departments and this will be the focus in 20/21.
- Front door frailty services will be expected to integrate with the emerging rapid response community services.
- Recommendations are due to be delivered in October 2019 on the following areas and will shape emerging commissioning intentions in these areas:
  - Respiratory (COPD/Asthma)
  - Population Health
  - CVD and Stroke

### Personalised Care

#### Background

As a personalised care exemplar site, the ambition of the Nottingham and Nottinghamshire ICS and the CCGs is to improve health and wellbeing outcomes through personalised commissioning, improved care and support planning and the development of asset-based approaches to care.

#### Key changes

- The CCGs will develop a transitional model to support the development of personalised commissioning and contracting for those people who could benefit.
- It is the intention of the CCGs to develop a personalised commissioning approach with providers in 2020/21.
### Urgent and Emergency Care

#### Service Priority 3: Urgent and Emergency Care

### Out of hospital care

**Background**
There is an expectation that current care navigation services and systems will continue to integrate to deliver a single pathway for health care professionals and patients into the most appropriate service, preventing secondary care attendance and admission where possible.

<table>
<thead>
<tr>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The full roll out of the ‘call for care’ model and clinical assessment services will be completed across Nottinghamshire.</td>
</tr>
<tr>
<td>- The integrated rapid response service model will continue to be developed, providing a two hour response to those at risk of attendance at or admission to hospital. It will combine a community based offer with a service within ED. This service will be able to access community step up beds where necessary to prevent admission to acute hospital beds.</td>
</tr>
</tbody>
</table>

### Prehospital urgent care

**Background**
Following Governing Body sign off to award the CAS (clinical assessment service) to NEMS and DHU) the CCGs will continue to work with system partners to ensure full implementation of the national specification for IUC.

There is an ambition to reduce ambulance conveyances to type 1 & 2 A&E departments to support the reduction in avoidable demand. This will build on the work completed in 18/19 and 19/20 and will look to increase the use of demand management initiatives across Nottinghamshire as an alternative to ED. This will be led by a dedicated project manager.

<table>
<thead>
<tr>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- This includes mobilisation of Urgent Treatment Centres and the re-specification of the front door services at SFHFT (PC24, streaming and AECU). In 20/21 work will commence to review the impact of the CAS and begin a procurement process for a longer term solution to IUC across Nottinghamshire which takes into account the role of the developing PCNs.</td>
</tr>
<tr>
<td>- Commissioners will re-specify Primary Care services within ED and streaming services to ensure alignment with the national IUC specification to optimise admission avoidance.</td>
</tr>
<tr>
<td>- This will include expanding admission avoidance pathways and allowing services at the front door to book a patient an appointment at their GP practice if that is more appropriate.</td>
</tr>
<tr>
<td>- A focus on high intensity service users (HISU) will continue in 20/21, several system partners operate HISU schemes and commissioners will ensure that these operate as a single service. Subject to an evaluation of the return on investment of the 19/20 ICP Transformation funding of the services in Nottinghamshire during 19/20, the newly commissioned CCG led service will continue to identify the top 200 HISUs and provide HISU MDT for multi-agency personalised care planning.</td>
</tr>
</tbody>
</table>

### Hospital care

**Background**
There is an intention to further develop same day emergency care pathways to facilitate a

<table>
<thead>
<tr>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There will be an expansion of admission avoidance pathways provided by primary care services within ED.</td>
</tr>
</tbody>
</table>
**Effective integrated discharge**

**Background**

There is a need to ensure effective flow through the urgent care system in order to provide high quality care for our populations. The CCG intends to ensure there is a focus on effective discharge and ensuring the appropriate community capacity is in place to support discharge from hospital.

**Key changes**

- Building on progress made in 19/20 during phase 1 of the HFID work stream in Mid Notts, we will continue to improve discharge and flow to ensure a reduction in length of stay and a home first ethos that utilises discharge to assess pathways. This will require a truly integrated discharge team which will be re-specified in 20/21.
- In Mid Notts there will be a ‘right sizing’ of the community bed offer, including the decommissioning of the current community beds at Mansfield Community Hospital, the intention being to re-specify and recommission under a new pricing mechanism.
- In Greater Nottingham, changes made to the Integrated Discharge Function during 19/20 and the CCG will re-specify and wherever necessary re-commission services.
- In Greater Nottingham there will be a ‘right sizing’ of the community bed offer, and the CCG will re-specify and where necessary re-commission services.
- We will work with out of hospital urgent and emergency care providers (e.g. DHU, EMAS, NHT, NEMS, Primary Care) to ensure we are getting full utilisation of their combined service offers to ensure patients are not taken to the ED front door when they can safely be managed in their normal place of residence, and ensure that any patients who do inappropriately make it to the front door are appropriately supported to return home as soon as possible.

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**Mental Health**

**Service Priority 4: Mental Health**

**Mental Health Transformation Programme**

**Background**

The Transformation of Nottinghamshire Mental Health and IDD services aims to meet the ambitions of the Five Year Forward View for Mental Health (FYFVMH) and the NHS Long Term Plan (LTP) for both adults

**Key changes**

- Review the pathways for Mental Health Services for older people to ensure alignment with Adult Mental Health Services and ‘all age provision’ where deemed appropriate.
- Review Mental Health and Mental Health Services for Older Peoples Inpatient provision to ensure delivery reflects the changes made to the community pathways.
and children and young people.

- Develop a Mental Health and IDD services outcomes framework.
- This will continue to be within the principle of re-specifying and realigning resource to ensure we have maximum productivity and efficiency within mental health services, enabling us to truly identify any funding and service gaps.

### Children and Adolescents Mental Health Services (CAMHS)

#### Background

In 20/21 Nottinghamshire CCGs’ intention is to work with service providers to ensure there are consistent pathways across the ICS for children and young people’s emotional and mental health. This represents a significant change in how provision is currently configured.

#### Key changes

- The focus for children and young people’s mental health will continue to have an emphasis on prevention, early identification and intervention, using evidence-based approaches that present good value for money.
- Where a mental health problem or disorder is identified children and young people should have access to timely, integrated, high quality and multidisciplinary mental health services that are accessible and responsive to individual need.
- Commissioners are reviewing and re-specifying services to ensure the optimal delivery model is in place during 2019/20.

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### Value, resilience and sustainability

#### Service Priority 5: Value, resilience and sustainability

#### Ambulatory Care Pathways

#### Background

The CCG will review local pricing for short stay admissions, particularly in light of contract trends. Locally we are seeing changes that support the national intention to increase short stay admissions that can only happen in the context of a proportionate basis to agreeing price. Other health economies have already done this.

#### Key changes

- Commissioners wish to review the pricing for the current ambulatory care pathways to ensure unit prices more accurately reflect the cost of the activity carried out. It is felt that a local pricing model should be agreed, using a ‘tiered’ system centred on the length of stay.
- The Commissioners are proposing a local price for all patients who are admitted non-electively based on their length of stay. There is an important emphasis being placed on reducing non-elective hospital admissions, leading to a reduction in the hospital bed base and further investment in other challenged areas.

#### Service Restriction Policy (SRP)

#### Background

The SRP is a live document which will continue to be developed as new guidance becomes available. In particular the CCG will review policies in

#### Key changes

- Providers will support the on-going development of the SRP, providing clinical support to develop the policy where required.
- Providers will adhere to the SRP and provide evidence of adherence to the policy where required.
operation elsewhere to understand if there are gaps within the current policy.

<table>
<thead>
<tr>
<th>Delivering activity in a lower cost setting</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td>We will continue to review, investigate and agree with Providers those services that could be delivered in a lower cost setting. These include moving elective inpatient work to daycase, daycase to outpatients and where appropriate remove outpatient activity.</td>
</tr>
<tr>
<td>Specifically procedures reported as daycases or admissions reported as 0 days length of stay that do not meet the definition of a daycase or of an admission, should be counted correctly as outpatient procedures, outpatient attendances or ward attenders.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transforming Outpatients</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td>Commissioners expect to transact contracts that reflect plans to reduce demand on outpatients and allow Providers to remove cost utilising different payment models to incentivise change as appropriate.</td>
</tr>
<tr>
<td>Commissioners will continue to work with Providers to review, investigate and agree changes to outpatient services in the context of financial recovery.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Service changes</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td>Commissioners will work with Providers to undertake appropriate services changes identified within the contract term or ongoing at present for example, MSK single service model. Commissioners will continue to review with providers of acute services, the services where spend could be considered discretionary (generally those covered by a local tariff).</td>
</tr>
<tr>
<td>The CCG will undertake commissioning based on best evidence, value and allocative efficiency.</td>
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</table>

Learning Disabilities, other long term plan must dos and local priorities

<table>
<thead>
<tr>
<th>Learning Disabilities, other long term plan must dos and local priorities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Disabilities</strong></td>
<td>Building upon the work of the Transforming Care Partnership (TCP), an all-age strategy for people with learning disabilities and autism will be developed which will address the requirements outlined in the Long Term Plan.</td>
</tr>
<tr>
<td>The CCGs will ensure that services for people with a Learning Disability and/or autism meet the needs of the population and are working to the principles set out in Building the Right Support (2015).</td>
<td>Commissioners and the TCP will work with NHT to strengthen the coordination and oversight of the priorities and initiatives outlined within the ICS 5 year system plan.</td>
</tr>
<tr>
<td>There will be a continued focus on improving the health of</td>
<td>Commissioners will work with the Primary Care LD</td>
</tr>
</tbody>
</table>
people with learning disabilities by increasing the number of annual health checks and ensuring that any learning from the Learning Disability Mortality Reviews is implemented.

There will be a continued focus on reducing reliance on inpatient care for people with learning disabilities and/or autism and a need to ensure that community services are robust enough to support individuals in the community.

Nursing service to support GPs to achieve the 75% target for LD health checks.

- Commissioners will re-specify contracts to align the City and County Primary Care LD services to ensure there is consistency.
- Commissioners will work with NHT to ensure that learning from the Learning Disability Mortality Review Programme (LEDER) reviews is implemented during 2020/21.
- Review the continued sustainability of the ICATT and Community Forensic IDD services following evaluation of the non-recurrent pilots commenced in 2019/20.
- Undertake a re-prioritisation of all IDD services and implement the learning from the reviews of the ID Community Nursing service and Horizon day service which are due to be undertaken during 2019/2020.
- Commissioners will work with NHT to ensure increased focus on the prevention agenda, including focusing on children and young people and transition into adulthood; improving the physical healthcare of people with a learning disability and/or autism and increased partnership working to ensure that people can be robustly supported in the community.
- Services for people with neurodevelopmental conditions particularly ASD will need to be considered as part of the Transforming Care service model across Nottinghamshire.

**Rehabilitation**

**Background**

Locally and across the East Midlands Trauma Network, NHS services are underprovided for rehabilitation in relation to current need across all levels (1 to 3). In the East Midlands rehabilitation bed provision is at 33% of the level recommended by the British Society of Rehabilitation Medicine (BSRM).

Nationally there is wide unwarranted variation in how rehabilitation is provided and it is often uncoordinated which is the situation in the East Midlands. Across the East Midlands we have level 1, 2a and 2b services that are provided on a geographical basis as opposed to patient need as aligned with the Major

<table>
<thead>
<tr>
<th>Key changes</th>
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<tbody>
<tr>
<td>- A review of the level 1 to 3 rehabilitation services will be undertaken for patients of Nottingham and Nottinghamshire, with the intention of commissioning a new pathway that is supported by the GIRFT programme and aligns across Specialised and CCG commissioning (and therefore will be achieved with the support of NHS England).</td>
</tr>
<tr>
<td>- The new pathway will align to the opportunities provided through the transfer of services to the Stanford Hall Rehabilitation Estate, National Rehabilitation Centre.</td>
</tr>
<tr>
<td>- The new pathway will ensure parity between mental and physical needs and ensure integration with community services.</td>
</tr>
<tr>
<td>- A service specification will be completed in 2020/21.</td>
</tr>
</tbody>
</table>
## Medicines Management

### Background

Providers must implement local, regional and national medicines management QIPP guidance in collaboration with Commissioners and will comply with current legislation and NHS regulations regarding medicines.

Providers will support the implementation of the ICS wide medicines optimisation strategy and work streams to improve patient safety.

### Key changes

- Providers will follow APC clinical guidance and comply with relevant sections of Nottinghamshire Area Prescribing Committee ‘Prescribing Policy between Nottinghamshire Commissioning Organisations and local NHS Service Providers’.
- Any medicines costs associated with additional services will be part of the service provision unless explicitly stated otherwise in the service specification. Provider organisations holding a prescribing budget will be expected to actively manage their budgets.
- Providers will work with commissioners to scope and implement digital solutions related to medicines optimisation ensuring efficiency and value for money.
- Commissioners will only pay for drugs and devices at pass-through cost and expect Providers to adhere to the requirement to issue clinically appropriate but most cost-effective drugs to patients. The commissioners expectation remains that efficiency savings associated to the use of drugs for Wet Age Related Macular Degeneration (wAMD) will be achieved once the national issues associated to these drugs are resolved.

## Antimicrobial Resistance

### Background

Antimicrobial resistance (AMR) is one of the principal public

### Key changes

- We will target groups where there is a higher demand for and reliance on antibiotics.
<table>
<thead>
<tr>
<th>health concerns</th>
<th>• Plans will be developed to include point of care/near patient diagnostic tests to improve diagnosis of infection in the community and reduce unnecessary antibiotic use.</th>
</tr>
</thead>
</table>

**Digital, Analytics, Information and Technology**

**Background**

We continue to support the digitisation agenda, especially where this improves patient experience and outcomes and efficiency and productivity of services, in line with the ICS priorities around digital, analytics, information and technology.

**Key changes**

- Further development of a single summary health and care record that draws from the systems operated by health and care providers.
- Further development of Public Facing Digital Services so that those citizens that want to interact with our services digitally can do so.
- Develop an integrated health and care data environment to support population health management and other system wide requirements including secondary uses such as research and planning.
- Establish improved culture and governance arrangements for overseeing new system-wide investments to maximise the benefits of data, analytics, information and technology.
Contracting Timetable 2020/21

Subject to any guidance on timescale received from NHS England/Improvement, the Commissioners will provide the Trust with the intended timelines and framework to be followed for the 2020/21 contracting round. Commissioners expect to meet national requirements for delivery and completion of contract negotiations and expect all Providers to work towards the same in good faith.

Indicative milestones are outlined in the table below and are subject to national planning guidelines:

<table>
<thead>
<tr>
<th>Action</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulation of commissioning intentions. Contained within this communication.</td>
<td>End September 2019</td>
</tr>
<tr>
<td>A recurrent activity baseline will be agreed using M5 ‘Freeze’ data for acute providers and most recent data for other providers, plus agreement of methodology for service changes and financial planning assumptions</td>
<td>Mid October 2019</td>
</tr>
<tr>
<td>An agreed joint assessment and interpretation of available national policy guidance and implications for the 2020/21 contract</td>
<td>Mid October 2019</td>
</tr>
<tr>
<td>Unless the negotiation timetable date is revised, we currently intend to issue our initial contract offer and commence population of the NHS Standard contract on its release</td>
<td>Mid November 2019</td>
</tr>
<tr>
<td>Secure agreement in relation to key contract issues CCG counter proposals and confirmed financial envelopes. In principle agreements on key contract terms and conditions and key schedule changes (information, quality, CQUIN, Service Development Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP) also to be reached for this date</td>
<td>Mid November 2019</td>
</tr>
<tr>
<td>Commissioner QIPP plans to be confirmed and Indicative Activity Plan impacts profiled. Those QIPP projects not likely to be completed in 2019/20 will be re-profiled or re-focussed and may continue into 2020/21 along with further QIPP expectations.</td>
<td>To adhere to national planning guidelines</td>
</tr>
<tr>
<td>Contracts signed</td>
<td>To adhere to national planning guidelines</td>
</tr>
</tbody>
</table>

The CCG will commission services which provide our population with appropriate information regarding choice of service Providers. We expect to work with all providers to ensure that the lowest levels of intervention are delivered, consistent with high quality outcomes for patients and system affordability.

The CCG therefore intends to conduct contract negotiations to allow all parties to:

- Eliminate unnecessary clinical activity that does not offer maximum patient benefit or clinical effectiveness.
- Reduce unwarranted clinical variation with agreement on how this work will be evidenced.
- Reconfigure and re-specify services as appropriate.
• Deliver shared strategic priorities in line with the Commissioning Intentions.
• Deliver productivity and efficiency improvements as mandated nationally.
• Be financially sustainable or make progress towards being so recognising the need to deliver a system control total
• Ensure a degree of certainty on contract values.
• Perpetuate the use of different contract forms and introduce these where not currently in existence.
• Ensure financial system balance across the ICS footprint.

Contractual Implications for 2020/21

The CCGs will be implementing the priorities and initiatives and expected delivery of year 2 in our system plan. This will require some changes to the bi-lateral contracts for 2020/21 and the information within this document provides the detail on the changes required to enact year 2 of our system plan.

We will continue to work together over the coming weeks to refine the detail as the ICS system plan is finalised for submission on the 15th November.

Commissioners will work with Providers to ensure that capacity is jointly managed in line with affordability and efficiency requirements, the agreed priorities of the Nottingham and Nottinghamshire Integrated Care System and the NHS Long Term Plan requirements. This will include:

• Developing a contractual construct that will moves organisations close together to deliver joint ICP and Long term Plan objectives
• At the same time the focus must also be delivering best service value and baseline cost reductions
• It is believed that this will be best serviced through a non-PbR/ aligned incentive approach, which would build on the contractual approach introduced in 2019/20
• Those cost reductions that are linked to service transformation across health and social care settings in the local ICP and ICS systems.

In line with the statutory financial duties, the CCG’s are undertaking an on-going Service Benefit Review process for contracts in key areas of transformational change in order to support the commissioning and provision of services in the system. The key areas of focus are community services, both community beds and other services.

The CCG will continue to review all services that are currently delivered under local prices arrangements including those for short stay admissions for ambulatory care pathways.

In addition to the service benefit reviews in key areas of change we will also be reviewing all services with a view of supporting system sustainability, including QIPP delivery, and in some areas this may require decommissioning of services.

The approach for review of services when considering decommissioning or re-provision into a lower cost setting is expected to be an open book approach, which is supported by provider service line data to enable the withdrawal of full costs.

The ICS agreed a high level transformation funding to support delivery of transformation plans to improve quality, outcomes and efficiency in 2019/20. Each ICP undertook a detailed review of transformational plans (QIPP and CIP/FEP) to support development of the
proposals in May and June. The transformation funding proposals were formally approved by each ICP before being approved at the ICS Board on 11th July.

ICPs and provider colleagues are requested to note that, in the context of significant financial challenges in the system, the default position for all transformation funding investments is that they will cease unless a robust evaluation can demonstrate the service is self-sustaining. In line with the above formal evaluation will be required to inform future plans. Exit strategies are in place should return on investment not be demonstrated. Ongoing monitoring at ICS level will be through ICPs supported by monthly reporting against implementation plans and key performance indicators.

The CCG will ensure patients are able to make informed choice being aware of NHS constitutional requirements in relation to waiting times.