



**Greater Nottingham**  
**Clinical Commissioning Partnership**

# Commissioning Intentions 2019 / 20

*September 2018*

*Version 1.1 Final version. Approved at JCC on 26th September  
(by Jon Singfield - 24/09/18)*

# Introduction

The development of commissioning intentions is an annual activity that seeks to ensure commissioners have clear oversight to work towards improving local health outcomes and to let providers, such as hospitals, know of the contractual changes that will be implemented in the forthcoming year.

Commissioning intentions are not intended to set out all activity that will be undertaken in a given year but they provide context for commissioning changes; list commissioning changes that improve quality of service or value for money; and signal to providers where resources may be changing or new delivery models may be implemented.

The commissioning intentions will be supported by detailed contractual changes agreed with providers, working within the current legislative framework

# Areas of Focus

This document is broken into sections based on the key programme areas defined in our operational plan, namely:

- Primary and Community Care
- Urgent and Emergency Care
- Elective Care
- Cancer
- Mental Health
- Learning Disabilities
- Care Homes & Domiciliary Care
- Children & Young People
- Maternity Care
- Prevention, Personalisation & Community centred approach

# Context

- During 2017/18, the four CCGs in Greater Nottingham (Nottingham City, Nottingham West, Nottingham North & East and Rushcliffe) formed a partnership and formalised arrangements with the establishment of a joint committee and a combined management structure.
- The newly formed partnership will seek to commission more services in a standard way across Greater Nottingham where appropriate
- Meanwhile work continues across the wider Nottinghamshire area to develop an Integrated Care System, with Local Integrated Care Providers (LICPs) and Integrated Commissioning Partnerships (ICPs, which Greater Nottingham will be one of). This will see closer, more collaborative working between CCGs, Healthcare providers, Local Authorities and Social Care providers. As the model continues to develop and emerge, this too will influence commissioning activity in the years ahead.
- These commissioning intentions have been written in collaboration with Mid Notts CCGs (Mansfield & Ashfield CCG and Newark & Sherwood CCG) to ensure greater alignment across the county.

# Context

- Our commissioning activity takes place against a difficult financial environment, with an ever increasing need to provide value for money whilst maintaining focus on health outcomes.
- We need to maximise the use of our resources and deliver the required savings, a minimum of 5%. Savings will be expected from all areas of commissioning and will require some reprioritisation and disinvestment.
- Our decision making will be evidence based and consistent with national policy and directions
- Our commissioning will focus on the provision of appropriate, high quality care to our patients to deliver positive health outcomes

# Commissioning Principles

Commissioning decisions are made in accordance with the general principles set out below:

- Clear evidence of clinical and/or cost effectiveness will be sought before NHS resources are invested in treatment.
- The cost of the treatment for individual patients and others within any anticipated cohort is a relevant factor.
- The extent to which the individual or patient group will gain a benefit from the treatment will be considered and balanced against the benefit which could be gained by alternative reinvestment possibilities to meet the needs of the community
- The process and policies will consider all relevant national standards and take into account all proper and authoritative guidance

# Commissioning Approach

- Working as a system - planning and managing our capacity together
  - Progress the work in relation to the new system architecture within the Integrated Care System and Greater Nottingham
  - Improve opportunities for primary and secondary care clinicians to meet, discuss and work together
- Advance our focus on population health management, enhancing our infrastructure, intelligence and interventions, more deeply understanding our population and agreeing priority areas for collective focus
- Actively seeking providers who work in alliances
- Quality and patient engagement to deliver pathways
- Moving to financial sustainability through managed, system-wide cost reduction
- Reducing unwarranted clinical variation wherever possible

# Primary Care

What we want to achieve...	How we plan to commission for this...	When it's happening...
Addressing unwarranted variation in clinical care to help ensure that the health community makes the most appropriate use of the scarce resources that are available	<ul style="list-style-type: none"> <li>• Provide best practice guidance to support the management and appropriate referral of patients</li> <li>• Continually develop our Referral Support Services to expand triage of referrals from GPs and ensure use of locally agreed templates and pathways</li> <li>• Improve patient care closer to home to reduce the level of demand for outpatient and urgent care presentations</li> </ul>	Ongoing
Improve resilience and quality in Primary Care	<ul style="list-style-type: none"> <li>• Supporting the delivery of the workforce plan for primary care to expand and develop the General Practice workforce</li> </ul>	Ongoing
Ensuring the active engagement of primary care in the improvement of population health management	<ul style="list-style-type: none"> <li>• Supporting practices to work together and with other community providers in agreed geographic population groupings and in development of LICPs</li> <li>• Improve access to primary care services, and prevent unnecessary urgent care presentations</li> <li>• Identify those patients who require additional support to help them manage their condition / behaviour and reduce the need for hospital care through risk stratification and service redesign.</li> <li>• Develop Multi Disciplinary Team (MDT) approaches to link with social care (children and adult) and third sector provision</li> </ul>	2019/20
Developing new models of care in general practice that will improve access and support primary care providers to operate at scale	<ul style="list-style-type: none"> <li>• Support the delivery of estates and IT infrastructure projects</li> <li>• Support the adoption of new technology, with a particular focus on the opportunities to improve the management of patients through the appropriate sharing of information</li> </ul>	2019/20



# Community Care

What we want to achieve...	How we plan to commission for this...	When it's happening...
<ul style="list-style-type: none"> <li>Multi disciplinary working across providers</li> </ul>	<ul style="list-style-type: none"> <li>Develop local incentive schemes to reinvest savings from acute excess bed day costs to expand community and intermediate care services.</li> </ul>	<ul style="list-style-type: none"> <li>2019/20</li> </ul>
<ul style="list-style-type: none"> <li>Integrating services and reviewing pathways around the needs of groups of patients</li> </ul>	<ul style="list-style-type: none"> <li>Review pathways to focus provision on evidence based interventions by condition</li> <li>Review of long term condition specific pathways spanning acute and community to include an options appraisal of alternative models of provision</li> <li>Develop respiratory self-care pathways to and strengthen End Of Life planning</li> </ul>	<ul style="list-style-type: none"> <li>2019/20</li> </ul>
<ul style="list-style-type: none"> <li>Contributing to system flow by reducing demand on acute services and supporting people to return to their usual place of residence (avoiding delayed transfers of care)</li> </ul>	<ul style="list-style-type: none"> <li>Review of the current in patient community capacity against need</li> <li>Further develop the Discharge To Assess (D2A) and trusted assessor model</li> <li>Plan for winter capacity with all partners.</li> <li>Commission pathways in line with front door re-design project that supports patients to be treated in an alternative setting to admission where clinically appropriate</li> </ul>	<ul style="list-style-type: none"> <li>2019/20</li> <li>Ongoing</li> <li>Ongoing</li> <li>2019/20</li> </ul>
<ul style="list-style-type: none"> <li>Improve Stroke Rehabilitation Pathway</li> </ul>	<ul style="list-style-type: none"> <li>Develop a system-wide, affordable plan working across providers in alliance</li> </ul>	<ul style="list-style-type: none"> <li>2019/20</li> </ul>

# Urgent Care

What we want to achieve...	How we plan to commission for this...	When it's happening
Health services that are intuitive and support patients to make the right decision	<ul style="list-style-type: none"> <li>• Engagement with public and key stakeholders</li> <li>• Development of an integrated urgent care pathway in line with national guidance</li> <li>• 'No place like home' communications strategy</li> </ul>	Between now and October 2019
Achieving and sustaining the 4 hour A&E target and meeting the STF trajectory	<ul style="list-style-type: none"> <li>• Reducing avoidable attendances at A&amp;E</li> <li>• Reducing inappropriate length of stay for admissions</li> <li>• Reviewing Non-Emergency Patient Transport Services</li> <li>• Improving timeliness and appropriate management of Ambulance responses whilst reducing the number of conveyances</li> </ul>	Ongoing
Delivery of a demand and capacity plan to ensure continued delivery during next winter and periods of high demand	<ul style="list-style-type: none"> <li>• Ensure appropriate, flexible capacity is available when required to deal with demand in community and acute settings</li> <li>• Focus specifically on reducing length of stay for admissions, including specific attention on stranded and 'super stranded' patients who have been in hospital for over 7 and 21 days respectively</li> </ul>	2019/20
A reduction in demand for emergency health services - assess to admit	<ul style="list-style-type: none"> <li>• Development of an integrated urgent care pathway in line with national guidance</li> <li>• Increases in clinical assessment of 999 and 111 calls to reduce demand</li> <li>• Increases in appointment booking from 111 into local urgent primary care systems</li> <li>• Development of urgent treatment centres as per the national specification</li> <li>• Increases in use of, and access to, alternative pathways to A&amp;E</li> <li>• Additional clinical assessment to increase 'hear and treat' and 'see and treat' and deliver a safe reduction in the ambulance conveyance to Emergency Departments in line with ambulance commissioning framework</li> <li>• Develop pathways that increase access to, and use of, care navigation to reduce attendances at A&amp;E and admissions to hospital</li> <li>• Continued development of alternative pathways and schemes that support patients to be treated in an alternative setting where clinically appropriate</li> </ul>	Between now and October 2019
Improve respiratory care	<ul style="list-style-type: none"> <li>• Redesign of the respiratory pathway</li> </ul>	Ongoing

# Elective Care

What we want to achieve...	How we plan to commission for this...	When it's happening...
Standardise elective care pathways to achieve better value by reducing unwarranted clinical variation	<ul style="list-style-type: none"> <li>• Develop local clinical pathway guidance and referral template information and extend the Greater Nottingham Referral Support Service to include opportunities for clinical triage and support to GP Practices in including required information with referrals</li> <li>• Review MSK 'triage hubs' to ensure consistent approach to triage of MSK patients (GN specific)</li> <li>• Promote an approach of "get it right first time" amongst clinicians</li> <li>• Use RightCare and Model Hospital intelligence in the design of services</li> </ul>	2019/20
Delivery of a system-wide transformational model of Surgical Care	<ul style="list-style-type: none"> <li>• Surgical procedures delivered in line with British Association of Day Surgery guidelines</li> <li>• Review opportunity to improve peri-operative pathway, where appropriate using technology</li> <li>• Embed shared decision making (SDM) in all services to ensure that patients are fully informed such that they are ready, willing and able for surgery</li> <li>• Ensure health optimisation prior to decision to refer for surgical procedures</li> <li>• Promotion of self-care where appropriate</li> </ul>	2019/20
Developing new models of outpatient care to improve patient experience and reduce unnecessary attendances at hospital	<ul style="list-style-type: none"> <li>• Develop an agreed outpatient model across the Nottinghamshire footprint, which ensures patients are seen in appropriate care setting and in a clinically appropriate timeframe</li> <li>• Review pathways and where possible move services to be provided in the community, including Community Gynaecology including Community Gynaecology (Greater Nottingham Specific) and Dermatology services informed by local pilots</li> <li>• Agree STP diabetes model; new approach to foot care clinics and training for patients with diabetes (GN specific: to reduce the rate of amputations)</li> <li>• Implementing a standard approach to provision of Advice and Guidance to referrers</li> <li>• Reduce follow-up attendance by use of technology, non face to face contact, patient initiated follow-ups and discharge of patients to community care</li> <li>• Introduce direct access to tests and direct to clinical lists where clinically appropriate</li> </ul>	2019/20
Ensure national performance targets are delivered consistently	<ul style="list-style-type: none"> <li>• Performance monitoring and management with Providers using contractual levers as required</li> </ul>	2019/20

# Cancer

What we want to achieve...	How we plan to commission for this...	When it's happening...
Preventing Cancer – by addressing risk factors, especially smoking.	<ul style="list-style-type: none"> <li>Review approach to advising patients about e-cigarettes and how this is embedded within patient advice, stop smoking services and support and made accessible within provider trusts</li> </ul>	Now and ongoing
Earlier Diagnosis – increasing % of cancers diagnosed at stage 1/2, reducing emergency presentations, leading to improved survival rates	<ul style="list-style-type: none"> <li>Commission services to deliver earlier diagnosis of cancer in areas of STP with high incidence and / or late presentation,</li> <li>Increase cancer screening rates in areas of the STP with low performance. Commission service to contact non-responders on-behalf of practices. Commission local awareness campaigns.</li> <li>Implement full suite of GP Direct Access Diagnostics as per NICE Guidance, including ultrasound pathway</li> </ul>	Now and ongoing
Improving Cancer Treatment and Care – achieve cancer waiting time targets including new 28 day referral to diagnosis metric.	<ul style="list-style-type: none"> <li>Commissioning national timed pathways; review of pathway and services for lung and non-specific symptom pathways (GN)</li> <li>Commission personalised risk stratified follow up pathways of care</li> </ul>	2019/20
Improving patient experience of living with and beyond cancer	<ul style="list-style-type: none"> <li>Commission all parts of the National Recovery Package</li> <li>Evaluate 'Improving Access to Psychological Therapies' (IAPT) Pilot in Nottingham City, with the intention to roll out across Nottinghamshire</li> </ul>	2019/20

# Mental Health

What we want to achieve...	How we plan to commission for this...	When it's happening...
Ensure the Mental Health Investment Standard is met and focused on the Mental Health Forward View	<ul style="list-style-type: none"> <li>Review and re-specify mental health services focussed on clear outcome measures, specifically in areas such as Child and Adolescent Mental Health Services (CAMHS), Liaison Psychiatry, Perinatal, Early Interventions in Psychosis (EIP), and Improving Access to Psychological Therapies (IAPT)</li> </ul>	2019/20
Improve access to Mental Health services	<ul style="list-style-type: none"> <li>Review and re-specify mental health services to improve quality and performance in Children &amp; Young People (CYP) eating disorder services, specialist perinatal health, psychological therapies, mental health crisis and liaison services, individual placement and support services, early intervention in psychosis, NHS-commissioned community services for CYP</li> <li>Review provision of physical health care for Serious Mental Illness (SMI) patients and access to integrated IAPT provision with long term conditions.</li> <li>Reduce variation in patient's experience of mental health services</li> </ul>	2019/20
Mental Health workforce expansion	<ul style="list-style-type: none"> <li>Increase the number of mental health therapists in primary care</li> <li>Training in CYP-IAPT to increase the numbers of staff able to provide Cognitive Behavioural Therapy (CBT), systemic family practice, interpersonal psychotherapy for adolescents and enhanced evidence based practice</li> </ul>	2019/20
Reducing inappropriate adult acute out of area placements	<ul style="list-style-type: none"> <li>Work closely with providers to ensure care falls closer to home</li> </ul>	2019/20
Delivery against plans for suicide prevention	<ul style="list-style-type: none"> <li>Raising awareness amongst agencies and the public</li> <li>Explore options for further training</li> </ul>	2019/20
Improvement in mental health performance	<ul style="list-style-type: none"> <li>Improved recording and reporting through the Mental Health Service Data Set (MHSDS)</li> <li>Continue work to ensure that non-NHS/VCS CAMHS providers are able to flow data through MHSDS</li> <li>Continue work with NHS England and the Trust to understand EIP performance through MHSDS once UNIFY is switched off</li> </ul>	2019/20

# Learning Disabilities

What we want to achieve...	How we plan to commission for this...	When it's happening...
<p>Nottinghamshire Transforming Care Partnership (TCP) will meet targets for the numbers of adults and children with Learning Disabilities and/or Autism who are being treated in inpatient hospital facilities</p>	<ul style="list-style-type: none"> <li>• Ensure that all patients prior to admission and at regular intervals after admission, have a Care and Treatment Review (CTR) and agreed discharge dates by working with partners</li> <li>• Ensure that local housing strategies include TCP cohort explicitly</li> <li>• Encourage new providers of supporting living / residential care into Nottinghamshire</li> <li>• Review the efficacy, efficiency and integration between health and social care and community and inpatient services to provide recommendations for future service configuration</li> </ul>	<p>2019/20</p>
<p>National targets based on the GP registered population</p>	<ul style="list-style-type: none"> <li>• Implement a programme of service transformation</li> <li>• Improve the uptake of GP annual health checks for people with LD/ASD including continued liaison with primary care and acute care LD facilitators and wider communication with GPs</li> </ul>	<p>Now and ongoing</p>
<p>To reduce the use of inpatient care by expediting discharges from hospitals where appropriate, and reducing the number of admissions into hospitals</p>	<ul style="list-style-type: none"> <li>• Evaluate the impact and value for money of initiatives undertaken in 2017/18, including the residential urgent care service, enhanced community assessment and treatment and forensic teams and the additional posts and support offers</li> <li>• Reinvestment of funding previously used for inpatient care into community based infrastructure</li> </ul>	<p>Now and ongoing</p>

# Care Homes and Domiciliary Care

What we want to achieve...	How we plan to commission for this...	When it's happening
Enhance the quality of life, healthcare and planning for people living care homes	<ul style="list-style-type: none"> <li>• Implement the Enhanced Health in Care Homes Framework</li> <li>• Review services currently commissioned and consider new models of service</li> <li>• Develop one contract for care homes across Nottinghamshire (both LAs and CCGs)</li> <li>• Improve the sustainability of the local care home system</li> </ul>	2019/20
Improve the quality of Domiciliary Care	<ul style="list-style-type: none"> <li>• Procurement planned for autumn 2018 for home care for people living in Nottinghamshire (excluding the City) who are in receipt of NHS continuing healthcare (including fast track CHC)</li> <li>• Extend appropriate elements of the Enhanced Health in Care Homes framework to domiciliary care agencies</li> </ul>	2019/20

# Children and Young People

What we want to achieve...	How we plan to commission for this...	When it's happening...
Establish local pathways to support acutely ill children where possible reducing the need to attend the Emergency Department or to be admitted to an inpatient bed	<ul style="list-style-type: none"> <li>• Introduce a Paediatric Urgent Decision Support telephone service for health care professionals</li> <li>• Review CAU model and consider benefits to expansion</li> <li>• Establish links between CAU into urgent care services and pathways</li> </ul>	2019/20
Embed and review new pathways for children with concerning behaviours (ADHD, ASD)	<ul style="list-style-type: none"> <li>• Embedding of new concerning behaviours pathway which provides assessment and treatment within a community setting. Ensure provision of additional support to families</li> <li>• Evaluate effectiveness of new pathways and explore opportunities to develop models</li> <li>• Ensure new pathways are implemented across Nottinghamshire and working in conjunction with Local Authority and Providers</li> </ul>	2019/20
Embed and renew pathways for children with special educational needs and disability (SEND) and complex needs	<ul style="list-style-type: none"> <li>• Review and respecify the integrated community children and young people's service</li> <li>• Review the pathway for speech and language therapy for children with complex needs</li> <li>• Improve the EHCP process in conjunction with Local authorities and Education and develop a specialist team based within a health provider to promote and implement the SEND agenda</li> </ul>	2019/20
Deliver against the personalisation agenda	<ul style="list-style-type: none"> <li>• Develop personalised services for children with complex health needs</li> </ul>	2019/20



# Maternity

What we want to achieve...	How we plan to commission for this...	When it's happening
Improving choice and personalisation of maternity services	<ul style="list-style-type: none"> <li>• Improve number of women who are supported to make choices about their maternity care, during pregnancy, birth and postnatally.</li> <li>• Increase the number of women with a personalised care plan</li> <li>• Improve the continuity of care during pregnancy, birth and postnatally</li> <li>• Pilot continuity of care modules across the LMS (Local Maternity System).</li> <li>• Launch the Perinatal Mental Health Pathway</li> <li>• Develop a Nottinghamshire-wide approach to antenatal education</li> </ul>	2019/20
Support delivery of workforce plan	<ul style="list-style-type: none"> <li>• Workforce Modelling</li> <li>• Cross-boundary working and pathways agreed</li> <li>• Develop three maternity hubs : one in GN and two in mid-Nottinghamshire</li> </ul>	2019/20
Improving the safety of maternity care to reduce number of still births , neonatal deaths and intrapartum brain injuries acquired during or shortly after birth	<ul style="list-style-type: none"> <li>• Full implementation of the Saving Babies Lives Care Bundle</li> <li>• Improve access and take up of antenatal care</li> <li>• Work to reduce rates of maternal smoking in pregnancy and postnatally</li> <li>• Introduce post natal clinics delivered within maternity hubs</li> <li>• Increase Neonatal capacity</li> <li>• Review pathways to increase home births and midwifery led care</li> <li>• Roll out ATAIN model to reduce admissions to neonatal care units</li> <li>• Agreement across providers on intrapartum foetal monitoring guidelines</li> <li>• Implementation of the Maternity Incident Review Process and share learning across the LMS</li> </ul>	2019/20

# Prevention, Personalisation & Community Centred Approach

What we want to achieve...	How we plan to commission for this...	When it's happening
Reduce alcohol related harm	<ul style="list-style-type: none"> <li>• Agree system actions to reduce alcohol related harm, including communication to public and consistent provision of alcohol identification and brief advice across primary care and ED</li> <li>• Explore different ways of working with people with alcohol abuse, including Co-morbidities between physical, mental health and substance misuse, to integrate care at an individual level</li> <li>• Agree pathways between service users with co-existing mental health and substance misuse issues.</li> </ul>	2019/20
Prevention	<ul style="list-style-type: none"> <li>• Making Every Contact Count (MECC) included within standard contract delivery – consistent delivery across all providers</li> <li>• Develop services ensure population health risk stratification is used to identify groups to target for the greatest impact on areas of prevention</li> <li>• Ensure training and support is delivered to service staff to upskill on brief intervention in alcohol and smoking and embed this within service delivery across the system</li> <li>• Develop services to address obesity, including childhood obesity</li> </ul>	2019/20
Personalised care	<ul style="list-style-type: none"> <li>• Commission joint care planning and assessment around personalised care packages for complex patients within each locality (learning from Integrated Pilots)</li> <li>• Utilise population health risk stratification to identify groups to target for the greatest impact on areas of prevention</li> </ul>	2019/20
Community Centred Approaches	<ul style="list-style-type: none"> <li>• Support reorientation of care towards place based whole population approach, encouraging providers to work in partnership to effectively promote self-care and wellbeing</li> <li>• Implement an STP wide approach to delivering:               <ul style="list-style-type: none"> <li>○ Promoting and developing Social Prescribing</li> <li>○ Use of Patient Activation Measures (PAMs) within service pathways</li> <li>○ Embedding shared decision –making in all care pathways</li> </ul> </li> </ul>	2019/20