Commissioning
- Where next?

Ian Dodge
NHSE
National Director of Strategy and Innovation
Achievement £

In 2016-17 we spent £1.134bn on CCG running costs.

Despite huge pressures commissioners have delivered financial balance.

In 2016/17 there was a strong financial performance by CCGs and NHS England:

• three years ago we produced and managed a surplus of £285 million;
• in 2015/16 it was £599 million; and
• while we targeted £800m in 2016/17 we managed to deliver £902m, to offset those pressures in the other parts of the system.
CCG performance as measured by the CCG Improvement and Assessment Framework: an improving picture…

<table>
<thead>
<tr>
<th>Rating category</th>
<th>No. of CCGs at year-end 2015/16</th>
<th>No. of CCGs at year-end 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Good</td>
<td>82</td>
<td>99</td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>91</td>
<td>66</td>
</tr>
<tr>
<td>Inadequate</td>
<td>26</td>
<td>23</td>
</tr>
</tbody>
</table>
## CCGs - Outstanding IAF rating

### 2015-16

- Dudley
- East Lancashire
- Fylde and Wyre
- Harrogate and Rural District
- Hartlepool and Stockton-On-Tees
- Newcastle Gateshead
- Salford
- Slough
- Sandwell and West Birmingham
- Wolverhampton

### 2016-17

- Bassetlaw
- Bracknell and Ascot
- Doncaster
- Dudley
- East and North Hertfordshire
- Hull
- Ipswich and East Suffolk
- Newbury and District
- North & West Reading
- North East Hampshire and Farnham
- Rotherham
- Salford
- Slough
- South Reading
- Sunderland
- Surrey Heath
- Tower Hamlets
- West Leicestershire
- Windsor, Ascot and Maidenhead
- Wokingham
- Wolverhampton
Encouraging signs

- The biggest improvements can be seen in the areas of cancer, IAPT (improving access to psychological therapies) and dementia
- For cancer 97% and 72% of CCGs improved in the ‘one-year survival from all cancers’ and the ‘cancers diagnosed at early stage’ indicators respectively
- 70% of CCGs showed an improvement in the IAPT recovery rate
- 65% of CCGs improved in the dementia care planning and post-diagnostic support indicators
Increasing General Practice funding

- NHS England founded 1 April 2013

Real terms total spend (based on 2014/15 prices)

Projection
GP extended access roll out

Grey = Less than 50% of people covered by extended access to primary care
NEXT STEPS ON THE NHS FIVE YEAR FORWARD VIEW

March 2017
Core paradoxes NHS faces

• We’re getting healthier, but we’re using the NHS more

• Quality of NHS care improving, but more transparency about care gaps and mistakes

• Staff numbers up, but staff under greater pressure

• Public highly satisfied with the NHS, but concerned for its future

• Consensus about how care needs to change to ‘future proof’ the NHS, versus what CQC called today’s ‘burning platform’

Source: Next Steps on the NHS Forward View, March 2017
FYFV ‘Theory of Change’

- Focus on **service improvements and outcomes** rather than structures
- **Co-produce** major national improvement strategies
- **Horses for courses’** not ‘one size fits all’. Test plural models in different parts of the country.
- **Evolution not Big Bang** – continuous improvement and adaptive change.
- **Back energy and leadership** where we find it

Source: *Next Steps on the NHS Forward View, March 2017*
Priorities for the NHS

- Deliver financial balance
- Improve A&E performance
- Sustain and improve Primary Care
- Mental health
- Cancer
It’s all about collaboration – with other commissioners and providers, STPs, Accountable Care

- Local leaders coming together as a team to tackle the needs of the local population
- Developing a shared vision with the local community
- A coherent set of activities to make it happen
- Organisations collectively delivering against the plan
- Learning, adapting and improving as they evolve
- It’s a work in progress
First wave ACSs

- Frimley Health
- South Yorkshire and Bassetlaw
- Nottinghamshire
- Blackpool & Fylde Coast
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- West Berkshire
- Buckinghamshire
- Devo Surrey
Three big themes for commissioners

- Join up the public £: place-based approach
- Unlock integrated/New Care Models – pop health, pathways, workforce, digital
- Activate and empower patients and community
Place based

**Services/Providers**
1. Specialised Service (incl. H&J & AF)
2. Acute Care
3. Mental Health
4. Social Care
5. Community Services
6. Primary Care
7. Public Health

**Commissioners**

- NHSE SpecComm
- CCG(s)
- Local authority(ies)/CCG(s)
- NHSE/CCG(s)
- LA/NHSE/PHE

ACSs expected to operate across LA(s), CCG(s) and NHSE commissioning footprints. Some services expected to continue to be commissioned across multiple STP/ACS areas (e.g. specialised).

Providers increasingly bridging the acute and social care divide (e.g. ACOs).

Increased commissioner collaboration already underway (e.g. s75 arrangements).

NHSE delegated PMC commissioning to CCGs and CCGs are already joining up.
Right Care - Atlas of variation

• A 25-fold variation in anti-dementia drugs prescribing rates across England
• Patients with Type 2 diabetes are twice as likely to receive the highest standard of care in some areas of England in comparison to others
• There is an eight-fold variation in the range of patients receiving angioplasty treatment for a severe (STEMI) heart attack - this variation may be due in part to long travel times to reach patients living in rural areas.
# CCGs are flexing

<table>
<thead>
<tr>
<th>CCG arrangements</th>
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</tr>
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<tbody>
<tr>
<td>Merger being discussed</td>
<td>6</td>
</tr>
<tr>
<td>Merger being discussed (shared management/ AO already in place)</td>
<td>3</td>
</tr>
<tr>
<td>Shared AO</td>
<td>27</td>
</tr>
<tr>
<td>Shared AO (with LA)</td>
<td>3</td>
</tr>
<tr>
<td>Shared AO being discussed</td>
<td>11</td>
</tr>
<tr>
<td>Shared DoF</td>
<td>2</td>
</tr>
<tr>
<td>Shared management (except COO/MD)</td>
<td>8</td>
</tr>
<tr>
<td>Shared Management (full exec team)</td>
<td>47</td>
</tr>
<tr>
<td>No current shared arrangements</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>207</strong></td>
</tr>
</tbody>
</table>

*Figures not mutually exclusive*
Commissioners can access development support from…

- NHS England programmes
  - Commissioning Capability Programme
  - RightCare
  - Clinical priorities work programmes
  - Finance resilience support
  - Support programmes for new models of care, STPs and ACSs
- NHS Clinical Commissioners
- NHS Leadership Academy
- NHS Improvement
- Royal Colleges
What is the Commissioning Capability Programme?

**Aims**
A new Capability Programme will support senior commissioning teams to manage today’s and tomorrow’s challenges.

- A base offer for all commissioners on core commissioning skills
- Bespoke and tailored packages of support to:
  - Tackle the challenges of today (improvements under the CCG IAF)
  - Improve clinical priority areas
  - Prepare for the future (i.e. ACSs)

**When?**
- Contract award in October 2017
- Funding in place until March 2019

**Who?**
- Aimed at commissioning leadership teams across STPs
- Place-based support targeted and prioritised through collaborative networks across NHSE and its regional teams.
- Phased approach to implementation to further test proposed content and delivery models.

**Approach**
- Delivered through a blended solution that brings together specialist support partners secured via an external procurement
- A buddying offer from NHSCC
- Whilst effectively leveraging other support offers across NHSE such as RightCare and the QIPP support programme.
Care redesign works!

- Rest of England: 3.2%
- MCPs: 1.9%
- PACS: 1.1%

NB: This chart compares the most recent twelve months for which complete data are available (January - December 2016) with the twelve months prior to the vanguards commencing (the year to September 2015).
Handing power to patients
Warrington EOLC Examples

- 150 people have chosen a PHB to date
- 100% of people chose to develop their support in a different way to the ‘traditional’ offer
- 83% of people involved in the pilot were able to die in their place of choice (Control group at 26%) - second year figures set to be similar
- 100% of PHBs were more cost effective than the traditional offer and were developed around individual needs and preferences
- Typically, 1 week’s cost of a traditional ‘at home’ service funded 6 weeks’ support under a PHB
- Shortlisted for HSJ award for Compassionate Patient Care due to it’s success
Handing power to patients
Stockton-On-Tees

- Significant reduction in unplanned hospital admissions for older people with frailty
- 35% reduction in delayed transfers of care from hospital
- 41% reduction in A&E attendances in the final quarter
Appreciate

• what you’ve done and are doing
• The unprecedented scale of our challenge
• The opportunities for effective re-design

Thank you