NHS
North Lincolnshire
Clinical Commissioning Group

NHS
East Riding of Yorkshire
Clinical Commissioning Group

Humber JCC
Commissioning Together

NHS
Hull
Clinical Commissioning Group

NHS
North East Lincolnshire
Clinical Commissioning Group

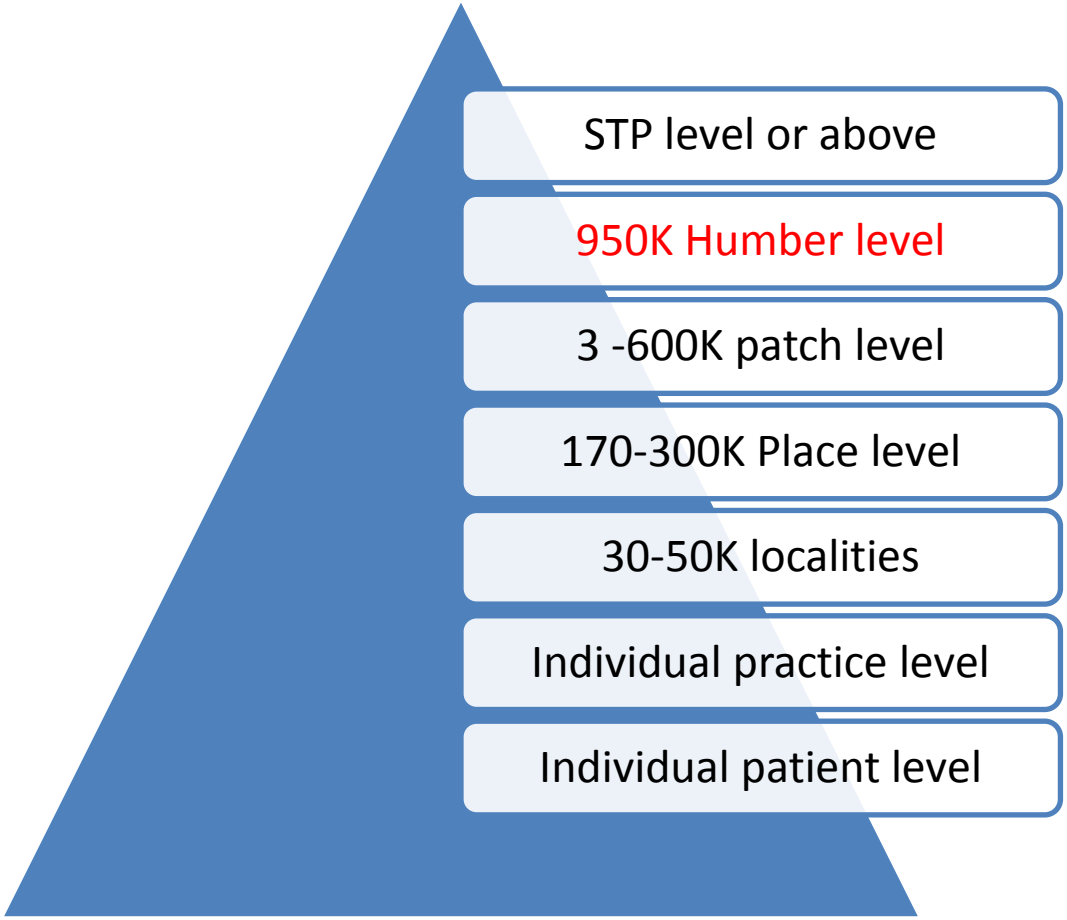
Commissioning Together

- Humber JCC is established to support collaborative commissioning across 4 CCG's with a key focus in the first instance on the Humber Acute Services Review.
- These slides have therefore been developed in relation to acute services but can be applied to any services where the CCG's agreed to commission collaboratively.
- The JCC will take forward commissioning to support a Humber system response that works with the place responses
- Agreed principles for how we will together and how we will work with providers
- CCG's commission services at a range of levels. The Humber JCC scope relates to those we will commission at a 4 CCG level for the Humber population.
- This is supported by those services commissioned at a patch, place and locality level

Commissioning Together

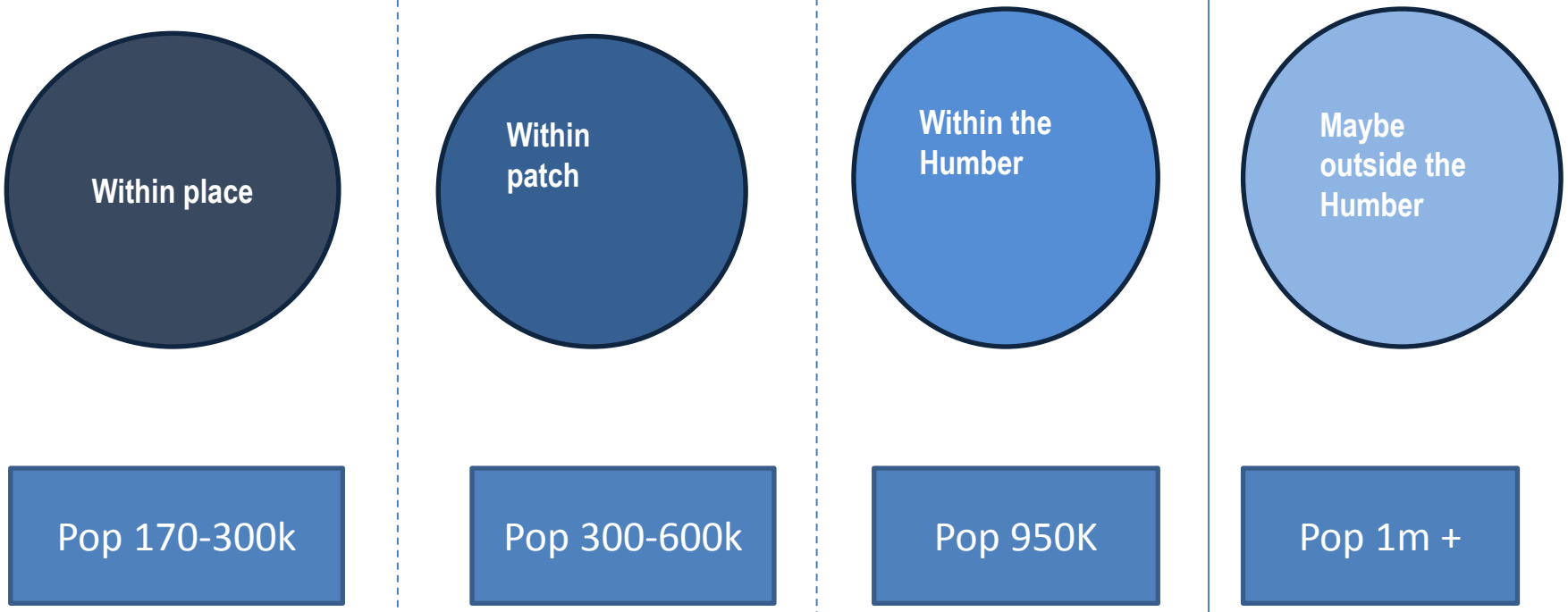
- Key elements/factors considered
  - Commissioning principles
  - Population health perspective reflecting demographics, geography and travel impacts
  - Workforce/financial positions/efficiency opportunities
  - Service specific minimum standards/expectations
  - Taking account of advice re interdependencies

Commissioning for Population levels



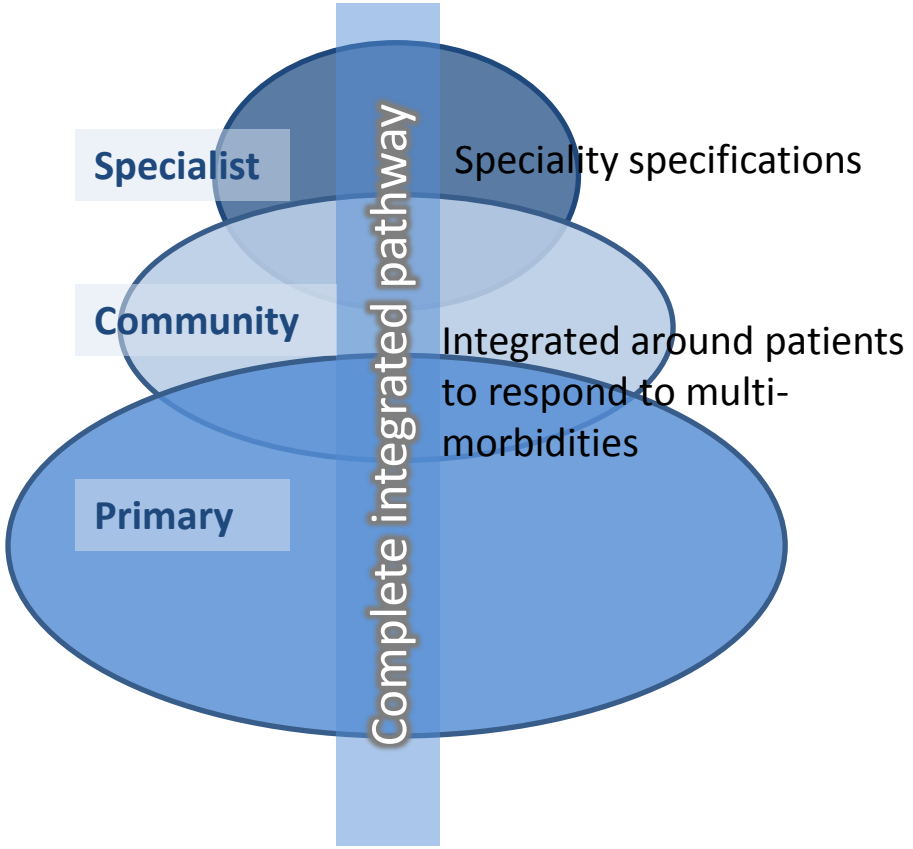
Humber, Coast and Vale

Minimum Expectations of Provision



Default position is use of technology to enable non face to face consultations and professional advice where appropriate

Integrated specifications for outcomes



Lifestyle and Prevention Programmes

Humber, Coast and Vale

Commissioning Principles – how we will work together

- CCGs have agreed to collaborate with neighbouring commissioners where there is a need to commission services across a broader footprint, for example to ensure that there is the right critical mass of patients in order to meet quality requirements and standards
- Commissioners have agreed to a joint approach to service transformation where it makes sense to do so across the footprint of the four CCGs with the following specific areas highlighted:
  - Transformation will focus on the delivery services not on organisational impact
  - No transformation of services will be pursued that has a negative or unintended impact in terms of safety and quality
  - Service transformation must take account of promoting positive patient experiences
  - Service transformation will take in to consideration the ability of people to access services
- All commissioning partners will triangulate commissioning intentions and impacts on providers before finalising contracts
- A single approach to assessing the impact of service change will be adopted across the CCGs
- Where it makes sense to do so, services will be commissioned locally to ensure that they can be built around the needs of individual communities with a clear alignment to Place Based Plans
- CCGs will adopt a commissioning model that has a focus on personal responsibility, prevention, wellbeing self -care and delivering outcomes that matter for patients using the assets that exist in each place and are available to individuals
- The CCG's will work together to develop an approach and timeline to move to an outcomes approach to commissioning rather than service delivery detailed specifications. Seeking outcomes for people rather than how services will be delivered with progress monitored at population level via key performance indicators.

Commissioning Principles – how we will work with providers

- The CCGs will fully engage with all partners including Local Authorities as part of the commissioning process
- The CCGs will only commission services from providers that are able to meet essential standards, pertinent to the respective service/speciality including delivery of agreed improvement plans
- Services must be delivered in line with progress to the delivery of a financially sustainable service against agreed benchmarks
- Where services are reviewed/re-commissioned providers will need to demonstrate they have the required capacity including the ability to meet predictable increases in demand and that all of their workforce have the appropriate skills to deliver the services commissioned
- We will commission on the basis of ensuring access to good quality, safe services offering a positive patient experience, accepting that this may result in changes to the configuration of existing providers
- We will expect providers to implement best practice and alternative service models and innovations that drive greater efficiency and reduce costs
- We will expect all providers to deliver care using the appropriate technology for example not to rely on 'face-to face' contacts as the default option
- There is an expectation that workforce models take account of best practice models in terms of the skill mix to deliver the service
- We will move to innovative contract models and approaches wherever it makes sense to do so to facilitate change
- For the agreed priorities, partners will develop an agreed approach to how we decide on the level of engagement and consultation to support service change and work jointly where appropriate to develop the approach

Expectations of Future Services

- Patients and service users as part of the care team
- Focus on the development of effective integrated health and care teams in which staff work flexibly and full use is made of the range of skills available
- Provide care in the right place at the right time by reducing overreliance on hospitals and care homes
- Use information and communication technologies to revolutionise patients' and users' experiences
- Harness the potential of new technologies more effectively
- Make intelligent use of data and information to empower patients and support professionals to deliver high-quality care

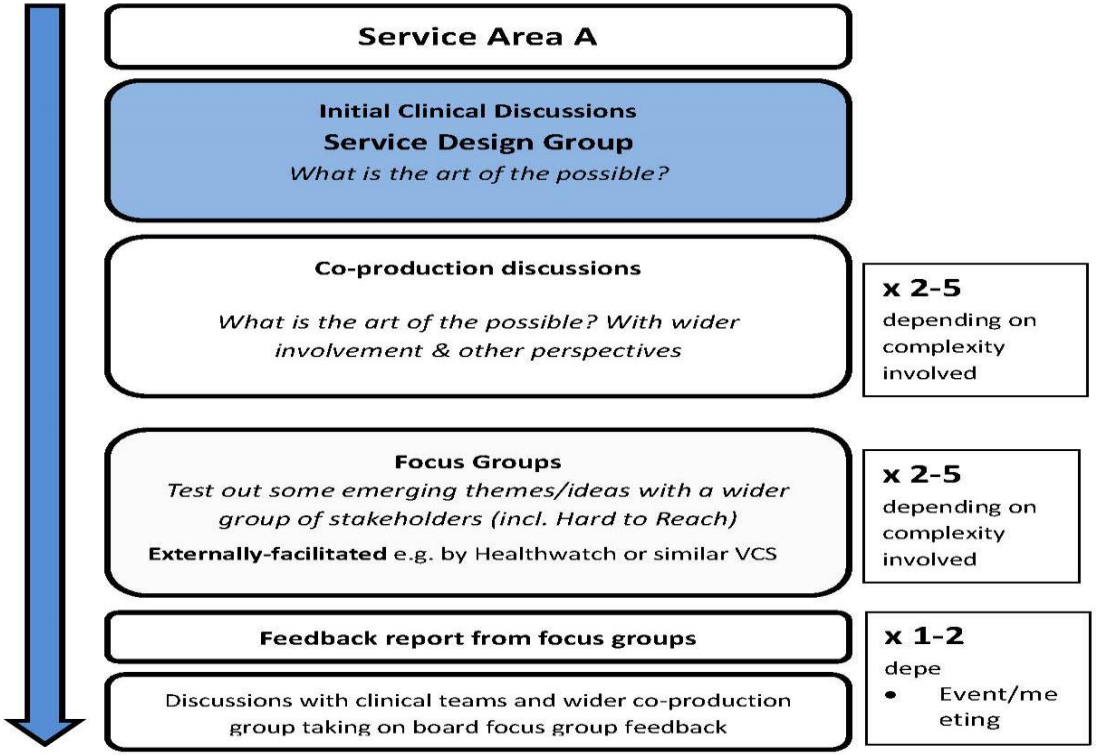
Joint Commissioning Approaches Need to Consider

- Population demographics across Hull, East Riding, North Lincolnshire, North East Lincolnshire
- Ability to access high quality services, accepting that this may result in changes to the configuration of existing services
- Consideration of travel times – blue light/car/public transport
- Workforce constraints and how workforce/skill mix best practice models are maximised
- Building and capital constraints and opportunities
- Financial sustainability and living within resources
- Ability to meet constitutional standards
- Maintaining patient choice
- Seek new ways of working that transform models of care delivering improved outcomes for patients and staff and efficiency. Reducing variation across pathways and geographies (eg LOS, follow ups, day surgery reduce face to face outpatient). Aspire to follow best practice using all available tools ,GIRFT, Right care, Model Hospital, Carter etc. to
- Future proofing models through the use of technology including use of AI/telemedicine/skype. How do we build in reducing need for patients and staff travelling?
- Use of innovative contract models and approaches wherever it makes sense to do so to facilitate change

Next Steps – Humber Acute Services Review

- Speciality specific service expectations have begun to be developed. These will be provided to the Clinical Design Group as part of the intelligence pack
- Work underway to look at the alignment of Place based plans to the emerging clinical models from the Clinical Design Groups

Overall Process



Membership of Clinical Design Group

Core:

- Clinical representation from each Trust
- Strategy/planning (management) leads from each Trust
- CCG representation
- GP rep
- Patient/public rep (from VCS support group and/or individual patient experts)

To be determined by the Group Chair:

- Out of hospital – community providers, social care

Support

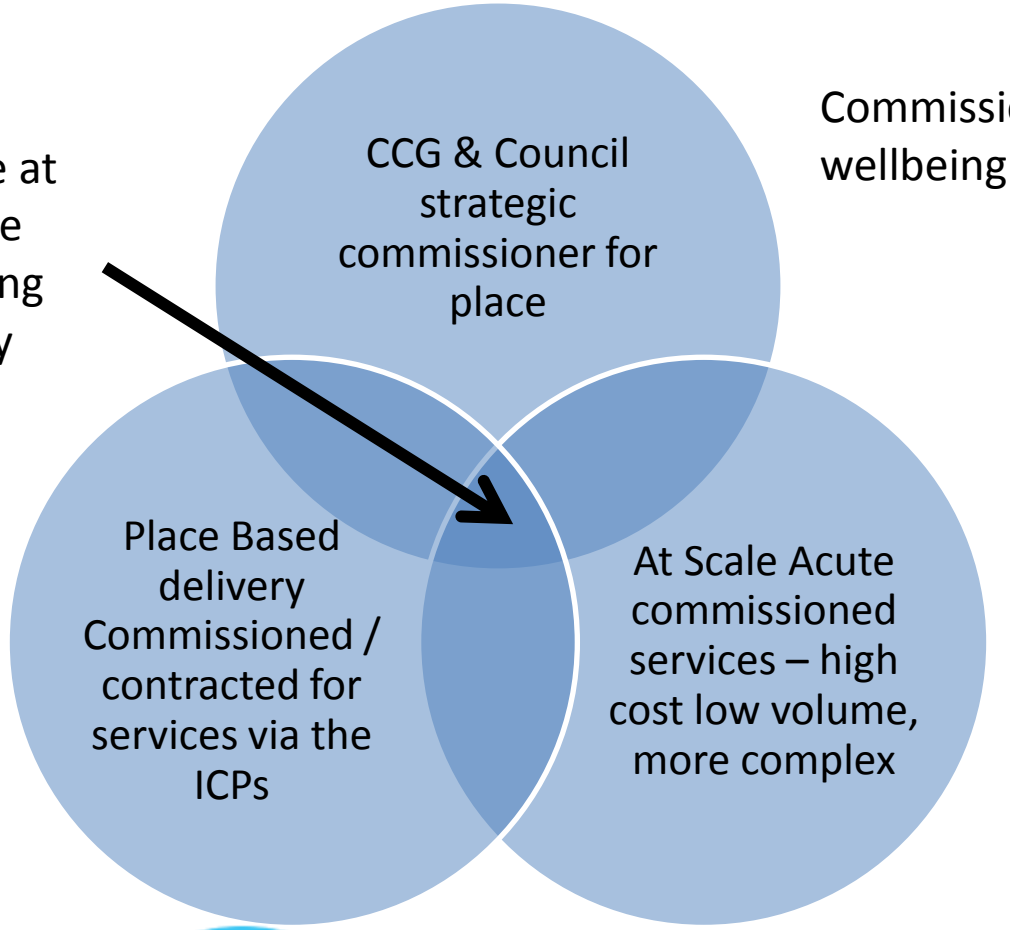
- Event/meeting management
- Event/meeting administration
- External facilitation
- External clinical lead

CCG Collaboration and Commissioning

Humber - Future Commissioning model

CCG collaboration and commissioning

JCC to ensure alignment of Acute at scale and local place based commissioning and service delivery



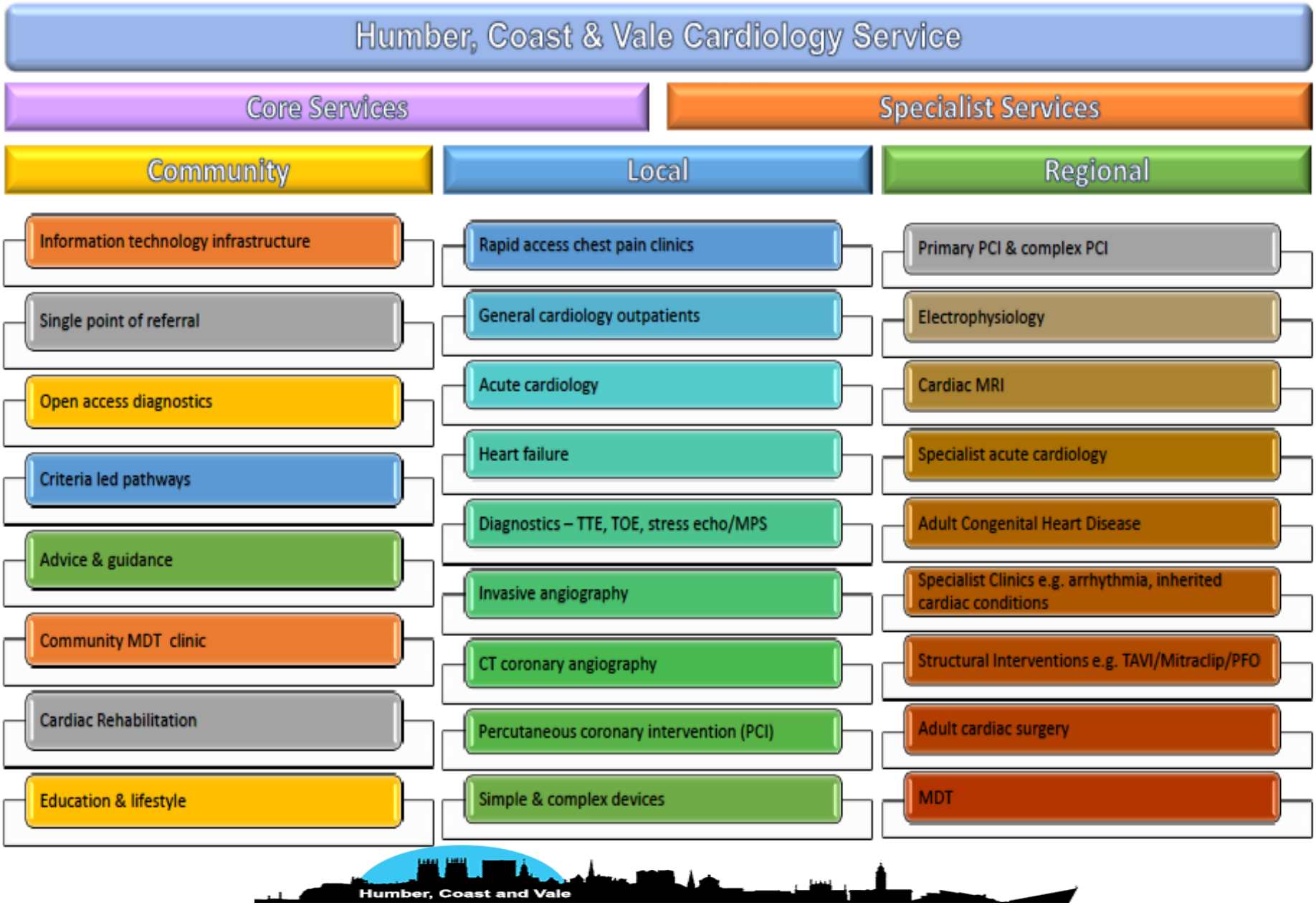
Commissioning for wellbeing

Includes: Voluntary; GP; Community; Majority of Mental Health; & Local hospital services

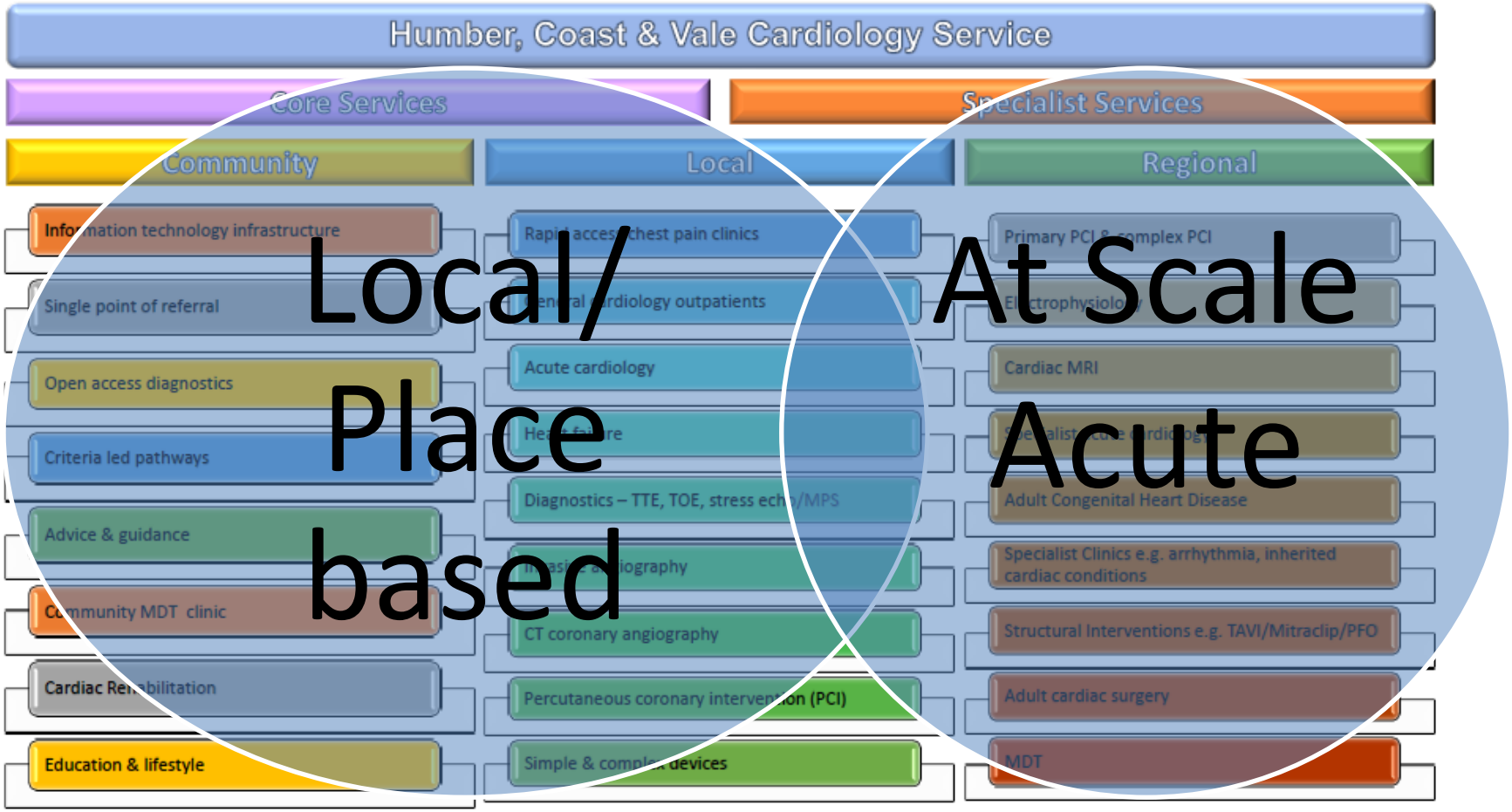
Single contract across NLG and Hull for the at scale acute services

Humber, Coast and Vale

Determining what goes into each contract - example



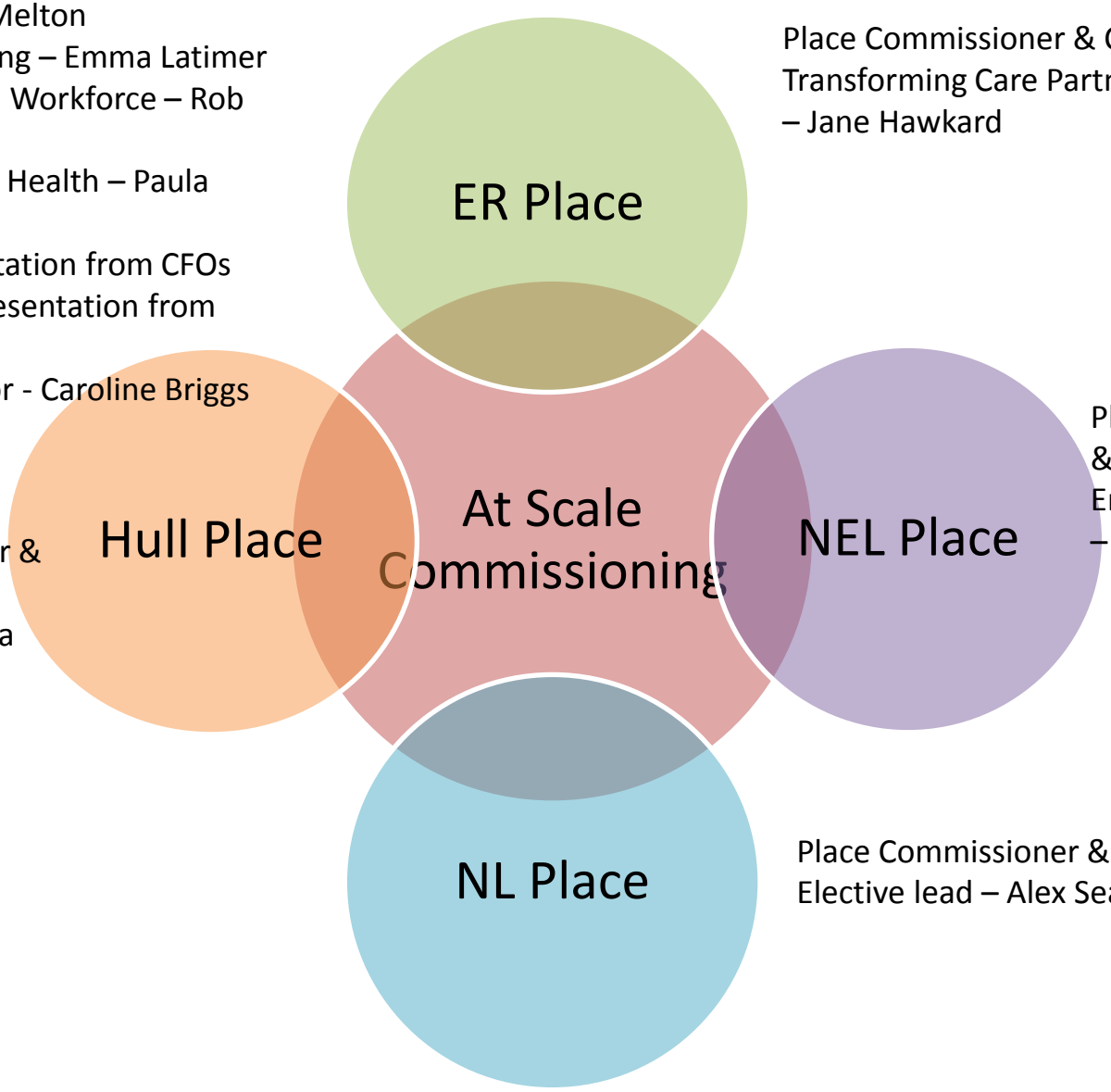
Determining what goes into each contract



Humber, Coast and Vale

JCC- Four Places - A Single Voice (leadership roles)

Clinical – Dr Peter Melton
Acute Commissioning – Emma Latimer
Local Authority and Workforce – Rob Walsh
Quality and Mental Health – Paula South
Finance – representation from CFOs
Contracting – representation from senior contractors
Programme Director - Caroline Briggs



Place Commissioner & Cancer and Transforming Care Partnership lead – Jane Hawkard

Place Commissioner & Maternity and Children lead – Erica Daley

Place Commissioner & Urgent and Emergency Care lead – Helen Kenyon

Place Commissioner & Elective lead – Alex Seale

Next Steps and Timeframe

- Joint commissioning intentions
- Alignment of services to Place and Scale
- Integrate contracts at place and scale
- Single contracting vehicle across HEYHT/NLG for at scale acute

18 months /
2 planning rounds to complete

Humber, Coast and Vale