**STP Joint Commissioning Intentions Statement**

Commissioners and Providers across Hampshire and the Isle of Wight (HIOW) have been working collectively to develop a Sustainability and Transformation Plan (STP) for the region. The granular plans for the STP are still being developed but there is intent to describe within the STP; investments, savings and a control total that will be delivered within the region over the next five years. Commissioners therefore signal their intention to commission the plans as described in the STP, together with the nine must do priorities outlined in the recent Operating and Contracting Guidance 2017 -18 and will work with providers to complete this to the level of detail required for contracting over the coming months. Commissioners trust that the work we have been doing collectively on the STP will ignite a new way of working with partnership behaviours becoming the norm, and where all partners are equally committed to delivering the system control total.

Commissioners wish to adapt contractual arrangements to support the success of the STP, with a focus on improving quality and maximising the health and wellbeing of our population and our use of resources. It is no longer sustainable for us to continue to pursue traditional ways of contracting and we intend to change our contractual arrangements to eliminate the extremes in current contracting arrangements (e.g. block, PbR). In time, this is likely to include moving to alternative forms of contracting to support the implementation of new models of care, such as MCP, PACS or alliance contracts, which are based on population and outcomes. Our system will not deliver the required productivity savings in silos, and we aim to improve and invest in preventative, primary and community care, engaging with our patients and communities, working with social care and wider services to support improved productivity and quality as well as people's well-being.

Our system recognises that strengthening and transforming general practice will play a crucial role in the delivery of the STP plans, and is committed to implementing the General Practice Forward View.

These intentions should be read in conjunction with NHS England's strategic and operational planning guidance and the NHS Standard Contract.

**Contracts will be based on the following principles:**

Our system aims to spend less time locked in adversarial and transactional relationships and we will contract with the following principles:-

- Contractual arrangements will be developed to support the successful implementation of our plans and the STP, deliver the expectations of the 5YFV, drive improvements in health and care, restore and maintain financial balance, and deliver core access and quality standards.
- In delivering the STP plans there will be a reshaping of resource allocation with a focus on investment in out of hospital services, within system resources, and a relentless focus on efficiency.
- Incentives will be re-aligned across providers and commissioners accordingly, with an emphasis on overall system cost reduction and a collective approach to reducing and managing risk.
- Contractual incentives for collaborative working will be introduced.

- Contracts will be agreed that support the transformational change plans required, do not exceed the overall affordability of the STP, and are in keeping with the activity parameters set out in the STP.
- Contracts will be set that reflect the required financial improvement trajectory within the STP and no contract will be agreed that worsens the overall financial health of HIOW. Accordingly, a system approach to achieving the financial control total for HIOW will be developed, with a supporting risk management framework.
- The risk management framework will be used encourage a new approach to contracting with co-production and an open book approach to manage costs within system resources.
- Contracts will underpin a common set of standards and common expectation of patient experience for our population.

**Commissioner approach:**

Commissioners will work in an 'alliance' to commission at scale, ensuring a common commissioning and contracting approach, based on clear principles (as set out above).

Contracts will be developed and agreed across Hampshire and the Isle of Wight (HIOW) in a standardised way, thereby avoiding the need for multiple and protracted negotiation processes.

Commissioners aim to develop a single contract with providers and/or the emerging alliances, and may move to lead provider contracts for agreed pathways to support the emerging horizontal integration plans (e.g. vascular).

The alliance structures are being developed in the STP to drive quality improvement, to standardise care processes and outcomes for our citizens, to foster collaboration, reduce costs, strengthen resilience and deliver constitutional standards. Where alliances are formed in 2017/18 it is anticipated that the contract will remain with the statutory provider, but the execution of the contract (or elements of) will be undertaken collectively with contract discussions happening once across HIOW on activity, performance, quality and outcome indicators. It is expected in this process that variation in utilisation rates and outcomes identified through the atlas of variation, right care and other CCG benchmarking exercises will be reduced year on year, and contracts will reflect, in year one, movement towards this standardisation. The initial focus for collaborative contracts will be on specialised and acute elective care.

**Commissioning Intentions:**

In 2017/18 and 2018/19 and beyond we seek to develop services collaboratively to manage resources within that available to the system and will work with providers in delivering the nine 'must do' priorities as described in the 2017-2019 NHS Operational Planning and Contracting Guidance, and in particular improving the following:-

**Outpatient efficiency**: optimise the use of acute outpatient resources. Focus on first appointments avoided through advice and guidance or moved 'closer to home' in the community or through the use of technology. Ensure that follow-up appointments become an exception, and where they are necessary they are patient-initiated or follow an agreed pathway. Local payment reform will be

considered to compliment the redesign of first outpatient appointments, and the reduction in in inappropriate outpatient follow-ups. There will be a consistent approach across HIOW.

**Reducing length of stay for planned care, and associated costs for the system**: as a health community we expect patients to be treated at the lowest level of intensity, with the order of priority for planned care as follows:

- To be treated outside of an acute setting wherever possible
- If an acute setting is required, to be treated without admission i.e. as an outpatient
- Where admission is necessary, treatment as a day case as the first consideration
- If day case treatment is not appropriate, discharge at the earliest opportunity facilitated by robust discharge planning

**Reducing length of stay for non-elective care, and associated costs for the system**: as a health community we will work to ensure that patients stay in an inpatient setting for the minimum number of days possible, improving patient experience and outcomes, and will commission for the plans emerging from the flow and discharge STP work stream. We will also benchmark length of stay in critical care, and review the process for reporting activity.

**Ambulatory Care:** the system will work together to ensure that conditions sensitive to ambulatory care (ACSC) are managed in primary and community care, reducing admissions for ACSC to secondary care.

**Ambulatory Emergency Care (AEC)**: all patients presenting in emergency departments should be considered at the outset for ambulatory emergency care, with the aim of reducing length of stay in the department, and avoiding admissions for the majority of patients treated through an AEC approach

**Working across provider and commissioner organisational 'barriers':** we will identify and address areas where our individual organisational forms may prevent maximum efficiency, including but not limited to:

- Reviewing high cost drugs and devices which are managed by providers and paid for by commissioners on a pass-through basis
- Prescribing in primary care, secondary and tertiary settings
- Viewing pathways for services from a system perspective which fall to separate commissioners, e.g. critical care; cancer; mental health; neo-natal services

**Ensuring appropriate planned treatments for patients**: work together to ensure that planned care treatments are the most efficacious for the patient, and that where clinical evidence exists to support the restriction of certain procedures or treatments (either in general or for certain patient groups where outcomes will not be optimised) these treatments or pathways will not be routinely available.

**Diagnostics**: we will collectively agree how patients will have access to diagnostics without duplication or avoidable delay, streamlining services to improve access and reducing cost to the wider system.

**Optimising use of NHS resources**: commissioners and providers will work together so that as capacity changes across the system, resources are used to the best effect for the wider health community, either through re-deployment, or use for agreed alternative pathways, or through cost reduction for the wider system. Commissioners will support, where robustly evidenced, the emerging plans for new models of care and prevention for adults and children, and reinvest system resources to enhance; prevention, independence and self-care, fully integrated primary care, integrated intermediate care, complex care and end of life care, and pathways for long term conditions.

**Transforming care plan:** commissioners will continue the work in implementing the transforming care plans for patients with learning disability, and aim to reduce the reliance on inpatient care and move to community supported care where possible.

**Mental health:** Commissioners will support, within the available resource, the plans in the STP to; develop the alliance, redesign and transform services to support early diagnosis and improved access to evidence based care, redesign and transform acute and community services including PICU, in-patients services (adult mental health and older peoples mental health), crisis care and rehabilitation, and the workforce redesign. Commissioners also wish to explore further opportunities for transforming children's mental health services, including taking forward the delivery of Future in Mind Local transformation plans, and reviewing crisis care options for children with mental health problems.

**Prevention:** Commissioners will support the ambition in the 5YFV to upscale the work on prevention and will work with providers to take forward the plans being developed as part of the STP, these will include:-

- Ensuring Making Every Contact Count is embedded in organisations
- Identification and signposting for relevant lifestyle risk factors, e.g. obesity, diabetes, smoking and respiratory
- Implementing Government Buying Standards for food and catering services

**Urgent and Emergency Care:** During 2017/18 commissioners will progress the development of a clinical hub that supports NHS 111, 999 and out hours calls as outlined in the STP plan. We will, working with the ambulance service and new care models, look to see a reduction in the proportion of ambulance 999 calls that result in an avoidable transportation to the ED department.

**Cancer:** Commissioners wish to ensure that progress is made in improving one year survival rates by delivering a year on year improvement in the proportion of cancers diagnosed at stage one and stage two and reducing the proportion of cancers diagnosed following an emergency admissions. Local baselines will be set for each system to monitor progress. Commissioners wish to ensure that:-

- All patients have a holistic needs assessment and care plan at the point of diagnosis
- A treatment summary is sent to the patients GP at the end of treatment, and
- A cancer care review is completed by the GP within 6 months of a cancer diagnosis.

**Digital**

HIOW have developed a Digital Roadmap and are committed to improving efficiency and patient care through the development of our digital systems. We will work with providers to implement the roadmap, and the plans in the operating guidance, including the mandated use of the e-Referral system to ensure full compliance by April 2018.

**Performance Delivery:** All providers will be expected to deliver the constitutional and national standards. Baseline trajectories will be the agreed trajectories for 2016/17. Any provider whose plan for 2016/17 did not achieve one or more of the national standards for operational performance will not be able to reduce this baseline and will have to reach the national standards during 2017/18.

**Quality**

In making quality everybody's business and in support of the delivery of consistently high quality care, providers, commissioners and other key stakeholders intend to work in close partnership to provide strategic leadership for the development of an integrated and collaborative approach to quality governance across the entire Hampshire and Isle of Wight footprint. We aim to pursue a relentless drive for improvement, informing and influencing new and emerging modules of care under the HIOW Sustainability and Transformation Plan and the HIOW Vanguard programmes.

The programme of transformation across HIOW presents clear opportunities for health and social care organisations to work together to reform current quality challenges. The approach will aim to deliver:

- A more **streamlined and efficient approach** to quality measurement and monitoring
- A robust process for determining the quality impact and risks arising from reconfigured services under the STP and vanguard programmes.
- Opportunities to increase the **patient/carer voice** in defining, measuring and evaluating the quality of services
- Clarity and alignment for the quality requirements in local **outcomes based contracts**
- Reduction in quality variation across the **entire patient pathway** rather than in silos
- The structure, process and guidance needed by teams working on **new models of care** to ensure regulatory compliance
- Ensuring quality arrangements reflect **cross border** provision and commissioning
- Delivery of a **system wide approach** to quality **measurement**
- Better information from **data**, including the effective triangulation of multiple sources of data and quality surveillance that focuses on early warning and prevention rather than multiple investigations after the event.
- Hampshire/Wessex/national **benchmarking** for quality improvement and outcomes
- New provider/commissioner alliances and configurations which will **support reconfigured services** and organisations e.g. accountable care systems
- A real focus on health gains, linking quality to **population health outcomes** in new and innovative ways

- Agreement on the approach to defining, measuring and monitoring quality which will be required under **new contractual arrangements**.
- Engage and influence **regulatory assurance processes** (NHSI/NHSE and CQC)
- Driving **learning** and the **spread of best practice** across the STP footprint.

New approaches to quality governance will be developed in the early part of 2017/18, whilst the latter part of the year will focus on rapid implementation and spread. There is an intention to fully align quality contract requirements and schedules across all HIOW commissioners in 2017/8 and to ensure CQUIN and other incentive schemes for quality deliver tangible improvements for patients, including using resources flexibly to support transformation. To ensure the quality resource is directed at transformation and improvement, more contractual requirements for quality will be reportable through the information schedule with escalation to CQRM when KPIs deteriorate. This will mean that quality schedules focus on a smaller quality improvement priorities in a deeper way, which will aim to yield sustained improvements.

**Counting and Coding :** Commissioners seek to contract to the principles outlined in this letter, however, whilst the detail for how these principles map into a different contracting approach is being worked through with providers, commissioners have a requirement to issue counting and coding intentions for 2017/18. The STP commissioners have worked through a number of collective intentions as well as issuing local intentions for 2017/18.

**Commissioning of Specialised, dental health and public health**

Details of the commissioning intentions for dental and public health which are commissioned by NHS are included in Annex A

Details on specialised commissioning – to follow