

Supporting
planning for
2013/14
for Direct
Commissioning



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Introduction

1. This document describes the processes that will be used to support planning for 2013/14 for Direct Commissioning in area teams. It provides further information to *Everyone Counts: Planning for Patients 2013/14* published on 18 December 2012.
2. It is also complimentary to the *Supporting Planning 2013/14 for Clinical Commissioning Groups* which was published on 21 December 2012. The approach for Direct Commissioning will mirror the clinical commissioning groups (CCG) approach and be based on the priorities for single operating models outlined in the publications entitled “Securing Excellence for”, and in the Public Health section 7a Agreement:
 - Primary Care published in July 2012;
 - Specialised Commissioning published with commissioning intentions in November 2012;
 - Military Health and Offender Health issued to area teams in draft in November 2012 due for publication in January 2013;
 - Dental Services due for publication in February 2013; and
 - Public Health section 7a.
3. It is not the intention of this document to repeat the guidance in *Everyone Counts: Planning for Patients 2013/14*. The principles, standards and requirements of these documents apply equally to all commissioning in the context of the three interrelated lenses through which planning can be viewed:
 - local area based planning;
 - clinical commissioning group organisational planning; and
 - direct commissioning by the NHS Commissioning Board.

Context

4. The context for direct commissioning is one of a single national operating model implemented locally with CCGs and local authorities (LAs) to reflect local need.
5. Area teams supported by regions have a particular responsibility for ensuring the coherence of commissioning plans across England. To assist, the NHS Commissioning Board (NHS CB) published a paper in July 2012 entitled *Commissioning factsheet for clinical commissioning*

groups. This is attached at Annex 3. The 8-page document clarifies the services to be commissioned by CCGs, by LAs and by the NHS Commissioning Board and shows the inter-relationship between these commissioning arrangements.

6. The framework for the commissioning of Direct Commissioning across England is as follows:

- Primary Care and Public Health – All area teams
- Specialised Commissioning – 10 area teams
- Offender Health – 10 area teams
- Military Health – 3 area teams

Specialised Commissioning	Offender Health	Military Health
Cheshire Warrington & Wirral	Durham, Darlington & Tees	North Yorkshire & Humber
Cumbria, Northumberland, Tyne & Wear	Lancashire	Derbyshire & Nottinghamshire
South Yorkshire & Bassetlaw	West Yorkshire	Bath, Gloucestershire, Swindon & Wiltshire
Birmingham & the Black Country	Derbyshire & Nottinghamshire	
East Anglia	East Anglia	
Leicestershire & Lincolnshire	Shropshire & Staffordshire	
Bristol, North Somerset, Somerset & South Gloucestershire	Bristol, North Somerset, Somerset & South Gloucestershire	
Surrey & Sussex	Kent & Medway	
Wessex	Thames Valley	
London	London	

7. Discussions are continuing as to whether secondary dental care is better commissioned from a centre of expertise; this has not yet been finalised. In the meantime, all area teams should build plans and budgets on the assumption that they will commission community and secondary dental care for their population.

Direct commissioning priorities 2013/14

8. During the NHS CB transition year, clinicians and managers from across the NHS have worked together to develop the suite of *Securing Excellence* documents which have been approved by the NHS CB Executive Management Team.
9. On 19 December 2012 a workshop involving all area and regional Directors of Commissioning, together with the national support team and individuals who have led the transition work, met to take stock of the work so far and to prioritise for the immediate future. The output of this event has informed this guidance.
10. It is expected that the plans developed by area teams for 2013/14 will give assurance that pre-existing priorities for 2012/13 continue to be addressed to secure smooth transition into 2013/14.
11. The priorities are summarised in Appendices A-F and the key activities and deliverables for each programme for 2013/2014 are summarised in these appendices. The outcome measures published in Everyone Counts: Planning for Patients 2013/14 are also attached in Appendix G.

All Areas of Direct Commissioning

12. Safe transfer of services and agreement of contracts by 31st March 2013 within the resources available remains an overriding priority. Together with a clear commitment to transforming services to ensure improved quality, outcomes and equity across England.

In addition, the following are required:

Specialised Commissioning

- One single operating model for the commissioning of specialised services through the 10 nominated area teams;
- One national budget which will be cash limited;
- Staff resource and knowledge shared across the NHS CB structure;
- A framework approach to contracting is set once, nationally shaped by area and regional teams;
- All specialised activity defined in the handbook (to follow) is captured in contracts with providers;
- Core specifications in place for all services or derogations applied for;

- Clinical access policies in place and applied across all providers.

Primary Care (GP, Dental, Optical, Pharmaceutical)

Safe transfer of:

- PCT contracts to the NHS CB aiming for a 'steady state transfer' on 1 April 2013;
- Safe transfer of contracts to CCGs and LA's e.g. enhanced services, Out of Hours and home oxygen;
- Business critical systems and processes;
- Lift and shift of Family Health Services (FHS) functions;
- GP appraisal systems and systems for revalidation;
- Implementation of a single operating framework;
- Implementation of single performers list;
- Implementation of performers support services to manage performers whose practice gives rise to concern;
- Introduction of the national quality framework including strategy for quality improvement, web-enabled database of general medical practice quality indicators and a national performance assessment framework;
- Implementation of Securing Excellence in commissioning NHS dental services;
- Support the development of Local Professional Networks (LPNs);
- Develop and implement national dental care pathway commissioning framework;
- FHS transformation and cost reduction programme.

Public Health Services

- Safe transfer of the commissioning of services covered by the Section 7a agreement, with area teams addressing any specific local concerns highlighted through the National Quality Board's Quality Handover process;
- Continued effective commissioning of the healthy child programme;

- Full implementation of all immunisation and screening programmes including roll out of those currently in development;
- Maintenance and development of the National Screening programmes;
- Achievement and maintenance of the requirements to increase the numbers of Health Visitors and the family nurse partnership;
- Preparing for transfer of additional responsibilities to Local Authorities;
- Jointly with Offender Health Teams, commission services that improve and protect health and care for victims of sexual assault.
- Working with local authorities and Public Health England's centres to ensure screening and immunisation services are part of an effective local public health system.

Offender Health

Implementation of the single operating model for the commissioning of services in:

- General Prison Healthcare
- Secondary Care
- Substance Misuse
- Secure Training Centres
- Secure Children's' Homes
- Immigration Removal Centres
- Preventive and public health services for people in custody (* Link to public health commissioning)
- Sexual Assault Services (* Link to public health commissioning)
- Liaison & Diversion
- Police Custody Suites (commissioned by Police in partnership with NHS CB)
- Continue to develop and strengthen the partnership and co-commissioning arrangements with the National Offender Management Service, Youth Justice Board and the UK Border Agency;
- Implementation of the full roll out of the liaison and diversion services;
- Effective commissioning of services for substance misuse.

Military Health

- Transfer from Ministry of Defence the commissioning of services for serving personnel (including mobilised reservists and families served by Defence Medical Centres) and the establishment of the new single operating model for Armed Forces Commissioning, including IVF services.
- Ensure CCGs deliver the Government's Mandate to the NHS CB and its requirement related to the Armed Forces covenant; in particular for Veterans, Reservists and their families (and serving families not covered by Defence Medical Centres), including: commissioning for prosthetics, mental health and establishing a base line for activity, finance and performance.
- Ensuring continuation of the delivery of the principle of "no disadvantage" as set out in the Armed Forces covenant and the Mandate, in particular the transition of service personnel and their families out of service back into the community (whether due to injury, end of service or as a demobilised Reservist).
- Supporting the continuation and development of the Armed Forces Networks across England.

Planning timetable

Date	Activity Direct Commissioning Plans
18 Dec 2012	Overall Allocations published Planning guidance published
21 Dec 2012	CCG Supporting information published Draft NHS Standard Contract published
w/c 7 Jan 2013	UNIFY2 Data collection available
14 Jan 2013	Direct Commissioning supporting information published
25 Jan 2013	<p>Each area team will develop a plan which reflects all direct commissioning elements. The plan will comprise a “plan on a page” for each of the 5 directly commissioned services and a summary sheet which provides self-certified assurance. Further detail of what is required is provided in Section 5.</p> <p>The area teams which lead the commissioning of a specific directly commissioned service will produce a plan on a page for their lead programme(s) on behalf of all the area teams which they lead. They will share the first draft of plans with the Regional Commissioning Directors and the area teams. These arrangements will apply to specialised services, military and offender health.</p> <p>Area teams will reflect the specific service plans in their plans and share their plans with the CCGs, HWB's in their area and the regional team to ensure alignment of intention.</p>
08 Feb 2013	Feedback to area and regional Directors
End of Feb	Re-submission of finance templates and update on contractual negotiations Peer review discussions
11 Feb to 29 Mar 2013	Regional and area team discussions to support assurance of plans
31 Mar 2013	CCG and NHS CB contracts signed off
05 Apr 2013	Final CCG and Direct Commissioning Plans shared
08 Apr to 19 Apr 2013	Board analyses CCG plans and plans for Direct Commissioning with a view to identifying risks to delivery
22 Apr to 10 May 2013	Board reconciles plans with the Government's mandate to the NHS CB and ensures they will deliver improved patient outcomes within allocated resources
By 31 May 2013	Each CCG publishes its prospectus for its local population

13. The timetable reflects the timetable on Page 33 in *Everyone Counts: Planning for Patients 2013/14* to ensure consistency in co-ordinating the response between Direct Commissioning plans and CCG plans.

Content of the submission

14. Every area team will set out their direct commissioning plans for sharing within the NHS CB via their regional team, CCGs and Health and Wellbeing Boards (HWBs) in the form of individual “plans on a page” for each of the 5 directly commissioned services and complete a summary sheet.
15. Lead area teams for military, offender health and specialised services will complete the plan on a page for the programmes they lead on behalf of their group of “following” area teams. (Following area teams are those that do not have a lead responsibility for that area of commissioning and are part of the wider group being led by the lead area team) with a first draft due the 25th January 2013. The plan on a page will set out the delivery plan for each of these programmes that will be implemented by all area teams within the group.
16. Following area teams will reflect these plans in their plan on a page based on the first draft from the lead area teams.
17. All area teams will complete primary care and public health and provide a summary sheet.
18. The plan on a page template for each directly commissioned service is at Annex 1
19. The summary sheet is at Annex 2. The purpose of the summary sheet is to provide self-certification assurance.
20. Area teams will have noted that:
 - Values and Principles are described in the Securing Excellence documents and the headlines appear in each programme plan on a page;
 - The Domain response prompts thinking about how the programme at a local level will contribute to the five domains in the NHS Outcomes Framework. The NHS CB central team will plan how to facilitate discussion with the NHS CB Domain leads to support development of the response with area teams which can be shared with CCGs giving the opportunity for all commissioners at a local level to maintain the focus on delivering improved outcomes for patients.
 - The Priorities and key activities for 2013/2014 for each of the 5 programmes are described in section 3 of this document,
 - The Strategic context and challenges section provides an opportunity for area teams to highlight the main local challenges across the system to delivery of the national programme in the same way that CCGs have been asked to provide the context for their plan.

- Patient Safety and Quality is included in QIPP and provides an opportunity for area teams to highlight the local response required to deliver the requirements in the operating model to deliver improvements in the quality of services and identify any significant concerns about safety in the local context that need to be addressed. area teams leading military, offender and specialist services will particularly want to understand the position for their following area teams and provide an overview for the central and regional teams to enable them to understand the issues, particularly where there are risks, and develop the response which will support area teams.
- Organisational Development provides an opportunity for area teams to identify how each programme supports the development of a commissioning system. Each of the programmes is likely to raise different challenges and we will use this information to develop a rounded view of what support and further development is required.
- Key priority areas have been provided so that area teams can provide details of their local response to the national priorities
- The Transformational Change provides an opportunity for area teams to highlight where their plans to deliver the priorities requires either transitional and/or transformational change in order to deliver the programme priorities locally. Area teams leading military, offender and specialist services will particularly want to understand the position for their following area teams. This will also provide an overview for the central and regional teams.
- A template has also been provided in Annex 4 for each area team to use to provide detail on their plan for the expansion of Health Visitors.

Finance allocation

21. Separate guidance will be issued to area teams on the finance allocation and the budget setting process. This includes guidance on primary care IT.

Assurance, contracting and additional requirements

Assurance

22. The NHS CB is a single organisation. Central, regional and area teams should create an opportunity for face to face regional discussions to enable area and regional teams to co-produce plans and hold each other to account. This discussion should involve CCG representatives, Local Authorities, Public Health England where appropriate and in the case of Armed Forces the AF Networks. It should be clear at the end of the process how priorities have been identified and how outcomes have been agreed across all commissioning roles and responsibilities.
23. At a national level, a Public Health Oversight Group will be reviewing the delivery of the Section 7a agreement between the Department of Health and the NHS CB. The COO will represent the NHS CB at this meeting.
24. The Assurance process will seek to ensure that there is adherence of Direct Commissioning, CCG plans and HWB strategies to the delivery of improved health outcomes.

Contracting

25. As part of robust business processes it will be essential that plans and assumptions are underpinned by signed contracts for clinical services. The expectation remains that all contracts are signed by 31 March 2013.
26. Regional office assurance teams will have oversight of contracts for the NHS CB's directly commissioned services.
27. Area teams will be asked to confirm the status of their contract negotiations at the end of February, with regional teams providing support where appropriate during the course of March.
28. It is expected that disputes will be exceptional. Where they do occur, the process for resolution is set out clearly in the standard contract. The NHS CB will work closely with Monitor and the NHS Trust Development Authority to ensure that consistent messages on contracting are received by commissioners and providers.

Additional requirements

29. There are some area teams where regions need to exercise greater scrutiny eg:
 - There are significant financial or quality problems;

- There is to be a major reconfiguration and requires multi-commissioner commitment;
- Where area teams self-assess that there are issues which would compromise their confidence in being able to produce a plan that resolves all the issues they face.

30. It is recommended that, where this is the case, area teams consider whether there are other elements of planning process and documentation that would be helpful to prepare for the 2013/14 planning round:

- Narrative based on clear and credible plans;
- Larger suite of activity measures and trajectories;
- QIPP transformational milestones;
- Quality indicators based on national dashboard;
- On-going quality assurance of providers CIPs;
- Other indicators including workforce;
- Patient, public insight and experience.

Appendices

Appendix A: Primary Care

Appendix B: Public Health

Appendix C: Specialised Commissioning

Appendix D: Offender Health

Appendix E: Dental

Appendix F: Military Health

Appendix G: Direct Commissioning Outcome Measures

Key activities, deliverables, deadlines and milestones			
Year	Key activities	Key deliverables	Key deadlines/milestones
2013/14 (detailed)	<p>Set out the key activities that contribute to the delivery of the high-level objectives:</p> <p>Primary Care</p> <ul style="list-style-type: none"> Lift and shift FHS business critical functions Support contract transition processes Identify transition risks and ensure mitigating actions Establish the arrangements for the management of the national performers list <ul style="list-style-type: none"> Scope the requirements for a national counter fraud service <ul style="list-style-type: none"> Test and embed the 4 Assurance Management Frameworks in Area Team functions Publish a suite of Single Operating procedures Ensure relevant staff training Establish feedback loop to central support <ul style="list-style-type: none"> Develop online application arrangements for the national performers list <ul style="list-style-type: none"> Develop electronic data capture arrangements for optometric and pharmacy contractor data <ul style="list-style-type: none"> Conduct a strategic review of 'FHS' functions and make recommendations <ul style="list-style-type: none"> Contribute to the co-production of the PC strategy focusing on quality improvement <ul style="list-style-type: none"> Establish a consistent approach to local professional networks across dental, pharmacy and eye care in each area team 	<p>Set out the key deliverables that contribute to the delivery of the high-level objectives.</p> <ul style="list-style-type: none"> Smooth transition of Primary Care Commissioning from PCTs to the NHS CB <ul style="list-style-type: none"> Ensure the effective management of counter fraud activity in PC services <ul style="list-style-type: none"> Embed the Single Operating Model in Area Team management arrangements <ul style="list-style-type: none"> Streamline arrangements for the management of the national performers list <ul style="list-style-type: none"> Streamline data capture to support the performance management of PC provision <ul style="list-style-type: none"> Reduce the cost and improve the efficiency of 'FHS' service to meet QIPP imperatives <ul style="list-style-type: none"> The development of the PC strategy led by Commissioning Development <ul style="list-style-type: none"> Implement national consistent model and terms of reference for local professional networks and continue to refine and share good practice in supporting continuous quality improvement across these services 	<p>Set out the key deadlines/milestones that must be reached to ensure delivery.</p> <p style="text-align: right;">Appendix A</p> <ul style="list-style-type: none"> By end March 2013 <ul style="list-style-type: none"> October 2013 <ul style="list-style-type: none"> April to June 2013 <ul style="list-style-type: none"> By June 2013 <ul style="list-style-type: none"> By October 2013 <ul style="list-style-type: none"> By December 2013 <ul style="list-style-type: none"> TBC <ul style="list-style-type: none"> Implement fully from April 2013
2013/14 (detailed)	<p>Public Health</p> <p>Screening and Immunisation</p> <ul style="list-style-type: none"> Embed Single Operating Model for screening and immunization programmes Ensure services are delivered in line with national service specifications and gaps in service provision are addressed 	<ul style="list-style-type: none"> Single operating model embedded Undertake stocktake of all national screening and immunisation programmes against national service specifications and identify gaps against national service specifications 	<p style="text-align: right;">Appendix B</p> <ul style="list-style-type: none"> On-going June 2013

	<ul style="list-style-type: none"> • Ensure any patient safety issues identified as a result of serious incidents are addressed. • Identify national strategies to improve access to programmes to increase uptake in hard to reach groups • Nationally agreed extensions to the immunisation programme are commissioned and implemented in 2013-14 • Agreement on management of outbreaks as part of the Emergency Preparedness assurance programme <p>Immunisation Programmes</p> <p>Implementation of new vaccine programmes as agreed in section 7a</p> <ul style="list-style-type: none"> • Implementation of new vaccine programme for rotavirus vaccine in infants • Implementation of new vaccine programme for shingles in the elderly • Removing an infant dose from the vaccine schedule for MenC • Introducing a booster dose for MenC in adolescents • Modifying the age of the teenage booster against Td-IPV • Introducing annual vaccination against influenza for pre-school children aged 2 years and above (2013) • Piloting annual vaccination against influenza for school aged children up to 16 years (for national roll-out in 2014) <p>Screening Programmes</p> <ul style="list-style-type: none"> • National Diabetic Eye Screening Programme and Newborn Infant Physical Examination SMART are implemented to meet the national specification • Engage with the national cancer screening programmes for the extension to bowel, breast screening and HPV triage. • Ensure rollout of Abdominal Aortic Aneurysm Programmes is completed to meet national service specification, including safe transition of funding arrangements for phase 3 programmes. • Review contracting arrangements to ensure effective commissioning of screening programmes and safeguard the integrity of the screening pathway. • Agreement on quality assurance and untoward incident management, including look back exercises <p>NHS CB & PHE Agreement</p> <ul style="list-style-type: none"> • Develop common strategies to improve outcomes • Implement Every Contract Counts and develop public health advice service 	<ul style="list-style-type: none"> • Review any outstanding serious incidents recommendations and ensure patient safety issues are addressed. • Improved access to programmes <ul style="list-style-type: none"> • Implementation of the Section 7a agreement for 2013/2014 <ul style="list-style-type: none"> • Updated guidance on contracting arrangements and who pays 	<ul style="list-style-type: none"> • March 2013 • On-going <ul style="list-style-type: none"> • Review and negotiate national agreement between SoS and NHS CB – June 2013 <ul style="list-style-type: none"> • April 2013 - June 2013 - Discussion with stakeholders to develop the mechanisms to refine contractual arrangements. • October 2013 - Contract Negotiations to mainstream programmes <ul style="list-style-type: none"> • April 2013 – NHS CB and PHE meet to discuss progress against priority areas including public health advice service
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	<p>Public Health (cont)</p> <p>Healthy Child Programme 0-5 years</p> <ul style="list-style-type: none"> Establish arrangements to a coordinated and integrated commissioning of HCP (0-5) with commissioning of other health and social care services for children, including LA commissioning of HCP 5-19, and CCG commissioning of other children and maternity services through AT involvement with Children's Partnerships Health and Wellbeing Boards Arrangements for Commissioning support are developed and put in place including arrangement for accessing expert advice from Public Health England and the Family Nurse Partnership national unit Implementation of the Healthy Child Programme (HCP) (a detailed programme of health intervention for children aged 0-5) see http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118525.pdf Implementation of the Health Visitor Programme (HV), including AT's contribution to delivery of inherited trajectories for HV numbers Implementation of the Family Nurse Programme (FNP) including AT's contribution to delivery of trajectories to meet the national requirements for expansion. This will include maintaining existing numbers of FNP places in local area and honouring any inherited commitments to increased numbers of places. Transition of direct commissioning responsibility of HCP 0-5 by Local Authorities in April 2015. Outcomes are determined and integrated with Public Health Children's health and the Social Care Outcomes frameworks when available and take account of the recommendations of the Children's Outcomes Forum http://www.dh.gov.uk/health/files/2012/07/CYP-report.pdf 	<ul style="list-style-type: none"> 0-5 HCP reflected in JSNA and Local Health & Wellbeing Strategy Single pathway specifications (not broken down by commissioner, but by pathway) Agreed lead commissioner for varying elements Financial plans are agreed Performance monitoring, including information systems in place Document describing local arrangements Baseline current levels of provision Identify areas of development agree implementation plan to provide full specification of services by 2015 Identify current area trajectories and progress Agree Area Team trajectories and gap analysis Agree implementation and funding plan Identify current area trajectories and progress Agree Area Team trajectories and gap analysis Agree implementation and funding plan Agree partnership arrangements, including governance arrangements Agree principle terms of transfer (to include continued provision of universal care and HV/FNP trajectories) Consider early arrangements for commissioning of 0-5 HCP by LA prior to 2015 Agree outline implementation and funding plan Service specifications include national outcomes Service specifications make explicit links to the Children's Outcome Forum recommendations 	<ul style="list-style-type: none"> When next published By April 2013 By April 2013 April 2013 April 2013 October 2013 When available

	<ul style="list-style-type: none"> Develop a plan to implement the new specification of the Child Health Information System 	<ul style="list-style-type: none"> Baseline current levels of provision Identify areas of development agree implementation plan to provide full specification of services by 2015 	<ul style="list-style-type: none"> By April 2013
2014/15 (high-level)	<ul style="list-style-type: none"> Maternity Pathway Payments-reviewed with reconciliation of costs Healthy Child Programme – transition of commissioning to HWB 		
2013/14	<p>Public Health Services for people in prison and other places of detention</p> <ul style="list-style-type: none"> Ensure full range of Public Health provision for Children, Young People and Adults in Prisons and Detained settings. This should also incorporate Police Custody, Liaison and Diversion and SAS Public health provision for prisons and detainees will ensure proactive public health interventions which will include; <ul style="list-style-type: none"> Vaccinations and immunisations; Screening; Hep B & C screening; Hep B vaccinations; Sexual Health; Communicable disease control; Smoking cessation; Obesity and diet; Substance misuse intervention and treatment 	<ul style="list-style-type: none"> Baseline current levels of provision Identify areas of development agree implementation plan to provide full specification of services by 2015 	<ul style="list-style-type: none"> April 2013 September 2013

<p>2013/14 (detailed)</p>	<p>Specialised Commissioning</p> <ul style="list-style-type: none"> • Working through the 10 ATs, embed the single operating model for specialised services • Establish governance structures to support specialised services, including the Clinical Priorities Advisory Group, the Rare Disease Advisory Group, the Portfolio Board and the five Programme Boards • Work with providers and CRGs to embed contract products that have already been agreed, in particular, service specifications and service policies • Work with CRGs to continue to develop contract products • Embed nationally agreed generic policies and develop operating procedures for their implementation, for example, for individual funding requests and derogation • Ensure that there continues to be an effective mechanism for engaging with patients and the public from both from an individual service point of view and from a strategic point of view • Work with colleagues in DH to support a mechanism for agreeing which services should be commissioned by the NHS CB and which by CCGs • Working with Senates and through Operational Delivery Networks and Strategic Clinical Networks, ensure that there are arrangements in place for the provision of high quality services, regardless of the commissioner; work to ensure that there is a seamless transition from those parts of the pathway that are commissioned by the NHS CB and those by CCGs • Continue to develop existing CRGs and establish agreed new CRGs • Continue to ensure a focus on highly specialised services, in particular, develop a national performance framework • Implement the first iteration of the Manual and the Identification Rules and develop a mechanism for implementing and assuring annual updating • Embed the arrangements for the Specialised Services Innovation Fund • Work with the five Domain Leads to develop a mechanism for aligning specialised services with the NHS Outcomes Framework 	<ul style="list-style-type: none"> • Single operating model embedded in all ATs • Governance structures in place and groups/boards in operation • Specifications and policies embedded with derogation as necessary • Contract products developed as per agreed timetable • Consultation on generic policies completed; underpinning operating models developed • Generic policies and underpinning operating procedures embedded • Patient engagement in all CRGs • Approach and operating model agreed • Use Pathfinder Working Groups to pilot development of seamless pathways • Membership of all CRGs completed • Performance framework developed • Updating mechanism developed • Updating mechanism implemented • Innovation Fund implemented • Mechanism developed 	<p style="text-align: right;">Appendix C</p> <ul style="list-style-type: none"> • Ongoing • June 2013 • September 2013 • Specific for each product • June 2013 • September 2013 • June 2013 • June 2013 • September 2013 • June 2013 • June 2013 • June 2013 • June 2013 • September 2013 • June 2013 • September 2013
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2014/15 (high-level)	Continue to develop and refine contract products Continue to refine alignment of specialised services with NHS Operating Framework Work to develop strategies for specialised services		
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<p>2013/14 (detailed)</p>	<p>Offender Health</p> <ul style="list-style-type: none"> All 10 host Area Teams for Offender Health are working to the Offender Health Single Operating Model, the Sexual Assault Services (SAS) and Public Health Offender Health Operating Models with robust commissioning plans and intentions Engage key stakeholders to develop a planning process to ensure that services meet the needs of the population Develop specifications of new service requirements to deliver best quality and outcomes for prisoners, detainees and victims of sexual assault. Develop specifications of new service requirements to deliver best quality and outcomes for Immigration Removal Centres Assess and challenge the quality of services to continuously improve services Contracts and service level agreements are reviewed with key stakeholders and brought in line with standard NHS contracts Develop Area Team Offender Health governance structures including Prison Partnership Boards, Police Custody Healthcare and Liaison and Diversion strategic governance which also includes separate governance for Children & Young Peoples Commissioning if you are a host Area Team with Children & Young People Secure Detained Settings Work with CSUs to ensure procurement timescales, plans and provision Work with Clinical Reference Groups (CRG's) to continue to develop contract products, in particular service specifications and service policies Engage with patients, families and criminal justice stakeholders and partners to ensure service user feedback to enhance quality of services and performance management of commissioning Engage with patient, families, stakeholders and partners to prioritise and target health inequalities valuing and supporting equality and diversity Work with clinical networks to ensure that all 10 Area Team arrangements for clinical governance and quality for Offender Health is prioritised, including a focus on prescribing in prison and detained settings, secure incident reporting, infection control, and pathways with commissioning services regarding Clinical Commissioning Groups and other Commissioners of Health and Social Care Support and develop SAS in Area Teams with full range of healthcare commissioned services, ensuring victims of sexual assault and rape have full access to healthcare provision that meet NHS standards. (To be integrated with Public Health Commissioning) 	<ul style="list-style-type: none"> Migration of commissioning responsibility to the NHS CB from other agencies Seamless transfer in provision of services Comparable standards and quality of care Successful partnership development between commissioners and the Youth Justice Board Successful partnership development between commissioners and the National Offender Management Service Improved continuity of care and equitable access to care for offenders and victims of sexual assault Access to Mental Health Services will improve in prisons and detainee settings Sexual Assault services involving children will be integrated with paediatric services and community mental health services Sexual assault services will meet NHS standards Services for children and young people in Secure Children's Homes (SCH) and Secure Training Centres (STC) meet with the Children's Health Outcomes Framework Commissioning decisions are based on outcomes, VFM and current commissioning guidance. Inequalities in care provision are reduced 	<p style="text-align: right;">Appendix D</p> <ul style="list-style-type: none"> March 2013 March 2013 April 2013 April 2013 April 2013 April 2013 Sept 2013 Sept 2013 April 2013 Sept 2013 April 2014 April 2014
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2014/15 (high-level)	<ul style="list-style-type: none"> • Develop new multi-agency operating model for social care provision in prisons • Roll out of liaison and diversion services at police custody suites and courts • Development of Pathways and operating models for responding to inspection and independent monitoring issues and reports 		<ul style="list-style-type: none"> • Roll out commences November 2013 Operating Model in place from April 2014
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2012/13 (detailed)	<p>Dental</p> <ul style="list-style-type: none"> • Publication of Securing excellence in commissioning NHS dental services • Develop remainder of specialty pathways and implement consistent care pathways as they are developed • Continue to pilot support the piloting of a new dental contract via the contract reform programme 2013/14 and beyond • Publish the Assurance Management Framework for Primary care dentistry • Promote access to dentistry to ensure that the rate of new patients is maintained or continues to rise in areas where need is not met 	<ul style="list-style-type: none"> • Development of a fully integrated approach to the commissioning of dental care, including the development of nationally consistent care pathways across all dental specialties that align to the dental contract reform pilot programme • Implement a new national contract monitoring framework with consistent policies and procedures • Improvements in the quality and efficiency of primary care dental services are supported through implementation of a national consistent contract • Numbers of new patients receiving treatment is at least maintained or shows an increase on 2012/13 in all geographic areas • Patient satisfaction with access to NHS primary care dentistry shows an improvement 	<p style="text-align: right;">Appendix E</p> <ul style="list-style-type: none"> • Publication launch – February 2013 • Develop remainder of specialty pathways between April 2013 – March 2014 • Implement consistent care pathways as they are developed from Sept 2013 onwards – oral surgery as initial pathway • All contracts reviewed by Area Teams by 31.3.14 • New performance framework launched April 2013 • Single national benchmarked data is shared with area teams from April 2013 • New mid and end of year processes for contract monitoring agreed and implemented from April 2013 for use in September 2013 and March 2014 • Base line information shared with Area teams – April 2013 for review each quarter • Implement fully from April 2013
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<p>2014/15 (high-level)</p>	<ul style="list-style-type: none"> • Implementing levels 2 and 3 of dental care pathways across specialties aligning to dental contract pilot reform programme 	<ul style="list-style-type: none"> • Implementation of revised dental contract for 2014-2015 • Preparation and planning for implementation of new dental contract and new quality framework for primary care dental services • Consistent pathways across levels of care providing consistent specifications, quality standards and outcome measures 	<ul style="list-style-type: none"> • Pilots are integrated into Area Team performance arrangements - April 2014
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2013/14	<p>Military Health</p> <ul style="list-style-type: none"> • Maintenance of AF Networks • Deliver of Murrison “Fit to Fight” MH Agenda • Deliver Murrison Prosthetics • Develop new contract for Serving Personnel • Establish Lead CSU and Business Intelligent gathering • Source or provide hosts for AF Networks • Establish MH Network 	<ul style="list-style-type: none"> • Hosted network, directory and activity • Annual report • Annual report • Contract • Contract • Agreement • Agreement 	<p style="text-align: right;">Appendix F</p> <ul style="list-style-type: none"> • All for 1 Apr 13 Network, CCG hosted by 1 Apr 14
2014/15 (high-level)	<ul style="list-style-type: none"> • Maintain deliver of Armed Forces Covenant <ul style="list-style-type: none"> • Improve transition out of Service, to improve mental and physical health and wellbeing. • Increase Community Covenant coverage • Directory of Armed Forces Service to be available • Contractual <ul style="list-style-type: none"> • Safe transfer of existing services to new contract • Establish new base line for activity, finance and quality • Establish Quality benchmarks for future CQUIN • Improve Quality <ul style="list-style-type: none"> • Prosthetic Coverage and consistency • IVF care • Greater pathway integration between Defence and National Health systems • Better patient experience for serving personnel • Prevention <ul style="list-style-type: none"> • Improve (small numbers) screening coverage for serving personnel • Organisational Development <ul style="list-style-type: none"> • Establish integrated virtual Armed Forces Commissioning Team with Regions/Area Teams • Establish joint MoD/NHS committees • Establish permanent new home for (Veterans) Prosthetics 	<ul style="list-style-type: none"> • Annual report • Grants awarded • Directory • No Untoward incidents • Detailed and accurate data • Detailed reliable data • Board minutes • No upheld complaints and high satisfaction levels • Patient/User satisfaction • Patient/User satisfaction • Screening coverage 	<ul style="list-style-type: none"> • Armed Forces redundancy and level of health at 24 months • Apr 14 • Oct 13 for contracting for 14/15 • Oct 13 for contracting for 14/15 • Satisfaction level • Satisfaction level • Apr 14 • Oct 13 • Oct 13 • Dec 13

Appendix G – Direct Commissioning Outcome Measures

NHS Outcomes Framework measures which the NHS Commissioning Board will use to track Progress. These outcomes apply to the directly commissioned programmes, and for some programmes will be supplemented by further indicators. Further work is required to ensure that the data can be gathered to form a baseline, and for some programmes implementation of IT systems is required to support this.				
Domain	Measures that are suitable for both in year and annual assessment	Measures that are suitable for annual assessment only	In Quality Premium	Alignment with Directly Commissioned Programmes
Preventing people from dying prematurely	None	Potential years of life lost (PYLL) causes considered amenable to healthcare Under 75 mortality rate from cardiovascular disease Under 75 mortality rate from respiratory disease Under 75 mortality rate from liver disease Under 75 mortality rate from cancer	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Aligns with all programmes
Enhancing quality of life for people with long term conditions	Combined measure of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s and 2 measures from domain 3	Proportion of people feeling supported to manage their condition Health related quality of life for people with long-term conditions Dementia Diagnosis Rates	Combined measure of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Emergency admissions for acute conditions that should not usually require hospital admission Emergency admissions for children with lower respiratory tract infections (LRTI)	Aligns with all programmes
Helping people to recover from episodes of ill health or following injury	Combined measure as above with – Emergency admissions for acute conditions that should not usually require hospital admission Emergency admissions for children with LRTI Emergency readmissions within 30 days of discharge from hospital	Patient Reported Outcomes Measure (PROMs) for elective procedures a) hip replacement, b) knee replacement c) Groin hernia d) Varicose Veins	Combined with above	Applies to military, specialised services Further development of IT and data management systems may be required to support measurement
Ensuring that people have a positive experience of care	Patient experience of a) GP services b) out of hours services Family and Friends Test	Patient Experience of hospital care (needs attribution to CCG)	Patient Experience Measure	Applies to primary care, specialised services and military –for dependents
Treating and Caring for People in a safe environment and protecting them from avoidable harm	Incidence of healthcare associated infection: MRSA Incidence of healthcare associated infection: Clostridium difficile	None	Incidence of healthcare associated infection: MRSA Incidence of healthcare associated infection: Clostridium difficile	Applies to primary care, offender health and specialised commissioning

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