



**North Tyneside
Clinical Commissioning Group**

COMMISSIONING INTENTIONS 2016/17

DRAFT

Commissioning Intentions 2016/17

1. Introduction

This document describes our draft Commissioning Intentions for 2016/17, which both builds on the progress we have made to date in implementation of our previous Five Year Strategic Plan 2014/15 to 2018/19, and also forms the basis for the emergent North Tyneside 5 year Sustainability and Transformation Plan.

When developing our Commissioning Intentions 2016/17, we have taken into account how we will begin to address the 9 nationally identified “must dos” for 2016/17 as well as how we will progress on the national requirements to:

- Close the health and wellbeing gap
- Close the care and quality gap
- Close the finance and efficiency gap

In advance of this guidance, the CCG has been considering its local commissioning priorities in the challenging context of an increasingly elderly population, health inequalities and the CCG’s financial circumstances.

2. Overview of Commissioning Intentions

The document describes our current priorities, which have been re-orientated to address our current financial challenges. For 2016/17, financial recovery is our primary focus. Decisions about our priorities and use of our resources will be governed by this, with all commissioning priorities considered against their potential contribution towards recovery, robustness and financial sustainability.

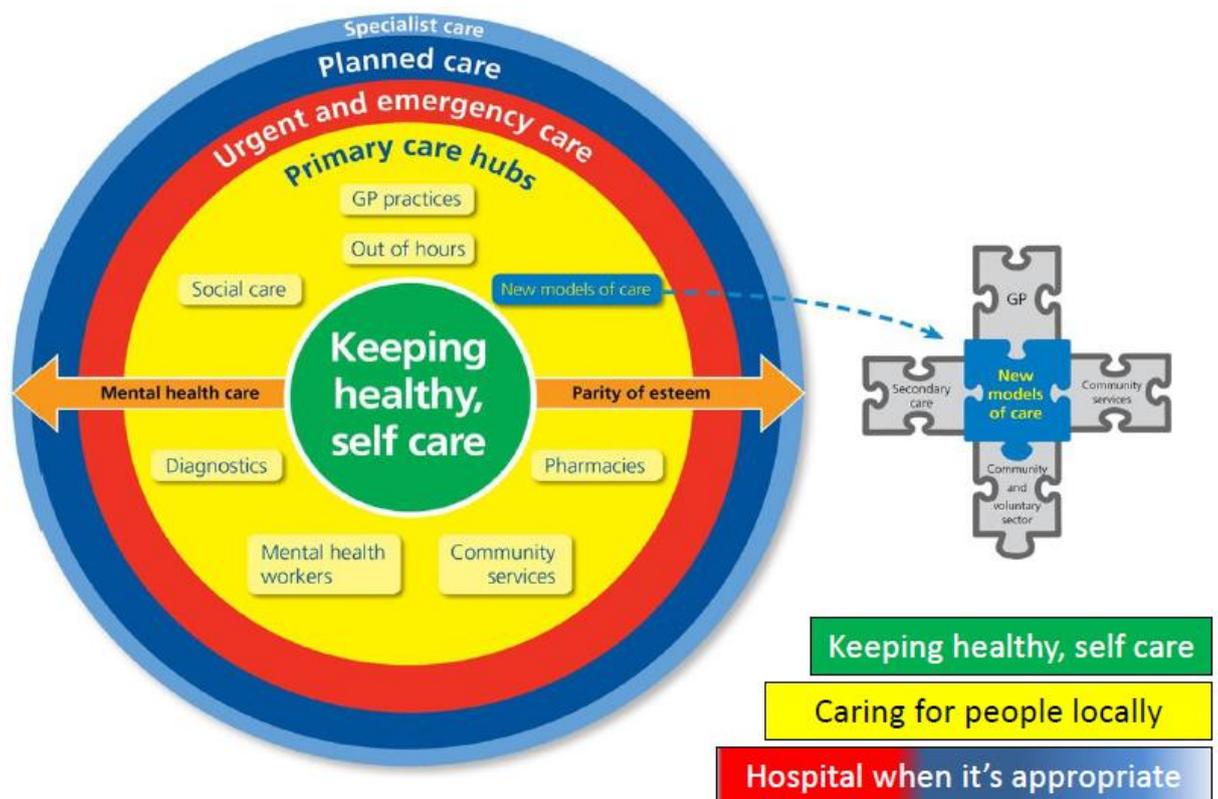
As an organisation we plan to stabilise the situation, whilst mitigating clinical and financial risk, and building resilience to realise service transformation and longer-term delivery of our statutory duties.

Much of the work already started in North Tyneside is addressing the key priorities of the national planning guidance, the *NHS Five Year Forward View*, published in October 2014 and the *Forward View into Action: Planning for 2015/16*, published by NHS England in December 2014. We are already progressing the development of a local approach towards integrated services for older people, and reshaping primary care to meet future demand. Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.

Our strategic vision is supported by ambitious plans to change the way that care is delivered by 2020. The schematic and text below summarises our strategic priority themes for changing the health care system by 2020, working together with our partners, as follows:

- Keeping healthy, self care
- Caring for people locally
- Hospital when it is appropriate.

Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.



Our commissioning priorities for 2016/17 are designed to improve the quality of care for patients, modernise the local NHS system and tackle the financial deficit, with a continued focus on the following three key areas:

- **High quality affordable health care** offering the best care but reducing waste and duplication
- **Care for older people** focusing on integrating pathways across health and social care
- **Urgent care** offering hospital based care and primary and community based care depending on the level of need.

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
Strategic Theme - Keeping healthy, self care			
Care for older people	Commitment to Carers	<p>The North Tyneside Commitment to Carers Plan will build on the success of the North Tyneside Adult Carers Strategy and the Young Carers Strategy.</p> <p>The Plan sets out how we intend to respond to the needs of all carers who regularly care for ill or disabled family members and friends. Key priorities include:</p> <ul style="list-style-type: none"> • To improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside caring. • To actively promote open, honest working in co-production with carers. <p>Key actions for 16/17 include:</p> <ul style="list-style-type: none"> • Undertake the NHS England’s self-assessment tools and identify areas for improvement. • Ensure the CCG is better at involving patients and carers, and empowering them to manage and make decisions about their own care and treatment and; • Raise the profile of carers. 	<p>It is difficult to quantify the savings this investment would make. However recent figures from the University of Leeds for Carers UK estimate that, on average, every carer looking after an ill or disabled relative saves the NHS £15,260 per year.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
Strategic Priority - Caring for people locally			
Care for older people	Continuing healthcare (CHC) - quality and value	<p>A number of projects are in place in order to minimise costs whilst recognising demographic change. These include:</p> <ul style="list-style-type: none"> • CHC quality & value for money policy • NECS to be decommissioned as a service provider from 01.04.2016 • Transfer of case management, payment and support function to LA from 01.04.2016 • Risk/gain share with the Local Authority • Proportionate fast track packages of care • Ensure all reviews up to date prioritising high cost cases • Review of all shared care cases • Decommission excess block beds • Outlier providers consistent approach to quality and cost • Pooled budgets • Joint quality review in nursing homes 	The CHC service will be delivered within the allocated budget
Care for Older People	Dementia diagnosis	<p>The CCG will continue to work with practices to support early diagnosis of dementia, consistent recording, and provision of clinical education sessions. The CCG is currently exceeding the national target of 67%.</p> <p>Continue work with North Tyneside Local authority to develop a joint strategy for mental health services for older people.</p> <p>Review post diagnostic support services for people with dementia and commission new services according to the outcomes of the review</p>	<p>Early diagnosis of dementia enables:</p> <ul style="list-style-type: none"> • better access to support and care • early access to treatment/ medication • people to plan for their future while they still have capacity • access to support funding, e.g. carer's allowance • better care of other medical

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
			conditions.
Care for older people	Development of a single model of care across North Tyneside	Develop an options paper about how a single delivery model for mental health services for older people could be commissioned (as per the My Care My Way document recommendations) whilst ensuring excellent services and best patient outcomes.	Standardise service outputs, waiting times and patient outcomes to ensure that all older people with mental health have timely and appropriate access to mental health provision.
Care for older people	Integrated care for older people – <i>My care, My way</i>	Following an intensive period of mapping existing patient pathways, working with local providers, we have now agreed our vision for integrated care for older people called ' <i>My care, My way</i> '. The new patient pathway and business case has been approved in principle through the Integration Board. 2016/17 will see the development of an overarching specification and implementation plan which will then form the basis for mobilisation of the new ways of working, for all providers.	This initiative has been designed to reduce duplication of patient pathways across health and social care, thereby improving the patient experience and delivering efficiencies. A cost saving of £112k is expected in 2015/16.
High quality affordable health care	Integrated rehabilitation pathway	We will commission a <i>Get Well, Stay Well</i> integrated community rehabilitation service for tier 2 patients with respiratory disease (COPD) and Cardio Vascular Disease (CVD).	Improved outcomes and quality of life for patients living with long term conditions, resulting in a reduction in emergency hospital admissions.

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
		<p>The objective of this development is to improve value for money against the current investment for these specific condition areas, increase the organisational capacity of our current providers and improve outcomes and quality of life for patients living with these long term conditions by integrated pathways across health, social and community networks.</p>	
High quality affordable health care	Realignment of community services	<p>Improving how community services work for patients is critical to making healthcare in North Tyneside more effective and efficient. We recognize that Community services have the potential to provide more effective care closer to home for the patient. We recognise that community services have historically developed and grown without the opportunity to review and realign in light of other developments.</p> <p>We will review the Community contract to assess impact and identify opportunities for realignment based on a number of other developments such as New Models of Care and RMS themes.</p>	<p>Improved outcomes for patients with care delivered closer to home Realignment of service provision in light of new service developments e.g. New models of care</p> <p>It is likely that efficiency savings will be identified.</p>
High quality affordable health care	Community based mental health services	<p>We are continuing to work with Northumberland, Tyne and Wear NHS Foundation Trust (NTWFT) to implement new pathways for community mental health services in North Tyneside. This is in recognition that the majority of the Trust's resources have been directed towards inpatient services, accessible to a minority of patients. From April 2016, a shift will take place from inpatient services to community based provision. By April the Trust will have completed a programme of staff consultation and engagement around new roles, and a period of testing before the new community services are established.</p> <p>There will be a single point of access for all referrals, most non-</p>	<ul style="list-style-type: none"> • Significantly improved quality of care for patients, with a recovery focus from day 1 • Enhanced skills of the workforce with a doubling of patient facing time • Reduced reliance on inpatient beds and resulting cost savings • Improved ways of working and interfaces across providers, thereby minimising the risk of inappropriate admissions or a

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
		<p>urgent services will work from 8am to 8pm, with minimal waiting lists, treatment packages will be evidence based and staff will be trained to deliver a broader range of NICE recommended interventions.</p> <p>We have also agreed to invest in the following community based services for 2015/16: personality disorder, adult ADHD and autism services, all provided by NTWFT.</p>	<p>“bouncing” around the healthcare system.</p>
High quality affordable Health Care	Children & Adolescent Mental Health Services	<p>We will begin implementation of our North Tyneside Local CAMHS Transformation Programme in accordance with our Plan which was assured by NHS England.</p> <p>The purpose of the Transformation Plan is to support system wide improvements in children and young people’s mental health and emotional wellbeing services and empower local partners to work together to lead and manage change in line with the key principles of the <i>Future in Mind</i> publication.</p> <p>We have identified a number of projects which are key to delivery of the Transformation Plan these include developing closer links between the CAMHS service and schools, developing the Family Partner programme, implementation of CAMHS IAPT improvements to eating disorder services as well as a strategic shift from the old tiered model of provision to the THRIVE model of care.</p>	<p>A number of outcomes have been identified in the transformation Plan which vary from project to project.</p> <p>The CCG was allocated a total of £447,000 to effect the North Tyneside Transformation Plan. This funding has been allocated to specific projects.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
High quality affordable Health Care	Better Care Fund	<p>We will continue to work with North Tyneside Council to review and develop the Better Care Fund Plan 2016/17 in line with the Policy Framework.</p> <p>The Better Care Fund creates a local single pooled budget promote closer working between North Tyneside CCG and North Tyneside Council, placing the wellbeing of the North Tyneside population at the centre of health and care services.</p> <p>We will ensure a focus is maintained on the national conditions and performance metrics.</p>	A revised Better Care Fund plan for 2016/17 with funding aligned in accordance with the minimum fund requirements.
High quality affordable Health Care	S117	<p>S117 mental health aftercare is a joint responsibility between the CCG and the Council.</p> <p>Following a mapping exercise undertaken during 2015, the CCG is working with the Council to ensure timely case reviews of s117 cases and presentation of cases to the s117 Aftercare panel. It is expected that reductions in funding for both statutory authorities will be achieved.</p> <p>The CCG is also working with the Council to review the toolkit which determines the funding split between the organisations for s117 mental health aftercare.</p>	<p>Patients will receive a care package suitable to meet their needs and will have the care package reviewed at timely intervals to ensure their mental health aftercare needs continue to be appropriately met</p> <p>The CCG and Council can be more certain that they are meeting their responsibilities under the Mental Health Act</p> <p>Likely to result in reduced s117 costs for CCG</p>
High quality	S256 funded	The CCG and Council will work together to review the pathways	Commissioning services based on

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
affordable Health Care	Mental Health Services	<p>for residents in North Tyneside with mental health needs, specifically in relation to accommodation and related support.</p> <p>The Council currently holds contracts with a number of providers which are due to end on 31 August 2016.</p> <p>The Council will commission services and providers based on the outcomes of the pathway review work and subsequent engagement process.</p>	<p>pathway review outcomes should result in residents who require support being able to access appropriate accommodation with a level and type of support care to enable them to be independent and remain out of hospital</p> <p>It is expected that efficiency savings will be generated from review of the pathways which will benefit both the CCG and Council</p>
High quality affordable Health Care	Implementation of new mental health standards	<p>Two new mental health waiting time standards are being introduced from April 2016:</p> <ul style="list-style-type: none"> - more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; - 75 per cent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be related within six weeks of referral, with 95 percent treated within 18 weeks. <p>The CCG will work with its mental health providers to ensure that these standards are achieved and maintained in line with national requirements.</p>	<p>People who require access and treatment for those identified mental health services should be able to do so within national timescales.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
High quality affordable Health Care / Urgent Care	Review liaison psychiatry services	<p>The working age adults liaison psychiatry is based at A&E at NSECH. The service provides assessments to divert entry into hospital, if medically appropriate to link in with and facilitate access into appropriate community pathways, thereby reducing avoidable admissions and re-attendance where possible. The service was implemented in October 2014.</p> <p>The older people's service provides timely assessment, effective intervention and appropriate input into the care of older people who present/are admitted and who have a mental health need. The service was fully implemented in February 2015.</p> <p>The CCG will work with the service providers to review the models of these services, evaluate the current pilot services and ensure that future commissioning arrangements and models of provision meet the needs of the population. This may include refinement/expansion of the existing schemes</p>	<ul style="list-style-type: none"> • Will meet national expectations for ED liaison psychiatry • Reduction of admissions • Reduction of length of inpatient stay • Reduction in mental health assessment waiting times • Will ensure model(s) of provision will meet patients needs and will be based on evaluation of the existing pilots • Parity of Esteem
High quality affordable Health Care	Review jointly funded mental health services	<p>Work with North Tyneside Council to review jointly funded services including:</p> <ul style="list-style-type: none"> • Social Prescribing • Memory Support Services <p>as well as providing input into Public Health procurement processes:</p> <ul style="list-style-type: none"> • Drug & Alcohol Services <p>Work with North Tyneside Council to provide input into Public Health commissioned</p>	Services commissioned will be suitable to meet needs and will lead to improved outcomes for patients with mental health needs, resulting in fewer hospital admissions

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
High quality affordable Health Care	Medicines optimisation	<p>The CCG commissions a medicines optimisation commissioning team which aims to:</p> <ul style="list-style-type: none"> • Ensure that the primary care prescribing budget (circa £36million) is deployed effectively, and that all possible efficiencies are achieved • Promote good quality prescribing and systems for repeat prescribing • Develop and promote safety and safer systems <p>The CCG also commissions a medicines optimisation practice team of pharmacists and pharmacy technicians, which works in the GP practices and care homes to operationalise the plans designed by the medicines optimisation commissioning team</p>	Efficiencies of circa £900k are planned to be delivered in 2016/17.
High quality affordable health care	New model of primary care	<p>We have agreed three key components for our new model of primary care:</p> <ol style="list-style-type: none"> 1. Coordination of care – to ensure patients actually receive the care they need whilst eliminating waste and duplication 2. Standardised care - to drive consistency and high quality whilst leveraging systems to encourage clinicians to find the most cost effective solutions to patient needs 3. Matching patient needs with the care model and clinical skills – patients with chronic diseases need a different kind of care to patients with injuries or simple episodic diseases and therefore the philosophy of directing patients into the right care model or 	<p>Our new model brings improved outcome for both patients and the health economy by:</p> <ul style="list-style-type: none"> • Patient centred care: the system comes to them • The patient tells their story once • Better, quicker, more consistent care across the whole system • Caring for patients at home and within the community • Reducing avoidable admissions • A more efficient productive health economy with less

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
		<p>delivery channel is applied to clinicians as well.</p>	<p>duplication and waste</p> <ul style="list-style-type: none"> • A joined up health economy. <p>An initial pilot involving Whitley Bay practices will be operational from February 2016.</p> <p>Plans are currently being developed for the other three North Tyneside localities to go live with the model from September 2016.</p>
<p>High Quality Affordable Healthcare</p>	<p>Primary Care Co-Commissioning</p>	<p>In conjunction with the local GP Federation and NHS England develop a local general practice strategy to ensure sustainability in general practice in coming years.</p> <p>With an expected increase in local population in future years and a reduction in current trainee GPs the Strategy will look to address future capacity issues through a focus on workforce, estates, technology and a greater level of collaboration between practices.</p>	<p>Improved sustainability and quality in General Practice. No financial savings are attributed to this project.</p>
<p>Care for older people/Urgent care</p>	<p>Enhanced care for long term conditions - diabetes</p>	<p>Around 80% of diabetes care is provided through self management. The CCG invests in the diabetes resource centre based at North Tyneside General Hospital, and funds an enhanced service in primary care to support care planning, and shared decision making and goal setting. In addition, there is evidence that significant numbers of people with diabetes are</p>	<p>The aim will be to deliver high quality cost effective care, by shifting care outside of hospital.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
		<p>receiving hospital care.</p> <p>Following an audit of the current services undertaken in 2015/16, we have identified ways that we will strengthen the pathway for people with diabetes.</p> <p>We will:</p> <ul style="list-style-type: none"> • Develop a new specification for the Diabetic Resource Centre • Review access to podiatry services for people with diabetes • Review and commission appropriate structured education (both provision of and administration of structured education) for people with diabetes to ensure quick, timely access 	
Care for older people/Urgent care	Cancer survivorship	<p>Cancer is the principal cause of premature death (death under 75 years) in North Tyneside.</p> <p>The cancer with the highest premature mortality rate is lung cancer; 86% of lung cancer being directly attributed to smoking.</p> <p>The cancers with the highest incidence and mortality rates in North Tyneside are prostate, breast, lung and bowel.</p> <p>Excess mortality from cancer is linked to later presentation to health care and the consequent delays in diagnosis.</p> <p>Efforts to promote early detection of cancer through improved uptake of screening are important.</p> <p>A North Tyneside Cancer Steering Group has been established to identify opportunities to better prevent, diagnose and treat cancer in order to provide best care services to the community.</p> <p>Key areas of priority:</p>	<p>Improved use of tools that help predict risk of admission by practices (June 2015).</p> <p>Medium and long term measures will apply from June through 15/16 and 16/17 on improved care planning.</p> <p>Savings of £150k are expected in 2015/16 as a result of reducing avoidable admissions.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution
		<ul style="list-style-type: none"> • Undertake a full needs assessment for the North Tyneside population to identify target groups where there is a significant proportion in the gap in life expectancy and establish support programmes and interventions such as patient education and health and wellbeing clinics. • Work with partners in care to develop survivorship pathways for lung, breast and bowel to with improved assessment of their needs and care planning to support patients to care for themselves • Improve to uptake in national screening programmes. 	
Care for older people/Urgent care	Enhanced care for long term conditions – frequently admitted patients	<p>A small number of patients consume a disproportionately high level of resources and a high number of admissions is a reflection of unmet need and fragmented care. The aim will be to identify the top cohort of frequent users and ensure that they are receiving appropriate support and being proactively managed through one of the existing non-elective admission reduction programmes, thereby reducing inappropriate admissions.</p> <p>The key actions are as follows:</p> <ul style="list-style-type: none"> • Investigate the diagnoses of the top 38 patients admitted 9 or more times to hospital from Apr-Feb 2015 • Work with commissioning leads, GP practices and service providers to a) manage patients through existing commissioned programmes/activities where appropriate b) identify any service gaps are in place to address these cases, c) develop service improvement proposals, d) agree implementation plan, e) evaluate progress and impact on monthly basis, and f) expand initiative to further cohort of patients if proven to be effective. 	<p>Better clinical management and patient centred approach to support patients in managing their condition, thereby reducing the need for emergency admissions.</p> <p>A forecast saving of £135k is anticipated in 2015/16 and would need o be reviewed for 2016/17</p> <p>However, some staffing investment may be required where there are gaps in existing services - to be identified as part of the process.</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial contribution

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
Strategic Priority - Hospital when it's appropriate			
Urgent care	New model of urgent care	<p>The CCG's Urgent and Emergency Care Strategy 2014 – 2019 sets out a commitment to commission a new urgent care service for North Tyneside from 2017/18. The CCG developed and consulted on a number of future scenarios for urgent care during 2015/16. During the 2016/17 the CCG will need to develop a detailed business case and specification for the new service, prepare to decommission existing urgent care services and procure the new comprehensive service that will commence from 1st April 2017.</p> <p>Phase one – Early engagement (Jan-Apr 2015) Two improvement workshops were held in January 2015 to address self care and meeting the needs of patients out of hospital when patients have a perceived or actual urgent primary care problem. These were informed by feedback from 109 patients and involved public and patients from the CCG's Patient Forum. Subsequently, Healthwatch North Tyneside has undertaken semi-structured interviews of 44 women with</p>	By designing an urgent care model that better meets the needs of patients and the public outside of hospital, it is anticipated that this will enable a more cost-effective service to be delivered. The new model will be implemented from 2017/18 onwards.

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		<p>children aged under 4 to gather views about urgent care services, published in March 2015.</p> <p>Phase two – Listening and engaging (May-Sept 2015) An issues/listening document will be published to explain the challenges North Tyneside has around urgent care; it asks a series of questions commissioners would like to explore. This is the start of the case for change that will be developed over the coming months.</p> <p>A wide range of engagement activity will take place. The feedback will be analysed and a report published, with a dedicated feedback event to ensure it is shared with all stakeholders and public.</p> <p>Phase three - Scenarios for change (Oct-Mar 2016) Following consideration of the views expressed in phase two, it is anticipated that firm scenarios for change will be developed and incorporated into a formal public consultation process to between October and January, with the feedback and implications for future services considered by March 2016.</p>	
Urgent care	Alternatives to hospital care	The CCG will develop an enhanced Directory of Service profile for community pharmacies in North Tyneside. This will increase the number of NHS 111 referrals to community pharmacy services and reduce the volume of minor ailments activity being directed to urgent care centres, GP practices and GP Out of	By encouraging the use of urgent care services outside of hospital, the aim will be to reduce attendances at A&E and urgent care centres. It is highly unlikely

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		Hours services.	that this will result in significant financial savings but should help ease capacity pressures in other areas of primary care.
Urgent care	Optimise ambulatory care	<p>Following introduction of the ambulatory care scheme at Northumbria Healthcare NHS FT (NHCFT) in April 2012, there has been significant and sustained growth, and in 2014/15 a significant increase in non-elective admissions.</p> <p>Ambulatory care admission avoidance will continue to be a priority, supported by a specification of appropriate pathways and a review of the tariff structure to ensure value for money.</p>	<ul style="list-style-type: none"> • Reduction in non-elective admissions • Improved patient experience • More cost effective services
High quality affordable health care	Primary care quality and productivity schemes	<p>The Referral management Scheme will continue in 2016/17 to review GP referrals made in 14 specialties aiming to reduce variation in referral practice within primary care, resulting in more effective management of referrals within primary care and savings from a reduced use of hospital services.</p> <p>Practices will be supported by the Primary Care quality and productivity programme where practice facilitators will work with individual practices to support improved understanding of activity trends support the production of improvement plans, and help facilitate implementation of improvement actions to help reduce</p>	<ul style="list-style-type: none"> • Reduction in variation at practice and locality level in elective activity. • Reduction in elective activity • Reduction in spend on elective activity • Improved quality of care in primary care <p>The savings opportunity for North Tyneside relating to these four</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		variation.	schemes is estimated to be £XX.
High quality affordable health care	Procedures of limited clinical value	<p>Continued implementation of the North East wide value based commissioning policy that details a number of procedures and the criteria under which they will be funded. This policy is currently being refreshed and the scope is likely to increase.</p> <p>We have agreed a two stage reform programme which is underway:</p> <ul style="list-style-type: none"> • Stage one – focuses on primary care and aims to reduce the flow of patients into hospital for procedures which are considered of low clinical value and contained in the Value Based Commissioning Policy • Stage two – a process within secondary care to ensure only procedures that have an IFR approval are undertaken by provider organisations 	Savings in the region of over £248k are expected for 2015/16, which are included within the overall primary care schemes above.
High quality affordable health care	MSK review	<p>The current clinical model for North Tyneside could be significantly improved as the current pathway is fragmented and confusing for both patients and referrers, and patients often “bounce” around the system. NHS North Tyneside CCG’s population is a significant outlier in terms of volumes of patients being referred for consultant opinion within secondary care. Patients are operated on more often and at an earlier stage than elsewhere.</p> <p>Developing an integrated pathway is the nationally and locally recognised change that will result in positive outcomes for patient experience, quality and cost.</p>	<p>Less fragmentation</p> <p>Reduced activity and spend</p>

Commissioning Priority area	Initiative	Summary	Impact – Outcomes and Financial Contribution
		<p>The CCG has decided to commission an integrated community musculoskeletal service, bringing together primary care physiotherapy and IMATTs within one provider. This will be carried out during 2016/17.</p>	
<p>High quality affordable health care</p>	<p>Specialised Services</p>	<p>A transfer of responsibility for some services which were previously commissioned at a North-East level by the specialised commissioning team in NHS England is expected to take place during 2016/17.</p> <p>A number of actions will take place to determine the future commissioning of these services:</p> <ul style="list-style-type: none"> • Confirm which services are involved • Confirm allocation adjustments for those services involved • Undertake any required contract variations • Undertake pathways impact assessment and work with providers to vary pathways as appropriate and agreed. 	<p>More locally commissioned pathways and, potentially, services.</p>

