

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public		Date: 14 January 2020	
Report Title:	Draft Core Diabetes Commissioning Framework		Agenda Item: 5.3	
Chief Officer:	Jane Webster, Account Director			
Clinical Lead:	Dr. Randall-Carrick			
Report Author:	Rob Murphy, SRO - Planned Care and Community Services			
Document Status:	Final			
Report Summary:	The Sustainability and Transformation Programme (STP) is rated as Requires Improvement against diabetes care. The Governing Body is asked to discuss and provide feedback and comment on the Draft Core Commissioning Framework model and content.			
Report Purpose:	For Assurance	X	For Decision	For Approval
Recommendation:	To agree proposed next steps.			
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do			x
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’			x
	Objective 3 – Use data and information to prove everything			
	Objective 4 – Deliver the prioritised performance standards			
	Objective 5 – Deliver the 6 transformation programmes			
	Objective 6 – Deliver the CCG Financial Plan			x
CAF (Strategic Risk) Reference	Description of Risk			Current Risk Score
CAF03	Risk to Delivery of the CCG's six key areas of Transformation Diabetes; Falls; Cancer; Urgent Care; Primary Care and Financial Stability			20 Red
CAF05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care			16 Red
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health		x	
	IAF 2 Domain 2 - Better Care		x	
	IAF 3 Domain 3 - Sustainability:			
	IAF 4 Domain 4 - Leadership			
Resource implications:	None yet identified			
Chief Officer/ SRO Sign Off:	Jane Webster			
Chief Finance Officer Sign Off: (if required)	Louis Kamfer (Sarah Hannay provided finance information)			
Legal implications including equality and diversity assessment:	N/A			
Conflicts of Interest	None			
Report history:	Draft circulated to Community teams			
Next steps:	N/A			

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 5.3 SECTION: OPERATIONS

DATE: 14 JANUARY 2020

TITLE: DRAFT CORE DIABETES COMMISSIONING FRAMEWORK

FROM: ROB MURPHY, SRO PLANNED AND COMMUNITY SERVICES

1 ISSUE

- 1.1 The prevalence of Type 2 Diabetes and Non-Diabetic Hyperglycaemia (sometimes known as Pre-Diabetes) has dramatically increased over the last few decades, following the increasing prevalence of obesity. Unfortunately, this non-communicable disease is largely associated with the wider determinants of health and the NHS previously has concentrated mostly on the management of the complications of diabetes - blindness, amputations, kidney failure, heart attacks and strokes. The CCG/Sustainability and Transformation Programme (STP) is rated 'Requires Improvement' for diabetes care and has set out a strategy for diabetes.
- 1.2 The CCG needs to set out how this strategy should be commissioned in its role as a strategic commissioner. The Draft Core Diabetes Commissioning Framework (attached at Appendix 1) sets out the outcomes, funding, enablers and key milestones for the STP and providers to work together to deliver. This Framework is a draft for consideration and discussion with Governing Body and will be edited further in line with comments from Governing Body and system partners.

2 KEY POINTS – SERVICE DELIVERY AND OUTCOMES

- 2.1 The Draft Core Diabetes Commissioning Framework sets out required outcomes and KPIs and milestones for delivery required of the STP. The Framework asks the Diabetes Clinical Community and the North and South Alliance to lead the delivery of a Diabetes Programme for the system. The appendices to the Framework set out the rationale for change, the current position for diabetes, as well as the outcomes and Key Performance Indicators (KPIs).
- 2.2 The Framework sets out what the STP needs to deliver over the next 3 years and how the CCG will work with the STP to oversee delivery and deliver the required outcomes for the population. Key aims are:
- Reduction in diabetes prevalence vs do nothing;
 - Maintenance of structured learning performance;
 - Improvement in the 3 treatment targets performance;
 - Reduction in Length of Stay and Amputations;
 - Digital First redesign of pathways; and

- Reduction in total cost for diabetes vs do nothing forecast.
- 2.3 The Diabetes Strategy covers all diabetic patients but in discussion with the CCG Chief Officer Team (COT) and others this framework covers the bulk of Type 2 Diabetes patients managed in primary, community and acute care.
- 2.4 The Commissioning Framework is a possible model for how the CCG may commission through Alliances and Primary Care Networks going forward. As such it requires further engagement with Alliances about how the Framework will work, the targets set within it and the financial and KPI baselines. Further engagement will take place in January and February with Alliances and other stakeholders.

3. RECOMMENDATION:

- 3.1 The Governing Body is asked to discuss, provide feedback and comment on the Draft Core Diabetes Commissioning Framework.

4. CONCLUSION

- 4.1 The STP is rated as 'Requires Improvement' against diabetes care despite national transformation funding over the last 3 years. There is a compelling vision and strategy for diabetes across the system. The CCG has drafted a Commissioning Framework for Diabetes which sets out the outcomes and objectives for the system over the next three years.

Author **Rob Murphy**
SRO Planned and Community Services
January 2020

Appendix 1 - Draft Core Diabetes Commissioning Framework