NHS
Wolverhampton
Clinical Commissioning Group

A meeting of the Wolverhampton Clinical Commissioning Group Governing Body will take place on Tuesday 11th October 2016 commencing at 1.00 pm

LATE PAPERS

		22	Any Other Business		
			Commissioning Intentions Mr S Marshall		1 - 20

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NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body 11th October 2016

Agenda item 22

Title of Report:	**CCG Commissioning Intentions 2016/17-2018/19**
Report of:	Steven Marshall
Contact:	Steven Marshall
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide assurance to the the Governing body with regard to Commissioning Intentions issued to Providers
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
• **Domain 1:** A Well Led Organisation	• [has strong and robust leadership; • has robust governance arrangements; • involves and engages patients and the public actively; • works in partnership with others, including other CCGs; • secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions

• **Domain 2a:** Performance – delivery of commitments and improved outcomes	Delivery of commitments and improved outcomes. Progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care are met.
• **Domain 2b:** Quality (Improved Outcomes)	Delivery of commitments and improved outcomes; How well the CCG delivers improved services, maintains and improves quality and ensures better outcomes for patients. This includes progress in delivering key mandated requirements and NHS Constitution standards. Also ensure that the CCG is able to demonstrate the continuous improving quality agenda for all aspects of quality including safeguarding.
• **Domain 3:** Financial Management	Financial management capability and performance, including an assessment of data quality and contractual enforcement.
• **Domain 4:** Planning (Long Term and Short Term)	Alignment with longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally
• **Domain 5:** Delegated Functions	Primary care services is assumed to be the delegated responsibility of the CCG from April 2017

1. BACKGROUND AND CURRENT SITUATION

1.1. September 30th witnessed the requirement for the CCG to issue its Commissioning Intentions to providers. In September 2016, this was mandated on a two year contract cycle and included Commissioning Intentions for GP Primary Care as it is assumed the CCG will be fully delegated as of 01/04/17

2. MAIN BODY OF REPORT

2.1. The purpose of the paper is to provide assurance to the Governing Body with regard to Commissioning Intentions issued on 30/09/17. Intentions were issued to the Acute and Community provider (RWT), Mental Health provider (BCPFT) and GP Primary Care providers. These are enclosed as appendices 1,2 and 3 respectively

3. CLINICAL VIEW

3.1. Commissioning Intentions have been shared with and input and opinion sought from GP clinical representation at Locality Meetings, Commissioning Committee and GB development sessions. In addition, commissioning Intentions have been discussed and approved by each of the Internal programme boards of the CCG's internal programme management and QIPP development mechanism

4. PATIENT AND PUBLIC VIEW

4.1. Commissioning Intentions have been informed by a series of public engagement events which were held in June and July 2016

5. RISKS AND IMPLICATIONS

Key Risks

5.1. None identified at this time

Financial and Resource Implications

5.2. Non-achievement of our Commissioning Intentions could jeopardise the financial outturn if the CCG as a whole in FT 17/18 & 18/19

Quality and Safety Implications

5.3. All service changes and initiatives will follow the appropriate CCG QIA assessment process

Equality Implications

5.4. All service changes and initiatives will follow the appropriate CCG EIA assessment process

Medicines Management Implications

5.5. Medicines Management requirements are encompassed in the Commissioning Intentions

Legal and Policy Implications

5.6. It is the CCG duty to commission appropriate services for its resident population. NHSE England guidelines issued on the 22nd September have been included as part of the published Intentions

6. RECOMMENDATIONS

The Governing Body is requested

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- **Note** the action being taken.
- **Note** the possible impact on the CCG financial position if its Intentions are not realised as part of the contract negotiation round

Name: **Steven Marshall**
Job Title: **Director of Strategy & Transformation**
Date: **04/10/16**

ATTACHED:

Appendices 1,2,3

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Ref: SM/SS CI2017-18

30th September 2016

All Member Practices
Wolverhampton CCG

Dear Colleagues

Wolverhampton CCG Commissioning Intentions 2017/18: New Models of Care

I would like to outline to you the commissioning intentions for the CCG for the financial year 2107/18. In this letter and accompanying attachments, we wish to not only deliver an overview of how we intend to commission in the coming years, but also provide an indicative road map of the direction of travel for the CCGs commissioning strategy up to 2019/20.

The commissioning intentions encompass a range of activity concerning contract management, coding and pricing, data quality, service redesign, service procurement and demand management currently commissioned from our secondary care provider(s). This attached list is not exhaustive and in addition, any further areas identified nationally through the published Planning Guidance will be incorporated within the contract negotiations.

Both specifically for the financial year 2017/18 and broadly outlined in our overall road map to 2019/20, these intentions are aligned to our Sustainability Transformation Plans (STP), 5 year plan of 'Right care, Right place, Right time', 'Care Closer to Home', Primary Care Strategy and our ambitious Better Care Fund strategy. Our plans will drive forward greater integrated commissioning; whole system transformation of care to develop timely and quality patient centred services and facilitate greater cohesion between community and primary care providers.

Overall Context

Financial year 17/18 is the first year that the CCG will become fully delegated in its commissioning of GP Primary Care Services. While there are no major changes to GMS/PMS/APMS contracts, recent developments with regard to New Models of Care and the emerging Primary Care Homes and Medical Chambers allows us to consider the services we may wish to commission.

The MCP Guidance issued in August is subject to contractual documentation that is currently under development. This will provide for a different contracting mechanism, designed to replace the standard NHS Contract and we are planning for this contracting mechanism (instead of the standard NHS Contract) to be used from April 2017, for services commissioned directly from "PCH" and "Medical Chamber practices".

We will work with you to ensure this is implemented as soon as reasonably practicable (based on the New Models of Care that are currently being developed). It is important to note that any planning pertaining to activity and the financial envelope assumptions must be agreed and affordable, as part of the larger STP footprint planning requirement.

Insofar as STP planning has developed, our Strategic Roadmap and Commissioning Intentions reflect the Integrated Primary and Community and Social care component of the STP. We need to ensure that the commitments and changes coming out of these plans translate fully into operational plans and contracts, with particular emphasis on the following key deliverables:

- STPs – achieve agreed trajectories against STP core metrics set for 2017-19
- Finance – achieve local targets to moderate demand growth and increase provider efficiencies. Demand reduction measures include sustained implementation of RightCare, supporting self care and prevention, progressing population health and new models of care in line with the MCP framework. Also, medicines optimisation and implementing new models of integration between primary and community services.
- Primary Care – implementation of the general practice forward view that includes plans for Practice Transformational Support & ten high impact changes. This will be enabled through continued investment and particular emphasis on workforce and workload issues whereby improved access and supporting general practice at scale so that funding can be assigned to primary care and there will be a new framework for improving health in care homes.
- Urgent and Emergency Care – Implement the Urgent and Emergency Care Review ensuring 24/7 integrated care service for physical and mental health is implemented, including a clinical hub that supports NHS 111, 999 and out of hours calls.
- Learning Disabilities – enhancing the community provision for people with learning disabilities and/or autism and reducing our bed stock whilst improving access to healthcare for people with learning disabilities with 75% of people on a GP register receiving an annual health check.
- Improving Quality in Organisations – all organisations should be implementing plans to improve quality of care as well as measure and improve efficient use of staffing resources ensure safe, sustainable and productive services.

Against this backdrop of very challenging circumstances, Wolverhampton CCG has embarked on a journey of managing systems, networks and not just organisations in order that services are delivered in the way that our patients are telling us they want. Out-of-hospital care needs to become a much larger part of what we do with services integrated around the patient and Primary and Community Care. This is aligned to the STP and community based New Models of Care trajectory, which the CCG has adopted following the 5 Year Forward View strategy and the opportunity this presents us with to change our local health system.

The CCG recognises that, within the limits of its recurring financial envelope, the quantum of available funds will not alter significantly and rather how the financial resources are disbursed across Acute, Community and Primary Care provision will have to change.

Therefore the CCG is requesting that Providers work with us on a series of transformation, quality and cost programmes designed to deliver measureable improvements in safe patient outcomes, experience in particular and financial balance for the health economy as a whole. The programmes are listed in the accompanying attachments and further programmes will be developed in line with the CCG commissioning strategy.

Community Based Programmes

The Better Care Fund, as our vehicle for realising greater integrated working is planned to continue in 2017/18 with its current implemented activities, **the focus being on reducing emergency admissions, providing care closer to home and improving patient experience and outcomes**.

We would like to ensure that the work stream elements which are being implemented in this financial year are fully embedded in 2017/18. Specifically, these are around providing seven days services for the Rapid Response and Community Neighbourhood Teams. In addition our ambition is to have greater collaboration and cohesion with Primary Care with particular regard to the emerging Community Neighbourhood Teams and the associated reconfiguration of the access and integration protocols between Primary and Community Care for these teams.

Our intention is to develop integrated teams (including mental health, community and social care) wrapped around groups of practices which are forming into their groupings and we will be working with our providers to reconfigure present services into these teams. The expectation is that where possible the different services will be provided within the smaller integrated teams with some teams at neighbourhood level and a few very specialist community services being a single team across the CCG. Where necessary, care must be provided in the community so the system can reduce pressure on in-patient services.

Community Care Pathways will be reviewed with a specific focus on Ambulatory Care and the Frail Elderly in order that services are delivered in the community, hospital admission is avoided where appropriate and therefore better quality outcomes are delivered for patients. Services need to be patient led rather than provider inclined.

We would like to ensure that we work together to review our Community Services Provision as a whole, ensuring appropriate outcomes based specifications are in place, widening access, are patient centred and to redefine the ways in which community services are contracted for.

Additionally there are a number of specific services we intend to review to ensure the balance between quality of service provision and cost is aligned. A selection of the commissioning intentions includes:

- Dietician Services - Review to ensure value for money
- Neuro Beds - Review of tariffs to ensure value for money
- MSK Procurement - Procurement of an integrated community MSK service including orthopaedics, rheumatology, Orthotics, Pain management, OCAS and Physiotherapy
- Community Equipment Review and Retender - retender of community equipment service
- Diabetes Pathway and Drugs Review - Joint CCG/RWT review of diabetes pathway
- Falls Service - Review and redesign of falls service and potential reprocurement
- Wound Care Pathway - Review and redesign of current wound care services
- End of Life & Palliative Care – including Review of Palliative Care Consultants
- Paediatric Pathway Review – Review of ensure young people are seen in the right place at the right time
- Heart Disease Pathway Review – Review of pathway to reduce variation & improve patient outcomes
- Improving Primary Care access

We will be actively engaging with practices and their emerging groups to discuss how, together we will meet the health care needs of our population in the new contracting year. **You are invited to attend a Members Meeting on Wednesday 19 October at 6.30 pm where your thoughts and suggestions will be welcomed**. A copy of our commissioning intentions long list is also attached, this has been shared with acute and community provider as well as our mental health provider too.

Yours sincerely

S. Marshall

Steven Marshall
Director of Strategy & Transformation
Wolverhampton CCG

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Ref: SM/SS CI2017-18

30th September 2016

Tracey Cotterill
Director of Finance
Black Country Partnership NHS Foundation Trust
Black Country Partnership NHS Foundation Trust
Delta House
Delta Point
Greets Green Road
West Bromwich
B70 9PL

Dear Tracey

Wolverhampton CCG Commissioning Intentions 2017/18

I would like to outline to you the commissioning intentions for the CCG for the financial year 2107/18. In this letter and accompanying attachments, we wish to not only deliver an overview of how we intend to affect the contract in the forthcoming year with providers, but also provide an indicative road map of the direction of travel for the CCGs commissioning strategy up to 2019/20.

Both specifically for the financial year 2017/18 and broadly outlined in our overall road map to 2019/20, these intentions are aligned to our Sustainability Transformation Plans (STP), 5 year plan of 'Right care, Right place, Right time', 'Care Closer to Home', Primary Care Strategy and our ambitious Better Care Fund Strategy our Mental Health Strategy and our CAMHS Local Transformation Plan and Five Year forward View for Mental Health.

Our plans will drive forward greater integrated commissioning; whole system transformation of care to develop timely and quality patient centred services and facilitate greater cohesion between community, primary care, acute and mental health providers. This is with an aim to deliver Parity of Esteem.

Overall Context

The recent guidance has mandated some very specific considerations which we would like to signal as part of our intentions. Specifically, we are planning for a two year contract (although we continue to recognise that in the meantime we reserve the right to let new, longer term contracts based on new care models and therefore potentially revise existing contracts accordingly). Similarly we would equally like to signal the requirement that activity, and financial envelope assumptions are agreed and affordable as part of the larger STP footprint planning requirement. This should present no surprise as the Black Country Partnership NHS Foundation Trust are equal partners to the financial challenge we collectively face.

Insofar as STP planning has developed, our Strategic Roadmap and Commissioning Intentions reflect the Vertical Integration component of the STP, in order that the commitments and changes coming out of these plans translate fully into operational plans and contracts.

CQUINS will now be two year and will be developed directly with NHSE and specifically for Mental Health these are:

- NHS staff health and wellbeing (all providers)
- improving services for people with mental health needs who present to A&E (acute and mental health providers);
- physical health for people with severe mental illness (community and mental health providers);
- transition for children and young people with mental health needs (mental health providers);

As a consequence there will be no local CQUINs

The CCG continues to be challenged financially. At the same time we recognise the pressure on mental health services, changing demographics and the need to reconfigure pathways and models of care to ensure services are appropriately delivered and aligned with STP plans.

Against this backdrop of very challenging circumstances, Wolverhampton CCG has embarked on a journey of CAMHS and AMHS Mental Health Transformation. This is aligned across our Mental Health STP work stream which presents us with many challenges but also opportunities to change and transform our local health system.

The CCG recognises that, within the limits of its recurring financial envelope, the quantum of available funds will not alter significantly but rather the flow of financial resources across our mental health system will alter to accommodate our transformation ambitions and the mandated requirements described in the planning guidance and the CCG Improvement and Assessment Framework 2016/17.

Therefore the CCG is requesting that Providers work with us on a series of transformation, quality and cost programmes designed to deliver measureable improvements in safe patient outcomes, experience in particular and financial balance for the health economy as a whole.

In general terms it is also worth noting that there are very specific mandated goals to be delivered by 2020. These key requirements (as this pertains to our contractual relationship) over the next two years are summarised below and available as a full set in Appendix 1

To achieve this aim the key mental health commissioning priorities that form the basis of our commissioning intentions as outlined in the planning guidance below:

1. Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:

    - Develop psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care
    - Deliver more high-quality mental health services for children and young people in line with our CAMHS LTP so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018
    - Develop Early Intervention in Psychosis for people aged 14-65 years so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral
    - Develop Assertive Outreach and Multi-Agency Care Programme Approach compliant care packages to increase access to individual support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline
    - Develop our Community Eating Disorder teams so that 95% of children and young people and adults receive treatment within four weeks of referral for routine cases; and one week for urgent cases
    - Work with partners to deliver our Crisis Concordat and Suicide Prevention Strategy to reduce suicide rates by 10% against the 2016/17 baseline
    - Continue the re-design of our Adult and CAMHS Planned and Urgent Mental Health Care Pathways to deliver 24/7 Crisis Support with timely access to Place of Safety, Section 136 and In-patient Care Pathways and Crisis Resolution Home Treatment in the community
    - Deliver the component key priorities of our CAMHS LTP
    - Develop interoperational approaches to Mental Health and Primary Care across the lifespan
    - Continue our re-design of Older Adult and Dementia Mental Health Services
    - Support victims of trauma and sexual abuse of all ages across our secondary care mental health care pathways by working with BCPFT to develop awareness of the prevalence of these issues across our services and respond accordingly

2. Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

3. Increase baseline spend on mental health to deliver the Mental Health Investment Standard.

4. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

5. Eliminate out of area placements for non-specialist acute care by 2020/21.

6. For people with a learning disability we will commission services and care pathways to:

   - Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
   - Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.
   - Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
   - Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

7. To improve quality across all organisations we will commission to ensure:

   - All organisations implement plans to improve quality of care, particularly for organisations in special measures.
   - Draw on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.
   - Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare

In addition to the above key priorities the mental health and learning disability programmes are listed in the accompanying attachments and further programmes will be developed in line with the CCG commissioning strategy.

Our co-commissioners will issue their own commissioning intentions for 2017/18 which will be aligned around our STP plans.

In summary our more detailed commissioning intentions are attached. The CCGs' negotiating process will be outlined in due course including the meeting arrangements, negotiation team and all other supporting documentation. I trust that the content of this letter is clear and provides a constructive platform to support the forthcoming negotiations. If you have any queries regarding the content of this letter, please contact either myself or Vic Middlemiss, Head of Contracting & Procurement at vicmiddlemiss@nhs.net.

Yours sincerely

Steven Marshall
Director of Strategy & Transformation
Wolverhampton CCG

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Ref: SM/SS CI2017-18

30th September 2016

Mike Sharon
Director of Strategic Planning & Performance
The Royal Wolverhampton NHS Trust
New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Dear Mike

Wolverhampton CCG Commissioning Intentions 2017/18

I would like to outline to you the commissioning intentions for the CCG for the financial year 2107/18. In this letter and accompanying attachments, we wish to not only deliver an overview of how we intend to affect the contract in the forthcoming year with providers, but also provide an indicative road map of the direction of travel for the CCGs commissioning strategy up to 2019/20.

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Both specifically for the financial year 2017/18 and broadly outlined in our overall road map to 2019/20, these intentions are aligned to our Sustainability Transformation Plans (STP), 5 year plan of 'Right care, Right place, Right time', 'Care Closer to Home', Primary Care Strategy and our ambitious Better Care Fund strategy. Our plans will drive forward greater integrated commissioning; whole system transformation of care to develop timely and quality patient centred services and facilitate greater cohesion between community and primary care providers.

Overall Context

The recent guidance has mandated some very specific considerations which we would like to signal as part of our intentions. Specifically, we are planning for a two year contract (although we continue to recognise that in the meantime we reserve the right to let new, longer term contracts based on new care models and therefore potentially revise existing contracts accordingly). Therefore, the CCG are giving formal notice on mutually terminating the existing contract with RWT and replacing it with a new two-year contract starting in April 2017. Similarly we would equally like to signal the requirement that activity, and financial envelope assumptions are agreed and affordable as part of the larger STP footprint planning requirement. This should present no surprise as RWT are equal partners to the financial challenge we collectively face.

Insofar as STP planning has developed, our Strategic Roadmap and Commissioning Intentions reflect the Vertical Integration component of the STP, in order that the commitments and changes coming out of these plans translate fully into operational plans and contracts.

CQUINS will now be two year and will be developed directly with NHSE and specifically these are:

- NHS staff health and wellbeing (all providers)
- proactive and safe discharge (acute and community providers);
- reducing 999 conveyance (ambulance providers)
- NHS 111 referrals to A&E and 999 (NHS 111 providers);
- reducing the impact of serious infections (acute providers)
- wound care (community providers);
- improving services for people with mental health needs who present to A&E (acute and mental health providers);
- physical health for people with severe mental illness (community and mental health providers);
- transition for children and young people with mental health needs (mental health providers);
- advice and guidance services (acute providers);
- e-referrals (acute providers, 2017/18 only); and
- preventing ill health from risky behaviours (acute providers 2018/19 only)

As a consequence there will be no local CQUINs

It is also worth noting that there are very specific mandated goals to be delivered by 2020. These key requirements (as this pertains to our contractual relationship) over the next two years are summarised below and available as a full set in Appendix 1

- Implement STPs Milestones (full achievement by 20/21) and achieve agreed 2017-19 STP core metrics

- Deliver Financial Balance (individual control totals) and implement STP plans to moderate demand growth and increase provider efficiencies
- Demand reduction measures include: Implementing RightCare; elective care redesign; urgent and emergency care reform: progressing population-health new care models and medicines optimisation
- Support general practice at scale
- Deliver the A&E 4 hour standard, meet the four priority standards for 7 day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint
- Initiate a cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis
- Deliver constitutional 18 week RTT standards and additionally Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 (this is in line with the 2017/18 CQUIN and payment changes from October 2018 and the .expectation that e-RS will be used for all 1st OP referrals)
- Deliver the 62 day Cancer standard, make progress 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;, ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types; and a treatment summary is sent to the patient's GP at the end of treatment;

The CCG continues to be challenged financially. At the same time we recognise the pressure on acute services, changing demographics and the need to reconfigure pathways and models of care to ensure services are appropriately delivered and aligned with STP plans.

Against this backdrop of very challenging circumstances, Wolverhampton CCG has embarked on a journey of managing systems, networks and not just organisations in order that services are delivered in the way that our patients are telling us they want. Out-of-hospital care needs to become a much larger part of what we do with services integrated around the patient with Primary Care. This is aligned to the STP and community based New Models of Care trajectory, which the CCG has adopted following the 5 Year Forward View strategy and the opportunity this presents us with to change our local health system.

The CCG recognises that, within the limits of its recurring financial envelope, the quantum of available funds will not alter significantly and rather how the financial resources are disbursed across Acute, Community and Primary Care provision will have to change.

Therefore the CCG is requesting that Providers work with us on a series of transformation, quality and cost programmes designed to deliver measureable improvements in safe patient outcomes, experience in particular and financial balance for the health economy as a whole. The programmes are listed in the accompanying attachments and further programmes will be developed in line with the CCG commissioning strategy.

Community Based Programmes

The Better Care Fund, as our vehicle for realising greater integrated working is planned to continue in 2017/18 with its current implemented activities, the focus being on reducing emergency admissions, providing care closer to home and improving patient experience and outcomes.

We would like to ensure that the work stream elements which are being implemented in this financial year are fully embedded in 2017/18. Specifically, these are around providing seven days services for the Rapid Response and Community Neighbourhood Teams. In addition our ambition is to have greater collaboration and cohesion with Primary Care with particular regard to the emerging Community Neighbourhood Teams and the associated reconfiguration of the access and integration protocols between Primary and Community Care for these teams.

The creation of integrated social and community care teams is a key element of the Better Care Fund Work. Our intention is to develop integrated teams (including mental health, community and social care) wrapped around practices which are forming into their federations and collaboratives and we will be working with our providers to reconfigure present services in alignment with these teams. This further develops the neighbourhood teams – the expectation is that where possible the different services will be provided within the smaller integrated teams with some teams at neighbourhood level and a few very specialist community services being a single team across the CCG footprint. Where necessary, care must be provided in the community so the system can reduce pressure on in-patient services.

Community Care Pathways will be reviewed with a specific focus on Ambulatory Care and the Frail Elderly in order that services are delivered in the community, hospital admission is avoided where appropriate and therefore better quality outcomes are delivered for patients. Services need to be patient led rather than provider inclined.
We would like to ensure that we work together to review our Community Services Provision as a whole, ensuring appropriate outcomes based specifications are in place, widening access, are patient centred and to redefine the ways in which community services are contracted for.

Additionally there are a number of specific services we intend to review to ensure the balance between quality of service provision and cost is aligned. A selection of the commissioning intentions includes:

- Dietician Services - Review to ensure value for money
- Neuro Beds - Review of tariffs to ensure value for money
- MSK Procurement - Procurement of an integrated community MSK service including orthopaedics, rheumatology, Orthotics, Pain management, OCAS and Physiotherapy
- Community Equipment Review and Retender - retender of community equipment service
- Diabetes Pathway and Drugs Review - Joint CCG/RWT review of diabetes pathway
- Falls Service - Review and redesign of falls service and potential reprocurement
- Wound Care Pathway - Review and redesign of current wound care services

- End of Life & Palliative Care – including Review of Palliative Care Consultants
- Paediatric Pathway Review

Acute Based programmes

The CCG recognises the pressures the health system has faced as a consequence of the demands on A&E. Therefore it is the desire of the CCG to ensure that we continue to work on ensuring the joint triage model is fully implemented and further opportunities to improve the system are explored.

The CCG wish to also focus on expanding community based interventions for long-term conditions and the frail elderly that will alleviate non-elective admissions. Reviewing and changing various pathways that accomplish admission avoidance will further support this focus.

Following the assessment of dementia services in New Cross, the CCG plans to commission and implement a model which has greater support across the end to end Dementia pathway and dementia services in the Acute hospital as a whole.

In addition to these major programmes of work, there will be a series of specific reviews and changes which are outlined below:

- Paediatric Pathway Review - Review and redesign planned care paediatric pathways
- Outpatient Review Phase 2 - Identification of further services that could be delivered in a community setting
- Elective Activity Benchmarking - Review of elective surgical activity (the specific pathways are highlighted in the CI list)
- Anti–Coagulation - Review and redesign of anti-coagulation services

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Quality Investment Scheme.

Monies remain in place on a non-recurrent basis until such time that 7 days services are funded within tariff. The CCG reserves the right to review value if on the announcement of the national tariff; there is an element of funding attributable to 7 day services within the uplift.

Finally it is also our intent to review a number of counting and coding changes for 17/18 in accordance with Service Condition 28 of the Contract.

The CCG recognises that this is a very ambitious programme of work and seeks to gain reassurance from the Provider of its commitment to deliver these shifts of care.

Co-Commissioners

Our co-commissioners will issue their own commissioning intentions for 2017/18 which will be aligned around their STP plans.

In summary our more detailed commissioning intentions are attached. The CCGs' negotiating process has been outlined, including the meeting arrangements, negotiation team and all other supporting documentation. I trust that the content of this letter is clear and provides a constructive platform to support the forthcoming negotiations. If you have any queries regarding the content of this letter, please contact either myself or Vic Middlemiss, Head of Contracting & Procurement at vicmiddlemiss@nhs.net.

Yours sincerely

S. Marshall

Steven Marshall
Director of Strategy & Transformation
Wolverhampton CCG