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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

