



## **Dudley Clinical Commissioning Group**

Commissioning Intentions – Black Country Partnerships NHS  
Foundation Trust

2013/2014

## **Strategy and Context**

Our Commissioning Intentions indicate to our current and potential new providers how, as a commissioning organisation, we intend to shape the healthcare system that serves the population of Dudley. These intentions will be finalised following publication of the 'National Operating Framework for the NHS in England for 2013/14'. This Operating Framework will highlight the new set of national priorities for the NHS and clarify any rule changes to the national payment mechanism.

The CCG's Commissioning Intentions confirm priorities for service transformation and redesign going into 2013/14 and beyond. The Dudley health economy has historically benefited from strong partnership working from both clinical and senior management leads, Dudley CCG will seek to further enhance this. However, there is consensus from both parties that there is a clear need to move from the existing way that contracts are managed to avoid historical discussion of transactional issues. This will allow us to adopt principles that will yield both quality and financial efficiencies to allow us to focus on matters that ensure a stable high quality healthcare system. DCCG also recognise the opportunities for health and social care improvements to be enhanced by working closely with Dudley MBC, Dudley Group NHS FT and Dudley & Walsall Mental Health Partnership NHS Trust.

Ensuring we have strong collaborative clinical leadership is essential to the success of our health economy and we will continue to pursue a partnership approach to this. We will also engage our patients and the public, to facilitate dialogue on specific local initiatives and how they may affect patient access to and choice of services.

### **Our values are:**

- We will be a caring organisation
- We will be a patient centered organisation
- We will work together as teams within the organisation and with partners
- Quality and safety will be the foundation of everything we do
- We will be a learning organisation
- We will be an inclusive organisation
- We will have a focus on prevention and health promotion
- We will be an innovative organisation
- We will promote excellent financial management

## **Our Priorities:**

Key commissioning priorities:

- To address health inequalities in Dudley
- Improve the quality of services locally
- To ensure that services deliver the best possible outcomes for the whole population

Local Commissioning priorities:

- Early Intervention and developing Community Based Children's Services
- Improving Urgent Care
- Improving services for people with diabetes
- Redesigning Primary Care Mental Health Services
- Improving Cardiology Services
- Improving Community Nursing Services
- Improving care for the elderly, including elderly mentally ill
- Reviewing Community Ophthalmology Services
- Developing post admission and rehabilitation services for stroke patients
- Developing psychological input to alcohol services

Successful achievement of these aims will ensure Dudley continues as a viable, dynamic health and social care economy which delivers excellent quality services that are not only beneficial to our patients but support a better environment for our clinicians to work in.

We look forward to working closely together to ensure high quality healthcare in Dudley.

## **CONTEXT**

It is widely accepted that the existing patterns of care and demand within the system cannot simply be replicated into the future and that local system change is critical to deliver improved patient outcomes and productively throughout the system. Commissioners require providers to collaborate in the development and delivery of the commissioning plan, demonstrating commitment to change even in the absence of business benefit. Signing up to joint working to achieve responsive, proactive care which systematically meets the needs of individuals regardless of organisational boundaries will ultimately achieve improved outcomes.

The current policy and financial landscape provides a clear context for this year's commissioning intentions. With considerable financial constraints facing DCCG, we have focused on delivering clear plans that support our commissioning intentions, whilst delivering financial stability. To do this we will need to look jointly at reducing clinically inappropriate demand on services both in primary and secondary care and be open to providing care in different settings. We will operate in an open and transparent way, to show our commitment to this we will re-invest financial reserves back into the health economy in an agreed fashion to improve health care for our patients and support our partners where clinically and financially appropriate.

### **NHS Operating Framework 2013/14**

Further guidance on the operation of the 2013/14 contracting round will be published in the forthcoming NHS Operating Framework. This will deal with issues including the application of the national tariff deflator and the CQUIN rate. We will review this with providers once published.

### **Service Specifications**

Much of what is set out below will require revised service specifications. In addition, we will review and update existing specifications to ensure that they are outcome focussed.

### **New Commissioning Landscape**

Commissioning responsibility for school health adviser services and health visitors will transfer to Dudley MBC's Office for Public Health and the National Commissioning Board respectively from 1<sup>st</sup> April 2013. Reference to these service is included here, where relevant, for the sake of completeness.

## COMMISSIONING PRIORITIES AND ACTIONS

### Community Based Children's Services

DCCG's aim is to ensure that future services are reconfigured and delivered around the DCCG locality structure by multiagency integrated community and primary care teams. Care will be provided as locally as possible with a shift in service provision from treatment to prevention. As much care, as clinically and safely possible, will be provided in the community via a single point of contact. Savings will be made through greater efficiency, service co-location and through joint planning and commissioning of services.

This sets the context for a number of intentions set out below.

<b>Intention</b>	<b>Aim</b>	<b>Outcome</b>	<b>Impact</b>	<b>Timeframe</b>
<b><i>Review of Community Medical Officer Service (commissioned from Dudley Group NHS FT)</i></b>	<p>DCCG's intention is to jointly review this service with DGFT leads. It is recognised that there is duplication in the system and that some services could be nurse led, thereby improving cost-effectiveness. The review will look at the current clinics, where and by whom they are provided and agree a new model.</p> <p>The enuresis and encopresis clinics will be reviewed with the BCP NHS FT leads</p>	<p>Improved Access</p> <p>Brings care closer to home</p> <p>Improved cost effectiveness</p>	<p>This new service will be integrated in the wider Children's Services Model.</p> <p>Financial impact will be worked out during the review.</p>	<p>All parties must be signed up to agreeing the new model by December 2012 and a new specification agreed and varied as part of the 2013/14 contract negotiations.</p>

Intention	Aim	Outcome	Impact	Timeframe
<p><b>Paediatric Virtual Ward</b></p>	<p>DCCG's intention is to commission a paediatric virtual ward to treat and maintain "high risk" patients in Primary Care as part of the Locality Community based teams and provide streamlined multidisciplinary case management. Each patient will have a named lead professional that will coordinate and optimise the social, medical and psychological health aspects of care. Services will work in an integrated way so that patients are signposted, safely and appropriately, to other community based services. Patients needs will be proactively managed.</p>	<p>Brings care closer to home</p> <p>Reduction in clinically unnecessary attendances and admissions</p> <p>Fewer delayed discharges and reduction in length of stay</p> <p>Reduction in re admissions within 30 days</p> <p>Improved cross agency working and communication</p> <p>Improved cost effectiveness</p> <p>Better care planning and co-ordination of care</p>	<p>This new service will be integrated in the wider Children's Services Model.</p> <p>Financial impact will be worked out following detailed data analysis.</p> <p>Individual workstreams need to be scoped and agreed.</p>	<p>DCCG will seek to develop this service in 2013/14 with key stakeholders any impact on activity will be varied.</p>

<b>Intention</b>	<b>Aim</b>	<b>Outcome</b>	<b>Impact</b>	<b>Timeframe</b>
<b><i>Improve Services for children with complex healthcare needs</i></b>	<p>The CCG will review the process of assessing the continuing healthcare needs of children and young people with all key stakeholders. The review will scope the number of children that meet the CHC criteria and quantify the unmet need.</p> <p>This will include:-</p> <ul style="list-style-type: none"> <li>• A review of the See Saw Team</li> <li>• Support to children in Special Schools</li> <li>• The health input into the children's disability team, including the transfer of children's Id nurses into the children's directorate of BCP NHS FT</li> </ul>	<p>Maximise patient experience.</p> <p>Improve responsiveness</p> <p>Better care planning and co-ordination of care</p>	<p>This new service will be integrated in the wider Children's Services Model.</p> <p>Financial impact will be worked out following detailed data analysis.</p>	<p>Review to be complete by January 2013</p> <p>Agreement of health impact by March 2013</p>
<b><i>Children's Assessment Service</i></b>	<p>This service is currently delivered at Russells Hall Hospital</p> <p>The aim is to provide the service peripatetically on a locality basis.</p>	<p>Improved Access</p> <p>Improved cost effectiveness</p> <p>Brings care closer to home</p>	<p>This new service will be integrated in the wider Children's Services Model.</p> <p>Financial impact will be worked out during the review.</p>	<p>Both parties must be signed up to agreeing the new model by June 2013 and a new service specification agreed</p>

<b>Intention</b>	<b>Aim</b>	<b>Outcome</b>	<b>Impact</b>	<b>Timeframe</b>
<b>Children's Safeguarding and Services for Looked After Children</b>	<p>We will review and re-commission the Children's Safeguarding Team.</p> <p>We expect to see the outcome of the capacity review of services for Looked After Children implemented.</p>	<p>More responsive service</p> <p>Better deliver of health services to looked after children</p>	<p>Financial impact to be assessed</p> <p>Financial Impact to be assessed</p>	<p>New service specification to be agreed by December 2012</p> <p>To be fully operational by April 2013</p>
<b>Health Visiting/Family Nurse Partnership (commissioned by the NCB from 1<sup>st</sup> April 2013)</b>	<p>We expect to see full implementation of the Family Nurse Partnership</p> <p>We wish to see full implementation of the health visitor "call to action" and the associated re-configuration of health visiting services.</p> <p>Detailed plans for both have already been shared agreed.</p>	<p>Early intervention for families and children.</p> <p>Better delivery of the Healthy Child Programme, including uptake rates for childhood immunisations.</p>	<p>Financial impact and investment already agreed</p>	<p>In accordance with the agreed implementation plan</p>
<b>School Health Advisors (commissioned by Dudley MBC Office for Public Health from 1<sup>st</sup> April 2013)</b>	<p>We wish to see this service delivered in accordance with a revised service specification</p>	<p>Better health outcomes for school age children</p>	<p>No financial impact</p>	<p>Service specification to be in place and implemented with effect from 1<sup>st</sup> April 2013</p>

## **Learning Disabilities Services**

A separate document, which has already been shared with providers, sets out a detailed statement of our intentions across both health and social care. We wish to achieve the following outcomes for people with a learning disability:-

- People should be and feel safe from, all forms of abuse and be treated with dignity
- People should be enabled to exercise choice and control
- People should be supported in such a way that recognises their individual needs and circumstances and continues to develop their skills in all areas of their lives
- People should be supported to retain close relationships with family and friends.
- People should be involved in all decisions about their lives and provided with information in a format appropriate to their needs in order to facilitate this.
- People should be supported to make their views known and services should listen and respond
- People should have the right to the best possible physical and mental health care in order to maintain a healthy and active life
- People should be supported so that their contribution to society is recognised whether this is through employment, voluntary work or their involvement in family life.

We have established jointly with other Black Country CCGs and local authorities a programme board to review the provision of learning disability services across the Black Country. We will continue with this work over the coming months and in 2013/14.

<b>Intention</b>	<b>Aim</b>	<b>Outcome</b>	<b>Impact</b>	<b>Timeframe</b>
Review the provision of inpatient and short stay facilities in the Black Country	Provide a more community based service. Switch the balance of provision from inpatient to short stay	Patients cared for in the community. Reduced level of placement breakdown	Financial impact to be agreed during review	Review during 2012/13 for implementation in 2013/14