



Dudley Clinical  
Commissioning Group

## **Dudley Clinical Commissioning Group**

Commissioning Intentions – Dudley and Walsall Mental Health  
Partnership NHS 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 Black Country Partnerships NHS Foundation 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 the locals 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 reserve 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**

It should be noted that substance misuse and alcohol treatment services will be commissioned by Dudley MBC's Office for Public Health with effect from 1<sup>st</sup> April 2013. Arrangements are already in place to facilitate this.

## COMMISSIONING PRIORITIES AND ACTIONS

Dudley CCG, Walsall CCG, both local authorities and the Trust have been involved in the development of a service transformation programme over the past 18 months. This has been overseen by the Mental Health Programme Board. This work will continue as the implementation plan for the transformation programme develops.

Set out below are a number of intentions which complement this programme.

<b>Intention</b>	<b>Aim</b>	<b>Outcome</b>	<b>Impact</b>	<b>Timeframe</b>
<b><i>Primary Mental Health Care</i></b>	<p>A new model for primary mental health care was implemented in 2012/13.</p> <p>The CCG wishes to review its implementation to ensure that the service remains responsive to patients and waiting times are appropriate</p>	<p>Better access to services</p> <p>Reduced levels of patient deterioration</p> <p>Avoidance of DNAs</p>	Service to be reviewed within existing financial envelope	<p>Review in Autumn 2012.</p> <p>Model revised as appropriate with effect from 1<sup>st</sup> April 2013 at the latest</p>
<b><i>Psychological input into alcohol services</i></b>	<p>Evidence suggests that a significant number of hospital admissions are attributable to alcohol related illnesses.</p> <p>The CCG wishes to review the input of psychological services into this pathway</p>	<p>Earlier intervention</p> <p>Avoidance of alcohol related admissions</p>	Service to be reviewed within exiting cost envelope	<p>Review in January 2013.</p> <p>Revised pathways to be implemented by June 2013.</p>
<b><i>Provision of residential Based Mental Health Services</i></b>	<p>The CCG, in conjunction with Dudley MBC, wish to review the current provision of residential based services.</p> <p>The aim will be to reduce reliance on residential models of care and provide greater independence for patients.</p>	<p>Improved cost effectiveness</p> <p>Less dependence</p> <p>Better levels of recovery</p>	Potential cost savings as a result of reduced reliance on expensive residential care.	<p>Review in Autumn 2012.</p> <p>Production of a market position statement in January 2013 to inform a potential procurement exercise</p>

<b><i>Dementia Services</i></b>	<ul style="list-style-type: none"> <li>• Development of a revised dementia strategy to support independence and reduce unnecessary admissions and institutionalisation</li> <li>• Development of a new dementia service specification</li> <li>• Develop the dementia pathway</li> <li>• Develop a dementia register</li> <li>• Pilot early supported discharge</li> </ul>	<p>Increase numbers receiving early diagnosis</p> <p>Decrease in levels of mortality</p> <p>Enable patients to remain in their own homes</p> <p>Reduce lengths of hospital stays</p>	<p>Potential cost savings to be identified</p>	<p>Revised service specification to be agreed for 1<sup>st</sup> April 2013</p>
<b><i>Neuro Developmental Services</i></b>	<p>Develop in conjunction with learning disability services and social care appropriate pathways for neuro developmental services</p>	<p>Ensure potential service gaps are better managed</p>	<p>To be identified</p>	<p>Pathways to be developed and agreed for implementation during 2012/13</p>
<b><i>Emotional Health and Well being</i></b>	<p>The CCG will work with the Black Country Partnerships NHS Foundation Trust , Dudley MBC and the Trust to develop a new Emotional Health and Wellbeing Strategy</p>	<p>Prioritised outcome agreed for:-</p> <p>0-5 year olds 5-16 year olds 16-25 year olds Vulnerable children's, adolescents and young adults</p>	<p>Cost Neutral</p>	<p>Strategy to be development by the 1<sup>st</sup> June 2013. Specific pathways to be agreed by July 2014 and implemented by March 2014</p>

<b>CAMHS</b>	The CCG will work with the Black Country Partnerships NHS Foundation Trust , Dudley MBC and the Trust to develop a joint new service specification in 2013/14	Improved pathways	Service to be reviewed within existing financial envelope	Revised service specification to be agreed 1 <sup>st</sup> April 2014.
<b>18-25 year old service</b>	The CCGs wishes to work with the Trust to review existing service provision within CAMHS and adult mental health services and commission a service for this age group.	Age appropriate service. Improved patient satisfaction	Financial impact to be agreed	Review existing Business case by April 2013. Revised service specification to be agreed for 1 <sup>st</sup> April 2014.