

Commissioning Intentions

2016-17

Final Cut for Publication – 25th September 2015

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Introduction

Purpose of this document

These commissioning intentions should be read alongside The Five Year Forward View (NHS England, 2014) and are the product of on-going engagement with our clinical community and stakeholders. They represent our current planning and preparation for 2016-17 and will support provider engagement through the planning round and the development of our 2016-17 Operational Plan and contracts.

Our two priorities for 2016-18

These are our priorities for all care and clinical services; health and social care, physical health and mental health, adults and children, treatments and medicines:

1. Looking after today

To ensure and enhance the delivery of safe, effective clinical services that meet NHS constitutional standards within budget.

2. Planning for tomorrow

To deliver our Clinical Strategy through developing new models of care, focused on populations not organisations, to ensure that health and care services are resilient and sustainable for the future. For the next two years our focus will be on:

- **Community based care** – joining up general practice and community services into primary care multidisciplinary teams at scale
- **Urgent and emergency care** – enhancing and evolving services using a capitated outcome based approach and redesigning the front door to urgent care

Our 5 year vision

Over the next 5 years our vision for Coastal West Sussex is to deliver a population based integrated health and social care system with a capitated payment system that funds health and wellbeing improvement, not activity. This approach will give everyone a common purpose, aligning all parts of the system to deliver a single set of objectives, focused on improving the population's health and wellbeing as well as improving individual outcomes.

We will use this vision to shape the way we work together with partners over the next 5 years; this process will evolve rather than focus on organisational form, however lessons from elsewhere suggest we need radical transformation not piecemeal change.



Looking after today

Background

The CCG recognises that before we can deliver plans for longer-term service transformation we must secure our *licence to operate*, we must deliver for today. This chapter describes the CCG's key intentions in 2016-17 that support our priority:

1. Looking after today

To ensure and enhance the delivery of safe, effective clinical services that meet NHS constitutional standards within budget.

Commissioning intentions

Intention	Description	Affected Providers	
Delivering the NHS Constitution	What?	<p>The CCG will work with local providers to ensure delivery of the NHS Constitution by:</p> <ul style="list-style-type: none"> ensuring that a wider range of services are available for patients in a community setting e.g. a new community ENT service; extending the range of provision for secondary services e.g. additional outpatient ophthalmology services for pathways including intravitreal injections and 'one stop' urology services for pathways including male LUTs, incontinence and trial without catheter (TWOC) continuing to improve guidance and referral processes from primary care e.g. for diagnosis of headaches and migraines improving patient choice e.g. by ensuring excellent information about access, transport, waiting times and outcomes; and piloting care navigators. 	<p>All providers of local elective care services including:</p> <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>Primary Care Optometrists</p> <p>Independent sector providers</p>
	Why?	Demand is currently outstripping capacity at Western Sussex Hospitals NHS Foundation Trust leading to waiting times beyond NHS Constitution standards.	Sussex Community NHS Trust
	Who?	There are around 35,000 people currently on waiting lists and over 4,700 already waiting longer than 18 weeks in Coastal West Sussex.	Western Sussex Hospitals NHS Foundation Trust
	How?	The CCG will continue to work collaboratively with existing providers, with the aim to agree local pathway tariffs and further service developments as necessary.	
	When?	Service developments will continue from 2015-16 into 2016-17.	

Intention	Description	Affected Providers	
Stroke Care Services	What?	The CCG intends to commission services which are fully compliant with national guidance around acute care; improve rehabilitation services and secondary prevention; as well as stepping up primary prevention.	<p>Western Sussex Hospitals NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Brighton & Sussex University Hospitals NHS Trust</p>
	Why?	Good progress has been made in improving the performance of stroke services over the last year. However, evidence suggests there is more that can be done to further improve clinical sustainability of services and outcomes for people who experience a stroke.	
	Who?	In 2013-14 over 800 patients living in Coastal West Sussex suffered a stroke and over 150 experienced a TIA.	
	How?	<p>The CCG is currently participating in a Sussex-wide review of stroke services working with local providers and neighbouring CCGs to improve the services provided to patients.</p> <p>CCGs are likely to undertake a public consultation on proposed changes which will enhance existing public engagement activities.</p>	
	When?	It is anticipated that service improvements will begin during 2016-17.	
MSK Integrated Care Service	What?	<p>The CCG intends to commission an integrated model of care in MSK services through a capitated outcomes based contract with the support of a prime provider.</p> <p>This model will bring together elective orthopaedics, physiotherapy, rheumatology and chronic pain management.</p>	<p>All providers of local MSK services:</p> <ul style="list-style-type: none"> • elective orthopaedics • physiotherapy • rheumatology • chronic pain management • community intermediate musculoskeletal team (known as MATT) <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>Sussex Community NHS Trust</p> <p>Independent sector providers</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>
	Why?	MSK services within our current system are disjointed inefficient and slow. The complexity of our system involves a large number of transfers of care which can reduce quality and experience for patients.	
	Who?	Local MSK services currently provide approximately 10,000 inpatient episodes, 80,000 consultant outpatient appointments, 150,000 physiotherapy appointments, and 25,000 diagnostic tests each year.	
	How?	The CCG will work with the prime provider of MSK services ensuring that a contract is in place by the end of December 2015, and that new services can be mobilised in time for delivery from April 2016.	
	When?	The contract will start on 1 April 2016 and be fully implemented by 1 July 2016.	

Intention	Description	Affected Providers
System resilience and capacity planning	<p>What?</p> <p>The CCG intends to develop a Surge Management & Capacity Plan with partners which, as far as possible, allows new services to be included into our contracts from April 2016.</p> <p>The plan will seek to effectively sustain services during seasonal peaks by focussing on the national high impact interventions for urgent care and ambulance services; ensuring that RTT and Cancer waiting time standards continue to be met; and securing provision of all age liaison mental health in acute hospital emergency departments which adequately prepares services for the introduction of a national access standard for liaison mental health.</p>	<p>South East Coast Ambulance NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p>
	<p>Why?</p> <p>Provider partners have demonstrated really strong performance against the NHS Constitution standard for A&E waits.</p> <p>Demand for our urgent care services however, continues to increase and a new national framework has been developed to ensure that the CCG and its partners plan effectively for surges in activity.</p>	<p>Sussex Partnership NHS Foundation Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p> <p>All Primary Care GP Practices in Coastal West Sussex</p>
	<p>Who?</p> <p>In Coastal West Sussex in 2014-15 there were over 53,000 emergency admissions and over 125,000 attendances at A&E.</p>	<p>West Sussex County Council</p>
	<p>How?</p> <p>The future Urgent and Emergency Care Network supported by the local Systems Resilience Group and Resilience Operational Group, will lead planning and delivery of service developments.</p>	
	<p>When?</p> <p>From April 2016.</p>	
	Co-Commissioning	<p>What?</p> <p>Subject to approval through ballot from the CCG membership, the CCG intends to work with NHS England to become a fully delegated co-commissioner of primary care services with effect from 1 April 2016.</p>
<p>Why?</p> <p>Being fully delegated will provide better opportunities to invest in, and support primary care development.</p>		
<p>Who?</p> <p>All patients registered with a Coastal West Sussex GP practice – around 500,000.</p>		<p>All Primary Care GP Practices in Coastal West Sussex</p>
<p>How?</p> <p>The CCG will work closely with the NHS England and member practices to ensure a smooth transition of responsibilities. This is to include CCG staff recruitment.</p>		
<p>When?</p> <p>Service development to take effect from 1 April 2016.</p>		

Intention	Description	Affected Providers
Improving Mental Health Crisis Care	<p>What?</p> <p>The CCG intends to meet the requirements, standards and aspirations in the National Mental Health Crisis Care Concordat (Department of Health, 2014) through the full implementation of our local partnership Concordat.</p> <p>The CCG will implement the remaining plans in the MH 2 year programme, introducing the single point of access (SPA) for patients experiencing a MH crisis, ensuring assessment in A&E within 2 hours of referral, and further reducing the use of police custody suites for people detained under Section 136 of the Mental Health Act.</p>	<p>Sussex Partnership NHS Foundation Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>
	<p>Why?</p> <p>There is often not enough support available early when a person experiences a mental health crisis, nor are there enough facilities available to appropriately and safely support people experiencing a mental health crisis.</p>	<p>NHS 111</p> <p>Sussex Community NHS Trust</p>
	<p>Who?</p> <p>Each year there are at least 1,500 people requiring urgent mental health support in Coastal West Sussex.</p>	<p>All Primary Care GP Practices in Coastal West Sussex</p>
	<p>How?</p> <p>Full implementation of recommendations arising from the 2015-16 CQUIN programme, and building on 2015-16 developments in acute mental health liaison and wider pathway.</p>	
	<p>When?</p> <p>Implementation of the Concordat will be complete by December 2017.</p>	
Cancer	<p>Overview</p> <p>The CCG intends to work with stakeholders to agree key actions and tasks to ensure that our local services respond to the new Cancer Strategy for England (Independent Cancer Taskforce, 2015).</p> <p>The CCG expect this local strategy to focus on streamlining pathways to support both earlier diagnosis and survivorship; improving links with screening programmes; and commissioning more 'one stop' and 'direct to test' pathways; with a particular emphasis on the four most prevalent cancers: Lung, Breast, Bowel and Prostate.</p>	<p>All providers of cancer services to Coastal West Sussex patients including:</p>
	<p>Why?</p> <p>Advances in cancer treatments and guidelines require continued focus to ensure these are being adopted and met through education and service development locally. Additionally, compliance with NHS Constitution waiting times has been variable and must be addressed.</p>	<p>All Primary Care GP Practices in Coastal West Sussex</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>
	<p>Who?</p> <p>Each year in Coastal West Sussex in 2014-15 over 3000 people receive treatment for a new diagnosis of cancer and at least a further 5000 people are being treated for existing cancers in hospital settings.</p>	<p>Brighton & Sussex University Hospitals NHS Trust</p>
	<p>How?</p> <p>A local Cancer Alliance Group will oversee and lead the development of the Coastal West Sussex Cancer Strategy and its implementation.</p>	
	<p>When?</p> <p>The plan will be published in Q1 of 2016-17 which will set out changes in 2016-17 and in future years.</p>	

Planning for tomorrow

3

Background

Together with local partners our CCG has led system-wide discussion about what The Five Year Forward View (NHS England, 2014) means for services and patients in Coastal West Sussex. Our Clinical Strategy gives us the building blocks; our 2 year plan will be how we assemble them. This section will describe the CCG's key intentions that support this two year plan so the CCG can drive:

2. Planning for tomorrow

To deliver our Clinical Strategy through developing new models of care, focused on populations not organisations, to ensure that health and care services are resilient and sustainable for the future.

Commissioning intentions

Intention	Description	Affected Providers
Community based care test and learn sites	What?	<p>The CCG intends to provide better outcomes for patients through delivering fully integrated primary and community care from a single multidisciplinary team, reducing duplication and more efficient use of resources.</p> <p>It will do this by continuing to support an initial test and learn site in Bognor Central and subsequent test and learn site in Chanctonbury until at least Q3 of 2016-17, at which point the CCG will evaluate the impact on patient outcomes, systems and processes, and identify next steps.</p>
	Why?	<p>There are a large and growing number of frail and elderly people living with long-term conditions in Coastal West Sussex. The Five Year Forward View (NHS England, 2014) and evidence suggests that these patients would benefit from greater integration between primary and community care services.</p>
	Who?	<p>The test and learn site in Bognor Central will be for a patient population of around 53,000 and the test and learn site in Chanctonbury will be for a patient population of around 45,000.</p>
	How?	<p>A local board made up of all both providers and commissioners will be established in the test and learn area, alongside a carers reference panel who will collectively oversee delivery of the change. The local board will continuously evaluate the change using PDSA cycles from which performance will be discussed at CCG Governing Body.</p>
	When?	<p>The CCG intends to continue to support a test and learn site(s) operating until at least Q3 of 2016-17.</p>
		<p>Sussex Community NHS Trust</p> <p>West Sussex County Council</p> <p>Sussex Partnership Foundation Trust</p> <p>Western Sussex Hospital foundation Trust</p> <p>Primary Care GP Practices in the test and learn area</p> <p>Voluntary and third sector providers</p>

Intention	Description	Affected Providers
Proactive Care MDTs	What? The CCG intends to develop contracts to further improve the delivery of Proactive Care. Developments will include: <ul style="list-style-type: none"> strengthening the contract with our Lead Provider to focus on outcomes and building trust and effective partnership working the integration of specifications for Proactive Care MDTs and Community Nursing services ensuring that risk share arrangements support the identification of higher numbers of appropriate 'Coping Complex' patient referrals optimising the input of specialist services into pathways for patients on Proactive Care caseloads enhancing the role of IT to support the sharing of data and information ensuring high-quality psychological support to patients and carers. 	Sussex Community NHS Trust West Sussex County Council Sussex Partnership Foundation Trust Western Sussex Hospital foundation Trust All Primary Care GP Practices in Coastal West Sussex
	Why? The CCG continues to see increases in emergency admissions for frail older people and have yet to fully realise the opportunities of integrating health and social care.	
	Who? The CCG estimates that Proactive Care caseload will reach 12,000 patients in 2016, equivalent to 10% of the over 65 population.	
	How? The CCG will continue to commission and actively manage proactive care through Lead Provider contract. The CCG will also undertake an evaluation of the existing Risk Stratification tool to inform the re-procurement.	
	When? Service developments will continue into 2016-17.	
Nursing and Care Homes	What? The CCG intends to develop a framework for improving clinical services to, and inequalities between nursing and care homes in Coastal West Sussex. To do so the CCG will review and commission services to: <ul style="list-style-type: none"> improves quality and health and wellbeing in nursing and care homes reduces the reactive care workload which falls upon GP practices and NHS services provides nursing and care homes with the confidence to deal with complex patients This will be supported by some revision to the existing Nursing Home Locally Commissioned Service for Primary Care.	All Primary Care GP Practices in Coastal West Sussex Sussex Community NHS Trust Independent care providers
	Why? There have been examples locally of care not meeting the standards the CCG and patients would expect from care and nursing homes.	
	Who? There are around 6,000 nursing and care home beds in Coastal West Sussex.	
	How? Specific service changes will be developed by a local Task & Finish Group in 2015-16 alongside the planned revisions to the Primary Care Locally Commissioned Service for Nursing Homes.	
	When? The revised Locally Commissioned Service for Nursing Homes will be in contracts from 1 April 2016, with other service changes implemented in 2016-17.	

Intention	Description		Affected Providers
Implementing a Primary Care Strategy	What?	<p>The CCG intends to publish a Primary Care Strategy to build on the Five Year Forward View (NHS England, 2014) and significant engagement with local practices that will underpin the sustainability and quality of General Practice in the short and longer term. The strategy will set out plans for:</p> <ul style="list-style-type: none"> • a new and integrated model of community based care • identifying and supporting practices in crisis • reviewing access to General Practice • development of GP leaders • a series of specific local projects 	All Primary Care GP Practices in Coastal West Sussex
	Why?	<p>General Practice is in crisis, with a reducing workforce and increasing demand. If nothing is done the pressure on the system will outstretch the resources necessary to meet the needs of our patients, now and in the future.</p>	
	Who?	<p>All patients registered with a Coastal West Sussex GP practice – around 500,000</p>	
	How?	<p>Continuing to engage and work with Localities, General Practice, local providers and patients.</p>	
	When?	<p>The published Strategy will outline key deliverables and milestones in Q3 2015-16. With changes taking place in 2016-17.</p>	
Emotional Well-being and Child and Adolescent Mental Health Services (CAMHS)	What?	<p>The CCG and Local Authority will continue with the redesign and implementation of local services in 2016-17, this will include:</p> <ul style="list-style-type: none"> • A new local point of access (for non-urgent assessment) for GPs, schools and CYP through the Find-out shops • A new community eating disorder service • Increased options for early support through face to face and online counselling, advocacy and interventions such as activity based support • A new Tier 3 specification including clarity over support to vulnerable groups such as children who are looked after, young offenders and children with disabilities. • A robust economic and clinical evaluation of the 5 year programme. 	Sussex Partnership NHS Foundation Trust Sussex YMCA Coastal MIND The West Sussex Youth Service Xenzone
	Why?	<p>Literature suggests there is a strong clinical and economic case for early intervention. Local service users have told us that we should commission services that enable service users to be seen quickly, and with high continuity of care.</p>	
	Who?	<p>Each year there are over 2,500 referrals to CAMHS services in Coastal West Sussex.</p>	
	How?	<p>The commissioners will use a variety of approaches including: working with existing providers and competitive procurement.</p>	
	When?	<p>A new local point of access will be available by May 2016 and eating disorder service by June 2016.</p>	

Intention	Description		Affected Providers
Front door of urgent care	What?	<p>The CCG intends major service redesign to front door urgent care services which will improve and simplify access. These services include but are not limited to NHS 111, Out of Hours Primary Care, A&E, Minor Injuries Unit(s).</p> <p>Changes will be based on a system-wide agreement made during 2015-16.</p>	South East Coast Ambulance NHS Foundation Trust
	Why?	Nationally and locally there are significant numbers of people attending A&E who do not require these services (NHS England, 2013). This is partly due to confusion about how and where to access the right services.	Sussex Community NHS Trust Western Sussex Hospitals NHS Foundation Trust
	Who?	In 2014-15 over 125,000 local people attended A&E departments and there were over 90,000 999 calls.	IC24 All Primary Care GP Practices in Coastal West Sussex
	How?	The CCG will lead, in 2015-16 and 2016-17, discussion and joint planning with provider partners. Together they will develop a model of care which is built upon evidence and engagement.	
	When?	Some changes will be implemented in 2016-17.	
Capitated and outcomes based budget for Urgent Care	What?	The CCG intends to have a capitated outcomes based budget for urgent care in 2016-17 to enhance and evolve the delivery of improved services such as One Call One Team and pathways such Ambulatory Care. The CCG will design a contract and payment arrangement and then instruct an alliance of providers to deliver this.	South East Coast Ambulance NHS Foundation Trust
	Why?	There are many contradictory incentives in existing urgent and emergency care contracts and payment arrangements (Monitor, 2014).	Sussex Community NHS Trust
	Who?	In Coastal West Sussex in 2014-15 there were over 53,000 emergency admissions and over 125,000 attendances at A&E.	Sussex Partnership NHS Foundation Trust Western Sussex Hospitals NHS Foundation Trust
	How?	The CCG expects to support a single tender of an alliance of existing local providers that meets the 'most capable provider' test.	
	When?	In contracts from 1 October 2016.	

Underpinning intentions

Background

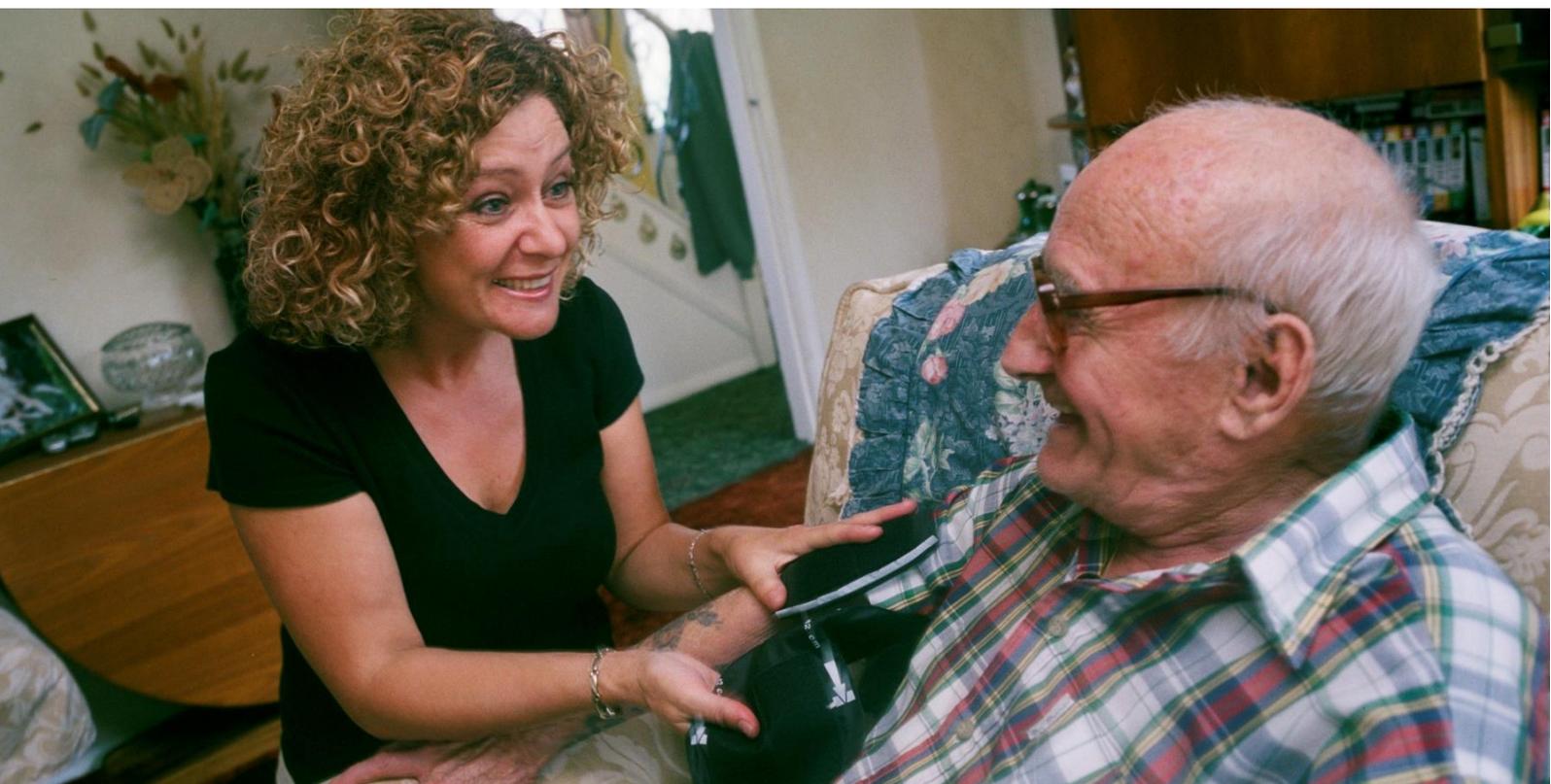
In this chapter we have set out our underpinning intentions and how we will measure in year delivery that ensure we will take care of the broader range of services in 2016-17:

- Urgent care
- Community care
- Mental health and learning disabilities
- Children, young people and maternity
- Primary care
- Continuing Healthcare (CHC)
- Quality and safety
- Medicines management
- IM&T

Additionally, the CCG will undertake an on-going programme of service and quality review which may lead to additional changes to services in 2016-17 that are not set out in these intentions. To ensure transparency the CCG will be clear with providers in both the planning and contracting round, and throughout 2016-17, of the conditions which will require it to enact change:

- Addressing the quality of care as concerns arise
- Adopting best practice and new guidelines from Royal Colleges and from research
- Ensuring equity of access across sites and communities
- Focussing on parity of esteem for mental health patients
- Ensuring services are listening to and acting on patient and public feedback

The CCG will always work in partnership with existing providers in the first instance, but will reserve the right to use other commissioning options to maintain, and wherever possible improve, the quality of care for patients as it sees necessary in line with the CCG's priority to deliver excellent services for *today*.



Business rules and activity planning

Set out below are starting assumptions regarding the application of NHS business rules and the activity (and demand) planning process.

It is the CCG's intention that the application of the business rules and process for activity planning will ensure the development of an agreed contract and activity plan that supports delivery of the local health and social care economies' priorities and annual objectives.

Using the business rules

The CCG will expect to utilise all available contractual levers and business rules when working with providers. These include levers such as financial adjustments for not meeting NHS Constitution targets. The CCG will also expect providers to adopt Best Practice Tariffs where best practice is certified and to jointly plan for their introduction through the activity planning process.

Activity planning

The CCG will adopt the following principles for activity planning:

- Start at **agreed** forecast outturn based on Month 8 freeze activity, reflecting necessary adjustments to cover seasonal variation and incorporating patterns of demand through months 9 to 12.

Then, secondly make activity adjustments on the following basis:

- Application of growth funding in **agreed** areas under pressure to buy additional activity
- Add activity for confirmed investments in new services
- Adjust activity for the impact of CCG QIPP plans
- Adjust activity in line with national productivity metrics e.g. less inpatient surgery and more day cases, fewer outpatient follow ups
- Ensure accurate allocation (by commissioner) of specialist activity
- Mandated Best Practice Tariffs (BPT) must be included in the activity plans
- Demonstrate agreed changes to Local Pricing Structures

Then, thirdly make pricing adjustments on the following basis:

- By ensuring that local prices relating to activity growth reflect actual marginal cost of delivering services
- Applying differential pricing adjustments to tariff (tariff minus) where providers restrict the patient complexity that they treat
- Applying differential pricing adjustments to tariff (tariff plus) where providers are impacted by the above
- Ensuring best practice is agreed and certified prior to agreement to BPT payments

Urgent care

Intention	Description	When?	Affected Providers
Discharge Planning	<p>The CCG intends to continue its work with partners to ensure safe and timely discharge of adults from all bedded facilities including:</p> <ul style="list-style-type: none"> Ensuring providers focus on continuous improvement by implementing the actions in the system-wide review of discharge processes e.g. co-locating existing social workers with hospital based discharge teams Introducing new standards for the Sussex Community NHS Trust patient flow team in community hospitals to reduce average length of stay to 21 days Commissioning a specific supported transfer service to enable patients back into their own homes (usual place of residence) whilst, and for up to two weeks, they await other tests and assessments and support from a wider set of community services. 	Service developments will continue from 2015-16 into 2016-17.	<p>Sussex Community NHS Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p> <p>West Sussex County Council</p>

Community care

Intention	Description	When?	Affected Providers
Diabetes	<p>The CCG intends to commission an integrated model of care to support patients living with diabetes. New forms of contracting for these services will be consulted upon with providers over the next 12 months with a view to delivering an outcomes based approach across our local health economy in 2016-17.</p>	The CCG will take the decision regarding implementation in April 2016.	<p>Sussex Community NHS Trust</p> <p>West Sussex County Council</p> <p>Western Sussex Hospital Foundation Trust</p> <p>All Primary Care GP Practices in Coastal West Sussex</p>
Wheelchair services	<p>The CCG intends to commission wheelchair services that meet the principles set out in the Wheelchair Leadership Alliance charter, 'Right Chair, Right Time, Right Now' (WLA, 2015). The CCG will work with the current provider to identify the most effective approach for implementing changes to services in 2016-17.</p>	The CCG will include requirements for implementation in contracts from April 2016.	<p>Sussex Community NHS Trust</p> <p>West Sussex County Council</p>

Intention	Description	When?	Affected Providers
End of life care (EOLC)	<p>The CCG intends to commission a redesigned EOLC pathway in 2016-17. It is expected that a collaboration of providers with redefined contracts will be introduced to deliver:</p> <ul style="list-style-type: none"> • a centralised coordination hub • EOLC supporting services • EPaCCs register • and staff education programme. 	Implementation will continue from 2015-16 into 2016-17.	<p>Sussex Community NHS Trust</p> <p>West Sussex County Council</p> <p>Sussex Partnership Foundation Trust</p> <p>Western Sussex Hospital Foundation Trust</p> <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>St Barnabas Hospice</p> <p>St Wilfrid's Hospice</p> <p>Macmillan Cancer Support</p>

Mental health and learning disabilities

Intention	Description	When?	Affected Providers
Enhance the function of the Dementia Crisis Service	The CCG intends to embed the Dementia Crisis Service into acute hospitals to facilitate discharge for those people who have dementia. The team will become an integrated part of the admission and discharge pathway for all inpatients with a diagnosis of dementia.	Service developments will continue from 2015-16 with the revised specification included in contracts from April 2016.	<p>Sussex Partnership NHS Foundation Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>
Memory Assessment Service (MAS) Pathway	<p>The CCG intends to embed changes arising from the MAS process review undertaken in 2015-16 to maintain improved flow and meet agreed waiting time standards.</p> <p>The CCG will maintain targeted investment within the dementia pathway and will monitor services to ensure compliance with the MAS pathway specification.</p>	Changes to services to be included in contracts from April 2016.	<p>Sussex Partnership NHS Foundation Trust</p> <p>All Primary Care GP Practices in Coastal West Sussex</p>
Payment by Results (PbR) in Mental Health	The CCG intends to shadow the mechanism of PbR in Mental Health during 2016-17, focusing on data quality, coding and effective reporting ahead of any decision to implement fully.	Shadow changes to be included in contracts from April 2016.	<p>Sussex Partnership NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p>

Intention	Description	When?	Affected Providers
Implement Tier 2 Mental Health Service Model	<p>The CCG intends to continue the redesign of Tier 2 services, simplifying access to a comprehensive range of services located in and integrated within local communities.</p> <p>This provision will be freely accessible, offering services matching individual needs including help with the wider determinants of mental wellbeing (e.g. housing, personal finances, physical health and fitness) alongside clinical assessment and oversight.</p> <p>The CCG will work with the third sector and secondary care services in a partnership configuration which replaces individual service contracts for third sector providers with an 'alliance' contract, which specifies the contribution to and delivery of a common model with clearly defined outcomes.</p>	Implementation will continue into 2016-17 with full implementation by the end of Q1 2016-17.	<p>Sussex Partnership NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>All Primary Care GP Practices in Coastal West Sussex</p>
Learning Disabilities Community health review	<p>The CCG and Local Authority intend to review Community Based Health Services with a view to commission new provision from April 2017.</p> <p>To support this, the CCG and Local Authority will launch a Big Health Survey in September 2015 to gather customer experience information to support the development of a new specification. This will be used in a procurement process in 2016-17.</p>	The new service will begin April 2017.	<p>Sussex Partnership NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p>
Learning Disabilities Capital investment in new complex needs setting	<p>The CCG and Local Authority will support (subject to tender and NHS England approval) a Capital development which will enable 6 young people with complex needs to share a new modern facility locally and avoid out of county placements.</p> <p>A care package will be secured from our provider network.</p>	The new facility is expected to be in place from September 2016.	<p>Care and support provider framework</p> <p>Registered Social Landlords</p>
To reduce the incidence and impact of postnatal depression	The CCG intends to review the current pathways for perinatal mental health. Specifically, the CCG will work with providers to configure and resource a pathway in line with guidelines CG192 on antenatal and postnatal mental health.	By 2017, every birthing unit should have access to a specialist perinatal mental health clinician.	<p>Sussex Partnership NHS Foundation Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>

Children and young people

Intention	Description	When?	Affected Providers
Children's Community Nursing and Child Development Services	<p>The CCG intends to ensure an equitable Children's Community Nursing Service by beginning the implementation of the new service model including further expansion of capacity. There will also be further integration with the PATC²H project.</p> <p>Together with the Local Authority and a wide range of partners, we intend to improve services for CYP with complex needs including epilepsy, ADHD/ASC. Health services to Children who are Looked After and specialist school nursing.</p>	<p>A timetable for delivery will be published in Q4 2015-16.</p> <p>Further priority setting will be informed by multi-agency children and families planning in 2015-16.</p>	Sussex Community NHS Trust

Primary care

Intention	Description	When?	Affected Providers
MIAMI Clinic in Cissbury and Adur	The CCG intends to work alongside participating practices and partner commissioners to commission those elements of the service model which are evaluated as having a sustainable and positive impact for patient care in the local health economy.	A decision will be taken in March 2016 regarding the CCG's future investment in MIAMI Clinics.	All Primary Care GP Practices participating in the MIAMI model
Specialist Service for Homeless People	The CCG intends to extend the current service in Chichester to cover Bognor Regis and Littlehampton areas to ensure need is met appropriately across the area.	Service development to take effect from 1 April 2016.	All Primary Care GP Practices in Coastal West Sussex

Continuing Healthcare (CHC)

Intention	Description	When?	Affected Providers
Eligibility Assessment Process	The CCG intends to work with provider partners to further improve the 28 day eligibility assessment process. This will include but is not limited to training and guidance for referrers and CHC nurses based in hospitals to support referrers.	Service developments will continue from 2015-16 with definable improvement in performance by Q2 2016-17.	<p>West Sussex County Council</p> <p>Western Sussex Hospitals NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Independent Care Providers</p>
Service provider quality	The CCG intends to ensure the quality of care offered to CHC patients is high by developing and implementing an assurance framework that explicitly defines the quality of care the CCG expects for CHC patients; this will also include a Friend and Family style questionnaire to ensure their experience of care is included as part of this process.	Service developments will continue from 2015-16 with quality assurance frameworks in place in 2016-17 Q1 for Care and Support at home; Q2 for Residential care and Q4 for Funded Nursing Care.	<p>West Sussex County Council</p> <p>Independent care providers</p>

Quality and safety

Intention	Description	When?	Affected Providers
Transfer of Care Information	<p>The CCG expects all commissioned providers to communicate appropriate and accurate information about the patient's past and future care electronically to relevant healthcare professionals or services that the patient is being transferred to or care is being shared between, at the point of transfer.</p> <p>Each provider will be required to share their 2016-17 electronic format with the CCG during the planning round and then develop their internal systems to ensure this format is complied with at the point transfer for all patients across all services provided by October 2016.</p>	By October 2016.	<p>All commissioned providers including:</p> <p>Western Sussex Hospitals Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Sussex Partnership NHS Foundation Trust</p> <p>Independent sector providers</p>
Healthcare Associated Infection (HCAI) control	<p>The CCG will continue to work with providers and Primary Care to further develop the collaborative programme aimed at reducing Health Care Associated Infection (HCAI) across the local health and social care economy.</p> <p>The CCG will work with Providers, care homes and member Practices by enabling to identify of any lapses in the quality of care that may have contributed to the infection and ensure that any lessons learned are shared appropriately across the local health and social care economy.</p>	Service developments will continue from 2015-16 into 2016-17.	<p>All commissioned providers including:</p> <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>Western Sussex Hospitals Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Sussex Partnership NHS Foundation Trust</p> <p>Independent sector providers</p>
Safeguarding Children	<p>The CCG will continue to support information sharing to safeguard children by the implementation of the Child Protection Information System across NHS services providing urgent and emergency care, Local Authority and engagement in the introduction of a Multi-Agency Safeguarding Hub (MASH).</p>	Service developments will continue from 2015-16 into 2016-17.	<p>All commissioned providers including:</p> <p>Western Sussex Hospitals Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Sussex Partnership NHS Foundation Trust</p> <p>South East Coast Ambulance NHS Foundation Trust</p> <p>IC24</p>

Medicines management

Intention	Description	When?	Affected Providers
Effective commissioning of medicines including high cost drugs (HCD)	<p>The CCG intends to engage with other commissioner partners to develop and introduce policies for the provision of high cost drugs to include a clear expectation that such areas of activity are to be treated as a pass through payment.</p> <p>This will build on work to date regarding clinical and data validation and ensure the efficient use of NHS resources where drugs come off patent and bio-similars become available and will be embedded in the continued development and review of a joint formulary.</p>	Service developments will continue from 2015-16 into 2016-17.	<p>All providers of services including but not limited to:</p> <p>Sussex Community NHS Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p> <p>Sussex Partnership NHS Foundation Trust</p>
Medicines Optimisation in Primary Care	<p>The CCG intends to continue and increase support to GP practices to improve primary care prescribing quality and reducing unwarranted variation through:</p> <ul style="list-style-type: none"> • commissioning a clinical pharmacists service • a review of prescribing decision support software • and embedding the local formulary in GP clinical systems. 	Continued through 2016-17.	<p>All Primary Care GP Practices in Coastal West Sussex</p> <p>All Community Pharmacies in Coastal West Sussex</p>
Polypharmacy and deprescribing	<p>The CCG intends to work closely with partners to develop and introduce guidance and policies to support deprescribing and reduce polypharmacy.</p>	Deprescribing policies and guidelines will be included in contracts for 2016-17.	<p>All providers of services including but not limited to:</p> <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>All Community Pharmacies in Coastal West Sussex</p>

Information management and technology (IM&T)

Intention	Description	When?	Affected Providers
ROCI (Read Only Care Information)	<p>The CCG intends to continue to roll out ROCI, a real time, read only, record viewer with data sources from both health and social care. Subject to consent ROCI will give health professionals access to a summary medical history, and what nursing and social care provision is already in place in the community.</p> <p>The CCG will work in collaboration with other Sussex CCGs using a 3rd party supplier to develop the bespoke IT system.</p>	<p>Already piloted at Princess Royal Emergency Dept. (ED), we plan to introduce ROCI to urgent and emergency care providers throughout Sussex during 2016-17.</p>	<p>All urgent and emergency care providers including:</p> <p>All Primary Care GP Practices in Coastal West Sussex</p> <p>South East Coast Ambulance NHS Foundation Trust</p> <p>Sussex Community NHS Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p>
GP IT infrastructure refresh	<p>The CCG is delegated the budget and responsibility for IT provision at GP practices. The CCG intends to upgrade the IT network to increase performance and prepare for new models of care.</p> <p>The CCG will develop and prepare a capital works programme in partnership with practices.</p>	<p>Changes will begin in 2016-17 in line with an agreed capital works programme.</p>	<p>All Primary Care GP Practices in Coastal West Sussex</p>
Digital Roadmap	<p>The CCG intends, in line with national ambition for electronic (paperless), interoperable and real-time health records by 2020 (NHS England, 2015), to begin the implementation of the CCGs Digital Roadmap from 2016-17.</p> <p>The CCGs Digital Roadmap will be published by April 2016 following discussion with Local Authorities, NHS providers and the Health & Wellbeing Board.</p>	<p>Changes will begin in 2016-17 in line with the CCGs published Digital Roadmap.</p>	<p>All NHS commissioned providers including:</p> <p>Sussex Community NHS Trust</p> <p>Western Sussex Hospitals NHS Foundation Trust</p> <p>Sussex Partnership NHS Foundation Trust</p>

Annexes

A – List of contract terminations and planned procurements

B – References

A - List of contract terminations and planned procurements

Service area	Description
Non-Urgent Patient Transport Services	This Sussex contract is due to expire on 31 March 2016; procurement is currently underway to ensure a new contract is in place from 1 April 2016.
NHS 111	This is a Kent, Surrey and Sussex contract and is due to expire on 31 March 2016. All procurement processes are suspended due to the national consultation on commissioning standards for integrated 111 and out of hours services. The contract has provision for an extension.
Primary Care Out of Hours Service	<p>As part of the CCG's Front Door of Urgent Care redesign process, this contract may be re-specified and included in any procurement processes that may follow.</p> <p>This contract is due to expire on 31 March 2017. The contract has provision for an extension.</p>
AQP for Adult Hearing Aids	These contracts are due to expire on 31 March 2016; we plan to exercise the option to extend these contracts for 1 year.
AQP for Non-Obstetric Ultrasound	These contracts are due to expire on 31 March 2016. The CCG intends to exercise the option to extend these contracts for 1 year and to provide a window for additional providers in 2016-17.
Ear, Nose and Throat Services	The pilot service is due to expire on 31 March 2016. The CCG intends to commission a community service from 1 April 2016.
AQP Vasectomy Services	These contracts are due to expire on 31 March 2016. The CCG intends to exercise the option to extend these contracts for 1 year and to provide a window for additional providers in 2016-17.
Tier 3 Weight Management	This contract is due to expire on 31 March 2017. The contract has provision for an extension.
AQP Community Dermatology	This contract is due to expire on 31 March 2017. The contract has provision for an extension.

<p>Capitated budget for Urgent Care</p>	<p>Notice is given on all contracts (or elements of contracts) that cover the following:</p> <ul style="list-style-type: none"> • Reablement and Independence Service (RIS) • One Call One Team <ul style="list-style-type: none"> ○ GP in A&E ○ Rapid Access and Intervention Team (RAIT) ○ One Call • Ambulance services • Community hospital beds • Paramedic Practitioners • Ambulatory care in hospital • Rapid Assessment Clinics • Rapid Mental Health Assessments • Dementia Crisis Service • End of life care • Emergency admission to Hospital (inc. mental health) <p>Existing contracts will expire on 30 September 2016 and will be contracted under the capitated budget for Urgent Care from 1 October 2016.</p>
<p>Non-invasive ventilation services</p>	<p>The CCG intends to commission these services with other CCGs on a pan-Sussex basis from 1 April 2016.</p>
<p>Termination of Pregnancy services</p>	<p>The CCG intends to work with the existing provider to negotiate the terms for extending the existing contract by 1 year.</p>
<p>Risk Stratification Tool</p>	<p>The current contract for the Risk Stratification Tool will expire on 31 May 2016. The CCG intends to take a decision on the future use of Risk Stratification Tools in due course.</p>

B - References

Independent Cancer Taskforce. *Achieving World-Class Cancer Outcomes: A strategy for England 2015-2020.* London: Independent Cancer Taskforce; 2015

Monitor. *Reimbursement of urgent and emergency care: discussion document on options for reform.* London: Monitor; 2014.

NHS England. *Transforming urgent and emergency care services in England. Urgent and Emergency Care Review End of Phase 1 Report.* Leeds: NHS England; 2013.

NHS England. *The Five Year Forward View.* Leeds: NHS England; 2014.

NHS England. *The Forward view into Action: Paper-free at the Point of Care - Preparing to Develop Local Digital Roadmaps.* Leeds: NHS England; 2015.

Wheelchair Leadership Alliance. *Right Chair, Right Time, Right Now Charter.* England; 2015.

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