

Shadow Health and Wellbeing Board – 30th April, 2012

Report of the Head of Partnerships and Service Developments – Dudley Clinical Commissioning Group

Dudley Clinical Commissioning Group – Commissioning Intentions 2012/13

Purpose of Report

1. To advise the Shadow Health and Wellbeing Board of the Clinical Commissioning Group's commissioning intentions for 2012/13.
2. To note that a further report setting out the CCG's detailed commissioning plan will be submitted to the Board in due course.

Financial Context

The national efficiency requirement for the NHS in 2012/13 is 4%. This is offset by pay and price inflation. Tariffs paid for services from provider organisations are to be reduced by at least 1.5%.

At the time of preparing this report, the CCG is in the process of finalising its financial plan for 2012/13. As the Board will recall, the CCG is established as a subcommittee of the PCT and on this basis it receives a delegated budget of £350m. In order to put this into context, the Board may wish to note that in 2011/12 the relative proportions of expenditure by service for the PCT were as follows:-

- Acute Hospital Services – 45%
- Primary Care Services (GPs, dentists, optometrists and pharmacists) – 23%
- Specialised Services – 10%
- Mental Health and Learning Disabilities – 10%
- Community Services – 8%
- Continuing NHS Health Care – 4%

Provider Landscape

The CCG commissions services from three main NHS organisations as follows:-

- Dudley Group NHS Foundation Trust – Hospital Services and Community Health Services
- Dudley and Walsall Mental Health Partnership NHS Trust – Mental Health Services, including child and adolescent mental health services

- Black Country Partnerships NHS Foundation Trust – Community Children’s Services and Learning Disability Services

The CCG has inherited the PCT’s Strategic Plan 2009 – 2014 and three main strategies – Planned Care, Urgent Care and Long Term Conditions. The strategic priorities arising from these documents are reflected in the CCG’s commissioning intentions with its providers, primarily the three organisations identified above.

Commissioning Principles

The principles which underline the CCG’s Commissioning intentions are as follows:-

- Raise the quality and safety of patient services
- Commission services that are of high quality, offer improved outcomes, deliver patient choice and value for money
- Commission services that meet local and national targets, guidelines and policies
- Reconfigure services to support best practice and the best use of local resources
- Deliver and maintain a sustainable local health economy

Commissioning Intentions

Set out below are the main Commissioning Intentions made with the three main provider organisations with which the CCG/PCT will hold contracts in 2012/13:-

a) Dudley Group Foundation Trust :-

- Reduce clinically inappropriate ambulance conveyance rates to the hospital
- Review delivery models for cardiac diagnostic services (24hr ECG/Event and blood pressure monitoring) to commission the most cost effective delivery mechanism for the future
- Review and commission a more integrated, locally based diabetes service for both adults and children
- Review the existing falls pathway to provide a revised integrated pathway across acute, community and primary care services
- Develop integrated care pathways for Parkinson’s disease and multiple-sclerosis
- Improve the management of asthma patients in primary care and reduce hospital attendances

- Support patients within the community and focus on early intervention and admission avoidance through the development of Telehealth arrangements
- Continue to develop community based minor surgery services
- Revise the orthopaedic pathway to ensure that patients are only referred to secondary care when it is clinically appropriate
- Increase the provision of community base dermatology services to ensure all practices have access to community dermatology
- Outpatient triage - aim to reduce new outpatient activity buy 5% and follow up activity by 10% and a reduction in consultant to consultant referrals through effective outpatient triage
- Procedures of Limited Clinical Value – implement the Black Country cluster policy on Procedures of Limited Clinical Value.
- Maternity Services – review demand and capacity for maternity services as part of the Black Country review and implement a new care pathway
- Sexual Health Services – implement an integrated sexual health service based upon a hub/spoke model
- District Nursing – Implement to revise service specification for district nursing
- Any Qualified Provider – implement AQP for podiatry, adult audiology and wheelchair services

b) Dudley Walsall Mental Health Partnership NHS Trust:-

- Service Transformation – work with the Trust on the agreed service transformation programme reducing the number of access points to services from 22 to 2
- Enhance Primary Care Service – implement the new agreed model for primary care mental health, integrating IAPT with primary care mental health services
- Day Services – Review in conjunction with Dudley MBC, the provision of Day Services
- Patients placed out of area – work with the trust to ensure that patients in placements are reviewed regular and alternative packages of care sought closer to home
- Psychiatric Liaison Services – continue to monitor the implementation of the new Psychiatric Liaison Services at Russells Hall Hospital
- Dementia – review the implementation of the memory assessment service and further develop the care pathway for dementia patients
- CAMHS – develop a revised service specification for CAMHS

- Substance misuse/dual diagnosis services – prepare for the transfer of commissioning responsibility for all drug and alcohol treatment services to Dudley MBC in 2013/14, with 2012/13 being a shadow year

c) Black Country Partnership Foundation Trust:-

- Continue to work with the Trust and Dudley MBC to develop integrated service models for the following areas;
 - a) Early years
 - b) School age children
 - c) Children with additional needs
 - d) Safeguarding and looked after children
- Health Visiting / Family Nurse Partnership – continue to implement the health visiting “Call to Action” ensuring that any reconfiguration of health visiting is properly developed with full involvement of general practitioners in the process.
- Safeguarding and looked after children – ensure that the recommendations from the recent safeguarding and LAC inspection are fully reflected in contracts for 2012/13
- Learning disabilities – working with other commissioners across the Black Country, review;-
 - a) Inpatient provision
 - b) Community teams
 - c) Therapy provision
 - d) Management of clients with complex needs.
- Short breaks services for children with disabilities - Dudley MBC has agreed to commission jointly with the PCT revised arrangements for services for children with disabilities. This is now the subject of a procurement exercise.

Recommendation

1. That the issues identified in Dudley CCG’s commissioning intentions for 2012/13 be noted.
2. That a further report on the CCG detailed commissioning plan be submitted in due course.



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