

**Sunderland Commissioning Intentions 2012/13    APPENDIX B**

**Attached below are the Sunderland Commissioning Intentions 2012/13 split by likely future Commissioning Responsibilities: with specific colour coding for those which the CCG will lead in 2012/13.**

**Please note that this is a provisional split based on information known to date and may be subject to change.**

**Orange: anticipated these will fall within the CCG remit once a statutory body, and currently the CCG support/ influence where appropriate, but led by PCT.**

**Purple: anticipated these will move to the Local Authority**

**Blue: is anticipated these will move to NHS Commissioning Board**

**Green: will be led by the CCG in 2012/13**

***NB: Table updated January 2012***

## PCT /CCG Responsibility

Strategic Priority	Action
Cancer Services	Remodel Breast Cancer Services across NHS SoTW (excluding screening services) in order to implement a sustainable service model. Developments include; 5 year follow up clinics to be nurse led. The remodelled service is expected to be operational during 2012/13.
	Ensure cancer pathways for Foundation Trusts are in line with North East Cancer Network model pathways. Awaiting standards for Brain and Sarcoma services
	Work with Foundation Trusts to ensure processes are in place to recoup funding through Patient Access Schemes for High Cost Cancer Drugs.
	Increase the uptake of Radiotherapy Services by implementing a strategy to secure local provision.
	To identify sufficient endoscopy capacity to meet demand
	Deliver outcomes of teenager and young adult cancer standards in collaboration with NECN
	Increase the early detection and identification of cancer and increase uptake by reducing variation in GP profiles.
Learning disabilities	Ensure that physical health care checks in primary care for people with learning disabilities are implemented.
	Develop an Autism Spectrum Disorder assessment and diagnostic service across Sunderland from April 2012.

### **Primary Care Mental Health**

Primary Care Mental Health Services - increase input into long-term conditions in terms of identification of mental health problems and treating them – through other specialist staff already dealing with LTC (see LTCs Commissioning Intentions)

Continue the process of repatriating high cost out of area placements to locally provided services.

Develop and agree an adult attention deficit & hyperactivity disorder assessment, diagnosis and treatment service.

Implement mental health specific actions within the Suicide strategy.

### **Specialist / Secondary Care**

Continue to work with NTW to realise efficiencies in relation to QIPP & ensure continued engagement in the delivery of resource releasing initiatives. Use quality initiatives to support service development.

Work with NTW to support the implementation of the business case for re-provision of in-patient, outpatient & community services regarding new facilities at Ryhope & Monkwearmouth during 2012/13

Continue implementation of the Mental Health Model of Care

- § Secondary care re-modelling including liaison and services for veterans
- § Further development of mental health in primary care (Primary Care Mental Health Service) including a review of access to practice based counselling
- § Further development of the dementia strategy including anti psychotic prescribing plan (Links with medicines management)
- § Moving to tariff
- § Potential move towards AQP

### **Contracts / QIPP**

Lead the implementation of CPPP (PbR for mental health) in shadow form across contracts

Consider existing commissioning arrangements moving to Any Qualified Provider for psychological therapies in Primary Care

Children's Services	<p>Implement the recommendations from the review of Speech, Language and Communications needs. Working in partnership Local Authority and Community provider/ other key partners to ensure the new model of provision is embedded and sustainable.</p>
	<p>Review Children's Community Nurses (CCNs) and palliative care for children in line with requirements set out in Aiming High for Disabled Children.</p>
	<p>Review occupational therapy and physiotherapy services for children and young people and consider future commissioning intentions.</p>
	<p>Review the implications for new national tariff for children's diabetes</p>
Urgent Care	<p>Implement the 111 single point of access for urgent care to signpost patients with an urgent care requirement to the most appropriate service to meet their needs. The contract to provide the 111 service will be awarded in November 2011; between November 2011 and September 2012 urgent care services will need to be aligned to the 111 operational model (including GP out of hours) which will include a range of re-procurements where necessary or variation of current contracts.</p>
	<p>Develop an urgent care transport strategy to support the implementation of 111.</p>
	<p>Arrange an annual 'Choose Well' public information campaign to publicise the range of services, points of access, hours of operation and areas of exclusion by targeting focus groups in SoTW in order to help reduce demand for secondary care services.</p>
	<p>Following the evaluation of the current models of minor injury and illness units across SoTW, a standard model of GP integrated working will be implemented across all MIUs. Modelling work will also look at the number of services required, the most appropriate locations and associated commissioning actions.</p> <ul style="list-style-type: none"> <li>• Houghton MIU options to be agreed</li> <li>• The exploration of an urgent care hub in CHS is underway.</li> </ul>

	Develop safe and appropriate pathways for patients with ambulatory care conditions to enable assessment and treatment in hospital without the need to be admitted.
	Introduce Telehealth technology for patients with long term conditions under a joint initiative across NHS SoTW with Local Authority colleagues in each locality.
	Review Urgent Care Nursing services across Sunderland to understand the impact to develop a future state.
	Expected impact of the introduction of Trauma Centres and locally the potential re-classification of our local FTs as Trauma Units.
	Develop a community based cellulitis model and service.
	Develop a community based DVT model and service.
Long Term Conditions	<p><b>Develop a commissioning model for Long Term Conditions Self Care</b></p> <p>Implement self care model for LTCs, including reviewing current provision of self management education and support, improving access to a menu of options, systematic delivery within pathways, and workforce development to increase capacity and capability.</p> <p>To review the future commissioning arrangements of self care services</p> <p>To embed self care opportunities into health care core services</p> <p><b>Develop a commissioning model for Long Term Conditions Specialist Rehabilitation</b></p> <p>Consider the findings of the review and Commission new models and approaches to specialist rehabilitation which provides increased access from primary care, a menu based approach to service delivery and ensure synergies and joint working between specialist professionals</p>

Develop and commission an integrated model of intermediate care services (including rehabilitation and reablement) for individuals with LTCs and frail elderly within each PCT locality, including care within individuals own homes.

Develop and commission an integrated model of intermediate care services (including rehabilitation and reablement) for individuals with LTCs and frail elderly within each PCT locality, including community based 'step up' facilities.

To review the existing rapid access community nursing teams and consider opportunities for improved access and clarity of role. In particular to develop integrated teams including a joint urgent care and 24/7 team.(linked to intermediate care, see above)

Review provision, role and effectiveness of Specialist Community Nursing and Community Matrons to develop appropriate models of case management that support proactive and anticipatory primary care. This may require decommissioning elements subject to the review.

**Complete the review and implementation of changes to the district nursing service whilst retaining the option to procure alternatives depending on the outcomes**

Having completed the review of the impact of the additional reablement/readmission investment in 2011/12 we will work with stakeholders to develop sustainable and successful schemes for 2012/13.

Improve provision of heart failure services across primary community and secondary care

**Review the COPD pathway and identify improvements that could be made to improve patient care.**

Improve discharge processes (including documentation) and opportunities for early supported discharge.

Implement single-site model for weekend TIA clinics.

**Develop a revised service model for the provision of diabetes services across primary community and acute.**

	Develop recommendations for future commissioning following the pilot of the community arrhythmia service. .
	Implement an AQP procurement for community based INR services
	Improve the management and provision of AF services across Primary, Community and Secondary care including developing a community model and service.
	Commission a home oxygen assessment service.
	Diabetic Retinal Screening - Vary service specifications to reflect the new national commissioning pathway
Planned Care	Reduce the number of procedures of limited clinical value for varicose veins.
	Implement the revised pathway for patients with carpal tunnel syndrome
	Explore further alternative surgical pathways including Trigger Finger and Dupuytren's contracture
	Explore variation in outpatient referrals in order to reduce outpatient first and follow up attendances where appropriate
	Explore feasibility of increased GP access to diagnostic tests for non obstetric ultrasound and MRI for dementia
	Review dermatology services and consider aligning the new service model if appropriate with the model commissioned for Gateshead and South Tyneside.
	Following scoping of nurse led clinics in terms of continued viability and cost, agree clinics to "decommission" or change to ensure added value to patient pathways
	Review Adult Hearing Services with an aim to improving access, choice and quality of care (AQP).
	Review podiatry services with an aim to improving access, choice and quality of care (AQP).
	Potential procurement of Primary care based orthodontic services.
End of Life Care	To ensure end of life care packages are co-ordinated and available 24/7

	To have advanced care plans and DNAR in place for all appropriate patients
	Re-provide St Benedict's Hospice.
Medicines Management	To have an action plan in place to improve the quality of prescribing, optimise medicines usage in patients with long term conditions and deliver disinvestment opportunities in Primary care prescribing.
	To manage prescribing expenditure within prescribing envelope, to move closer to the North East average to release resources to invest in better quality service. (Astro PU)
	Work with both secondary and primary care to develop a health economy approach to prescribing of medicines across pathways of care.
	Through the contracting process to develop plans for a consistent and collaborative approach for the transfer of prescribing responsibility, including improving the effectiveness of communication, provision of shared care medicines and outpatient prescribing,
	Work with Primary Care to develop a LES for Shared Care
	Explore options to develop services to improve medicines management in care homes in order to reduce the number of emergency admissions and reduce medicines wastage.
	Explore options for collaborative working across primary and secondary care in relation to the provision of stoma and incontinence
	Explore options for collaborative working across primary care and communality in relation to the provision of wound management products, including encouraging appropriate use of the wound management formulary
	Improve the systems for high impact / cost drug exclusions to include a consistent approach across the locality / region and effective implementation of the decisions.
	<p>Work with local community pharmacists to optimise services available within the community pharmacy contract to support patients taking their medicines including</p> <ul style="list-style-type: none"> <li>. Improving rates of repeat dispensing, (implementation of the actions of the repeat dispensing RPIW)</li> <li>. New medicines service</li> <li>. Targeted use of medicines usage reviews</li> <li>. review of the use of MDS</li> </ul>



	Ensure there are robust local mechanisms for decision making around medicines.
	Review the contract for provision of medicines management support to individual practices within the SCCG to ensure a Sunderland wide approach to priorities.
	All secondary care and primary care providers to ensure patients post MI benefit from 4 drugs – aspirin, beta-blocker, statin and ACEI
Childrens Acute	Enhance services provided by CCNTs to include care of acutely sick and injured children and with extended hours (evenings and weekend working). Evaluate the ongoing testing of the revised CCNT model in Sunderland and use the evaluation to inform future development of services.
	Subject to public consultation, implement the agreed paediatric emergency pathway; including children's assessment and short stay services.
	Implement a contract variation to extend the role of Walk-in-centres and Minor Injury Units to include assessment and treatment of children under two years of age.

### **Public Health England/Local Authority Responsibilities**

<b>Strategic Priority</b>	<b>Action</b>
Cancer Services	Increase uptake of Bowel Cancer Screening by raising awareness. Whilst ensuring contract volumes reflect anticipated increases in demand.
	Introduction of HPV testing for Cervical Screening.
	Implement urgent lower GI investigation by adopting the Hamilton Risk Assessment Tool into 2WW time frame.
	Enhance engagement and uptake of services following HEA of Breast Screening Service.
Joint commissioning	Implementation of robust joint strategic function arrangements with Sunderland LA through the use of Health Act flexibilities.

	<p>Implement current preferred option from the outcome of the review of the assessment and commissioning processes around CHC, FNC(Free Nursing Care) &amp; s117 (Section 117) and consider future commissioning intentions</p>
	<p>Continue to implement the Carers strategy and local action plans in each locality.</p>
	<p>Enhancement of governance &amp; quality arrangements with independent sector providers. Building on stock take around contracting to ensure all provider relationships are underpinned with provider contracts.</p>
	<p>Work collaboratively to bring together plans for development of physical health, mental health, medicines management and end of life care for Sunderland care homes. (Links with Urgent care and frailty Team in Sunderland.)</p>
Mental Health	<p><b>Emotional Health &amp; Well Being</b></p>
	<p>Implement the emotional health &amp; wellbeing plan.</p>
	<p>Implement mental health specific actions within the Suicide strategy.</p>
	<p>Re-provide BME and LGBT wellbeing programmes.</p>
	<p>Re-provide workplace health programme with improved service offer for organisations not pursuing NE Better Health at Work Award.</p>
Children's Services	<p>Review school nursing services for provision and capacity to ensure all key elements of the Healthy Child Programme 5-19 years are delivered and key outcomes are achieved.</p>

	Develop an early intervention and prevention strategy with local partners and consider future commissioning intentions to ensure effective evidence based interventions are delivered and monitored in accordance with need to reduce health inequalities and narrow the gap in outcomes.
	Review children's overweight and obesity services (across all the tiers) to meet the requirements of a life course approach and ensure children and young people have access to timely, appropriate and accessible support to meet their needs, and consider future commissioning intentions. (Links with Prevention and Staying Healthy)
	Implement a model to minimise risk taking behaviours and build resilience. To build associated workforce capacity, a risk and resilience training package will be developed in partnership with the Local Authority. Review workforce skills and competencies against the core standards of the model.
	Develop a phased approach to the implementation of 'You're Welcome' quality standards. Ensure service providers deliver in accordance with 'You're Welcome' quality standards.
	Ensure all appropriate providers are signed up to the new electronic C Card and are using it appropriately and develop on basis of need.
	Ensure compliance with NHS SOTW strategy, policies and procedures for Safeguarding Adults and Children.
	Implement recommendations from the CQC and Ofsted joint inspections.
	Review drug and alcohol services for children and young people in Sunderland and implement recommendations in line with the risk and resilience model.
	Ensure increased focus on short breaks for young carers and parents of children with disabilities
	Review stop smoking services for young people in line with NICE guidelines. (As part of the Stop Smoking Services review).
Prevention/Staying Healthy	Following completion of evaluation of Healthcheck Programme, consider future commissioning arrangements.
	Following completion of evaluation, consider future commissioning intentions for prevention and treatment of Obesity and exercise on referral services
	Following completion of review & HEA, amend/ re-provide Stop Smoking services.

	Re-commission alcohol & drugs services in line with the National Drugs Strategy with a focus on recovery and outcomes from treatment.
	To re-commission the Chlamydia programme across SOTW when clarification on 2012/13 targets received.
	Implement the sexual health locality action plan which is informed by the findings of the sexual health review with a focus on: - <ul style="list-style-type: none"> <li>• Governance arrangements</li> <li>• Access to Contraception</li> <li>• Reducing the prevalence of STIs</li> <li>• Improving, protecting and promoting the sexual health and wellbeing of the population.</li> </ul>
	Review the input of providers into the Multi Agency risk assessment Conference (MARAC) process relating to incidents of domestic violence
	Re-align pathway of care for offenders on release of prison as necessary.
	Review the commissioning arrangements of FRESH and Balance.
	Ensure that substance misuse service continue to develop accessibility for ex-service personnel and that pathways are adapted to support their needs.
	Consider future commissioning arrangements of Health Trainer Service following publication of future shadow budget arrangements.
	Review provision and coordination of training & capacity building across lifestyle services and re-align services accordingly.
	Utilise findings of the Lifestyle survey (due March 2012) to inform in year variations in lifestyle services and inform commissioning intentions 2012/13 utilising a social marketing approach
	Review and consider future commissioning arrangements of the Health Champion training.
	Implement recommendations arising from report on outcomes of physical health improvement programme for people with severe mental illness (SMI)
Child and Adolescent Mental Health Services and	Development of Tier 2 CAMH service provision including improved access to talking therapies in line with evidence base.

To increase the capacity of universal service providers to promote mental health for children and young people,

<p>Learning Disabilities</p>	<p>recognise problems early in their development, intervene and refer as appropriate</p>
	<p>Provide direct services to Children, young people and their families with moderate mental health needs, including grouping work and talking therapies</p>
	<p>Establishment of new model of specialist community CAMH / LD service provision with a particular focus of integrated pathways of care for children, young people and their families:</p> <ul style="list-style-type: none"> <li>• with complex, severe or persistent mental health needs</li> <li>• with learning difficulties and disabilities</li> <li>• in special circumstances</li> <li>• with complex behavioural mental health and social care needs</li> <li>• who require access to intensive home treatment service</li> </ul>
	<p>Re-alignment of resources/ changes in service provision for children and young people with ASD based on outcomes of the review that will take into account:</p> <ul style="list-style-type: none"> <li>• Change regional service provision</li> <li>• Changes in specialist community service provision (newly awarded CAMHS/ LDD contract)</li> <li>• Newly published NICE Guidance in line with the outcome of the review of 2011/12</li> </ul>
	<p>In partnership with LA, development of services for Children and Young people with Disabilities:</p> <ul style="list-style-type: none"> <li>• implementation of continuing care guidance</li> <li>• implementation outcomes of review community equipment service (including children's wheelchair services)</li> <li>• Implementation of short break guidance</li> <li>• implementation of SEN guidance</li> <li>• personalised planning outcomes</li> <li>• implement recommendations of CQC / OFSTED inspections</li> <li>• improve transition between Children's and Adult Services</li> </ul>
<p>Working in partnership with Local Authority support the review of SEN assessment and statement framework. This will explore the potential for changing / revising the existing systems with an assessment process, a single, joined up 'Education, Health and Care Plan'. Explore opportunities to implement personal health budgets for children as part of this overall review (links with LA).</p>	

Implementation of the review of services for Looked After Children

Implementation of result of review of Child protection service specification

Implementation of outcomes of review of services for children and young people involved in youth justice system.

## NHS Commissioning Board Commissioning responsibilities

Strategic Priority	Action
Children's Services	Continue to implement the expansion programme for Family Nurse Partnership (FNP) and Health Visiting Services. Ensure the Health Visitor service meets the requirements of the new national model and service specification which will come into effect from 1 April 2012 (as per requirements of Early Implementer Site status). Continue to review the impact of the new model working in partnership with early years providers to ensure the best start in life is achieved. Review skill mix within the Health visiting service and explore opportunities nationally to expand the FNP offer.
Maternity Services	Carry out social marketing exercise across Sunderland using a regional model to increase the number of women breastfeeding.
	Review performance across the breastfeeding pathway looking at rates and peer support programmes (Quality Service Review).
	Support acute hospitals to achieve Baby Friendly Status.
	Review pathways for families with additional needs with a view for develop an integrated pathway with Children's services.
	To explore the options available to deliver a community based rapid response service to reduce the numbers of unplanned admissions during pregnancy.
	Evidenced based commissioning; Develop a review programme of services specifications for community based children services and maternity against existing evidence base. Identify opportunities to develop innovative practice.
	Review newborn screening pathways including assessment of AQP impact on audiology

