Appendix 1

Commissioning Intentions 2016/17
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Context

Local context
- Our local commissioning intentions for 2016/17 in the main continue the implementation of our current plans
- Over the past few months we have also engaged with our GP membership, our partners and the public to build on these current plans
- In addition, our plans for 2016/17 will be further informed by the refresh of our 3 year organisational strategy
- We will also need to understand and consider the impact of public health commissioning intentions on the wider health system and consider the implications as these are published

Wider context
- These local commissioning intentions support the implementation national priorities and complement NHS England's Commissioning Intentions, London's Cancer Commissioning Intentions and South West London Commissioning Intentions.
QIPP for 2016/17 (1/2)

- The CCG’s 2016/17 QIPP target is set at £8.4m. We expect to reach this through the impact of the full year effect of existing schemes and new 2016/17 schemes.

**Existing QIPP Schemes**

- We will continue to implement prior year QIPP schemes and a small number of these will have a full year effect. For acute QIPPs (cardiology, anti coagulation, respiratory, Effective Commissioning Initiative (ECI) this is quantified at approximately £2.3m.
- Further FYEs will be seen in mental health, learning disabilities and Continuing Health Care.
- Depending on the success of the epilepsy pilot, consideration will be given to the continuation of funding given non recurrently in 15/16.
New QIPP Schemes

- Schemes are being developed through a programme of benchmarking identifying activities where Croydon is an outlier in activity and/or spend against peers. We anticipate further service redesign in HRG chapters for:
  - **elective care** (urinary tract and male reproductive system, digestive system, skin, breast and burns, nervous systems, cardiac surgery and primary cardiac conditions)
  - **non-elective care** (musculoskeletal system, urinary tract and male reproductive system, cardiac surgery and primary cardiac conditions, respiratory systems, immunology, infectious diseases and other contacts with health services)

- Challenging areas for QIPP development include Mental Health, Learning Difficulties, Continuing Health Care and Prescribing to deliver efficiency savings
Procurement (1/1)

We are currently procuring / reprocuring the following services during 2015/16:

<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>Older Peoples Services (Outcomes and Capitation base contract)</td>
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<td>Termination of Pregnancy</td>
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<td>Intermediate Gynaecology</td>
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<td>Intermediate ENT</td>
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<td>Intermediate Dermatology</td>
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<tr>
<td>Mental Health / Learning Disabilities Advocacy service</td>
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We are reviewing our voluntary sector contracts to ensure they are fit for purpose for current and future needs. Some contracts may also fall in the scope of outcome based commissioning for older people. This will impact on contracts during 2016/17.

The following contracts come to an end in March 2017 and we will either reprocure or extend these during 2016/17:

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<tr>
<th>Service</th>
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<td>Diabetes</td>
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<td>Ophthalmology</td>
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The following contract come to an end in March 2017 and we will reprocure these during 2016/17:

<table>
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<th>Service</th>
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<tr>
<td>Urgent Care Services (Purley, New Addington, UCC and Edridge Road GP led WIC)</td>
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Where we are not making sufficient progress with clinical improvements we will also consider service re-procurement e.g. Community Integrated Musculoskeletal Services

Longer, healthier lives for all the people in Croydon
Context: Safeguarding (1/1)

General
 Providers must respond to national and local emerging safeguarding requirements, in particular:
   Mental Capacity Act 2005
   Deprivation of Liberty Safeguards 2009
   Care Act 2014
   Prevent and Channel Duty 2015
   Children Act 2004

Female Genital Mutilation (FGM)
 We will embed the outcomes of the FGM review recommendations including statutory reporting
Contractual Issues: Outcomes and Capitation Based Commissioning for Older People (1/2)

- From 1 April 2016, the CCG, in collaboration with Croydon Council, intends to sign 10-year contracts with the local Accountable Provider Alliance to deliver care for the Croydon registered population aged 65 and above,
- This is a fundamental shift from annual, multi-provider, activity based contracts to outcome and capitation based contracts.
- The case for change was agreed in October 2013.

The Accountable Provider Alliance consisting of:
- Age UK (Croydon)
- Croydon Council (Social Care)
- Croydon Health Services NHS Trust
- GP Federation
- South London and Maudsley NHS Foundation Trust
Contractual Issues: Outcomes and Capitation Based Commissioning for Older People (2/2)

Contractual Implications:
- Contracting with the Accountable Provider Alliance (APA) is subject to the APA evidencing its status as Most Capable Provider. This will be tested through the three Capability Assessments.
- In principle, the CCG will not contract under the Payment by Results basis for older people in Croydon.
- For non-local acute providers, for which Croydon CCG is an associate commissioner, the CCG will expect its PbR contracts to be split between over 65s and under 65s, and monitored on that basis. The APA will be recharged the actual cost of all activity for Croydon patients aged 65 and above based on performance of these contracts.
- For smaller contracts with non-NHS providers, a decision will be made on each contract, based on (i) significance of the contract for older people in Croydon, and (ii) the current contractual terms, to determine whether the contract is included within the scope of the outcomes based contract and therefore novated, or remains on current contractual arrangements with the CCG.
Contractual Issues: 2016/17 National Contract (1/1)

Contractual Implications:

NHS England is in the early stages of developing the NHS Standard Contract for 2016/17. It has identified three key priorities for 2016/17:

- to work with New Models of Care Vanguards to develop tailored contracts and contracting models to deliver New Models of Care (especially the primary and acute care systems (PACS) and Multi-speciality community providers (MCP) models);
- to produce a significantly streamlined version of the Standard Contract, specifically for use when contracting for less complex services of relatively low financial value (so for the types of contract often held by smaller providers in the voluntary or independent sectors, for instance); and
- to undertake a further review of the range of financial sanctions which apply under the Contract.
Contractual Issues: 2016/17 National Tariff Payment System changes (1/3)

a. Move from HRG4 currency design to HRG4+ for APC. This better reflects the resource use of patients with high complexity needs.

b. Introduce national prices for cochlear implant procedures, transcatheter aortic valve implantation, dialysis for acute kidney injury, complex computerised tomography scans and complex therapeutic endoscopic gastrointestinal tract procedures.

c. Update the maternity pathway to better allocate patients to the right pathway for payment and reflect more accurate assumptions regarding antenatal casemix.

d. Make additions and removals to the high cost drugs and devices list to reflect changes in the market, clinical practice and HRG design.

e. Introduce new BPTs for heart failure and non-ST segment elevation myocardial infarction.

f. Update existing BPTs for day case, outpatients, hip and knee replacement, endoscopy and stroke and remove the BPT for interventional radiology.
Contractual Issues: 2016/17 National Tariff Payment System changes (2/3)

NHS England and Monitor are also proposing to introduce a new HRG currency design: HRG4+, which uses the latest available reference cost data, and introduces a complexity and comorbidity (CC) score. This will also affect some Best Practice tariffs and the maternity pathway.

NHS England and Monitor propose to introduce national prices for selected HRGs and outpatient attendances:

In addition, Monitor and NHS England have published a consultation on National Variations and Local Prices. The marginal rate emergency rule will see emergency admissions reimbursed from 30% to 70%.

It is proposed to remove the national variations for the maternity pathway payment, outpatient diagnostic imaging services, and chemotherapy delivery and external beam radiotherapy. Providers and commissioners would be expected to adopt the appropriate payment arrangements and prices.
Contractual Issues: 2016/17 National Tariff Payment System changes (3/3)

There is also a proposal to amend the rules on local variations to include a deadline of 30 June of each year for commissioners to submit templates to Monitor, where the local variation is included in a new commissioning contract for the year. Where commissioners and providers subsequently agree a local variation during the term of the contract, the local variation template should be submitted within 30 days of the change being agreed. The aim is to improve transparency of commissioners’ written statements on local variations (as required under s116(3) of the 2012 Act) and to increase Monitor’s ability to ensure compliance with the national tariff.

The final proposal is to amend the method for granting an application for a local modification (to national prices) by introducing a deadline of 30 September in each year for providers to submit local modification applications to Monitor. Late submissions would only be permitted in exceptional circumstances, for example where there are risks to patients. The proposed deadline would help to mitigate the impact of local modifications on commissioner financial allocations.
Contractual Issues: Trust wide Key Performance Indicators (KPIs)

As in 2015/16 these KPIs will be set and assessed on a Trust wide basis, with any financial adjustments prorated for the relevant KPI across commissioners. The SLCSU has commissioned Dr Foster to provide benchmarking to support contract negotiations with providers and establish KPI baselines; the following principles will apply:

Dr Foster default definitions will be used, where possible;
KPI baselines will be established using the latest 12 month data;
KPIs will be measured at specialty not aggregate level, e.g. first to follow up ratios;
Trust will be compared to performance of the relevant peer group (eg Sheldon Group for tertiary providers)
Upper quartile performance will be expected as a minimum, with greater stretch where the Trust is performing above upper quartile.

In overall terms commissioners are seeking to achieve incremental year on year improvement.

As in 2015/16 these KPIs will be set and assessed on a Trust wide basis, with any financial adjustments prorated for the relevant KPI across commissioners.
Contractual Issues: South West London Commissioning Intentions - addendum

**Acute Stroke**

The London Stroke Tariff will apply where providers can evidence compliance with the guidance. Otherwise the national NTPS tariff will apply. Providers cannot mix-and-match the use of stroke tariffs; they must use one approach or the other.

**Pathology (Cytology)**

Funding for cervical screening programmes is mostly in pathology and gynaecology contracts and is principally for cytology and colposcopy. For the setting of plans for 2016/17 only those transfers which have been agreed in 2015/16 (St George’s, Kingston, Croydon) should be adjusted for in 2016/17 contract baselines.

**Ambulatory Emergency Care (AEC)**

The SWL commissioning intentions indicate the introduction of a new tariff to support increases in AEC activity (trajectory of desired increase to be agreed with providers). Croydon CCG is more advanced than the SWL commissioning collaboration in developing an AEC tariff locally and so we intend to continue this development and ensure we support the SWL commissioning collaboration in developing its SWL approach.
Contractual Issues: Process for developing contract proposals for 2016/17

- We would seek to reach agreement on this recurrent baseline with providers, prior to the issuing of CCG acute envelopes or Trust costed proposals for the year.

- We would wish to agree the basis of each Trust’s activity proposal for the forthcoming year, taking due account of the following: an agreed M1-6 position, based on an agreed Q2 close down position that will be jointly signed off between the Trust and coordinating commissioner/CSU.; An agreed approach to handling any required adjustments to the M1-6 position; Removal from baselines of RTT activity and associated non-recurrent funding undertaken in 2015/16 using national RRT monies; An agreed approach to the handling of any Trust proposed recording and charging changes for 2016/17.

- NHSE has issued a standard proforma for NHSE commissioned services for providers to formally notify NHSE of proposed changes and it is planned to utilise the same proforma for any proposed changes related to CCG commissioned services. Providers will need to submit proposals to their CSU lead by 1 October 2015 if due notice requirements are to be met in relation to 6 month notice of any proposed changes.

- We would wish to ensure that any recording and charging changes for 2016/17 have been agreed before the issuing of Trust costed proposals, noting our expectation that only prior approved changes will be included in provider proposals.
Contractual Issues: Process for developing contract proposals for 2016/17 - continued

Commissioners will also expect to agree the handling of any proposed changes from a financial perspective and would not expect any changes to result in overall cost pressures to commissioners.

Although payment will be made on SLAM, the Trust is required to provide evidence to support any differences between the SLAM and SUS activity and finance. It is the Trusts responsibility to find the differences supported by the CSU. The payment will be dependent upon the CCG agreement that the SLAM reconciles to SUS for SUS specific data flows.

Early discussion to assess the impact of CCG commissioning intentions and QIPP plans and to identify the potential contribution of Trust specific contractual KPIs to commissioner QIPP targets.

An agreed format for the presentation of costed proposals to commissioners to include a clear and transparent reconciliation to 2015/16 plan, agreed M1-6 actuals and a presentation that differentiates and separately identifies activity and financial impacts (year on year tariff change). Trust proposals should also provide the opportunity for commissioner led adjustments to the proposal to facilitate the submission of clear granular level counter proposals by CCG commissioners back to the Trust.

This includes clearly documented assumptions for all costed proposals. All proposals must be at HRG level.
Setting: Prevention, Self Care, Self Management, Shared Decision Making (PSSSD) (1/1)

Embedding the principles of PSSS across all services we commission e.g.

- Musculoskeletal
- Respiratory (COPD)
- Diabetes
- Urgent Care

We will work to enabling our providers to work differently to support the change in culture with the workforce and the public.

We will explore supporting people appropriately to choose Personal Health Budgets (PHBs) by building on experience of personal budgets in social care and learning from integrated personal commissioning (IPC) demonstrator sites.

Our work will also consider how we better utilise already established community and voluntary sector groups to promote PSSSD. We will be evaluating the impact of the ‘Make Every Contact Count’ (MECC) pilot.
Setting: Planned Care (1/4)

Intermediate Services Review (Gynaecology, ENT and Dermatology)

- We are currently undertaking a review of each service which may result in expanding the scope of service provision at intermediate level and a corresponding reduction in outpatient activity
- The above will have an impact on current intermediate and secondary care providers

Ophthalmology and Diabetes Intermediate Services

- During 2016/17 we will be reviewing these intermediate services with a possible impact on current intermediate providers and impact on secondary care providers
- NHS England diabetic eye screening has set out its intentions as well as expectations for the CCG. We will be working with providers and NHSE to understand and consider the impact of these intentions

Diabetes

- We expect providers to meet the requirements of the HIN diabetes toolkit

7 day working

- We will continue during 2015/16 to develop the 5 agreed standards and processes for inclusion in the 2016/17 contract. For example we would expect sufficient work force and medicines to be available for discharge seven days a week.
Setting: Planned Care (2/4)

Diagnostics
- Diagnostic services have been reviewed to ensure they are used appropriately and this may be impact on the services supplied by secondary care providers including InHealth.

CRESS
- A review of CRESS has led to a revised stratification of focus by speciality and not by GP. We will monitor this to understand the impact in full.

Sexual health
- Public health are leading a reviewing of sexual health services which may impact on the sexual health pathway
- Termination of pregnancy services are to be reviewed and the re-procurement commenced during 16/17 ready for implementation in 2017/18. This may impact on the present service provider Marie Stopes and secondary care providers.
Setting: Planned Care (3/4)

**Stroke**
- We are currently reviewing stroke services, which may impact the pathway during 2016/17. We aim to improve the pathway including early supported discharge and supporting effective processes for inter hospital transfers.

**Falls**
- We have reviewed the integrated falls service and identified gaps and misalignments in the pathways and are consequently working towards:
  - Developing a sustainable Falls Network;
  - Aiming to provide through-life-management of individual patients at risk of falling;
  - Improving pathway linkages and synchronisation between Networked services;
  - To achieve better outcomes for individual older people, and savings to the system.
Setting: Planned Care (4/4)

Pain management
- Further work is required to fully understand the need and demand for pain management support to inform future commission arrangements for both pain management and surgery

Vascular
- We will review our commissioning arrangement against national model of care

Urology and Neck of Femur
- We will review our commissioning arrangements

Respiratory
- We expect that patients discharged from hospital on oxygen meet the requirements of the London Respiratory Network’s best practice oxygen discharge bundle

Elective Care
- Specifically, we will carry on working with South West London Collaborative to explore opportunities to commission a centre of excellence for elective care (day cases and inpatients).
Co-commissioning

- Further exploration of the benefits, opportunities and risks of moving towards delegated commissioning of primary care contracts.

Primary Care Variation

- Continuation of our action plan to address variation in primary care including referrals, use of secondary care and disease outcomes in primary care
- As part of the Transforming Primary Care Five Year Plan we will work with NHSE and the SWL collaborative to improve access and patient satisfaction and develop systems to manage delivery of the 17 Transforming Primary Care specifications.

Facilitation of collaborative provider model

- We will continue to support the development of the GP collaborative to enable it to provide universal high quality primary care services
Setting: Community Services (1/3)

Benchmarking review

- We will undertake a benchmarking review of community services to better understand areas of potential improvements. The review will be set in the context of OBC and the ongoing transformation of adult community services.

Rapid Access

- We will review the workforce requirements and capacity for the Rapid Response service to continue to increase its use and impact in avoiding unnecessary urgent admissions and attendances.
- Commission a revised Rapid Response service that incorporates the functions of the current A&E Liaison Service, and the new 2015/16 BCF investment.
Setting: Community Services (2/3)

Intermediate Services

- Commission an increased step up and step down intermediate care bed service to support care provision outside of a hospital environment
- Review and enhance the provision of GP cover for intermediate care beds

Care homes

- Ensure that GP Practices with residents in care homes are proactively engaged in care provision at the homes through for example joint ward rounds with Elderly Care Consultants and primary care pharmacists
- Provide integrated Rapid Response and Care Home Support Team targeted support to care homes to improve quality of clinical care and reduce avoidable admissions to hospital
Setting: Community Services (3/3)

Case-management

- Review case-management roles of Community Matrons and Health Visitors for Older People to ensure the provision of more efficient pro-active case management support to GP Practice Multi-Disciplinary meetings

Pathway development

- Develop a community care pathway that embeds the development and use of individual care plans for patients at risk of admissions and other appropriate patients (e.g. care homes, long term conditions) by LAS, Rapid Response, Community Matrons, social care including Careline and District Nurses
- Embed the provision of pro-active support to GP practices from SLaM for older adults and adults at risk of admission
- Develop and implement new integrated care pathways between the CHS Emergency Department, Urgent Care Centre, Ambulatory Care, and Acute Care of Elderly Clinic to ensure that people are seen as quickly as possible in the right service and to sustain A&E Performance.
Setting: Urgent and Emergency Care (1/2)

National

- We will Implement recommendations from the national review, the ‘Keogh Report’
- We will support and implement the commissioning of a Functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service
- We will implement all national commissioning standards
- We will develop a 24/7 Urgent Care Model including GP Out of Hours

Pan London

- Implement urgent care clinical programme for the London Quality Standards
- Implement the High Impact 8 Interventions
- Expectation of providers to meet NHSE and local flu plan requirements in a timely manner particular in relation to vaccination of front line healthcare workers

South West London

- Implement UEC enabler programmes as per South West London Case for Change in the 5 year Strategic Plan to improve quality and financial stability of services in SWL
- Support Southwest London Urgent Care Network and implement recommendations as identified
Setting: Urgent and Emergency Care (1/2)

Croydon

- Ensure System Resilience is robust for Croydon Urgent and Emergency Care and review such areas that arise during year as agreed per System Resilience Group recommendations
- Conduct reprocurement and implementation of the recommendations from the Urgent Care Redesign ensuring process is aligned with national and regional direction
- Embed 2015/16 EUC CQUINS into everyday practice ensure that a reduction in admissions for Croydon patients is expanded to other conditions
- Sustain and monitor the non-elective care pathway to ensure Croydon patients experience the most appropriate journey for their healthcare needs and care closer to home is at the forefront
- Workforce Development for Croydon health practitioners including GPs, Ambulance, Acute and Community Trust
- Review Care Packages in the community to ensure patient safe discharge and the SRG is resilient with the increasing complexity of demand
- Review Mental Health Emergency Care Pathway to ensure that Mental Health Patient experience adheres to parity of esteem to improve care for patients when in crisis
Setting: Urgent and Emergency Care (2/2)

Croydon

- Support the decant and refurbishment of CHS site and ensure that services that are commissioned on site are maintained
- Continue to implement the Better Health Care Fund ensuring UEC projects support resilience of SRG Partners including close links with OBC
- Establish stronger relationships with the Voluntary Sector to support Croydon’s UEC agenda
- Support the development of virtual clinical hubs ensuring they include a range of services such as pharmacy and mental health services
- Support the Out of Hospital Agenda
- Support the Prevention, Self-Care and Shared Decision Making Strategy

The SWL Urgent care – Commissioning intention 2 states: ‘Ambulatory Emergency Care (AEC) – introduction of new tariff to support significant increases in AEC activity (trajectory of desired increase to be agreed with providers). Croydon CCG is more advanced than the SWL commissioning collaboration in developing an AEC tariff locally and so we intend to continue this development and ensure we support the SWL commissioning collaboration in developing its SWL approach.'
Pathway/Disease: Older People (1/2)

Strategic Objective
Older People’s Services will be delivered under the Outcomes Based Commissioning (OBC) approach by the Provider Alliance. During 2016/17 shadow running will be in place with commissioners from CCG/Council and Provider Alliance working hand in hand. We will work closely with providers to ensure a smooth handover and collaborative future working to ensure there are no unintended consequences on other parts of the system from changes under OBC.

Non Elective Activity from Care Homes and Care in the Community

- expand the approach to Care Home performance in collaboration with social care, and improve preventative care in the community and therefore reduce A&E attendances and admissions for CHS

Care Homes

- Working with the Provider Alliance under OBC, work with GP practices to ensure that Care Homes are well supported, on a one to one basis where possible, reducing duplication of effort from GPs, reducing non-elective admissions to hospital from these Care Homes
- Consider changes through market management with the Local Authority for this sector to improve quality of care
Pathway/Disease: Older People (2/2)

Continence:
- Pathway redesign and development of a preventative model for managing continence, with potential decommissioning of hospital attendance activity from UTI/Urology

Captive Audience
- pathway redesign – referrals to Single Point of Assessment (TACS) by domiciliary care staff in community where there may be concern about health issues e.g. COPD, Falls, UTIs, Pressure sores
- Wider commissioning of voluntary sector preventative approaches will be taken forward, linking with ABCD, befriending, volunteer schemes, working with the Council ‘community resources’ project
Pathway/Disease: End of Life Care (1/1)

- Continue to expand the use of Advanced Care Plans, Medicines Management, Education and Training and commissioning of non-medical support available to people at the end of life. This will reduce avoidable admissions for people at the end of life in 2016/17
- Advanced Care Plans in place for the majority of people at EOL
- Training delivered on an ongoing basis, enabling culture change
- ‘Death cafes’ taking place to promote culture change
- Community (rather than medicalised) models of care for people at EOL more widely available
- There will be an impact on acute providers through a reduction in emergency admissions
- Possible increase in hospice contracts and Marie Currie service following piloting through the BCF
Pathway/Disease: Children and Maternity (1/3)

Children’s Emotional Wellbeing and Mental Health

- Develop Local Transformation Plan, setting out the direction of travel for the next five years.
- Continue service redesign including developing a single point of access, autism pathway, effective partnership with the voluntary sector and review of open access counseling.

Health services for children looked after

- Embed the use of the agreed health outcomes framework as a key commissioning tool.
- Agree and then embed recommendations from the 15-16 Commissioning Review of health services for children looked after including reviewing how the designated LAC roles are discharged.

Children’s Continuing Health Care

- Implement agreed recommendations from the commissioning review of the Children’s Continuing Health Care implementation phase into 2016/17.
Pathway/Disease: Children and Maternity (2/3)

Services for children with SEN and disabilities (paediatric therapies, audiology, special school nursing)

- Continue the move from commissioning by activity to commissioning using an agreed outcomes framework for services.
- Ensure services are safely relocated from the Crystal Centre to an appropriate alternative.

Autism Spectrum Disorder pathway redesign

- Complete the redesign of the ASD pathway and embed in service specifications and data requirements for relevant services.

Community and Acute Paediatrics

- Embed agreed recommendations from the community paediatrics service review, including the review of designated roles, and embed in service specifications and data requirements for relevant services.
- Work with the provider to strengthen the integration between the acute and community paediatric services.
- Require a holistic proposal for the future vision and operational policies for local hospital based paediatric services (including the potential benefits of a Paediatric Assessment Unit) from the Trust which is consistent with the local Emergency and Urgent Care Strategies, addresses London Quality Standards and patient experience and other best practice guidelines.
Pathway/Disease: Children and Maternity (3/3)

Asthma pathway and long term conditions
- Work with the provider to initiate pathway reviews for children with diabetes and epilepsy.
- Implement the London Asthma care standards for young people.

Maternity
- Continue to work closely with the provider and the South West London Commissioning Collaborative to deliver the 2016/17 commissioning intentions.

NHS England Screening Commissioning Intentions
- NHS England has set out its intentions as well as expectations for the CCG. We will be working with providers and NHSE to understand and consider the impact of these intentions.
Pathway/Disease: Mental Health (1/4)

General

- From April 2016 onwards Croydon expect delivery of all national targets
- Continue to work to reduce dependency on in patient bed based care and increase capacity and/or expand community based service options, including through improved alignment between voluntary service providers
- Alignment to aims of Mental Health Strategy 2014-2019
- Improved alignment of estates planning to enable increased engagement of primary care with secondary care services
- Increased confidence in integrated commissioning, and commissioning across boundaries of both the CCG and LA, which may lead to integrated service specifications
- Development of a detailed dashboard in relation to Delayed Transfers of Care (DTOC), Out of Borough bed usage and discharge pathways
Pathway/Disease: Mental Health – Adult Services (2/4)

Development of a shared 4 borough approach to currency in relation to the mental health contract (e.g. outcome based commissioning)

**Adult Mental Health**

- Reduce dependency on in patient bed based care and increase capacity and/or expand community based service options
- During 2016/17 we expect robust implementation of year 3 of the AMH service model
- We expect by November 2015 SLAM will have delivered the Early Intervention in Psychosis (EIP) processes and systems to ensure it meets the national target by the go live date of March 2016.
- We expect that by April 2016 the early intervention services will be aligned to transition planning with CAMHS
- Demonstrable differences established within service delivery informed by recommendations from ‘Mind the Gap’

**Crisis Care Concordat**

- We continue to implement the Crisis Care Concordat action plan and expect the crisis line and integrated crisis services to be delivered during 2015/16 and evaluated in 2016/17
- During 2016/17 we will work towards having a fully accredited Psychiatric Nursing Liaison Nursing Service (PLAN accreditation) by April 2017
- We intend to work with SLAM and the LA to establish a S175 Discharge policy by December 2016
Pathway/Disease: Mental Health – Acute Services (3/4)

IAPTS

- We expect SLAM and the voluntary sector to work together to develop service models to increase access to services for BME service users and hard to reach groups
- The Long Term Conditions IAPT Pilot has been commissioned for a further year through the BCF and its impact continues to be evaluated

Service Reviews

We expect the following reviews during 2016/17

- ADHD/ASD Adult Pathway and Access - diagnosis and post diagnostic support
- Perinatal services - equipped to cope with changing demand
- CCG forensic placements choices
Pathway/Disease: Mental Health – Mental Health Older Adults (4/4)

Dementia
- Improved care planning – to reduce ‘years lost’ to illness
- Improved access to Memory Clinic - reduced waiting times
- Improved post diagnostic support – continued work in partnership with other agencies to ensure quality post diagnosis services
- We continue to work to improve the ‘care home offer’ re: dementia diagnosis and subsequent treatment options leading to reduced inpatient beds
- Progress towards Croydon being a dementia friendly community

Dementia and Older Adults
- 4 boroughs working with the aim of commissioning appropriate number of beds in the best configuration
Pathway/Disease: Learning Disability (1/2)

The Transforming Care agenda will inform our commissioning intentions. We will further support the implementation of the Winterbourne recommendations in conjunction with the Local Authority including the implementation of robust multi-disciplinary team care planning, proactive care management, and to ensure local services have sufficient capacity e.g. behavioural support services, local accommodation.

The Adult Autism Act 2009 – to be included in all contracts

- Suitable and appropriate staff training for all front line staff including: reception, nursing, physicians, security, etc.
- Insertion of relevant clauses in all contracts
- Requirement to report on service improvement, numbers of people trained, reasonable adjustments made
Pathway/Disease: Learning Disability (2/2)

Related and supporting work streams, in particular:

- Obesity, Asthma, Cancer screening, Diabetes, Dementia (particularly early onset), Epilepsy, Cardiac (particularly as it relates to people with Downs Syndrome)
- Improved links between CHS and SLAM with an integrated and inclusive pathway. A service level agreement or contract variation to be drawn up and agreed between commissioners and providers. We would like to see the following aspects of the service enhanced:
  - Intensive behaviour support/management across the system
  - Clear linkage to the epilepsy QIPP
  - Flexibility to assess and review Croydon patients placed outside of Croydon
  - Focus on prevention of escalation of level of need
  - Review of the effectiveness of the LD specialist dietician service at CHS
Pathway/Disease: Making Best Use of Medicines (1/2)

NICE medicines optimisation clinical guideline

Providers are asked to develop an action plan, monitor and report progress on the key priorities for implementation in the guidelines, specifically:

- Medicines Reconciliation
- Systems for identifying, reporting and learning from medicine-related patient safety incidents
- Code medicines related admissions for analysis, learning and prevention
- Medicines related communication systems when patients move from one setting to another-discharge transfer of care
  communication will contain a minimum data set of information particularly the reason why medicines are stopped, started or changed

Medicines Optimisation and London Procurement Programme (LPP) dashboards

- Improve by an agreed % on baseline position

Cost-effective use of medicines

- Engage with Croydon Prescribing Committee (CPC) and implement decisions
- Identify opportunities for gain share, particularly with regard to biosimilars

Antimicrobial resistance

- Contribute to and support initiatives with regard to reducing antimicrobial resistance
Commissioning new services

Particular areas where there are significant gaps and where improvements in health outcomes and reductions in waste are possible:

- Advising care homes to manage medicines safely and effectively
- Supporting people to manage their medicines safely through assessment and provision of aids where appropriate to maintain independence
- Investigate options for delivering complex medication review clinics
- **Respiratory**- patients discharged from hospital on oxygen to meet the requirements of the London Respiratory Network’s best practice oxygen discharge bundle
- **Diabetes** to meet the requirements of the HIN diabetes toolkit
- **Anticoagulation and/or AF** commission effective services for patients on anticoagulation including warfarin, self monitoring, NOACS, and ensure the pathway includes the housebound
Pathway/Disease: Cancer (1/1)

Reviewing our local Cancer Strategy in line with the national Cancer Strategy once published. Currently our local priorities remain:

- Early detection
- Survivorship
- Living with and beyond cancer

We will continue to develop pathways to reflect the **London Cancer Commissioning Intentions** and achievement of national targets. In particular we will need to consider locally the new draft London Commissioning Intentions:

- IAPTS for cancer patients
- the commissioning of additional anti cancer treatments (pain and sleep management, chronic fatigue, and psychological support)
- additional direct access services
- Chemotherapy closer to home