Agenda item 9

Health and Wellbeing Board

4 January 2018

Walsall CCG Commissioning Plan 2018/19

1. Purpose

1.1 The purpose of this report is to provide an update on the CCG commissioning plan for 2018/19.

2. Recommendations

2.1 That the HWBB note the CCG updated commissioning intentions for 2018/19.

3. Updated Commissioning Intentions for 2018/19

3.1 In September 2016 the CCG published commissioning intentions for the two years 2017/18 – 2018/19. This covered the same period as the NHS Planning Guidance, also published in September 2016. In October 2017 the CCG published an update of its commissioning intentions to take account of national policy initiatives and local developments that had taken place since the commissioning intentions were first published.

3.3 The updated commissioning intentions will form the basis for the CCG's plans for 2018/19 and the CCG would welcome feedback on the contents of the update from the Health and Wellbeing Board.

7. Implications for Joint Working arrangements:

7.1 Financial implications: none at this time.

7.2 Legal implications: none at this time.

7.3 Other Resource implications: none at this time.

7.4 Safeguarding implications: none at this time

Author
Paul Tulley – Director of Commissioning, NHS Walsall CCG
☎ 01922 619957
✉ paul.tulley@walsall.nhs.uk

Commissioning Intentions

Update - 2018/19

Walsall Clinical Commissioning Group

NHS

Walsall Clinical Commissioning Group

1. Introduction

1.1 NHS England published two-year planning guidance, covering the years 2017/18 and 2018/19, in September 2016. We published our commissioning intentions, covering the same two year period, in the same month and we have agreed two year contracts with our main providers of NHS commissioned services.

1.2 The strategic priorities set out in the commissioning intentions published last September remain valid. But we felt it would be helpful to update our commissioning intentions for the second year of this two year period to take account of progress made over the last year and recently published national guidance.

1.3 There are four parts to the document:

Section 2 sets out key factors that we have taken into account in preparing this update to our commissioning intentions.

Section 3 sets out how we will work with partners through the Walsall Together Programme to develop and commission more joined up services for the people of Walsall, taking forward implementation of the **place-based model of care** we described in outline last year.

Section 4 sets out how we will work with partners across the Black Country – through the CCG Joint Committee and the Strategic Transformation Partnership – to take forward implementation of the Black Country and West Birmingham **Strategic Transformation Plan**.

Section 5 sets out our commissioning intentions for specific **health programmes.**

1.4 Contract specific issues have been notified to providers in separate correspondence.

2. Background

2.1 National Policy

In March 2017 NHS England published *Next Steps on the Five Year Forward View.* This document provided an assessment, from a national perspective, of progress since the Forward View was published in 2014 and set out priorities for 2017/18 and 2018/19.

Of particular relevance to our strategic intentions for Walsall is the concept of the Accountable Care System, described as follows in the *FYFV: Next Steps:*

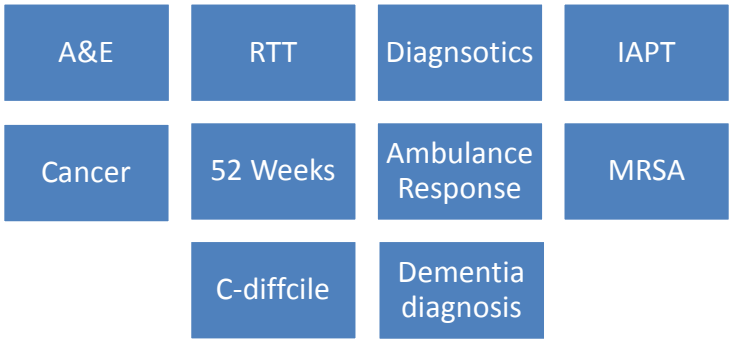
> **ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system.** They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs – or groups of organisations within an STP sub-area – that can:
>
> - Agree an ***accountable performance contract*** with NHS England and NHS Improvement that can credibly commit to make ***faster improvements*** in the key deliverables set out in this Plan for 2017/18 and 2018/19.
>
> - Together manage ***funding for their defined population***, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.
>
> - Create an effective ***collective decision making and governance structure***, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.
>
> - Demonstrate how their provider organisations will operate on a ***horizontally integrated*** basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.
>
> - Demonstrate how they will simultaneously also operate as a ***vertically integrated*** care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.
>
> - Deploy (or partner with third party experts to access) rigorous and validated ***population health management capabilities*** that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.

- Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise ***patient choice*** over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.

Walsall is not one of the national ACS sites, but this national vision aligns well with the local direction of travel set out in the Black Country Strategic Transformation Plan and our plans for integrated place-based care in Walsall.

2.2 Performance against national standards

Nationally we are required to deliver a number of national standards which cover measures included within the constitutional standards and also other priority areas identified by NHSE which include;



Whilst we have witnessed real improvements for some of these measures during 2016/17 such as cancer, diagnostics, and dementia diagnosis our performance for referral to treatment (RTT) for elective cases at our local hospital and patients waiting more than four hours in A&E and IAPT is not acceptable. This is something we need to address with our providers.

An agreed recovery plan for the A&E hour target is in place and being closely monitored and work is also currently underway to develop a recovery plan for the referral to treatment time and IAPT.

Walsall CCG remains committed to meeting these requirements for all users of NHS services and will continue to work closely with local providers to ensure these standards are achieved and improvements made where this currently is not the case. We are also clear that whilst we are gaining assurance on processes with our stakeholders to bring performance back on track patient care and safety remains paramount.

2.3 Quality and Outcomes

Key improvements have been nationally identified for 2017/18 and 2018/19 in an attempt to improve the quality of patient care and associated outcome. These include:

- **Cancer.** Revised requirements for providers and CCG to publically report in relation to Cancer waits and identify outcomes and learning themes.

- **Learning from deaths**. Effective implementation of the National Guidance on Learning from Deaths released from the National Quality Board in March 2017. Trusts are now required to publish data on all deaths judged as likely to have been caused by problems in care – along with actions taken to learn and prevent such deaths in future.. Alongside such learning, the NHS will also:
  -Improve support to and communication with bereaved families and carers.
  -Improve the standards and understanding of data on harm and mortality.
  -Ensure that services for people with learning disabilities and mental health problems are a core part of this learning.

- **Preventing healthcare acquired infections**. The NHS, led by NHS Improvement, will build on its success in reducing the incidence of MRSA bloodstream infections and C. difficile infections to make the same progress on Gram-negative infections such as E. coli, Klebsiella and Pseudomonas bloodstream infections. By 2020/21 the level of such healthcare associated infections will fall by 50%. This will be achieved with a system-wide approach by relevant providers and commissioners:

2.4 **Walsall Together Partnership**

In our commissioning intentions last year, we outlined the vision for place-based care developed with partners through the Walsall Together Partnership. Since then we have continued to work through the partnership to develop our plans for place-based care and to start to implement key elements of the vision. In particular:

1. Developing plans to implement a more joined-up approach to hospital discharge

2. Establishing a model of place-based teams, aligning community nursing, mental health, social care teams with local GP practices.

3. Supporting “Making Connections” – an initiative led by the public health department to tackle loneliness and social isolation through a new voluntary-sector led service.

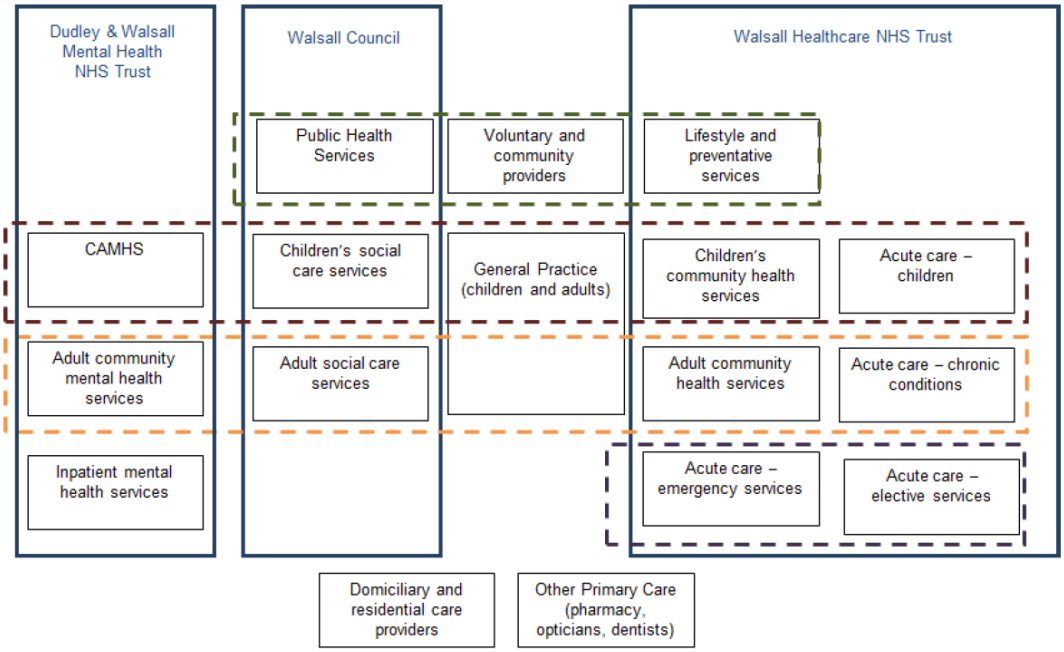
The Partnership has also been looking at how relationships between partner organisations – including how we commission services – needs to develop to best support the new care model. Using the language of *Next Steps on the Five Year Forward View*, how we create an Accountable Care System for Walsall. Proposals for 2018/19 are set out in more detail in section 3 below.

3. Place Based Care

At our Governing Body meeting in July 2017 we confirmed that our preferred approach for 2018/19 was to work with partners to consider the use of an Alliance model as the basis for establishing a more robust commissioning and governance framework for the development of place-based care in Walsall.

The Walsall Together Partnership Board has confirmed this as an approach that all partners would support in principle, and further work has been initiated to develop detailed proposals for how such an Alliance model would operate to establish an Accountable Care System.

Figure 1 below describes the proposed scope of services for the place based model:



There would be a three phase development of the Clinical Model for place-based services:

- Stage 1 – Adult and Older Adults Community based services, Public Health, Voluntary Services and lifestyle and preventative services
- Stage 2 – Childrens Community based services
- Stage 3 – Acute care Emergency and Elective Services.

And two key milestones for the development of an Accountable Care System for Walsall:

- Stage 1 – By April 2018 developed an Alliance Model for those service in scope of stage 1 of the clinical model
- Stage 2 – By April 2021 have implemented formally the new model of care (MCP or PACS)

The Alliance agreement will sit alongside the individual contracts that the CCG holds with providers within the Partnership.

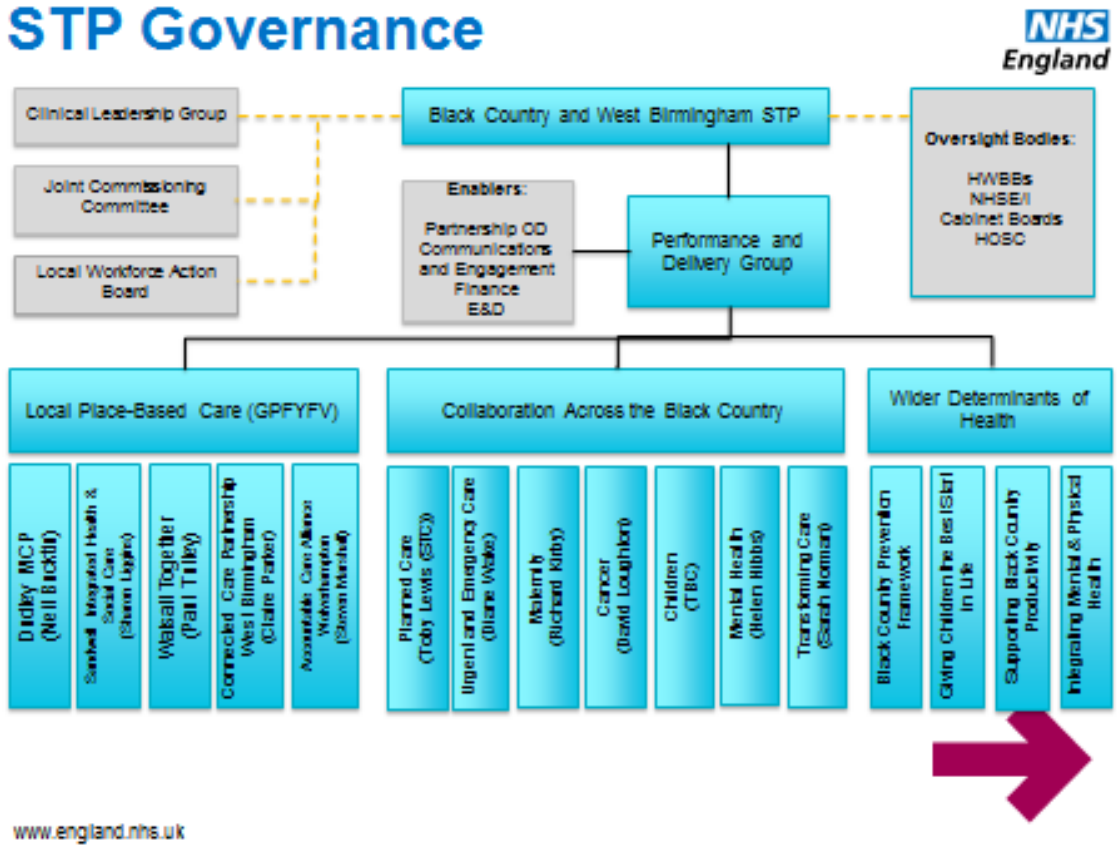
The CCG is in the process of developing a commissioning model for place based teams, in line with the principles of an alliance approach to delivery. A key aspect of the model is the empowerment of provider organisations and frontline staff to collaborate and innovate to provide the best care possible for the local population. The model will describe the scope, the broad service model and a set of outcomes measures that commissioners wish to see delivered within the resources available.

For 2018/19 the CCG will seek to vary contracts with providers where appropriate to support the better alignment of contract terms with agreed system priorities, for instance through shared programmes of work and more consistent reporting on performance and outcomes.

If the CCG is not able to reach agreement with partners regarding the Alliance model and associated changes to provider contracts we will consider the use of alternative approaches to establish contractual agreements for the delivery of integrated place based services.

4. Strategic Transformation Partnership

The Black Country and West Birmingham (BCWB) Sustainability and Transformation Plan (STP) was published in November 2016. Building on the collaboration through which the STP was developed we have established the BCWB Strategic Transformation Partnership to lead its delivery. The diagram below sets out the key STP governance structures and work programmes:



Earlier this year the CCG agreed to create the Black County & West Birmingham (BCWB) Commissioning Board (the 'Joint Committee') CCGs to establish a single commissioning view in line with the STP arrangements for key services across the Black Country and West Birmingham.

Based upon recommendations from the BCWB Clinical Leadership Group, the Joint Committee will be seeking agreement from the four Governing Bodies to a delegated set of commissioning responsibilities for collaborative commissioning by December 2017. It is anticipated that services identified for collaborative commissioning will be aligned to the Sustainability and Transformation Plan strategic priorities for action, agreed with CCGs, providers and Local Councils.

The JCC will be the vehicle that enables new models of care arising out of the service reviews undertaken by the STP work streams. In line with the governance arrangements the BCWB Joint Commissioning Committee will oversee the translation of CCG commissioning intentions into contracts falling within its remit and according to agreed delegation from April 2019.

5. Health Programmes

5.1 Urgent and Emergency Care

A&E Waiting Time Standard

The CCG will continue to work as part of the A&E Delivery Board to achieve a sustainable recovery of the 95% A&E 4 hour wait target by June 2018. The System Recovery Plan sets out a recovery trajectory with monthly targets for winter and spring 2017/18.

The analysis in the System Recovery Plan highlights the extent to which recovery to the 95% A&E 4 hour wait target is dependent upon actions required to ensure smooth flow of patients through the Emergency Department (ED) and to achieve more hospital discharges earlier in the day from the inpatient wards for instance, via implementation of SAFER bundle and the red and green programme. Successful implementation of these programmes leading to improved performance will be a continuing priority during 2018/19. Reducing the number and length of stay of patients on the medically fit for discharge (MFFD) list is also critical to achieving the national standard. An integrated model of hospital discharge and intermediate care services has been agreed and we will vary the contract with WHT to reflect this new model of intermediate care.

Managing Demand

We will continue to work with partners to manage demand for hospital emergency admission: our aim is to mitigate the impact of any underlying demand growth from both demographic and non-demographic factors. Specific priorities for 2018/19 include:

- Ensuring that community-based rapid response services commissioned from WHT and DWMHT are operating consistently and effectively to deliver planned levels of activity.
- Undertaking a review of the Frail Elderly Service commissioned from WHT.
- Commissioning from place-based teams an integrated approach to Multi-Disciplinary Team (MDT) working to improve the co-ordination of care for people at high risk of hospital admission.
- Ensuring that the implementation by WHT of mobile technology into community services achieves the anticipated benefits in terms of enhancing service capacity and reducing acute hospital admissions.
- Implementing a new specification for community respiratory services developed through the Right Care Programme.

Integrated Urgent Care

The CCG is an active member organisation of the West Midland Integrated Urgent care Alliance (WMIUCA) and an associate commissioner of integrated urgent care working with Sandwell CCG as the lead commissioner. The CCG will be working as part of these arrangements to commission integration of urgent care services in

Walsall as set out in the 5 year Forward View. This includes requirements for more effective interoperability between information systems leading to direct referrals of patients from one parts of the system to another, with an overall aim to reduce attendance at the ED and emergency admissions to hospital.

The CCG has undertaken a formal consultation on the future configuration of urgent care services. Through the proposed changes we will be seeking to implementation the national specification for Urgent Treatment Centres and to achieve greater integration between in-hours and out-of-hours urgent care provision.

Capital investment at WHT

The CCG is working closely with WHT on the planning and design of a proposed new Emergency Department at the Manor Hospital with a current timescale for opening to take account of additional demand that will arise from the opening of the new Midland Metropolitan Hospital in Sandwell.

5.2 **Primary Care: Implementing the General Practice Forward View (GPFV)**

The aim of the GPFV is to strengthen general practice and support sustainable transformation of primary care for the future. Walsall CCG GPFV narrative and local delivery plans have been approved by NHS England.

The CCG is working on implementing the five areas under the GPFV which are: model of care; improving access; workforce; workload; and infrastructure. Strengthening and transforming general practice will play a crucial role in the delivery of STP plans. Walsall CCG has translated the aims and key local elements of the GPFV into detailed local operational plans. Some elements are for CCGs alone and others will be delivered in working collaboratively with others.

Improving Access

Initial funding was targeted at successful pilot sites for the Prime Ministers Challenge Fund or General Access Fund. The programme was expanded in 2017/18 with further funding coming on stream in 2018/19. Walsall CCG will receive £3.34 per head of population recurring funding from April 2018 to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services. The funding will increase to £6 per head recurrently from April 2019.

The CCG is working closely with practices to increase the use of Patients On Line, which includes online appointment booking, prescription ordering and viewing medical records. NHS England funding has been made available to increase the take up of online consultations. A national specification is awaited. Notwithstanding this, three GP practices in Walsall are early adopters of eConsult to help spread the benefits and learning from new technology.

Workforce

Walsall CCG is developing a workforce plan with its Black Country STP partners, which supports the delivery of new roles through the NHS England GPFV Workforce Group.

The local plan will involve a baseline assessment of current primary care workforce, examples of best/innovative practice, support practice nurse training and development, working with the Community Education Provider Network (CEPN) and closer links with Health Education England.

Work is in progress to develop a multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets.

NHS England has retained some national funds to support workforce developments, which includes: international recruitment and clinical pharmacists in general practice. In addition, HEE and NHS England will produce frameworks and models to support the expansion of physician associates, medical assistants and physiotherapists.

Training for reception/clerical staff training in Active Signposting and Management of Clinical Correspondence Training: NHS England funding is allocated equally between all CCGs on a capitated basis. Walsall CCG has worked with practice managers to develop a specification for providers' which has been put out on 'Contract Finder'. All 59 GP practices in Walsall will be given the opportunity to receive training in both active signposting and the management of clinical correspondence by 31 March 2019.

Workload

Funding for the General Practice Resilience Programme has been delegated to NHS England local teams on a fair shares basis. Published guidance set out the menu of available options: CCGs can refer GP practices into the scheme and GP practices can also refer themselves. Walsall CCG secured funding for five practices in 2016-17 and two practices in 2017-18.

10 High Impact Changes

Walsall CCG has made available a total of £3 per head as a one off non-recurrent investment over two years commencing in 2017/18 for practice transformational support, as set out in the GPFV. The investment will be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.

NHS England has established a development programme: 'Time for Care' championing the 10 High Impact Actions to release time for care, support the planning of care redesign programmes and act as a link with NHS England development leads. Walsall CCG hosted a spotlight event in July 2017 to identify areas of development. Following on from that work, GP practices have been given the opportunity to take part in either the Productive General Practice Quick Start programme or the Time for Care Action Learning programme; with an expression of interest deadline of 6 September 2017.

Infrastructure

The Capital Review Group and Local Estates Forum are working on plans to create the infrastructure to support new models of care. Digital Roadmaps sets out priorities and deliverables for each year. Interoperability is included to take forward innovative technologies to transform triage and consultations with patients to alleviate workload pressures.

We have secured funding through Estates and Technology Transformation Funding for a New Town Centre development involving 4 local GP practices coming together in a new purpose built building. Building completion date is 31 March 2019. NHS England had delayed issuing the new Premises Directions, which may impact on the completion date.

Locally Commissioned Services (LCS)

Walsall CCG is reviewing Local Commissioned Services (LCSs) and the reviews undertaken so far have revealed variation in delivery across practices. Walsall CCG is looking to commission these services at scale in the future to ensure that the services are sustainable. This will see a set of locally commissioned services commissioned to practices working in partnership, at scale with other practices to deliver services to patients rather than individual practices delivering individual services.

Alternative Provider of Medical Services (APMS)

Walsall CCG currently has ten relatively small APMS GP practices, and in line with the NHS GP 5 year Forward View nine of these are being reviewed to consider whether these can be reconfigured allowing working at scale. The options for practice configurations have gone out to patient consultation and a final decision will be made in November 2017. The resulting configurations will result in procurement with a planned contract start date of July 2018.

5.3 **Planned Care**

Referral To Treatment Standard

The CCG will commission a level of out-patient and elective activity in 2018/19 sufficient to achieve the national RTT standard. For WHT this will be informed by the output from demand and capacity modelling that is currently being undertaken.

Activity plans will also take account of the anticipated impact of demand management initiatives that we are implementing as part our Strategic Demand Management Plan, developing in response to the publication of national guidance in August 2016.

Where the level of performance falls below standards on a pro-longed or significant basis, then a plan for improvement will be required that sets out how WHT will achieve the standards in an agreed timescale. There is a monthly meeting where WHT explains recent overall performance to the CCG, and sets out its plans for meeting the standards, including any remedial action, in the period up to the next meeting.

Out-Patient Demand Management

We have commissioned two initiatives that have been developed as part of the national elective care transformation programme:

- MSK Triage (which will be provided by WHT)
- Clinical Peer Review (which we are commissioning from General Practice)

Both services will be in place from 1st October. GPs will continue to refer cancer 2ww referrals and agreed "red flags" directly to secondary care. All other GP referrals will be subject to review prior to a referral being made to a secondary care consultant, either though the MSK Triage service or clinical peer review within general practice. The expectation is that these initiatives will help to ensure:

- Patients get access to the optimum care pathway
- Primary care and community services are appropriately utilised before a referral is made to secondary care
- Referrals to secondary care are made when appropriate and include all of the necessary information to ensure the best use of secondary care resources

Evidence cited in the national specifications suggests that introduction of MSK triage could reduce referrals to secondary care by 20%-30% and that clinical peer review could reduce referrals by up to 30% [case studies cited in the guidance mention a range of 7% - 25%]. In discussion with local GPs we anticipate a reduction of 10%-20%.

WHT has been working over the last year to address a backlog in out-patient follow-up activity. This work has identified opportunities to reduce unnecessary out-patient follow-up activity and we intend to work with the Trust to agree pathways and protocols that will reduce planned levels of follow-up activity.

Commissioning Policy

Over the last year we have strengthened our monitoring processes to ensure that referrers and providers (GPs and hospital trusts) are complying with the CCG's commissioning policies regarding procedures of lower clinical value (PoLCV).

We have recently undertaken an engagement exercise regarding some proposed changes to our PoLCV policy. We will continue to keep our policies under review.

Patient Choice

Walsall CCG has a duty to enable patients to make choices, and to promote their involvement in decisions related to their care or treatment. In July 2017 Walsall CCG completed and submitted a self-assessment detailing a baseline position.

The self-assessment identifies a number of areas of good practice already undertaken by the CCG in relation to patient choice; for example, good use of communication and publicity to ensure patients are aware of their choices and legal rights; ensuring choice is embedded in referral models, protocols and clinical pathways.

Work to further improve areas identified within the self-assessment as partially compliant such as; awareness of choice amongst GP's and referrers to support

patients in exercising the choices available to them, is being progressed through the CCG's e-Referral Service working group and the CCG's Patient Advisory Group. An improvement plan to ensure effective implementation of the choice agenda is in development.

5.4 **Cancer**

National Cancer Standards

We plan to continue to achieve national performance standards.

Living With and Beyond Cancer

We will continue to work with local partners to implement the four components of the Recovery Package and develop and implement stratified follow-up pathways for breast, prostate and colorectal cancer.
The West Midlands Cancer Alliance has submitted a bid for Transformation Funding to support the implementation of these initiatives.

Early Detection

We have a relatively poor rate of early detection and we will continue to work with NHS England to support improvements in cancer screening up-take. We were successful in a bid for funding to commission GP practices to follow-up patients invited to participate in the bowel cancer screening programme and will be extending this to all practices during 2017/18 and 2018/19.

STP Collaboration

We have held initial discussions with cancer commissioners at the other BCWB CCGs and with the specialised commissioning team and will establish a forum for commissioner collaboration across the STP area on shared cancer priorities.

5.5 **Mental Health**

Adult Mental Health

By working closely with DWMHT and primary care, we will improve access and service delivery for people utilising mental health services. By delivering a new model of care that is a local place based provision, we will seek to ensure users are able to flow through services more easily and have their needs met where it is most appropriate, reducing waiting times and improving the patient experience.

Engagement with the voluntary sector will ensure that more preventative options can be explored for those with lower level mental health needs earlier.

Service users experiencing crisis will have access to services that can respond to their needs more appropriately in the community.

By working collaboratively with other Black Country mental health commissioners we will share various information and work together to improve services across the region. This will include, commissioning on a greater scale to achieve efficiencies and greater value for money, as well as the commissioning of new services such as per-natal mental health provision.

Older People Mental Health and Dementia

Commissioners will continue to develop the placed based team approach with the provider and strengthen joint working arrangements with the voluntary sector. Greater emphasis will be placed on developing models of self-care to reduce the pressure on secondary mental health services and the acute hospital.

Commissioners will continue with a whole systems approach and the use of evidenced based tools, irrespective of the clinical area to support continuity of care.

5.6 **People with Learning Disabilities**

Transforming Care Programme (TCP)

The ambition is to further reduce the usage of inpatient beds for the care and treatment of people with learning disabilities. Whilst great progress has been made in Walsall, we aim to meet national expectations on numbers of commissioned beds by 2019.

We will work very closely with the provider market to initiate and develop greater opportunities for flexible support packages to ensure people with complex needs can live in the community. We will put in place a robust system to ensure high quality services are place in all of these providers.

We will develop as a priority a resilience/prevention and early intervention model to best support people in the community to have a quality and fulfilled life.

We will work closely with the Black Country Partnership FT to create a community care-coordinator service that support adults with learning disabilities to maintain community living, ensuring that their quality of life, physical health, developing a community role and building resilience is paramount.

We will review the current Forensic service and commission a robust model that is fit for purpose to support people in the community.

Physical Health and Wellbeing

We will work to ensure parity of esteem for all people with learning disabilities, working closely with primary care to increase annual health checks to achieve national target by 2020 and promote screening and referrals to universal health pathways. We will take specific action to tackle health inequalities in the areas of cancer and heart disease.

Domestic abuse

The CCG is undertaking the Identification and Referral to Improve Safety programme (IRIS) during the next 12 months and will ensure that this programme of training for primary care, support and referral includes people with learning disabilities.

People with Autism and Asperger's

We will scope a potential service that covers:

Identification, assessment, diagnostic and post-diagnostic support provisions for people with these conditions. Including scoping Interdependent services provided by local authority, third sector and primary care.

Learning Disabilities Mortality Review programme (LeDeR)

A steering group has been agreed; working in partnership with the four Black Country CCGs; Sandwell, Wolverhampton, Dudley and Walsall. We will jointly lead and actively participate in the review expectations, as well as ensuring that all of our commissioned providers are engaged in local arrangements. The CCG will also ensure that all national and regional reporting mechanisms and requirements are adhered to and all learning will be embedded, monitored and quality assured.

5.7 **Children's Services**

Acute paediatric services

We have been working with Walsall Healthcare Trust to improve the pathway for our paediatric emergency patients. The CCG in collaboration with senior clinicians from the Trust has undertaken a review of paediatric emergency attendances and admissions. Following the review of activity data we have commenced a programme of work to reduce unwarranted paediatric emergency attendances and admissions. The key initiatives we will take forward include:

1. Increase awareness and educate the carers/parents of paediatric patients
2. Develop guidelines for GPs to manage patients in primary care
3. Revise and implement protocols for paediatric admissions from A & E for specific conditions
4. Redesign pathways for referrals from paediatric A & E, referrals to PAU and admissions

Special Education Needs and Disabilities

We will develop a joint commissioning framework in partnership with relevant stakeholders to inform services which support a holistic approach to the provision of care for children and young people (CYP) with SEND.

We will commission health providers, including the voluntary sector, to deliver high quality care/support, in line with best practice to ensure positive outcomes for CYP.

We will commission Education, Health and Care plans from Providers for all CYP identified with SEND, in partnership with CYP, parents, carers and health professionals within the statutory time frames for delivery. This will be supported by a robust reporting framework on the provision of SEND through the contract reporting mechanism to hold providers to account in respect of timely service delivery.

We will commission Continuing Health Care packages for CYP with high care needs, and where requested to we will support the provision of personal health budgets.

We will support health professionals and local authority officers to develop meaningful outcomes for CYP and their families/carers to ensure that every child,

young person has the opportunity to achieve their desired goals. The outcomes approach shall be research led.

The CCG will hold a SEND conference in partnership with relevant stakeholders to share good practice, celebrate innovative, strengthen CYP, parents and carers and to shape future direction of travel.

Community paediatric phlebotomy service

We will commission a community phlebotomy service for children and young people in support of the following objectives:

- Improved access to health services through provision at multiple locations in the community
- Improved patient experience, as patients do not have to attend hospital for this care
- Less or more appropriate use of secondary care
- Cost effective service, delivering value for money, which supports care closer to home

5.8 **Maternity Services**

Launched in 2016, *Better Births* set out the *Five Year Forward View* for NHS maternity services in England. *Better Births* recognised that delivering such a vision could only be delivered through locally led transformation. It has two objectives to fulfil:

a. To develop and implement a local plan to transform services as part of the local Sustainability and Transformation Plan (STP) 2016 - 2021.

b. To establish and operate shared clinical and operational governance, to enable cross-organisational working and ensure that women and their babies can access seamlessly the right care, in the right place, at the right time.

Local Maternity Transformation Plans need to state how the LMS will deliver the following by the end of 2020/21:

- Improving choice and personalisation of maternity services so that:
  - All pregnant women have a personalised care plan.
  - All women are able to make choices about their maternity care during pregnancy, birth and postnatally.
  - Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
  - More women are able to give birth in midwifery settings (at home and in midwifery units).
- Improving the safety of maternity care so that by 2020/21 all services have:
  - Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030.

- Are investigating and learning from incidents and sharing this learning through their LMS and with others.
- Fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative.

The Black Country Local Maternity System Transformation plan was submitted October 2017 following significant consultation and key stakeholder commitment. Walsall, Dudley, Wolverhampton, Sandwell and West Birmingham have developed a significant transformation project plan over the next three years.

All four CCGs in the Black Country have aligned their commissioning intentions for 2018-19 to complete the following:

a) To agree a standardised maternity specification by April 2018, to be implemented locally by September 2018.

b) To implement a new performance dashboard with each trust to include the following clinical quality improvement metrics by July 2018:

- Smoking rate at booking.
- Normal birth rate.
- Caesarean section delivery rate in Robson group 1 women.
- Caesarean section delivery rate in Robson group 2 women.
- Caesarean section delivery rate in Robson group 5 women.
- 3rd and 4th degree tear rate among women delivering vaginally.
- Rate of postpartum haemorrhage of 1500ml or greater.
- Rate of successful vaginal birth after a single previous caesarean section.
- Smoking rate at delivery.
- Proportion of babies born at term with an Apgar score <7 at 5 minutes.
- Proportion of babies born at term admitted to the neonatal intensive care unit.
- Proportion of babies readmitted to hospital at <30 days of age.
- Breastfeeding initiation rate.
- Breastfeeding rate at 6-8 weeks.

b) To establish a forum across the Black Country to share learning from Serious Incidents/ Near Misses to prevent them occurring in the future by April 2018

c) To standardise all maternity pathways across the Black Country (where appropriate) to ensure every woman has the same choice for care and can navigate a ‘simple’ maternity system regardless of their location.

d) To deliver the Black Country LMS Transformation Plan in each area.

5.9 **Medicines Management**

Review of High Cost Drugs Risk Share

The CCG are considering the repatriation of patients on high cost drugs which fall outside of CCG Commissioning, from Primary Care back to an a Acute setting. The CCG will only fund PbR excluded drugs at the PAS price / Commercial Medicines Unit (CMU) tender price / local tariff price where applicable.

Biosimilars

Where a biosimilar drug is available, new patients should be initiated on this in preference to the originator drug.

Where the Blueteq system is employed, this will be set up so if there is a drug which has a biosimilar available the provider must choose the biosimilar form. The biosimilar form included in Blueteq, will be set to auto-approve. If the provider wishes to prescribe an originator product a Blueteq form will still be required, explaining the need for the originator product over the biosimilar product, which will need manual approval, The CCG reserves the right to audit the prescribing of Biosimilars.

Blueteq

Funding for non-PbR drugs must be secured / approved via the Blueteq system, before the drugs are used. Blueteq use is compulsory at WHT and the CCG will work with all other Commissioners for other acute services to understand what systems are employed elsewhere to manage and monitor prescribing. All prescriptions at WHT, for high cost drugs are expected to have prior approval through Blueteq, with the only exception for prior approval via IFR. If Blueteq is not utilised, the CCG will refuse to fund the treatment. The CCG reserve the right to audit the prescribing of PbR-e drugs.

Homecare

Processes will ensure that funding is cost effective for the NHS by utilising monies from patient access schemes and cost effective procurement. Where a drug is associated with a Patient Access Scheme, it will be the Provider's responsibility to collect such rebates and to invoice the commissioner at a rate net of the rebate. The CCG will only fund PbR excluded drugs at the PAS price/Commercial Medicines Unit tender price/ local tariff price where applicable. The Provider is required to submit evidence of procurement costs for all PbR excluded drugs on a quarterly basis.

The Provider will be required to detail on a quarterly basis any administrative charges and non-tariff charges applied to the treatment costs in a manner that makes such on costs transparent. The Provider will not procure in a manner which disproportionately loads the burden of cost to the commissioner, for example procuring products at extreme discount where the cost is loaded into primary care prescribing. The CCG reserves the right to audit the procurement of PbR excluded drugs.

Outpatient Prescribing

Where clinically relevant and locally agreed the CCG requires providers to prescribe the first 28 days' worth of medicine in an outpatient setting.

Medicines of Limited Clinical Value (MoLCV)

The MoLCV prescribing will apply to all prescribing and the CCG will work collaboratively with other commissioners and providers to ensure there is a consistent approach to the application of MoLCV prescribing as per the national consultation.

Specials Prescribing

The CCG will work with provider to review the provision of Specials i.e. Melatonin and other special, to ensure that they are purchased at the lowest possible market price, this will include a review of the formulations used i.e. modified release tablets or oral solutions.

5.10 **Digital Transformation**

Table below detail the list of capabilities that should be in place from April 18 and those which will be implemented during 18/19.

Universal Capabilities

	Universal Capabilities	**Organisations in Scope**
A	Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	Walsall CCG, WHT, DWMHT, Walsall Social Care, WMAS
B	Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)	WHT, Primecare
C	Patients can access their GP record	Walsall CCG, WHT
D	GPs can refer electronically to secondary care	Walsall CCG, WHT, DWMHT,
E	GPs receive timely electronic discharge summaries from secondary care	Walsall CCG, WHT, DWMHT,
F	Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care	Walsall Council/ Social Care, WHT
G	Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	Walsall Social Care, WHT, Primecare, Walsall CCG
H	Professionals across care settings made aware of end-of-life preference information	Walsall CCG, WHT, DWMHT, Walsall Social Care, WMA
I	GPs and community pharmacists can utilise electronic prescriptions	Walsall CCG, WHT
J	Patients can book appointments and order repeat prescriptions from their GP practice	Walsall CCG

Capability Groups

Increasing digital maturity of the seven capability groups to deliver paper free at the point of care through delivery of multiple project and the universal capabilities:

- Records, assessments and plans
- Transfers of care
- Orders and results management
- Medicines management and optimisation

- Decision support
- Remote care
- Asset and resource optimisation

Projects by Provider to be delivered by 01/04/2018 increasing digital maturity and enabling the respective capability group

WHT

Initiative	Capability Group
Trust to have the capability of real time bed and capacity management	Asset and resource optimisation
Eprescribing for clinicians	Medicines and Management Optimisation
Mobile apps forward and community staff i.e. Fusion etc.	Other Initiatives
Telehealth capability in line with clinical priorities	Remote Care
Adoption of standards GS1	Other Initiatives
Adoption of standards DM+D	Other Initiatives

DWMHT

Initiative	Capability Group
Ability to access and update electronic care records irrespective of location (CAMHS and Older Adult Services)	Remote Care
Single view base repository (via Dudley wide initiative)	Other Initiatives
Adoption of standards GS1	Other Initiatives
Adoption of Standards DM+D	Other Initiatives

Walsall Council/ Social Care

Initiative	Capability Group
'Digital By Desire' Project - Redevelopment of council web site with improved content management capability and provision of new services including undertaking self-assessments, self-referral and self-care in the community.	Remote Care
Customer Contact Technology Opportunities – feasibility study of corporate/ service user/ carer communication capability working towards paper free communication	Records, assessments and plans
Mobile working project – full roll out of the mobile solution to children and adult social care directorates	Remote Care
Reporting Tools Review - Review and options appraisal for reporting tools	Asset and resource optimisation
Information Management Document Management Review (incorporating continued review of hard	Remote Care

copy records and document storage) - Review and options appraisal for file store structures, electronic scanning and document storage and recovery solutions.	
Review of Applications Support Functions outside of ICT - Consideration for efficiencies of combining or relocating management of application support functions through ICT	Asset and resource optimisation
Replacement of laptops/desk tops/thin devices – i.e. roll out of tablets to social workers	Remote Care
Adoption of Standards GS1	Other Initiatives
Adoption of Standards DM+D	Other Initiatives

West Midlands Ambulance Service

Initiative	**Capability Group**
SCR Access	Medicines and Management Optimisation
Development of pathway automation and alerts	Decision Support
Remote clinical access through video conferencing	Remote Care
Equipment tracking solution automated	Asset and resource optimisation
CP-IS on EPR	Decision support
SCR in 999 control room	Decision support
Review NHS Digital GP Connect	Records, assessments and plans
Access to Directory of Services from EPR	Decision support
Docman messaging to Walsall GPs of ambulance attendances	Decision support

Projects by Provider to be delivered during 2018/19 increasing digital maturity in the respective capability group

WHT

Initiative	Capability Group
Implementation of a new critical care system in line with opening of the new facility	Records, assessments and plans
All ward documentation digitised	Records, assessments and plans

DWMHT

Initiative	Capability Group
Electronic receipt of referrals from all services (Older Adult Services)	Transfers of Care
E-discharges	Transfers of Care
Lab test results available to mental health staff	Orders and Results Management
Shared dashboards (via Dudley wide initiative)	Decision support

West Midlands Ambulance Service

Initiative	Capability Group
Deployment of Electronic Patient Record	Records, assessments and plans