



**Surrey Downs
Clinical Commissioning Group**

Commissioning Intentions 2017/18



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Version history

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Introduction

1. NHS Surrey Downs CCG issues each year, detailed Commissioning Intentions (CIs) to each of its contracted providers. These commissioning intentions reflect the CCG's plans for the following year to maintain or change current contracts and activity flows.
2. The CIs for 2017/18 have been drafted in the context of:
 - Areas of health need as identified by Surrey Downs CCG Health Profile
 - The Five Year Forward View
 - The CCG's Sustainability and Transformation Plan (STP)
 - Opportunities identified in the RightCare Programme
 - The CCG's Financial Recovery Plan 2015 – 18 and associated directions from NHS England regarding the CCG's financial position
3. Input to developing these CIs have been:
 - Existing priority work areas, agreed in 2016/17 CIs and requiring ongoing development in 2016/17
 - Areas of variation in activity and cost versus statistical peers
 - Workshop with CCG staff and Governing Body members
 - Prioritisation exercises run with each of the CCG's three commissioning locality meetings
 - Public and patient feedback and engagement via a survey and gathered via comments and questions from events and meetings run by the CCG
4. This document is deliberately not detailed or exhaustive. The CCG has a comprehensive governance process for developing and assuring commissioning programmes. Each of the areas of work indicated in this document will be subject to the development of a Programme Initiation Document (PID), which is subject to scrutiny by a Programme Delivery Board, an assessment of its potential impacts on Quality, Equality and Privacy, and eventually, Executive Lead signoff. Assurance on this process is via the CCG's Finance and Performance Committee which will review the overall Operating Plan for the CCG for 2017 – 18.
5. CIs are divided into broad work areas for the CCG. In a number of areas the CCG commissions services on a collaborative basis with other CCGs, so the CIs reflect shared intentions between a number of CCGs/

Our Health Profile

6. Detailed information is available from Surrey County Council's public health team in the form of our Joint Strategic Needs Assessment. However, points to note in considering these commissioning intentions are:
 - Continuing growth in the older age (65+) population

- Increasing use of food banks in the Surrey Downs area which may indicate a growing challenge of poor health driving a risk of unplanned admissions outside of the older age catchment which is typically the key driver in an area like ours
- The high prevalence of fuel poverty, particularly in the Dorking locality
- Rurality continuing to impact GP access
- Rising numbers of people with a personal care disability – set to rise by 9 % in the next ten years.
- Increasing numbers of people within the local area with a learning disability, particularly those who are now ageing as well

Themes from public engagement

7. These commissioning intentions take into account feedback we have received from GP member practices, wider stakeholders and members of the public.

Feedback from a public survey, completed by 120 local residents, highlighted the following themes:

Primary care

- Generally those who responded to the survey said they had good access to primary care services and generally levels of satisfaction with primary care services were high
- Respondents placed a high priority on improving access to primary care services, including longer consultations, the ability to see a GP within 24 hours and the introduction of GP appointments at weekends
- If weekend GP practice appointments were introduced in future, the majority felt it would be inappropriate to use these as routine appointments for adults. Instead, it was felt these appointments should be aimed at those needing urgent advice, people with long-term health conditions and children's appointments (including immunisations and routine appointments)

Planned care, procedures and general well-being

- The majority of respondents agreed that if they needed to see a specialist or have a minor procedure they would prefer to be seen in a community setting (a GP led clinic or local service), rather than at a large hospital
- 66% of respondents strongly agreed or agreed that mental health support (such as the Improving Access to Psychological Support programme) should be targeted at people who have long-term conditions (such as diabetes and joint problems), who may be more likely to suffer from mental health related problems.

- When promoting the importance of healthy lifestyles and raising awareness of factors that can have a negative impact on health, respondents ranked 'obesity' as the most important, followed by 'smoking', followed by 'alcohol and substance misuse' as the order in which these should be prioritised

Integration

- 97% of respondents agreed that health services should work more closely with social care and the voluntary services to make care more joined up for patients
- The majority of respondents said they would like to be more involved in decisions relating to their care

Out of hours services

- One in three respondents had experience of the NHS111 service in the past 12 months. Experiences of the service were mixed.

Sharing of information

- 88% of respondents agreed that information held in their medical records should be made available to other services (such as the ambulance service and out of hours GP services) so medical professionals have the information they need to treat them in an urgent or emergency situation

Other priorities

- People listed the following among their other key priorities for local health services
 - A greater focus on end of life care
 - A greater focus on mental health support and reducing treatment times
 - Support for more services being in the community, closer to home, with more specialist GP services and local blood testing services retained
 - Greater use of technology (for example telehealth solutions for people with long-term conditions and the SABP TIHM for dementia pilot)
 - Greater continuity of care across the health system so patients see the same medical professionals where possible
 - More support for the frail and elderly and homebound (including lower level emotional support for those who are lonely)
 - Improved A&E and ambulance performance

- Closer working between health and social care, particularly following discharge from hospital
- Earlier cancer diagnosis and treatment
- Improved maternity care
- Greater focus on prevention and promotion of the health checks programme
- Support for retaining services locally at Epsom Hospital

In addition, discussions that took place at a meeting of our Participation Action Network on 21 November prioritised a number of areas including mental health, learning disabilities, support for people living with long-term conditions and ensuring access to services across the Surrey Downs is equitable for the entire population (including the homeless and Gypsy, Roma and Traveller communities).

Sustainability and Transformation Plan

8. As part of Surrey Heartlands Sustainability and Transformation Plan (STP), the CCG has been engaged in identifying system-wide opportunities to improve quality, efficiency and sustainability of services. Opportunities have been identified in six areas:
 - a. Cancer
 - b. Musculoskeletal care
 - c. Women's and children's services
 - d. Cardiovascular care
 - e. Mental health
 - f. Urgent and emergency care
9. The STP also contains a Primary Care and Out of Hospital (integration) workstream, which is aligned with the commissioning intentions set out for these areas below. This workstream focusses on the care of the frail elderly. The focus of this workstream is on clinical engagement, peer review of local models and 'levelling up' local transformation initiatives to improve outcomes. The STP workstream will not impose a specific transformation model on either primary care or integration work at CCG or locality level.
10. Detailed planning to realize these opportunities will be developed via the mobilization of the Surrey Heartlands Academy, part of the overall STP plan. Where the CCG-level plans are likely to be part of the larger STP initiative, this is indicated.

Primary care

11. Surrey Downs CCG will not apply for delegated commissioning responsibility in 2017.
12. The CCGs priorities in primary care commissioning will be:
 - a. Ongoing review of the CCG's primary care standards to ensure quality and value for money
 - b. Development support to our GP federations to develop further to take a full role in locality based new models of care in each locality in the future
 - c. Extended GP access will be developed in each locality:
 - i. Epsom, as a PMCF area, receive funding from NHS England to continue and further develop extended hours service. The locality will pilot in 2017/18, moving some in-hours urgent appointments into the hub-based service, freeing up GP time for more complex patients, in line with the STP and national GP Forward View
 - ii. East Elmbridge will be supported to apply for extended access funding, with a proposal that as well as meeting core hours, they will provide a Saturday hub-based long term condition management clinic
 - iii. Dorking will be supported to apply for extended access funding, with a focus on hub services with new workforce models including in-house pharmacy support and physiotherapists
 - d. Agreeing and implementing the first local GP Forward View priorities including part commitment of the £3/head transformation funding to be found from within CCG baselines (with the remainder to be committed in 2018/19). This will be undertaken in collaboration with the localities, working together with wider locality plans to implement new models of care.
- b.
13. The CCG will continue to work to develop the wider general practice workforce, including a specific practice nurse education and training programme, seeking greater engagement of PNs in service redesign and working with the CEPN on STP-wide strategies for developing the primary care workforce.

Planned care

14. In 2016/17, the CCG has rolled out community cardiology models in each of its three localities; fully implemented its optometry referral refinement

scheme; implemented prior approval for procedures subject to commissioning thresholds and policies; and is in the process of commissioning a tele-dermatology model.

15. In 2017/18, the CCG will
 - a. Align to the Cancer STP programme
 - i. introduce a new pathway for follow-up after bowel screening, to improve cancer early detection and reduce follow-up in secondary care
 - ii. standardize monitoring of PSA tests in the community
 - b. Align to the musculoskeletal STP programme
 - i. review provision of pain management services, in particular the use of complementary therapies
 - ii. work with the Dorking locality to discuss adopting the model of conservative management of joint pain presentations currently used in the Epsom area
 - c. Aligned to the STP cardiovascular workstream, develop cardiology models in each locality, to reflect locality aspirations including consultant advice to GP on patient management based on direct access investigation, rapid access chest pain services, heart failure management, management of atrial fibrillation and anticoagulation, practice link nurses and post-A&E follow-up
 - d. Introduce community respiratory care clinics (linked to locality level integration models)
 - e. Commission a community-based Dermatology service in each locality, aligned to existing local pathways and primary care capacity and capability
 - f. Review pathways for investigation and management of benign gastrointestinal disease, focusing on the utilization of colonoscopy and the management of irritable bowel disease
 - g. Further develop of ophthalmology pathways to include extended glaucoma monitoring and treatment of minor eye conditions in optometry

Urgent care and integration

16. We know that people who go to hospital will often have a range of complex health and social care needs which current systems are not well adapted to support. Because our localities each work with a slightly different set of

partner agencies, for a plan to address this to be effective it needs to reflect the local context and most importantly be locally owned. This is why we asked each locality to develop its own urgent care and integration transformation priorities for 2016/17. In 2016/17, the CCG, working with its localities, extended its delivery of CMT/Community Hub models in East Elmbridge and Dorking, and commissioned the first year of the Epsom Health and Care programme in the Epsom locality.

17. These models will continue to develop in 2017/18. Specifically:

- i. We will work with East Elmbridge to extend the caseload of the CMT/Hub service, creating greater proactive care capacity in line with the successes it has seen in reactive care
- ii. We will work with Dorking to mobilise a bespoke CMT model, supported by the wider Hub, in line with its Primary Care Home application
- iii. Subject to agreement of the supporting financial arrangements with the acute Trust, we will support Epsom Health and Care into the second year of mobilization and delivery of the business case agreed in March 2016

18. We will continue to develop, with the services in each locality, some of the supporting architecture to a successful urgent care and integration strategy, including

- i. A care planning approach that is integrated with GP clinical systems, and facilitates key care planning information being available in all relevant settings of care
- ii. Effective risk stratification that influences cohort selection in Hub/CMT services
- iii. A CCG-wide End of Life Care strategy that builds upon current successes and ensures equity of high quality provision
- iv. Ensuring that effective support for carers is embedded throughout our delivery of the integration strategy
- v. Specific initiatives to support nursing and residential homes in the general management, hydration and crisis management of their patients
- vi. Through the STP and Surrey Heartlands Academy, evaluation of all integration models to ensure spread of best practice

19. The CCG will work with its STP partners to simplify and streamline the urgent care system, ensuring consistent access to the right care in the right setting. A

key focus will be to redefine the role of 111/Out of Hours care ahead of reprocurement of both services.

20. We will implement the outcomes of the Surrey stroke review, focusing in the first instance on successfully delivering a transitional acute stroke unit/rehabilitation pathway at Epsom General Hospital, following changes to Surrey-wide hyperacute stroke telemedicine in April 2017. Implementing this model will support ongoing consideration of the eventual HASU/ASU model for Surrey.
21. We will evaluate the SRG scheme put in place at Epsom General Hospital for a GP in A&E service for winter 2016/17, with an aspiration to develop a self-funding business case for a sustainable service model.
22. We will work with local partners to implement the specific outcomes of the Community Hospitals Review in relation to NEECH and Molesey hospitals.

Children's and young people's services

23. Surrey Downs CCG works as part of a collaborative to commission children's services. NHS Guildford & Waverley CCG led on the recent procurement of Children's Community Services and will manage the future contracts on behalf of the collaborative. Detailed, multi-year collaborative level intentions are appended to this document.

24. In 2017/2018, the CCG will

- i. Support NHS Guildford & Waverly CCG to mobilise the newly procured contracts in April 2017 to reduce variation in care across the children's collaborative.
- ii. Assess if Surrey Downs CCG children's contract due to expire in March 2018 can be aligned with the proposed mobilisation of all children's contracts in April 2017.
- iii. Work with our providers in CAMHS, Psychiatric Liaison and Epsom General Hospital to ensure effective care pathways are in place to address the management of children with mental health needs in a General Hospital setting and community.
- iv. Participate in the CAMHS Transformation Plans which will drive forward innovation; further improving access, reducing stigma and ensuring prompt, effective support including in times of crisis.
- v. Review the viability of commissioning the Behavioural, Emotional and Neurodevelopmental (BEN) pathway for Attention Deficit Hyperactivity Disorder.
- vi. Work with the Public Health England action plan to improve the uptake of immunisations in the area as well the quality of data submissions by Primary care.

Mental health services

25. The CCG works as part of a Surrey Heartlands collaborative to commission mental health services. A detailed set of mental health specific commissioning intentions, applying to the four CCGs in the collaborative, is appended to this document.

26. In addition to these, the CCG will locally focus on:

- i. Continuing to improve dementia diagnosis rates, particularly amongst service users in residential care settings
- ii. Continuing to improve IAPT referral and recovery rates, reflecting the new 16.7% prevalence target introduced nationally for 17/18. Specifically, we will target groups with other long-term conditions to encourage use of IAPT services where anxiety and depression are also factors.
- iii. Reviewing the pilot Safe Haven model in Epsom and agreeing its future mobilization
- iv. Improving the number and quality of physical health checks for people who have a learning disability.
- v. Improving the number and quality of physical health checks for people who are diagnosed with a serious mental illness.
- vi. Review the Psychiatric Liaison Service at Epsom Hospital and work with service providers to update the service specification.
- vii. Implement a pilot project of existing Dementia Navigators working in GP Surgeries to assist in supporting GP, patients and carers.
- viii. Development of Dementia Friendly GP practices.
- ix. Ensuring Mental Health Commissioning Intentions and CQUINS are aligned and improving service provision.

Medicines optimisation

27. As part of managing at risk patients in the community, our Medicines Management Team in 2017/18 will continue to advise GPs and also focus on specific preventative measures:

- i. optimising the identification and management of patients with Atrial Fibrillation with a focus on the increase in uptake of anticoagulation therapy where appropriate
- ii. supporting improvements in the quality and safety of prescribing by increased reporting and learning from medicines related incidents in primary care

- iii. continued support for GP practices to optimise prescribing in patients with asthma, COPD and diabetes
- iv. initiatives to reduce poly-pharmacy and ensure prescribing for the frail elderly is safer
- v. continue to implement improvements in prescribing and support initiatives that reduce the risk of antimicrobial resistance

Prevention

28. The CCG will:

- i. Deliver the National Diabetes Prevention Programme, with pilot rollout in Q4 2016/17 and full rollout during 2017/18
- ii. Introduce social prescribing initiatives to all parts of the CCG area, working with District and Borough partners
- iii. Continue to support a targeted range of personalization and prevention initiatives via the Better Care Fund, working with Surrey County Council
- iv. Play an active role in the STP prevention workstream, driving greater individual accountability for health status

Continuing healthcare

29. The main objective of Continuing Healthcare (CHC) Surrey is to comply with the National Framework for NHS Continuing Healthcare and NHS Funded Care (2012) and to assure the Clinical Commissioning Groups that they are meeting the requirements stipulated and evidenced in case law.

30. CHC is developing a 3 year strategy, which will be used to reinforce, articulate and guide the team to strengthen and focus on what matters aligned to the following principles:

- Quality
- Integration
- Workforce
- Governance
- Better value

31. Continuing Healthcare, on behalf of all CCGs across Surrey will support in the following ways:

- Deliver year one of a two year transformation strategy
- Operational contract efficiencies so as to get better value and better outcomes by negotiating individual packages of care
- Contracting for acquired brain injury and complex specialist neurological rehabilitation (Continuing Healthcare) service specification- high cost low volume services
- Re-procuring home care / domiciliary care with Surrey County Council

- Developing the personal Health budget process and supporting CCGs in designing the Long Term Conditions budget process
- Maintain a focus on reviewing assessment for FNC and CHC
- Work with local providers to implement 'discharge to assess' pathways to ensure acute pathways are smart and patient outcome focused

32. CHC projects are overseen by a Surrey wide CHC Programme Board and Delivery Group.

APPENDIX A: CHILDREN'S COLLABORATIVE COMMISSIONING INTENTIONS

Surrey-wide Commissioning Intentions – NHS Clinical Commissioning Groups and Public Health Surrey

Children, Young people and Maternity services

2016-2020

Executive Summary

NOTE: These are multi-year commissioning intentions that have not been specifically refreshed for 2017/18; there are therefore some references to actions in previous years

Our key Surrey-wide commissioning intentions for services for children and young people including maternity care for 2016-20 are:

- Improving access to and scope of mental health services following additional investment from both CCGs and Surrey County Council and procurement during 2015/16. Our CAMHS Transformation Plans will also drive forward innovation; further improving access, reducing stigma and ensuring prompt, effective **support** including in times of crisis.
- Improving our understanding of need, gaps and service redesign required to meet the needs of children with developmental needs and disabilities, including those with the most complex healthcare needs. Key areas we will improve through service redesign and a focus on user experience are summarised below; many may require new contracting arrangements and we intend to re-procure many of our children's community health services during 2016/17 to secure this:
 - Improving access to and outcomes from speech and language therapy - CCGs will redesign their contracts so that services commissioned focus resourcing on early identification and earlier intervention; implementing the joint commissioning principles agreed in partnership with Surrey County Council in 2015. Our joint aim is to improve the lifetime outcomes for children and young people with speech, language and communication difficulties from early delays to complex needs; reducing negative impact of communication difficulties;
 - Improving access to evidenced based occupational therapy - CCGs will focus resourcing on early intervention and support for children with physical disabilities, in partnership with Surrey County Council through joint commissioning to improve lifetime outcomes for children;

- To redesign our children community nursing services to support them in responding to the range of needs of children in the community living with short or long term health needs, including cancer;
 - CCGs will continue to expand to the scope of and access to personal health budgets for children and young people; working collaborative with families and the council to support overall direct payments that give families control and flexibility to support their child;
 - Understand our service challenges and solution for supporting an increasing number of babies, children and young people with continuing and complex healthcare needs; including implementation of any revised national guidance for children with continuing healthcare;
- Continuing to focus on improving self-management of physical and mental health care needs including long-term conditions; reducing unnecessary use of emergency healthcare and successfully reducing lengths of stay in hospital;
 - Improving public health outcomes for children and young people
 - Ensuring women are able to make safe and appropriate choices of maternity care for them and their babies
 - Successfully re-procuring children community health services where contracts are due to end by 31st March 2107; ensuring services are responsive to need, deliver a positive user experience and demonstrate effective use of resources (evidence based, outcome focussed and value for money)
 - Working in partnership with Surrey County Council, the Police and other key organisations to improve interagency working regarding safeguarding – delivering the actions detailed in the Children’s Improvement Plan (2015), clear early help models and pathways and an effective Multi-agency Safeguarding Hub.

Further detail on how we developed these intentions is outlined below.

1. Purpose

The purpose of this paper is for the Surrey-wide Children’s’ Commissioning team hosted by NHS Guildford and Waverley CCG to outline recommended commissioning intentions for 2016-20 that impact across more than one CCG. These are intended for use by the 6 NHS Clinical Commissioning Groups (CCGs) responsible for Surrey patients in addition to local paediatric commissioning intentions.

Our CCG intentions here incorporate children’s safeguarding (CCG) and public health led commissioning intentions for children and young people. They also align to joint commissioning agreed with Surrey County Council social care and education services; reflecting out joint Health and Wellbeing priorities; on our journey of

integrating planning, commissioning and service delivery to improve outcomes for children, young people and their families.

The paper outlines our commissioning intentions for the next 3 years. These have been based on:

- Commissioning activity throughout 2014-16, including service user and stakeholder feedback
- Priorities outlined in Surrey's Health and Wellbeing Strategy (2013)
- Each CCGs 5 year strategic plan (2014)
- Planned cessation of community health services contracts requiring re-procurement during 2016-18
- The NHS and Public Health Outcomes framework (2014/15)
- Recent key legislation and guidance such as:
 - CCG duties in the *Children and Families Act 2014* (part 3: children with special educational needs and disabilities) and associated guidance
 - *Promoting the health and wellbeing of looked-after children* (2015)
 - *Our Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* (2015)
- NHS South East Coast Strategic Clinical Network guidance for commissioners
[http://www.secsn.nhs.uk/files/7414/4172/5306/Strategic Commissioning Guidance 2016-17 MCYP Final.pdf](http://www.secsn.nhs.uk/files/7414/4172/5306/Strategic_Commissioning_Guidance_2016-17_MCYP_Final.pdf)

It is intended to support CCG contract leads in discussion with providers of commissioned services and clinical leads in preparation for any anticipated recommendations for change to current commissioning and local implications or impact.

The paper is predicated on their being no significant changes to the NHS mandates released for 2016/17 or 2017/18 or unforeseen changes to legislation.

2. Principles

The recommended 2016-20 commissioning intentions build on our CCG 5 year forward views (2014) and the principles that we will:

- maintain a focus on quality, innovation, productivity and prevention;
- drive innovation, quality and value for money through effective partnership working across Surrey
- hold the promotion of safe healthcare services and the prevention of avoidable harm at the heart of core business principles and practice (Berwick 2013)
- continue to seek assurance from providers that they are employing the right staff with the right skills to care for our patients and sustain a focus on quality (Francis 2013)
- pro-actively and visibly seek engagement of the children, young people and their families who use the services we commission in monitoring, reshaping and integrating service delivery

- Strive to deliver value for money alongside best outcomes;
- use joint commissioning and integration of service delivery across whole systems as a mechanism to align culture, visions, process and practice in a way that improves the journey of care and outcomes of our service users

Our principles continue to build on the Department of Health’s (2013) pledge to support improving outcomes for children and young people through striving to ensure that:

<i>Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.</i>
<i>Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.</i>
<i>Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.</i>
<i>Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require on-going health and care in adult life.</i>
<i>There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people</i>

3. Drivers for change

3.1 Surrey’s Health and Wellbeing Board - Strategic priorities for children

Priority 1: Improving children’s health and wellbeing

Improving children’s health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.

Priority 3: Promoting emotional wellbeing and mental health

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual’s mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

3.2 Our Future in Mind: Promoting, protecting and improving our children

The influencers of our overarching strategic context are referred to in section one. A key new one in 2015 was the setting out of a transformational vision for children and young people's (CYP) mental health and wellbeing in "Future in Mind". See section on 5.1 on CAMHS.

3.3 Children and Families Act 2014

Children and young people with special educational needs and disabilities (SEND) need integrated support to achieve their full potential. However parents often find it difficult to get the timely, co-ordinated support their child needs from different agencies. Their experience can be adversarial and dominated by arguments about who should pay for what service. The Children and Families Act (2014) reforms are designed to address these issues and establish both integrated commissioning and integrated delivery across education, health and social care for children and young people with SEND aged 0-25. There is a lot to do to achieve the practical and cultural changes that will deliver the vision of integrated, person-centred education, health and care.

Six key expectations for CCGs are that we will:

1. Jointly commissioning between CCGs and their local authority (education and social care) for children with SEND
2. Secure any 'health' provision identified in a child's education, health and care plan
3. Support local authority in commissioning of provision from health providers that will support a child's education and learning
4. Offer parents to access this support through a personal health budget
5. Establish a new CCG function – Designated Clinical Officer for SEND
6. Work with local authority on a published 'local offer' of services for children with SEND by stimulating and shaping the market to ensure high quality, value for money services required by families are available

The intentions in this paper will build on work we completed during 2014/15:

- Developing co-commissioning principles for speech and language therapy (SLT) and Occupational Therapy (OT). These have enabled us to align commissioning (contracting and outcomes measurement) across services commissioned by both CCGs and Surrey County Council. These include early intervention and targeted therapy for all children including those aged 0-5 in addition to therapy for children of school age who require an education health and care plan. This will be enacted through changes to contracting from 2017; see section 5.
- Working with stakeholders to improve our collective understanding clarity of what services are required to support 'health' needs versus education and learning.

- Scoping potential gaps such as services for 19-25 year olds who will remain in fulltime education following these reforms.
- Recruited both a Designated Clinical Officer and a Lead Medical Advisor for SEND to support us in understanding how we can improve services and to support families and stakeholders in meeting needs.

3.4 NHS Mandate and Outcomes Framework

We are awaiting the updated NHS England Mandate and outcomes framework for 2016-17 but assume they broadly remain the same as recent years. Our NHS mandate is to:

Preventing people dying prematurely
Enhancing the quality of life for people with long term conditions
Help people to recover from episodes of ill health or following injury
Ensuring people have a positive experience of care
Treating and caring for people in a safe environment and protecting them from harm
Freeing the NHS to innovate
Support the NHS to play a broader role in society
Make better use of resources

The three outcomes frameworks for health, public health and adult social care provide all parts of the system with a shared sense of priorities, a focus for improvement and aligned incentives. These form the basis for integrated working locally and support local partners to identify shared responsibilities, pursue shared goals and improve outcomes for their communities. They can be applied equally to children and young people. The five NHS outcome framework domains are:

	Domain 1	Domain 2	Domain 3	
	Preventing people from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	Effectiveness
Domain 4	Ensuring people have a positive experience of care			Experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm			Safety

4. Commissioning Intentions - 5 Year Strategic plans

Commissioning Intentions for children and young people in each CCG's 5 year strategic plans can be summarised as focusing on the following, in partnership with colleagues in the Local Authority and NHS England:

- Reducing preventable hospital admissions
- Supporting self-management and *choosing well* for families so that they access the right care and advice at the right time in the right place.
- Increasing immunisation uptake and successful implementation of any new immunisation programmes – working with public health
- Reducing childhood obesity
- Ensuring the promotion of emotional wellbeing and resilience is at the core of all services for children and young people; commissioning responsive access to child and adolescent mental health professionals and inpatient care
- Integrating both the commissioning and service delivery for children and young people who have special educational needs and disabilities; in partnership with the local authority and wider stakeholders
- Promoting *Early Help* models including *Family Support* and other opportunities to increase the resilience of families and carers who have children with challenging developmental, physical or mental health needs.
- Developing strong links into adult services to support young people and their families/carers through the transition period.

5. 2016-20 Commissioning Intentions for children and young people

These intentions are supported by each CCG and our partners in Surrey County Council. They will be led by the children's commissioning team hosted by NHS Guildford and Waverley CCG and Surrey County Councils public health team.

In summary they focus on:

- Improving access to child and adolescent mental health services to improve outcomes for children and young people; including reducing stigma and built in the principles of parity of esteem between physical and mental health care needs:
 - delivering on the improvements we promised following stakeholder engagement, subsequent service co-redesign, significant investment and re-procurement;
 - Embedding the improvements to be achieved through our CAMHS Transformation plan (2015) which released additional funding into this crucial area

- Improving access to health services and improving the health outcomes of children in care and those recently adopted
- Embed outcomes outlined in the *healthy child programme*; including:
 - Improving public health outcomes for children and young people
 - Improving access to speech and language therapy; CCGs will focus resourcing on early intervention implementing our joint commissioning principles (2015) in partnership with Surrey County Council to improve the lifetime outcomes for children with speech, language and communication needs
- Ensuring women are able to make safe and appropriate choices of maternity care for them and their babies
- Implement the reforms outlined in the Children and Families Act (2014) part 3: special educational needs and disabilities
 - Implement the joint commissioning principles through contraction of co-produced service models for SLT and OT;
 - Improving access to evidenced based practice occupational therapy; CCGs will focus resourcing on early intervention and support for children with physical disabilities, in partnership and joint commissioning with Surrey County Council to improve outcomes for children and young people;
 - Proactive approach and clearer clinical pathways that support discharge from hospital for children and young people with identified needs;
 - CCGs will continue to develop our offer in regard to personal health budgets, encouraging an increase in uptake;
 - Understand our service challenges and solution for supporting an increasing number of babies, children and young people with continuing and complex healthcare needs; including implementation of any revision guidance for children with continuing healthcare;
 - Support the local authority in effective development of SEND services for young people aged 19-25.
- Continue to support access to advice and training that supports self-management of long term conditions and community based intervention which eliminates unnecessary use of unplanned hospital care
- Support our hospitals in effective management of acute and emergency care reducing unnecessary lengths of stay; including unplanned attendances for both mental and physical health emergencies and admissions for self-harm
- Successful re-procurement of children community health services where contracts are due to end by 31st March 2107; ensuring services are responsive to need, deliver a positive user experience and demonstrate effective use of resources (evidence based, outcome focussed and value for money)

5.1 Child and Adolescent Mental Health Services (CAMHS)

Following the publication in February 2015 of new mental health access and waiting time standards and the setting out of a transformational vision for children and young people's (CYP) mental health and wellbeing in "Future in Mind", CYP mental health has become a key national and regional priority. This helps us build on

our commitment to this as a local priority through the Health and Wellbeing Board and

5.1.2 Local community CAMHS

2016/17 will see the implementation of our new joint commissioned community service contract for child and adolescent mental health services. Our priorities for service improvement are outlined in our 2015 CAMHS Transformation Plans. They include key developments for our new CAMHS provider and other health providers:

- **No door is a wrong door**
 - No referral for a child or young person will be turned away from advice and direction to support will always be given;
 - we have a single point of access to CAMH services- including to aligned or subcontracted local community which prevents delays in access to appropriate support;
- children and young people have **quick and timely access** to clinically effective mental health support when they need it;
- we maintain a **strong focus on early identification** and intervention to avoid costly packages of care across the health and social care economies;
- **Services are accessible** to vulnerable children, young people and their families.
- We establish a **comprehensive behaviour pathway** that supports early identification, advice and intervention for children and young people with anxiety, depression and/or behaviour difficulties associated with neurodevelopmental disorders
- We ensure hospital based **psychiatric liaison is in place** for children and young people who have an unplanned attendance due to self-harm;
- We continue to **challenge stigma** associated with mental health
- We build capability and capacity within universal services to **increase resilience** amongst all children and young people in Surrey
- We ensure that the most **vulnerable children are supported** to improve their mental health including those with complex needs or who are looked after
- We further **improved care for children and young people in crisis** so they are treated in the right place at the right time and as close to home as possible
- We develop a local **eating disorders service** to support children with moderate and milder difficulties; enhancing services already available for those with severe eating disorders; addressing eating disorders from anorexia to obesity.

5.1.2 Inpatient CAMHS

In addition to plans already in place we remain keen to have better influence over CAMHS inpatient care (tier 4) commissioned nationally through NHS England's specialist commissioning teams. We continue to aspire to a co-commissioning model with NHS England with a key focus will be on ensuring faster access to care when required, developing a better range of local care, developing a seamless approach to

case management, reducing avoidable hospital admission and supporting prompt safe discharges.

We need to embed and act on learning from incidents of delayed access to care. This includes ensuring we have an effective escalation route locally into regional and national CAMHS commissioning, to access inpatient beds or bespoke local solutions to crisis care.

5.2 Looked after children

Health services for children who are looked after (in the care of a local authority) are commissioned by a range of bodies either singly or in combination:

- GWCCG (on behalf of 6 Surrey CCGs)
- Public Health Surrey
- Surrey County Council
- NHS England

In 2014 we identified gaps in relation to provision of statutory health assessments for children looked after by Surrey but placed in care outside of the county (OOC) where usual services are commissioned. During 2015/16 we explored a number of options to improve this:

- Initial Health Assessment service for looked after children placed out of county – all were seen through a mixed model of GP and Paediatrician assessment, overseen by our Designated Doctor for looked after children
- Review Health Assessments for looked after children placed out of county – we have commissioned specialist LAC services in Hampshire to see any Surrey children placed there and intend to roll this out to other counties in 2016/17. Other children are seen by GPs overseen/supported by our specialist looked after children nurse teams.

We intended to roll out models of review health assessment care via specialist looked after children teams in the area where the child is placed wherever possible. We intend to include single service delivery of looked after children initial health assessments in our procurement of developmental paediatric services within our wider community health service's procurement.

Community health services across many CCGs are due for re-procurement by 1st April 2017 or 2018. We use this opportunity to consider a single looked after children medical and nursing service for all Surrey children (placed in and out of county) that is also flexible in recharging other CCGs so the service can provide health assessments to looked after children placed in Surrey by other areas.

5.3 Healthy Child Programme

We intend to work alongside our strategic commissioning partners to consider the benefits we could achieve through further alignment and integration of the services we commission for children aged 0-5 years. The aims would be to improve access to support that focuses on reducing obesity, improving mental health resilience, early identification and intervention in regard to developmental delay, health and wellbeing.

We have specific commissioning intentions to improve both the general and developmental health and well-being of children in Surrey. In 2016/17 these include:

5.3.1. Improving public health outcomes for children and young people

Public Health commissioned services will work to provide a robust universal offer to all children and young people in Surrey. They will ensure coordinated approaches to early help services that are accessed in a timely manner when families and children and young people need them most.

Early Years

Alongside the move towards an integrated 0-19 service we will continue to focus on the performance of Surrey's Health Visiting services, in line with the nationally mandated checks. Public Health in partnership with the CCGs will continue to promote and develop pathways for key clinical areas including minor illness, fever, diarrhoea and vomiting, asthma, head injury and bronchiolitis.

School Health

Surrey Public Health continues to commission the Surrey Healthy School's programme as well as a range of education tools and curriculum for PSHE, SRE and Drugs and Alcohol. We will work towards better ways of working between the School Nursing services, Healthy Schools programme and children's therapies.

Preventative aspects of the Surrey Substance Misuse Strategy will be delivered through Surrey schools, focusing on ensuring that all CYP receive alcohol education in school, and that parents and carers are supported to address drinking in children and young people.

Weight Management

Surrey Public Health team are working with local providers to develop models of delivery for children's and adult tier 2 weight management services. These will be integrated with local care pathways and opportunities within the wider community for physical activity.

Sexual Health

Our vision is to commission a Surrey-wide integrated sexual health service that has a robust offer for children and young people; building on a new service model commissioned from 2017

Improving self-care of long term conditions

Continue to commission advice and training to parents and professionals that supports self-management of long term conditions and community based intervention which eliminates unnecessary use of unplanned hospital care and promotes wellbeing and achievement.

5.3.2. Improving children speech, language and communication development

CCGs will focus resourcing on early intervention, implementing our joint commissioning principles (2015) in partnership with Surrey County Council to improve the lifetime outcomes for children with speech, language and communication needs

5.4 Maternity

We will use the National Maternity Review (Better Births) to shape our future maternity services. We will work across organisational boundaries so that services are commissioned to include the needs of women during pregnancy and following childbirth, for example mental health services. The review recommended several points which we are already addressing as an early adopter site for *Better Births* within the Surrey Heartlands STP footprint and we will continue to implement these improvements.

5.5 Children with Disabilities - Implement the reforms outlined in the Children and Families Act (2014) part 3

- Implement the joint commissioning plans outlined under the HCP section in regard to SLT
- Improving access to evidenced based practice occupational therapy; CCGs will focus resourcing on early intervention and support for children with physical disabilities, in partnership and joint commissioning with Surrey County Council to improve outcomes for children and young people
- Continue to develop our offer in regard to personal health budgets and work with social care to develop joint packages through this route.
- Understand our service challenges and solution for supporting an increasing number of babies, children and young people with continuing and complex healthcare needs; including implementation of any revision guidance for children with continuing healthcare;
- Work with the Local Authority to align Early Years services to ensure that children with continuing health care needs under the age of five are fully supported by all agencies from the time of diagnosis.
- Support the local authority in effective development of SEND services for young people aged 19-25
- Understand the service challenges and solution for supporting young people over the age of 18 with complex and/or long term conditions to access appropriate support from adult services.
- Work closely with adult continuing healthcare to ensure that young people with continuing healthcare needs receive a seamless transition and that families are informed and supported during the process.
- Work with adult health and social services to stimulate the market and shape provision with families for local respite support for young people over the age of 18. Training and advice to be offered where needed.
- Where that support is severely limited work with families and with adult health and social services to find creative solutions.

5.6 Support our hospitals in effective management of acute and emergency care reducing unnecessary lengths of stay; including unplanned attendances for both mental and physical health emergencies. admissions for self-harm

- Work in conjunction with NHS England, CCG's and acute providers to provide assurance that local Paediatric Critical Care provision is safe, sustainable and provides best outcomes for children and young people
- Facilitate whole system engagement to identify opportunities for innovation and development and enable service providers to influence commissioning strategy through the pan-Surrey Acute Paediatric Clinical Advisory Group
- The re-procurement of children's community health services will require review of existing pathways for children with long term conditions. Children community nursing and other specialist nursing functions currently span both acute and community services so will also need to be considered as part of this process.

5.7 Successful re-procurement of children community health services where contracts are due to end by 31st March 2107 or 2018; ensuring services are responsive to need, deliver a positive user experience and demonstrate effective use of resources (evidence based, outcome focussed and value for money)

5.8 Safeguarding Children

Safeguarding standards will be used in all contracts with providers, including independent and private providers, regardless of whether the provider delivers services to children, young people, families or adults. The term 'child/ children' will be used in the standards to cover all children and young people up to their 18th birthday. The standards are informed by legislation and statutory guidance and evidence from research. All providers will be expected to comply with all legislation and guidance related to safeguarding children; these include:

- Children Act 1989
- Section 11 Children Act 2004
- Working Together to Safeguard Children 2015
- Care Quality Commission registration requirements Section 3 – Safeguarding and Safety, standard 7 – Safeguarding Vulnerable people who use services.
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014)

All provider organisations are required to be compliant with the standards in this schedule. The services they provide may include:

- Working with Children
- Working with Parents or Carers
- Working with Adults who may pose a risk to children

Ten Core Safeguarding Children Standards

1. Governance and Commitment to Safeguarding Children

2. Policy, Procedures and Guidelines
3. Appropriate Training, Skills and Competences
4. Effective Supervision and Reflective Practice
5. Effective Multi-Agency Working
6. Reporting Serious Incidents
7. Engaging in Serious Case Reviews
8. Safe Recruitment and Retention of Staff
9. Managing Safeguarding Children Allegations Against Members of Staff
10. Engaging Children and their Families

It is the providers' responsibility to demonstrate compliance with the standards and report to the CCG's commissioner.

If the provider requires advice on how to evidence their compliance with the safeguarding children standards they should contact NHS Guildford & Waverley CCG Surrey wide Consultant Designated Nurse for Safeguarding Children.

Evidence of compliance provided to NHS Guildford & Waverley CCG will be reviewed by the CCG Surrey wide Consultant Designated Nurse for Safeguarding Children.

Any non-compliance with these standards must be notified to NHS Guildford & Waverley CCG's Surrey wide Consultant Designated Nurse for Safeguarding Children who will provide advice about the action required to achieve compliance within appropriate timescales.

If the provider has to report non-compliance in relation to their safeguarding practice with any other regulatory bodies they must also immediately notify NHS Guildford & Waverley CCG who will contact the CCG Surrey wide Consultant Designated Nurse for Safeguarding Children.

Key Performance Indicators for Safeguarding Children

In addition to the safeguarding children standards, providers will be required to report 6 monthly against the CCG's dashboard, at the LSCB's Health Safeguarding sub-group or relevant governance meetings with the CCG. The CCG Surrey Wide Consultant Designated Nurse for safeguarding children will review the information and identify any significant issue of compliance. This information will also be shared with the LSCB.

The CCG reserves the right to amend the standards and key performance indicators in light of the revision and publication of new legislation, statutory guidance or evidence from research, during this commissioning cycle.

APPENDIX B: MENTAL HEALTH COLLABORATIVE COMMISSIONING INTENTIONS

HEARTLANDS & EAST SURREY Commissioning Priority Areas 2017/19:

Heartlands and East Surrey STP Headlines

OBJECTIVES

In achieving our ultimate goal of Mental Health truly becoming everybody's business and turning "no health without mental health" into reality for care providers, across all sectors, we have 5 mental health workstream objectives:

1. To create resilient communities through prevention & early intervention.
2. Ensure the system is based on a holistic model of total wellbeing that is person and family centred.
3. Build broader capability & wellbeing across the system wide workforce.
4. Ensure delivery of a coordinated and connected system.
5. To measure what matters to people focused on optimising value.

We anticipate the increased use of early intervention and integrated mental and physical healthcare will enable a reduced demand for acute services and result in a decrease in acute admissions/attendances which will result in £0.5m year on year efficiencies for the Surrey Heartlands system by 2020/21

KEY INITIATIVES

Building on the foundation of work already taking place across Surrey Heartlands, we have set out **4 initiatives** to drive forward our programme of work, as well as identifying a key dependency on the workforce workstream:

Initiative 1: Operating model for Mental Health - within the wider system (Priority area for 16/17)

- Build upon the work within other STP workstreams to develop a networked model for mental health that can be implemented and integrated into the wider Surrey Heartlands health and social care system.
- To ensure the co-designed connected system for mental health applies to people of all ages and levels of ability, exploring options for integration, co-location, estates optimisation, common governance, deliverables & outcomes with a focus on prevention & early intervention

Initiative 2: Prevention; Citizen-led Health & Social Care

- To create resilient, connected communities and deliver citizen-led holistic approaches that support self care through personal accountability for health status and provision and facilitation of preventative support

Initiative 3: Increase access to Early Intervention

- Develop proactive approaches to care and specifically build upon other STP workstreams e.g. women & children's to develop specialist perinatal mental health services across the community.
- To connect and strengthen care networks within primary care , develop

and expand consistent models of evidence based interventions that improve earlier access to services across the system.

Initiative 4: Manage crisis well

- To reduce pressure on the acute system, through reducing admissions, attendances at A&E and lengths of stay by consolidating beds & sites, and investing in enhanced Liaison Services and out of hospital networks of support including perinatal networks
- To reduce suicides

Dependency on Workforce workstream: capability & wellbeing

- To build broader skills, capability and wellbeing across the Surrey Heartlands workforce

Priority Area	Requirements:
<p>Mental Health Crisis Care</p>	<ul style="list-style-type: none"> • The Trust will deliver against their action plan within the TCA on the single point of access with go live on 3 April 2017. • The Trust will stay abreast of the 111 and clinical navigation hubs procurement to ensure that the SPA development retains an integrated pathway as appropriate • The Trust is required to work with the commissioners to look at the sustainability funding plan and alternative model of Safe Havens to the Crisis House and Beds that have been given notice on and the engagement, consultation and transition plan of any service change within the current envelope and increase in CCG baseline allocations for crisis care. • The commissioners require the Trust to conduct an audit of the HTT against the best practice model to assess whether there are any gaps in service that needs to be planned for within allocations made available to CCGs for crisis care. • The commissioners wish the Trust to work with them on a case to submit to the STF monies expected to come out in October 2017 to support all age CORE 24 service specification standards where suitable and appropriate, in line with guidance, across the acute hospitals and relevant STP footprints
<p>Integration</p>	<p>We will require the Trust to work with individual CCGs to identify the high impact improvements required for the delivery of improved care to patients in an efficient integrated pathway across the pressurised community teams in adult and older adult mental health and primary care. A significant shift in culture is required to deliver a strong integrated approach across primary and secondary care. This will include collective agreement around</p>

	<p>thresholds, operational drivers such as the single assessment process and development of a universally recognised common language and referral process across the pathway to reduce variation and referrals being turned away as inappropriate ensuring access for people in need of secondary care.</p> <p>Assurance is required from the Trust that the pathway between IAPT providers and secondary care teams in the Trust is operating in accordance to the pathway agreed for IAPT providers and that risks and operational and clinical processes for cross-referral of patients are being managed well. This is to address the long term concern reported by IAPT providers and GPs in relation to the interface with Step 4, and to ensure that the access to step 4 is direct to ensure any risks are managed well across the pathway.</p> <p>The Commissioners will require the Trust to work across the wider system particularly with local health and social care systems to support joint care management and timely discharges from inpatient units.</p> <p>The commissioners wish to work with the Trust to review where children services and transition may be better integrated i.e. CAMHS to adult mental health, and the improvement in outcomes that we could see.</p>
<p>AAA</p>	<p>The commissioners wish to finalise negotiations to enhance the current provision within the adult AAA service by the 1st April 2017 facilitating discharge to primary care via a specialist practitioner approach (ADHD focus) and post diagnostic support maximising outcomes via co-ordinated multi-disciplinary and multi-agency approach for the often complex needs of people on the autistic spectrum and with ADHD, in particular those that don't currently meet the secondary care criteria for mental health.</p> <p>The commissioners require the Trust to submit a trajectory that demonstrates how the wait times for the service will come down and be maintained at the constitutional target of within 18 weeks for treatment.</p>
<p>Perinatal Mental Health</p>	<p>The commissioners will work with the Trust to ensure a sustainable plan is developed for the establishment of a specialist community service either via the Development fund bids or through business case submission.</p>

	<p>The commissioners will continue to work and support the Trust on the Trust's leadership of the Perinatal Mental Health Network and the Trust working with the acute, maternity and community providers in strengthening the integrated pathway that has been developed.</p>
<p>Section 117</p>	<p>The Trust will be required to work with the health and social care commissioners to ensure that the new Section 117 Partnership Policy is followed by:</p> <ul style="list-style-type: none"> • Supporting the policy launch and ensuring relevant staff attend training on the policy • Ensuring the Register is reviewed and appropriately populated and maintained according to the new partnership 117 policy • Ensuring that the S117 reviews are conducted to the standard of frequency required by the policy and proactively managed to step down the care pathway, assuring that care package changes are made as appropriate to need changes • Ensuring that during reviews the discharge of S117 is considered and acted on as appropriate <p>The Trust will provide the commissioners with the information from the inpatient audit of needs being conducted and will participate in the future planning and strategy of accommodation and market stimulation as appropriate.</p>
<p>Inpatient Services - Bed capacity and 24/7 Inpatient Locations</p>	<p>We wish to finalise the lines of enquiry that have been taking place through this year on the bed capacity and funding levels within envelope in order to have transparency in investment and ensure appropriate levels of capacity are maintained.</p> <p>We will work with the Trust to ensure that the engagement work on the future number and location of the inpatient units are completed and consulted on. The commissioners require the Trust to work in full partnership with the commissioners on their options appraisal on the number and location of the units and agree a timescale over the changes, being mindful of ES CCG stated intention that they wish their population beds to remain at the Langley Green site and it will not participate in a consultation on the relocation of beds. A definitive plan reflecting the above to have been agreed with the Trust by end of December 2016.</p> <p>Commissioners require the Trust to ensure that people are repatriated as soon as possible when</p>

	<p>made aware of an adult from our population being admitted to an out of area unit to support the reduction of NCA charges coming to CCGs.</p> <p>ES CCG Commissioners will work with the Trust to continue to improve the quality of inpatient care at Langley Green and reduce the occurrence of people being admitted to further afield units.</p>
<p>Data</p>	<p>Commissioners will expect complete and accurate data returns for all routine MHSDS and UNIFY collections, with fines, penalties and contractual management levers being utilised where the required standards are not met for 17/18 onwards.</p> <p>It will be essential that data is available per CCG as well as at the relevant collaborative footprint level.</p> <p>The commissioners will work with the Trust to develop a consistent data set across psychiatric liaison services for the Trust to report on from April 2017</p> <p>Commissioners and the CSU will work with the Trust to develop a jointly agreed consistent dataset that will be used to track growth, demand and capacity. Commissioners noted the letter from the Trust dated 13 September 2016 Whilst commissioners note the information provided which indicated a rise in referrals to the provider, it is important to note that the levels of actual activity have not increased at the same rate, with activity overall showing a downward trend , therefore further discussion regarding the impact is required between commissioners and providers to fully understand the implications.</p> <p>As required by the NHS Standard contract the Trust will be ERS compliant</p>
<p>Tariff/PbR</p>	<p>Commissioners will require the Trust to work towards meeting the requirements of any guidance around the changes in approach to payment for mental health services acknowledging that both SABP and CCG Commissioners have agreed that it is not viable to implement any real change until robust data has been flowing for a longer period of time.</p>
<p>Meeting Performance</p>	<p>Metrics will be matched in the contract to ensure</p>

<p>Targets</p>	<p>that the CCG assurance areas are covered. Commissioners and providers need to agree the trajectories to meet improvements to see all CCGs achieving 'performs well or top performing'.</p> <p>Following Commissioners investment and the joint working that has taken place on ensuring that the EIIP service is compliant with national expectations the Trust will be expected to meet the performance targets. CPA and mixed sex accommodation targets to be met.</p> <p>All fines, penalties and contractual management levers will be utilised where the required standards are not met.</p>
<p>CQC Improvement Plan</p>	<p>We will work with the Trust in support of their CQC Improvement Plan. To achieve this the Trust will provide regular updates to the Clinical Quality Review Meeting on their progress against the plan.</p>
<p>Achieving action plan re Mazars</p>	<p>The Trust has enhanced their mortality assurance process in response to the Mazars report. To allow commissioner oversight of this process the Trust will provide the Clinical Quality Review Meeting with a quarterly mortality assurance report.</p>
<p>CQUIN</p>	<p>The 6 national mandated CQUINs for mental health trusts will be included.</p>
<p>QIPPs</p>	<p>Commissioners will be looking to agree QIPP requirements with the Trust to drive out efficiency savings and to improve productivity and demand and to reinvest in services where appropriate.</p>
<p>Specification Review</p>	<p>The Commissioners wish to work with the Trust to review a number of areas within the older peoples CMHT and memory services specification that have arisen operationally.</p>

APPENDIX C – Learning Disability Collaborative Commissioning Intentions

1. Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
2. Enable access to specialist health and social care support in the community.
3. To enable People with a learning disability have choice and control over how their health and care needs are met.
4. Continue to work with children and their families of children whose behaviours present as challenging
5. Ensure people with Challenging Behaviour have access to Direct Payments
6. Introduce a local offer for Personal Health budgets and integrated personal commissioning budgets for people with complex needs •
7. To engage with the voluntary sector to ensure a wide range of service provision.
8. Ensure local advocacy is reaching those with challenging behaviour
9. Reduce inpatient bed capacity by March 2019 to 10-15 CCG-commissioned beds per million population, and 20-25 NHS England-commissioned beds per million population.
10. Enable people to have a choice about where they live and who they live with
11. Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check and improving access to mainstream health services
12. Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability or autism.

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