

Commissioning Intentions Summary

Commissioning Intentions 2017/18

Contracts affected	Programme area	Service(s)	Commissioning intention	Timescale for implementation of this (from 30 September 2016)	What change do we expect in activity?	What financial change do we expect?	Proposed outcome measure
Royal Free (RF), Whittington (WH), Central and North West London (CNWL), Tavistock & Portman	Children and young people	Children's	Renewal of existing Children's Partnership Alliance Agreement SLA on a rolling one year basis.	Other		There may be some change in or reduction to the reward grant element of this model - TBC.	Currently five outcome measures are in place but these are being reviewed and will change - TBC.
WH	Children and young people	Family nurse partnership	Extension of contract which ends March 2017 to provide family nurse partnership (through section 76 with local authority public health) for 2 years (until March 2019).	6 months		No change from 2016/17 - no uplift and no CQUIN.	A range of outcome measures are in place for this service (see specification). No changes proposed for 2017/18.
CNWL	Children and young people	Health visiting and school nursing	Extension of contract to provide health visiting and school nursing (which ends March 2017 under section 76 agreement with the local authority public health) for 2 years until March 2019.	6 months		No change from 2016/17 - no uplift and no CQUIN.	A range of outcome measures are in place for these services (see specifications). No changes proposed for 2017/18.
RF	Children and young people	National specification for eating disorders	Review of commissioned ED service underway. NHSE require implementation of national service specification.	6 months	Possible increase of children and young people seen earlier in the community	Not known at present. If an increase in funding is identified this will be provided through NCL CAMental healthS Transformation Plans.	TBC
Barnet Enfield and Haringey (BEH), WH, Tavistock & Portman	Children and young people	Mental health crisis reponse service for children and young people	To commission crisis reponse service as required by NHSE in compliance with guidelines.	6 months	Children and young people seen earlier when experiencing acute difficulties and possible reductions in ED attendance. Aims to reduce numbers seen in ED and paediatric beds for acute mental health presentation. Activity earlier (pre-attendance/admission) in the community will increase.	Short form proposal for invest to save will be submitted in 2 weeks. Additional out of hours resource in the community required to reduce attendance/admission in acute paediatric beds	TBC
BEH, WH	Children and young people	Co-commissioning T4 beds for children and young people	A submission is being made to NHS England, which if approved will mean acute mental health beds for children and young people are funded, approved and managed by CCGs instead of NHS England. If the submission is approved, it is expected that the new arrangements will take effect from September 2017.	12 months	More children and young people remaining in NCL for acute mental health admission and reduction in length of stay	Transference of funding from NHSE	TBC
All acute providers	Other	All	The CCG is looking to develop new, non-payment by results contracting forms to underpin the delivery of the Sustainability and Transformation Plan.	6 months		It is expected that the financial basis underpinning the contract will not utilise payment by results tariff, but based on a minimum income guarantee basis, with shared risk and incentives for implementation of STP key workstreams.	N/A
CNWL	Other	District Nursing	The CCG intends to commission additional district nursing capacity and introduce additional KPIs and an outcomes element to the contract to reflect the additional investment (business case not yet confirmed).	6 months		£1.2m investment - £150,000 anticipated QIPP saving = £1.05million total investment. Note: business case yet to be finalised, investment and QIPP delivery will have phased start	Increase in number of district nurses in Camden. Improved district nurse, patient and GP satisfaction (measures through surveys). Creation of micro teams (small sub-locality sized nursing teams aligned around small groups of practices enabling greater continuity of care). Anticipated reduction in ED attendances and admissions. Reduction in number of avoidable pressure ulcers. 5-10% of the additional investment will be linked to a defined set of outcomes once the recruitment phase is complete (outcomes still to be finalised).
In Health	Diagnostics	Direct Access Diagnostic Tests	Contract extension, with the exception of MSK-related diagnostics for Camden patients	6 months	Cost and volume contract	Activity-driven contract	
Other community provider	Community	MSK and Pain	Contract end - this contract will end as the contract expires in March 2017.	12 months	Cost and volume contract		
UCLH, RF, other community provider, InHealth	Community	Adult Audiology Service	Potentially decommission this service from March 2017	12 months	Cost and volume AQP contract		
Other	Other	Digital Peer Support	This will be a Pan London initiative from 2017	Phased plan	With the new Pan London service we would expect an increase in activity	There is no cost to this contract 2016/17 as we agreed to roll over activity from last year	
Other	Other	IAPT	Remodel service as per the 5YFV mental health	6 months	Increase in access and recovery outcomes	Saving	Meet national targets
Other	Other	IAPT AQP	Remodel service as per the 5YFV mental health	6 months		Saving	
Other	Other	Social participation	As part of Camden's Prevention and resilience offer we will reviewing and remodeling our community services aligned to the Camden Local Care Strategy	6 months	This is a community awareness contract and does not deliver services as such to the population	Not yet known	
Other	Other	Community Development	As part of Camden's Prevention and resilience offer we will reviewing and remodeling our community services aligned to the Camden Local Care Strategy	6 months	this is a community awareness contracts and does not deliver services as such to the population	Not yet known	
Other	Other	Peer Support	As part of Camden's prevention and resilience offer we will reviewing and remodeling our community services aligned to the Camden Local Care Strategy	9 months			
Other	Other	Homelessness	Variation in contract based on evaluation	6 months	Unknown	Saving	
Other	Other	Rivers crisis house	Need recurrent funding for this service. 5-year contract expires in March 2017.	6 months	Accessibility for Camden patients	None - continued investment	Reduction in inpatient care. Improved experience of care for patients.
C&I	Other	Crisis phone line	Pilot project, needs recurrent funding from 2017. Forms part of CCG assurance framework.	6 months	Increase in calls	None - continued investment	Reduction in ED attendance / improved patient care and experience.
Tavistock and Portman	Other	Primary Care Mental Health	Expected increase in activity and pathway redesign. Potential change to service specification and finances dependent on independent review which is due to report end of August 2017.	9 months	Increase in referrals for complex patients / MUS as a result of IAPT decommissioning	Increase in contract price	
UCLH, RF, NMOH, WH, Moorfields (MEH), St George's, Homerton, Barts, Imperial, GSTT, GOSH, RNOH	Medicines Management	Acute care	To increase cost effectiveness of high cost drugs	6 months	Growth in activity requiring high cost drugs. Increased expenditure to be mitigated by use of biosimilar medicines.	Estimated QIPP of up to £1m (across NCL), subject to change in prices in year	Gain/risk share scheme in line with London Procurement Programme recommendations for 2017/18.
Moorfields (MEH)	Medicines Management	Ophthalmology	To increase cost effective delivery of ophthalmic high cost drugs	6 months	Growth in activity requiring high cost drugs. Increased expenditure to be mitigated by change in tariff price in line with other trusts.	Reduction in price from £289 to £171 plus MFF	Reduction in price from £289 to £171 plus MFF
NMUH	Medicines Management	Ophthalmology	To increase cost effective delivery of ophthalmic high cost drugs	6 months	Growth in activity requiring high cost drugs. Increased expenditure to be mitigated by change in tariff price in line with other trusts.	Activity will be charged in line with tariff, and reduced from current day case price of £353 to £109 plus MFF (code BZ23Z)	Activity will be charged in line with tariff, and reduced from current day case price of £353 to £109 plus MFF (code BZ23Z)
UCLH, RF	Medicines Management	All	To reduce National Tariff excluded drug cost charges to acquisition cost only.	6 months	Growth in activity requiring high cost drugs. Increased expenditure to be mitigated by reduction in additional drug cost charges in line with other trusts.	Reduction in additional drug costs	Reduction in additional drug costs
UCLH, C&I, BEH, Royal Free (RF), NMUH, WH, Moorfields (MEH), CNWL, St George's, Homerton, Barts, Imperial, Central London Community Health, GSTT, GOSH, RNOH	Medicines Management	All	To reduce unwarranted variation in productivity and performance in acute trusts in line with the Carter review: https://www.nhsproviders.org/media/1746/otdb-lord-carter-report.pdf	12 months	Growth in activity mitigated by increased productivity and use of workforce.	Increased efficiency	Increase % clinical patient facing time for pharmacists Increase proportion % of prescribing pharmacists Reduce % stockholding within pharmacies Implementation of action plan for NHSI top 10 medicines savings opportunities and other measures TBC (see Acute MM document)
UCLH, BEH, Royal Free (RF), NMUH, WH, Moorfields (MEH), St George's, Homerton, Barts, Imperial, GSTT, GOSH, RNOH	Medicines Management	All	Repatriation of prescribing of specialist drugs in line with NHS England commissioning responsibilities	12 months	TBC	Movement of spend to NHS England	Repatriation of specialist drugs in scope of NHS England manual for prescribed services that are currently prescribed in primary care
All providers exc Pharmacy	Medicines Management	All	The CCG intends to introduce local timescales for route cause analyses (RCAs) and Clinical Harm Reviews (CHRs) to be completed: a) for RTT, cancer, diagnostics within 4 weeks of the breach (not the future appointment date) b) for discharge issues (e.g. discharge alerts, unsafe discharges) within 7 days c) for C.Diff within 10 days. The template for these is to be agreed between provider and commissioner. National timeframes will still apply for serious incidents, complaints, and MRSA bacteraemia.	6 months	N/A	N/A	N/A

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Other community provider, GPs/Federation, InHealth	Medicines Management	All	The CCG plans to review all quality schedules, and where appropriate issue new or updated schedules.	6 months	N/A	N/A	N/A
UCLH, C&I, Royal Free (RF), CNWL, Other community Provider, GPs/Federation, BMI, InHealth & Other	Other	Population Health	To establish Local Data Flows to support population health management, informing the Local Care Strategy	6 months	This relates to data flows	This relates to data flows	The local data flows will enable the CCG to measure the overarching CCG outcomes and the Commissioning Intentions outcomes aligned to these.
	Other	MSK and Pain	Camden CCG will be letting a contract for the provision of integrated MSK services which is expected to take effect from 1 April 2017. Camden CCG will not be contracting directly with any other provider for activity in the scope of this integrated MSK service, and all relevant activity and finance will be removed from contracts.	6 months			N/A
CNWL CIFT	Mental Health	Value Based Commissioning for psychosis	Commissioners will expect CNWL to fully participate in the value based commissioning for psychosis contract in 2017/18. Commissioners will work with the trust to support them in preparing to join this contract. Joining this contract will involve activity relating to CNWL's community care for Camden patients with psychosis will be removed from the core contract and become part of the value based commissioning for psychosis contract.	6 months	It is possible that the amount of activity included in this contract could initially increase as coding of these patients improves and patients are supported to engage with physical health care. Longer term we would expect the VBC contract to reduce in terms of complex high cost care as we will be intervening earlier and preventing physical and mental ill health.	Not yet known - see activity comment	As per value based commissioning for psychosis outcomes measures. (Providers have seen full document.)
GPs	Primary Care	Decommission all Locally Commissioned Services (LCSs)	The CCG intends to decommission all LCSs in their current form. The services will be reviewed and, where appropriate, updated and recommissioned as part of the Universal Offer.	6 months	Activity on LCSs in their current form will cease	No change as recommissioned under Universal Offer.	
GPs	Primary Care	Decommission all Personal Medical Services (PMS) Premium Services	NHS England, with the CCG, intends to decommission all Personal Medical Services (PMS) Premium Services to bring the contract in line with the General Medical Services (GMS) contract. The premium services will be evaluated, and where appropriate, updated and recommissioned as part of the Universal Offer.	6 months	Activity on PMS Premium Services will cease	No change as recommissioned under Universal Offer.	
GPs	Primary Care	Decommission Camden Health Improvement Practice (CHIP) Care Navigator	The CCG intends to decommission the Care Navigator role at the Camden Health Improvement Practice (CHIP) in line with the end of the Alternative Provider Medical Services (APMS) contract held by the practice.	6 months	Activity will cease	£80k	
GPs	Primary Care	London Offer	The CCG intends to commission the London Offer as part of the Universal Offer	6 months	There might be changes in the amount and type of activity	Source of funding - PMS Premium	
GPs	Primary Care	Universal Offer (including London Offer)	The CCG intends to revise, update and re-commission LCSs from GP practices as part of the Universal Offer.	6 months	There might be changes in the amount and type of activity	Source of funding - existing LCS and PMS Premium.	
Other community provider	Primary Care	Pre- and Post-Cataract Care Service	The CCG intends to decommission the Pre- and Post-Cataract Care Service due to a lack of activity.	6 months	There will be a slight increase in activity for acute service providers	2000	None
	Other	Provision of BSL services to deaf people attending a variety of health appointments. Although the majority are GP appointments, BSL interpreters also attend a variety of other health appointments,	Commissioned Units pa 313 / Cost per unit £157.11 - the contract will need to be extended for 2016/17. Past practice has been to review / update the specification, re-issue to contract for a year with the option of a further year's extension.	12 months	Service to be reviewed	Tariff will not change during contract extension period	
	Older People	Dementia Adviser and Dementia Befriending	Contract will be extended for 2017/18. Working with the provider to determine a clearer set of outcomes for the services	12 months	Due to increase in diagnoses of dementia demand for the services is increasing	Will look at efficiencies in service - may be able to reduce spend on adviser service but at peak capacity for befriending service which may necessitate further funding.	Improved patient experience and empowerment to live well with dementia in the community
	Other	Hospice services	We will be re-letting the contract with the existing provider for a 3 year period from April 2017 with amended schedules, including pricing and service specification, and that the detail of these will be finalised during contract negotiation	18 months	Contract will be based on level of activity and projected increase of day services and lymphodema	Will look at efficiencies in hospice care that can be transferred to care in the home at the end of life	Improved quality of life at the end of life; patient choice, patient experience
	Other	Low Vision Centre. Provided by Action for Blind People (RNIB)	Review current provision and conduct needs assessment summer 2016. Business case approval October 2016 and commence procurement process. Contract ending in March 2017.	9 months	Service review to inform activity	Ongoing cost subject to review outcome	Improved rehabilitation and and maximisation of independence for people with low vision living, reducing barriers to inclusion in the community and preventing avoidable sight loss where possible in the future.
	Learning Disabilities	Hertfordshire Partnership NHS FT - Inpatient care for people with learning disabilities	12 month contract. Standard National Contract. Ended 31/03/2016				
	Other	Recovery College	2 year pilot underway Apr 2015 - Mar 2017. Review underway, which may lead to a contract extension being proposed.	9 months			
Voluntary Action Camden	Community	Service is provided in general practice and community settings	Decommission service	6 months	N/A		We intend to reduce social isolation, health inequalities and improve patients health and wellbeing.
GPs	Primary Care	Anticoagulation	Re-commission service and slight alterations to the service specification	6 months	There will be a decrease in activity for secondary providers and an increase in activity for general practice.	Additional funding of £180k (year3) offset by savings of £370k	Increased knowledge, development and engagement. Prevention of stroke and complications. Reduced pressure in secondary care. Increased patient satisfaction. Anticoagulation therapy cost saving per patient per year. Improved access. Clinician satisfaction.
	Cancer	62-day urgent GP referral pathways	Providers to agree to pan-London and NC&EL sector 62 day urgent GP referral pathways, by tumour site. Each pathway will be approved by the NCL cancer board and must demonstrate compliance with national and regional guidance for: Timely inter-trust transfers; Pathway timings.	6 months			Proportion of shared breaches reallocated according to national guidance.
	Children and young people	Perinatal mental health service including peer support	Subject to decisions across NCL, a bid for funding from NHS England and local decision-making about proposed investment. Camden CCG's intention is to strengthen perinatal mental health services including peer support. This is likely to include specialist perinatal psychiatry, nurse and peer support for women in the perinatal period.	6 months	Increase in community-based activit, decrease in urgent care as service develops.	Reduction in acute bed costs and inpatient mental health activity	To be developed - clinical measure of improved perinatal mental health and increased satisfaction with support
	Children and young people	Asthma care	All providers to implement asthma standards (Healthy London Partnership).	12 months			Asthma standards implemented
	Cancer	Risk Stratification of Prostate Cancer	Prostate cancer patients will be discharged to their GP for the management of their prostate cancer.				
	Cancer	2-week wait outpatient clinics	For urgent GP referrals, providers should be able to offer a first appointment within 7 days and should be able to achieve a median wait of less than 8 days for the first appointment.	6 months			Median wait for first appointment (2 week wait)
	Cancer	62-day urgent GP referral pathways	Where the 62-day urgent GP referral standard is not being met and where patients continue to wait a long time for cancer treatment, Root Cause Analysis of breaching patients is expected (as a minimum, for all 104 day waits) that complies with the NHS England (London) September 2015 guidance.	6 months			Proportion of 104 day breaches receiving a root cause analysis, in line with guidance.
	Cancer	62-day urgent GP referral pathways	Providers should improve data quality for breach reasons reporting on the national CWT database (Open Exeter), accurately recording: the data receipt of referral at first treating trust; free text breach reasons that summarise the main/multiple root causes of the breach.	6 months			Audit of national database breach reasons
	Cancer	Acute follow-up	A blended community/acute stratified follow-up service for prostate patients.		Follow-up appointments and blood tests will reduce in a hospital setting and increase in a community setting.		
	Cancer	Living with and beyond cancer	Providers of services for patients living with and beyond cancer, should demonstrate that every person with cancer has access to the elements of the recovery package and will be expected to conform to the NICE service specification to be published in year.	12 months			
	Cancer	Integrated services for palliative care	Integrated services for palliative and end of life care should demonstrate compliance with with the NICE Quality Standard (2011).	12 months			

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	Cancer	Genetic testing	Providers should demonstrate the offer of genetic tests for specific bowel, ovarian and breast cancer patients: - All patients under the age of 50 receiving a bowel cancer diagnosis are offered a genetic test for Lynch Syndrome. - All women with non-mucinous epithelial ovarian cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis. - All women under the age of 50 diagnosed with breast cancer are offered testing for BRCA1/BRCA2 at the point of diagnosis.	12 months			
	Cancer	Diagnostics	Providers should agree to plans for the development of capability to achieve the 28 day diagnosis standard by 2020.	6 months			
	Cancer	Acute	Providers should demonstrate compliance with the pan-London cancer commissioning intentions.				
	Children and young people	Autism Spectrum Disorder (ASD) Services and Pathways	Improved outcomes and experience of service for children and young people with suspected social communication issues. Building community-based capacity and early intervention pathways in line with national recommendations. Islington CCG: Implementation of recommendations set out in review of ASD Assessment and Diagnostic Services. To address excessive waiting times within the pathway. Enfield CCG: To review end to end pathway for autism diagnosis against NICE guidance. 6 months notice given to providers of change.	6 months	To be kept under review. <u>Islington CCG</u> : We would expect more children to move through the diagnostic pathway. Activity may shift to community in line with pathways to be agreed.		Waiting times less than 18 weeks. Building capacity in community and improved early intervention pathways. Improved outcomes and patient experience.
	Children and young people	Improved outcomes and experience of service for children and young people with Special Educational Needs and Disability (SEND) and their families. Implementation of the Children and Families Act (2013) and revised SEND guidance.	To ensure professionals provide timely information to inform statutory EHCP processes and deliver robust local offer services <u>Enfield CCG</u> : 6 months' notice to BEH MT and RFH of a new specification for children with disabilities/potential application of new models of care. CCG, council and providers to produce an action plan in response to the joint SEND inspection.	6 months			All EHCPs to have been informed by appropriate clinical advice / assessment where required within the required timeframe. Potential extension of personalisation. Services to be delivered in line with Children and Families Act (2013) and revised SEND guidance.
	Children and young people	London paediatric acute care standards (children and young people acute services)	Providers to implement London paediatric acute care standards (Healthy London Partnership 2016)	12 months			London paediatric acute care standards implemented
	Children and young people	London paediatric critical care standards (children and young people acute services)	Where appropriate levels apply, providers to implement London paediatric critical care standards levels 1 and 2 (Healthy London Partnership 2016)	12 months			Where appropriate levels apply, providers to implement London paediatric critical care standards levels 1 and 2
BEH, WH, Tavistock & Portman	Children and young people	Mental health Crisis reponse service for children and young people	To commission crisis reponse service as required by NHS England in compliance with guidelines	6 months	Children and young people seen earlier when experiencing acute difficulties and possible reductions in ED attendance. Aims to reduce numbers seen in ED and paediatric beds for acute mental health presentation. Activity earlier (pre-attendance/admission) in the community will increase.	Short form proposal for invest to save submitted. Additional out of hours resource in the community required to reduce attendance/admission in acute paediatric beds.	TBC
	Children and young people	National specification for Eating Disorders	Review of commissioned ED services. NHS England require implementation of national service specification.	6 months	Possible increase of children and young people seen earlier in the community	Not known at present. If an increase in funding is identified this will be provided through NCL Mental Health Transformation Plans.	TBC
	Children and young people	Personal Health Budgets (continuing care and further services to be identified)	The NCL CCGs will review the potential to extend personalisation through more flexible contracts and/or personal health budgets. Providers will need to work with commissioners to roll this out.	18 months	Providers to oversee personal health budgets, but amount of contacts may reduce.		<u>Islington CCG</u> : 40-80 children and young people to be in receipt of a personal health budget by 2020.
	Children and young people	Transforming Care for people with learning disabilities (Winterbourne View)	Tasks include: CTR implementation pre- and post-admission, identifying populations at risk of admission (risk stratification) and up skilling providers <u>Enfield CCG</u> : Reduce hospital admissions and lengths of stay. Enfield CCG expects all providers to deliver the specified elements of the STAY project for Enhanced Behaviour. Project will be subject to review and possible change.	6 months			
	Children and young people	Mental Health (Future in Mind) Transformation Plan	To deliver an integrated whole system approach to driving further improvements in children and young people's mental health outcomes. The CCGs will review progress of implementation of the Future in Mind Transformation Plan against agreed milestones and outcomes. All providers to embed the THRIVE model of care, underpinned by children and young people IAPT principles. <u>Enfield CCG</u> : 6 months' notice is given to BEH mental health trust of potential change to plans, to be supported by a new service specification.	6 months			
	Children and young people	Transition (children and young people services)	All providers to implement the NICE quality standards for transition to adult services.	12 months			NICE transition guidance implemented across all services
	Children and young people	Child Safe House model	To explore options for reconfiguring existing services across providers to support the development of a child safe house in NCL if the model is progressed.	6 months			To implement the child safe house model if adopted across NCL
	Learning Disabilities	All Learning Disability Services	To ensure people with learning disabilities and/or autism, who also have mental health conditions or behaviours viewed as challenging, receive equal access to high quality, appropriate and timely interventions across the healthcare system to enable community living and prevent or reduce the need for hospital admissions. CCGs and councils across NCL have come together under the national transforming care programme to develop and implement a 3-year plan. These improvements will focus on early intervention, preventing crisis, increasing choice and control by using personal health budgets and personal budgets. We will be looking to develop a specification for community learning disabilities services as well as commission more individually tailored packages of support and supported living for people with complex needs, including positive behaviour support.	Phased plan	Reduction in the the number of hospital admissions for people with learning disabilities/autism. Increase in the numbers of patients in receipt of early intervention and prevention services/treatment in the community. Shift in investment from downstream to upstream service delivering greater efficiencies.		People with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging will be able to receive the support they need in community services and specialist inpatient admissions will be rare and short-term. Reduction in the numbers of people with a learning disability and/or autism in inpatient locked rehab and ATUs. Proportion of people in settled accommodation.
	Learning Disabilities	London Learning Disabilities Mortality Review Pilot	Commissioners and services will engage with the London Learning Disabilities Mortality Pilot in order to map existing services to ensure that: - where there is an unexpected death of a service user within services that the death is robustly investigated and that the report is of a quality which allows conclusions to be drawn and action to be identified - to ensure that people with learning disabilities receive equal access to high quality, timely interventions that identify and treat health conditions, improve wellbeing and prevent premature deaths.	Phased plan	Improved identification of health conditions in people with learning disabilities and earlier intervention and treatment.		
	Learning Disabilities	To continue to increase the number of people with learning disabilities who receive a health check from their GP	Commissioners and learning disability services will work with GPs to facilitate an increase in the offer of health checks to adults with learning disabilities	Phased plan	Improved identification of health conditions in people with learning disabilities and earlier intervention & treatment.		
	Mental Health	Business Innovations	Implement the recommendations from our review of value produced by investments (recurrent and non-recurrent) from 2013/14, 2015 and 2016.	6 months		Unclear until review completed	N/A

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	Mental Health	Specialist community care / crisis care	In line with the STP, all the NCL CCGs will review crisis, acute and rehabilitation pathways, including: - Implementation of the crisis concordat - Acute pathways and female PICU - Review of residential and community rehabilitation. This may include the commissioning and decommissioning of services in order to deliver this programme of work.	Phased plan	Crisis: The NCL CCGs will review the Crisis Pathway across NCL and develop a transformation plan as part of STP. The review will include pre-crisis through to aftercare, to improve patient experience and outcomes. It will also include a review of crisis and home treatment teams and Health-Based Place of Safety (HBPoS) guidance. Additionally the following will be reviewed: - Islington and Camden CCGs – Crisis phone line pilot project – funding currently agreed to March 2017. This forms part of the CCG assurance framework. - Camden CCG – Rivers crisis house – funding currently agreed to March 2017. - Acute: The NCL CCGs will review and take steps to manage bed occupancy including demand and capacity analysis to inform the development of improved acute pathways. The NCL CCGs will also work collaboratively to identify joint commissioning solutions for female PICU across NCL. The NCL CCGs will review local rehabilitation pathways to support future commissioning intentions. Specifically this will include (but is not limited to): 1. Developing referral pathways and eligibility criteria understood by patients and carers, clinicians and commissioners. 2. Agreeing efficient approvals processes with appropriate clinical and commissioner oversight. 3. Quality assuring the services offered. 4. The CCG will seek to develop outcomes based approaches to commissioning such services.	STP comes with an allocation of funding some of which may be utilised to achieve this outcome	TBC
	Mental Health	IAPT	The NCL CCGs wish to continue to commission IAPT services that meet national targets for access, recovery and waits and to develop services that are further integrated with long term conditions in line with the Five Year Forward View.	6 months	The NCL CCGs are at different stages of the commissioning cycle for their IAPT services: Camden CCG – Intending to award a new contract in 2016/17 for implementation in 2017/18 Haringey CCG – Intend to review in 2017/18 as part of the overall development of preventative and enhanced primary care mental health services. Islington CCG will continue to deliver a high quality IAPT service, increasing capacity within primary care, and reducing need for secondary care services. Barnet CCG – Intend to review in 2017/18 as part of the overall development of preventative and enhanced primary care mental health services. Enfield CCG	Saving - Camden	As a minimum, per national targets: 15% access 50% recovery rate 75% patients seen within 6 weeks and 95% within 18 weeks
	Mental Health	Integrated Practice Unit for Psychosis and Physical Health Care	Monitor the implementation of the Integrated Practice Unit for Psychosis and Physical Health Care and review the alignment of commissioning approaches for relevant services falling outside the IPU e.g. our primary care approach and the LBI/C&I s75 arrangement	Other		Value Based Commissioning financial rewards are dependent on outcomes, which is a financial risk for the providers	Agreed in contract for 2016/17
	Mental Health	Primary Care Mental Health and Early Intervention/Prevention	In line with the STP, all the NCL CCGs wish to develop services. All the CCGs are in different stages of development but the overall aim is: - To improve assessment, treatment and support in primary care and general upskilling on Mental Health awareness. - To deliver improved prevention, early intervention, sign-posting and recovery, building on community and voluntary sector assets. - To reduce inappropriate referrals into secondary care services making them available to those in need of specialist mental health services. - To improve access to primary care mental health services which should reduce variation in quality and patient experience, reduce attendances at urgent and emergency care in hours. - To improve integration of care, especially for long term conditions, reduce reliance on unplanned care and secondary care services. - Improve care pathways, with clear thresholds for step-down of patients into primary care and step up into secondary care, including clear thresholds and quality for communications along the patient pathway. - To improve areas of poor performance in the identification of mental health problems in primary care, especially outliers in diagnosis of common mental health disorders, and physical screening of patients with SMI and referrals into IAPT and perinatal care.	Phased plan	In support of this, the NCL CCGs will develop service models for prevention and Primary Care Mental Health for local implementation. This will include: - Drawing on community-based assets and voluntary sector provision to promote mental wellbeing and develop resilience. - The review and coproduction of care pathways between secondary and primary, community care based on enablement - Developing a system of risk stratification/ management in primary care - Developing and implementing shared protocols between primary and secondary care - Integrating assessment, treatment and support for mental and physical health needs - A development programme for GPs and primary care practitioners. - Reviewing activity within secondary care, and pathways, to identify where activity can be managed within primary care - this may also result in a transfer of funding for that activity where patients are identified as no longer meeting the threshold for secondary care services. - Introducing local standards for access and treatment for services delivered within primary care and benchmarking compliance with relevant NICE guidance and relevant national standards. The CCGs gives notice that as a result of the activity review some services provided by the Mental Health Trusts may be decommissioned, and recommissioned subject to contractual notice. The CCGs gives notice that as a result of the activity review some services provided by the voluntary and community based organisations may be decommissioned, and recommissioned subject to contractual notice. The CCGs acknowledges that these developments will require shared IT platform and shared records. The CCGs will undertake the following steps in 2017/18: Camden - Review its prevention and primary care mental health services in 2016/17 and consider developing a model that supports a seamless co-ordinated pathway as well as reducing the need/demand for secondary care services. It is expected that current funds will be reallocated across the system to support this development. Islington - Review the Primary Care Mental Health Service and associated savings Barnet - Creation of Link Worker primary care role in partnership with BEH mental health trust and development of an integrated community based Wellbeing Hub Enfield - Haringey Implement new models of prevention and enhanced primary care based on developments agreed with stakeholders in 2016/17.		These are the areas where we would expect shifts in activity. This will be refined in with our partners. 1. Increase % of patients assessed and treated in a primary care setting. 2. Shift in some activity from secondary care following review and update of care pathways. 3. Increased levels of physical health screening, smoking cessation, weight management for patients with long term conditions. 4. Potential shift in location of service delivery.
	Mental Health	Review the Community Eating Disorder Service with Childrens and NHS England Eating Disorder Commissioners to inform commissioning intentions for 2017/18	A review of the Community Eating Disorder Service with Childrens and NHS England Eating Disorder Commissioners will take place to inform commissioning intentions for 2017/18. Part of the NCL STP.	18 months	Change and impact uncertain prior to the review and plan development.	Change and impact uncertain prior to the review and plan development.	TBC
	Mental Health	Secondary Care Mental health Services	Review impact of wait list clearance in 2016/17 to inform robust understanding of activity underpinned by robust performance and quality management by NEL CSU.	Other	Reduction in waiting lists, both numbers and length of wait		Reduction in waiting lists, both numbers and length of wait

Commissioning Intentions Summary

Contracts affected	Programme area	Service(s)	Commissioning intention	Timescale for implementation of this (from 30 September 2016)	What change do we expect in activity?	What financial change do we expect?	Proposed outcome measure
CNWL CIFT BEH RF UCLH	Mental Health	Value Based Commissioning (VBC) for Psychosis	Commissioners expect all parties to work together to achieve the best outcomes and key deliverables for people with psychosis across Islington and Camden boroughs. Trusts are expected to work in support of Camden and Islington NHS Foundation Trust who are recognised by commissioners as the lead provider for the Camden and Islington Integrated Practice Unit for Psychosis and Physical Health Care. Islington and Camden Commissioners will expect all parties to fully participate in the VBC for psychosis contracting arrangement from 2017/18. Commissioners will work with Trusts in support of this. This will involve activity relating to care for patients with psychosis registered with GPs being removed from the core contract and become part of the value based commissioning for psychosis contracting arrangement. Barnet, Enfield and Haringey - We will continue to move to payment by results / activity contracting for adult mental health secondary care services in 2016/17. Treatment for a first episode of psychosis will go live, and we will extend shadow operation to a wider group of 'clusters', proposed to be the rest of the psychosis clusters.	6 months	Islington and Camden - It is possible that the amount of activity included in this contract could initially increase, as coding of these patients improves and patients are supported to engage with physical health care. Longer term we would expect the VBC contract to reduce in terms of complex high cost care as we will be intervening earlier and preventing physical and mental ill health. Barnet, Enfield and Haringey - activity will be monitored against baseline for movement as a result of contracting changes.	Not yet known - see activity comment	As per value based commissioning for psychosis outcomes measures. (Providers have seen full document.)
	Mental Health	Psychiatric Liaison	In line with the STP, NCL partners expect to have psychiatric liaison services in place by 2017, which conform to the standards set by NHS England. In line with the evidence base there is a national expectation that these will be provided and funded through Acute providers over an agreed period of time.		NCL partners will commission a model which meets the CORE-24 standard as a minimum, appropriate to the size, acuity and specialty of the hospital. Provide EDs and acute inpatient units with 24-hour access to specialist mental health assessment, aimed at avoiding unnecessary admission. Provide effective mental health interventions in EDs and acute inpatient wards to optimise the time the patient spends in these environments and aimed at reducing length of stay. Provide integration with community services for mental health, addictions, housing, care support and primary care to facilitate the onward care of people into a community setting. To train general hospital staff in the recognition and management of common mental health presentations, including depression and anxiety, self-harm, alcohol and addictions, personality and eating disorders, psychosis, delirium and dementia. Provide advice and action in support of hospital staff in respect of the safe operation of the Mental Health Act and complex capacity assessments. Support hospital services meet NICE guidance criteria for managing mental health and psychological conditions and those with co-morbid long term conditions. Provide in-reach support to primary care offering advice and support to GPs with discharge plans including advice on ongoing care needs, and provide community clinics to ensure seamless follow-up of patients.		Reduce length of stay on physical wards. Reduce admissions and readmissions. Shifting access from ED to more appropriate care settings.
	Mental Health	Outcome Based Commissioning	As per NHS Improvement guidance, NCL partners intend to roll out outcome based commissioning (OBC) across all providers.	Phased plan	The intention is to apply OBC to all new and existing contracts using a planned phased approach as an enabler to the above.		TBC
	Mental Health	National and local targets	NCL partners will be clear to providers about the delivery of both national and local targets through contract development/negotiations and where appropriate make use of payment incentives.	6 months	This will support and enable commissioners and providers to achieve our national targets and NHSE constitution standards.		TBC
South London and the Maudsley and Voluntary Sector	Mental Health	Development of a service specification for Autism, ADHD and Asperger's diagnostic and post diagnostic support across NCL	Barnet and Enfield CCG's will review current provision to identify and address gaps in assessment, diagnosis, and follow up support. Six months' notice is given of intent to decommission the current service and recommission a local diagnosis and post diagnosis service including peer support and outreach.	6 months	Potential reduction in referrals, diagnostics and re-admission to SLAM	To scope SLAM and IFR panel spend	Improved access to local diagnostic and post diagnostic support services with Autism Spectrum Disorders
	Mental Health	Review of bed occupancy for acute adults, length of stay and admission criteria to determine numbers of beds needed. To come to a tri-borough agreement on targets for inpatient bed numbers, including the use of recovery houses both step up and step down and PICU	Barnet, Enfield and Haringey CCGs will enter into negotiation with BEH Mental Health Trust to agree target inpatient bed occupancy levels. Six months' notice is given that targets will be embedded recurrently in 2017/19 contracts.	6 months	Occupancy target and available beds may change	TBC following bed review	More efficient use of beds
		All Mental Health Services	Total spend on Mental Health contracts will not increase beyond each CCGs percentage allocation growth.				N/A