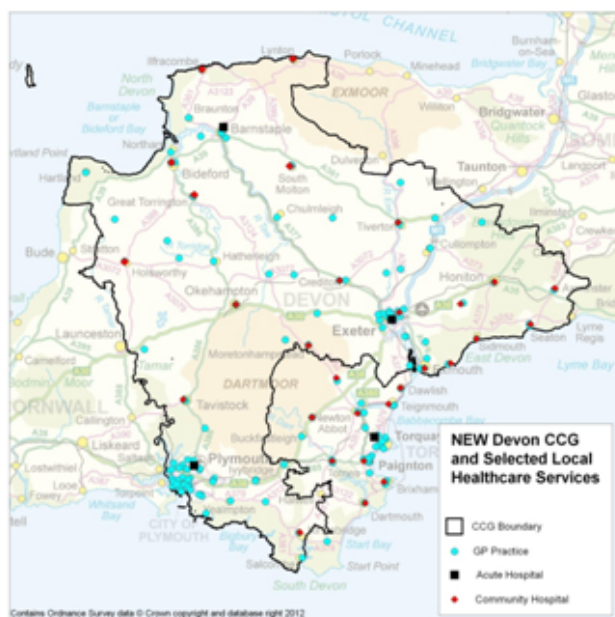
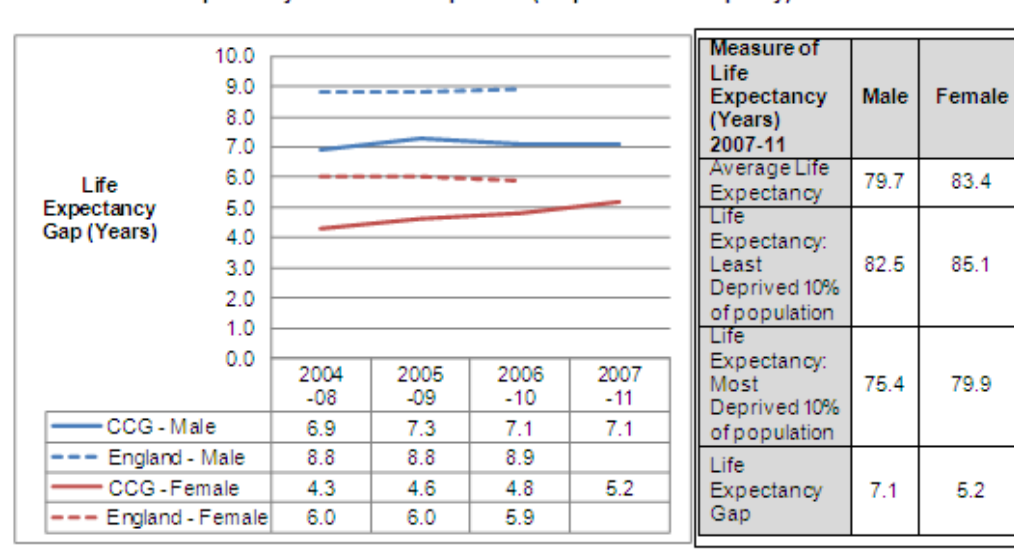


Appendix 1 NEW Devon Profiles

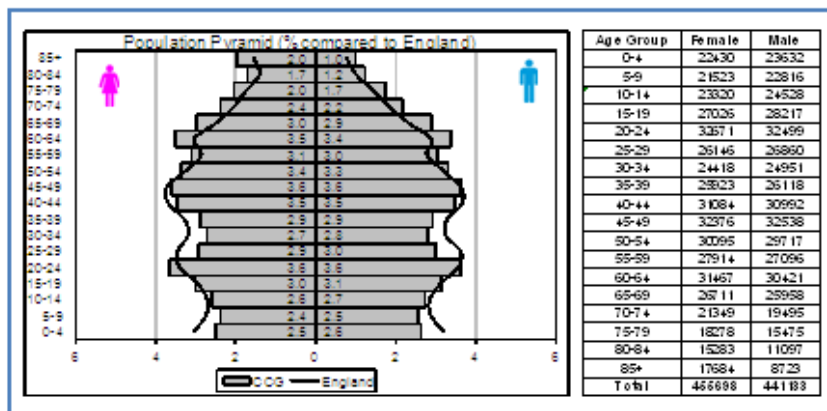
NEW Devon Clinical Commissioning Group Health Profile 2012



Measures of Life Expectancy and Health Inequalities (Slope Index of Inequality)

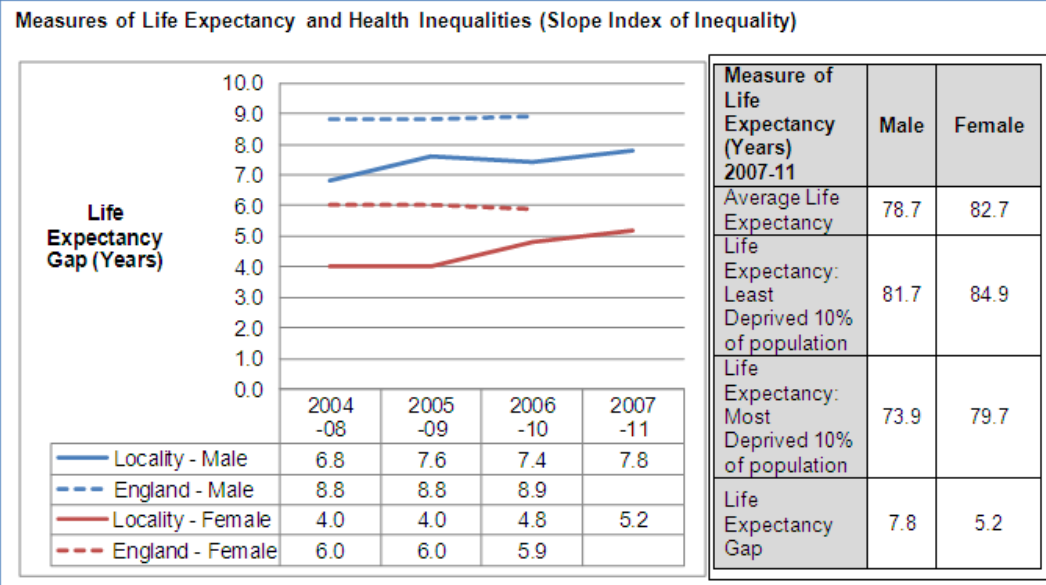
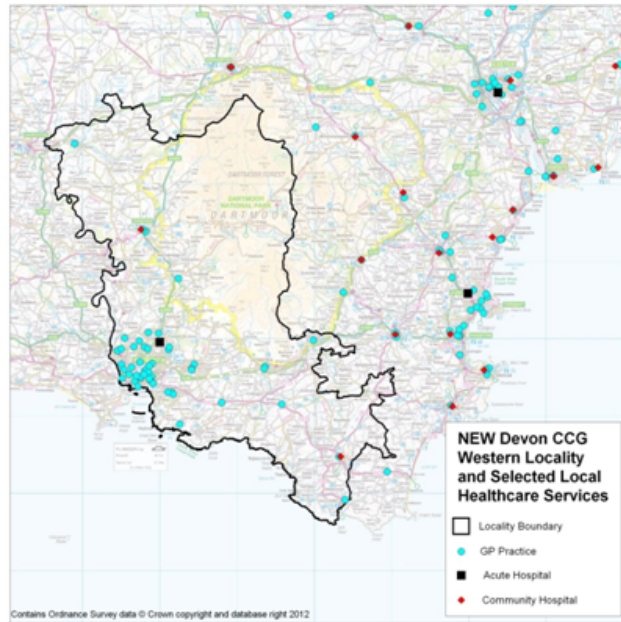


Estimated number of people with selected health conditions, aged 65 years and over

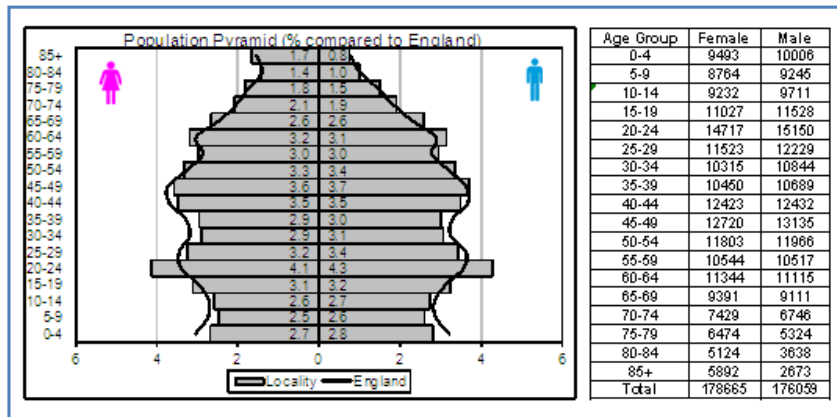


Health Problem	2012	2015	2020	2025	2030
Depression	16,065	17,195	18,648	20,299	22,334
Severe Depression	5,128	5,481	5,953	6,697	7,353
Dementia	13,524	14,387	16,457	19,062	22,273
Longstanding health condition caused by heart attack	9,096	9,771	10,654	11,666	12,810
Longstanding health condition caused by stroke	4,282	4,614	5,081	5,623	6,178
Longstanding health condition caused by bronchitis/emphysema	3,125	3,365	3,661	3,981	4,373
Fall in last 12 months	49,824	53,364	58,824	64,850	72,780
Regular continence problems	30,665	32,852	36,088	39,931	44,235
Moderate or severe visual impairment	16,399	17,512	19,405	21,930	24,054
Moderate or severe hearing impairment	79,692	84,879	95,200	109,432	121,518
Learning Disability	3,831	4,132	4,516	4,889	5,367

NEW Devon CCG Western Locality Health Profile 2012



Estimated number of people with selected health conditions, aged 65 years and over



Health Problem	2012	2015	2020	2025	2030
Depression	5,440	5,816	6,202	6,745	7,328
Severe Depression	1,729	1,829	1,975	2,209	2,394
Dementia	4,462	4,784	5,389	6,223	7,147
Longstanding health condition caused by heart attack	3,059	3,279	3,518	3,849	4,165
Longstanding health condition caused by stroke	1,435	1,543	1,671	1,847	2,001
Longstanding health condition caused by bronchitis/emphysema	1,051	1,128	1,208	1,313	1,422
Fall in last 12 months	16,735	17,931	19,480	21,401	23,696
Regular continence problems	10,300	11,033	11,929	13,181	14,394
Moderate or severe visual impairment	5,521	5,839	6,426	7,208	7,816
Moderate or severe hearing impairment	26,566	28,429	31,299	35,877	39,230
Learning Disability	1,299	1,384	1,503	1,619	1,758

Appendix 2 NEW Devon Provider and Commissioner Performance

Provider performance: year to date at June 2012

Key Measure	Target	NDHT	PHT	RD&E	SDHT
18 weeks Referral to treatment waiting times (admitted) (YTD Aug)	90%	95.4%	92.2%	86.1%	92.2%
18 weeks Referral to treatment waiting times (non-admitted) (YTD Aug)	95%	99.6%	96.1%	98.6%	97.1%
A&E four hour waits (YTD Sept)	95%	95.8%	95.2%	94.9%	96.3%
Cancer 14-day urgent referral (YTD Aug)	93%	97.3%	94.0%	97.3%	96.6%
Cancer 14-day breast symptoms (YTD Aug)	93%	96.4%	91.7%	99.5%	97.8%
Cancer 31-day first treatment (YTD Aug)	96%	98%	98.3%	96.8%	97.8%
Cancer 31-day subsequent drug treatment (YTD Aug)	98%	100%	99.8%	99.7%	99.7%
Cancer 31-day subsequent surgical (YTD Aug)	94%	97.7%	97.1%	98.1%	99.4%
Cancer 31-day subsequent radiotherapy (YTD Aug)	94%	N/A	96%	98.6%	97.9%
Cancer 62-day standard (YTD Aug)	85%	87.9%	83.2%	84.7%	88.5%
Cancer 62-day screening (YTD Aug)	90%	71.4%	93%	94.4%	97.7%
Cancer 62-day consultant upgrade(YTD Aug)	85%	100%	96.6%	92.1%	88.9%
Infection control: MRSA cases (YTD Sept)	Actual/Target	0/1	0/3	0/2	1/1
Infection control: C.difficile cases (YTD Sept)	Actual/Target	3/8	18/25	25/34	13/10
Diagnostics – 6 week breaches (YTD Aug)	1%	0.1%	1.6%	1.5%	0.8%
Mixed sex accommodation breaches (YTD Aug)	No breaches	24	6	0	0
Delayed transfers of care (YTD Aug)	3.5%	1.7%	3%	4.1%	0.4%
Stroke services – patients spend 90% of time spent on a stroke unit (YTD Aug)	80%	69%	73.8%	75.1%	79%

Commissioner performance - year to date at June 2012

Key Measure	Target	Devon	Plymouth	Torbay
Maternity services: Women who have seen a midwife by 12 weeks and 6 days of pregnancy (YTD Jun)	90%	100%	99.8%	89.3%
Maternity services: Breastfeeding at 6-8 weeks (YTD Jun)	52%/39%/37%	50.6%	33.2%	33.6%
Ambulance services: Category A response within 8 minutes (YTD Sep)	75%	73.6%	87.2%	90.2%
Ambulance services: Category A response within 19 minutes (YTD Sep)	95%	92.8%	99.6%	99.6%
Mental health: Home treatment episodes from crisis resolution teams (YTD Aug)	100% of plan	127%	117.4%	108%
Mental health: Newly confirmed early intervention cases (YTD Aug)	100% of plan	118%	325%*	117%
Mental health: People receiving psychological treatment following referral (YTD Jun)		76.2%	52.2%	69.7%
Choose & Book (Sept 2012 position)	90%	80%	112%	83%

Key:

Green: Performing

Orange: Slightly below target

Red: Underperforming

Appendix 3 Medium term Financial Plan

	Total Planned Spend 2012/13	Recurrent Spend	Non Recurrent Spend	% Change
	£000	£000	£000	
Spend Area				
Primary Care Commissioning				
Enhanced Services	8,625	8,625	0	0.00%
GP Out of Hours	8,546	8,546	0	0.00%
Other Primary Care	738	738	0	0.00%
Primary Care Prescribing	145,198	145,198	0	3.50%
Total Primary Care	163,107	163,107	0	3.10%
Purchase of Secondary Healthcare				0.00%
Plymouth Hospitals NHS Trust	175,709	175,709	0	2.50%
Royal Devon and Exeter Foundation Trust	217,699	217,699	0	1.20%
South Devon Healthcare Foundation Trust	4,608	4,608	0	1.50%
Northern Devon Healthcare NHS Trust (North Devon Element)	113,936	113,936	0	0.95%
Other Acute Providers	29,044	29,044	0	0.50%
Devon Partnerships NHS Trust	70,138	70,138	0	3.45%
Plymouth Community Services	62,452	62,452	0	0.50%
Torbay Care Trust	11,993	11,993	0	1.00%
Northern Devon Healthcare NHS Trust (East Devon Community)	57,486	57,486	0	0.95%
Devon Children's Services	11,559	11,559	0	0.50%
South West Ambulance Foundation Trust	30,004	30,004	0	3.65%
Other Non Acute Services	33,782	33,782	0	3.98%
Total Secondary HealthCare	818,411	818,411	0	1.72%
Specialist Services Commissioning	0	0	0	0.00%
Complex Care Commissioning (CHC, IPP, etc)	92,114	92,114	0	6.00%
Other Healthcare Purchasing				0.00%
Social Care Transfer	12,375	0	12,375	0.00%
Reablement	4,875	4,875	0	0.00%
Total Other Purchase of Healthcare	17,250	4,875	12,375	253.84%
Total Purchase of Healthcare	1,090,882	1,078,507	12,375	3.45%
Non Healthcare Purchase				0.00%
HQ Running Costs	19,855	19,855	0	0.00%
Total Non Healthcare Purchase	19,855	19,855	0	0.00%
Reserves and Contingencies				0.00%
Contingency	15,976	15,976	0	4.73%
Headroom	22,588	22,588	0	0.00%
Investment Reserves - National and Regional Requirements	17,724	17,724	0	35.58%
Investment Reserves - Local Commitments	4,090	4,090	0	0.00%
Unidentified QIPP Requirement	1	1	0	148.95%
Total Reserves and Contingencies	60,379	60,379	0	9.77%
Total Planned Spend	1,171,116	1,158,741	12,375	3.70%
				0.00%
Revenue Resource Limit	1,176,190	1,158,740	17,449	4.15%
				0.00%
Under Spend Against Revenue Resource Limit	5,074	0	5,075	0.00%

Appendix 4 NEW Devon Commissioning Intentions 2013/14

Draft Version 5	NEW Devon CCG Commissioning Intentions 2013/14	Eastern /Northern /Western Locality/Partnerships
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The purpose is to reach a position to fully describe commissioning and contracting intentions to providers, and prior to this to have the high level information ready, in preparation for authorisation and issues that might arise.

Alignment of commissioning intentions to the CCG strategic approach and medium term strategic priorities

Commissioning and contracting intentions will be aligned to the three core strategies described within the strategic approach of the Clinical Commissioning Group. These are listed below and the CS1/CS2/CS3 references used against each commissioning intention in the core strategy column on the spreadsheet.

- CS1. Ensure the clinical community and the public take joint ownership of the sustainability agenda (*Joint clinical and public ownership*)**
- CS2. Ensure systems and processes are developed that make best use of limited resources every time (*Best use of limited resources every time*)**
- CS3. Move the focus of commissioning away from treatment and towards a prevention and maintenance approach (*Towards prevention and maintenance*)**

In addition the commissioning intentions must reflect the strategic priorities of the clinical commissioning group: Strengthening prevention, self care and maintenance; Optimising elective, or planned care pathways; Optimising urgent care pathways; Improving care of frail older people, Improving mental health services (including older people); Improving care for people with learning disabilities; Medicines optimisation; and Improving primary and community services. These priority headings are on the drop down box of the spreadsheet

Link to QIPP, Performance, and workforce

The commissioning intentions will also be aligned to the QIPP prescriptions and as this information becomes available it is being added to the spreadsheet to enable cross referencing to QIPP and including quarterly milestones. Similarly the connection to outcomes and workforce will be incorporated into the final spreadsheet, although not included at this stage.

Strategic Priority	Core Strategy	Subject	Commissioning intentions	QIPP ref	Resource implications		Outcome
					Invest	Save	
Elective pathways	CS1	Surgery	We will commission an improved adherence of the surgical safety checklist	N/A	N/A	N/A	To be confirmed
Other	CS1	Risk management	All providers will improve risk management and incident reporting including seeking to reduce the number of patient safety incidents resulting in harm	N/A	N/A	N/A	To be confirmed
Other	CS1	Patient experience	All providers should demonstrate improved patient experience including improved mechanisms to capture and report patient experience	N/A	N/A	N/A	To be confirmed
Elective pathways	CS1	Follow-up	We will work with providers to reduce the number of follow-up outpatient appointments in 2013/14. This will focus on those appointments that are of a limited clinical benefit	TBC	0	425k	2% reduction in follow up appointments (4600 appointments)
Primary & community	CS1	Long-term conditions	Increase the proportion of people feeling supported to manage their conditions (NHS outcomes framework). Increase the employment rate for people with long-term conditions so that it is comparable to the population as a whole	TBC	TBC	1121k	Reduction of 560 non-elective admissions. Increase by 1% the percentage of people with a LTC in employment (NHS outcomes framework)

Primary & community	CS1	Long-term conditions	We will pilot of Single Accountable Provider for patients with respiratory conditions and diabetes. Including:- - Improve the under 75 mortality rate from respiratory disease to the average for the Southwest (NHS outcomes framework). - Reduce the number of emergency hospital admissions for respiratory conditions (including children) (NHS outcomes framework). - Reduce unplanned hospital admissions for diabetes (NHS outcomes framework) - Ensure sustainability in service model	TBC	TBC	407k	Reduce annual cost growth to zero in respiratory and diabetes services. - Respiratory services; 2.6% reduction in inpatient admissions - Diabetic medicine; 7% reduction in 1st outpatient attendances and 12% reduction in inpatient admissions
Frail older people	CS2	Patient flow	Reduce delayed transfers of care to a minimal level including ensuring the health community work together to reduce length of stay across all main providers	TBC	TBC (part of S256)	339k	16% reduction in the number of days delayed across Plymouth (both acute and non acute providers)
Frail older people	CS2	End of life care	To increase number of patients able to die in their own home. Including improving the experience of care for people at the end of their lives (NHS outcomes framework)	TBC	TBC	152k	4.5% increase in the proportion of patients who are able to die at home which is equivalent to the best performing
Elective pathways	CS2	Orthopaedic	We will commission a reduction in orthopaedic non trauma activity (specifically hips, knees, shoulders and carpal tunnel) so that it is comparable to the national average for Plymouth patients (measured using SARs). Improve the patient reported outcomes measures for hip and knee replacements (NHS outcomes framework)	TBC	0	800k	The following changes in activity would be included:- - Hips: reduction of 58 - Knees: reduction of 35 - Shoulders: reduction of 27 - Carpal tunnel: reduction of 171

Elective pathways	CS2	Cancer	A minimum of 85% of cancer patients following GP referral will commence treatment within 62 days from April 2013	N/A	N/A	N/A	A minimum of 85% of cancer patients following GP referral will commence treatment within 62 days from April 2013
Elective pathways	CS2	RTT	All providers will achieve and sustain 18 week referral to treatment (RTT). This will include delivery at a specialty level from April 2013	N/A	TBC	TBC	All providers will achieve and sustain 18 week RTT. This will include delivery at a specialty level from April 2013
Elective pathways	CS2	Cancelled operations	We expect a reduction in the number of operations cancelled on the day of admission or later for non-clinical reasons. Where a patients operation was cancelled all can expect to be treated within 28 days of the cancellation	N/A	N/A	N/A	Reduction to 0.8% of the total elective activity
Other	CS2	Stroke	We will commission an improvement of the stroke pathway. This will include:- - increasing the proportion of inpatient care spent on a stroke unit - Improve early supported discharge leading to a reduction in overall LOS for stroke patients - Improved efficiency of the TIA pathway. - Improved recovery rate from stroke (NHS outcomes framework)	TBC	TBC	215k (high risk as limited achievement to date)	80% of stroke patients will spend 90% of their time on a stroke unit from April 2013. 9.5% reduction in total length of stay for stroke patients
Other	CS2	Readmissions	We will reduce the number of emergency readmissions within 30 days of discharge from hospital (NHS outcomes framework) through increased investment in rapid response and rehabilitation services	TBC	TBC (part of S256)	200k	Reduction in readmissions within 30 days of 2.6%

Other	CS2	Unscheduled care	We will commission the continued roll out of the ambulatory care centre in PHNT - Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission (NHS outcomes framework)	TBC	TBC	618k	To be confirmed
Other	CS2	Unscheduled care	We expect providers to reduce the number of ambulance handovers that are over 30 mins	N/A	TBC	TBC	% of ambulance handovers that are over 30mins
Other	CS2	Unscheduled care	We expect all provider to ensure that a minimum of 95% of patients spend 4 hours or less in A&E throughout 2013/14	N/A	0	0	More than 95% of patients spend less than 4 hours in A&E
Mental health	CS2	Dementia	We will commission improved hospital care for people with dementia	N/A	TBC	TBC	To be confirmed
Mental health	CS2	Mental Health	We will continue to develop and implement the Mental Health QIPP programme	TBC	TBC	TBC	To be confirmed
Mental health	CS2	Mental Health	Realise the benefits of current (12/13) Mental Health service redesign	TBC	TBC	TBC	To be confirmed
Mental health	CS2	Mental Health	We will commission improved Mental health liaison services	N/A	TBC	TBC	To be confirmed
Mental health	CS2	Mental Health	Productivity and efficiency gains including medical and professional staffing	N/A	TBC	TBC	To be confirmed
Frail older people	CS3	Quality	We will commission reduced incidence of pressure sores	N/A	TBC	TBC	To be confirmed
Prevention	CS3	Prevention	We will commission an improvement in rehabilitation and secondary prevention	TBC	TBC (part of S256)	230k	To be confirmed



Frail older people	CS3	Falls	We will commission an improvement in fractured neck of femur pathways to achieve increases in fractures operated on within required timescales and improve outcomes for patients including reducing the length of time for surgery; improving recovery rates for fragility fractures(NHS Outcomes Framework) and mortality rates.	TBC	TBC	65k	Increase the number of hip fractures operated on within 36 hours to 70% from April 2013 Improve the recovery rate from fragility fractures Improve the mortality rate from fractured neck of femur to the national average
Primary & community	CS3	Intermediate care	We will commission an increase the number of people accessing intermediate care services (NHS outcomes framework) to increase the proportion of older people who remain in their own homes after discharge from hospital into reablement /rehabilitation services.	TBC	TBC (part of S256)	1516k	We expect an increase the proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. Reduce average length of stay in PHNT and PCH
Frail older people	CS3	Falls	Development of the elderly fragility model	N/A	N/A	N/A	To be confirmed
Primary & community	CS3	Telehealth	We will complete to evaluation of telehealth pilot and decide on the potential roll out by March 2013	TBC	TBC	TBC	To be confirmed
Mental health	CS3	Dementia	We will commission an improved care in care homes for people with dementia	N/A	N/A	N/A	To be confirmed
Mental health	CS3	Dementia	We expect to increase dementia diagnosis rate	N/A	N/A	N/A	To be confirmed
Mental health	CS3	Dementia	We will commission increased support in the community for people with dementia	TBC	TBC	TBC	To be confirmed

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NEW Devon CCG Commissioning Intentions 2013/14

Western Locality

Mental health	CS3	IAPT	We will commission an increase the number of people entering psychological therapies to 15% of the estimated population with depression/ anxiety disorders. This will include increasing the recovery rate, reducing waiting times and extending access to include older people, children and young people and adults with physical long-term conditions or medically unexplained symptoms	TBC	TBC	115k	The results will be an: increase in the recovery rate to 50%; reduction in the number of people waiting more than 28 days; and extended access to psychological therapies.
Mental health	CS3	CAMHS	We will commission improved access to CAMHS services	N/A	TBC	TBC	To be confirmed
Mental health	CS3	Mental health	We will increase joint working between primary care and community mental health teams to support people with stable, enduring mental health problems in primary care	TBC	TBC	TBC	To be confirmed
Elective pathways	CS3	Alcohol	We will commission a reduction in alcohol related hospital admissions through the development of a sustainable hospital alcohol liaison service	TBC	128k (TBC)	406k (TBC)	5% reduction in alcohol related hospital admissions (ie reduce annual growth to zero)

Strategic Priority	Core Strategy	Subject	Commissioning intentions	QIPP ref	Resource implications		Performance
					Invest	Save	
Mental health	CS2	Urgent care	Review and redesign models of urgent inpatient and community mental health services to improve transition between primary and secondary care and build on liaison, pathways and responsiveness to promote better outcomes for those people experiencing mental health problems.				Clear pathway through primary care; greater responsiveness to needs; smoother transition; focus on early intervention, accurate formulation, evidence based treatment and recovery; collaboration with carers and families and care centred on home; <u>enable people to maintain</u>
Mental health	CS2	Dual diagnosis	Support and monitor the implementation of the dual diagnosis strategy to bring current provision to nationally recommended standards.				Patients receive the highest standard of interventions relevant to their care pathway; a joint approach to care between drug and alcohol and adult mental
Mental health	CS2	ASC/ADHD	A revised service specification for ASC/ADHD to support providers in developing services to meet needs of this client group. This will include a wide range of interventions including pharmacological as well as psycho social aims, and will pay close attention to the mechanics of the shared care arrangement.				Right interventions in the right place at the right time.
Mental health	CS2	Offender health	A wider care pathway to ensure that delivery of specialised, evidence based intervention is both timely and equitable.				More streamlined service with Offender Health and Probation services; development of Gateway worker; enhanced identification of mental

Authorisation submission

Mental health	CS2	DART/TRAC	Develop and roll out of the expansion of DART and Trac to support introduction of all adult and older peoples mental health referrals across all localities managed by new Devon and South Devon and Torbay CCGs				
Mental health	CS3	Veterans	Improve understanding, among primary health care and social professionals, of the culture of the armed forces, the particular pressures veterans may be under and the risk of veterans developing mental health problems				
Mental health	CS1	Veterans	Increase involvement of veterans in awareness training for health and social care professionals who come into regular contact with veterans.				
Mental health	CS3	Veterans	To encourage local mental health promotion initiatives could usefully include veterans as a specific target audience. This should be a component part of outreach initiatives				
Mental health	CS3	QIPP	Admission and discharge transition process. This will include a focus on the Younger people In Transition (YPIT) mechanism, to ensure proactive, safe and appropriate planning of care. The key drivers are prevention, early intervention, access and life chances. The intention is to involve the commissioners of younger people's services to promote a partnership process to provide direction across the pathway.				
Mental health	CS3	QIPP	An increased focus on alternative to inpatient stays to include the development of more robust Home Treatment services.				

Mental health	CS2	QIPP	Access to treatment. A focus on assessment to treatment times will be taken and a QIPP plan set up to develop treatment packages aligned to appropriate pathways.				
Mental health	CS1	QIPP	Development of the “virtual team” approach between primary care teams and the specialist mental health service				
Mental health	CS2	QIPP	Reduction of PICU usage, down to zero for out of area and significantly lower in the contracted service (Harvest).				
Mental health	CS2	QIPP	Development of an effective secure and forensic mental health pathway with adequate treatment capacity and senior clinical leadership.				
Mental health	CS2	QIPP	Further enhancement of the personality disorder care pathway, especially regarding early intervention.				
Mental health	CS1	Development	Commence the development of longer term strategic objectives including prevention and early intervention; personal health budgets; AQP; closure of recovery beds and community services development; acute care pathway enhancement; community treatment; consultant psychiatry and leadership roles; eating disorder pathway; increased personality disorder therapy; iapt; place of safety.				
Learning disabilities	CS2	Winterbourne	A Clear Pathway for people who challenge services, supported by contract specifications and quality monitoring for outcomes:				

Learning disabilities	CS2	Winterbourne	Support and expertise in the community to maintain people in the community, care management and provide crises intervention minimising the need and length of inpatient admissions.				Feedback from people who use services and family carers re the quality of services.
Learning disabilities	CS3	Winterbourne	Inpatient and Assessment services. Ensure equality of access and improved health outcomes for people with LD to primary and secondary including wider primary care services and screening programmes. / Health Checks making sure people have health action plans/ Obesity				High performer in terms of numbers but need to ensure quality of the health checks/ health action plans
Learning disabilities	CS2	Winterbourne	Meeting the needs of people with PMLD in the community Support Acute provision to make reasonable adjustments in service				
Learning disabilities	CS3	Winterbourne	Widen access for people with learning disability and dementia to universal services				
Other	CS2		Working with Social Care to drive reduction in dependency on a bed-based model of care, with the aim of improving co-ordinated case management in a holistic multi-disciplinary methodology. Delivery will be locality based and the service models may vary.				
Children & Young People	CS2	Place of Safety	Working in conjunction with DCC colleagues to commission a robust care pathway for Devon & Torbay for children requiring a Place of Safety. This will ensure all C&YP up to the age of 18 yrs meeting the criteria are held in a C&YP friendly environment	N/A	tbc		No C&YP inappropriately placed in a Police Station for a place of safety. 100% of C&YP meet the demands of the care pathway and placed in a child friendly environment.

Children & Young People	CS2	Development of a robust Community Consultant Paediatrician function	Work to continue and progress with colleagues from DCC, ICS and Paediatric Consultants at the RD&E to agree core elements of a robust community paediatric function that meets the needs of C&YP and supports the developing community agenda. The overall aim to develop this to ensure a robust paediatric function across Devon to optimise skills / function to ensure best use of resources.	N/A	possible reallocation of finances in the longer term.		Clear focus regarding the role of community paediatrics. Prevention of unnecessary hospital admissions. Consistent participation within care pathways, i.e. ASC and ADHD.
Children & Young People (CAMHS)	CS2 CS3	Perinatal Infant & Maternal Mental Health	To support and monitor the implementation of the new Perinatal Infant & Maternal Mental Health Service across Devon ensuring families receive an evidence based service ranging from early intervention to specialist treatment.	N/A	Business case supported		Early intervention for women. Improved quality of service. Prevention of hospital admission. Provision of infant mental health service.
Children & Young People (CAMHS)	CS2	ADHD	To commission a service for children with ADHD that is in line with the developing Neurological Pathway currently progressing the ASD Pathway. To both support and make the outcomes re efficiency, waiting times and effectiveness.	N/A			Improved Access to a consistent community based pathway of care in line with NICE guidance. Reduction of waiting times.
Children & Young People	CS3	ASC	To commission the revised ASC Pathway ensuring compliance with the SEND Pathfinder process ensuring all children have access to an efficient robust evidence based provision. This will form the basis of an agreed Neurological Pathway supported by the appropriate involvement of GPs and acute paediatric consultants.		Additional investment already made to support ASC pathway		Improved Access to a consistent community based pathway of care in line with NICE guidance. Reduction of waiting times.

Children & Young People	CS2	C&YP Community Nursing Service Review	To review existing Community Nursing arrangements across Devon, Plymouth and Torbay with a view to establishing a consistent service provision with the aim of preventing hospital admission, reducing LOS and maintaining children within their own homes when appropriate to do so.	N/A			Provision of a consistent community children's nursing service aimed at maintaining children within their own home wherever appropriate thereby reducing hospital admission and supporting reduced length of stays
Children & Young People	CS2	Children in Care	To review Devon Children in Care service with DCC colleagues. To ensure there are effective efficient processes in place. To consider the role of the medical provision in order to ensure National and Local Performance Indicators are met.	N/A	It is anticipated this review will have some cost implications		Development of a care pathway in line with National and Local performance indicators.
Children & Young People (CAMHS)	CS2	IAPT	To ensure the successful implementation of the IAPT Bid from Devon, Torbay and Plymouth with the overall aim of service transformation in order to meet the service specification for Devon, ensuring the best and consistent use of resources across our three	N/A	Successful Bid for funding achieved.		A CAMHS workforce appropriately trained to take forward transformation of the CAMHS service in line with the National Directives regarding psychological therapies. Early intervention/ prevention of hospital admission and referrals to psychiatric servi

Children & Young People	CS2	Therapy Services/ Learning Disabilities	To work with ICS to ensure the revision of both OT, Learning Disabilities and S&L Services facilitate revised efficient work practices to ensure the priorities agreed within the service specification are met. To ensure compliance with the Performance Indicators	N/A			To agree criteria for access to the services in view of the current service pressures regarding waiting times to ensure most effective use of service provision.
Children & Young People	CS1 CS2 CS3	Special Educational Needs (SEND)	To work collaboratively to develop and support the implementation of the SEND Pathfinder project in Devon and to identify and take forward key commissioning actions for the ongoing service provision.				To ensure Children with Additional Needs are cared to meet the needs of the Reform of Special Educational Needs National Directive, parents are offered improved parental involvement and choice.
Children & Young People	CS3	Personal Held Budgets	Working in conjunction with DCC colleagues, clarifying guidance and arranging the development of personal held budgets for families with children with a Special Education Need is a core underpinning element of the SEND Pathfinder project.	N/A	There may be a need to acknowledge the impact this will have on health service budgets, both commissioning and provider.		To promote greater management/ control for parents and young people as to how they purchase their care.

Draft Version 5: 101212

NEW Devon CCG Commissioning Intentions 2013/14

Partnerships

Children & Young People (CAMHS)	CS2	JCAT/ SAC	To review the JCAT and SAC service with a view to reconfiguring	N/A			To ensure optimum service provision with a view to improved integration with mainstream CAMHS.
Children & Young People (CAMHS)	CS2	Out of Hours Service (OoH)	To commission a 24hr safe and accountable OoH service that includes CAMHS psychologists.	N/A			A save and sustainable Out of Hours service.
Children & Young People	CS2	Complex Care	Establish purpose and pathways for Complex Care budget and link with community healthcare as per the draft service specification.	N/A			The development of an effective care pathway ensuring a robust process for the application of spend against the Complex Care budget to an agreed specification/ criteria.
Children & Young People (CAMHS)	CS2	Assertive Outreach / Link to QUIPP	To aim to commission a CAMHS Assertive Outreach Service as described within the business case for Devon with the overall aim of providing early intervention for C&YP with an Eating Disorder providing a community based service, reducing costly out-of-area	Likely to be a QUIPP proposal			Provision of an evidence based community service for C&YP with an Eating Disorder providing early intervention specialist service and prevention of out-of-area placements.
Children & Young People	CS2	Service Specifications	To review all ICS service specifications in conjunction with the new single Accountabler Provider to ensure optimum service provision, performance monitoring and completion of the agreed performance indicators and contract monitoring framework	N/A			Clear and robust service specifications indicating the service provision and performance indicators of the services expected to be commissioned from the new single accountable Provider.

Children & Young People	CS2	Unscheduled care	Revision of unscheduled care pathways for children and young people through the introduction of a Paediatric Outreach Team (one year pilot covering Plymouth only during the pilot phase).				Pilot for one year - testing assumptions on reduction of acute admissions and attendances for CYP.
Children & Young People	CS2	Unscheduled care	Development of pathways and processes (across the multiagency partnership) to support reduction in length of stay and cumulative inpatient bed use.				A reduction in inpatient stays for a defined patient population. Better management of children and young people outside of an acute hospital setting.
Children & Young People	CS3	Mental Health	Delivery of the revised neurodevelopmental pathways for children and young people with suspected Austistic Spectrum Disorder or suspected Attention Deficit Hyperactivity Disorder.				Improved access to assessment and diagnosis for children and young people.
Children & Young People	CS3	Mental Health	Revision to the service model for the delivery of CAMHS, taking into account the recommendations of the external review of Plymouth CAMHS and the roll out of Children and Young People's IAPT (IAPT will be rolled out across Devon and Torbay as well).				Improved access to services and improvements in demonstrating the outcomes for children and young people accessing CAMHS.
Children & Young People	CS2	Scheduled care	Revision to the service model for the delivery of targeted and specialist Children and Young People's Speech and Language Therapy, following the recommendations of the speech, language and communication review undertaken in 12/13.				
Children & Young People		Mental Health	Development of the perinatal and infant mental health services in Plymouth, in line with pathway work already undertaken in Devon and Torbay.				An improvement in the coordination and delivery of the perinatal mental health services available to women and their babies.

Children & Young People	CS2	Early Intervention and Prevention	An increased emphasis on targeted intervention, working in partnership with other agencies and services to move towards a model of preventive 'early help' and away from specialist treatment and intervention.				Delivery of the 'health strands' of the Early Intervention and Prevention Strategy, improving the ability of the multiagency partnership to respond to the needs of children, young people and their families earlier and reducing escalation to specialist tr
Children & Young People	CS2	Maternity	Review of the service model for the delivery of maternity services, taking into account the adoption of standard, intermediate and advanced care pathways (linked to the adoption of a linked national tariff).				Improved choice and quality of care for women.
Children & Young People	CS3	Primary Care	Development of primary care services to meet the needs of young people, taking into account feedback from a review of services carried out in 2012/13.				Increased use of primary care by young people. A more responsive and young people friendly service.

Partnership Contracting intentions				
Strategic Priority	Core Strategy	Subject	Contracting intentions	Contracting notes
Mental health		PBR	Roll out mental health PBR in 2013/14 and embed the use of the currencies as the basis on which contracts are agreed.	Particular emphasis will be placed on benchmarking local prices against published indicative (non mandatory) pricing per clustre period, agreeing a single cluster price per provider, the use of nationally mandated quality and outcome measures and improving the completeness of cluster data. We will also update the MOUs and consider the use of CQUIN to improve data quality
Mental health		Extending choice	Recovery focused services that offer a greater choice for patients	Open up delivery to a wider range of organisations and move towards a more diverse landscape of providers including third
Learning disabilities		Quality and safety	Rigorous about monitoring providers against MCA/ DOL's /	

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