NHS BRENT CLINICAL COMMISSIONING GROUP

DRAFT COMMISSIONING INTENTIONS 2014/15

V8.1 14 January 2014

Contents

NHS Brent Clinical Commissioning Group

Introduction and Overview

NHS Brent Clinical Commissioning Group

Brent CCG is currently in a strong position to radically improve health care outcomes and build on our effective health and social care partnerships. Our strength is in our member practices who have demonstrated their ability to effectively respond to the wide system changes that clinical commissioning has brought about in 2013-14. We have built strong foundations both corporately and through our member practices to be confident about our ability to consolidate these achievements going forward.

We see the next year as being critical for implementing Out of Hospital services to effectively respond to our changing provider landscape. We recognise the need to work effectively with our partners to achieve the vision of fully integrated care and our aspiration of becoming a whole systems integrated care pilot site. We see integrated care and effective partnerships as a key enabler to improving health outcomes amongst Brent's diverse communities and ensure better use of NHS resources, collaborating with others as appropriate.

Brent is ranked amongst the top 15% most deprived areas of the country. Our draft commissioning intentions that we are developing with our key stakeholders, will ensure that we continue to work towards improving health outcomes for our population. Recognising this, our commissioning intentions are designed to improve health outcomes. We will do this by:

- Improving health and wellbeing in partnership with the Health & Wellbeing Board, patients, the wider community and commissioning services to address the key health issues within Brent, such as reducing health inequalities.
- Improving uptake of preventative services while reducing mortality and morbidity resulting from poor long-term condition management.
- Ensuring appropriate use of commissioned services so that Brent CCG manages activity within the available budget.
- Ensuring patients receive the right care, in the right setting by the most appropriately skilled clinician, which will improve the quality of care patients receive and reduce dependency on acute care.
- Working with local authority and other partners towards our aspiration of Whole Systems Integrated Care in Brent.
- Providing a proportion of outpatient appointments in community settings, rather than in acute settings, at lower cost and higher quality, where it is clinically safe and cost effective to do so.
- Providing services designed to minimise inappropriate A&E attendance and non-elective admission, e.g. urgent care centres, community beds and clinics for proactive long-term condition case management.

System Challenges

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There are number of challenges in the local system:

DEMAND
Non elective care attendances increased and lengths of stay for such admissions are rising
Demand for inpatient and urgent care is rising and impacting provider's ability to provide timely planned care

PROVIDERS
Impending merger of main acute and community providers into a single provider trust
2 main acute providers are financially challenged

PERFORMANCE
Individual Access to Psychological Therapies
Patient experience/Friends and Family Test
18 weeks RTT
Cancer Care
Long term conditions (dementia, COPD, CHD and asthma)

SYSTEM WORKING
Information sharing across providers and intra-operability of information systems to enable integrated care
Better Care Fund Whole Systems Integrated Care and Pioneer application
NHS Transitional issues

Demographics

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- Brent is a place of contrasts. Home of the iconic Wembley Stadium, Wembley Arena and the spectacular Swaminarayan Hindu Temple.
- Our borough is the destination for thousands of British and international visitors every year
- Brent is served by some of the best road and rail transport links in London
- The area is accustomed to the successful staging of major events such as the Champions League Final in 2011 and Olympic Games events in 2012.
- Our long history of ethnic and cultural diversity has created a place that is truly unique and valued by those who live and work here.
- Overall life expectancy is in line with the rest of London, but there are significant health inequalities within the borough
- Over 130 different languages are now spoken in our schools
- Brent is the most ethnically heterogeneous borough in the country
- The chances of 2 people in Brent being from different ethnic groups are higher than anywhere else in the country

Our population is young, dynamic and growing (311,200 according to the 2011 census)

Brent is ranked amongst the top 15% most-deprived areas of the country.

Deprivation is characterised by high levels of long-term unemployment, low average incomes and a reliance on benefits and social housing

Children and young people are particularly affected with a third of children in Brent living in a low income household and a fifth in a single-adult household.

The proportion of our young people living in acute deprivation is rising

The gap in life expectancy for men varies for the most affluent and the most deprived parts of the borough by 8.8 years

The population is relatively young with 43% of residents under 30 yrs and more than 30,000 people over 65 yrs

Demographics (cont'd)

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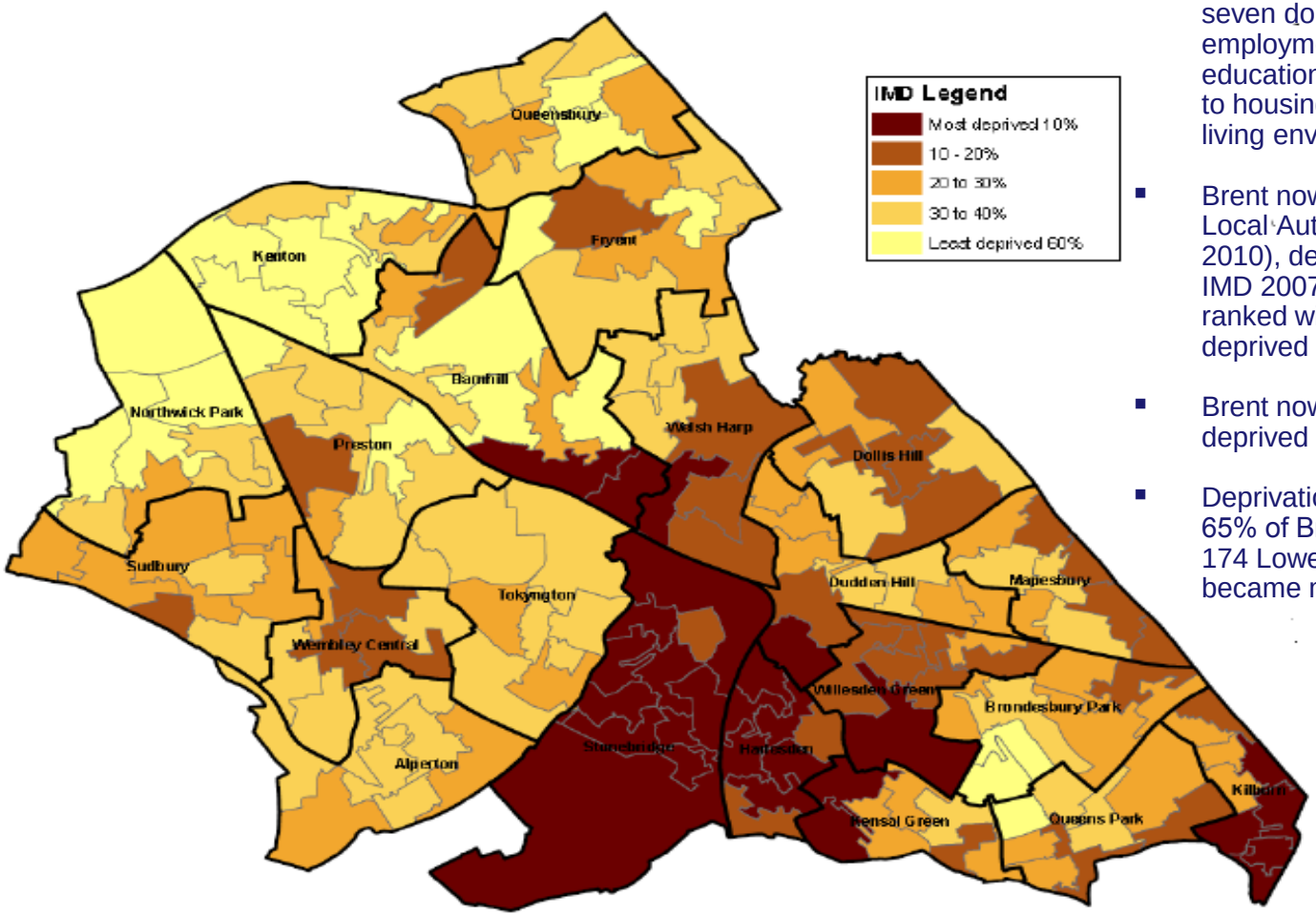
Map of deprivation across Brent CCG



Source: IMD 2010, Department of Communities and Local Government, March 2011
Note: LSOA categorised as deciles. Six least deprived deciles grouped as one for the above banding.

- The Index of Multiple Deprivation (IMD) is constructed by combining the seven domain scores – income, employment, health and disability, education, skills and training, barriers to housing and services, crime, and living environment.
- Brent now ranked 35th most deprived Local Authority in England (IMD 2010), declining 18 places since the IMD 2007 were published. Brent ranked within 15% of the most deprived Local Authorities in England.
- Brent now ranked as the 11th most deprived borough in London.
- Deprivation levels increased across 65% of Brent areas. 114 of Brent's 174 Lower Super Output Areas became more deprived.

Health Challenges

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- Low rates of readiness for school amongst under-fives
- Poor oral health amongst children under five
- Rising levels of obesity – 11% of pupils in reception year, almost 24% of year 6 pupils are obese and 21% of adults in Brent are estimated to be obese.
- Low levels of participation in physical exercise – only 52% of adults achieve at least 150 minutes of physical activity per week
- Increasing rates of alcohol-related hospital admissions
- Mental health remains the single largest cause of morbidity within Brent, affecting one quarter of all adults at some time in their lives.
- Cardiovascular disease, chronic respiratory disease and cancers are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.
- High levels of many long-term chronic conditions which are often related to our poor lifestyles, relative deprivation and in some cases our ethnic make-up. Diabetes is a good example of this, and we currently have around 21,750 people (7.7% of people on GP registers in 2011/12) in Brent diagnosed with the condition with numbers likely to grow in the future.
- We need to improve outcomes for patient with long term and chronic conditions by helping more patients take a pro-active approach to their own care as well as improving the quality of our services in the community. We need to do this by increasing access to, and expanding key prevention and screening programmes.
- There are rising levels of dementia amongst older adults in line with the national trend.
- Rates of tuberculosis (TB) in Brent are amongst the highest in the country.

Benchmarking Performance

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- Benchmarking performance made available to CCGs provides a useful baseline to measure performance and impact of the CCG's commissioning.
- The CCG's performance against the five domains is variable in each domain.

➢ **Domain 1 – Preventing people dying prematurely**

- Performance indicates that there has been a deterioration in the potential years of life lost resulting from cardiovascular, liver and alcohol related liver diseases.
- However, less deaths have resulted from cancer and respiratory diseases

➢ **Domain 2 – Enhancing quality of life for people with Long Term conditions**

- Data suggests that Brent is achieving a national average of people feeling supported to manage their condition.
- There is an increase in non elective admissions for ambulatory care conditions but a decrease in admissions relating to asthma and epilepsy.

➢ **Domain 3 – Helping people recover from episodes of ill health or following injury**

- There has been a small decrease in emergency admissions for acute conditions that do not usually require admissions
- Above average performance for Patient Recorded Outcomes for elective procedures including hip and knee replacements

Domain 4 – Ensuring that people have a positive experience of care

- Patient experience of GP out of hours service is just below the England average

➢ **Domain 5 – Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm** (no benchmarking data available)

Health & Wellbeing Strategy

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Brent's Health & Wellbeing Board was established on 24 June 2013. On 30 October 2013, the Board is being asked to

- Confirm principles of the Health & Wellbeing Strategy ahead of the finalisation of the Health & Wellbeing Strategy
- Confirm the objectives for each priority in the Strategy
- Note the progress to be made for each objective and use this as a basis for future meeting planning
- Task officers with a final version of the Health & Wellbeing Strategy with an action plan for Board approval in December 2013

The draft principles are:

- We will work together to deliver:
  - Services and cultures which promote self care and personal responsibility
  - A focus on disease prevention and health promotion
  - Opportunities for individual and community empowerment
  - A single point of contact for services users and a "joined up" approach between services which means every contact counts
  - Safe, high quality services which respond to individuals
  - An on-going dialogue with our communities, residents and patients
  - Achieving more for less and making the very best use of resources

The draft priorities are:

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves
- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community

Brent CCG's draft Commissioning Intentions are guided by these draft principles and priorities

Brent CCG and its members

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67 member GP practices who are organised into five localities

Wembley Locality

1 **Population: 53,896**
# of Practices : 11

Kingsbury Locality

2 **Population: 73,953**
# of Practices : 16

Willesden Locality

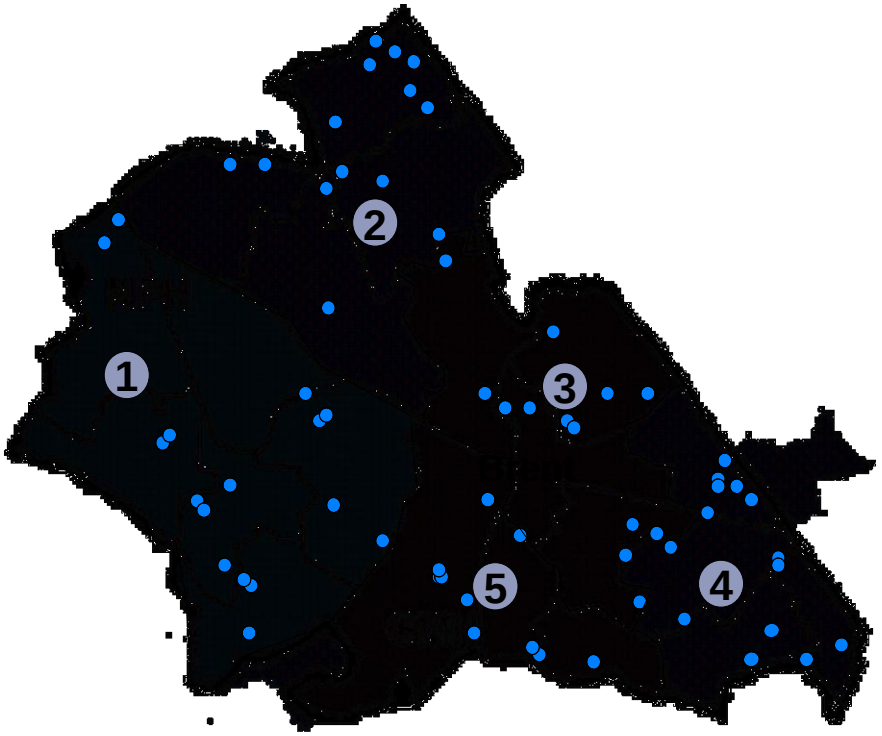
3 **Population: 50,084**
# of Practices : 10

Kilburn Locality

4 **Population: 77,372**
# of Practices : 14

Harness Locality

5 **Population: 80,559**
# of Practices : 16



Brent CCG – Provider Landscape

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Provider	Sector	% contract £
North West London Hospitals	Acute	39%
Imperial	Acute	20%
CNWL Mental Health FT	Mental Health	13%
Ealing ICO	Community Service	9%
The Royal Free	Acute	5%
Other Acute	Acute	9%
London Ambulance NHST	LAS	4%
Other	Other	1%
TOTAL		100%

As can be seen from the table above Acute contracts account for 73% of Brent CCG total contract expenditure with Mental Health accounting for 9% of total expenditure and Community for 9%.

QIPP Requirements 2014/15 and beyond

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- The CCG's QIPP requirement for 2014-15 and beyond is determined by the assumptions underpinning our Medium Term Financial Strategy (MTFS) which is based on a five year financial model.

- The assumptions underpinning the MTFS include:
  - Brent will receive 2.14% growth in funding in 2014/15 and 1.7% in 2015/16 to bring the CCG allocation in line with capitation based allocation target
  - QIPP delivery will be a net 2% (£8m) per annum
  - The H&SC Integration Fund in 14/15 – 15/16 is assumed to transfer £19,832m funding away from the CCG by 2015/16 without a corresponding reduction in spend
  - There is no new recurrent investment from 14/15 onwards over and above pressures from demographic and non-demographic growth
- The output of this range of assumptions would generate a surplus that exceeds the planned 13/14 surplus in 14/15 and then reduces dramatically after 15/16 and moves into deficit from 17/18 as the recurrent financial position deteriorates and the non-recurrent benefit from carry forward surpluses no longer support the position.

- This scenario is not an acceptable one and therefore options are required to both reduce the non-recurrent surplus in 14/15 and also to address the deterioration of the recurrent position.

- This will require the CCG to increase its QIPP requirement from 2% (£8m) to 3% (£11m), which is in line with national requirements

- We will therefore seek to achieve QIPP through working with member practices and providers to achieve local efficiencies, based on the opportunities indicated by national and local benchmarking data.

Commissioning Intentions 2014/15 – Overview

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- We will take a standardised approach to commissioning and contracting with all providers to:
  - Transform services where new designs are required to improve quality and value for money
  - Contract and performance manage using the levers of, the national standard NHS contract in its entirety
  - Review service specifications to ensure that they meet local needs and make the best use of up to date evidence and innovations in health care
  - Apply rigorous and measurable quality and safety requirements and performance reporting regimes requiring adherence to national standards
  - Make transparent the elements making up contract values so as to facilitate value for money review and financial disaggregation
  - Promote productivity improvement through benchmarking and promote innovation by entering into CQUINS which are truly innovation focussed
  - Promote integration across services and agencies to truly improve outcomes for Brent residents
  - Commission services in a manner that interface effectively with GP networks

- We are requiring all providers to work collaboratively towards shared electronic records to enable seamless patient care and enable better outcomes through continuity and consistency of care. This will require all providers across primary, community and secondary care to ensure interoperability of clinical systems to enable the aspirations of whole systems integrated working across organisational boundaries to the benefit of patients and carers.

Commissioning Intentions – Patient and Public Involvement

NHS Brent Clinical Commissioning Group

- The CCG has established a number of networks to support dissemination of information and engagement with service users and the public during 2013/14.
- The effectiveness of these structures and networks is currently under review and options with a view to strengthening, broadening and ensure diverse representation are being consulted upon
- In 2014/15, the CCG intends to implement recommendations for improving our patient and public engagement mechanisms in line with the outcome of the review and consultation.
- It is the CCG's intention to engage with a broad range of networks and groups to involve our stakeholders in developing our commissioning intentions and implementing these throughout 2014/15.
- With an increasing number of individual residents, communities and voluntary sector organisation added to our stakeholder data base, we will be taking every opportunity to engage with a wider range of stakeholders
- We intend to have greater visibility by ensuring any interaction and for a is timely and relevant, therefore we will cross referencing our communications with our key strategic partners ensuring a variety of feedback mechanisms are in place to ensure we capture patient experience and public feedback direct to the CCG and via Healthwatch and Council for the Voluntary Sector

Commissioning Intentions – Patient and Public Involvement

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The CCG is operating to the following timescale for developing its commissioning plans. The process will be shared with key stakeholders to enable their understanding:

- **25th September** – Agreement of process and timescales for developing Commissioning Intentions at QIPP, Finance & Performance Committee
- **9th October** - Commissioning Intentions planning workshop with CCG Executive and key members of staff
- **23rd October** – Approval of draft commissioning intentions to share with providers, partners, patients and the public by CCG Executive
- **30th October** - Discussion on commissioning intentions at GP member practice forum
- **6th November** – Discussion on commissioning intentions with Governing Body
- **6th – 12th November** – Discussion at the 5 PPG meetings
- **20th November** - Early engagement with patients and public at Health Partners Forum
- **27th November** – Engagement with EDEN Committee
- **27th November** – Commissioning intentions shared and discussed at the Carers Forum
- **27th November** – Discussion at QIPP, Finance and Performance Committee
- **30th November** – Final draft of medium term financial strategy, commissioning intentions for 2014-15

Where relevant the key issues identified through this engagement work will be captured and directly inform our Commissioning Intentions 2014-15. Feedback received to-date suggests that our stakeholders would like to be involved at the earliest possible stage and in a format that they can understand. Our communications mechanisms underpin our strategic delivery and enables compliance with the equality objectives. This will be fully taken into account whilst the production and design of each engagement forum including any formal or informal presentations used to brief our community stakeholders, partner organisations and the Health and Wellbeing Board on our plans.

Commissioning Intentions: Improving Quality, Patient Safety and Patient Experience

NHS Brent Clinical Commissioning Group

The CCG has considered each of the major reports that have brought the issues of quality and patient experience into sharp focus during 2013 (second Francis Report into the events at Mid Staffs NHS Foundation Trust, the Berwick report into Patient Safety and the Keogh review into Acute Hospital Care) and fully endorses the degree of ambition and challenge that they hold for commissioners as well as providers of care.

The CCG is committed to driving up the quality of care including the experience of patients and carers and is seeking via these commissioning intentions to delivering just that. It has worked in partnership with clinicians, patients, carers and their representatives to develop key priorities and ideas for improvement.

It should be noted that these intentions do not simply apply to NHS Trusts, but they apply to every service, every care home and every GP surgery from whom we commence services. The values and ambitions outlined here are the entitlement of our residents whether they are children, of working age, older or living with a long term condition.

Key Actions

When read together all the reports have a number of common themes. The CCGs has developed its response under 5 key headings:

1. Placing the quality of patient care, especially patient safety, above all other aims.
2. Engaging, empowering, and hearing patients and carers throughout the entire system and at all times.
3. Organisational Culture and Leadership
4. Making better use of data and intelligence
5. Transparency and Accountability

Improving Quality, Patient Safety and Patient Experience

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1. Patient Safety

- The CCG will continue to ensure that all its commissioning activities promote and enhance the safety patients and service users in the care system. It will draw upon the growing evidence of base of what works, however it will also expect to commission services from organisations that share this overarching value.
- All trusts, including Mental Health Trusts and other providers will be expected to have implemented the use of an appropriate early warning system and have clinically appropriate escalation procedures for deteriorating, high-risk patients - in particular at weekends and out of hours.
- The CCGs will continue to work across the health system to achieve a year on year reduction in HCAIs moving beyond simply MRSA and C. Difficile. We will continue to expect the 'zero tolerance' goals to be supported.
- We will require enhanced performance with respect to
  - The management and investigation of incidents including evidence of learning
  - Assurance that service alerts and early warning systems are effectively addressed
  - The delivery of a provider specific action plans aimed at the reduction of its known harms to patients.
- We will expect to have formal oversight of provider QIPP plans and will expect to see some form of quality impact assessment. This will be especially the case when clinical staffing levels are under review.
- The CQC has recently produced its first 'bandings' of local hospitals as a result of its Intelligent Monitoring System. The CCG will work with Trusts to understand the issues especially where the banding gives cause for concern and will work with regulators and other to either ensure that standards improve or, if necessary, consider decommissioning the service.

2. Engaging, empowering, and hearing patients and carers throughout the entire system and at all times

The CCG is committed to acting as the system leader that delivers effective patient and carer leadership and empowerment, not only at the strategic level but also via its individual providers.

- We will expect all our providers to be collecting 'real time' patient experience feedback and to demonstrate how they are using this to improve the way they deliver services.
- We will be working with providers and patient representative groups to agree key measure of patient/carer experience that can be used across the whole pathway.
- We will be working with our providers to ensure the full implementation of the Clwyd/Hart Review of the NHS Complaints process. In particular we will expect:
  - Improved performance on respond times etc
  - Evidence of service changes and improvements in response to feedback
  - Assurance that patients and carers are satisfied with the process of handling
  - Evidence that responsibility for complaints and patient feedback is 'owned' at all levels of the organisation and especially the Board.
- We will expect providers to provide evidence and to how they have quality assured their own performance and will, if necessary, require an independent review of performance.
- We will use of the contractual levers available to us to ensure improved performance.
- We will expect providers to share these results findings, not only within their organisations, but the CCG and patient groups as evidence of transparency and openness

3. Organisational Culture and Leadership

The Francis Report (2013) placed the need for NHS to address the issues of culture and leadership at the heart of his report, almost considering it as the necessary pre-requisite of quality. The CCG also recognises the importance of culture not only with respect to its own organisation but also across the wider NHS.

- It will therefore require evidence and assurance from its providers that they have used an appropriate methodology to assess their own organisational culture and they are addressing any issues emerging from this work. It will also seek further assurance that the values, principles and behaviours outlined in the NHS constitution is at the heart of the organisations' decision making.
- It will also look for evidence that staff are also engaged and report being able to participate in strategy and delivery.
- When the CCG consulted patients, carers and its staff the two most often quoted values were putting patients first and openness. The CCG will particularly seek evidence in these areas.

4. Making better use of data and intelligence

- The Keogh Report highlights that '***Too often, boards were honing in on data that reassured them they were doing a good job, rather pursuing data that revealed inconvenient truths, thereby missing opportunities for improvement'***
- During 2014/15 the CQC and CCGs will be working to ensure that they are making better use of data to understand quality and drive improvement. We will be looking fro evidence that the Boards of our providers are also taking personal responsibility for quality across each and every service line that they deliver.
- As commissioners we will be expecting to use service level data, both qualitative and quantitative to drive our commissioning and focus our priorities.
- We will take a more rigorous approach to our scrutiny of Trusts Quality Accounts and the commentary we provide as a reflection of our commitment to transparency.
- Brent CCG will use benchmarking data to ensure that improvements are made to quality and availability of services as well as ensuring that QIPP and investment schemes reflect these priorities.

5. Transparency and Accountability

- The CCG will seek assurance that providers are working to put accessible, accurate and relevant information into the public domain as well as seeking assurance as to how the provider Board has reviewed its system of governance to ensure clarity of accountability within the organisation.

Commissioning Intentions 2014/15
Whole Systems Integrated Care

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- During 2014/15 Brent CCG will continue to integrate care across pathways based on patients and their needs. We are working collaboratively with our CCG partners in North West London to design a new model of care for the parts of our populations we think would most benefit from an integrated approach from commissioners and providers.
- The co-design period is bringing together partners from across NWL including service users (lay partners), commissioners and providers from across health and social care to address some of the key questions for integration.
- The recommendations that are developed through co-design will be taken forward, adapted and tailored for local implementation at borough level, with commissioning decisions made jointly by local authorities and CCG boards.
- It is anticipated that a number of ‘early implementation’ sites will launch in shadow form from April 2014 and these sites will receive investment support to implement their plans.
- Brent CCG is keen to be an early implementer site and we will work with our partners in the Local Authority through a recently established Integration Board, accountable to the Health and Well Being Board to progress locally agreed integration priorities.
- As implementation proceeds we will work with providers to ensure that we can demonstrate that these new models of care will deliver enhanced patient safety as well as outcomes and patient experience

Commissioning Intentions – Acute Care

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Brent CCG's strategy for commissioning acute provision is to ensure that acute care is still provided by acute providers, in an acute setting, but that non-acute elements of each care pathway are provided in more appropriate settings, at a lower cost. This will increase efficiency by aligning the care setting to effectively meet patient needs.

The CCG's strategy will not only impact on acute provision, but also require improved primary and community care to enable the shift in care provision, so that patient can be appropriately managed in non-acute settings. Outpatient care will need to be delivered in an integrated way across the health economy, supported by co-ordinated and communicated care plans.

Unscheduled Care

Brent's unscheduled care programme aims to reduce non-elective activity by providing more capacity in primary care and other alternative care settings for patients in the community or in lower intensity settings of care where clinically appropriate.

- In line with our A&E Recovery and Improvement Plan and Winter Surge Plan, Brent member practices together with community and acute commissioned care will provide anticipatory planned care, reducing the burden of unplanned unscheduled care on the local health system.
- Brent CCG will work with primary and secondary care partners to achieve this through a series of initiatives, including:

❑ **Ambulatory Emergency Care Unit**

- This service will continue to develop in 2014/15 to expand from the existing 10 pathways to develop as a minimum a total of 20 pathways.
- There is an opportunity to work with the local provider (NWLHT) to agree a scheme where a proportion of the emergency adult patients can be appropriately managed thereby avoiding an inpatient admission.

Commissioning Intentions – Acute (cont'd)

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- **Assessment tariff**
  - The CCG intends to review all zero and one day lengths of stay to determine scope for efficiency and potential for a reduced tariff for those referrals to acute hospitals where only low-level care (e.g. diagnostics and/or short observation for alcohol related attendances) is needed.

Readmissions

- A review of readmissions will be undertaken to assess the volume of patients, age range, source of admission and when readmitted e.g.: within 24 hours of discharge from hospital.
- This will inform the discharge planning process and clinicians will work together to reduce the occurrence of readmissions**.**

Planned Care

- The CCG is intent on improving provider performance against the 18 week Referral to Treatment (RTT) target for Brent patients, ensuring that patient safety and quality issues are at the forefront of decision making.
- We will work collaboratively with other providers, NHS England, the Trust Development Authority and the DH Intensive Support Team to achieve effective resolution to the barriers underpinning provider performance issues.
- GP practices are at the centre of locality based networks that are supported by integrated out of hospital services. Much of the work that has commenced in 2012/13 will continue in 2014/15 and beyond to ensuring services are provided closer to home and in the community.
- The CCG has commenced procurement processes with respect to orthopaedics, rheumatology, physiotherapy and gynaecology services with a view to achieving improved clinical outcomes and integrated care that reduces duplication.

Commissioning Intentions – Acute (cont'd)

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Referral Facilitation Service (RFS)

- Brent CCG intends to continue RFS, recognising the benefits of reduced variation in referral practice and ensuring patients have access to the right care.
- A Brent wide approach to prospective review of referrals will be agreed with localities based on an evaluation in quarter 4 of 2013/14.

Individual Funding Requests and Planned Procedures with a Threshold

- In accordance with the most recent evidence base acupuncture services will now be commissioned through the Planned Procedures with a Threshold (PPwT) given the limited clinical effectiveness of this service for certain conditions. Historically these services have been commissioned through Individual Funding Requests (IFR) but given the volume of requests, the PPwT route for specific conditions will enable patients where this intervention is effective to access the treatment.

- IVF treatment will now be commissioned in accordance with NICE guidance, enabling same sex couples to access the treatment as well as an increasing of the age limit for eligibility.

Independent Treatment Sector Contracts

- ISTCs offering diagnostic services are currently being renegotiated by Department of Health and local commissioning organisations. Specifically, Brent CCG is working with the North West London Commissioning Support Unit to renegotiate our contract terms and conditions with In Health.

Commissioning Intentions: Community Health Services

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Avoiding unnecessary admissions to hospital

- We will continue to commission services to avoid unnecessary admissions into hospital, ensuring that (where possible) patients are kept well at home.
- Our aim is to integrate existing services so that the patients' experience of care at home is smoother, and services work in a more cohesive way.
- We would like to develop an enhanced community respiratory pathway, which has improved access from primary care and enables patients to stay well at home.

Integrated Care Pilot

- It is the intention of BEHH CCGs to collectively review the ICP and achievement of anticipated benefits in the second half of 2013/14.
- The review will take account of the role the ICP may have as a platform for greater integrated service delivery in 2014/15 in support of the NWL Whole System Integrated Care programme.
- It will also take account of recent work within the ICP to enhance the case management approach through the use of predictive modelling.
- The review will be completed by the end of Q3 2013/14 with a decision on future investment in ICP following this review.

Community Paediatrics and services for Looked after Children

- We wish to commission a high quality community paediatric and Looked After Children service.
- We are seeking to work with existing providers with a view to service design in order that they can demonstrate they are focussed on these vulnerable patients, and are more responsive to their needs.
- We will do this in partnership with the Local Authority to ensure seamless and cohesive care.

Commissioning Intentions: Community Health Services (cont'd)

NHS Brent Clinical Commissioning Group

Integrated Nursing

- Brent CCG wishes to commission nursing within the community that works in a more integrated way with nursing in primary care, and provides a more holistic service to patients.
- We will be looking for opportunities to extend the nursing role, both within the community and primary care.

STARRS (Rapid Response)

- Brent CCG will work collaboratively with providers to develop an integrated nursing specification covering STARRS, case management, district nursing, specialist nursing and practice nursing to ensure a joined up and seamless approach to out of hospital care.
- These services will be used to support patients identified through the implementation of our local population based risk stratification processes and ensure coordinated and holistic care that is provided in an integrated way.
- Based on the outcome of the pilot at Imperial College Hospital Trust we will extend STARRS to Royal Free Hospital

Primary and community services

- The CCG is seeking to extend the range of services provided in primary care settings, including care of patients on Disease-modifying anti-rheumatic drugs (DMARDs), patients with diabetes, cardiology diagnostics, anti-coagulation services and phlebotomy services.
- The CCG intends to commission a falls service, endoscopy in community settings and improve the audiology pathway.

Commissioning Intentions – Mental Health

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Mental health commissioning intentions for 2014/15 are aligned to delivering the Brent CCG vision and aims through:

- Developing care pathways that deliver the most appropriate treatment by the right clinician at the right time, with clear routes in and out of primary and community care
- Shifting settings of care aware from acute providers into Primary Care where appropriate.
- Maximising out of hospital care, promoting the independence of service users.
- Develop integrated care pathways between primary care, secondary care and social care to address areas such as Alcohol, Personality Disorder and Autism without reliance on acute care.
- Redesigning care pathways for agreed areas of care provision to make the most efficient use of existing resources and provide an improved pathway for patients
- Continue to repatriate service users into their local communities and reduce out of area treatments

<u>Alcohol related attendances in A&E</u>

- Brent CCG will work with Public Health and acute providers to review the numbers of admissions for observation for people with alcohol related issues only.
- The outcome of this joint approach with Public Health aims to achieve:
  - A renegotiated reduced tariff for alcohol related admissions for observation only.
  - Review of pathways for people with alcohol addiction
  - Review of integrated commissioning possibilities for provision in the community e.g. St Mungos
  - Review the number of alcohol related detox beds provided by CNWL and provision of these in more appropriate community based settings.
  - Commissioning of clear care pathways across health and social care/public health for people with alcohol related difficulties
  - Creation of clear referral and access routes, both into and out of mental health services.
  - Improve productivity of mental health services.

Commissioning Intentions – Mental Health (cont'd)

NHS Brent Clinical Commissioning Group

Personality Disorder/ADHD pathway redesign

- There is currently no specific pathway to treatment/intervention for people diagnosed with either a Personality Disorder or ADHD in the Brent services commissioned from the main mental health provider, CNWL.
- This results in patients receiving a diagnosis and being referred back to the CCG for spot purchased placements or treatment provided out of borough.
- In line with providing more cost efficient care, closer to home, Brent CCG will work with CNWL to scope the current pathway, numbers of patients and costs with the intention of redesigning the pathway to enable these patients to be managed by the existing provider.

Elderly Care

- Brent CCG will work with CNWL to review the acute bed provision for the elderly mental health population in Brent.
- The review will seek to strengthen capacity in community services such as crisis resolution home treatment services and increase service productivity and make staffing efficiencies including the rationalisation of sites if appropriate and redirecting resources into commissioning a Primary Care plus service to work across primary and secondary care settings.

Primary Care Plus

- Brent CCG will work with CNWL to design and commission a Primary care plus service to work across primary and secondary care settings to enable a stable cohort of patients to be discharged from secondary care services to be managed within primary care.
- It is expected that this development will allow a significant cohort of stable patients to be discharged back to the care of their GP. The service will also work to prevent inappropriate referrals to secondary care and enable intervention earlier before a service user reaches crisis.

Commissioning Intentions – Mental Health (cont'd)

NHS Brent Clinical Commissioning Group

IAPT (Improving Access to Psychological Therapies)

- National and local targets set for the provision of IAPT services are ambitious at achieving 15% access across the local population by 2015 and 50% of those in treatment moving to recovery**.** Brent's IAPT service is currently commissioned through CNWL.
- Despite substantial investment, waiting lists for counselling, in particular remains high and the provider is seeking substantial levels of additional investment to meet national and local targets by 2015.
- It is therefore the CCG's intention to consider alternative models of providing IAPT services and procurement options to achieve the targets.
- The CCG will continue to work with the current provider to maximise productivity within existing resources and seek to maximise the use of the voluntary sector wherever possible and appropriate.

Review of small contracts

- The CCG has a number of small contracts with a variety of voluntary sector providers where the fit and relevance of these contracts has not been reviewed for some years
- The CCG will undertake a comprehensive review of all existing small contracts ensure alignment of contracts to the CCG's commitment to providing care out of hospital in more cost efficient settings.
- Equality Impact Assessments will be carried out to identify any impact of commissioning decisions and associated actions required in relation to these contracts.
- Alignment with the local authorities commissioning of small contracts will be integral to this work

Repatriation of out of area placements

- CNWL and Brent CCG were awarded the commissioning efficiencies award for the Placement Efficiency Project (PEP).
- In recognition of the value of this work, the CCG will continue work collaboratively with CNWL's Placement efficiency team to ensure that placements for those with complex needs are regularly reviewed, assessed and matched to appropriate care settings.

Commissioning Intentions – Mental Health (cont'd)

NHS Brent Clinical Commissioning Group

Redesign of Autism Diagnostic Pathway

- The CCG currently has a spot purchase agreement with CNWL for referrals for diagnosis of patients on the Autistic Spectrum
- The CCG will therefore work with providers to negotiate a contract which is more reflective of demand with a view to achieving better value.

North West London Mental Health Strategy

Brent CCG will continue to work as a key member of the Mental Health Programme Board delivering the agreed work streams and working collaboratively across the 8 NWL CCG's, which includes:

- Psychiatric Liaison service
  - The CCG will commission a Psychiatric Liaison service operating to a single service specification across all 8 CCGs and sites, working to core outcomes of acute admission avoidance, facilitated enhanced/early discharge, emergency re-admission reduction, annual medication reviews and capacity building within AHTs through planned training.
- Urgent Assessment & Care
  - Through redesign with secondary providers work towards (a) extension of daytime hours to better match those in primary care (8 am – 8pm); (b) a single point of access/advice 24/7/365 for GP's and (c) increased home visiting out of hours to resolve new crises in people's homes, reducing the need for patients to travel to A&E departments
- The CCG expects continued evidence of improved involvement of patients using mental health acute inpatient services in decisions about their care and treatment; explanations about care and treatment is provided to all patients using mental health services and patients are given information on how they could receive help in a crisis after they are discharged from mental health acute inpatient services.

Commissioning Intentions – Learning Disabilities

NHS Brent Clinical Commissioning Group

- For people with learning disabilities, the CCG will work collaboratively with Brent Council to jointly commission a specific Needs Analysis of learning disabilities (pre-birth to grave); which will form the LD chapter of the JSNA, and be the basis for the commissioning strategy.

- Commission a follow-up to the initial health checks audit but broaden its scope to include more conditions and all practices in Brent.

- Once completed the results on CCG, Locality and Practice level should be the focus for in-year improvements, which include:

  - uptake of health checks
  - management of long-term [physical health] conditions (QOF registers)
  - reasonable adjustments
  - cancer Screening,
  - learning disability awareness training for all CCG staff; so that they understand why we need to specifically identify them in A&E, complaints, etc.

- Jointly commission with Brent Council advocacy services to lead on patient stories, feedback, complaints and compliments. The aim of this would be to support improved gement, raise profile of people with the condition and capture good practice.

Commissioning Intentions – Children's Services

NHS Brent Clinical Commissioning Group

The CCG's commissioning intentions with respect to children's services span the spectrum of care from community to secondary. To this end, the CCG seeks to achieve the following improvements in children's services over the next year:

CAMHS

- Commissioning a cohesive and integrated care pathway across health and social care, which includes community based services where appropriate and ensuring robust transition plans are in place for children moving into adult services

Community Nursing Teams

- Develop integrated children's nursing teams to include health visitors, practice nurses, community paediatric nurses for example for the management of complex eczema, asthma and specialist feeding management.

Children's Centres

- Alignment of GP practices to Children's Centres in order to improve integration with primary care.

Community Paediatric Clinics

- In partnership with community services, acute providers and primary care develop community based paediatric clinics to be led by acute consultants and GPs with Special Interest and paediatric nurses.

Looked After Children (LAC)

- We intend to rescind the decommissioning notice for the LAC service from Ealing ICO subject to agreement of a new service specification and sustained improved performance.

Sickle Cell Services

- The CCG will review services for children with sickle cell to ensure that they are appropriate, not fragmented and provide the best clinical outcomes for these patients.

Developing Primary Care

NHS Brent Clinical Commissioning Group

- NHS England commissions primary care services from GP practices, dentist, optometrist and pharmacists.
- Brent CCG is statutorily required to assist NHS England in the continuous improvement of the quality of primary care in Brent. Brent CCG may commission additional services from primary care contractors. For GP practices this may be from individual practices or practices working in networks. The CCG may also commission integrated care from GP networks working with providers in an integrated network.
- We recognise that achievement of Brent's commissioning strategy cannot be delivered without a corresponding change to the way that care is provided in primary and community settings.
- In 2014/15 Brent CCG intends to commission services from the four GP networks in Brent for the following services:
    - (subject to successful pilot for extended GP hours) locality hubs for 7 day GP services outside core contract hours.
    - A number of services currently commissioned through Local Enhanced Services.
- We will also consider commissioning integrated services from GP networks and other providers for:
    - Adults vulnerable to hospital admission or residential care
    - 24/7 urgent care

Developing Primary Care (cont'd)

NHS Brent Clinical Commissioning Group

Local Enhanced Services

- NW London CCGs have been working collaboratively to develop a toolkit to assist CCGs in their decision making process for the commissioning of LES services from 2014/15. The purpose of this toolkit is to assist CCGs in their decision making process for the commissioning of new locally commissioned out of hospital services, and to serve as a reference point when considering the appropriate procurement options for these services in the light of changes to the law since the Health and Social Care Act 2012 came into force.
- The CCG will need to balance the requirements of complying with the law and reducing legal challenge with the need to make effective and integrated commissioning decisions that are right for their local population. The aim of the toolkit is provide a framework that enables CCGs to do this quickly, efficiently and consistently.
- Brent CCG is considering future commissioning of all services currently commissioned through a LES. The options for the CCG are:

  (i) To cease commissioning the service

  (ii) To consider whether:

  - Only one provider is capable of providing the service
  - Only one provider or provider type is most capable of providing services
  - Benefits of competitive tendering outweigh the cost of running a competitive tender process
- Brent CCG's Primary Care Development Programme Board will evaluate the future commissioning of these services using the above decision points and will make recommendations to the Governing Body in November 2013.
- The implications of these recommendations will be published in a later version of our Commissioning Intentions.

Developing Primary Care (cont'd)

NHS Brent Clinical Commissioning Group

- The following local enhanced services are delivered by Brent Member Practices
  - Childhood surveillance for children under 5 years where their registered practices does not undertake
  - Prescribing and administration of hormone blockers for treatment of prostate cancer
  - Phlebotomy for 12 years and over
  - Insulin initiation
  - Register and plan for patients requiring palliative care
  - Register and plan for carers
  - Undertake ECG monitoring and 24 hour ambulatory blood pressure monitoring

- Out of Hospital specifications are in development for:
  - Primary Care Monitoring of long term DMARD
  - Anticoagulation
  - Wound care

- We propose to continue, subject to NHSE's approval, commissioning the following improvement incentives
  - GP commissioning including prescribing
  - Referral facilitation
  - Improving GP outcomes

Commissioning Intentions – Continuing Healthcare

NHS Brent Clinical Commissioning Group

- Continuing Healthcare will be working to develop and implement effective governance, financial and operational arrangements and review all current commissioning and contractual arrangements. The Terms of Reference for the Continuing Healthcare Panels will be reviewed jointly with our partners, together with the Operational and Dispute Resolution policies in line with the revised Department of Health guidance (April 2013).

- We will further consolidate joint working arrangements with the Local Authority with a detailed market management strategy in order to manage the provider market economy to deliver longer term efficiency savings (e.g. a preferred providers list).

- Personal Health Budgets - NHS Brent CCG has been piloting Personal Health Budgets from April 2012. Implementation of Personal budgets is part of a system-wide transformation of workforce and market development and simplified assessment processes. We are developing processes to ensure availability of a personal health budget that can be used to meet the needs of individuals with complex, long-term and/or a life-limiting condition/s from April 2014. This will be supported through Continuing Healthcare budgets and this will become a statutory right for individuals to have from October 2014.

- Nursing Homes Review – We will undertake a review of options for commissioning nurse home placements to ensure that high standards of care are provided to all Brent patients in nursing and care homes, building on the learning from the ICP Care Homes project.

- Reviews of all Continuing Healthcare activity – As part of good clinical practice, we will continue to undertake planned reviews of health-funded placements across adult care groups, i.e. older people, patients with physical disabilities, learning disabilities and adult mental health to ensure provision of appropriate, clinically effective and value for money care packages are delivered with a greater emphasis on quality and patient outcomes

Commissioning Intentions – Informatics

NHS Brent Clinical Commissioning Group

- Brent CCG is committed to developing and implementing an improved informatics infrastructure and interoperability for 2014-15 and it will be a requirement that all local providers of Brent CCG work to maximise the interoperability of IT systems and the sharing of clinical records/information to optimise the delivery of safe care across health and social care.

- The CCG will progress its interoperability programme to share clinical information to ensure that data can be exchanged between different clinical systems in a safe and secured way and will expect provider organisations to work in partnership towards the sharing of clinical records within robust information governance frameworks across the health and social care community.

- The CCG will expect providers to commit to the sharing of information where they have at least one of the following in place to support the exchange of clinical information:

  1. there is a common clinical IT system and a shared record between the GP and the care provider,
  2. respective IT systems are interoperable and in full conformance with the current Interoperability Toolkit (ITK) standards and
  3. the Summary Care Record is enabled, available and accessible particularly where patients are receiving care out of area.

- When contracting with providers in the future the CCG will insist their systems are able to communicate with the CCGs chosen solutions for interoperability (i.e. the Medical Interoperability Gateway(MIG), Docman EDT Hub, etc.) .

- Extending on the 2013/14 the Electronic Patient Discharge Summaries CQUIN the CCG will require all providers to ensure GPs receive electronic information about patient treatments, investigations and attendances at the point of discharge and to receive real-time confirmation of receipt by the recipient practice.