



Health and Wellbeing Board

Report from Brent CCG

For approval

Report Title: Brent CCG Commissioning Intentions 2015/16

1.0 Summary

The commissioning intentions attached set out the framework within which Brent CCG operates. The clinical commissioning principles are clearly defined and the intentions reflect the national, North West London wide and local context that the CCG operates within. The intentions further incorporate what our patients have told us during the consultation period.

2.0 Background

2.1 The CCG's statutory commissioning functions broadly include:

- Commissioning community and secondary healthcare services (including mental health services) for:
- All patients registered with its Members; and
- All individuals who are resident within the London Borough of Brent who are not registered with a member GP practice of any Clinical Commissioning Group (e.g. unregistered);
- Commissioning emergency care for anyone present in the London Borough of Brent

2.2 The commissioning intentions set out the CCG's intentions with regard the range of services it has responsibility for commissioning across community and secondary care services. The commissioning intentions further set out how it will work collaboratively with NHS England to support improvements in primary care and ensure the continuous improvement of services it has responsibility for commissioning. Fundamentally, the CCG's commissioning intentions describe how it will achieve the shift of care to more community and out of hospital settings in line with its strategic aims.

2.3 Commissioning intentions serve as a notice to all providers of community and secondary about which services and the models of care that will be commissioned by NHS Brent CCG. The Commissioning Intentions provide a basis for robust engagement between NHS Brent CCG and its providers, and are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available.

3.0 The key commissioning priorities for 2015/16 are:

- 7 day working in primary and social care
- Supporting the establishment of GP provider entities in the form of localities which have become four networks across Brent
- Commissioning out of Hospital contracts at locality level, replacing practice level local enhanced services and ensuring a wider population coverage
- Increased coverage of a single GP IT system, namely Emis Web across Brent
- Establishment of a whole systems integrated care service as an early adopter with a joint commissioning approach with a view to starting in 2015/16.
- Negotiating contracts with key providers that incentivise the transformation of services and the movement of services out of hospital

4.0 Detail

4.1 Our aim is to work with our provider market to achieve the following key outcomes in 2015/16:

4.2 Acute

- The majority of our acute activity will remain at our 2 major local providers: London North West Healthcare Trust and Imperial. The merger of NWLHT with Ealing Hospitals in 2014 will have an impact on our contracts for 2015/16. LNWHHT remains a financially challenged organisation.
- Brent CCG will continue to work with a wide range of other acute providers, including specialist hospitals from across London and the South East to ensure equity in standards and quality of care for Brent patients.
- The focus will remain on reducing the numbers of patients attending Accident and Emergency and the resulting emergency admissions. A number of our workstreams and initiatives are designed to support this.
- We will also continue to focus on reducing referrals to Outpatients and moving more activity to community settings as appropriate. This approach supports the delivery of the Out of Hospital Strategy.

4.3 Voluntary & Third Sector

- We will continue to work with the voluntary and community groups in Brent to support early identification of people who would benefit from care navigation, lifestyle coaching and with a particular emphasis on self-directed care across a range of mental health and long term conditions.

- We will ensure that the voluntary and community groups are integrated within the CCG commissioning strategy and work streams.
- We will ensure that the development of provider markets includes voluntary and community organisations to provide for the ethnically diverse population of Brent.
- We will make effective use of the voluntary sector to support access and engagement from the hard to reach or seldom heard communities.

4.4 Primary Care

- We will continue to align with the North West London Primary Care Transformation Programme that forms part of the Shaping a Healthier Future (SaHF) structure.
- We will continue to support the emerging GP networks to enable them to coordinate care and enhance services provided in primary care.
- Primary Care will continue to provide extended opening hours at the conveniently located hubs to offer greater choice and access for patients.
- Continue to develop the GP networks to provide out of hospital services where appropriate.

4.5 Community Services

- We will work with our community nursing service to develop collaborative approaches to service delivery leading to a more integrated model of service delivery.
- We will redesign community services as appropriate to deliver our Out of Hospital strategy.
- We will seek to implement the recommendations of the recent review of Community Services and improve quality and productivity of services.

4.6 Mental Health

- We will seek to achieve the productivity levels identified by NHS England in regard to Improved Access to Psychological Therapies (IAPT) and deliver the 15% prevalence target.
- We will continue to ensure patients are treated in the most appropriate setting through the Shifting Settings of Care Programme.
- We will work with our partners across North West London CCGs to procure CAMHS service (including for Learning Disability) and agree a urgent care pathway.
- In accordance with the Better Care Fund initiative we will strive to improve care and crisis planning for patients with mental health conditions to reduce the numbers requiring emergency admission.

5.0 Financial Implications

- 5.1 The developments within the commissioning intentions are designed to be financially viable, achievable within the time available and sustainable so that the CCG continues to operate efficiently and effectively.

6.0 Legal Implications

- 6.1 N/A

7.0 Diversity Implications

- 7.1 The commissioning intentions ensure that all services are commissioned based on the principles of equality and diversity to standardise access across Brent.
- 7.2 Services to be delivered support care closer to home as well as empowering patients and the public to look after themselves to prevent ill health and improve patient experience of care locally.
- 7.3 Engagement of patients, carers and service users from Brent's diverse communities is embedded throughout the commissioning cycle.

8.0 Staffing/Accommodation Implications (if appropriate)

- 8.1 N/A

9.0 Background papers

- 9.1 NHS Brent CCG Commissioning Intentions 2015-16 (attached)

Contact Officers

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