Final Commissioning Intentions

NHS Brent Clinical Commissioning Group

2015 - 2016

NHS Brent Clinical Commissioning Group

Foreword

NHS Brent Clinical Commissioning Group

- Welcome to Brent Clinical Commissioning Group (BCCG) commissioning intentions for 2015/16.

- We intend to continue the work that we started in 2014/15 to ensure that we work collaboratively with all our partners across the health, social care and voluntary care spectrum to deliver first class services for all of our residents and deliver the strategic vision that the CCGs across North West London have set out in Shaping a Healthier Future (SaHF).

- We will also consolidate and extend the work where we have reviewed and re-commissioned a number of clinical services. This has meant that patients have begun to see improved access to GPs via the hubs as well as other services beginning to be delivered closer to their homes such as Ophthalmology, and shortly Cardiology.

- Key workstreams for 2015/16 have been based on defining our clinical priorities as well as taking fully into account what our patients have told us and are articulated in the commissioning priorities throughout this document.

- We look forward to working with all of our providers and service users during 2015/16 to deliver the best services possible.

Sarah Mansuralli
Acting Chief Operating Officer
Brent CCG

Dr Ethie Kong
Chair
Brent CCG

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Strategic Context

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The 8 CCGs in North West London, with our local authorities and other partners, are in the process of implementing wide scale changes to the way in which patients experience and access health and social care. These plans are ambitious and transformational, and the vision is set out below.

We want to improve the quality of care for individuals, carers, and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

This vision is supported by 3 principles:

1. People and their families will be empowered to direct their care and support and to receive the care they need in their homes or local community.
2. GPs will be at the centre of organising and coordinating people's care
3. Our systems will enable and not hinder the provision of integrated care.

Some of the key enablers to date include:

- 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 of 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, Emis Web across Brent practices
- Establishment of a whole systems integrated care service as an early adopter with a joint commissioning approach with a view to implementation starting in 2015/16.
- Contracts with key providers that incentivise the transformation of services and the movement of service out of hospital.

We intend to build on this further during 2015/16.

Commissioning Intentions Inputs

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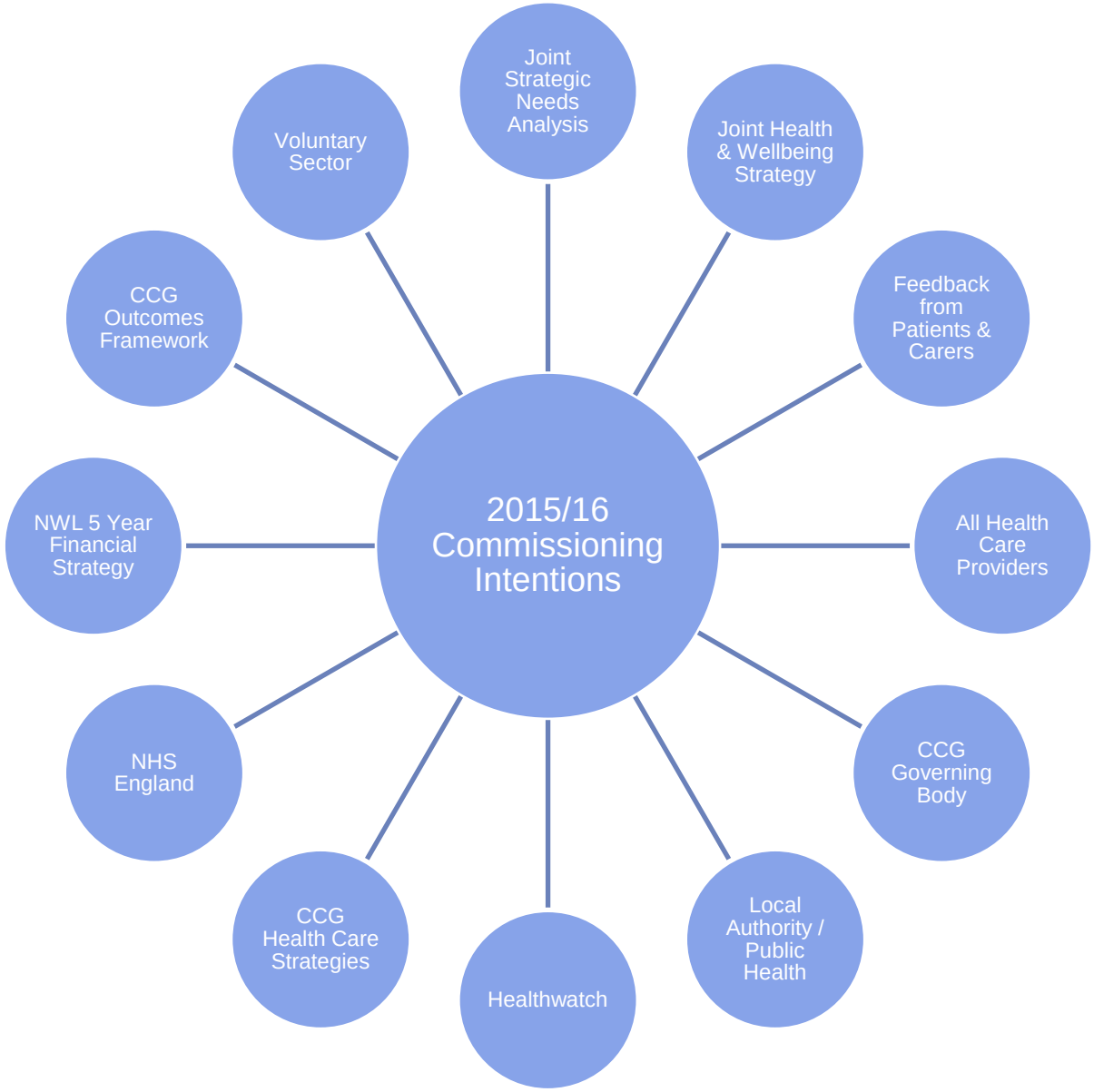

Commissioning Principles

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.

Brent CCG commissioning principles for 2015/16 remain to:

- Ensure that we demonstrate and evidence equality and consistency in access to services across Brent that continues to reduce health inequalities and improve health outcomes
- Work with other commissioners where integrated commissioning will deliver innovative and effective solutions in line with commissioning strategies
- Improve the uptake of preventative services and promote self care 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.
- Transform services where new designs are required to improve quality and value for money
- Demonstrate full compliance with the principles of patient choice
- Ensure 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.
- Provide 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 attendances and non-elective admissions including initiatives such as urgent care centres, access to community beds, additional GP appointments and extending the range of Ambulatory Care Pathways.
- Commission services in a manner that interface effectively with GP networks
- Continue to deliver patient and public engagement that ensures meaningful public involvement in commissioning
- Commission care in line with health needs as identified within the Joint Service Needs Assessment (JSNA) and the Joint Health & Well Being Strategy

Brent's Health Landscape - Demographics

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Brent is an outer London borough in north-west London (figure 1). It has a population of 317,264 and is the most densely populated outer London borough, with a population density of 74.1 persons/ha. The population is young, with 35% aged between 20 and 39. Brent is ethnically diverse, with 65% of its population from black, Asian and minority ethnic (BAME) backgrounds.

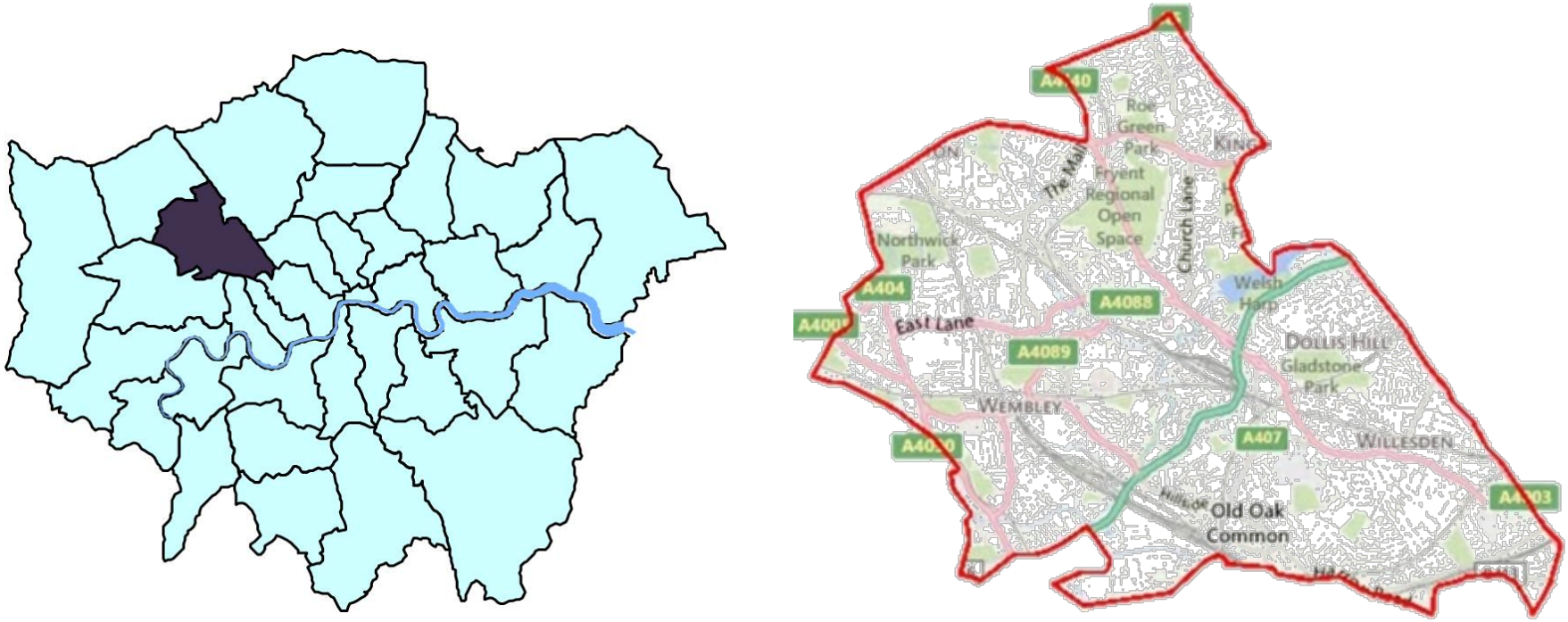

Figure 1: Brent in London and Brent map. © Crown copyright and database rights 2014, Ordnance Survey 100016969 – ONS © Crown Copyright 2014

Brent's Health Landscape - Demographics (*continued*)

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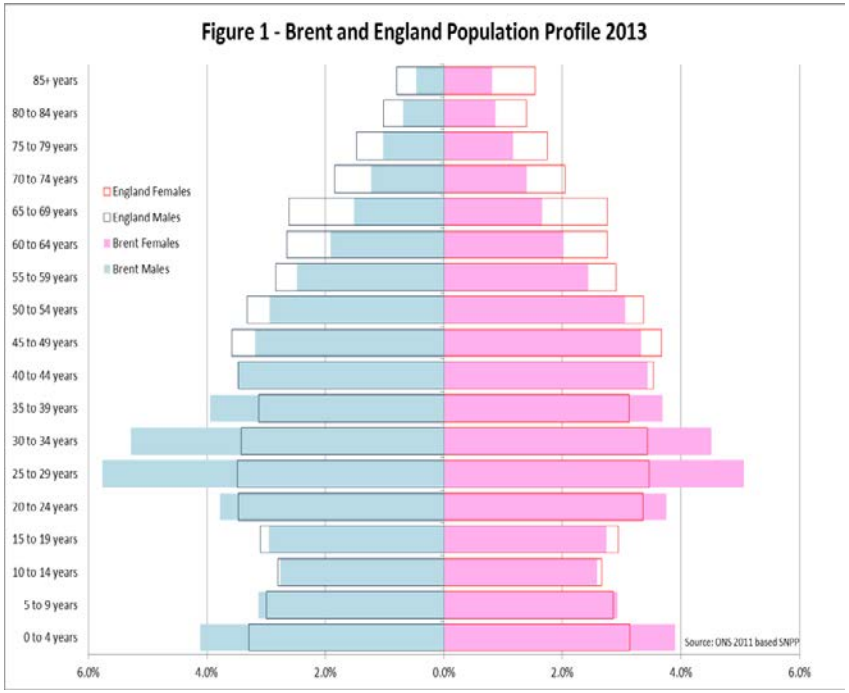
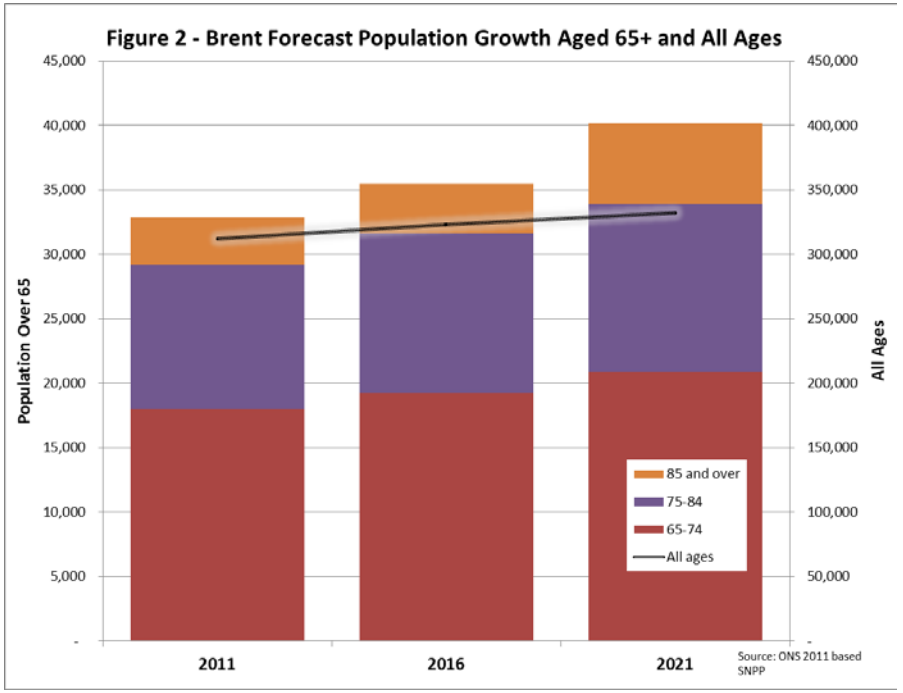
- The population of Brent is young, 44% of residents are under 30 years, above the England average, as illustrated by figure one.
- The gap in life expectancy for men varies for the most affluent and most deprived parts of the borough by 5.3 years.
- Though the population aged 65 and above will grow at a faster pace than the population at large. Between 2011 and 2021 the population aged between 65 and 74 is expected to grow by 16%, 75-84 by 16% and 85 + by 72% whilst the total population will only grow by 7%.





ONS 2011 based population projections

Brent's Health Landscape – Key challenges

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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 5.3 years

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

Brent's Health Landscape – Focus on Public Health

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There are a number of areas of on-going public health work that can help to inform and also support commissioning intentions moving forward and the priority areas are described below:

NEEDS ASSESSMENT

- Mental Health
- Substance Misuse
- Children and Young People including CAMHS
- Learning Disability
- Pharmaceutical Needs Assessment

HEALTH IMPROVEMENT PLANS

- Mental Wellbeing
- Dementia Friends
- Early years
- Obesity Strategy and Action Plan Development

LOCAL AUTHORITY COMMISSIONING

- Sexual Health
- Substance Misuse
- School nursing
- Post health check service
- Smoking cessation (GPs & CPs) chlamydia screening & IUCDs (GPs), health checks (GPs) , EHC (CPs)

Health Challenges in Brent for 2015/16 – (JSNA 2014)

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- Low birth weight in Brent in 2012 was (9%) which was worse than the national average (7.3%)
- Poor oral health amongst children under five
- Childhood obesity – In Brent, 11% of reception year pupils were obese in 2012/13 and 24% of year 6 pupils were classified as obese. Childhood obesity is the single biggest predictor of adulthood obesity and can increase the risk factors for many clinical conditions throughout the person's whole life cycle
- Adult obesity and diabetes - Obese and overweight adults put themselves at a greater risk of developing health conditions, such as type 2 Diabetes. Brent saw a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13
- Increasing rates of alcohol-related hospital admissions - larger proportion of the population in Brent are high risk drinkers (7.1%) compared to the national average (6.7%).
- Tuberculosis - (TB) rates in Brent are amongst the highest in the country. This represents a crude rate of 98.3 cases per 100,000 population compared to an England rate of 15.1 per 100,000 population.
- Cancer, Cardiovascular disease,(CVD) & chronic respiratory disease – these are the main causes of premature death in Brent but generally below the England average excepting CVD which also has a low prevalence which might indicate under diagnosis. These also reflect the variation in life expectancy across the borough.
- High levels of many long-term chronic conditions which are often related to poor lifestyles, relative deprivation and the ethnicity in the community.
- Mental health –The prevalence of severe and enduring mental illness in Brent is 1.14% of the population which is above both the London and England averages
- Dementia - Projections suggest that there will be a 32% increase in the numbers of people over 65 with dementia. There are rising levels of dementia amongst older adults in line with the national trend.
- Adults with autism and learning disabilities- between 2014 and 2030, the number of adults aged 18 to 64 with ASD in Brent is predicted to rise by 10%
- Physical disability and impairment- By 2030, the number of people aged 18 to 64 who will have a moderate physical disability will increase by 12% from 2014
- Hearing impairment - There are a high number of people living in Brent with hearing impairment aged at under 75 and over 75. This is again prevalent in certain ethnicities and in areas of deprivation.

National Priorities - NHS England 8 Focus Areas

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NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social Care Act 2012.

NHS England work with NHS staff, patients, stakeholders and the public to improve the health outcomes for people in England and have indicated that they wish CCGs to prioritise these 8 issues in 2015/16.

A&E	Referral to Treatment (RRT)	Cancer	Diagnostics
Health Visitors	IAPT	Dementia	Winterbourne

Collaborative Working - North West London

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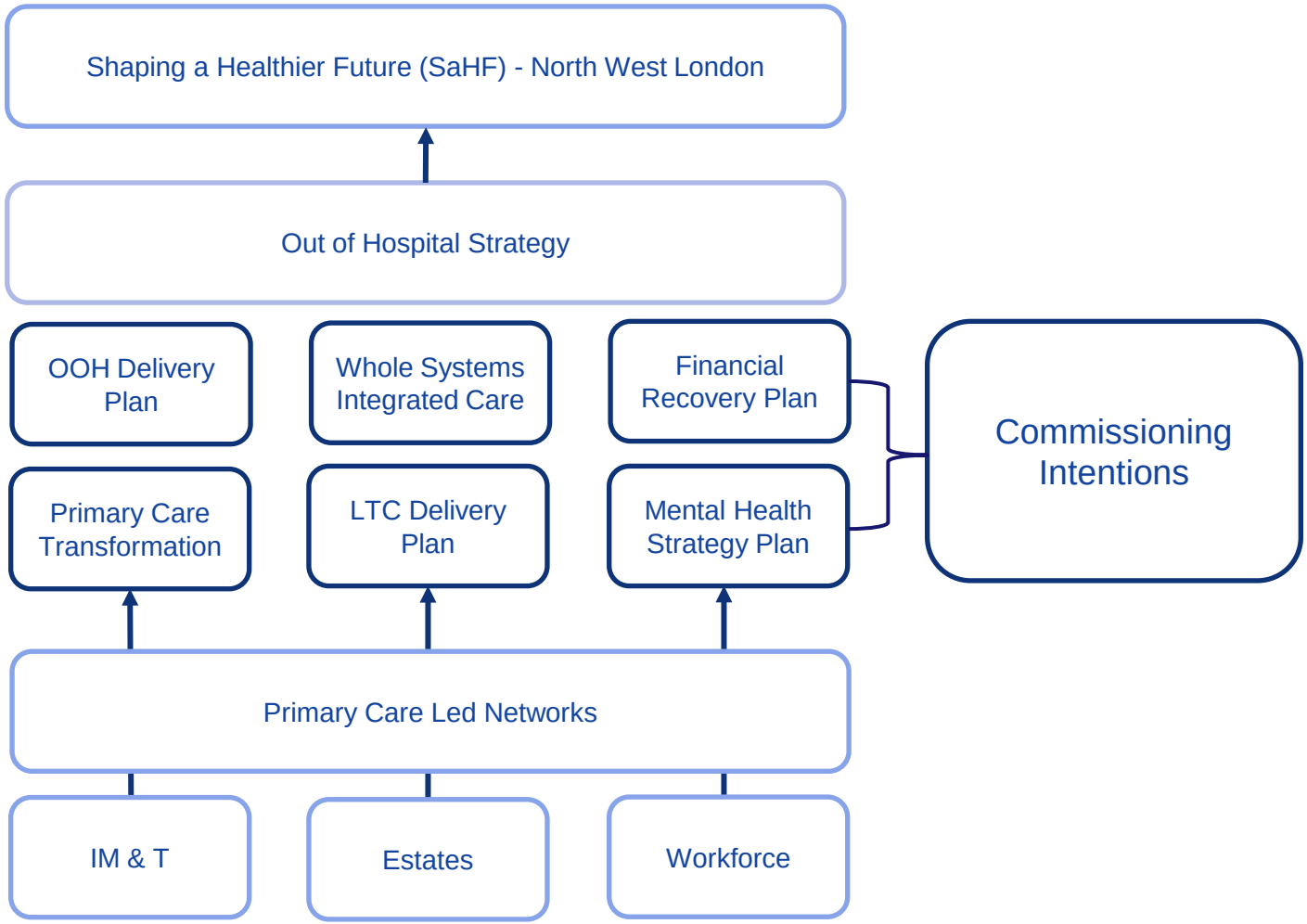

Shaping a Healthier Future (SaHF)
Acute Reconfiguration

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The NWL acute reconfiguration programme will centralise the majority of emergency and specialist services to deliver improved clinical outcomes and safer services to patients. North West London's vision is changing the existing hospital landscape of nine hospitals, re-configured to provide five Major Acute Hospitals. The agreed SaHF programme will oversee, in partnership with patients and stakeholders the re-development of:

Local Hospitals	Local & Elective Hospital	Specialist Hospital
Ealing & Charing Cross sites	Central Middlesex Hospital	Hammersmith Hospital

Support of the Secretary of State (Oct 2013) followed a review by the Independent Reconfiguration Panel to deliver the following changes to priority services in 2014/15:

- Transition of services from the Emergency Unit at Hammersmith Hospital
- Transition of services from the A&E at Central Middlesex Hospital
- All Urgent Care Centres (UCCs) moved to a common operating specification, including a 24/7 service

Quality

NW London's clinicians developed a set of clinical standards for Maternity, Paediatrics, Urgent and Emergency Care in order to drive improvements in clinical quality and reduce variation across NW London's acute trusts. These standards, along with London Quality Standards and national Seven Day Service Standards, will underpin quality within the future configuration of acute services.

Seven Day Standards

North West London is committed to delivering seven day services across the non-elective pathway by March 2017, based on the national clinical standards, in order to improve the quality and safety of services and to support emergency care flow. In 2014/15 the baseline of delivery against the Seven Day standards has been established and a NWL prioritisation has been agreed to guide the sequencing of Seven Day standard achievement through until March 2017. As of April 2015/16, all Acute Trusts will meet the following 7 day standards:

- **Time to first consultant review**: All emergency admissions must be seen & have clinical assessment by a suitable consultant asap but at the latest within 14 hours of arrival at hospital.
- **On-going review**: All patients on the AMU, SAU, ICU and other high dependency areas must be seen & reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate.
- **Diagnostics**: Hospital inpatients must have scheduled seven-day access to consultant-directed diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology.

Shaping a Healthier Future (SaHF)
Acute Reconfiguration Cont'd

NHS Brent Clinical Commissioning Group

Seven Day Standards Cont'd

In addition, Acute Trusts will be expected to produce quarterly patient experience reports that compare feedback from weekday and weekend services.

Over the course of 2015/16, Acute Trusts will work towards achieving the following seven day standards:

Multi-Disciplinary Team Review

All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.

Shift Handover

Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

Seven Day Discharge Pathways

All providers across primary, community and social care will work towards seven day discharge pathways - i.e. that support services, both in the hospital and in primary, community and mental health settings must be available to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

Planning Arrangements

The acute reconfiguration is dependent on significant take-up of existing and new out of hospital services being delivered locally by all CCGs to ensure that patients only go to hospital when they need to. The programme has also been undertaking contingency planning for the potential transition of Maternity and Paediatrics services at Ealing Hospital.

Outline Business Cases (OBCs) for all sites and an Implementation Business Case (ImBC) will be developed, aligned with the clinical vision and centrally reviewed to ensure the solution for NWL remains affordable. OBCs for all hospitals are expected to be approved by NHSE, NTDA, DH and HMT in 2015/16. Following approval, a full business case is to be developed to allow the redevelopment of sites to continue.

Shaping a Healthier Future (SaHF)
Primary Care Transformation

NHS Brent Clinical Commissioning Group

A number of drivers have combined to create a pressing need to transform access to General Practice in NW London:

Patient Expectations

A survey of NWL patient priorities found seven of the top ten issues related to improved access.

SaHF Programme

With The Independent Reconfiguration Panel Report requires GP practices to move towards a 'seven day' model of care to support changes to acute services.

Contractual Drivers

With effect from Apr 14, GMS contractual arrangements have been amended to reflect an increased emphasis on improved access to General Practice.

Financial Drivers

A consistent, system-wide access model to reduce costs for both commissioners (reduced service duplication) and providers (more efficient use of resources).

Though it may be part of the solution, expanding capacity alone will not improve access to General Practice, due to several reasons:

Funding

It is financially unsustainable for every GP practice in NW London to operate 8am – 8pm, 7 days a week.

Workforce

There are not enough GPs and nurses in NW London for every GP practice to operate 8am – 8pm, 7 days a week.

New Demand

Likely that increasing the number of appointments would cater for unmet need instead of re-distributing existing demand.

More of the Same

Still wouldn't give the public their desired appointments (e.g. doesn't make use of new technology to offer different types of appointment or make bookings convenient).

Any strategy for widening access to General Practice must therefore comply with four overarching goals:

System-wide Reconfiguration

Provision of additional appointments outside of core hours is unlikely to lead to sustainable improvements to access. To ensure service delivery reflects patient need, we need to think about seven day working across General Practice in its totality.

Financially & Operationally Sustainable

A new model must be affordable and deliverable. In the long-term this probably means no net increase in cost or workforce.

Meet Patient Expectations

A new model must deliver the type of appointments patients want, when they want them.

Reconfigure Supply & Demand

Though patient choice should be respected, every effort should be made to ensure patients receive care appropriate to their clinical condition, requiring mapping capacity to clinical need.

Shaping a Healthier Future (SaHF) Transformation

NHS Brent Clinical Commissioning Group

Prime Minister's Challenge Fund

NW London were awarded funding through a successful application to the Prime Minister's Challenge Fund. This is now a significant enabler to deliver NWL's vision for a transformed primary care landscape in allowing, through a combination of NWL and NHSE funding:

- Extending GP access & continuity in the short term (by end of 2014/15)
- Putting the right support in place to nurture & grow GP networks (2014/15 and beyond)

The Challenge Fund will focus on outcomes around Urgent, Continuity & Convenient Care to ensure that patients have access to General Practice services at times, locations and via channels that suit them seven days a week.

Mental Health

In 2015/16, CCGs wish to see continued implementation of Shaping Healthier Lives 2012-15, core initiatives including:

Urgent Care	Liaison Psychiatry	Whole System / Shifting Settings
Roll out of the SPA and 24/7/365 access to home-based urgent assessment and initial crisis resolution work.	Further benchmarking of services to drive increased standardisation of investment, activity, impact and return on investment.	Build on work to date to implement *primary care plus* to test, refine and roll out a new model of 'community staying well' services for people with long-term mental health needs, providing the GP (as accountable clinician) with a range of care navigation, expert primary mental health and social integration/recovery support services to deliver care closest to home and prevent avoidable referral to secondary.

In 2014/15, the Board has sponsored development work streams in Dementia, Learning Disability, Perinatal Mental Health and IAPT. CCGs will wish to see providers of service, implement the key pathway, models of care and quality standards that emerge from these work programmes. Regarding CAMHS OOH, CCGs will be commissioning a new provider of service, following that service review, due to be complete early Autumn 2014.

The Board commenced review of the extant strategy, Shaping Healthier Lives, in December 2013. A new vision statement was agreed in March 2014, reflecting a much broader, recovery and prevention Mental Health and Well-being Strategy**,** required for 2015 onwards. This is currently under development and agreement across the 8 CCGs and LAs, Metropolitan Police, both mental health NHS provider Trusts, Third Sector, Users and Carers. CCGs will issue a tender to take this programme of work forward and will wish all providers to be engaged in development and delivery in 2015/16.

Summary of Brent CCG Commissioning Priorities

NHS Brent Clinical Commissioning Group

Acute & Primary Care

- Work with our Local Trusts to ensure the delivery of national standards ie: RTT 18 weeks, A&E 95% seen in 4 hours and Cancer access and treatment targets.
- Develop and implement new referral pathways with a Brent wide peer review system to ensure referrals are appropriate in several specialities including ENT, Gastro, Urology, T&O & Spinal,
- Continue to review the Internally Generated Referrals in line with the NWL agreed policy
- Deliver the QIPP programme for 15/16 by collaborative working across the local health economy
- Deliver the Wave 2 OP in community settings for MSK, Rheumatology & Gynaecology per the agreed timetable
- Promote integration across services and agencies to truly improve outcomes for Brent residents including delivery of the Better Care Fund Initiatives and Integrated Care (Unplanned Care)
- Implement the recommendations from the Community Beds Review (Unplanned Care)
- Review STARRS service to maximise productivity and reduce hospital attendances/admissions/readmission Implement the recommendations following the Ealing ICO review to deliver productivity improvements
- Continue the work to improve the treatment of Long term conditions eg: Diabetes
- Delivery of the various Better Care Fund schemes to reduce emergency admissions
- Whole Systems Integrated Care – there will be capitated budgets in shadow form during 15/16
- Cancer – all providers will be expected to meet the NICE, National CWT and London Model of Care standards during 15/16. This will include access to diagnostics and implementation of the new NICE initiatives for 15/16.
- Robust and challenging contract metrics to be agreed to improve acute performance and efficiency

Mental Health

- Working with relevant stakeholders continue to promote the concept of self care
- Continue to progress towards the IAPT target of 15% by ensuring that the investment is utilised appropriately
- Delivery of Better Care Fund schemes

Ealing Integrated Community Organisation (ICO)

- Implement the recommendations and findings from the recent review,, this will include the right to market test

The Provider Market for Brent CCG 2015/16

NHS Brent Clinical Commissioning Group

Acute

- The majority of our acute activity will remain at our 2 major local providers: North West London Hospital Trust (NWLHT) and Imperial. The merger of NWLHT with Ealing Hospitals in 2014 will have an impact on our contracts for 2015/16. NWLHT 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.
- The focus will remain on reducing the numbers of patients attending Accident and Emergency and the resulting emergency admissions and 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.

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 workstreams.
- We will ensure that the development of provider markets includes voluntary and community organisations eg: IAPT
- We will make effective use of the voluntary sector to support access and engagement from the hard to reach or seldom heard communities.

The Provider Market for Brent CCG 2015/16 (*continued*)

NHS Brent Clinical Commissioning Group

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.

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 productivity within the existing contract.
- Where productivity improvements cannot be achieved we will reserve the right to selectively test the market in specific areas.

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.
- We will continue to ensure our providers deliver and maintain productivity and efficiency improvements

Shared Intentions
BHH Collaborative Working

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Brent CCG will continue working with partners at neighbouring CCGs on shared programmes of work to maximise the use of skills and capacity across BHH federation. A summary of shared projects across Brent, Harrow and Hillingdon CCGs is shown below with detailed commissioning intentions on subsequent slides or as indicated.

Tri-Party Clinical Projects	Overview
Continuing Care & Personal Health Budgets	Implement findings of audit report and redesign process so it is consistent across BHH.
IAPT	Joint negotiation with NHSE over 15% prevalence target and also opportunities for shared procurement. (see Mental Health commissioning intentions)
CAMHS	Collaborative commissioning across NWL (8 CCGs) and negotiation with NHSE regarding benefit share for Tier 4 admission avoidance (see Childrens commissioning intentions)
Psychiatric Liaison	Collaborative commissioning for 2015/16. (see Mental Health commissioning intentions)
Spinal Pathway	Pathway development led by Hillingdon for agreement by individual CCGs (see Planned Care commissioning intentions)
Medicines Management including Medication Incidents	Collaborative work across all three MMTs to look for efficiency opportunities.
Integrated Nursing	Common model of care across community nursing.
GP IT Systems	Providers to be committed to interoperability

Continuing Healthcare

NHS Brent Clinical Commissioning Group

Scope

Continuing Healthcare is volatile , unpredictable and operates as a demand led service. There is an urgent need to manage the increasing demand and ensure commissioning of appropriate services for the age range and care groups. We need to determine how long existing patients will stay in service, the number of patients that are likely to be still in care after a period of time and associated costs as well as work with Public Health to determine local demographic trends and patterns.

NHS Funded Continuing Health Care (CHC) is the statutory NHS service for the assessment and provision of non- hospital care to those with on-going health needs. Funded Nursing Care (FNC) is the element of NHS Funded nursing care provided to those with nursing care needs outside of hospital settings. CHC and FNC are statutory responsibility of CCGs. Provision is for all adults and children across all care groups and eligibility for CHC is based on an individual's assessed health needs.

Need

- Marked increase in individuals assessed and their care moving from FNC into CHC
- Increased elderly population with on-going care needs assessed as a primary healthcare need
- Reduced lengths of stay of patients in hospital (particularly elderly frail and non-weight bearing patients) is resulting in this cohort meeting the CHC threshold and requiring intensive packages of care to reduce the risks of re-admissions
- Increased numbers of patients being discharged from Acute Trust with higher levels of need assessed as a Primary healthcare need
- Aging population and people living longer as a result of better medicine and new developments in medical technology

Commissioning Priorities

- Ensure sufficient management and operational capacity to be directed at CHC assessments and reviews
- Review the capacity and skill mix of the team and structure this to better reflect the needs of the service
- Implement more efficient contract management of providers so as to avoid additional costs being claimed for
- Develop more effective joint working arrangements with the Local Authority through agreed operational policies and joint training
- Training of Care home staff as part of the overall CCG strategy – ICP
- Develop a local commissioning framework for Continuing Healthcare
- Demand planning, market analysis and protocols for managing the market,
- Ensure compliance with the National Framework
- Scope and assess the extent to which personal budgets can help reduce the costs

Impact

- Delivery of high quality services at the lowest possible cost
- Improved protocols and associated arrangements with the Trusts and the Local Authority around management of Delayed Transfers of Care to
- Market engagement – Identification of supply and market opportunities and development of strategies stimulate the market
- Better procurement and contract management and rationalised provider contracts at present these are in excess of 300 separate provider contracts over 500 Individual patient contracts

Personal Health Budgets (PHBs)

NHS Brent Clinical Commissioning Group

Scope

- In 2009, the Department of Health launched a national pilot programme to look at the viability of personal health budgets in England (Department of Health, 2009). The pilot programme involved over 70 primary care trusts and covered a range of long-term conditions (chronic obstructive pulmonary disease, diabetes, long-term neurological conditions, mental health and stroke), NHS continuing health care, maternity care and end of life care, with 20 sites involved in an independent, in-depth evaluation. The evaluation concluded that personal health budgets are cost-effective (with certain caveats) and thus supported a wider roll-out.

Need

- Following this recommendation, the government confirmed its intention that, as of April 2014, individuals in receipt of NHS continuing health care funding will have the right to request a personal health budget. This will include an extension of the programme to cover children with special educational needs and disabilities, who will be able to have an integrated budget across the NHS, social care and education.

Commissioning Priorities

- As of 2015, clinical commissioning groups are expected to be able to offer a personal health budget to anyone with a long-term condition who could benefit. For commissioners, personal health budgets offer a new tool to support self-management and care planning, in line with the Government's mandate to the NHS to place greater emphasis on patients as partners in the management of long-term conditions.
- Brent CCG has been working toward an agreement in principle with work now commencing to review processes to reach an arrangement with local partners to implement and manage Personal Health Budgets.

Impact

- Offers patients choice of care and treatment and enables more self care to be delivered locally for anyone that is eligible.

Medicines Management

NHS Brent Clinical Commissioning Group

Scope

- To support effective medicines optimisation for Brent residents so that they get the most out of their medicines. This requires health and social care professionals, patients and carers working together in an integrated way.

Need

- Some practices need more support than others to prescribe more cost-effectively, and the pharmaceutical advisors ensure resources are directed to the appropriate practices. Evidence-based advice is provided so that patient receive high quality, safe, effective and rational medicines

Commissioning Priorities

- Roll out the pilot started in 2014/15 to optimise services for patients in nursing or residential care homes in conjunction with the Integrated Care Pathways Service (ICP)
- Improve the interface transfer of prescribing with secondary care, community and mental health trusts by agreeing shared care protocols for certain medicines
- Implement the NWL wide protocols for drugs and improve the contract management of acute prescribing
- Review the amount of repeat prescribing to ensure appropriateness
- We will support providers to improve systems for safe transfer of information on patient medication at admission and discharge

Impact

- Realisation of the QIPP savings whilst maintaining quality prescribing.
- Implementation of cost-effective evidence based medicine.
- Improvements in the practice repeat prescribing systems / processes with a view to reducing medicines wastage.

Informatics

NHS Brent Clinical Commissioning Group

Scope

- The 8 CCGs across North West London are committed to achieve greater integration of care through greater integration of information about patients between GPs and providers, and across the provider network.

Need

- Information Technology is a key enabler of Brent CCG's clinical strategies for 2015/16 and therefore the CCG intends to place a heavy emphasis on IT in the CQUINs for the year, as for 2014/15.
- The objective is to implement three layers of clinical information exchange where at least one of the following is in place in any setting of care:
  Level 1 - Access to and two way information exchange within a common clinical IT system and a shared record between the GP and the care provider.
  Level 2 – Where Level 1 is not possible, ensuring systems are interoperable and in full conformance with the current Interoperability Toolkit (ITK) standards
  Level 3 - Where neither of the above is relevant or feasible then the Summary Care Record is enabled, available and accessible.

Commissioning Priorities

- Implementation of the NHS number as a unique identifier across NHS & Social Care
- Implement an EMIS (GP IT system) data sharing module across the GP networks in Brent
- The NWL Information sharing protocol to be signed off by all organisational partners
- Delivery of NWL diagnostic Cloud by all providers
- Agreement for open access (APIs) across all systems
- Brent CCG is seeking to achieve Level 2 for clinical information in 2015/16

Impact

- Better integration and coordination of services and treatment
- Enabling providers to provide more timely and accurate information
- GPs to receive electronic information about the patients' treatment, investigations and discharge

Community Services & Integrated Nursing

NHS Brent Clinical Commissioning Group

Scope

- Brent CCG is committed to increasing capacity in community and intermediate care services effectively across the transforming system.

Need

- The residents of Brent have changing health needs, as people live longer and live with more chronic and lifestyle diseases – putting pressure on social and community care
- 2. Under our current model of care, we cannot afford to meet future demand. We need to have more planned care, provided earlier to our population in settings outside of hospital.
- This should provide better outcomes for patients, at lower cost.

Commissioning Priorities

- Implementation of the EICO review recommendations for the future provision of quality community services
- Align integrated nursing model to GP networks and other key strategic initiatives
- Align STARRS rapid response service and early supported discharge to Better Care Fund (BCF) Avoiding Unnecessary Hospital Admissions
- Providers (social and health) will work together, with the patient at the centre, to proactively manage people with long term conditions, the elderly and end of life care out of hospital.
- Continued development of planned care pathways that ensure wherever possible care is delivered outside of a hospital setting. Patients will have access to services closer to home.

- **Impact**

- Better integration and co-ordination of services and treatment for patients
- Reduction in emergency admissions
- Reduction in readmissions

NHS Brent CCG's Vision for Quality

NHS Brent Clinical Commissioning Group

Brent CCG's 'vision for quality' is every person deserves a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with the providers of services to continually improve in order to achieve our objective.
Our local framework for quality is informed by national policy for delivering quality and patient experience, and is set against three main drivers:

- Planning for high quality services
- Developing and commissioning high quality services
- Assuring the services we have commissioned deliver a quality service

Brent's quality strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around the priorities identified by Brent Clinical Commissioning Group for commissioning high quality healthcare services for its residents in 15/16, with our quality strategy covering:

Quality Governance
The Governing Body has agreed an quality assurance structure for identifying, monitoring and challenging quality in the organisations we commission services from. Good quality information is a pre-requisite to understanding current services, for gaining improvement and planning future services. It supports our role to commission the right services and best possible care for our residents.

Quality Assurance
We take responsibility for Quality Assurance by holding providers to account for delivery of contractual obligations and quality standards. We also take responsibility for working closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement including the adoption and sharing of innovation. We have a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and patient experience of services we commission. This system enables us to be proactive in identifying early signs of concerns and take action where standards fall short.

Patient Experience

Using the guidance from The Department of Health's '*Building on the Best: Choice, Responsiveness and Equity in the NHS* (DH, 2003)' and their Patient Experience Framework, we will monitor elements that are critical to the patients' experience of services we commission.

Quality Improvement & Learning
We are committed to improving quality by sharing lesson learnt, best practice and to utilise this information to inform commissioning decisions at each stage of the cycle.

NHS Brent CCG's Vision for Quality (*continued*)

NHS Brent Clinical Commissioning Group

Quality Goals

Our priorities build on national policy, our commissioning strategy, and areas of higher risk and identified concerns. We have set ourselves three specific quality goals for the lifetime of our strategy:

- Compliance with National NHS Constitution expectations
- Delivery of local quality improvement objectives
- Delivery of a quality team operational work plan

For 2015/16, Brent intends to consolidate and build upon its 2014/15 work by:

- Continuing to broaden and diversify PPE links to ensure there are robust ways in which patient's views and experiences are collected and used to improve care. "You said – We did"
- Work with the BHH Federation commissioning team to further improve the quality of reporting, the use of intelligence and the implementation of improvement.
- Ensure implementation of the key recommendations from the Francis Report.
- Maintain effective relationships with the Area Team of NHS England, the NHS Trust Development Authority, the Care Quality Commission (CQC) and Public Health England (PHE) to ensure information sharing and co-ordinated responses to concerns.
- Continue to 'champion' the ambition of the CCG to provide the highest quality care for patients.
- To maximise the input from the restructured shared quality team, improving capacity and strengthening the local focus.
- Working with the Chairs and PPI leads on planned shared areas of work embracing opportunities for shared learning.
- Monitor the impact on quality of QIPP and investment initiatives.

Better Care Fund Plan

NHS Brent Clinical Commissioning Group

Scope

- To develop whole systems anticipatory care management services and episodic care models across the local population groups, ensuring person centred and coordinated care.
- To improve the quality of care and empower people to maintain independence through health and social care integration:
- To reduce the use of residential care and enable people to remain healthy and independent in the community.
- To deliver a whole system response aimed at reducing hospital admission, the length of time a patient has to stay in hospital if they are admitted, and more planned and proactive care, based in the community.

Need

Whilst the population of Brent is young, age is a significant determinant of the likelihood of an unplanned admission to hospital.. From our JSNA an 80 year old is almost 8 times more likely to be admitted as an emergency than a 20 year old. Once in hospital, patients aged 65 and over, stay longer. In Brent, 35% of emergency admissions are for patients aged 65 and over with 55% of bed days used by this group. This is caused by longer recovery times, infection and delayed discharges. 13% of emergency admissions of patients over 65 are for conditions which can be better managed in a community, primary care or outpatient setting.

Commissioning Priorities

- Keep the most vulnerable well in the community – commission proactive care to support better management of long term conditions and prevent acute exacerbations in health.
- Avoid unnecessary hospital admissions – commissioning provision that supports patients in the community ensuring that acute exacerbations don't necessarily result in admissions to hospital. Rapid responses through primary care networks and in reach into A&E departments
- Ensure effective multi agency hospital discharge - Reduce re-admissions and lengths of stay by reducing the number of delayed bed days associated with complex discharges and ensuring our acute capacity is maintained through minimising the number of delayed transfers of care.
- Implement 7 day working to ensure that urgent and emergency care providers develop plans for the 10 clinical standards, seven days a week. The ten clinical standards will improve quality and reduce variation in clinical outcomes (within hours from out of hours and weekends).

Impact

- Integrated care plan that puts the patient's perspectives at the centre of planning and care delivery and contributes to improved patient experiences, better care and support outcomes, service user satisfaction and potentially more cost effective care.
- Co-ordinated care planning of health, social care, well-being and enablement through a person centred approach to meet the full spectrum of needs and integrated Rapid Response Service –a range of services in place to prevent patients and service user from being admitted to hospital settings where appropriate. Short-term multi-disciplinary care delivered to support patients to remain in the community which in turn reduces admissions and the length of time people stay in hospital and also enables a more proactive care approach to managing patients in the community
- Integrated Discharge - working collaboratively to assess patients to ensure that discharge planning and transfer of care to community settings is seamless and timely.
- Recovery Focused Mental Health so that care is provided in an integrated and coordinated manner and early intervention support is extended to improve the quality of care for individuals with serious mental illness; including the provision of employment and secure housing for people recovering from mental health issues.

Unplanned Care

NHS Brent Clinical Commissioning Group

Scope

There are a range of services that contribute to the whole systems approach to unplanned care, these include primary and community care, admission avoidance, services for children, services provided by London Ambulance Service and those commissioned by NHS England and Public Health England.

Need

The number of patients attending our major providers (notably NWLHT, Imperial, THH, RFH and CNWL) for unplanned care continues to rise as does the number of patients admitted.

Commissioning Priorities

- Work closely with NWLHT to drive up performance and ensure that more patients are seen and treated to meet the national standard of 95% in 4 hours.
- The Remedial Action plan developed in 14/15 will be fully implemented including:
  - Real time reporting of discharge summaries onto all primary care systems
  - Ensure that A&E can view patient primary care records
  - Implement an agreed assessment pathway whereby patients are admitted if clinically appropriate
  - All acute providers to ensure rapid access to diagnostics in A&E to support 4 hour target
- Implement the findings from the community beds review including provision of additional neurological rehabilitation beds and seek to permanently commission community beds at Willesden to provide additional capacity
- Hospital at Home service to be re-launched from April 2015 and provided by STARRS to enhance the current provision of community based services
- Increase the use of the Ambulatory Care Unit by adding a further 10 pathways during 2015/16 and improve utilisation by Brent GPs
- Develop a robust strategy for the development of community based nursing and therapy services to support Brent CCG vision for local health care services and promote 7 day working
- The CCG expects providers to implement a clinical tool e.g.MCAP to enable review and determine appropriate care levels based on best practice
- NHS 111 will be the subject of a NWL wide procurement
- Implement across acute and community contracts the unplanned care elements of the National 7 day service standards
- Review the Home Oxygen service to understand the current pathway and define any new pathway requirements. Appropriate use of this service can reduce the instances of avoidable hospital admissions.

Impact

- Increased available bed capacity
- Reduce number of delayed transfers of care
- Reduce length of stay in acute setting
- Reduction of inappropriate attendances/admissions
- More patients seen and treated in 4 hours

Cancer

NHS Brent Clinical Commissioning Group

Scope

In 2015/16 quality requirements for cancer have been refined to provide clarity on actions to reduce variation. All cancer services will be commissioned in line with the requirements of NICE Improving Outcomes Guidance and NICE quality standards (QS), (QS56), the London Model of Care for cancer services and the National Cancer Survivorship Initiative (NCSI).

Need

- The CCG recognise the pressures and demands on cancer's services and therefore will work towards increasing awareness, screening and early diagnosis of cancer.
- The CCG will seek to improve quality of primary and secondary care in relation to cancer - by working to secure improvements in cancer services, focusing on national and local priorities

Priorities for 2015/16

- Quality requirements for cancer have been refined to provide clarity on actions to reduce variation.
- A number of services will be commissioned to support the earlier diagnosis of cancer in line with the Pan London Early Detection pathways, such as prostate cancer , colorectal cancer , ovarian cancer, lung cancer services , breast cancer etc.
- Services will be commissioned in line with the new cancer pathways as well as to support the management of patients with a family history of breast cancer.
- Some services will be commissioned to manage the consequences of anti-cancer treatment (late effects). Specifically services for lymphoedema and services for psychological and physical sexual related problems.
- Maintain the holistic approach to cancer care and care plans by ensuring that multi disciplinary teams are effective

Expected Impact

- Help people live well for longer – preventing ill-health, and providing better early diagnosis and treatment of cancer
- Reduce the variation in the access to cancer services across Brent – although the premature mortality from Cancer is below London average for Brent there is variation across the Borough.

Palliative Care

NHS Brent Clinical Commissioning Group

Scope

Palliative care includes all adults, irrespective of diagnosis, who are in the end of life phase of their disease process.

Need

- Only 11% of those who may need a plan have one identified on the Coordinate My Care (CMC) system
- Brent has a younger than average population. However as a deprived area and with a high influx of migrant people the population faces end of life issues at an earlier age than most of the UK. Poorly managed long term conditions, failure to present early with cancer symptoms and failure to attend follow up appointments places a higher than average number of people into coping with later stages of illness at an earlier time.

Commissioning Priorities

- To improve the standard to support more patients to achieve their preference of dying outside of hospital
- To work with GP networks to support member practices with End of Life Care

Impact

The aim is to reduce dependence on secondary care during this phase of care and as a result fewer patients should have emergency admissions into hospital.

Planned Care - supporting Out of Hospital strategy

NHS Brent Clinical Commissioning Group

Scope

- Planned care covers those services and treatments which are not carried out in an emergency, often those which patients are referred to by their GP.
- Brent CCG is committed to transforming local planned care services in order to deliver high quality, personalised care, which enables patients to see the right person, in the right place, at the right time.

Need

- Services that provide patient-centred, effective but affordable services in, and wrapped around, local communities, for example in health centres, GP surgeries and in community settings rather than just in hospitals.
- Strengthening primary care and community services and supporting patients to participate in decisions about their own care empowering them to self-care where safe to do so.

Commissioning Priorities

- Deliver Specialist Multi disciplinary Community Musculoskeletal (MSK) service.
- Deliver Community Consultant led Gynaecology service.
- Introduce revised pathways across a range of specialties with particular emphasis on areas where there are issues with meeting the 18 week referral to treatment target. This includes ENT, Urology, Spinal, Dermatology, Gastroenterology & Paediatrics.

Planned procedures with a Threshold (PPwT) and Individual Funding Requests (IFR)

- Deliver the planned changes to existing PPwT policies
- Implement new policy developments
- Endorse and implement the changes to PPwT/IFR governance processes

Impact

- Supporting our hospitals and surgical teams to deliver the best outcomes for those who do need their services
- Reducing waiting times by streamlining services and removing delays at every stage of the patients journey to ensure everyone can be seen within 18 weeks

Long Term Conditions

NHS Brent Clinical Commissioning Group

Scope

Supporting adults with long term conditions, including patients with COPD and asthma, Stroke, Cancer and Inflammatory Bowl Disease (IBD).

Need

Brent has a higher than average number of patients with LTCs. Variation in the quality of care provided and lack of integration between services is leading to lower than expected prevalence rates and poorer health outcomes for patients.

Commissioning Priorities

We will place greater emphasis on self-management of long-term conditions in community settings through greater use of the Expert Patients Programme and health coaching for patients.

We will seek to commission integrated care pathways and services for patients with respiratory conditions and stroke that provide care closer to home in an integrated way.

We will seek to increase the number of patients with LTC that have a care plan under ICP and reduce the number of A&E attendance and Emergency Admissions by LTC patients.

We will seek to implement, in shadow form, a model of whole systems integrated care for patients aged 65 plus with one or more long term conditions. This model will be delivered via our GP networks on an incremental basis.

Impact

Through our work, we will reduce variation in the care provided, improve the quality and range of services that are closer to where patients live, and improve health outcomes for patients with LTC. More patients will be better able to manage their own care, reducing demand on local acute services and clinicians.

Primary Care - supporting Out of Hospital strategy

NHS Brent Clinical Commissioning Group

Scope

These commissioning intentions cover all the activities that Brent CCG is involved in, relating to primary care, including the commissioning of community health services. We will further work collaboratively with NHS England to support improvements in primary care. We will shift care to more community and out of hospital settings in line with national priorities. We will work to reduce reliance on urgent care, moving to a more anticipatory and integrated model of care across services in order to improve patient outcomes and achieve best use of resources. We will provide patient centred, co-ordinated care and GP-patient continuity.

Need

Increasing demands, demographic changes and fewer resources on healthcare services mean that services provided in primary care, and particularly those offered by GPs are under severe pressures. Our aim is to ensure that local people can continue to receive an improved level of service from primary care provision.

The CCG will work to promote integrated working between primary and community services not only to provide sustainable solutions to the issues around workforce, but also to ensure that patients receive better health care experiences and improved outcomes. This also aligns with Brent CCG's networks involved in the early adopter Whole Systems Integrated Care pilot and the work we are leading on jointly with Local Authority partners to deliver the Better Care Fund plan.

Commissioning Priorities

- Commission more Out of Hospital services from GP networks
- GP Hubs/Access - to continue to provide extended opening hours at conveniently located hubs to offer greater choice and access
- Organisational Development and Education - to develop networks so that these can provide out of hospital services where appropriate
- Seek to provide Paediatric phlebotomy in a local setting (age 2-12)
- GP performance, - to enable practices to develop improvements plans to address their performance needs and improve patient experience
- Deliver the reconfigured the Brent wide referral system to streamline services
- These are in addition to those priorities already articulated elsewhere in this document including delivery of Prime Minister's Challenge Fund, Out of Hospital Developments, Implementing improved Pathways, Mental Health (Shifting Settings of Care), Planned Care, Shaping a Healthier Future.
- Work with GP practices who are outliers in utilisation of GP UCC, A&E and Emergency Admissions to ensure that patients receive care in the

Impact

- To meet the required national and local outcomes including:
- Reducing Attendance at Emergency Departments and managing referrals
- Preventing people dying prematurely
- Enhancing quality of life for people with Long Term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm
- Ensuring that there is a responsive, timely and accessible service that responds to different patient preferences and access needs

Children & Young People

NHS Brent Clinical Commissioning Group

Scope

Commission a range of high quality, effective, integrated children's services, **e**mbedding integrated commissioning arrangements for children and young people

Needs

A quarter of the population of Brent is under the age of 20 years and 91% of the school children are from a Black or minority ethnic group. A reported use of drugs, alcohol and smoking amongst our young people remains a high priority. Given our dynamic demographic make-up we are focused on building on existing work to further reduce risk-taking behaviour amongst young people and support those young people with complex health needs, including mental health problems. to stay well in the community. There is a need to commission fully integrated health and social care models of care for children and young people in Brent.

Commissioning Priorities

- CAMHS – work with NHSE to review the care pathway for access to Tier 4 services for children and young people. Commission a cohesive and integrated care pathway across health and social care, which includes community based services where appropriate and ensuring robust transition plans for children moving into adult services. We will deliver provision that supports best outcomes for children and young people with emotional and mental health conditions.
- Review unplanned admissions and avoidable emergency department attendances by children and young people.
- Children Looked after – develop and implement robust care pathways for Children Looked After. Ensure systems for collating and reporting timely and accurate data on all CLA assessments and reviews of Brent Children
- Community Nursing Teams – Develop integrated children's nursing teams to include health visitors, practice and nurses, community paediatric nurses to manage complex children's conditions in the community
- Therapy Services – we will review Brent CCG's current community Paediatric services to reflect that there is sufficient capacity to meet therapeutic needs
- Special Education Needs and Disability (SEND) – we will meet our statutory duties and implement SEND requirements and review the associated impact on health commissioning
- Personal Health Budgets - developing a local policy for implementing Personal Health Budgets for children and young people, enabling them to create their own care plan and decide on the health and wellbeing outcomes they want to achieve, in agreement with a health care professional
- Work with the Local Authority's education services to develop an integrated plan for children with complex care needs to support them to remain in family settings where possible and to support children at high risk of admission to stay in the community.
- Ensure inclusion of safety quality standards in contract schedules

Impact

- Integrated health and social care pathway to enable a holistic approach to supporting children and young people with complex care needs
- Improved health outcomes for all Brent Children and Young People
- Robust care plans in place to deliver the most appropriate treatment by the right clinician at the right time, with clear pathways in and out of secondary, primary and community care.

Mental Health and Learning Disabilities

NHS Brent Clinical Commissioning Group

Scope

These commissioning intentions cover adults and older adults learning disabilities and mental health services in Brent. It includes health, social care, 3rd sector, Primary and secondary care mental health services, GP networks, jointly commissioned and jointly funded services. The areas covered include mental health placements, mental health productivity, Shifting settings of care, IAPT, and Winterbourne .

Needs

Mental health remains the single largest cause of morbidity within Brent affecting one quarter of all adults at some time in their lives and is a key priority of our commissioning intentions. We recognise the need to promote mental wellbeing in our communities and address the stigma and lack of awareness around mental illness that is often present in many of our diverse communities. We have a responsibility to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them1

Commissioning Priorities

- Mental Health Placements – to continue to review care packages and provide advice, support and clinical interventions to mental health and Learning disabled service users, matching complex patients to appropriate settings of care closer to home.
- Mental Health Productivity – achieve a 2% financial reduction linked to the use of routine clinical outcome monitoring, and supporting recovery and self-management
- Shifting Settings of Care – Reduce activity in out-patient follow-up by secondary care. Facilitate the move of patients in mental health secondary care settings to primary care services who have low level acuity symptoms, developing shared prescribing protocols and depot administration.
- Older Adults inpatient activity - to commission and design a specialised integrated health and social care team home treatment team , enhancing the existing team to enable and support more elderly individuals to be cared for at home, addressing high costs relative to in-patient settings.
- Mental health Urgent care & Dementia support – reduce the number of non-elective admissions and re-admissions to physical health wards for people with mental illness and commission appropriate support services and models of care e.g. support teams. Redesign care pathways to have better links with A&E LPS, substance misuse service, dementia services and GPs to ensure Crisis Plans are supported and management is pro-active (including carer support, and support for people with personality disorders
- IAPT - Invest to increase capacity, whilst developing new ways of removing barriers to access with specific target of BAME communities who have traditionally not been known to access IAPT services
- CAMHS - Commission a revised CAMHS out-of-hours service (following the review in 14/15), develop and implement IAPT service models for children, and support the wider CAMHS review in 2015/16
- Learning Disabilities – commission services locally and ensure that people remain in their communities whilst reducing reliance on inpatient care for individuals with a learning disability
- Winterbourne - Review and develop clear pathways for people with a learning disability and a mental illness (Winterbourne View Review phase two)

Impact

- Improve quality of service for people with mental health problems
- Reduction in activity in out-patient follow-up by secondary care
- Prevent older people with mental health problems being admitted to acute care as appropriate
- Improved care-pathways and coordination across CAMHS providers and more efficient use of specialist resources o support the needs of children who are Looked After by the Local Authority, and children with learning disabilities
- Commissioning of more bespoke options to manage people with learning disabilities and challenging behaviours.

Carers

NHS Brent Clinical Commissioning Group

Scope

To create and sustain a positive environment that enables carer to be supported in the caring role for as long as is possible. improve the improve the quality of life and the health and well being of carers and ensure that carers receive modern, responsive, high quality cost effective care. To ensure That carers have choice and control over the services they receive and to ensure that these are equitable and accessible.

Need

We need to develop joint working with GP's and health professionals to recognise and support family carers in their practices and avoid hospital admissions for those they care . We need to be able to improve carers access to health services and other health Promotion initiatives. There is a need for services that reduce the negative effect of caring to be developed to support carers with coping mechanisms and support and encourage them to stay independent and healthy.

Commissioning Priorities

- Support carers to identify themselves as carers at an early stage and be informed of relevant local support for them in Brent.
- Involve carers in planning the individual care packages of those for whom they care.
- Enable those with caring responsibilities to fulfil their educational and employment potential by links to educational and career support in Brent.
- Provide respite grants that allow carers to have a break from their caring duties.
- We will support carers to have integrated and personalised services including ensuring that carers are identified, recognised and respected by all agencies and are involved in the design and delivery of services
- Providing timely accessible and relevant information to all carers
- Providing training for key professionals in health and
- Provide referral routes to IAPT (Improving Access to Psychological Treatment), which enables them to gain psychological support around anxiety and stress.
- Work proactively in partnership with Brent Council to provide an integrated model of support for carers that addresses both their health and social needs.
- Supporting Carers to remain physically well.
- Integrate health and social aspects of support to carers in a coordinated manner that increases their wellbeing

Impact

- Improve quality of carers experience in attaining support in Brent
- Increase the number of carers accessing psychological intervention.
- Bring a more integrated care plan to the support offered to carers.
- Promote both mental and physical health to carers

NHS Brent CCG QIPP & Investment 2015/16

NHS Brent Clinical Commissioning Group

Key areas to focus:

QIPP Plan

- Forecast modelling for 15/16 include savings brought forward from 14/15 FYE, plus new ideas generated throughout the fiscal year both from the additional work undertaken by Atkins and within Brent CCG.
- There are also some new schemes added as innovation and ideas that have and will subsequently emanate from the commissioning intentions.
- Target budgets include gross savings of £18.5m (£5.6m re-provision), to achieve net savings of £12.9m.
- The majority of savings are targeted at the main providers in the acute setting (NWLHT and Imperial) with other schemes in mental health (CNWL) and community (Ealing ICO).
- Work will continue to ensure delivery of Brent's QIPP target is sustained.
- There is clearly a need for continuing discussions with providers around these QIPP schemes, these will take place during the normal contracting process.

Investment Plan

- The value of existing QIPP schemes, planning assumptions relevant to Brent's strategic goals and corporate objectives, plus control total has enabled capacity for an investment plan in 15/16.
- Investments implemented in the forthcoming year will be targeted to help achieve QIPP savings in future years.
- Plans for investment currently identify a provision of £8.7m (£3m recurrent / £5.7 non-recurrent), with an overall budget to be confirmed.

- **Until final budgets are confirmed in March 2015 these QIPP figures remain draft and will subject to change during contract negotiations with providers.**

Brent CCG Draft QIPP Plan 15/16 - summary

NHS Brent Clinical Commissioning Group

Brent CCG Draft QIPP Plan 15/16	2015/16		
	Gross QIPP	Reprovision	Net QIPP
	£'000	£'000	£'000
1. QIPP 14/15 Brought Forward			
a. Original Schemes	(8,872)	2,208	(6,664)
b. Additional Schemes	(2,417)	0	(2,417)
c. Other	(786)	0	(786)
2. QIPP 15/ 16 - New Schemes	(4,785)	1,385	(3,400)
Total	**(16,860)**	**3,593**	**(13,267)**
Gap to Identify			
QIPP Plan 15/16 target	**(18,478)**	**5,624**	**(12,853)**

Draft QIPP 15/16 - Schemes b/f

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Wave 1 Outpatients : Ophthalmology	22/09/14	New preferred provider for outpatient services to replace most acute outpatient services, offering improved care in community settings with better outcomes at a reduced cost to deliver Brent's OOH Strategy.	(666)	552	(114)
Wave 1 Outpatients : Cardiology	02/02/15	New preferred provider for outpatient services to replace most acute outpatient services, offering improved care in community settings with better outcomes at a reduced cost to deliver Brent's OOH Strategy	(2,194)	1,415	(779)
DMARD	01/01/15	To provide a community based service for patients on DMARD therapy, including monitoring and follow up via a service that is convenient whilst remaining clinically safe.	(300)	101	(199)
Endoscopy	01/09/14	To introduce a faecal calprotectin stool test to prevent the need for flexible sigmoidoscopy for patients with inflammatory bowel disease. The pathway aims to reduce referrals to secondary care.	(198)	40	(158)
Outer ICP (BCF)	01/04/14	Deliver person-centered coordinated care, involving primary care, acute, social care, MH and community services, with an aim to proving a coordinated, seamless approach enhancing the patient's experience.	(1,020)	0	(1,020)
Anticoagulation	01/10/14	A community network based service for patients on anticoagulation therapy. Monitoring (10/12 follow up visits) within PC settings with less reliance on secondary care for patients initiated on high risk drugs.	(91)	0	(91)
Very Short Stay Emergency Admissions	01/07/14	Agree a local tariff for zero or one day LoS emergency admissions and reduce the number of these admissions.	(100)	0	(100)
C2C Referral Management	01/10/14	To review and reduce internally generated referrals.	(375)	0	(375)
Circulation (BNP)	01/01/15	To assist GPs to implement serum natriuretic peptide (Serum NP: either BNP or NTproBNP) testing, with potential to rule out heart failure with 98% accuracy.	(66)	0	(66)

Draft QIPP 15/16 - Schemes b/f

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
MH Repatriation : FYE 14/15	01/04/14	The placement efficiency programme provides advice, support and clinical interventions to MH and LD placement cases to match complex patients to appropriate settings of care.	(300)	0	(300)
HIV : Review Non-secondary Care Services	n/a	To review the existing Mildmay service to identify contract efficiencies by mapping the referring pathway to enable the CCG to deliver a reduced 3 year rolling average in 15/16 to provide more localised services.	(50)	0	(50)
Community ICO	n/a	To deliver contract efficiencies by working with providers toward local efficiencies based on the opportunities indicated by national and local benchmarking data.	(485)	0	(485)
STARRs (BCF)	01/04/15	Review STARRS service to maximise productivity and to help reduce hospital attendance figures and avoid re-admissions with more patients being supported at home during their health crisis period.	(1,816)	0	(1,816)
Mental Health CNWL : Productivity	01/04/15	1.5% Efficiency savings across all service lines without affecting front line service delivery or patient care in order to: • Decommission early intervention psychosis team • Tender the CAMHS support • Possibly re-procure the entire MH service • Move care into alternative settings	(700)	0	(700)
Falls Service	01/04/15	To identify those at risk of falls, bone fractures and osteoporosis. This will lead to a reduction for both NHS costs i.e., conveyance, attendance and admission costs, as well as a reduction in social care costs.	(511)	100	(411)
		Total	**(8,872)**	**2,208**	**(6,664)**

Draft QIPP 15/16 - Additional Schemes b/f

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Referral Standardisation	01/04/14	Focus on top 6 specialties to increase referrals with periodic peer reviews of GP referrals by allocated consultant to maximise opportunity to deliver care in alternative settings. Stretch on original RFS scheme and equates to a reduction of 2 referrals per practice per month.	(450)	0	(450)
Repeat Prescribing	01/10/14	Community pharmacists to support practices to carry out reviews, particularly for patients taking multiple medications. Focus on waste and work with nursing homes to reduce reliance on fortified supplements.	(203)	0	(203)
Continuing Healthcare - Review of Cases 14/15	01/10/14	Case reviews for high cost cases, adults and children. Faster reviews, challenging cases to reduce and rationalise. Anticipating will be undertaken in more timely basis.	(200)	0	(200)
Diagnostics	01/04/15	Optimise GP use of pathology; in some areas diagnostics that have been undertaken in primary care are being duplicated in secondary care. Pathology protocols to be developed to optimise usage.	(120)	0	(120)
Stroke : Early Discharge	01/04/15	6 and 12 month reviews for stroke patients undertaken outside the acute hospital setting.	(105)	0	(105)
Contract Management: Acute Metrics	01/04/15	To review and monitor acute metrics to ensure targets are achieved.	(750)	0	(750)
Contract Management : Maternity Acuity	01/04/15	There is a maternity audit agreed by the CCGs and NWLHT using PbR principles and guidelines. Currently NWLHT are some 15% away from national predicted average and it is envisaged that this audit will reflect a lower acuity than currently being paid for in contract. Target reflects a small proportion of the c3,000 Brent deliveries a year at NPH. Opportunity to review acuity has arisen due to new maternity tariff.	(94)	0	(94)
Contract Management : Excess Bed Days (BCF)	01/04/15	Improving process of discharge, will be identified as part of STARRS review and as part of the Community Beds Review. Social worker investment in System resilience funding. Challenge is to improve the excess bed days in elderly medical exacerbated by delays in discharge and in transferring patients to step down/up beds or nursing homes.	(150)	0	(150)
Urology : Redefine Referral Criteria	01/04/15	Urology referrals have increased by 30%. Clinicians are meeting on 8th October to re-define the referral criteria.	(300)	0	(300)

Draft QIPP 15/16 - Additional Schemes b/f

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Contract Management : Harrow / Brent UCC	01/04/15	NPH UCC enhancing its range of services offered to deliver the Harrow QIPP target. Brent CCG patients will also benefit from this enhanced service delivery resulting in fewer patients referred onward to A&E and ultimately reduced hospital admissions (although savings on fewer hospital admissions are captured elsewhere in Brent QIPP).	(45)	0	(45)
		Total	**(2,417)**	**0**	**(2,417)**

Draft QIPP 15/16 – other b/f

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Commissioning Support	n/a	Seek to reduce spend and deliver some services at a BHH or local level.	(786)	0	(786)
		Total	**(786)**	**0**	**(786)**

Draft QIPP 15/16 - New Schemes

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Wave 2 Outpatients : Gynaecology	01/08/15	Re-commission and deliver outcome-based service for specialisms, offering improved care in community settings with better outcomes at a reduced cost.	(1,600)	1,360	(240)
Wave 2 Outpatients : MSK	n/a	Re-commission and deliver outcome-based service for specialisms, offering improved care in community settings with better outcomes at a reduced cost.	0	0	0
Alcohol Admissions	01/04/15	Seek to reduce the number of alcohol admissions and agree appropriate methods of support and care via a potential service.	(102)	25	(77)
MH Repatriation : FYE 15/16	01/04/15	The placement efficiency programme provides advice, support and clinical interventions to MH and LD placement cases to match complex patients to appropriate settings of care.	(864)	0	(864)
GP Prescribing (Efficiencies)	01/04/15	Implement cost effective evidence based prescribing across all practices in Brent, resulting in appropriate use of the prescribing budget whilst working closely with localities and practices to support improvement in prescribing.	(943)	0	(943)
Continuing Healthcare - Review of Cases 15/16	01/04/15	Case reviews for high cost cases, adults and children. Faster reviews, challenging cases to reduce and rationalise. Anticipating will be undertaken in more timely basis.	(300)	0	(300)
DTOC (BCF)	01/04/15	Implement the recommendation of a community beds review to improve processes, particularly around discharge delays.	(169)	0	(169)
MH Reduced Acute Admissions (BCF)	01/04/15	Seek to reduce the number of acute admissions and agree appropriate support services and models of care e.g. support teams.	(296)	0	(296)
Ambulatory Care Pathway (Tariff)	01/04/15	Introduce a further 10 pathways in 15/16 (30 in total) and agree appropriate tariff for these admissions based on ward attender or outpatient procedure tariff.	(141)	0	(141)
Reducing Readmissions (mitigations)	01/04/15	Seek to reduce the number of readmissions into secondary care.	0	0	0
Spinal Pathway Redesign	01/04/15	Design and introduce a pathway in community settings at a reduced cost.	(100)	0	(100)
Phlebotomy (age 2-12)	01/10/15	Seek to agree a reduced tariff from outpatient attendance, e.g. ward attender. Also introducing Paediatric Phlebotomy across networks in Brent	(100)	0	(100)

Draft QIPP 15/16 - New Schemes

NHS Brent Clinical Commissioning Group

Project Name	Start Date	Description	Gross Savings	Re-provision	Net Savings
Community ENT	01/10/15	Design a community ENT service for dizziness and vertigo, micro-suction for wax, hearing aid battery replacement and glue ear etc.	(75)	0	(75)
Adult Malnutrition	01/04/15	Review of oral nutrition supplement prescribing; implement NICE clinical guidance for nutritional support and seek to reduce malnutrition.	(95)	0	(95)
		Total	**(4,785)**	**1,385**	**(3,400)**

Glossary of Terms

NHS Brent Clinical Commissioning Group

Acronym	Full Description
BCF	Better Care Fund
BHH	Brent, Harrow and Hillingdon CCGs
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CLA	Children Looked After
EOLC	End of Life Care
HENWL	Health Education North West London
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICO	Integrated Care Organisation
ICP	Integrated Care Programme
IFR	Individual Funding Request
IM&T	Information Management and Technology
LA	Local Authority

Glossary of Terms *(continued)*

NHS Brent Clinical Commissioning Group

Acronym	Full Description
LBB	London Borough of Brent
LTC	Long Term Conditions
MDT	Multi-Disciplinary Team
NHSE	NHS England
NWL	North West London
NWLHT	North West London Hospitals Trust
QIPP	Quality, Innovation, Productivity and Prevention
PPwT	Planned procedures with a threshold
SaHF	Shaping a Healthier Future
STARRS	Storm Term Assessment, Rehabilitation and Re-ablement Service
WSIC	Whole Systems Integrated Care