NHS
Brent
Clinical Commissioning Group

Report to: Brent Overview and Scrutiny Committee (OSC)

Report from: NHS Brent CCG

Date of meeting: 30 April 2015

Re: **CCG Commissioning Intentions**

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1. Purpose of the paper

1.1 The purpose of this briefing paper is to set out the CCG's commissioning intentions for 2015/16 within the context of the national and local planning environment that the CCG is operating within.

1.2 The report provides a summary of the commissioning intentions and the processes and engagement that has supported their development. A copy of the full commissioning intentions can be found at the CCG's website via the following link:

http://brentccg.nhs.uk/en/publications/cat_view/1-publications/12-plans-and-strategies/18-commissioning-intentions

2. The range of services provided

2.1 The CCG's statutory commissioning functions broadly include:

a) 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);

b) Commissioning emergency care for anyone present in the London Borough of Brent

2.2 Brent CCG commissions a range of services to meet national performance requirements to provide equality and consistency of access to healthcare services in relation to key NHS Constitution pledges to improve:

a) A&E waiting times to treatment (4 hours);
b) Referral to treatment waiting times for non-urgent consultant led treatment (RRT);
c) Cancer waits (2 weeks);
d) Individual access to psychological therapies (IAPT);
e) Dementia diagnosis;
f) Diagnostics access/test waiting times;
g) and a response to Winterbourne recommendations.

2.3 The commissioning intentions set out the CCG's intentions with regard to the range of services it has responsibility for commissioning across community and secondary care services, including:

a) Urgent and emergency care including A&E, ambulance and out of hours
b) Healthcare services for people with mental health conditions including psychological therapies
c) Healthcare services for people with learning disabilities
d) Community health services
e) Maternity and newborn services (excluding neonatal intensive care)
f) Elective hospital care
g) Rehabilitation services
h) Speech and language therapy
i) Continence services
j) Older people's healthcare services
k) Healthcare services for children (mental and physical health)
l) Continuing healthcare
m) Abortion services
n) Infertility services
o) Wheelchair services
p) Home oxygen services
q) Treatment of infectious diseases

2.4 The 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.

2.5 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. Needs assessment informing Commissioning Intentions

3.1 Brent is the most densely populated outer London borough, with a population of 311,200 according to the 2011 census. The demographic is young and ethnically diverse, with 65% of its population from black, Asian and minority ethnic backgrounds; being the most ethnically heterogeneous borough in the country. Over 65s are expected to grow at a faster pace than the population at large. Overall life expectancy is in line with the rest of London, though there are key health challenges within the borough as follows:

a) Low birth weight in Brent in 2012 was (9%) which was worse than the national average (7.3%).

b) Poor oral health amongst children under five.

c) 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.

d) 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.

e) Increasing rates of alcohol-related hospital admissions: Larger portion of the population in Brent are high risk drinkers (7.1%) compared to the national average (6.7%).

f) 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.

g) Cancer, Cardiovascular disease (CVD), and 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.

h) High levels of many long-term chronic conditions which are often related to poor lifestyles, relative deprivation and the ethnicity in the community.

i) 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 average.

j) Dementia: Projections suggest that there will be a 32% increase in the number of people over 65 with dementia. There are rising levels of dementia amongst older adults in line with the national trend.

k) 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%.

l) 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.

m) Hearing impairment: There are a high number of people living in Brent with hearing impairment under 75 and over 75. This is again prevalent in certain ethnicities and in areas of deprivation.

4. Financial planning and savings proposals

4.1 Our commissioning intentions take forward work progressed in 2014/15 and reflects how we will action proposals for priority areas within the context of the local health landscape we operate in. This includes a financially challenging health economy and a need to reshape provider settings of care to ensure delivery of sustainable, high quality services for the future, with less reliance on hospital care particularly for an ageing population with high prevalence of long term conditions.

4.2 To achieve this objective, Brent CCG will need to maintain and operate in a financially sustainable manner to plan and implement positive transformational health care for the local population, whilst retaining a beneficial financial balance that enables continued investment in local health services while ensuring local needs of the population are at the forefront of these planned changes.

4.3 QIPP is crucial to realising these intentions by sustaining a strong financial position in the medium term. We have ensured our initiatives are aligned to national and local priorities

as articulated within the development of the Health & Wellbeing Strategy and the over-arching “Call to Action” for the NHS to make £30bn of efficiency savings by 2020/21, having a direct impact for the CCG at a local level with an underlying ‘flat-line’ in funding whilst demographic health pressures continue to rise.

4.4 Brent received the minimum level of growth awarded to CCGs in 14/15 (2.14%) and 15/16 (1.7%) due to being over the capitated target allocation level (i.e. assessed as 7.67% (£28m) over funded in 14/15).

4.5 The uplift of 2.14% in the 14/15 allocation and 1.7% in the 15/16 allocation will not keep pace with the estimated 3-4% per annum cost pressures that Brent CCG is expected to face due to local demand and cost growth. The impact of a reducing allocation (relative to demand) over the next few years needs to be mitigated through delivery of Out of Hospital strategies and the CCG’s savings and investment strategies.

4.6 As in previous years, the allocations guidance from NHS England confirms that commissioning organisations are required to set aside some of their funding for non-recurrent expenditure. NHS England has increased this requirement in 2014/15 to 2.5%, and it is envisaged that the Pan NWL-wide financial strategy will continue to support SaHF. In addition BHH collaborative financial arrangements are expected to continue.

4.7 Though Brent CCG is in a strong financial position during this period of substantial change, our intentions are to continue to invest in improving quality care and health outcomes for the population of Brent which is underpinned by the need to achieve year-on-year efficiency savings in areas of high spend and efficient use of services at a rate of 3% per annum to maintain a financial surplus that allows funding provision for care of individuals who need it most.

4.8 Target QIPP savings for 2015/16 include net efficiencies of £10.6m. Forecast modeling includes efficiencies from initiatives introduced in 2014/15 and brought forward to realise full year effect, in addition to new innovative schemes that are to be developed in the forthcoming financial year. QIPP schemes for 2015/16 are as follows:

2015/16 QIPP Schemes	
Planned Care	Outpatients at Lower Cost - Ophthalmology
	Outpatients at Lower Cost - Cardiology
	Gynaecology
	DMARD
	Endoscopy
	C2C Referral Management
	Circulation: BNP
	Referral Management
	Pathology - Diagnostics
	Acute Metrics
	Urology: Referral Criteria
	Spinal: Pathway Re-design
	Phlebotomy (2-12)
	Community ENT
	Ambulatory Care Pathways
Unscheduled Care	Whole Systems Phase 1 (BCF)
	Alcohol Admissions
	Anti-Coagulation
	Stroke: Early Supported Discharge

	Excess Bed Days
	Northwick Park Hospital UCC
	STARRS Stretch (BCF)
	Falls
	Delayed Transfers of Care (BCF)
	Mental Health Reduced Acute Admissions (BCF)
	NHS 111
Mental Health	Mental Health CNWL: Productivity
Continuing Healthcare	Mental Health Repatriation – Placement Efficiency Programme
	Continuing Healthcare: Review of cases
Community	Community ICO
Prescribing	Repeat Prescribing
	GP Prescribing
	Adult Malnutrition
Other	HIV: Review of Non-Secondary Care Services
	Commissioning Support

4.9 Recognising the financial challenge of our main local providers (LNWHT and Imperial) the CCG has reduced QIPP values and agreed additional funding to support transformational change to take place as part of 2015/16 contract negotiations.

4.10 As the CCG's annual contracting round reaches a stage of formalising contracts, final figures in relation to contract values, QIPP and investment sums remain a work in progress and to be confirmed.

5. Commissioning principles and priorities 2015/16

5.1 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:

a) 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.

b) Work with other commissioners where integrated commissioning will deliver innovative and effective solutions in line with commissioning strategies.

c) Improve the uptake of preventative services and promote self-care while reducing mortality and morbidity resulting from poor long-term condition management.

d) Ensuring appropriate use of commissioned services so that Brent CCG manages activity within the available budget.

e) Transform services where new designs are required to improve quality and value for money.

f) Demonstrate full compliance with the principles of patient choice.

g) 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.

h) 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.

i) 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.

j) Commission services in a manner that interfaces effectively with GP networks.

k) Continue to deliver patient and public engagement that ensures meaningful public involvement in commissioning.

l) Commission care in line with health needs as identified within the Joint Service Needs Assessment (JSNA) and the Joint Health & Well Being Strategy.

5.2 Key commissioning priorities for 2015/16 are:

a) 7 day working in primary and social care.

b) Supporting the establishment of GP provider entities in the form of localities which have become four networks across Brent.

c) Commissioning out of hospital contracts at locality level, replacing practice level local enhanced services and ensuring wider population coverage.

d) Increased coverage of a single GP IT system, namely EMIS Web across Brent.

e) 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.

f) Negotiating contracts with key providers that incentivise the transformation of services and the movement of services out of hospital.

5.3 In detail, Brent CCG will aim to work with our provider market to achieve outcomes across primary and secondary care to achieve the following key outcomes:

a) Acute & Primary Care

- Work with our Local Trusts to ensure the delivery of national standards i.e. Referral to Treatment in (RTT) 18 weeks, A&E 95% of patients seen in 4 hours and for Cancer meeting national access and treatment targets.

- Develop and implement new referral pathways with a Brent wide peer review system to ensure referrals are appropriate and improve the referral pathway for patients in several specialities including ENT, Gastro, Urology, T&O and Spinal.

- Deliver the QIPP and Investment programme for 15/16 by collaborative working across the local health economy and with partners.

- 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 e.g. Diabetes, building on the development of Brent's Integrated Diabetes Service which was launched in 2014.

- Delivery of the various Better Care Fund schemes to reduce emergency admissions and reliance on institutional care commissioned by Adult Social Care Services.

- Whole Systems Integrated Care – implement in shadow form a new model of care delivered by multi agency partners forming a team around a cluster of GP practices.

- Cancer – all providers will be expected to meet the NICE, National CWT and London Model of Care standards during 2015/16. This will include access to diagnostics and implementation of the new NICE initiatives for 2015/16.

b) Mental Health
- Working with relevant stakeholders to continue to promote self-care and self-management of conditions.

- Invest in Individual Access to Psychological Therapies (IAPT) to maintain achievement of the national performance access target of 15% and recovery target of 50%.

- Delivery of Better Care Fund schemes to reduce the need for urgent care arising from mental health crisis episodes.

c) Community Services
- Improve the productivity and efficiency of current community service providers to ensure better quality and more reliable service provision for patients.

- Implement the findings from a review of services undertaken by Baker Tilly in 2014 to ensure that community provision provides value for money and costs are benchmarked across similar providers.

6. Changes to priorities

6.1 From 2015/16 onwards there is a continued requirement to achieve improved quality and access to healthcare services for the population of Brent as local demand and growth places further pressure on primary and secondary care. The strategic objective remains to increase Out of Hospital provision and reduce inappropriate admissions into acute settings. To achieve this outcome, Brent CCG will:

a) Acute
- continue to with our two major local providers for acute activity: 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. LNWHT remains a financially challenged organisation;
- 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;
- continue to focus on reducing the numbers of patients attending Accident and Emergency and the resulting emergency admissions. A number of our schemes are designed to support this;
- 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.

b) Primary Care
- continue to align with the North West London Primary Care Transformation Programme that forms part of the Shaping a Healthier Future (SaHF) structure;
- continue to support the emerging GP networks to enable them to coordinate care and enhance services provided in primary care;
- 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.

c) Community Services
- work with our community nursing service to develop collaborative approaches to service delivery leading to a more integrated model of service delivery;
- redesign community services as appropriate to deliver our Out of Hospital strategy.

d) Mental Health
- 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;
- continue to ensure patients are treated in the most appropriate setting through the Shifting Settings of Care Programme;
- work with our partners across North West London CCGs to procure CAMHS service (including for Learning Disability) and agree a urgent care pathway.

e) Voluntary & Third Sector

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

7. Conclusion

7.1 NHS Brent CCG's commissioning intentions for 2015/16 are a comprehensive set of improvement goals for community and secondary services, designed to align with our strategic aims and objectives.

7.2 The CCG would welcome comments and the identification of areas for improvement within the commissioning intentions from the Brent Overview and Scrutiny Committee.