

World Class Commissioning

Initiatives Summaries

Introduction

The following paper provides summaries of each of the initiatives for the World Class Commissioning (WCC) Strategic Plan for NHS Brent.

The Initiatives are prioritised into two phases:

Phase1 – Immediate Priorities:

- Vascular Health
- Reduce Premature Mortality from Cancer
- Improving Mental Health and Well-Being
- Improving Primary Care Immunisation Rates
- Intermediate Care

Phase 2 – Future Priorities:

- Healthy Behaviours
- Give Children and Young People the Best Start in Life
- Improving Maternity Services

Initiatives targeting primary care services are still in development.

Phase 1: Immediate Priorities

Vascular Health

Why are we doing this?

Vascular disease is the main cause of death & disability in England. It accounts for 38% of deaths & costs the economy an estimated £25.8 billion each year and yet almost all vascular disease is preventable e.g. diabetes is preventable in two thirds of people at high risk.

Cardiovascular diseases (CVDs) are the most common cause of death in patients with diabetes – accounting for up to 67% of all deaths in this group. Diabetes also accounts for over 20% of deaths from ischaemic heart disease & 13% of deaths from stroke. Over the next few years the rate of diabetes is predicted to increase by 20%.

CVD is the leading cause of death in Brent and CVD rates are highest in our most deprived neighbourhoods. Brent has higher rates of hypertension (10.7%) than London and has very high rates of diabetes (4.6%) compared to London and nationally.

Modelling by the London Health Observatory suggests that secondary prevention of CVD through smoking cessation and primary prevention through increasing coverage of antihypertensives and statin therapy will have the most significant impact on improving life expectancy. Statins are estimated to be very cost effective at between £4000 and £8000 per QALY. Recent NICE guidance has recommended that statin therapy is part of the management strategy for the primary prevention of CVD for adults who have a 20% or greater 10 year risk of developing CVD.

There are variations across practices in Brent in the extent to which patients with these chronic diseases are receiving effective treatments, and all of these health issues have a more significant impact in our more deprived neighbourhoods and disproportionately affect our BME and non-UK born populations.

What are we doing?

The vascular screening programme consists of the following three procedures:

1. Checks of those already on the disease registers (Coronary Heart Disease, Chronic Kidney Disease, Stroke, Transient Ischemic Attack or Diabetes Mellitus)
2. Checks of those on an 'at risk' register (obesity and hypertension); and finally,
3. Checks of those in the age-group 40-74 not on either register.

It will involve the following components:

- Review disease and at risk registers for sub-optimal treatment (drugs and lifestyle advice, lifestyle interventions)
- Detect undiagnosed Impaired Glucose Tolerance (IGT) and Type 2 Diabetes mellitus (T2DM)
- Treat detected T2DM with drugs and lifestyle advice and interventions
- Treat detected IGT with Intensive Lifestyle Interventions (ILI)
- Review Cardiovascular Risk Score in Patients (aged 40 to 74) and treat (with drugs and lifestyle advice and interventions) those with a CVD risk greater or equal to 20% risk of a CVD event over the next 10 years

- Detect and treat undetected T2DM and IGT (with drugs and ILI)

What impact will this have?

The initiative will have a significant impact on cardiovascular events. It will:

- Prevent 37 deaths per year from cardiovascular disease
- Prevent 39 non fatal strokes per year
- Prevent 89 non fatal heart attacks per year

The initiative will also have a significant impact on the prevention and management of diabetes. Over five years the initiative will:

- Identify 11,940 patients with Impaired Glucose Tolerance (IGT)
- All of these patients will be offered an intensive lifestyle intervention
- As a result 7000 cases of diabetes will be prevented
- 3368 cases of diabetes will be detected and managed.

In addition the initiative will make a significant contribution to improving health lifestyles. Each year the initiative will result in:

- 2600 smokers referred to smoking cessation services 1300 of whom will quit at 4 weeks.
- 4000 patients referred to a weight loss programme 2700 of whom will complete the programme
- 15,500 patients will receive a brief motivational interview to promote the physical activity 3500 of whom will achieve an increase in their physical activity score at 1 year.

Reduce Premature Mortality from Cancer

Why are we doing this?

Cancer is the leading cause of death in the UK, and causes 1 in 4 deaths. Over the last 10 years cancer mortality has decreased by 11% in the UK. This is largely due to falls in the number of people dying from cancer of the cervix, stomach, bowel, lung and breast. The government has set a target to reduce cancer deaths by 20% in the under 75s by 2010.

Evidence suggests that where there is an effective screening programme in place early detection can significantly reduce cancer mortality: The IARC (International Agency for Research on Cancer) evaluated the evidence of on breast screening in March 2002 and concluded that mammography screening of women between 50 to 70 years reduces the mortality by an estimated 35%. The same study also concluded that for organised and quality controlled cervical screening can achieve an 80% reduction of deaths from cervical cancer.

As the table below shows we are currently below national screening targets for three of our main screening programmes, (cervical, breast and bowel). In 2007 3 women died from cervical cancer in Brent, and 33 women from breast cancer and 30 from bowel cancer.

Screening Programme	Target	Uptake Brent	London Average
		Mar 2006-2007	Mar 2006-2007
Cervical	80%	71.6% (8.4)	74.22%
Breast	75%	62.4% (12.6)	65%
Bowel	65%	36.72% (28.28)	40.04%

Brent is one of only two local authorities serving a population where the majority of people are from ethnic minorities. These groups are relatively less likely to take advantage of screening services, and a local review was therefore undertaken of barriers to effective uptake of breast and cervical cancer screening services amongst black minority ethnic (BME) groups living in Brent and Harrow. The study concluded that successful uptake programmes needed focus on community-based education and programmes for educating GPs and other health professionals in cultural beliefs and customs. The study also concluded that language needs, racial awareness and community skills amongst health professionals was key.

What are we doing?

This year, NHS Brent has worked collaboratively with the West London Cancer Network who have played a pivotal role in ensuring a co-ordinated approach to implementation of the Cancer Reform Strategy. Close joint working has helped us to perform well against the 31 and 62 day cancer treatment targets. We have also supported development of a Cancer Information Centre with NWLH, and piloted innovative local ways to improve uptake rates for screening. Building on early successes in other areas we now recognise the need to focus on prevention through screening in line with the Health Care for London next stage review agenda.

Through this initiative we aim to improve the uptake in three screening areas to achieve national targets and therefore reduce mortality. We will do this through the following areas:-

- Incentivising GPs and working with practices to improve their processes on call and recall, and provide best practice in training and development.
- Health promotion and public awareness programmes including training GP Practice staff and other allied health professional staff to promote the benefits of screening and investment in additional health trainers.
- Further targeted research into root cause analysis of low uptake in ethnic groups within Brent.
- Identifying a cancer screening lead for each practice.
- Implementing improved access arrangement – for example, opportunistic screening in convenient locations, providing flexible times.

What impact will this have?

By improving our screening uptakes we will:-

Decrease premature mortality from cervical, breast and bowel cancer by 20% by 2012.

Reduce health inequalities by specifically targeting people in disadvantaged groups who are currently not accessing screening.

Reduce the current gap in life expectancy at birth between the top and bottom quintile of wards in Brent by 2013.

Improving Mental Health and Well-Being

Why are we doing this?

While some progress has been made in implementing the recommendations from the National Service Framework for Mental Health the fact remains that mental illness is estimated to cost the

capital £5 billion a year. Mental health is a key issue in Brent: 8% more admissions into secondary care for mental health problems are projected compared to the national average.

The various teams engaged in provision for mental health must work together more effectively and develop stronger liaison and referral arrangements if we are to get the right support to people at the right time without them necessarily having to go into hospital.

This initiative will develop a strategy to address these issues, while delivering on two existing related projects: the expansion of the Early Intervention in Psychosis Service (EIS) and Improving Access to Psychological Therapies.

The Early Intervention in Psychosis Service was set up in 2006/07 with £250k to support signposting and carry a small caseload. This shifted the PCT's position against the national target from Red to Amber. However, the current arrangements do not meet the Policy Implementation guidance and can only support a minimal caseload. As a result, as at October 2008, we are not meeting our target of 65 new cases per year.

The Improving Access to Psychological Therapies is a mandatory national project that aims to implement NICE guidelines to reduce the gap between the 6 million people in the UK with depression and anxiety disorders and the quarter of them who are in treatment, and thereby reduce the debilitating effects on society.

What are we doing?

There are 3 components to this initiative:

1. Develop a strategy that will address mental health and well-being needs in Brent holistically. This strategy is expected to result in further projects.
2. Deliver a project to improve the Early Intervention in Psychosis service
3. Deliver the Improving Access to Psychological Therapies national project

What impact will this have?

An improved Early Intervention in Psychosis service will have the following impacts:

- Meet the target of 65 new cases for 2008/09
- Reduce the number of young people who become long-term/enduringly mentally ill
- Early detection, early treatment and secondary prevention including reduction in admission/re-admission rates (including a reduction in CAMHS acute in patient admissions by at least 30%) and length of stay when hospitalisation is required.
- Reduction in use of the Mental Health Act for compulsory admission and use of high dose anti-psychotic medication.
- Rapid recovery - enabling young people to continue with their education and employment
- Early intervention services appear to have the potential to offer significant savings when compared to standard care. This cost difference is largely due to lower hospital readmission rates

The Improving Access to Psychological Therapies project's main outcomes are expected to be:

- Reduction in health inequalities
- Improvement in mental health and well being with use of social inclusion and the recovery model as standard
- Reduction in referrals to the Crisis Resolution Team
- Increase in numbers of people with mild/moderate depression and anxieties treated and managed in Primary Care
- Early treatment and secondary care prevention including reduction in admissions
- Rapid recovery - enabling people to maintain their education and employment

Improving Primary Care Immunisation Rates

Why are we doing this?

Immunisation is one of the most cost effective interventions provided by the NHS for preventing death and disability and for keeping people healthy. Within Brent improving our immunisations is a high priority because:-

- Our current uptake of childhood immunisations is low especially for MMR and all immunisations fall short of the target coverage of 95% which is needed to ensure herd immunity.

- There have been a number of outbreaks of measles within the borough. Within the first quarter of 2008 there were 49 cases of measles reported.
- Brent has a multi-cultural, diverse and mobile population that can be hard to reach due to language barriers and socio-economic deprivation. These factors affect vaccine uptake and therefore impact on inequalities in health.
- Children and young people make up a quarter of Brent's population and the local birth rate is rising steadily with an average of 3% increase per annum,

The table below shows our performance rating across immunisations in quarter 1 2008/09. The national target is 95%.

Immunisation	Current performance
Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	58%
Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV)	61%
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	64%
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	35%
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) (booster doses)	36%
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years	No data
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio	39%

What are we doing?

This year we have initiated several projects to improve the current position within the borough. We have recently launched a MMR uptake project by incentivising GP's, strengthening our call and recall processes and launching a campaign targeted at hard to reach groups. We have also launched the HPV programme aligned to Department of Health guidelines. These projects are at an early stage and we recognise there is much to be done and the future vision is to build on the start we have made to create a far reaching and sustainable immunisations strategy for the next five years.

We will improve our immunisations coverage and uptake through a number of different streams:-

- **Social Marketing** - Promoting public awareness of the benefits of vaccination
- **Partnership working** - Working with General Practice and devising incentivisation schemes to encourage compliance.
- **Improving Data** – Re-engineering and strengthening our processes to ensure the integrity of our call and recall system and the systems that support it.
- **Capacity and capability of our workforce** - Providing training and development to our workforce and implementing immunisations champions.

What impact will this have?

By implementing this initiative we aim to

- Meet our national targets on all immunisations rate
- Maintain low rates of childhood mortality and morbidity commensurate with 21 century industrialized state.
- Reduce health inequalities

Intermediate Care

Why are we doing this?

The number of older people in the borough increased significantly between 2005 and 2007 and this trend is predicted to continue, reflecting the national picture.

However, Brent's older people's services are not currently integrated or aligned with Social Services and locally there is no identity for Intermediate Care Services in a way that there is in other borough/localities. This leads to a number of issues, including:

- Disjointed services and with no clear outcomes.
- Poor pathway definition for patient journey.
- Duplication of services.
- Disparity in services.
- Not complementary to other services.
- Patients staying longer than necessary in a general hospital when another care setting would better meet their needs

As a result, the existing resources within Brent's health and social care economy are not being utilised as effectively as possible to achieve the best outcomes for patients.

What are we doing?

The initiative will include the following activities:

- The commissioning of a broad range of Intermediate Care and Rehabilitation interventions which are effective and appropriate including management of stroke rehab care pathway for adults and older people who are residents of Brent or registered with a Brent GP
- Targeting services at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long-term residential care, or continuing NHS in-patient care.
- Implementing improvements in both services and the management of long term conditions to reduce acute exacerbations/episodes.
- Introducing the HfL Stroke Pathway (rehabilitation element).

The new Intermediate Care service proposal also aims to address current variations, which exist in stroke care, and to provide a local community based service that is accessible to all ages but based on their health care needs. The new model will be based on the principle of equal access to all ages for stroke patients after discharge from the hospital as well as long term follow up their health and social care needs including support to their carers in line with the National Stroke Strategy.

What impact will this have?

It is expected that the initiative will have the following outcomes:

- Reducing the number of unplanned admissions by 10% (2,236 admissions).
- Reducing Delayed Transfers of Care (people and bed days) and reducing lengths of stay.

- While there have been improvements over the recent few months, the 98% A&E target has not been consistently met in the last year. The new Intermediate Care service will support achieving the A&E 4 hour wait targets.
- Better value for money.
- Joined up services which complement each other and improve efficiency across the various service tiers. Through clear protocols there will be a clear continuity of care for patients, with the aim to minimise overlaps and remove gaps between individual services.
- Equitable, person centred, co-ordinated care for the person irrespective of point of entry leading to improved patient satisfaction.

Phase 2 – Future Priorities

Healthy Behaviours

Why are we doing this?

This initiative aims to improve the health of Brent adults (18 and over) by promoting healthy lifestyles in order to prevent health problems developing and maximise the quality of lives. The interventions we have planned are to encourage people to take control over their own health and support their well being with the focus being on providing early preventative interventions accessible to all irrespective of risk. The lifestyle interventions compliment those outlined in the improving vascular health initiative where the focus is on targeting those within high risk categories.

This area is a priority area for us because:-

- Approximately 19.6% of Brent's population are obese. Two thirds of Brent residents do not eat the recommended amount of fruit and vegetables.
- Physical activity participation rates in Brent are amongst the lowest in England with 56% of Brent's adult population not participating in sport or physical activity.
- Though Brent has been performing well against many of the primary measures of health inequalities such as life expectancy and mortality, there is still a lot of disparity between Wards. At least 4 wards (Harlesden, Stonebridge, Wembley and Kingsbury) have lower life expectancy and higher mortality rates than both the England and London averages

- Deaths due to an alcohol related illnesses in Brent between 2002 and 2004 were slightly higher in Brent at 13.4 deaths per 100,000 in Brent compared to 12.2 in London and 11.1 in England.
- In 2005/06, there were 933 residents of Brent in treatment for drug use, an increase of 11% from 2004/05.

What are we doing?

We aim to improve the health of Brent adults through the following interventions:-

Healthy Eating – Preventing and tackling obesity through developing healthy eating policies in workplaces, hospitals and other community settings. Running community events for hard to reach groups, and working with Local Authorities to develop an award scheme for restaurants that promote healthy eating.

Physical Activity – Creating partnership programmes through the Brent Community Sport and Physical Activity Network targeting specific population groups at risk including over 50s and those with chronic life long health conditions. Launching GP Exercise referral schemes, and working with Local Authorities to promote walking and cycle lanes

Health Trainers – Recruiting Health Trainers from the local community who will use a motivational behavioural change approach to support individuals who want to adopt healthier lifestyles' such as healthy eating and increasing physical activity.

Sensible drinking - We have launched a scheme called "Best Bar None", an initiative in partnership with the Metropolitan Police Licensing to work with the proprietors of bars, pubs and clubs to encourage responsible drinking. Future projects to promote sensible drinking habits will include working with workplaces to develop alcohol policies and promotion of sensible drinking.

Substance misuse - Multi-agency working to provide training, knowledge transfer and professional development on the prevention and treatment of substance misuse.

What impact will this have?

Successful delivery of our initiative will contribute to:-

- Reducing rates of coronary heart disease in wards with high rates

- Reducing premature mortality rate from circulatory disease among people under 75 by 40% by 2010 (age standardised CVD mortality rate age < 75)
- Reducing health inequalities
- Reducing mortality rate from all cancers among people under 75 by at least 20% by 2010 (age standardised CVD mortality rate age < 75)

Give Children and Young People the Best Start in Life

Why are we doing this?

This initiative is aimed at improving health inequalities across a range of indicators for Children and Young people in Brent. It naturally interfaces with our Improving Maternity Services initiative as it aims to provide continuity of support following the first month in life. This area is a high priority for Brent because:-

- Children and young people make up a quarter of Brent's population and the local birth rate is rising steadily with an average of 3% increase per annum.
- Significant inequalities exist between children and young people from different socio economic backgrounds; specifically around infant mortality, breastfeeding and oral health.
- The current trends of increasing obesity, alcohol consumption, sexually transmitted diseases (particularly Chlamydia) and difficulties with mental health among young people are a cause for concern across London. There are specific issues for Brent's children as we have high levels of deprivation which are known to have a negative impact on health outcomes.
- Brent's score on the Index of Multiple Deprivation (IMD) has risen to 53 placing the borough within the 15% most deprived areas in the country. Children and young people are particularly affected by this deprivation with a third of Brent's children living in low income households, a quarter in social housing and a fifth in single-adult households.
- During 2006, in Brent 475 asylum applicants received support by the local authority. This is the fifth largest number of application in the Greater London area. When considering health and inequality, asylum seekers/refugees and their families and children are more

vulnerable and have limited access to education, health, social care, employment and housing.

What are we doing?

The initiative will focus on the following projects to improve health outcomes:

- Improving the rate of breastfeeding maintenance – supported by the initiative to improve maternity services
- Reducing the levels of obesity through preventative and targeted interventions as well as have a long term impact on oral health through improved nutritional intake in schools and Children’s Centres
- Reducing risk taking behaviours among young people, specifically around sexual health and substance misuse with a focus on preventative interventions
- Improving emotional health and well being by enabling greater access to emotional health advice, support and guidance as well as parenting support
- Improving access to therapeutic support for disabled children and young people through ensuring it is available in sufficient levels in mainstream schools

These projects have been developed in partnership between Brent Council Children’s and Families Department and NHS Brent to meet the Local Joint Child Health Strategy and aligned to the National Children’s Plan and commissioning aspirations of Every Child Matters.

What impact will this have?

Implementation of the projects outlined under this initiative will achieve improved health and well being for children and young people and support them in making healthier choices. Key outcomes of this initiative include:

- A reduction in teenage pregnancy conception rates
- A reduction in sexually transmitted diseases
- A slow down on the rate of obesity in primary school children
- An increase in breastfeeding maintenance rates

- Improvements to oral health and infant nutrition
- A reduction in health inequalities for disabled children and young people as well those in need of protection or looked after.

Improving Maternity Services

Why are we doing this?

The aim of this initiative is to provide safe, flexible and accessible support for local women and their families in pre-pregnancy, during pregnancy and labour and in the month following the baby's birth. Thereafter activities to improve health outcomes for children and families are set out in the children's initiative. The initiative is aligned to the North West London Collaborative Commissioning Intentions for Maternity Services and has been developed taking into account of A Framework for Action as part of the Healthcare for London Programme.

The improvement of maternity services is a local priority because:-

- The need to address quality and safety of local services was highlighted in 2005 when Northwick Park maternity unit was placed under special measures by the Healthcare Commission. Since then, and despite improvements, further maternal deaths and serious untoward incidents have occurred, resulting in a second independent enquiry. This has recently concluded and recommended a number of actions designed to minimise risk given the high proportion of vulnerable and high risk women attending the unit.
- In 2006, there were 31 infant deaths (under one year old) which equates to 6.6 deaths per 1,000 in comparison with the national rate of 5.0 deaths per 1,000.
- The birth rate among Brent residents has risen steadily over the last seven years at an average of 3% per annum. The pan London strategic review of maternity services has indicated that existing capacity is already stretched in many areas and the predicted rise in the birth rate may expose critical shortcomings in care provision.
- The population of Brent is highly diverse. There is a substantial BME population and a high number of asylum seeking and refugee individuals and families. A recent ONS report places Brent within the top 20 local areas experiencing the highest levels of

migration in England, Wales and Northern Ireland between mid-2001 and mid-2006.

These groups have high incidence of complex births including low birth weight babies.

Services will be targeted to address inequalities in health to meet the needs of vulnerable or excluded service users.

What are we doing?

Improving Maternity Services is a priority both nationally and in London. The National Service Framework for Children, Young People and Maternity Services in 2004 and Maternity Matters; Choice, Access and Continuity of Care (2007) and Towards Better Births (2008), sets the framework and highlights the Government commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women.

Safety and Quality of Care – The first priority is to address the safety issues identified by the independent review, including the implementation of NICE Postnatal Guidelines. Much of this work has commenced with achievements to date including the relocation of the Brent Birthing Centre to Northwick Park Hospital, substantial investment in developing an integrated community midwifery service model and development of vulnerable women's pathway.

Improved Quality and Choice – The focus of this project is to implement locally the recommendations from recent guidance from the Healthcare Commission, Department of Health and NICE. The aim is to provide choice to women for antenatal, intrapartum and postnatal care.

Increasing Capacity – This will address the issue of providing for an increase in deliveries and for the needs of a complex and "high risk" population. We will work with our providers to address the issues of capacity, choice, access, efficiency, quality, economies of scale and risk.

What impact will this have?

The improvement in maternity services will contribute to Brent's World Class Commissioning goals:

- Health inequalities will be reduced through identifying and supporting high risk women early in pregnancy to improve outcomes, supporting women to initiate breastfeeding which is known to be lower among women from deprived socio-economic background as well as smoking in pregnancy also known to be higher among the same group.
- Maternity services will be improved to offer modern, safe and quality services for the high proportion of vulnerable women and offered an informed choice at all stages of pregnancy for timely and convenient access to quality and cost effective care.

- Improved service user satisfaction will be an outcome of this initiative. It enables and supports health, independence and well being by offering improved maternity choices for women, giving them more control of their own health and health care: something which is seen as positive for both a mother and baby's physical and emotional well being.