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Brent Clinical Commissioning Group

Health and Wellbeing Board - Supplementary

Wednesday 30 October 2013 at 7.00 pm
Boardroom - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Membership:

Members:	representing
Dr Sarah Basham	Brent CCG
Councillor George Crane	Brent Council
Christine Gilbert	Brent Council
Sue Harper	Brent Council
Councillor Krupesh Hirani	Brent Council
Dr Ethie Kong	Brent CCG
Rob Larkman	Brent CCG
Councillor Ruth Moher (Chair)	Brent Council
Ann O'Neill	Brent Health Watch
Jo Ohlson	Brent CCG
Councillor Harshadbhai Patel	Brent Council
Councillor Michael Pavey	Brent Council
Phil Porter	Brent Council
Melanie Smith	Brent Council
Sara Williams	Brent Council

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democracy.brent.gov.uk

The press and public are welcome to attend this meeting

recycle for Brent

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

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Brent Clinical Commissioning Group has been preparing its commissioning intentions for 2014/15. It has a duty to involve the Health and Wellbeing Board in this work, for the Board to comment and give its views on the proposals.

Date of the next meeting: **Wednesday 11 December 2013**

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.

Health and Wellbeing Board
30th October 2013

Report from the Assistant Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Brent Clinical Commissioning Group Draft Commissioning Intentions

1. Summary

1.1 Brent Clinical Commissioning Group has been preparing its commissioning intentions for 2014/15. It has a duty to involve the Health and Wellbeing Board in this work, for the Board to comment and give its views on the proposals. This work is still at a relatively early stage and so the Board has an opportunity to influence the CCG as it finalises its commissioning intentions, in particular to ensure they will contribute to the priorities in the Health and Wellbeing Strategy.

1.2 The commissioning intentions are attached as an appendix to this covering report.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to consider and comment on the CCG's draft commissioning intentions and respond to the issues identified ensuring that they contribute to the priorities in the Health and Wellbeing Strategy.

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DRAFT COMMISSIONING INTENTIONS 2014/15

V3 25 October 2013

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- Developing Primary Care — Slide 22, 23 and 24

Introduction and Overview

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

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

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

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

System Challenges

There are number of challenges in the local system:

DEMAND
Non elective care attendees and admissions are higher than peers
Demand for inpatient and urgent care is rising and impacting provider's ability to provide timely care

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

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

SYSTEM WORKING
Federated structural changes taking place
Whole Systems Integrated Care and Pioneer application
NHS Transitional issues

Demographics

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

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

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

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

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

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

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

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

Demographics (cont'd)

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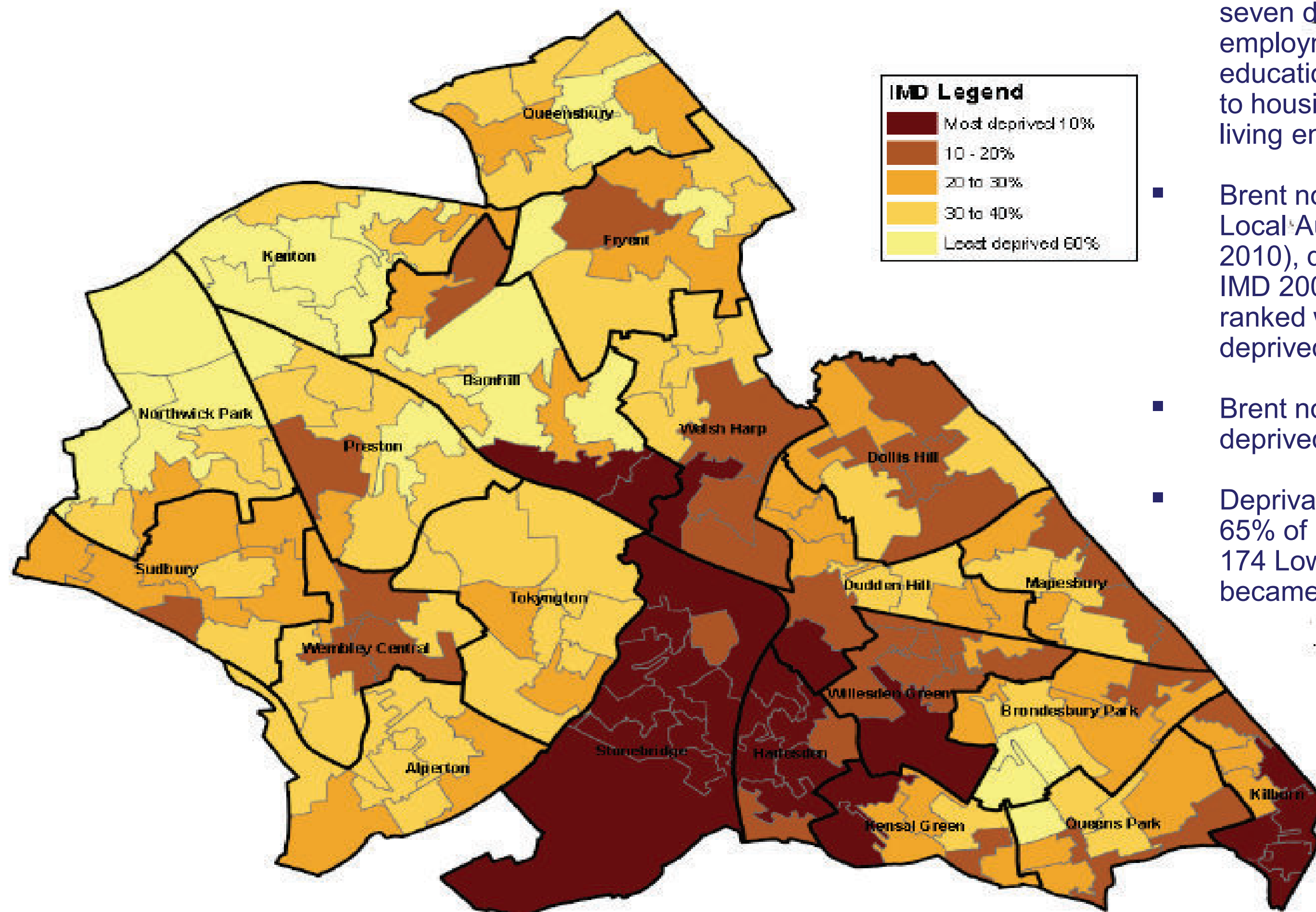
Map of deprivation across Brent CCG



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

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

Health Challenges

- Low rates of readiness for school amongst under-fives
- Poor oral health amongst children under five
- Rising levels of obesity – 12% of under 5s and 22% of 12 year olds are obese. Almost 25% of adults in Brent are estimated to be obese
- Low levels of participation in physical exercise – over 50% of adults do no physical exercise
- Increasing rates of alcohol-related hospital admissions
- Mental health remains the single largest cause of morbidity within Brent, affecting one quarter of all adults at some time in their lives.
- Cardiovascular disease, chronic respiratory disease and cancers are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.
- High levels of many long-term chronic conditions which are often related to our poor lifestyles, relative deprivation and in some cases our ethnic make-up. Diabetes is a good example of such a condition and we currently have 18,000 registered diabetic patients in Brent with numbers likely to grow in the future.
- We need to improve outcomes for patient with long term and chronic conditions by helping more patients take a pro-active approach to their own care as well as improving the quality of our services in the community. We need to do this by increasing access to, and expanding key prevention and screening programmes.
- There are rising levels of dementia amongst older adults in line with the national trend.
- Rates of tuberculosis (TB) in Brent are amongst the highest in the country.

Health & Wellbeing Strategy

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

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

The draft principles are:

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

The draft priorities are:

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

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

Brent CCG and its members

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67 member GP practices who are organised into five localities

Wembley Locality

1 Population: 53,896
# of Practices : 11

Kingsbury Locality

2 Population: 73,953
# of Practices : 16

Willesden Locality

3 Population: 50,084
# of Practices : 10

Kilburn Locality

4 Population: 77,372
# of Practices : 14

Harness Locality

5 Population: 80,559
# of Practices : 16

Brent CCG – Provider Landscape

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

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

QIPP Requirements 2014/15 and beyond

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

- The assumptions underpinning the MTFS include:
  - Brent will receive 0% growth in funding levels to take into account capitation targets
  - QIPP delivery will be a net 2% (£8m) per annum
  - The H&SC Integration Fund in 14/15 – 15/16 is assumed to transfer £15.8m funding away from the CCG by 2015/16 without a corresponding reduction in spend
  - There is no new recurrent investment from 14/15 onwards over and above pressures from demographic and non-demographic growth

- The output of this range of assumptions would generate a surplus that exceeds the planned 13/14 surplus in 14/15 and then reduces dramatically after 15/16 and moves into deficit from 17/18 as the recurrent financial position deteriorates and the non-recurrent benefit from carry forward surpluses no longer support the position.

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

- This will require the CCG to increase its QIPP requirement from 2% (£8m) to 4% (£16m), which is in line with national requirements

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

Commissioning Intentions 2014/15 – Overview

During 2014/15 Brent CCGs will continue to integrate care across pathways based on patients and their needs.

We will take a standardised approach to commissioning and contracting with all providers of commissioned services to:

- Transform services where new designs are required to improve quality and value for money
- Contract and performance manage using the levers of, the national standard NHS contract in its entirety
- Review service specifications to ensure that they meet local needs and make the best use of up to date evidence and innovations in health care
- Apply rigorous and measurable quality and safety requirements
- Apply rigorous performance reporting regimes requiring adherence to national standards
- Create realistic and seasonally adjusted activity plans for services using currencies that enable benchmarking
- Make transparent the elements making up contract’s value so as to facilitate value for money review and financial disaggregation
- Promote productivity improvement through benchmarking
- Promote innovation by entering into CQUINS which are truly innovation focussed
- Promote Integration with primary and acute services
- Promote integration with local authority services and ensure Health and Council commissioning intentions work in tandem to improve health and wellbeing of Brent people
- Commission services in a manner that interface effectively with GP locality services

Commissioning Intentions – Acute Care

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

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

Unscheduled Care

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

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

❑ **Ambulatory Emergency Care Unit**

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

Commissioning Intentions – Acute (cont'd)

- **Assessment tariff**
  - The CCG intends to review all zero and one day lengths of stay to determine scope for efficiency and potential for a reduced tariff for those referrals to acute hospitals where only low-level care (e.g. diagnostics and/or short observation for alcohol related attendances) is needed.
- **UCC**
  - The current contract with UCC is due to end in March 2014. Brent CCG wants to explore redesigning this service in 2014/15 to develop integrated 24/7 care with Acute, and Community providers and GP Practices.

Readmissions

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

Planned Care

- The CCG will work collaboratively to manage provider performance against the 18 week Referral to Treatment (RTT) target for Brent patients
- GP practices are at the centre of locality based networks that are supported by integrated out of hospital services. Much of the work that has commenced in 2012/13 will continue in 2014/15 and beyond to ensuring services are provided closer to home and in the community.
- The CCG has commenced procurement processes with respect to orthopaedics, rheumatology, physiotherapy and gynaecology services with a view to achieving improved clinical outcomes and integrated care that reduces duplication.

Referral Facilitation Service (RFS)

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

Commissioning Intentions: Community Health Services

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Avoiding unnecessary admissions to hospital

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

Integrated Care Pilot

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

Community Paediatrics and services for Looked after Children

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

Commissioning Intentions: Community Health Services (cont'd)

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Integrated Nursing

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

STARRS (Rapid Response)

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

Primary and community services

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

Commissioning Intentions – Mental Health

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

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

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

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

Commissioning Intentions – Mental Health (cont'd)

Personality Disorder/ADHD pathway redesign

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

Elderly Care

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

Primary Care Plus

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

Commissioning Intentions – Mental Health (cont'd)

IAPT (Improving Access to Psychological Therapies)

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

Review of small contracts

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

Repatriation of out of area placements

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

Commissioning Intentions – Mental Health (cont'd)

Redesign of Autism Diagnostic Pathway

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

North West London Mental Health Strategy

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

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

Commissioning Intentions – Children's Services

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

CAMHS

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

Community Nursing Teams

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

Children's Centres

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

Community Paediatric Clinics

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

Looked After Children (LAC)

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

Developing Primary Care

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

Developing Primary Care (cont'd)

Local Enhanced Services

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

  (i) To cease commissioning the service

  (ii) To consider whether:

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

Developing Primary Care (cont'd)

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

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

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