Report to: **Brent Scrutiny Committee**

Report from: **NHS Brent CCG**

Date of Meeting: **2nd December 2015**

Subject: **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 2016/17 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

1.3 The CCG's statutory commissioning functions broadly include commissioning community and secondary care health services (including mental health services) for:

a. All patients registered with its Members; and
b. All individuals who are resident within the London Borough of Brent who are not registered with a member GP practice or any Clinical Commissioning Group (e.g. unregistered);
c. Commissioning emergency care for anyone present in the London Borough of Brent.

2. **Considerations for the Scrutiny Committee**

2.1 In reading this paper, the OSC should consider:

a. Do you agree that the priorities address the health needs of the local population, given our available resources?
b. Do members wish to comment on the engagement approach undertaken?
c. Are there other comments members wish to highlight?

3. **The range of services commissioned**

3.1 Brent CCG commissions a range of services to meet national performance requirements and 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 (RTT);
c. Cancer waits (2 weeks);
d. Dementia diagnoses;

e. Diagnostics access/ test waiting times.

3.2 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 urgent care, planned care, community services, long-term conditions, primary care, integration of health and social care, children's services, maternity, mental health and learning disabilities.

3.3 The commissioning intentions serve as a notice to all providers of community and secondary care services about which services and models of care will be commissioned by NHS Brent CCG in the coming financial year. 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, while transforming the design and delivery of care, within the resources available.

4. **Needs Assessment Informing the Commissioning Intentions**

4.1 Brent is an outer London borough in north-west London. It has a population of 321,009 and is the most densely populated outer London Borough. Brent has 66 member practices which are all aligned to one of the five locality based groups in Harness, Kilburn, Kingsbury, Wembley and Willesden. 18 practices have a registered list of fewer than 3,000 patients and 5 practices have a registered list of greater than 10,000 patients.

4.2 Key health challenges within the borough include:

a. Preventing premature mortality. The largest causes are circulatory disease (29.4%), cancer (19.5%), and respiratory disease (9.8%). For females, the biggest contributor to the gap is circulatory disease (25.4%) closely followed by cancer (25.8% and respiratory disease (18.4%)

b. Rising rents and house prices in the borough are some of the biggest challenges which residents face and data shows that there has been a shift from owner occupation to the private rented sector. Pressure on household budgets and high rents have led to Brent having the second highest overcrowding rate in London after Newham (ONS).

c. Type 2 diabetes rates in Brent are particularly high compared to other parts of the UK. Brent saw a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13. This is likely to be due to a combination of population growth, improved detection and recording on GP systems, as well as an increase in the actual prevalence. It is estimated that one in four people with diabetes in London are undiagnosed. The prevalence of diabetes in Brent is projected to rise, fulled by the ageing of the population, increasing numbers of people who are obese and overweight, and the high proportion of black and south Asian ethnic groups in the borough who are more susceptible to diabetes.

d. Dementia –can have a significant impact on those who live with the condition, their families, their carers and society more generally. Twelve percent of deaths in Brent had a contributory cause of Alzheimer's disease, dementia and senility in 2008-10. This is however lower than the England average of 17%. Predictions for

the future prevalence of dementia in Brent is projected to rise significantly. By 2020 it is predicted that the number of people living in Brent with dementia will increase markedly, by 32 percent in those aged 65 and over.

5. **Financial Planning**

5.1 Brent's financial environment is changing in 2015/16. Brent CCG is considered over our "target allocation" and as a result we received the minimum increase in 2015/16 which was 1.94%;

5.2 In 2015/16 Brent CCG is planning to achieve a surplus of £16.5 million.

5.3 At M8 we are reporting breakeven to plan year-to-date and forecast outturn, however, we are experiencing high growth in Acute activity and have been required to develop a financial recovery plan to ensure we achieve the 15/16 plan.

5.4 We have also reviewed and evaluated our underlying recurrent position. From a strong starting position in 14/15, due to the recurring nature of the winter pressure funding we have put in place, and activity pressures we are facing, we now have a small recurrent deficit. Our recovery plan is therefore targeted at ensuring that our recurrent commitments do not exceed our recurrent funding going forward into 16/17.

5.5 As Brent is likely to have lower than average growth in allocations in future years due to being over its capitated position, the CCG will need to deliver a QIPP plan each year of broadly 4% and its capacity to make investments going forward will be limited

5.6 Our largest provider, London North West Healthcare NHS Trust, is currently reporting a significant deficit of £88 million, which will impact the CCG as lead commissioners for LNWHT.

6. **Commissioning Principles and Priorities 2016/17**

6.1 Brent CCG's commissioning principles for 2016/17 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 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
e. Provide a proportion of outpatient appointments in community settings, rather than in acute settings, at lower cost and higher quality, where it is clinical safe and cost effective to do so.
f. 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.
g. Commission services in a manner that interface effectively with GP networks

h. Continue to deliver patient and public engagement that ensures meaningful public involvement in commissioning
i. Commission care in line with health needs as identified within the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy

7. **Procurement**

7.1 The NHS is required to have regard to key legislation in relation to procuring services. Public Contract Regulations (2006; amended 2009) require that there is

- Best use / accountability of public money
- Give all providers the opportunity to bid
- Give patients the best available service

7.2 The Public Service (Social Values) Act 2012 requires that we

- Consider economic, social & environmental wellbeing of the area in which service procured

7.3 Also importantly, the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 require that we secure

- Value for Money for tax payers
- Improve services for patients
- Engage with patients
- Feedback to patients
- Inform of outcomes

7.4 Engagement processes with patients and stakeholders are carried out before finalising the proposals and completing service specifications that are to go out to tender.

8. **Key Commissioning Priorities**

Key commissioning priorities for 2016/17 are:

8.1 <u>Shaping a Healthier Future</u>

a. Acute reconfiguration aims to deliver a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes;
b. The focus in 2016/17 will be delivering a revised Implementation Business Case for approval by the NHS and HM Government, allowing for capital investments to be made to transform NHS estates in NWL;

8.2 <u>Primary Care-Led Urgent Care & 111</u>

a. Brent CCG will review all urgent and emergency care services, including NHS 111, GP Out of Hours services and other associated services including access to emergency mental health care
b. Current contracts for NHS 111 services are due to expire over the next year. We plan to procure a safe, high quality NHS 111 service that will be integrated with the Out of Hours service, urgent care provision and emergency care, including mental health services.

c. The NHS 111 service will support our vision to deliver care closer to home, provide for a single point of access and allow for special patient notes and summary care records to be up to date.

8.3 Short-Term Assessment, Rehabilitation and Reablement Service (STARRS)

a. We will jointly review the activity plan for the service to ensure that it reflects the underlying demand for rapid response.
b. The CCG STARRS team to better manage demand for the service. Analysis undertaken to date suggests that there is unwarranted variation in referral rates, leading to inequalities in care for Brent patients
c. The CCG will commission a comprehensive falls bundle, working with the Trust and the Council to reconfigure these services.

8.4 Community Outpatient Services

a. The CCG will undertake a review of all providers of community physiotherapy services to consolidate the current services with a view to achieving improved waiting times, an improved care pathway and value for money – this is likely to result in a procurement exercise;
b. Review the existing community gynaecology pathway in terms of its impact on secondary care activity to determine whether this should be extended;
c. Work through detailed changes to the gastroenterology care pathway to introduce new care pathways for patients on DMARD drugs, those with abnormal liver function tests and for those patients requiring an endoscopy;
d. Work with local providers to redesign the existing community respiratory service to better meet the needs of patient;

8.5 Primary Care

a. Within primary care, the CCG will work to reduce the level of variation in clinical performance across different GP practices;
b. More services will be provided by primary care with a focus on patients who are at high risk, housebound patients, or those residing in a care home;
c. There will be a review of GP Access Hubs to determine if there are service variation and to improve quality, responsiveness and access ;
d. Evaluate services that are commissioned through primary care providers to determine whether anticipated benefits are being realised.

8.6 Medicines Optimisation

a. The CCG will implement the NWL wide protocols for drugs and improve the contract management of acute prescribing;
b. It will improve the interface transfer of prescribing within secondary care, community and mental health trusts by agreeing shared care protocols for certain medicines
c. It will work with provider partner organisations, GP practices, other primary care contractors, patient and other partners to identify areas where medicines waste occurs and analyse systems to identify improvement.

8.7 Cancer

a. The CCG will build on the cancer commissioning intentions of the past 2 years, ensuring service improvement are embedded and that progressive targets continue to be stretched.
b. There is also a proposal to include commissioning with mental health providers to develop pathways for the management of psychological support for cancer patients.

8.8 Palliative Care

a. The CCG will review the current set of pathways for End of Life Care and specialist palliative care services to ensure that they are fit for purpose and ensure the needs of the population of Brent.
b. In particular, we will review the pathway for people estimated to be in the last year of their life and the opportunity to provide a single point of access, linking with the LAS, 111, district nursing teams, the patient's GP, out of hours services and care agencies.

8.9 Carers

a. The CCG will jointly commission or have a lead role in the commissioning of carers support services, especially GP services, counselling, peer support, and a range of befriending or volunteering schemes

8.10 Better Care Fund

a. Progress implementation of the Better Care Fund to improve quality of care and reduce reliance on hospital and institutional care
b. Avoiding unnecessary hospital admissions – jointly commission an urgent, rapid response service staffed by a multi-disciplinary team of nursing, therapeutic and social worker staff who will proactively respond to potential A&E admissions and referrals from GPs over a 7 day period
c. Integrated rehabilitation and reablement – jointly commission a multi-disciplinary team of nursing, therapeutic and social workers, dieticians, speech and language therapists, physiotherapists, social workers, psychologists and rehabilitation assistants and externally commissioned reablement home care providers. The team will operate on a lead professional and trusted assessor basis
d. Efficient multi-agency hospital discharge and community bed provision – jointly commission an effective multi-agency integrated hospital discharge service, combining existing health and social care discharge teams who are co-located within a hospital setting.
e. Mental health improvement – through the jointly commissioned A&E liaison psychiatry service we will aim to reduce inappropriate admissions to hospital.

8.11 Whole Systems Integrated Care

a. Develop, agree and clearly articulate shared outcomes and priorities as commissioners for Whole Systems Integrated Care. Develop new contracting and payment models through an ACP.

8.12 Children's Services

a. The CCG will implement a new Joint Commissioning Framework with Brent Local Authority for five priority groups – children under 5, Children Looked After, Young Carers, children with special educational needs and disabilities and children with emotional and mental health problems.
b. For Looked After Children, the CCG will develop robust and sustainable systems for collating and reporting timely and accurate data on all CLA assessments
c. For Special Educational Needs (SEND), the CCG will continue to work with the Local Authority to meet our statutory duties and implement SEND requirements. It will review the associated impact on health commissioning including the development of Personal Health Budgets.

8.13 Mental Health

a. Services will move from 'opt out' to 'opt in' for the recovery college for post-discharge advice and education for mental illness;
b. Peer support will be reshaped and specialist mental health nursing support will be used to share learning in the recovery college, help people develop personal plans, support social inclusion, help make best use of follow-up appointments
c. The CCG will continue to develop crisis response at home, in the community, as well as A&E. It will explore 'street triage' support to work alongside the police.

9. Co-Commissioning Activities

9.1 Brent CCG is a Co-Commissioner of Primary care together with NHS England. It aims to enable local commissioners and stakeholders to have the ability to:

a. Influence local decision making in primary care to align with wider local strategies for integrated and co-ordinated care
b. Commission for a new contractual offer for General Practice to sustainably deliver the enhanced services for it to act as the foundation for a new model of care and to limit current variations in access and quality, and to influence the necessary investments in primary care estates and workforce.

9.2 There are five GP practices in Brent whose current contracts have come to an end or will come to an end in the next twelve months. NHS England and Brent Clinical Commissioning Group agreed in August 2015 that services to the patients of those practices must be continued and that procurement processes should be initiated to put in place new contracts for those services.

9.3 NHSE has been engaging with key stakeholders inviting them to give their views on the proposals for the service, what they valued about their current service or would like to see changed and give any specific feedback on the proposals. The engagement closed on 22nd November 2015 and the outcomes are being collated.

9.4 A procurement processes will take place to comply with legislative requirements and it is anticipated that the new services will commence in October 2016. The service specification for the new service will include opening times from 8am-6.30pm and Saturday opening on 9am-1pm. Consultations will be available face to face, by telephone, email or Skype if required. IT will be offered to book or cancel appointments, and health promotion will be offered to keep people fit and healthy.

10. **Engagement Process**

10.1 The CCG has been through a significant engagement process in the development of the CCG's commissioning intentions for 2016/17. The CCG has a legal duty under s. 14 Z(11) 3 of the National Health Service Act 2008 which requires the CCG to describe how it intends to discharge its duties with regard to consultation and engagement of the annual commissioning plan.

10.2 A draft version of the document was released on 5th October 2015 to Brent CVS, Brent Patient Voice, Brent Healthwatch and other voluntary sector groups. It was then discussed in detail at a Health Partners Forum on 7th October 2015 which was devoted to the subject of the Commissioning Intentions. The feedback from this event is summarised in the Appendix to this report.

10.3 Following the Health Partners Forum, the Commissioning Intentions were discussed at a number of stakeholder engagement events, set up to discuss specific topics. These include:

- Healthwatch Public Meeting (1st October 2015)
- Brent CCG GP Locality meetings (throughout September and October 2015)
- Brent CCG GP Forum (14th October)
- Brent Online survey –launched and advertised 7th October 2015
- Psychosis online survey – launched and advertised 7th October 2015
- Dementia Conference (23rd October 2015)
- Mental Health CMHT and urgent care workshop (29th October 2015)
- Community Services (children's) workshop, Willesden (22nd October 2015)
- Mental Health Community Action on Dementia, Kilburn (25th October 2015)
- Planned Care workshop, Kilburn (25th October 2015)
- Mental Health PTSD workshop, Harness (27th October 2015)
- Long Term Conditions Workshop, Wembley (28th October 2015)
- Mental Health Brent User Group (29th October 2015)
- Brent Health and Wellbeing Board (10th November 2015)

11. **How the Commissioning Intentions Have Changed**

11.1 We have recorded and considered carefully the feedback that we have received from the various engagement events outlined above. Below we have shown how the commissioning intentions have changed as a result of this:

11.2 Planned care

Changes to planned care were broadly supported. More self-care management programs and peer support were flagged up, as were early appointments for GP services and more co-ordinated care. Better access to community services, the need for health care navigators and health resource centres was highlighted. Participants wanted to see every GP practice with an option to provide phlebotomy, greater availability of physiotherapy and hydrotherapy, and for patients to be more involved in designing pathways for tele-dermatology. In response to this, the CCG will ensure that physiotherapy group classes are incorporated within the service specification for the changed service. There was also broad support for improving physiotherapy waiting times.

11.3 Integrating Health and Social Care

Participants wanted to see more self -care programmes to empower patients and the community as well as clear information channels and development of a network of voluntary sector providers.

11.4 Children's Services

Participants expressed a view that there should be greater integration between health services, the CCG and the Local Authority (LA). The CCG is already collaborating with the LA, and as set out in the commissioning intentions, the CCG will continue to work with the LA on key vulnerable groups including under 5's, Looked After Children, Young Carers, Children with Special Educational Needs and Disabilities (SEND) and children with emotional and mental health problems.

Participants also expressed the view that there needed to be better communication between different providers. The CCG is committed to working with all stakeholders to join up services where appropriate and develop integrated care pathways. Participants wanted to see a Directory of Services (DOS) for children's services. This has been incorporated into the commissioning intentions, and the CCG will work with the LA and Healthwatch to develop a DOS.

11.5 Community Services

Participants wanted to see the CCG and the local authority working more in partnership and collaboratively on care. They wanted to see better communication and interoperability between services, as well as facilitated access to services for the digitally excluded population who are important service users. In response to this, we have incorporated a new section in the commissioning intentions relating to interoperability. The CCG will continue to roll out self-care management programmes and education programmes for patients. The CCG also plans to bring in a new mobile application to help signpost users to the right healthcare services for their needs.

11.6 Unplanned care

Participants wanted to see improved communications between services. They suggested that GP hubs need to be located where they are more accessible to patients and the general public. Participants observed a need for geographical equity, citing that communities are not always well served by the location of services and have to go to Northwick Park Hospital from a long distance.

There was broad support for more resources and the expansion of primary-care based services (with some emphasis on in-hours expansion). The thinking was that, if primary care could better manage urgent demand routinely, pressure on other services would lessen. Improved health promotion using community-based structures and groups would, over time, reduce demand. Participants agreed that the 111 service needs to become more personalised with quicker access to appropriate clinical advice. It needs to ensure that call outcomes are improved by avoiding call backs and, where necessary, making appointments with the right services there and then. Patients should not have to repeat histories every time they are in touch or handed over.

Additionally, some people displayed a sense of confusion about the scope and range of services across the borough, as well as methods of access, not just from patients but also from medical practitioners or their staff. Two-thirds of attendees at the follow-up meeting either did not know of the existence of the Central Middlesex Hospital Urgent Care Centre or, if they did know, did not know the range of services it carried out. The CCG will aim to respond to these concerns in the design of its new primary care-led urgent care system.

11.7 Community Long term conditions

Participants wanted to see better packages of care for physical health conditions. There was support for more self-management programmes for long-term condition catering for all ethnic communities, and better management of long term conditions. Contributors wanted to see culturally sensitive engagement with hard to reach groups and preventative community support through peer support.

Participants wished to have easier access to services, the introduction of diabetes champions and diabetes checks to be offered in community pharmacies and places of worship. The CCG will work to raise awareness of and better management of Long Term conditions, more Self-Management programmes, and better packages of physiotherapy.

11.8 Mental Health

Participants wanted to see less reliance on formal inpatient services and for the CCG to consider a crisis house model. They wanted the CCG to ensure availability of culturally appropriate care and consideration to be given to the needs of carers particularly for dementia. Also to increase the care available for post-traumatic stress disorder, psychosis and personality disorders. We have considered crisis house models for short-stay admissions, developed a responsive and co-ordinated model of peer support and community advocacy to respond to the needs of different communities including the needs of carers.

We have considered street triage models and the available evidence of impact and models for community services for post-traumatic stress disorder, psychosis and personality disorder. The CCG have progressed mental health community service redesign and are looking to establish a local user monitoring group.

11.9 Learning Disability

Participants wanted to see more integrated care planning, more support for self-care management and ways to keep fit and maintain healthy lifestyles. They wanted to see services that are supportive, offer choice and information. They wanted less waiting times to see their GP and more time with their GP. The CCG will continue to facilitate access to mainline services and develop heath passports for people with learning disabilities. We will facilitate access to Personal Health Budgets, provide integrated care in partnership with social care and the voluntary sector and ensure person-centred care for all individuals with learning disabilities.

12. **Conclusion**

NHS Brent CCG's commissioning intentions for 2016/17 are a comprehensive set of improvement goals for primary, community and acute hospital services, designed to align with the CCG's commissioning principles and the strategic aims and objectives of the Health and Wellbeing Board.

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

APPENDIX 1: EVENT REPORT FROM HEALTH PARTNERS FORUM

RE: NOTE OF FORUM MEETING HELD 7 OCTOBER AT THE SATTAVIS PATIDAR CENTRE, FORTY AVENUE, LONDON, HA9 9PE

DATE: 23 OCTOBER 2015

Introduction

Commissioning Intentions is the name used for the document each CCG publishes setting out its local NHS priorities for the year ahead – in this case 2016/17.

It is really important to have the views of local people in drawing this document up.

This meeting was an opportunity for Brent residents to have their say on our commissioning intentions and help local GPs shape the delivery of healthcare services in Brent. The views of local people help Brent CCG build the bigger picture on healthcare services so we can decide what services work well and where we need to improve services for local people within available funding.

The event ran through the funding context both nationally and locally. The NHS is predicted to have a funding gap of £30bn by 2020. This gap is to be closed by £8bn extra funding plus £22bn efficiency savings.

Locally Brent CCG is anticipating lower growth in funding compared with projected growth in patient demand.

Other smaller events in venues across Brent have been planned to discuss specific areas of care in detail.

Agenda

18:00 – 18:15 Welcome

18:15 – 18:45 Table presentation on chosen topic

18:45 – 18:55 Break

18:55 – 19:45 Table discussion on chosen topic

19:45 – 20:20 Facilitator feedback

20:20 – 20:30 Closing remarks and how you can continue to be involved

Feedback

Each table at the event was assigned a topic to discuss.

The topics were as follows:

Community Services (inc Children's services)

Integrating health and social care – two tables discussed this topic

Learning disabilities

Unplanned care – two tables discussed this topic

Planned care – two tables discussed this topic

Mental Health

Long term conditions

After an initial presentation from the CCG on each table, the following questions were asked:

How do you want NHS services to be delivered in Brent?

What services matter most to you?

Is there anything you could change if you could?

Every effort has been made to capture your feedback (below) as accurately as possible.

Table topic	CCG facilitator(s) and note taker	Feedback summary
Community Services (inc Children's services)	**Isha Coombes** **Dr Nish Rajpal**	**General points** • There are 350 looked after children in Brent • Is funding deployed to all child groups equally? • Institutionalised VS Children at home – will they have poorer access to services? • Safeguarding – Brent inspection e.g. are Children Looked After (CLA) from Brent housed out of the borough in areas such as Rochdale / Rotherham? • Children with special needs VS emotional difficulties • CAMHS access is difficult – only GPs can refer and there are too many barriers/gatekeeping tools • Emotional wellbeing issues can repeat down through generations e.g. victims of sexual abuse, violence, war exposure, FGM, Torture, Domestic Violence • Childrens dental health – dentists/hygienists used to visit school but not any more • Obesity → Obesity workshop is coming up • Self-harm → Schools have cut afternoon play • Education – too focussed on academic targets **How do you want NHS services to be delivered in Brent?** • Private providers: Services must be delivered by the NHS and not private providers – possible conflict of interest in CCG vs providers in private sector may offer innovation and possible lower overhead costs. • Commissioning process can be cumbersome/costly • Need well trained staff with Continuous Professional Development (CPD) • More money on training • Set up Innovation forum • Education for patients • Technology / information for better self diagnosis • Patient choice

		• Referrals without persistence / insistence • Diversification – community healthcare centre • Maintain local GP vs Polyclinic vs Vertical integration of services. **What services matter most to you?** • Community midwives / health visitors in deprived areas • Family orientated holistic services → ripple effect on siblings of special needs children / early intervention • Children centres / school nurses / counsellors • Preserve Dr/Patient relationships • Young people's clinics • Adequate time for consultation at GP practices and holistic care • Mental health • ENT • District Nursing • End of Life care **Is there anything you would change if you could?** • Partners – CCG vs Council vs Acute trust – collaborate rather then compete • Better communication between services • Interoperability between services • Public DOS (Directory of Services) / access to the digitally excluded population who are important service users. • Health Literacy – health education council • Better advocacy services • Alternative medicine and therapies eg acupuncture.

Table topic	CCG facilitator(s) and note taker	Feedback summary
Integrating health and social care	**Sean Girty**	**How do you want NHS services to be delivered in Brent?** **What services matter most to you?** • Focus on GP led care planning, especially for those patients with long term complex conditions • A network model of GPs, where resources where shared to maximise the services patients received in a timely way • Access to GP appointments in the evening and on weekends (table supportive of the GP network model for covering this) • Repeat prescription support from pharmacists, and the ability for electronic communication between pharmacists and GPs • Standardise decision making amongst GPs and reduce post code lottery (e.g. referral optimisation based on clinical standards, best practice, protocols) • Increase referrals (from GPs, Ambulance Service, pre-A&E admission) to STARRs Rapid response and for medical/nursing intervention to be provided within a community setting. • Integration of rehabilitation and reablement and the move to a lead professional/trusted assessor model • Social care staff based within the hospitals, having these staff allocated to wards, proactively discussing and picking up clients that need support and educating ward staff to better understand what is (and is not) appropriate for social care • Training and supporting staff through changes to join up care and the challenges of achieving true culture change • Phased approach to implementation of BCF work **Is there anything you would change if you could?** • Whole Systems Integrated Care (WSIC) was difficult to understand and to grasp what practical changes were being proposed

		• How would we ensure the ongoing funding of BCF / integration would happen • Technology and support to treat certain conditions is only available in a hospital setting – concerned this wasn't factored into the referral optimisation • Poor customer service and lack of telephony technology (e.g. "you are 2 in the cue") when trying to contact planned care services to make changes to a booked appointment • Could more be done on integrating health and social care to support those with mental health conditions and substance misuse? • Could more be done on integrating health and social care to support those young women who have had unplanned pregnancies, multiple pregnancy terminations, counselling support. Early education/peer/mentor support etc? • How do we move away from culture/expectation of if you are ill, take a pill? What can be done to encourage community resilience, self-care, self-management? • Stop GPs using withheld numbers to call their patients

Table topic	**CCG facilitator(s) and note taker**	**Feedback summary**
Integrating health and social care	James Power Sarah McDonnell	**How do you want NHS services to be delivered in Brent?** **What services matter most to you?** **Is there anything you could change if you could?** How to get general public to learn about integration • GP surgeries: posters, leaflets, information from staff in GP surgeries • Third sector: Age UK, MIND, Living Well, local social groups Difficulties in distribution of information • Information available and accessible – small groups struggle to provide information and services to people in their communities – become a recognised body • Linking third sector with Acute, GPs etc to establish a clear third sector role - along with

		providers • We need to ensure there is consistency with each third sector programme – it relies on individuals to do all the work (peer support / living well – populate beneficial option. Encourage what is manageable, personal treatment for each case) • Share effort with GPs so they are the key professional with all the medical as well as voluntary information for patients. Providers of Care • Work on-going to encourage collaboration across providers as well as shared resource and knowledge • Links with community organisations • This will empower people to manage their own care, keep them out of hospital and in their own homes. Whole Systems • Self care: empower patients and community. Can't tell them what to do all the time. • Personal information collaborated and in one place What is missing: • Channels of information / distribution missing • CVS is only channel – if was larger or with more resource they could do more. • Main issue is capacity and resource – network of voluntary sector with more staff and generally do a lot more • Set up third sector: establish a "name" and "brand" to be recognised. Not centrally organised by NHS or CVS • Need a route for patients and carers > achieved through providers, GPs with a list of local services the community can access and benefit from, ie case coordinators, link between patients and care and GP, collaboration with third sector A level of Quality Assurance of providers of service necessary – does this happen enough around voluntary services and in a small organisation? Support Self-Care and Management / Personal Budgets • GPs will hold an individual care plan

Table topic	CCG facilitator(s) and note taker	Feedback summary
Learning disabilities	**Nicola Mills** **Sarah Nyandoro**	**General points** • Access to GPs • Wait after appointment time – time 'going down the drain' • Enough time in appointment • PPGs give a chance to ask questions • Payment to GPs to keep patients out of A&E – not happening in Brent • Services for everybody • Irritating to be asked the same questions • More priority on self-care • Integrated care planning – doing things in partnership e.g. social services • Care pathways, hospital admissions & Kingswood • Winterbourne view concordant – looking to find more local placements for geographically isolated placements & more independent accommodation • Health action plan (& health passports) • Personal health budgets (from October 2014 – continuing health care budget) Long-term conditions • Person centred **How do you want services do be delivered in Brent?** • Services that are supportive • Services that offer choice • First point of call is the GP and that therefore needs to be well delivered **What services matter most to you?** • Self help • Self-care

		• Being able to keep fit • Essential part Is the individual **Is there anything you would change if you could?** • Keep the NHS going • Less waiting times • More time with the Doctor • Tell us General facts e.g. what's normal B/P / temp etc.

Table topic	**CCG facilitator(s) and note taker**	**Feedback summary**
Unplanned care	**Trevor Myers** **Neil Levitan**	**General points** • How do we get the message to all people in Brent that the quickest way to get treatment is through doctor referral? It is difficult to break the A&E habit. They need to believe that there is an alternative to going straight to A+E. • Brent has a good configuration of services despite not having an A&E. People need to know about them through better communication. • People didn't know about the urgent care centre. • Issue of communication between services – poor quality. Patients need to repeat history between GPs. • Issue of government funding. It won't work without proper management & resource. • Issue of wasted money on capital projects • Issue of locations of the GP hubs • We have missed a trick in not utilising venues already in existence. • Issue of communities not being well served and having to go to Northwick park. South of Brent is well served however north of Brent is not, thus these patients are being referred to Northwick Park. • Issue of accessibility – no car parking.

		• Need to coordinate services inside and outside the borough – people may be accessing services outside the borough. **How do you want NHS services to be delivered in Brent?** • Needs to be geographical equity in relation to access – North is not as accessible as South • People from outside the borough need to be served well inside the borough • Identity cards with NHS numbers to aid communication • Ability for services to know about you when you present • Agencies need to speak to each other, a card can aid this. • Doctor passwords to access NHS numbers • Better access to GPs – appointments at short notice (lack of funding) • Resources put into primary care • More beds, open ward and staff beds **What services matter most to you?** • Diabetes • TB • HIV/ AIDS • Services for chronic diseases • Importance of prevention & health promotion = less stress on unplanned care • Investments • Early detection / outreach • Self-care • Unplanned Care • Ability to have rapid access • More rapid access clinics for more disease • Health promotion & Education • Issue of compliance **Is there anything you could change if you could?**

		• More GPs and for them to be accessible on the day • More unplanned care services • Need quick access to GPs during the day • Cleanliness in hospitals • Too many questions asked in some areas – this can be confusing • Less fragmentation between services **Summary** **How do you want NHS services to be delivered in Brent?** • Geographical equity • People going outside the borough need services to talk to each other • Joint up services who know you when you present • Better access to GPs • Resources ++ investment – smarter in primary care • Urgent care is valued in the borough **What services matter most to you?** • Management of clinic illness – diabetes • Culturally sensitive health promotion = less stress on primary care • Rapid access clinics **If anything could change what would it be?** • More GPs & appointments during the day • Cleaner hospitals • Extended hours don't work for many as it is an issue getting to clinics • Make services more user friendly and sympathetic • Make services more personalised and individualised

		• More tissue viability services.

Table topic	CCG facilitator(s) and note taker	Feedback summary

Unplanned Care	**Dr Sami Ansari**
	Sheik Auladin
		How do you want NHS services to be delivered in Brent?
		• Communication is Key:
		  ○ Current pathway provide choices
		  ○ A&E & WIC provide until now an excellent service
		• Overarching this 111 triage needs to be competent and efficient
		What services matter most to you?
		• Effective & efficient 111
		• Knowledgeable triage at the front end.
		• Patients lack confidence in the current system.
		• Current system is complex with different services scattered across the Borough. We need better communication.
		• Confidence lacking by patients of different provisions by providers
		Is there anything you could change if you could?
		• Adequate car parking
		• Patient education – by a number of different means
		• Re modelling NHS 111
		• Putting more confidence in the system

Table	CCG facilitator(s) and note	Feedback summary

topic	taker	

Planned care	**Huw Wilson-Jones**
	Dr Shazia Siddiqi
	Jonathan Turner
		How do you want NHS services to be delivered in Brent?
		
		What services matter most to you?
		
		• Physiotherapy
		  ○ waiting times are main concern for patients
		  ○ Regular follow ups to get best benefit
		  ○ Follow ups after 9 months- too long. Think this affects the condition. Because it is not soon enough. Had to be referred back to Royal National orthopaedic (GP specialist), patient should be free to ring department directly rather than going back to GP
		  ○ Wastage in system. Problems with sharing information.
		• Information sharing a problem between primary and secondary care.
		• Stanmore reception asks for Xray before seeing doctor, keeps doctor waiting ages while patients queue in the big queue.
		• Vale Farm doesn't like to wait there for blood test. Should be in the GP surgery, every surgery should have phlebotomy. Difficult to access
		• Every GP should as option to provide phlebotomy
		• What research has been done and what are the causes for increase in referrals?
		• What is the impact of screening programmes?
		• Physiotherapy and hydrotherapy – only 3 sessions offered – should be more.
		• DNAs are a big issue – needs research, should take patient off the list if they DNA. DNAs are inefficient.
		• Tele-dermatology –patient needs more involvement in designing the pathways. The pathway should be shared with patient engagement before it goes to the DXS. Table discussed how key pathways have patient involvement in the CCG and all agreed that smaller pathways or issues don't always require such a level of involvement as not enough capacity.
		• MSK Wave 2 abandoned – what are the next steps?
		• Research important on piloting Tele- dermatology, needs proper research and evidence base. Where is it working well?

		• Travelling to different specialties – this is a problem. Services need to be more local to you. Need services closer to home. • No A& E in Brent. Kilburn to Northwick Park is a long way. No lifts at Northwick Park station many – dependent on this station to get to Northwick Park hospital, otherwise have to go to Harrow on the Hill. A lot of people only on public transport use the metropolitian line. No disability access. • Copying letters from consultant to GP. • Access to services is important – not only geography but also physical access such lifts at tube station NP. • People going to A&E inappropriately is a problem – some patients know about UCC in Paddington and Northwick Park but not about the other sites eg. Willesden, Park Royal etc. • CCG could do better to inform about where to go to other urgent care centres. • Better publishing of information in waiting rooms. • Symbols and pictures to communicate and other languages needed • More awareness of GP hub services • Aware of 111? Aware of WSIC? • Scrolling message in GP practices rather than too many posters – they don't stand out. • Right forums, communication and languages • Some people who don't speak language use their children to communicate so could educate their children on health matters • Diabetic clinics in GP Surgeries are a good idea. **Is there anything you could change if you could?** • No need to see the GP on Sunday – should be a day of rest. • Physio class group therapies rather than single patient appointments where not necessary. • Reduce waiting times especially for Physio. • Self-management only 6 sessions for Diabetes self-care programme but need the peer support

		groups – more for community/sustainability e.g. 6 months after DESMOND training to see where they have benefited or not). • Some groups need commissioning to support admin around peer support and keep the group going. • There should be a cut off time for funding self-management schemes so that patients take on responsibility for their own care and are supported by local or National bodies • Takes too long to get a GP appointment • Childcare should be less fragmented • More co-ordinated care • Course how to do healthy Asian cooking. • Brent nowhere near the top on health Atlas of England. Key clinical indicators to improve on/use as benchmarks – Dr Siddiqi confirmed measures such as high ambulance call-outs in Brent are discussed and looked at for solutions.

Table topic	**CCG facilitator(s) and note taker**	**Feedback summary**
Planned Care	**Hasmita Patel**	**How do you want NHS services to be delivered in Brent?** 1. Train our own staff 2. Avoid uneccessary expenditure 3. NHS to work with voluntary sector partners 4. Uniformity of services across practices 5. Better communications between health/social service, voluntary sector/patient **What services matter most to you?** 1. GP services – early appointments 2. Culturally appropriate services 3. Better access to community services 4. Health care navigators 5. Health resource centres – offering holistic services

		Is there anything you could change if you could? 1. Encourage patient engagement – Individual/Professional/organisation 2. Budget - increase 3. Localised services 4. Train our own staff / skill local people 5. Change GP and patient relationship 6. GP to ask patient what matters to the patient and their quality of life - Avoid NHS wastage - Better communications - Better use of technology - Patient responsibility

Table topic	**CCG facilitator(s) and note taker**	**Feedback summary**
Mental Health	**Duncan Ambrose**	**General points – What do you think it is appropriate to do to yourself?** • Self help – e.g what do you do to help you sleep • Patient's insight – what "well being" means to you • Use of "wellbeing toolkit." Taking service user's ideas/concerns/Expectation in mind and planning and monitoring of plan. • Single point of access where service user can make contact when in a crisis. • Setting goals which are service user centred and reward for positive behaviour / measure progress against set goals **How do you want NHS services to be delivered in Brent?** **What services matter most to you?** • Regular/Annual CPA – although can be improved with GP present. • GP does physical health check up

		• Care- coordinator input. Irregular review meetings with services users. • Self-directed Services have immense positive impact on service user. **Is there anything you could change if you could?** • Follow up on the service user that they are following the advice of self care – People go on self-help courses but not many change behaviour. • Online resources for patients and sign posting • Community Services – To help support patients after discharge. • Voluntary sector support should be part of integrated care approach. • Training for GPs around mental health awareness – so patients feel confident in using primary care • Model services around cultural issues. • Carers needs & Assessment and support **Key changes that people would like to see** • Better links to existing services • Care plans/sign posting to services. Post discharge • Peer support – reflecting cultural background and language translation services • Psychiatric Liaison Services (Improve Access) • Training for mental health awareness • Crisis care plans/structure linked with police • Different services need to work in partnership • Talking therapies/patients can "offload to" – which can help with avoid crises. • Personal heath budgets • Robust Community care and focus on prevention of crisis rather than money spent on reactive care

Table topic	**CCG facilitator(s) and note taker**	**Feedback summary**
Long term	Dr Ajit Shah	**How do you want NHS services to be delivered in Brent?**

conditions	Jonathan McInerny	Dementia – younger onset of Dementia services For all ethnic communities. • Living well – Better management of condition • Culturally sensitive/engaging with hard to reach • Preventative/Community engagement enabling patients through peer support • Self-Care/Self-Management • Older People – Long term care – 65+ whole System Integrated Care throughout Brent • Raising Awareness – Easy to access services – Public Health – pre checks. Diets, Diabetes UK – champions • Blood pressure checks – diabetics checks – to be offered in community pharmacies and temples. **What services matter most to you?** Raising Awareness Targeted Medical Services Self-Management • Self-Management • Preventative • Self-Care • Managing long term care **Is there anything you could change if you could?** Better package of Physio Dementia care for all carers support Long term condition – self management programmes More investment

Conclusion and next steps

All the feedback collated below will be considered as we publish our final commissioning intentions document.

The process for engaging with local people is set out in the diagram below:

Following this event we have planned other local discussions on the commissioning intentions. Details are available on our website.

If you were unable to make it to this event, you can still give your views via our online survey.

The CCG leadership, the Governing Body, will consider the commissioning intentions in early November after taking in the views of Brent Health and Wellbeing Board.

We will meet again as the Health Partners Forum on 27th January 2016, when we will review the outcome of the process and will have an opportunity to check the commissioning intentions for next year.