

# Public Document Pack



## **HEALTH AND WELLBEING BOARD**

Thursday, 16 October 2014 at 6.30 pm  
Conference Room, Civic Centre, Silver  
Street, Enfield, EN1 3XA

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## **TO FOLLOW PAPERS**

- 5. CCG OPERATING PLAN, CCG COMMISSIONING INTENTIONS FOR 2015/16 AND NORTH CENTRAL LONDON STRATEGIC PLAN (7:05-7:25PM) (Pages 3 - 20)**

To receive an update on the development of the Enfield Clinical Commissioning Group Operating Plan, Commissioning Intentions for 2015/16 and the North Central London Strategic Plan.

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<b>MUNICIPAL YEAR 2014/2015</b>	
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<b>MEETING TITLE AND DATE</b>	<b>Agenda - Part: 1</b>	<b>Item: 5</b>
	<b>Subject:</b>	
	<b>NHS Enfield CCG Commissioning Intentions, Operating Plan and Strategic Plan</b>	
<b>Health and Wellbeing Board</b>	<b>Wards: All</b>	
<b>October 2014.</b>	<b>Cabinet Member consulted:</b>	
<b>Director of Strategy and Performance</b>		

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## 1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on progress in relation to the final NHS Enfield CCG Commissioning Intentions for 15/16 and the draft North Central London (NCL) Strategic Planning Group (SPG) Five Year Plan, which aligns the plans across all five NCL CCGs, Public Health, and NHS England (primary care and specialised services).

Changes to the Operating Plan are outlined.

Progress on the NCL SPG Five Year Plan is summarised here. However, further work is still required. The final version of the plan is to be submitted to NHS England in autumn 2014. It is intended that the plan will come to the Governing Body and Enfield Health and Wellbeing Board in for approval prior to submission to NHS England.

Enfield CCG has been producing a summary of all its commissioning intentions for 2015/15 in a single document. This document is intended to accompany the CSU correspondence to all providers setting out the CCG's Commissioning Intentions for the forthcoming contract round. This report summarises the key elements of those Commissioning Intentions.

The CCG is developing a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan and the CCG Commissioning Intentions.

The CCG's Strategic Plan (SP) and Operating Plan (OP) have previously been discussed at the Health and Wellbeing Board (HWB).

## 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note progress to date on the development of the NCL SPG Five Year Plan
- Note the update on the NHS Enfield CCG Operating plan
- Note revisions to the NHS Enfield CCG Commissioning Intentions for 15/16

### **3. BACKGROUND**

National Guidance to support the planning process, Everyone Counts, Planning for Patients 2014/15 to 2018/19, was published in December 2013. CCG's are expected to produce a two year Operating Plan, a five year Strategic Plan for the NCL SPG and also set out their commissioning intentions by 30<sup>th</sup> September 2014.

NHS Enfield CCG is in the Strategic Planning Group, which includes the five NCL CCGs of Barnet, Camden, Enfield, Haringey, and Islington.

### **4. ALTERNATIVE OPTIONS CONSIDERED**

No alternative options were considered.

### **5. REASONS FOR RECOMMENDATIONS**

There is an expectation that CCG's will work with HWBB's, and specific agreement is required in relation to specific areas.

### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

6.1. Financial Implications – A five year financial plan for NHS Enfield CCG has been submitted with the Operating Plan

6.2. Legal Implications - No direct implications from this report.

### **7. KEY RISKS**

The timescales for delivery present a significant challenge to ensure appropriate joint working with Health and Wellbeing Boards and other stakeholders.

### **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

The proposals meet the Health and Wellbeing Strategy priorities – Refer to Appendix 1- Summary of NHS Enfield Commissioning Intentions 2015/16.

### **9. EQUALITIES IMPACT IMPLICATIONS**

Equality Impact Assessments and Quality Impact Assessments are undertaken routinely as part of each project under the CCG Transformation Programme, and reported to the Transformation Programme Group as part of business as usual.

### **10. BACKGROUND PAPERS**

NCL SPG Five Year Plan on a Page

NHS Enfield Commissioning Intentions 2015/16

## 1. Introduction

This paper updates the Health and Wellbeing Board on the development of the North Central London (NCL) Five Year Strategic Plan, NHS Enfield CCG's Operating Plan 2014/15-2015/16 and the NHS Enfield CCG Commissioning Intentions for 2015/16. Each of the three areas will be focussed on in turn.

Further work is still required on the NCL SPG Five Year Plan, but the latest draft was submitted to NHS England on 20 June 2014. Progress on the plan is summarised here, and the plan on a page is attached. The final version of the plan is to be submitted to NHS England in autumn 2014. It is intended that the plan will come to the Governing Body and Enfield Health and Wellbeing Board for approval prior to submission to NHS England.

Enfield CCG has been producing a summary of all its commissioning intentions for 2015/15 in a single document. This document is intended to accompany the Commissioning Support Unit (CSU) correspondence to all providers setting out the CCG's Commissioning Intentions for the forthcoming contract round. This report summarises the key elements of those Commissioning Intentions.

## 2. Background

National Guidance to support the planning process, '*Everyone Counts, Planning for Patients 2014/15 to 2018/19*', was published in December 2013. CCG's are expected to produce a two year Operating Plan and collaborate with other CCG's at SPG level to produce a Five Year Strategic Plan and a Plan on a Page (see Appendix 2).

NHS Enfield CCG is in a Strategic Planning Group (SPG), which includes the five NCL CCGs of Barnet, Camden, Enfield, Haringey, and Islington. The Strategic Planning Group is the vehicle for strategic planning and includes CCGs, NHSE, and now providers. NHSE are keen to see SPGs drive forward strategic change at a SPG level rather than just at a CCG level. Therefore the Strategic Plan is very much based on change at the SPG level of commissioning.

According to the guidance, the SPG approach will enable wider and more strategic health economy planning across CCGs, NHS England Area Teams, Providers, and Local Authorities. The expectation is that SPG's will agree a set of outcome ambitions to deliver these national ambitions, which will be fundamental to the Operating Plan submissions.

CCGs also have a strong borough-facing relationship with planning and commissioning, particularly with the local authority and as part of the Health and Wellbeing Board. There is also a strong strategic planning relationship between the CCG and borough Public Health and they contribute to our strategic planning processes. However it is clear from NHSE that their focus is on strategic planning at the SPG level rather than at a borough level.

There is a further expectation of alignment with plans produced by providers and other commissioning organisations and with Health and Wellbeing Board and Better Care Fund Plans.

Prior to the publication of the new Guidance, Enfield CCG had developed a 3 year Strategic plan for 2013/14 to 2016/17 and had been working on a five year plan. This work, and work on the six transformation programmes, has been used to develop the Operating Plan, feed into the NCL SPG Five Year Plan and form the basis of the CCG's Commissioning Intentions for 2015/16. It was originally thought that CCG's would be expected to submit individual Strategic Plans, but this is no longer a requirement.

The CCG is developing a public facing Prospectus for Enfield that will draw on main themes from the NCL Five Year Plan and the CCG Commissioning Intentions.

### **3. NHS Enfield CCG Operating Plan 2014/15-2015/16**

The CCG was given the opportunity to resubmit the Operating Plan for 2014/15 to 2015/16 on the 20th June 2014. This essentially consisted of a refresh of trajectories to reflect the fact that full year data for 2013/14 was available.

Improving access to psychological therapies is a quality premium with a target of 15%. The Governing Body of the CCG discussed the investment plan for mental health as part of 2014/15 contract negotiations. Three areas for investment were agreed: acute adult inpatients, RAID, and IAPT. The Governing Body recognised that the level of investment proposed for IAPT would only achieve 10% IAPT access, but felt that it needed to invest in acute adult admissions due to pressures on BEH MHT. A target of 10% has therefore been submitted by the CCG for 2014/15, rising to 15% in 2015/16 following additional investment in IAPT through the Better Care Fund.

The original submission for dementia diagnosis set a trajectory of 46.43% for 14/15 and 50.36% for 15/16. Following an audit of 250 patient records it was recognised that diagnosis is under-recorded on GP registers, which are used to measure performance. The CCG submission has therefore been revised so that the trajectory is now 58.09% in 14/15 and 67% in 15/16, which meets the national target.

In view of the CCG's position regarding IAPT access, we were asked to reaffirm our commitment to parity of esteem across physical and mental health services, and this was done. Enfield CCG's Mental Health Commissioning Strategy and the Barnet Enfield & Haringey Mental Health Commissioning Strategy both support a move toward greater physical and mental health integration, a significant focus on recovery and enablement and the development of primary care models for mental health.

Agreement on the quality premium target for the reporting of medication was agreed at the last meeting.

In terms of the Operating Plan Refresh for 2015/16, the NHSE have recently stated that the planning guidance will just be a 1 year refresh of 15/16 plans. There will be no request for 16/17 trajectories.

#### **4. North Central London (NCL) Five Year Strategic Plan**

##### **4.1. Introduction**

The five-year Strategic Plan is across the five NCL CCGs and work to develop the Plan has taken place through the NCL Strategic Planning Group (SPG).

There is no requirement to submit an Enfield CCG Strategic Plan.

Some issues that our local NHS faces are not unique to Enfield and so we have been working with the other CCGs within North Central London (NCL) as part of the NCL Strategic Planning Group.

North Central London Health Economy is a system comprised of partners from Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, and Islington CCG who have come together to agree, refine and implement the following strategic intent: To drive improvement in the delivery of high quality, evidence-based and compassionate services, defined and measured by outcomes not process, to the population of north-central London.

Our approach is:

✓ **A changed emphasis...**

- Developing a systematic approach to prevention
- Earlier diagnosis of disease
- Reducing inequalities in health outcomes targeting vulnerable groups
- Encouraging individuals to take greater responsibility for their health
- Supporting self-management of illness

✓ **Patients at the centre...**

- Compassionate, high quality, effective and efficient care pathways shaped by them
- Care that is integrated and focussed around delivery of outcomes defined by them
- Easy access to services delivered in ways and places convenient to them

✓ **Integration of care through...**

- Shared digital record for clinical records, data sharing, measurement and evaluation

- Services to be commissioned and contracted in ways that drive partnership and integration
- ✓ **Financial sustainability through...**
  - Clinically-driven focus on quality of services
  - Delivery of effective (evidence-based) and efficient (right first time) care Savings achieved through cutting the 'cost of chaos'

## 4.2. Progress

Progress on development of the NCL Strategic Plan is set out below:

- Re-drafting the June submission of the plan is well underway in response to feedback from NHS England following the June submission.
- The feedback highlighted three main areas for improvement: the case for change, next steps towards implementation and governance.

Our key areas of collaboration are:

Integrated Care	<ul style="list-style-type: none"> <li>• Vertical integration - ICO (fewer providers = fewer hand-offs)</li> <li>• Horizontal Integration - VBC / Lead providers / outcome-based contracts (shared incentives to reduce cost of chaos)</li> <li>• Health &amp; Social Care - BCF (getting social care and health to deliver joined up care)</li> </ul>
Unplanned Care	<ul style="list-style-type: none"> <li>• Simplify Urgent Care Systems</li> <li>• Patient Navigation</li> </ul>
Drive Efficiency	<ul style="list-style-type: none"> <li>• Convert Elective to Day-case</li> <li>• Non-elective to elective</li> <li>• Manage out-patient inefficiencies</li> <li>• QIPP / Productivity</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Primary Prevention</li> <li>• Well-being</li> <li>• Healthy Environments</li> <li>• Self-care</li> </ul>
Reshape Care	<ul style="list-style-type: none"> <li>• Pathway Transformation</li> <li>• (manage supply through clinical navigation, efficient pathways and secondary prevention)</li> </ul>
Enhance Primary Care	<ul style="list-style-type: none"> <li>• Federation (infrastructure, quality, consistency, investment)</li> <li>• Market exit</li> <li>• Provider Partnerships</li> </ul>



Appendix 2 provides further detail of the emerging Plan including the proposed vision, principles of collaboration, case for change and the key improvement interventions under consideration.

### **4.3. Next steps**

The NCL Strategic Plan continues to be further developed and is due to be submitted again to NHS England in late October.

An NCL event on the 9th September brought together Chief Officers, CCG Chairs, Chairs of Audit, Lay members and other GP members from all five CCGs to confirm the appetite for collaboration across CCGs and discuss in some detail on what, and how they will collaborate and the practicalities of doing so. Outputs from the day will be shared with all GB members across the five CCGs.

## **5. Better Care Fund Plan**

NHS Enfield CCG has worked closely with the Health and Wellbeing board (HWB) on the development of the Joint Health and Wellbeing Strategy, Better Care Fund plans and our strategic and operational plans. The London Borough of Enfield and Enfield CCG's Better Care Fund is based on accelerating our progress to deliver the priorities and outcomes agreed by our Health and Wellbeing Board – and in particular – accelerating the integration agenda.

We are home to a larger than average population of young people, but our older population is also set to increase dramatically to over 16.6% of our population by 2032. For these reasons, and because of our particular demographic pressures, our plan is targeted at improving outcomes across four population groups. The population groups are:

- I. Older People – focussed on those experiencing frailty and/or disability.
- II. Working Age Adults – focussed on those with long term conditions.
- III. Adults experiencing Mental Health.
- IV. Children & Young People.

Current section 75 arrangements will need to be reviewed and updated in light of how the BCF will wish to operate and conduct its commissioning in the future.

## **6. NHS Enfield CCG Commissioning Intentions for 2015/16**

### **6.1. Introduction**

NHS Enfield Clinical Commissioning Group's Commissioning Intentions for 2015-16 are the product of on-going engagement with our clinical community and stakeholders and represent our current planning and preparation for 2015-16. They primarily support provider engagement through the planning round and are a development of our Plans previously set out in "Our Commissioning Prospectus", Enfield 'Health & Well-Being

Strategy' and both our 5-Year strategic vision and the North Central London 5 Year Strategic Plan.

We have an established Transformation Programme consisting of six individual programmes and a number of cross-impact initiatives. These Programmes will drive forward the changes that we need to see to health and healthcare in Enfield. This is linked to our shared responsibility to deliver our JHWP Strategy and our shared commitment to work closely with the London Borough of Enfield.

Our Transformation Programme has six programmes supporting the delivery of the CCG Strategic Goals and Corporate Objectives as well as the supporting delivery for the key priorities set out in the Enfield Health and Wellbeing Strategy. They are:

- Prevention and Primary Care;
- Integrated Care ;
- Planned Care and Long Term Conditions;
- Children, Young People and Maternity;
- Mental Health, Learning Disability and Continuing Healthcare;
- Unscheduled care.

In addition to the above, we have some cross-cutting programmes aligned to our 6 which include: Transformation of Community Services, Value Based Commissioning, Managing Demand (including Procedures of Limited Clinical Effectiveness (PoLCE) and Acute Productivity – including C2Cs) as well as developing Locality Commissioning.

The CCG recognises the importance of quality in all its work and has embedded processes within the Transformation Programme to ensure that the planned service changes meet the requirements for high quality, safe services i.e. we have put in place a robust Quality Impact Assessment (QIA) and monitoring process for our QIPP Transformation programmes.

## **6.2. Our Aims**

We will ensure that we work to deliver our corporate and strategic objectives and that these commissioning intentions support delivery.

We know there are specific underlying challenges in our local health economy that we must address next year and into the future including;

- Deliver our targets for '18 week Referral to Treatment' and 'maximum 4-hour waiting-times' in A&E;
- Building robust safe and effective community services to drive care closer to home;
- Substantial transformation of mental health services;
- Delivering our national commitments for IAPT, Health Care Acquired Infections targets and Dementia diagnosis rates;
- Delivering acute services in an affordable way that maintain sustainable services within an overall reduced 'financial footprint'.

To continue to overcome these, our focus this year will be:

- Continuing our path toward greater service integration and continuing to build high quality community services;
- Ensuring greater patient and public engagement in all of our work;
- Commissioning for outcomes for a range of our populations;
- Reducing variation of practice across hospital sites and services;
- Ensuring equity of access and outcomes
- Ensuring continuity of care services for all patients but particularly those with complex and long-term conditions;
- Simplifying the urgent care system making it easier to navigate for patients removing overlaps and duplication;
- Continue to re-focus on a number of key long term conditions across Enfield which are: cardiology, respiratory and diabetes as well as chronic multi skeletal conditions;
- Securing and commissioning better communication between services;
- Securing both quality and value from existing services and, where we are not, addressing this through formal service improvement or decommissioning;
- To improve the mental health and wellbeing of the population in Enfield;
- To improve recovery for adults with mental health problems in Enfield;
- To achieve Parity of Esteem between mental and physical health;
- Develop integrated care for children and young people through the development of locality working and Child Health and Wellbeing Networks;
- Ensuring that we use technology and IT as accelerators of change.

### **6.3. Community Services**

Community services is an area of substantial change where the CCG wants to build robust, safe and effective community services to drive care closer to home

#### **6.3.1. Background**

Currently Enfield CCG commissions' community services from BEH MHT, but this contract comes to an end in September 2015 and we are going out to procurement in autumn 2014.

#### **6.3.2. Aims**

We want to redesign community services so that the right models of care are in place for different populations, ensuring that services are more personalised, more focussed on outcomes and more integrated with other provider services.

1. [We want more services to be provided locally in a more joined-up way](#)  
GPs in Enfield work together in four local areas. We want to plan community services around these four geographical areas so that they work as a network to support GP and hospital services better in the future. We want more services to be provided in the community or at home. We want different providers to work to support patients to stay as well as they can at home or in the community wherever possible.

2. We want services to be targeted towards smaller population groups with similar health needs.

If services are delivered to smaller population groups, we believe that they will better understand and support the personal health needs and goals of patients. The population groups we want to focus on are:

<p style="text-align: center; margin: 0;"><b>CHILDREN</b></p> <p>Universal services for children and young people such as Health Visiting and School Nursing</p> <p>Children with additional needs including:</p> <ul style="list-style-type: none"> <li>Children with special educational needs and disabilities</li> <li>Complex and end of life care</li> </ul> <p>Looked After Children Safeguarding</p>	<p style="text-align: center; margin: 0;"><b>ADULTS</b></p> <p>Older adults with complex health needs (from prevention to end-of-life care)</p> <p>Younger adults with long-term conditions (from prevention to end-of-life care)</p> <p>Adults requiring short episodes of care such as wound care or nursing after an operation</p> <p>Adults with learning difficulties</p>	<p style="text-align: center; margin: 0;"><b>SEXUAL HEALTH</b></p> <p style="text-align: center;">Self referral and treatment services for teens and adults</p>
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3. We also want health services to deliver better long-term health outcomes for patients

We want to implement outcomes based commissioning, with initial priority given to older people

#### 6.4. Musculo-skeletal (MSK) Services

Musculo-skeletal (MSK) Services is the other area of significant change planned for 2015/16. We will commission an outcomes based commissioning model through awarding a lead provider five year contract for MSK planned care services (orthopaedics, rheumatology, pain management and physio).

The Outcome desired is to establish an integrated MSK model of care which focuses on improve outcomes for patients across Enfield.

The intention will be that the lead provider will work with all current providers but that activity may change through greater productivity.

The new commissioning model will incorporate end to end pathway delivery across providers at all levels, managed by an Accountable Lead Provider (ALP) organisation, and includes the commissioning of a single point of referral triage in an Integrated MSK Service (IMS). The commissioned role of the ALP is leadership, management, coordination, delivery and improvement spanning primary care, community and acute services. The ALP will also be an MSK provider within the model.

All current providers have been given notice via letter in September 2014 for current services. Procurement is expected to commence in October 2015.

## 7. Recommendations

The Health and Wellbeing Board is asked to:

- Note progress to date on the development of the NCL SPG Five Year Plan
- Note the update on the NHS Enfield CCG Operating plan
- Note revisions to the NHS Enfield CCG Commissioning Intentions for 15/16

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## Appendix 1

## Summary of ECCG Commissioning Intentions – 2015/16

Overall Commissioning Intentions	
Workstream	Description
Cost Improvement Plans (CIPs)	We will expect all providers to share their CIPs with us in November for consideration for their impact on quality and safety of care. We aim to move towards a joint planning process for CIP / QIPP.
Improvements In Contract Management	We will continue to refine our systems to track the quality & performance standards to be delivered by our service providers, by means of setting and monitoring new locally designed KPIs, working in partnership with our commissioning support unit.
Improvements In Collaborative Commissioning	We will, in collaboration with other NCL CCGs, seek to implement new quality standards in provider contracts.
Value Based Commissioning: Older People with Frailty	<p>Enfield and Haringey CCGs wish to implement the first stage of their work with the value based commissioning programme for Older People with Frailty in 2015/16. This will include:</p> <ol style="list-style-type: none"> <li>1. Focus on RFH, BEHMHT, Whittington Health and NCUH for 2015/16,</li> <li>2. Focus on 65% of those aged 75 year and above to include pre-frail (50%) and frail (15%)</li> <li>3. Deliver agreed set out outcomes and KPIs for 2015/16 for this population</li> <li>4. Payment against outcomes is based on delivery across all providers</li> <li>5. Providers achieve the 3.5% reduction of emergency admissions required for the Better Care Fund (to be agreed what % relates to this population)</li> </ol>
Data And Information	<p>We will expect all providers to develop the capacity to report and provide data on a site by site and CCG locality basis from 1st April 2015.</p> <p>We also expect our health and social care partners, including our service providers, will work together to develop an IT-based shared record solution and joint information governance framework that will enable professionals across these partners to view appropriate data and records of patients (with their consent) from different IT care systems to enable them to discharge their duty of care responsibilities in the delivery of integrated care.</p>

Commissioning Intentions for Primary Care		
Workstream	Description	Timescales
GP Provider Networks	<b>Aim:</b> To continue the CCG's assurance process to support the establishment of two fully assured GP Provider Networks within Enfield.	April 2015 onwards
Co-commissioning of Primary Care	<b>Aim:</b> To work collaboratively with our CCG partners across NCL and NHS England London Area Team to improve provision of out-of-hospital services for the benefit of patients and local populations.	October 2014 onwards
GP Localities	<b>Aim:</b> Reduce variation in A&E attendances, outpatient attendances, emergency admissions and primary care medicines management through developing local commissioning plans for each locality and implementing these.	Locality Plans November 2014
Commissioning Intentions for Integrated Care		
Workstream	Description	Timescales
Integrated Locality Teams - Community Health Services	<b>Aim:</b> To further implement Integrated Locality Teams	1 April 15
Value-Based Commissioning for older people with frailty	<b>Aim:</b> Value-Based Commissioning for older people with frailty (likely to be top-slicing of existing activity-based contracts across NMUH, RF & BEH MHT).	1 <sup>st</sup> April 2015
Older People's Assessment Unit and NMUH Day Hospital (with Haringey CCG)	<b>Aim:</b> Recommission Multi-Agency OPAU and make commissioning decisions about Day Hospital.	Timescales of business cases to project boards and implementation date for provider.
Voluntary Sector Investment - Integrated Care Hub	<b>Aim:</b> Key part of Integrated Locality Teams and needed to support integrated care pathway.	1 April 15
Commissioning Intentions for Urgent Care		
Workstream	Description	Timescales
Enfield CCG NMUH and CFH Urgent Care Centres	<b>Aim:</b> The aim of the project is to meet the urgent care needs of adults, young people and children, which cannot be met through self-care, primary care or community care through the ongoing development of Urgent Care Centres (UCCs) at the two local acute providers, namely Barnet and Chase Farm Hospitals (BCF) and North Middlesex	TBC.



	University Hospital (NNUH). We will review the case-mix of activity to better understand the needs of our communities.	
Enfield CCG Ambulatory Emergency Care	<b>Aim:</b> The aim of the project is to continue to develop the best commissioning model for Ambulatory Emergency Care (AEC) for Enfield, to deliver a high quality service, improve upon patient outcomes and to further reduce the number of hospital admissions.	Development of best approach to coding of activity and a tariff price by March 2015.
<b>Commissioning Intentions for Planned Care &amp; LTCs</b>		
<b>Workstream</b>	<b>Description</b>	<b>Timescales</b>
Integrated Respiratory Services	<b>Aim:</b> The aim of the project is to further develop the Integrated Respiratory Services for Enfield to deliver a high quality service closer to the patient, improving patient outcomes, reducing hospital outpatient attendances, improving patient's ability to self-manage chronic conditions whilst offering value for money.	Final business case December 2014.
Integrated Musculoskeletal (MSK) Procurement	<b>Aim:</b> Commission an outcomes based MSK commissioning model through awarding a lead provider five year contract for MSK planned care services (orthopaedics, rheumatology, pain management and physio).	Procurement Committee to sign off PQQ documentation October 2014. Contract commencement December 2015.
Integrated Diabetes Service	<b>Aim:</b> The overall aim for the integrated diabetes programme of care is to coordinate, promote, and ensure equity of outcomes across communities via a single point of access, the provision of a comprehensive range of high quality, cost effective integrated health services for people with diabetes and their carers.	Final Business Case November 2014.
Integrated Cardiology Services	<b>Aim:</b> The overall aim of the cardiology programme of care is to ensure that there is seamless and patient centered delivery of cardiology services with emphasis on driving prevention (including secondary prevention), self-care management and reduction of inequalities. Enfield CCG would like to develop a much more integrated system where appropriate care is provided to patients closer to home.	Final business case December 2014.
Community	<b>Aim:</b> Streamline care pathways and develop a common community	Business Case and service specification

Dermatology Service	dermatology service specification and pricing model across the 5 NCL CCGs with the aim of commissioning new services across the NCL during 2015/16.	November/December 2014.
Community Gynaecology Service	<b>Aim:</b> Develop the best model for gynaecology planned care and commission a new integrated service for Enfield patients with the aim of providing more services closer to patients in the community and primary care and to deliver efficiency savings.	Business Case to be developed January 2015.
Planned Care Clinical Pathways (Royal Free)	<b>Aim:</b> Continue to work with Royal Free and other CCGs to develop and roll out standardised clinical pathways for a range of clinical specialties and review revised clinical models and services which may need to be developed to implement these. Explore with other acute providers adopting the same clinical pathways.	First set of clinical pathways: November 2014.

#### Commissioning Intentions for Children & Maternity

Workstream	Description	Timescales
Development of Child Health and Wellbeing Networks	<b>Aim:</b> Improve outcomes for children and young people through the development and implementation of Child Health and Wellbeing Networks. Initial priority to set up and run itchy, sneezy wheezy clinics, and to implement a revised asthma care pathway.	TBC
Perinatal Health	<b>Aim:</b> The CCGs recognise that there is a need to improve the pathway for women with perinatal ill health before conception, during pregnancy and birth and in the postnatal period. This pathway needs to be clearly defined and be communicated with greater effectiveness. It needs to include referral processes; access and policy development.	On-going
Review Paediatric Assessment Unit at Chase Farm	<b>Aim:</b> Review Paediatric Assessment Unit at Chase Farm to ensure that we are best meeting the needs of children in Enfield.	TBC
Children Services	<b>Aim:</b> Implement the Children and Families Act and Care Act.	02 April 15
CAMHS	<b>Aim:</b> Implementation of the CAMHS Action Plan following agreement to the new Joint Commissioning Strategy for CAMHS.	1 April 15.

Commissioning Intentions for Mental Health		
Workstream	Description	Timescales
IAPT	<b>Aim:</b> Increased activity Enfield CCG wishes to increase its commissioned IAPT service in 2015/16 to meet the national target of 15% of the target population. The CCG is mindful that, despite IAPT services being open to all adults, there is a considerable under representation of older people amongst the population accessing IAPT	1 April 15
Crisis Response Home Treatment Teams(CRHT)	<b>Aim:</b> Our 2015/16 commissioning intentions will be informed by the outcome of the CRHT review currently underway. We also intend to agree and monitor crisis response times in 2015/16.	1 Oct 15
Community Mental Health Teams	<b>Aim:</b> Using the model of review piloted in the CRHT's we wish to review the effectiveness and productivity of the CMHT's particularly in view of the high proportion of caseloads not on CPA. We intend to work with the Trust to understand the impact on quality of care and to plan, where appropriate, the safe discharge of some of this activity back to primary care.	1 April 15
Liaison Psychiatry/RAID (Royal Free Hospital Barnet /North Middlesex University Hospital)	<b>Aim:</b> Reduction of investment (Service only partly funded by Enfield CCG).	6 months
Commissioning Intentions for Learning Disabilities		
Workstream	Description	Timescales
Supported Living Services	<b>Aim:</b> Develop supported living services	1 April 15
Personal Health Budgets	<b>Aim:</b> Establish / enhance services for PHB / DP	1 April 15
Reviewing the diagnostic and support pathway for adults with high functioning autism	<b>Aim:</b> review the diagnostic and support pathway for adults with high functioning autism (such as Asperger's)	1 April 15
Adults with learning disabilities	<b>Aim:</b> reduce further avoidable admissions to assessment & treatment for people with learning disabilities	1 April 15
Commissioning Intentions for Community Services		

Workstream	Description	Timescales
Community Health Services	<b>Aim:</b> Re-commissioning of full Community Health Services contract currently provided by BEH MHT. Will be replaced by reinvestment plus potential for VBC outcome monitoring.	tbc
District Nursing	<b>Aim:</b> Review of District Nursing service to assess relationship and pathway with PCSS and impact of additional investment.	Develop brief in 14/15 commence in Quarter 1
Inpatient services	<b>Aim:</b> Reduce delays in transfers of care and then maintain appropriate levels.	TBC
Commissioning Intentions for Medicines Management		
Workstream	Description	Timescales
We will work with primary care through the newly created Primary Care Medicines Management leads to reduce variation in the use of primary care medicines.	<b>Aim:</b> Currently primary care medicines management pharmacists work to support practices to improve quality and cost effectiveness of prescribing. CCG is proposing to appoint GP Locality leads to support the medicines management team in challenging high cost and poor quality prescribing.	Throughout 2015/16
We will work with community pharmacists to encourage self-care and patient education.	<b>Aim:</b> Minor ailments scheme has encouraged patient to not attend their GPs for minor ailments, leading to improved GP access.	Throughout 2015/16
Commissioning Intentions for Quality & Safety		
Workstream	Description	Timescales
Patient Safety	<b>Aim:</b> Commissioned services that are safe and continually improving.	Ongoing throughout the year – business as usual through CCG contract management.
Patient Experience	<b>Aim:</b> Effectively Engaging stakeholders.	
Clinical Effectiveness	<b>Aim:</b> Outcome monitoring with remedial action taken as necessary.	