

| Overall Commissioning Intentions | |
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| 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"> 1. Focus on RFH, BEHMHT, Whittington Health and NMUH for 2015/16, 2. Focus on 65% of those aged 75 year and above to include pre-frail (50%) and frail (15%) 3. Deliver agreed set out outcomes and KPIs for 2015/16 for this population 4. Payment against outcomes is based on delivery across all providers 5. Providers achieve the 3.5% reduction of emergency admissions required for the Better Care Fund (to be agreed what % relates to this population) |
| 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 | | |
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| Workstream | Description | Timescales |
| GP Provider Networks | Aim: 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 | Aim: 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 | Aim: 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 | Aim: To further implement Integrated Locality Teams | 1 April 15 |
| Value-Based Commissioning for older people with frailty | Aim: Value-Based Commissioning for older people with frailty (likely to be top-slicing of existing activity-based contracts across NMUH, RF & BEH MHT). | 1 st April 2015 |
| Older People's Assessment Unit and NMUH Day Hospital (with Haringey CCG) | Aim: 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 | Aim: 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 | Aim: 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. |

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| | University Hospital (NNUH). We will review the case-mix of activity to better understand the needs of our communities. | |
| Enfield CCG Ambulatory Emergency Care | Aim: 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. |
| Commissioning Intentions for Planned Care & LTCs | | |
| Workstream | Description | Timescales |
| Integrated Respiratory Services | Aim: 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 | Aim: 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 | Aim: 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 | Aim: 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 | Aim: Streamline care pathways and develop a common community | Business Case and service specification |

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| 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 | Aim: 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) | Aim: 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 |
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| Development of Child Health and Wellbeing Networks | Aim: 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 | Aim: 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 |
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| Review Paediatric Assessment Unit at Chase Farm | Aim: Review Paediatric Assessment Unit at Chase Farm to ensure that we are best meeting the needs of children in Enfield. | TBC |
| Children Services | Aim: Implement the Children and Families Act and Care Act. | 02 April 15 |
| CAMHS | Aim: Implementation of the CAMHS Action Plan following agreement to the new Joint Commissioning Strategy for CAMHS. | 1 April 15. |

| Commissioning Intentions for Mental Health | | |
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| Workstream | Description | Timescales |
| IAPT | Aim: 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) | Aim: 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 | Aim: 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) | Aim: Reduction of investment (Service only partly funded by Enfield CCG). | 6 months |
| Commissioning Intentions for Learning Disabilities | | |
| Workstream | Description | Timescales |
| Supported Living Services | Aim: Develop supported living services | 1 April 15 |
| Personal Health Budgets | Aim: Establish / enhance services for PHB / DP | 1 April 15 |
| Reviewing the diagnostic and support pathway for adults with high functioning autism | Aim: review the diagnostic and support pathway for adults with high functioning autism (such as Asperger's) | 1 April 15 |
| Adults with learning disabilities | Aim: reduce further avoidable admissions to assessment & treatment for people with learning disabilities | 1 April 15 |
| Commissioning Intentions for Community Services | | |

| Workstream | Description | Timescales |
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| Community Health Services | Aim: 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 | Aim: 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 | Aim: 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. | Aim: 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. | Aim: 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 | Aim: Commissioned services that are safe and continually improving. | Ongoing throughout the year – business as usual through CCG contract management. |
| Patient Experience | Aim: Effectively Engaging stakeholders. | |
| Clinical Effectiveness | Aim: Outcome monitoring with remedial action taken as necessary. | |