

**NHS**

**Enfield**

**Clinical Commissioning Group**

# Commissioning Intentions 2016/17

**Graham  
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# Local Clinicians Working With Local People for a Healthier Future



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## **Our Vision**

We are committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care

## **Our Strategic Goals**

1. Enable the people of Enfield to live longer fuller lives by tackling the significant health inequalities that exist between communities
2. Provide children with the best start in life
3. Ensure the right care in the right place, first time
4. Deliver the greatest value for money for every NHS pound spent
5. Commission care in a way which delivers integration between health, primary, community and secondary care and social care services

## **Our Corporate Objectives 2015/16**

1. Deliver the Milestone objectives and outcomes set out in the Enfield CCG Strategic Plan
2. Deliver the requirements of the NHS Constitution with our partners
3. Embed the views of patients and citizens in all of our work
4. Deliver improvements in the quality of local health services
5. Deliver effective safeguarding arrangements for those who are vulnerable
6. Deliver financial sustainability
7. Develop our organisation and ensure effective collaboration with our partners.

# What are Commissioning Intentions?



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- Every year we produce commissioning intentions that describe to local providers how we as an organisation intend to shape local healthcare services.
- Commissioning intentions describe the changes we want to see to the services we commission, new services we want to commission and responding to national directives from NHS England and Government.
- Our commissioning intentions are both CCG focussed, some developed jointly with LBE, some developed jointly with other CCGs.
- Some commissioning intentions will be more contractual terms to support service change rather than all service transformation
- Our commissioning intentions have to support delivery of the QIPP

# Key Achievements of 2015/16 Commissioning Intentions



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1. Implemented Integrated Locality Teams
2. Developed new models of care for older / frail people
3. Re-commissioned OPAU at NMUH (to an Ambulatory Unit)
4. Delivered and assured Better Care Fund investment plan
5. Improved IAPT access and recovery rates
6. Improved dementia diagnosis in Primary Care
7. Implemented Care Homes Assessment Teams
8. Reducing unplanned admissions for over 65's (-8%)
9. Liaison Mental Health services on both acute sites 24/7
10. Implemented on-line support networks for IAPT, CBT and 1-1 counselling (Big White Wall / Silver Cloud / IESO)
11. Continued impact of Community Intervention Service for our learning disability patients
12. Commissioning 2 urgent primary care hubs
13. Early booking research with East London University
14. Co-located IAPT and substance misuse services with maternity services to improve perinatal mental health

# Service Reviews

## 2015/16

1. Crisis Resolution Home Treatment Teams: part of review of adult emergency care pathway
2. Liaison Mental Health Services: reviewed with NCL CCGs to review models across NCL. National requirement for 24/7 LMHS by April 2017
3. Recovery Houses as part of BEHMHT procurement
4. Community and inpatient rehabilitation services
5. District Nursing services
6. PACE and TREAT
7. OPAU
8. Integrated Locality Teams
9. Memory Clinics as part of dementia review/prevalence
10. PAU and paediatric urgent and emergency care pathways

# Our Local Challenges



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## **1. Key Performance Issues**

1. RTT
2. Urgent and Emergency Care Flows, Emergency admissions
3. Primary care variability
4. Access to diagnostics

## **2. National Directives**

1. Parity of Esteem: funding, waiting times, mental health liaison, CAMHS
2. NHS Constitution, Quality Premium, Urgent and Emergency Care System

## **3. Financial Challenge And Value For Money**

1. Delivery of QIPP
2. Value for money from all current contracts
3. Managing demand

## **4. Commissioning In New Ways**

1. New models of care – integrating service delivery
2. New financial models
3. New contract forms

# Timetable for Commissioning Intentions



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Date	Action Required	Lead
29/07/15	Commissioning Intentions Group established (alternate with CMG)	RBY
31/07/15	Re-establish NCL Planning Leads Group & share CIs	RBY
31/07/15	Commissioning / Projects leads to complete summary CI template	Commissioning Leads
03/08/15	Collate Commissioning Intentions	RBY
10/08/15	NCL DoCs to circulate draft CI's (to data)	GMac
12/08/15	ECCG GB – Advise GB of Commissioning Intentions & Process	C/O Report
26/08/15	ECCG Exec Cttee – Agree Draft Set Of Commissioning Intentions	GMac
Aug / Sept	Finalise Service Specifications And Activity Finance Plans, Etc	Project Leads
02/09/15	ECCG GB Seminar– Draft Commissioning Intentions & Process	GMac / RBY
09/09/15	Stakeholder & Public Engagement Event – Focussing On Commissioning Intentions.	L Andrews / RBY / GMac
14/09/15	EIB / HWBB Development Session	GMac / RBY
23/08/15	ECCG Provider Event (TBC)	GMac / RBY
30/09/15	ECCG Exec Cttee – Agree Final / Published Commissioning Intentions	RBY (GMac on A/L)
30/09/15	Publish CI Document And Formal Letters To Providers (Incl Contract Notices)	CSU / RBY

# The Transformation Programme



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- The Programme is organised into six overarching Programmes which are:
  1. Primary Care and Prevention
  2. Integrated Care for Older People
  3. Urgent and Emergency Care
  4. Planned care and Long-term conditions
  5. Children, Young People and Maternity
  6. Mental Health, Continuing Healthcare and Learning Difficulties
- Each Programme has a Clinical Lead and a Management Lead who are responsible for strategic leadership and a Programme Manager who actively manages the development and delivery of that Programme



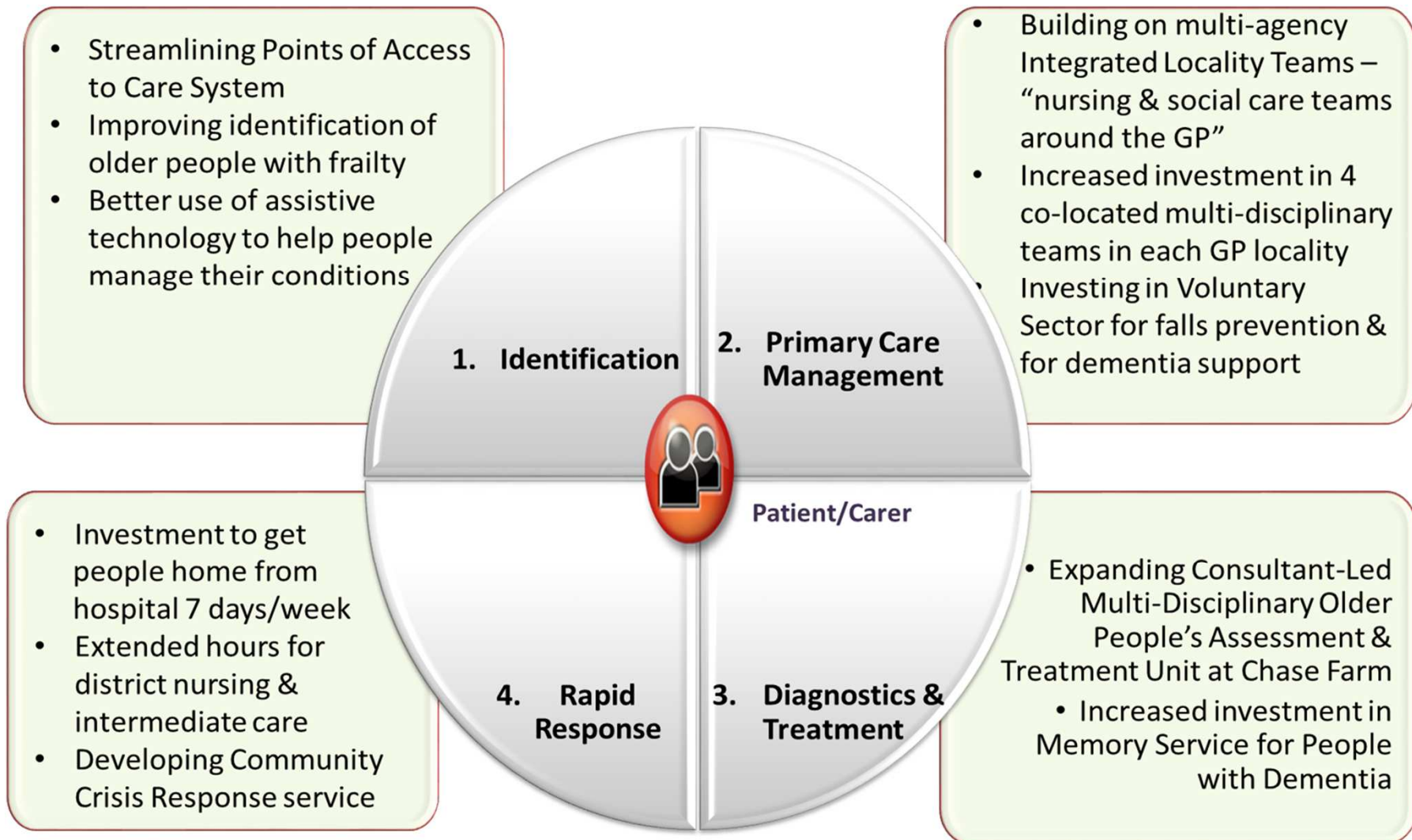
# Primary Care and Prevention



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- GP Provider Networks
  - Provision of integrated services by emerging GP Provider Network to practice registered pan-Enfield population
  - To provide extended, integrated models of care to locality/pan-Enfield populations.
- Co-Commissioning of Primary Care
  - To create a joined up, clinically-led commissioning system which delivers seamless, integrated out of hospital services based around the needs of local populations in terms of accessible, co-ordinated and proactive care.
- Primary Care Urgent Access
  - To enable delivery of an urgent care model linked to the integrated 111/OOH service, A&E and Urgent Care Centres as we move towards integrating urgent primary care services into a 24/7 urgent care system.
- Long Term Conditions Management
  - Provision of integrated diabetes, respiratory and heart failure services by emerging GP Provider Network to practice registered pan-Enfield population

# Integrated Care for Older People



# Urgent and Emergency Care



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- **NCL NHS 111 and GP Out-of-Hours Re-procurement**
  - Ensure right care, first time
  - The five NCL CCGs (Barnet, Camden, Enfield, Haringey and Islington) will procure a single, integrated NHS 111 and GP Out-of-Hours (OOH) service for their collective population.
- **NCL Urgent and Emergency Care Review**
  - To deliver the best possible health care and outcomes to patients requiring it on an urgent basis, at any time of the day or night, within available resources.
  - North Central London CCGs have agreed to undertake a joint review of system wide urgent and emergency care provision for the populations they are responsible for across the boroughs.
- **NCL Urgent and Emergency Care Network**
  - Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.
  - Ensure best possible outcomes, safety and experience for patients and a fulfilling working environment for staff, through the consistent delivery of U&EC services 24-hours a day, seven days a week.

# Planned Care and Long-Term Conditions



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## **1. Long Term Conditions:**

Provision of integrated diabetes, respiratory and heart failure services by emerging GP Provider Network to practice registered pan-Enfield population.

## **2. Elective Care:**

Still being worked through as commissioning intentions...

1. Integrated Community Dermatology Service
2. Improving access to day case cataract surgery
3. Community Sleep Apnoea Service
4. Community TB contact tracing service
5. Community Cardiac Rehabilitation Service
6. Community Phlebotomy Services
7. Direct Access to MRIs
8. Enfield Referral Service IT improvement
9. Locality Commissioning Plan 2016/17
10. Community Urology Service
11. Choose and Book - Clinical Advice and Guidance
12. Access to tQUEST Review at NMH

# Children, Young People And Maternity Services



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- **Early Years**
  - Work with the Local Authority on redesign of an early help model
  - Implementation of an integrated care pathway for perinatal mental health
- **School Aged Children**
  - Ongoing work with the Local Authority to deliver the Healthy Child Programme
  - Review Speech and Language Therapy Services with a view to delivering a whole school approach
- **Mental Health And Emotional Wellbeing**
  - National priority for transformation with additional investment
  - Implementation plans to be submitted 16<sup>th</sup> October 2015, with a focus on transparency, improved access, early identification and intervention, working with vulnerable groups, and workforce development
- **Children With Disabilities**
  - Ongoing work with the Local Authority and other partners to continue to implement the Children and Families Act
  - Implementation of an integrated pathway for the diagnosis of children with autism
- **Children Who Are Ill**
  - Implement the recommendations from the review of urgent care and paediatric assessment unit pathways

# Mental Health

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## **Crisis Pathway**

1. Implementation of Crisis Concordat Action Plan
2. Individual Crisis Prevention Planning
3. Improve consistent access to the Crisis Service
4. Meet waiting times for IAPT and new waiting time for first episode of psychosis
5. Commission co-created integrated mental health and wellbeing service with LBE that integrates primary care, VCS provision, LBE enablement service, housing etc to provide system recovery with less need for referral to mental health secondary care
6. Embed patient and carer voice into the co-creation of services
7. Recovery and enablement principles embed all interactions with patients and service users across all service areas and systems
8. Continue to progress parity of esteem

# Medicines Management

## **1. Increasing Antibiotic Resistance:**

GPs will continue to reduce antibiotic prescribing. Patient's should not expect antibiotics when they have colds, coughs, sore throats and ear infections.

## **2. Self Care and Treatment For Minor Ailments**

e.g. hay fever, cough and cold remedies-patients will be expected to visit a pharmacy and buy medicines or may be able to receive free medicines from pharmacy as part of minor ailments scheme. This improves access to GP appointments.

## **3. Stopping Prescribing Of Vitamins**

where there is no evidence of clinical benefit would save £70k pa which could be used to provide other services.

## **4. Working with Hospitals**

to ensure they use most cost effective medicines to enable maximum number of patients to be treated.

# Quality

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**The CCG has a Quality Strategy which sets our ambitions for clinically led continuous improvement.**

**We measure quality of providers through the domains of quality; safety, effectiveness and experience.**

- We must ensure that quality and safety are central to everything we do to fulfil our statutory responsibilities in improving local healthcare and outcomes.
- Our performance and quality indicators, which are set to address the key issues within the local health community, are to: improve access to primary care, diagnosis of dementia and reduce hospital readmissions. Reports on these are reviewed at every Governing Body meeting.
- We also ensure that service developments do not adversely affect quality through clinical scrutiny of their specifications and assessments of potential impact.



# Key Issues for Consideration

- Commissioning Intentions development mainly bottom up
- Awaiting to see where NCL Strategic Planning work will land
- Need to check “Big Ticket” priorities and Key Messages

## Draft Key Messages...?

- £10m QIPP challenge for 2016/17.
- Mental Health Transformation.
- Urgent and Emergency Care Transformation.
- Provider sustainability and partnerships.
- Develop collaborative commissioning with LBE and other CCGs where currently practicable.

## What are Our Future Approaches to...

- New Models Of Care ?
- New Financial And Contractual Models ?
- Outcomes Based Commissioning ?