

Family and People Services Policy and Scrutiny Committee

Date: 17th June 2019

Classification: General Release

Title: NHS Central London Clinical Commissioning

Group Priorities and Workstreams 2019/20

Update for Health Overview & Scrutiny

Committee

Report of: Managing Director, NHS Central London Clinical

Commissioning Group

Cabinet Member Portfolio: Family Services and Public Health

Wards Involved: All / Specific

Report Author and Contact Details:

Jules Martin, Managing Director of NHS Central London Clinical Commissioning Group & Neil Hales, Deputy Director of NHS Central London Clinical

Commissioning Group.

s.penlington@nhs.net

1. Executive Summary

The narrative below gives a brief overview of issues, priorities and workstreams for Central London CCG in 2019/20.

Demand for NHS core services continues to rise along with both the London and national picture and the NHS faces unprecedented financial challenges both locally and within the wider North West London 'STP' area.

The CCG has had to make difficult choices in terms of funding for some previously funded elements, which though beneficial to patients and residents, are not the direct healthcare provision we are responsible for commissioning. Strong financial stewardship will continue in 2019/20 and beyond.

2. Key Matters for the Committee's Consideration

NHS Central London Clinical Commissioning Group have set out their key priorities and workstreams for 19/20. The Committee are asked to kindly note the programmes of work initiatives and strategies currently in scope whilst having sight of the strategic ambition for 2020.

3. Background

3.0: NHS Structural Changes

The CCG is working towards the aims of the recently announced NHS Long Term Plan. Developing further and implementing our plans for Integrated Care at a borough level are key to this. Our GP practices forming Primary Care Networks, groups of GPs working together, will form the key element of how the CCG will integrate patient's care, linking with community services, mental health services and our acute providers. The NHS Long Term Plan further notes the strategic direction of CCGs which will in essence split our current functions into two:

- 1. a more regional Integrated Care System (ICS) which will operate at the current North West London STP 'footprint'
- 2. a borough Integrated Care Partnership (ICP) which will operate across Westminster

We are developing proposals around these changes, in line with the national direction stipulated in the NHS Long Term Plan, for discussion with our Governing Body at its June 2019 meeting. Wider engagement on the changes with staff and key stakeholders will take place over the summer.

3.1: Primary Care Networks

Primary Care is changing as a result of national guidance which sees the formation of Primary Care Networks (PCNs). PCNs see GP practices group together to serve their local populations. There are 4 Primary Care Networks (PCNs) in Central London covering the following areas:

- South Westminster (10 practices 75,000 patients)
- West End and Maryleborne (9 practices 44,000 patients)
- Regents Canal and Paddington (9 practices 64,000 patients)
- St John's Wood & Maida Vale (7 practices 52,500 patients)

Each Primary Care Network will have additional staff to support local GPs in working together 'at scale'. This will include, from July 2019:

- 1 Social Prescriber (to link with our developing work in Integrating Care noted below)
- 1 Clinical Pharmacist

PCNs from April 2020 will also include:

- 1 First Contact Physiotherapist
- 1 Physician Associate

GPs will continue to offer extended opening hours and each PCN will ensure there is access to a GP practice 8am to 8pm Monday to Friday in addition to weekend opening also.

4.0: Primary Care Services

4.1: Digital technology

In addition to the development of PCNs we have been looking to improve access to primary care both face to face and increasingly with the use of digital technology. In addition to patient's being able to email their GP an online consultation pilot is currently operating in the South Westminster PCN.

Two mobile phone 'apps' are also now being used:

- HealthAppNow
- MyCOPD

4.2: New GPs at Randolph Surgery

In May a new caretaker GP practice has commenced at Randolph Surgery and we will be running a procurement exercise during the summer to procure a permanent GP practice for Randolph. As with our process to find a caretaker practice we will be involving patients in selecting a permanent GP practice.

4.3: Managing Long Term Conditions

We are looking to improve outcomes for patients and following improvements seen in Diabetes services locally we have been further developing services for other long term within Primary Care including management of conditions including:

- Asthma (aged 7 upwards)
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease (COPD)

In addition to the above Echocardiagrams are now available in Primary Care.

5.0: Developing Integrated Care

The CCG has been developing new models of care since the summer of 2018 across the following key areas:

- Children & Young People
- Mental Health
- Older Adults

Some of the key features of the new models of care are:

5.1: Children & Young People – Model of Care

A co-produced model of care between the CCG and our local Mental Health provider CNWL. A pilot Integrated Care System is in place in South Westminster, located within the Bessborough family hub. This includes monthly MDTs, including paediatrics, CAMHS, health visitors and other professionals, to support children with particularly complex needs to be well supported within primary care. We are aligning the roll-out of this model with the LA's development of Family Hubs over the next two years, and using data to target multi-disciplinary interventions around asthma and other long-term conditions.

5.2: Mental Health – Model of Care

We are developing a clinically-led model of care with CNWL and other partners, which will transform the way community-based mental healthcare is provided to patients around primary care. Following a number of public, stakeholder and clinical reference groups, a service specification is being drafted, and the new model will go live in November 2019. This should lead to more targeted support, better integration of mental and physical healthcare (and therefore tackling the health and life expectancy inequalities which people with SMI experience), and deliver better value for money.

5.3: Older Adults – Model of Care

The Older Adults model of care looks how best to support our elderly population to care for them more appropriately in the community and look to reduce their A&E attendances and hospital admissions. As part of this work we are using a 'Rising Risk' dashboard to enable proactive care packages to be developed for patients.

5.4: Westminster Partnership Board

The Westminster Partnership Board is a key vehicle for developing our Integrated Care approach where we have recently shared progress to date as well as reflections on other areas across the country as we develop locally what is a national agenda. A 9 month pilot for the Integrated Community Team is launching in June and we will review the learning from this at the Partnership Board and it's related working groups to inform our future plans at 3 month intervals.

6.0: Mental Health Transformation

We have been working with CNWL both to refine the model of care for Mental Health as well as look for efficiencies in services currently provided which will allow us to re-invest any savings into developing better access to services such as Improving Access to Psychological Services (IAPT) as targets for Westminster residents utilizing such services increases over time.

7.0: Autism Strategy

The CGG is leading the development of an all-age Local Authority /CCG autism strategy for the Bi-Borough which has been co-produced with families of autistic children and adults with autism as well as stakeholders from across the system. Key aspects of the strategy will include:

- Earlier identification
- Improved diagnostic pathway for adults and children
- Better information, support and signposting this will be driven by parents groups and autistic adults
- Establishment of autism friendly environments
- Better transitions into adulthood
- Planning improved adult support

8.0: Dementia Strategy

The CCG together with our local authority partners have been developing a Dementia Strategy for Westminster, with an initial stakeholders workshop held in February 2019. Dementia continues to be a key priority for the Health and Well Being Board for 2019/20 and we look forward to developing work in this area as the year progresses.

9.0: Urgent Care

Vocare provide care at the St Mary's Urgent Care Centre which received a Requires Improvement CQC rating in March 2018. The CCG have been working with Vocare, including supporting HealthWatch as part of their unannounced visits of the provider over the past few months. The St Mary's UCC will be re-inspected by the CQC in June but we are pleased to report both performance in respect of patients waiting times for treatment and the environment of the UCC itself are much improved.

10: Palliative Care

The CCG has engaged an independent consultant, experienced in delivering Palliative Care services, to undertake a Strategic Review of Palliative Care in the wider tri-borough area. The review focuses on existing services and how we can ensure the community pathway element is strengthened. Publication of the review, which looks to assess how best End of Life care may be

provided within Central London and neighbouring CCGs, will be undertaken over the Summer.

11: Patient Engagement

Patient Engagement is key for the CCG and we have been working with our local Healthwatch who commended us for our involving patients in the recent caretaker arrangements for the Randolph Surgery. We are submitting a bid for Charitable funding which will enable HealthWatch to assist us in ensuring the patients' voice is at the heart of our newly emerging Primary Care Networks.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Sharon Penlington at s.penlington@nhs.net