Central London Clinical Commissioning Group

Westminster
Health and Wellbeing Board
18 September 2014

Contracting Intentions for 2015/16



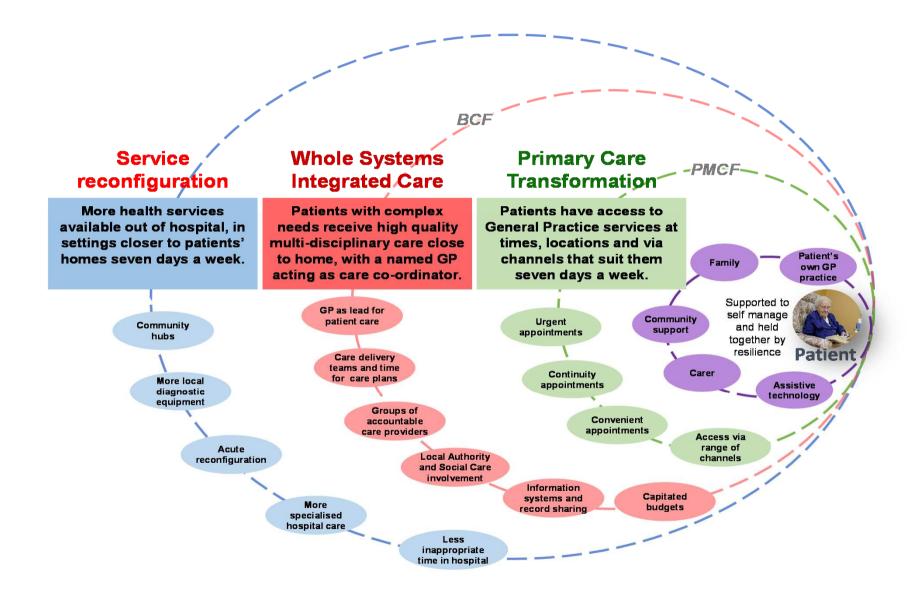
Key points about developing the intentions this year:

- A move away from the 'annual' approach to intentions we will engage
 with staff and patients but will draw on the all the work we have done
 through the year
- Providers are the specific audience in the first instance more 'contracting intentions' than 'commissioning intentions' by September
- Two angles: what do we need to do this year to:
 - Progress the delivery of our 'big ticket' strategic plans? Respond to local issues?
- A separate public facing document will be produced for the end of the year



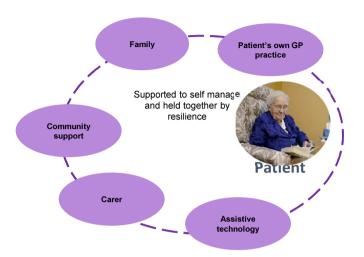
Today we will ...

- Share the headlines for this year
- Have a discussion and gather some feedback on:
 - Whether there are any gaps
 - Whether there are current programmes we need to do more with
 - Whether there are priorities that are not adequately covered
- Set out the next steps & timescales



Patient Empowerment





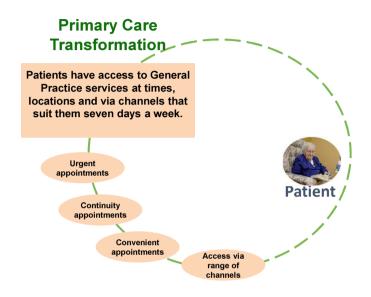
What will help delivery?

- · Lay person group established
- Co-design and co-production

- Continue to commission the Expert Patient Programme (EPP)
- Introduce an online version of the EPP
- Strengthen the choices available to patients to support self-management through the Better Care Fund
- Better understanding of the current gaps in transport services
- Ensure providers produce quarterly patient experience reports
- Work collaboratively with Health and Social Care organisations to embed patient and carer experience
- Continue to implement the 360 action plan
- Continue to work with the User Panel to strengthen how the CCG engages with local patients and communities
- Investigate opportunities to increase support available to patients with a communications barrier
- Village Asset and Needs Assessment

Primary Care Transformation





What will help delivery

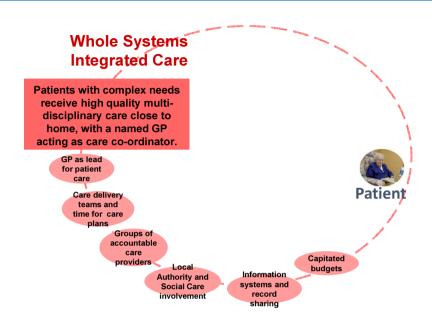
PM Challenge Fund

- Network development
- New legal entities
- 7 day working
 Out of Hospital contracts
 Workforce

- Invest in primary care services to support SAHF
- Increase access to primary care through increasing Skype and assisted technology
- Increase capacity at evenings and weekends
- Ensure patients on multiple medications have a medication review
- Review patients whose outcomes do not match their medications
- Increase compliance through using hybrid homecare workers and other care professionals to identify possible issues
- Review discharge medication for patients following an inpatients stay to minimise medication conflicts

Whole Systems Integrated Care





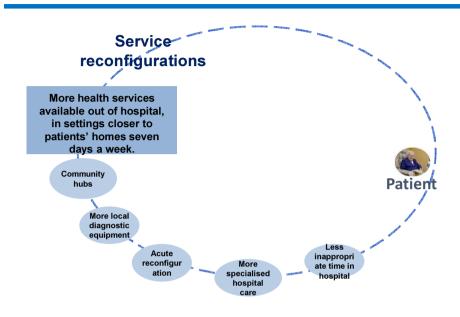
What will help delivery?

- Better Care Fund
- Joint governance arrangements
- Pooled budgets
- Integrated community recovery services
- Joint homecare tenders
- QIPF
- Workforce
- WSIC enabling infrastructure OOH hubs

- Re-designed Crisis Response/Community Independence service
- Strengthening primary care through integration and alignment with other key services
- Deliver outstanding primary care
- Adopt WSIC model of care in village setting and identify care provision for other patients
- Children/young persons multi-disciplinary team in all villages
- Implement method for self reported wellbeing, using patients' life priorities in their care plan
- Falls provision/geriatrician input into villages
- Deliver all H&WB strategy actions
- Deliver an integrated physical and mental health service supporting homeless patients
- Commission a targeted intermediate care facility linked to local hostel provision to support patients with discharge from hospital/avoiding admission.
- Support peer advocacy with Groundswell.
- Rationalise existing care planning services
- Deliver care plans for those that need them which are shared via the single system with agreed care professionals, patients and care co-ordinators.
- Support those patients who are diagnosed with a long term condition through education and information to manage their LTC and stay well

Service Reconfigurations (1 of 2)





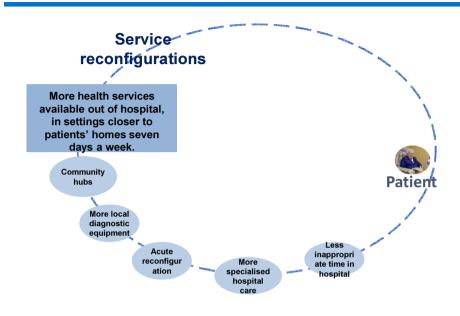
What will help delivery?

- 7 day working
- · Mental health transformation
- Local Hospital Business Cases
- Major Hospital Business Cases
- Out of Hospital Strategies
- Clinical standards
- QIPP

- Review provision of end of life care
- Expand Connecting Care for Children to cover all villages and develop services in childrens centres
- Start programme to refurbish and refit existing care homes
- Quantify future care home need and work with LA to increase capacity
- Work with the LA to mobilise the hybrid workers, working with homecare to link into WSIC.
- Improve outcomes for mothers and babies especially in hard to reach groups
- Identify areas that a WSIC approach may benefit troubled/complex families
- Reviewing provision for 15-17 year olds and transitioning to adult services, jointly with LA
- Implementation of personal budgets
- Work with the Local Authority to implement childhood obesity reduction strategy
- Implementation follow through to mobilise the St Mary's UCC contract using the Shaping a Healthier Future specification
- Re-procurement of 111 service
- Potential extension of out of hours service for opted out practices if service not re-procured

Service Reconfigurations (2 of 2)





What will help delivery?

- 7 day working
- Mental health transformation
- Local Hospital Business Cases
- Major Hospital Business Cases
- Out of Hospital Strategies
- Clinical standards
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Deliverables 2015/16 (Central) Mental Health & Learning Disabilities

- Continued implementation of Primary Care Plus pilot and formal tendering of future service
- Continue to commission levels of capacity to achieve targets for IAPT and put in place plans for future commissioning based on outcome of work across the 8 CCGs
- Continue to improve liaison psychiatry services
- Continue to deliver national targets on dementia
- Improve the resources available in the community for perinatal mental health
- Continue to implement training on suicide prevention.
- Continue work on urgent care assessment and care pathway re-design
- Implement the outcomes of the Parental Mental Health/Health & Wellbeing Board workstreams working groups
- Improve CAMHS provision, especially in respect of out of hours access, behavioural support, equality of access and looked after children pathway
- Improve services for people with learning disabilities, including services for those with dual diagnosis, the range of services available, independent living

Developing commissioning intentions: What are our key local issues?



What are the gaps in service/local pathway priorities we want to address?

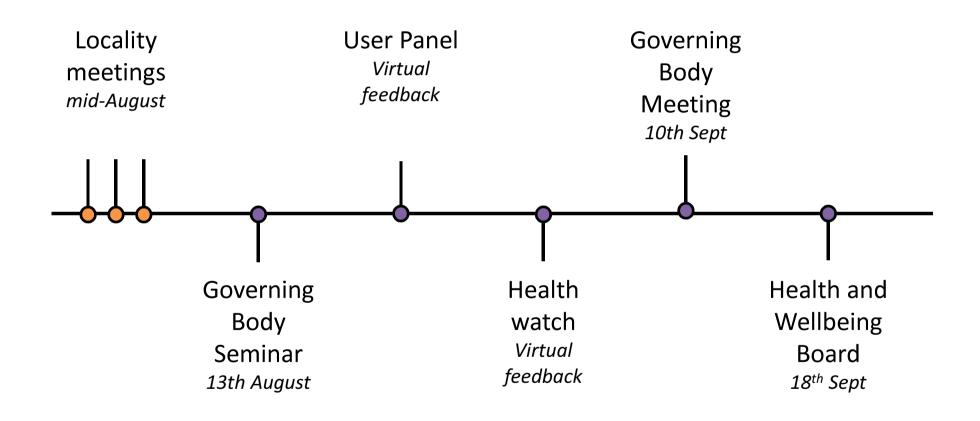
- Child health. Do we need to do more in respect of:
 - maternity, given current provider performance on key indicators
 - child and adolescent mental health)
 - childhood obesity
) Joint with partner agencies
 - childhood dental care
 - complex families

On prevention are we doing enough in respect of:

- falls
- sexual health joint with partner agencies
- mental health investment

We have a plan to engage with stakeholders in developing our commissioning plans...





| Timescale | Action |
|-----------------------|---|
| August | Draft intentions developed through work with stakeholders |
| September | Draft document reviewed by Governing Body |
| | Draft contracting intentions share with the public at AGM |
| End September | Sign-off final version in line with delegated authority from the Governing Body |
| October | Contracting intentions shared with providers |
| October – December | Develop public facing document describing our intentions |