NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 25th September 2014

Agenda No: 8.1 **Attachment: 11**

Title of Document: Draft Commissioning Intentions (for acute providers)	**Purpose of Report:** To update CCG GBs on the intentions that will be shared with providers
Report Author: SWLCC	**Lead Director:** Adam Doyle, Director of Commissioning and Planning

Executive Summary:

The document sets out to South West London (SWL) acute healthcare provider's notice of South West London CCGs Collaborative Commissioning Intentions for children's, maternity, planned care, urgent/emergency care, integrated care and mental health services for 2015/16. Commissioning intentions are based on the medium term strategic vision outlined in the CCGs' Five Year Plan, of which 2015/16 represents year two. Commissioning intentions for 2015/16 reflect the content of CCG two year operational plans. We anticipate that in subsequent years commissioning intentions will be refreshed to reflect progress against achieving the strategy.

In previous years commissioners have developed independent commissioning intentions as single organisations in isolation, however this year the six SWL CCGs have decided to work together under the umbrella of the SWLCC to produce joint intentions for the priority work areas outline in the five year strategy to signal our intent to continue to work closely to achieve our vision.
Commissioners are approaching each type of provider slightly differently in acknowledgement of the important of local nuances.

Acute providers

A single set of intentions will be presented to acute providers outlining what is anticipated to be required of them next year in relation to the six work areas. This will be supported by an additional set of local intentions that CCGs will produce independently to address wider service development. Local commissioning intentions will be congruent with and supportive of SWL intentions. SWL acute intentions will be shared with acute trusts in draft at the end of August.

Mental Health providers

A single set of intentions will also be presented to mental health providers, following the same principles. This initial draft intentions was shared with mental health trusts on 12th September 2014.

Community providers

Commissioning intentions for community providers will be developed independently by each CCG to reflect the highly localised nature of Better Care Fund plans that have most significant impact on community services. These intentions were shared with community providers on 9th September 2014.

Key sections for particular note (paragraph/page), areas of concern etc:
The content of the commissioning intentions.

Recommendation(s):
Merton CCG Governing Body is requested to review the draft commissioning intentions and to provide feedback to SWLCC.

Committees which have previously discussed/agreed the report:
Financial Implications:
Implications for CCG Governing Body: These commissioning intentions have been developed by the Directors of Commissioning and Chief Finance Officers, based on the content of the five year strategy and the outputs from Clinical Design Groups. Commissioning intentions have been reviewed by the Joint Commissioning Group and will be formally signed off by the Chief Officers prior to issue at the end of September.
How has the Patient voice been considered in development of this paper:
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)
Equality Assessment: NA
Information Privacy Issues: NA
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) SWLCC has a communications and engagement plan to support the development and publication of commissioning intentions that has been signed off by JCG.

NHS SOUTH WEST LONDON COMMISSIONING COLLABORATIVE

South West London Commissioning Intentions 2015/16

Draft v0.7

8/21/2014

Document version	Date of revision	Document Status	Iterations made
v0.1	14th August 2014	Draft	First draft for discussion with DoCs & CFOs
v0.2	15th August 2014	Draft	Reworked to reflect discussion at DoCs and CFOs
v0.3	19th August 2014	Draft	Reworked to reflect discussion at DoCs and CFOs
v0.4	20th August 2014	Draft	Incorporation of DoCs and CFOs comments for JCG
v0.5/ v0.6	20th August 2014	Draft	Incorporation of DoCs and CFOs comments for JCG
V0.7	21st August 2014	Draft	Incorporation of comments from JCG

Contents

1. Executive Summary

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A single set of intentions will also be presented to mental health providers, following the same principles. These intentions will be shared with mental health trusts in Mid-September 2014.

<u>Community providers</u>

Commissioning intentions for community providers will be developed independently by each CCG to reflect the highly localised nature of Better Care Fund plans that have most significant impact on community services. These intentions will be shared with community providers in Mid-September 2014.

The commissioning intentions provide the context for constructive engagement with providers, with a view to achieving the shared goal of improved patient outcomes and service transformation within the fixed resources available. To support patient-centred care, SWL CCGs are committed to securing alignment across all aspects of NHS commissioning. We will work with NHS England, partner NHS oversight bodies and local government to secure the best possible outcome for patients and service users within available resources.

We have aligned our commissioning intentions to the six priority areas of the five year strategy, on which Clinical Design Groups have focused. These are:

- Children's services
- Maternity Services
- Planned Care
- Urgent and Emergency Care
- Integrated care
- Mental Health

Whilst working to achieve the vision for services in SWL, commissioners expect providers to continue to maintain strong operational performance and to continue to meet national performance standards.

These commissioning intentions have been developed by the Directors of Commissioning and Chief Finance Officers, based on the content of the five year strategy and the outputs from Clinical Design Groups. Commissioning intentions have been signed off by CCG Accountable Officers and Chairs through Joint Commissioning Group. CCG Governing Bodies will review the intentions at September 2014 meetings.

2. Introduction

2.1 Context

There is recognition both nationally and locally that the NHS needs to change if we are to continue to provide high quality services to our local populations. The service must adapt to meet the demands of a growing population with higher expectations and more complex needs. Existing services, which have evolved over many decades, are often fragmented and inconsistent, unable to meet the challenges of caring for a population that has changed fundamentally since the system was designed.

At the same time, we are faced with a significant financial challenge across the local NHS; whilst our budgets have not been reduced in real terms, rising demand from an ageing population and the costs of new technologies and drugs mean we have to address a gap of around £210m a year by the end of 2018/19.

In SWL:

- There are 1.45 million people living in SWL
- The population is ageing and up to a third of people are living with long term conditions, meaning we need to provide more and better care out of hospital and closer to where people live
- None of our hospitals in SWL meet all the minimum safety and quality standards set out by clinicians based on Royal College guidance – the London Quality Standards
- There is a variation in the quality of care between different hospitals and different times of the day, week and year
- The NHS is unlikely to be given extra money in the foreseeable future, yet the costs of providing healthcare are rising much faster than the rate of inflation
- We need to reshape mental health services so that they achieve the highest possible standards and are focused primarily in the community
- We need to ensure that primary care and other community-based services meet the highest possible standards
- We need to do more to prevent people becoming ill and to provide better information to patients about where to get help when

2.2 Five Year Strategy and Better Care Fund - Why we are working together

The publication by NHS England of Everyone Counts in December 2013 was a clear indication from the centre for local health and care economies to work together to achieve the transformational change needed to address the challenges facing the NHS. The simultaneous launch of the Better Care Fund by NHS England and the Local Government Association also continues to promote closer collaboration and espouses the merits of integration.

In SWL the six local CCGs, along with NHSE (as commissioners of specialist and primary care services) worked together as the SWL Commissioning Collaborative to develop a common five-year strategy for the local NHS in SWL that aspires to achieve the following vision:

> "People in SWL can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable."

The five year strategy draws on previous work over the last two years as well as more recent discussions with clinical colleagues across the health system; the initiatives are outlined across seven areas of work, six of which are covered in this document:

1. Children's services
2. Maternity Services
3. Planned Care
4. Urgent and Emergency Care
5. Integrated care
6. Mental Health
7. Transforming Primary care (not included in this document)

We believe that our shared strategy and BCF plan provide strong foundations on which to build future collaborative success and that issuing shared commissioning intentions is a clear signal of our intention to work more cohesively in further to address local health challenges.

Our services are interdependent and the challenges we face cross borough boundaries. We need closer working between our hospitals and also between hospitals, GPs, community and mental health services if we are to improve the quality of care for everyone in SWL and make the local NHS sustainable. We do not believe it would be possible to achieve the scale of change that is required by working independently at borough level. We have therefore chosen to continue to work together to commission as a collaboration of CCGs to:

- Raise safety and quality standards
- Address the financial gap
- Address the workforce gap
- Confront rising demand for healthcare

3. Strategic Contracting Principles and Intentions

3.1 Principles and model for collaboration

SWLCC is founded on a number of core principles; SWLCC:

- Believes that working collaboratively means that each of the CCGs have a better chance of improving quality, outcomes and patient experience through effective commissioning of efficient services
- Is led strong clinical leadership drawn from the CCGs and their Governing Bodies
- Has subsidiarity in relation to CCGs with the majority of decisions being made by the CCG members and CCGs retaining overall sovereignty of decision making
- Has robust and transparent governance arrangements, including delegation procedures, that facilitate continuous and timely decision making and take account of the membership of CCGs
- Does not create an additional performance management structure in the system

Having developed a common vision for local health and care services in 2018/19 in the five year strategy, SWL CCGs intend to collaborate more closely on the contracting of services to reduce variation across SWL.

3.2 Strategic Contracting Principles

We will continue to use the national acute contract and to sign up to national schemes intended to promote innovation, improve quality and reduce cost, such as national CQUIN schemes. This letter is notice of our intent to additionally adopt innovative ways of contracting that represent commissioning collaborative but also require greater collaboration from providers. The specifics of our approach will be refined over the second half of 2015/16 in conversation with providers, but the following ideas are indicative of current thinking:

3.2.1 QIPP and CIP

Commissioners will continue to implement local QIPP schemes, mindful that acute providers are also implementing CIP schemes. Commissioners will seek to liaise with providers to ensure that QIPP and CIP schemes are complementary.

3.2.3 Common incentive framework

Commissioners will continue to sign up to national CQUINs and will honour those medium term CQUINs already in existence.

We will develop local mechanisms for using CCG funding to creative a common incentive framework that will allow us to take a more strategic whole system approach to the use of incentives to achieve desirable system change.

3.2.4 Common payment structures

We will continue to support the use of national currencies such as PbR, Best Practice Tariffs and the extension of Maternity Pathway Payment. In addition we will develop innovative local payment structures outside out traditional block contracts and PbR.

3.2.5 Pathway commissioning

We will increasingly commission pathways of care than span multiple providers and settings of care rather than commissioning single providers to provide fragmented elements of a pathway.

3.2.6 Commissioning for outcomes

We will increasingly commission services and pathways based on outcomes align payment and incentives to outcomes rather than activity.

As a demonstration of their commitment to commission services and contract differently, SWLCC are running a single procurement exercise on behalf of all CCGs for the 111 service.

3.3 Maintaining Operational Performance

Whilst working to achieve the vision for services in SWL, commissioners expect providers to continue to maintain strong operational performance and to continue to meet national performance standards, for example (but not limited to):

- 18 Weeks RTT
- Week Waits
- Four hour A&E target
- HCAI targets
- IAPT target

4. SWL Collaborative Commissioning Intentions

We have aligned our collaborative intentions to the areas of work that we prioritise in our five year strategy. Six of which are pertinent to acute care and included in this document:

1. Children's services
2. Maternity Services
3. Planned Care
4. Urgent and Emergency Care
5. Integrated care
6. Mental Health

For each area of work, this chapter sets out:

1. The key challenges for the area of work
2. The strategic vision for the area of work by 2018/19 (as detailed in the five year strategy)
3. 2015/16 SWL commissioning intentions
4. Local commissioning intentions (by CCG)
5. Work in 2014/15 that will support 2015/16 commissioning intentions
6. Work in other areas that will support 2015/16 commissioning intentions

4.1 Children's services

4.1.1 The key challenges for the area of work

- We do not have a comprehensive understanding across SWL of the capacity and capability of children's services, or of demand, that will allow NHS and Local Authority commissioners to assess needs, plan and coordinate commissioning to ensure that resources are targeted efficiently to secure high quality integrated pathways
- Clinicians are uniquely placed to identify their patients' needs, the standards of care, skills and outcomes required. We need to ensure that improvements in the quality of children's services are supported by strong clinical leadership and collaboration with children and their families, local authorities and public providers, to ensure consistent standards of care across SWL based on a foundation of strong evidence
- Too many children and young people are treated in hospital settings which are often more expensive and stressful to children and their families. Paediatric emergency care consultants feel that services are overwhelmed and that more children could be treated in the community to reduce admissions, improve outcomes and patient experience
- There is not enough focus on ill health prevention and early intervention for children and their families
- There is variable compliance with recommended staffing levels across paediatric units. We need to achieve London Quality Standards and make improvements to the quality of care in children's acute and urgent services

4.1.2 Strategic vision for Children's services in SWL in 2018/19

We will have a service that works efficiently and effectively across settings of care, despite the challenge of increasing demographic and system pressures facing children's services. We want to ensure our children receive high quality care, regardless of where they live in SWL. We want to provide our children with the best start in life to ensure that they remain healthy and achieve their social and educational potential. This means strengthening the whole system, including focusing on prevention and early years intervention.

We want children and young people to receive as much of their care as possible out of hospital, with highly skilled staff able to look after children in their own homes wherever achievable. Our hospitals will adhere to the LQS and will deliver the same standard of acute care, seven days a week, with senior input 'around the clock'. Where children need to attend hospital as urgent or emergency

cases, frontline care will be delivered by consultant paediatricians and trained children's nurses. Some of these children will not need to stay in hospital overnight and a short stay model of care will be promoted as appropriate and safe. We will ensure that there are alternatives in place for hospital care wherever possible.

There will be a focus on the prevention of ill health in children as well as promotion of health education and healthier lifestyles, taking on a family focus where possible and appropriate. To enable this vision for children's care, we will need a highly skilled workforce across community and hospital settings, where generalists and health promotion skills are abundant, and specialist paediatric care accessible in and out of hospital.

4.1.3 2015/16 SWL Commissioning Intentions

The children's section of the 5 year strategic plan is aimed at improving access to, and the quality of, services and outcomes for children up to the age of 18 years in SWL. It covers acute and urgent care, community services, child and adolescent mental health services (CAMHS), health promotion and ill health prevention. Acute care includes neonatal intensive care and paediatric intensive care.

i. **Children's Network**

Commissioners will continue to support the Children and Young People's Network created in the second half of 2014/15 in in recognition of its pivotal role in developing a model of high quality and sustainable care for children and their families in SWL, in all care settings.

Action Required by Provider

a. Commissioners expect providers to engage fully with the Network as defined by terms of reference
b. Provide benchmarking data to support dashboard

ii. Workforce

In the second half of 2015/16, in conversation with providers, commissioners will seek to establish the viability of inpatient paediatric and neonatal units across SWL in view of the requirement to meet LQS and NHSE standards within five years.

Actions Required by Providers

To meet LQs within 5 years providers will need to review current service provision for inpatient paediatrics and neonatal units across SWL in the second half of 2015/16

4.1.4 Work in 2014/15 that will support 2015/16 commissioning intentions

A Children and Young People's network is currently being created and commissioners anticipate that this group will have a pivotal role in developing a model of high quality and sustainable care for children and their families in SWL. Commissioners expect providers to engage fully with the network and provide appropriate clinical and managerial input as defined by emerging Terms of Reference.

The Children and Young People's network will lead the baselining of provision of (capability and capacity) and demand for children's services, including community services, in the second half of 2014/15. Commissioners expect providers to support this process by providing the necessary data and information in a timely manner.

4.1.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Urgent and emergency care
- Primary care development
- Maternity
- Mental health services (including CAMHS)

SWLCC are maintain strong links to NHS England's specialist commissioning team to ensure that commissioning intentions are in line.

4.2 Maternity Care

4.2.1 The key challenges for this area of work

- Outcomes and intervention rates vary widely between maternity units
- Rising maternal age is leading to increasing complexity
- Services are organisation focused rather than woman centred services
- Key clinical staffing standards are not met, or not met consistently
- Continuity of carer could be improved
- Hospital and community postnatal care experience can be poor
- Variation in quality and quantity of antenatal care provided by GPs
- Screening programmes are not always well integrated into usual care, and there is variation in uptake and follow up

4.2.2 Strategic vision for Maternity services in SWL in 2018/19

In SWL we have developed a vision which responds to the challenges facing the Maternity care services and the expected future needs of the local population. Our vision is to strengthen the Maternity care whole-pathway service model through improving the quality of maternity care services and ensuring that the provision of Maternity care services is timely and robust.

In SWL maternity services will be designed in a way that:

- Prepares women for pregnancy and becoming a parent through education and up to date evidence based information
- Provides care to women as individuals, with a focus on their needs and preferences
- Invests in improving continuity of care and carer, with a strong emphasis on midwifery led care for normal pregnancy and birth
- Provides care which meets the London quality standards for women with more complex needs, where obstetric care will be provided in our hospitals, with enhanced on site presence of consultant obstetricians and dedicated obstetric anaesthetists, supported by a range of emergency services, should they be needed
- Values and takes on board feedback from women we look after and their families in order to drive continuous improvement in the quality of care

Clinical Commissioners in consultation with Providers will review and develop a model of care for out of hospital antenatal and post natal care

4.2.3 SWL Commissioning Intentions

i. Workforce

As evidenced in the Birthplace Study and more recently published in NICE guidance, SWL commissioners are supportive of increasing the number of women with straight forward pregnancies giving birth in midwifery led settings of care. Commissioners anticipate that this should be 15% of all births by April 2016, with 2% of women giving birth at home.

Actions Required by Providers

a. Providers are expected to operate at 98 hour consultant obstetrician presence
b. Throughout 2015/16 providers will make provision to meet the target of 114 hours consultant obstetrician presence by April 2016 and develop clear plans for achieving full compliance with LQS workforce standards by 2019
c. All maternity units in SWL will be achieving a ratio of one midwife to every 30 births by end of quarter 1 in 2015/16
d. By 31st March 2016 Providers will meet the ratio of one consultant midwife to every 900 expected normal births

Providers performing in excess of these standards in 2014/15 are expected to maintain, and not reduce, their performance.

Placeholder – Add table with baseline performance/ staffing and trajectories (requested from Christina).

4.2.4 Work in 2014/15 that will support 2015/16 commissioning intentions

Commissioners will begin to develop a model of care for out of hospital antenatal and post natal care in the second half of 2014/15 with engagement from providers. Progress made in this area may lead to further service developments in 2015/16.

4.2.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Urgent and emergency care
- Children's Services
- Mental health services (including CAMHS)

4.3 Planned care

4.3.1 The key challenges for this area of work

- There is a lack of sufficiently integrated end to end planned care pathways for specific conditions
- There are variable outcomes from planned care procedures
- There is variable patient experience across the system
- Planned care services are often disrupted by peaks in non-elective activity

4.3.2 Strategic vision for planned care services in SWL in 2018/19

Clinicians in SWL have developed a vision for a future model of care that responds to regional challenges and meets the needs of people in the area for the years ahead. In SWL we believe that the separation of Planned Care and non-elective care provided as part of an end to end pathway, with planned care being delivered in an Multi Elective Specifically Centres, will provide safer, higher quality and more convenient care for patients.

The Planned Care service in SWL will:

- Separate elective and non-elective surgery, reducing the rate of cancellation for non-clinical reasons due to peaks in demand for non-elective surgery
- Be delivered in a single MESC for SWL by 2018/19
- Improve efficiency, quality, safety for patients through the centralisation of routine inpatient procedures in a centre of excellence
- Improve patient experience through the use of efficient surgical care pathways, which are predictable, uninterrupted and encourage greater continuity of care
- Optimise post-operative care for the condition provided by senior decision-makers and specialist nurses
- Reduce length of stay in hospital with highly coordinated discharge and after care delivered in the community where possible
- Build easier access to enabling or recovering services into the care pathway, providing continuous and integrated support through the entire patient journey
- Utilise existing estate to maximum effect, with any capital investment focussed on building technology-enabled care pathways

4.3.3 SWL Commissioning Intentions

Actions Required by Providers

Commissioners expect that following receipt of this letter providers will collaborate to develop an outline business case that proposes the redesign of urology elective inpatient services with phase 1 to be implemented in 15/16 whilst subsequent phases are refined for future implementation and inclusion in 16/17 Commissioning Intentions.

Redesign of urology services should be seen as the minimum action required by commissioners, who are willing to consider more ambitious business cases for additional elective inpatient specialties.

Commissioners expect providers to continue to maintain strong operational performance and to continue to meet national performance standards relating to planned care, including 18 weeks RTT.

4.3.4 Work in 2014/15 that will support 2015/16 commissioning intentions

In the second half of 2014/15 commissioners will review existing and planned demand management schemes and local QIPP plans to gauge progress and ensure that schemes are complementary to this area of work.

4.3.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Development of primary care
- Integrated care
- Urgent and emergency care

4.4 Integrated care

4.4.1 The key challenges for this area of work

- The burden and complexity of Long Term Conditions (LTCs) is rising, and patients and service users are experiencing fragmented care which does not meet their needs appropriately
- There is an imperative to implement local BCF plans and meeting outcomes at an aggregate level across SWL
- Non elective admissions (NEL) and urgent care needs are rising, and with the redirection of funds through the BCF, our current community based provision will not meet this demand
- We do not have the inter-organisational systems and infrastructure in place to enable delivery of integrated services
- We have a pressing community and social care workforce gap

4.4.2 Strategic vision for integrated care services in SWL in 2018/19

Our collaborative vision has harnessed common areas of preparation and planning which has been undertaken by each CCG for the delivery of their BCF plans, and other key planning stages such as commissioning intentions and two year operating plans.

We aim to expand and improve services provided outside hospital, up skill the workforce, increase specialisation in the community and commission high quality care provided out of hospital wherever appropriate. We want people to experience an uninterrupted journey through services, ensure that patients' families and carers receive education and support, and improve connections to the voluntary sector. In addition, integrated services will make better provision for mental health care to enhance overall wellbeing, independence and social capital.

In SWL we believe that people should experience integrated care which:

- Helps people to self-manage their condition and helps understand how, when and who to access care from when their condition deteriorates. This means that preventative advice is given by their care coordinator and they can access structured education
- Helps to keep people with one or more LTC and complex needs stable. This means that patients are risk have been identified and assigned a care coordinator who intervenes when appropriate. Helps people who are at risk of losing their independence to access service which increase their ability to live independently and improve quality of life. When they are

at risk, their GP or practice nurse is able to signpost them to a care navigator (or equivalent) to help access services

- Allows people to get timely and high quality access to care when they are ill, delivered in the community where appropriate. Improved signposting to services will ensure people know when and where to access the right services. Allows professionals to be familiar with the patient's circumstances, to support their preferences, and to provide continuity where agreed, while including them in making choices about their care through a care plan which is reviewed each time there is contact with their care coordinator
- Supports people who are in hospital to be discharged back home as soon as they no longer require hospital care, with appropriate plans in place for care to continue at home. People will know how they will be looked after when they leave hospital and their care coordinator or primary care team will contact them when they are discharged
- People who are discharged from hospital with the right level of support delivered at home or in the community to prevent readmission or promote independence. This means they receive appropriate reablement therapy whether at home or in the community; professionals will provide regular care until they are independent again
- Helps people requiring end of life care to be supported to receive their care and to die in their preferred place. People who are identified as being at the end of their lives are registered on Coordinate my Care which will hold information about their preference of care and place of death and prevent unnecessary admissions to hospital.

4.4.3 SWL Commissioning Intentions

i. Better Care Fund

The refinement and implementation of Better Care Fund schemes that shift activity away from acute settings will be central to commissioners work over 2015/16. BCF schemes are local to each CCG, however commissioners expect providers to collaborate as needed.

Actions Required by Providers

Commissioners expect providers to work closely with and support the implementation of BCF schemes, particularly the reduction in NEL admissions by minimum of 3.5% [subject to further guidance].

ii. Workforce

Commissioners recognise that the implementation of the BCF may require additional capacity and capability in the community.

Actions Required by Providers

Commissioners will work with providers to support this realignment of the workforce to meet new models of care, including 7 day working.

iii. Improving the sharing of patient data

Delivering integrated care requires the sharing of patient information across multiple care settings and provider organisations.

Actions Required by Providers

Commissioners expect providers to engage in the process for resolving Information Governance issues to facilitate this.

iv. Improving the quality and availability of data

Commissioning genuinely integrated care that improves quality of outcomes and patient experience requires high quality performance data that is shared in a consistent and timely manner.

Actions Required by Providers

Commissioners expect providers to engage in the process for developing and implementing both standardised and ad hoc data reports and adhering to agreed timescales for delivery.

4.4.4 Work in 2014/15 that will support 2015/16 commissioning intentions

Commissioners will share refreshed BCF plans with providers for their input and support in the delivery of BCF schemes in 2014/15 and 2015/16.

4.4.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Development of primary care
- Urgent and emergency care

4.5 Mental Health

4.5.1 The key challenges for this area of work

- Pathways are not systematically integrated to respond to both physical and mental health needs
- There are inequalities in access to mental health care
- Not enough care is delivered outside hospitals; we need improved access to community based services
- We need to ensure that more patients suffering from mental health problems are identified earlier
- We need to improve the wellbeing and quality of life for all patients suffering from mental health conditions, and promote recovery

4.5.2 Strategic vision for mental health services in SWL in 2018/19

- People who need to use mental health services in SWL will experience:
- Patients are at the forefront of developing and shaping the way services are delivered
- Action being taken to address inequalities in mental health services and improvements made, which reflect the needs of BME communities, the socially disadvantaged and vulnerable groups
- Better support being provided to Carers and more work being done to ensure their views are taken into consideration and they are treated like partners during the care planning process of a family member
- Community mental health services that reflect what patients want and are in a wider range of locations
- Services focus on evidence based recovery models with a greater emphasis placed on peer-led interventions
- Community pharmacist patients and GPs working collaboratively to improve the management of psychotropic medication
- Resources provided to facilitate a the use of personalised budgets and a greater emphasis placed on delivering services that have successful recovery outcomes and patient experience
- The effective management of physical health care, particularly with people that have severe and enduring mental illness to improve the disparity in mortality rates

- Improved crisis services that are based on the recommendations set out in the crisis concordate
- Developing services that take into account the recommendations set by the Schizophrenia Commission

4.5.3 SWL Commissioning Intentions

Commissioners recognise that much of the action required to achieve the strategic vision for mental health services in 18/19 sits with mental health trusts, community providers and primary care.

Actions Required by Providers

Commissioners expect that providers will work across organisational boundaries to support implementation of the vision, improve outcomes and deliver services differently as needed.

For example, commissioners expect providers to engage with:

- Improving the inclusion of mental health in multi-disciplinary teams that support people with physical and mental health needs, such as those with Long Term Conditions
- Improving the link between urgent and emergency care and mental health services, including the development of psychiatric liaison services
- Continuing to support the diagnosis of dementia through the national CQUIN, and reducing A&E attendances and NEL admissions for patients with dementia

Commissioners will support providers to understand the process for adoption and impact of the mental health tariff.

Commissioners expect providers to continue to maintain strong operational performance and to continue to meet national performance standards relating to mental health, e.g. achieving IAPT targets.

4.5.4 Work in 2014/15 that will support 2015/16 commissioning intentions

Placeholder – Awaiting input from MH CDG

4.5.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Development of primary care
- Integrated care
- Urgent and emergency care
- Maternity
- Children's Services

4.6 Urgent and Emergency Care

4.6.1 The key challenges for this area of work

- Patients do not always understand how to or feel empowered to access the right care, in the right place the first time
- Providers do not consistently meet quality standards (national and local)
- There is a projected workforce gaps to deliver LQS, we need to ensure that our workforce is sufficiently trained to deliver new models of care
- We are not exploiting the full opportunities of ambulatory care pathways

4.6.2 Strategic vision for urgent and emergency care services in SWL in 2018/19

Our vision is to strengthen the urgent and emergency care whole -system service model through improving the quality of urgent care services and ensuring that the provision of integrated urgent care services and ensuring that the provision of integrated urgent care is timely and robyust.

In SWL we believe that the urgent and emergency care system model needs to be transformed so people are:

- Supported to manage their conditions in their own homes through improved self-care and shared decision making
- Aware of the different parts of the urgent care system and when and where to access the care they need
- Provided with improved access to a well-connected and clearly defined urgent care system including Urgent Care Centres, Primary Care, GP out of hours, 111, social care, London Ambulance Service, and other health professionals such as pharmacists and dentists
- Diagnosed treated and able to go home on the same day through wide scale implementation of the Ambulatory Emergency Care Services as part of our work to improve the overall urgent and emergency care pathway
- Treated in high quality and safe emergency departments that meet the recommended levels of senior staffing and access to specialist equipment, as per London Quality Standards with pathways designed to improve patient flow
- Supported with their health and social care needs in the community, enabled through Better Care Fund schemes
- Able to access emergency departments that deliver high quality specialist care; this will be achieved by implementing the recommendations in the Keogh report (to be published in

2014) and taking into account any national guidance on standards for urgent and emergency care services and consistency in the naming of such services. Further recommendations from the Keogh review are anticipated in the second half of 2014/15. Commissioners will work with providers to understand the local implications of these recommendations, including the introduction of two levels of emergency departments

- Able to access alternative forms of high quality urgent care services which meet LQS and other nominated best practice standards, to alleviate pressure on hospital emergency departments and expedite diagnosis and treatment
- Given access to seven day services in hospitals, complemented by seven day services across the system to enable timely discharge
- Able to benefit from strengthened links between urgent and emergency care services and mental health psychiatric liaison services

4.6.3 SWL Commissioning Intentions

The focus of this area of work in 2015/16 should be to work towards the provision of services that facilitate 7/7 discharge and meet local and national quality standards.

i. Workforce

Commissioners expect providers to achieve LQS compliance by 18-19.

Actions Required by Providers

Commissioners will specifically seek to support the implementation of 7 day working across the urgent and emergency care system to support delivery of the four hour A&E target.

ii. Ambulatory & Emergency Care Models

Actions Required by Providers

Commissioners expect providers to develop and implement a local model for AEC services in SWL by the end Quarter 2 in 2015-2016.

iii. Increasing integration of services

Actions Required by Providers

Providers will work with the Clinical Design Group and local system resilience groups to strengthen the integration across the whole system and inparticular between London Ambulance Service, community pharmacies, 111 and Out of Hours services.

Commissioners expect providers to continue to maintain strong operational performance and to continue to meet national performance standards relating to planned care, including 18 weeks RTT.

4.6.4 Work in 2014/15 that will support 2015/16 commissioning intentions

In the second half of 2015/16 commissioners will expect to work with providers to baseline workforce capacity.

Commissioners will work with the urgent and emergency care CDG to review the current use of AEC pathways and identify areas for wider use.

Commissioners will work with providers to understand the local implications of the Keogh recommendations for the introduction of two levels of emergency departments and implement necessary reforms.

4.6.5 Work in other areas that will support 2015/16 commissioning intentions

This CDG area is primarily interdependent with the following CDG areas:

- Development of primary care
- Integrated care
- Mental Health
- Maternity
- Children's services

6. Enablers

We have developed a bold and ambitious vision for health and care services in 2018/19 in our five year strategy and recognise that to achieve this we must invest in a number of schemes around key enabling schemes. In the second half of 2014/15 as we refine commissioning intentions we will work with providers to scope those enabling schemes that may require investment in 2015/16.

Commissioners recognise that the following areas will require additional focus to progress in 2015/16 towards the vision set out in the five year strategy.

6.1 Workforce

The case for change in SWL is predicated on providers not yet meeting London Quality Standards and recommended Royal College staffing guidelines consistently across SWL. Specifically we know that there is a shortage of obstetric, paediatric and emergency medicine consultants. In addition, General Practice recruitment is becoming increasing challenging and there are gaps in some areas of the community workforce which will make it difficult to integrate services and transfer care in to the community where possible. There is also a recognition that the skill mix of the wider workforce requires review and investment.

Commissioners will work with providers, together with bodies such as Health Education England, to understand the impact of commissioning intentions for 2015/16 and the longer term vision for 2018/19 on:

- Recruitment and retention
- Training
- Workforce pipeline
- Transition and succession planning

6.2 Information

Commissioning and delivering integrated care across multiple care settings and provider organisations requires the sharing of information.

To commission high quality services that improve patient outcomes and experience whilst delivering value for money, we need to have better, more timely, access to better quality activity, operational performance and outcome data that can inform the way in which we prioritise resources and scrutinise quality.

Similarly, to deliver joined up patient care across multiple settings and professional and/or organisational boundaries require the prudent sharing of patient data than is more widely practiced currently.

Commissioners will work with providers to understand how they can support the adoption of systems that will better facilitate the sharing of information across the whole system.

6.3 IT Infrastructure

Commissioners understand that fragmented and occasionally outdated IT infrastructure is a hindrance to the progression of flexible working practices and innovation in the way care is delivered, as well the sharing of information.

We will work with providers to understand the priorities for investment in this area.

6.4 Estates

Commissioners have committed to providing more care away from hospitals and closer to patients' homes by 2018/19. We will work with providers to understand how best to facilitate this shift, to ensure that there is sufficient capacity in the community and that providers are supported to manage the potential for stranded costs as a result of estates rationalisation.

It is likely that there may be capital costs associated with the development of a MESC and this will require further investigation.

Commissioners will continue to liaise with NHS England, commissioners of primary care, to support plans to ensure that primary care estate is fit for purpose and can absorb increased levels of activity.

6.5 Better Care Fund

Unlike the five year strategy, Better Care Fund plans have been developed by each CCG to reflect the nuances of each local unit of planning (including local authorities). BCF schemes are expected to be vehicles for delivering the change required to achieve our vision for 2018/19.

7. Stakeholder Engagement

We are committed to working with local providers, service users and the public to develop solutions that will deliver safe, high quality care for everyone. Much public engagement was carried out prior to the establishment of SWL Collaborative Commissioning and we have continued to listen to a wide range of stakeholders when developing the 5 year strategic plan.

Placeholder – Awaiting additional wording from comms team

8. Conclusion

This document has set out the commissioning intentions for SWL CCGs. They are intended to drive major transformation across the services we provide to ensure that patients receive higher quality, more integrated care with an enhanced patient experience. We expect providers to respond positively and proactively to our intentions and work with us to ensure our vision is realised.