Health and Wellbeing Board	
Report of: Tower Hamlets Clinical Commissioning Group	**Classification:** Unrestricted
Tower Hamlets CCG Commissioning Intentions	

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Executive Summary

The purpose of the commissioning intentions is to make our providers aware of:

- Any significant changes we plan to make over the next year(s)
- What we believe the impact of these changes will be
- What issues we will want to address with them throughout the contracting round process

Commissioning Intentions for 2015/16 build on the two year operating plan submitted in 2014/15, which in turn responded to and and supports the Health and Wellbeing strategy.

More detailed business cases will be reviewed and scrutinised by the Transformation and Integration Committee of the CCG. Approval of these business cases allows the team to take forward their commissioning intentions, and make them a reality through the contract negotiation process.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the report
2. Consider how these commissioning intentions can support the delivery of the Health and Wellbeing Strategy

1. DETAILS OF REPORT

1.1 The purpose of the commissioning intentions is to make our providers aware of:

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Commissioning Intentions for 2015/16 build on the two year operating plan submitted in 2014/15, which in turn responded to and supports the Health and Wellbeing strategy.

More detailed business cases will be reviewed and scrutinised by the Transformation and Integration Committee of the CCG. Approval of these business cases allows the team to take forward their commissioning intentions, and make them a reality through the contract negotiation process.

1.2 Commissioning Intentions for 2015/16 build on our current delivery of strategy such as:

- Development of key strategic programmes such as Integrated Care, Primary Care Development, Mental Health and so on
- Responding to new legislation and national guidance, for example the Better Care Fund, Personal Health Budgets, other Operating Plan guidance (due in December 2014)
- An ongoing financial challenge, approximately £10m in 2015/16
- Quality and performance issues as highlighted in the Outcomes framework, National priority areas, Service alerts, Provider data and Patient feedback

1.3 A summary of commissioning Intentions for Services Commissioned from Barts Health Acute Contract are:

Programme	Outline	Expected Impact Areas
Maternity	Review and strengthen the antenatal care pathway Review and strengthen preventative health advice, care and management in the community Build on the 2014/15 CQUIN, focusing on improving information that is received by parents throughout the Barts Health NHS Trust maternity pathway Work with the community and	Reduction in A&E attendances and emergency admissions Change in case mix; reduction in Payment by Results (PBR) defined “intensive” cases to more “intermediate” and “standard” cases Improving patient experience and satisfaction

	voluntary sector to enhance emotional, physical and practical support services for parents in the community	
Children and young people	Expand the scope and remit of "The Bridge Project" – a pilot virtual ward model for the management of children and young people with complex conditions Develop and implement whole system pathways for high volume/cost presentations within secondary care Consider, in collaboration with WELC CCGS, the Barts Health NHST Trust paediatric and adolescent diabetes proposal, calling for a single and central diabetes centre operating across the Trust	Reduction in A&E attendances, emergency admissions, readmissions and LOS, particularly for children and young people with complex conditions Improving integration of services across primary, community and secondary care Improving quality of care for children and young people with complex conditions Reduction in outpatient activity Improving patient experience and satisfaction Improving quality of care for children and young people with diabetes, including Trust compliance with the national best practice tariff criteria
Integrated care	Continue to implement and refine the 2014/15 programme, which involved: Redesign of community health teams to include rapid response, care coordination and a discharge support function Better identification and management of high risk patients in primary care Expand the integrated care approach to a wider cohort of patients, from the top 4% to the top 20%	Significant reduction in A&E attendances, emergency admissions, readmissions and other associated activity and cost Improving quality of care Improving patient experience and satisfaction Increasing numbers of patients in the last years of life having their needs and wishes identified, reviewed and met

	Introduce a programme of extensive community self-management support Embed the Five Priorities for the Care of Dying People	
Urgent Care	Incorporate paediatric streaming into the urgent care centre service specification, building on the findings from the 2014/15 pilot Explore greater integration between the urgent care centre, GP out of hours service and the 2 walk in centres in Tower Hamlets	Increasing numbers of patients redirected from the urgent care centre back into primary and community care services, particularly for children and young people Supporting Barts Health NHST Trust to meet the 4 hour A&E target Improving communication and patient flow between urgent care services
Long Term Conditions	<u>Liver</u> Unbundle liver function testing for patients being initiated on statins Improve identification and management of liver disease patients in primary care <u>DVT</u> Improve identification and management of DVT patients in primary care <u>Diabetes</u> Review impact of the 2014/15 diabetes inpatient care CQUIN on LOS; findings to be reflected in 2015/16 activity plans 2014/15 diabetes inpatient care CQUIN to be "mainstreamed" i.e. incorporated into core Barts Health contract <u>Epilepsy</u>	Reduction in liver function testing activity for patients being initiated on statins Reduction in outpatient activity Reduction in LOS for diabetes inpatient admissions Increasing quality of care for diabetes inpatients Improving patient experience and satisfaction Reduction in A&E attendances, emergency admissions and readmissions

	Establish a secondary care led epilepsy telephone service, building on the pilot in 2014/15 <u>Heart failure</u> Improve identification and management of heart failure patients in primary care	
Planned Care	<u>Provider productivity</u> Review and agree productivity measures <u>Gastroenterology Pathway Redesign</u> Further embedding calprotectin testing to the IBD pathway Introduce straight to test service model	Achieving upper quartile benchmark for all productivity measure Reduction in outpatient activity Improving quality of care Reduction in waiting times for MSK and Pain services Improving patient experience and satisfaction

1.4 A summary of commissioning Intentions for Services Commissioned from Barts Health Community Health Services Contract are:

Programme	Outline	Expected Impact Areas
CHS Reprocurement	The CCG is currently developing a new clinical model for community health services, predicated on a care coordination function and a preferred procurement route in order to facilitate the delivery of improved service integration and overall patient experience	Improving service integration, access, clinical outcomes and patient experience for community health services
Contract Management and Data	Continue to improve the quality of data recording and reporting in accordance with national Health and Social Care Information Centre guidance, implement the Community Information Data Set (CIDS) from 1 April 2015	Ensuring the availability of comprehensive, robust and timely data on service activity, quality etc.
Learning Disabilities	Review and strengthen the service model of the adult learning disabilities team, with a	Improving patient experience and satisfaction

	particular focus on the potential for further integration between health and social care	Improving patient experience and satisfaction
Long Term Conditions	<u>Diabetes</u> Review and strengthen patient education provision delivered by the diabetes CHS service, with a particular focus on closer working with the community and voluntary sector <u>Respiratory</u> Review and strengthen the service model of the community respiratory team (ARCARE), including home oxygen provision <u>CVD</u> Review the CVD nursing service	Increasing preventative and self-management support for diabetes patients in the community Increasing collaboration with the community and voluntary sector Improving outcomes for adults with respiratory diseases, in particular COPD and asthma Reduction in A&E attendances, emergency admissions and readmissions Optimising medication management Informing commissioning decisions for 2016/17
Wheelchair Services	In partnership with WELC CCGs, participate in a national pilot of tariff for wheelchair services	Improving patient experience and satisfaction

1.5 A summary of commissioning Intentions for Services Commissioned from East London Foundation Trust are:

Programme	Outline	Expected Impact Areas
Mental Health	Develop new primary care mental health services Ensure mental health is at the centre of our integrated care system Refresh the service model for children and young people's mental health Develop recovery & wellbeing orientated services Roll out choice of first outpatient appointment in mental health	Improving outcomes for mental health patients Improving integration of care Improving quality of care Improving patient experience and satisfaction

	Ensure that waiting times for mental health services are minimised Pilot personal health budgets in mental health Develop the mental health payment system Develop and implement a local crisis concordat Ensure that the Care Act and Mental Capacity Act are implemented by mental health services Develop a refreshed service model for people with a learning disability	

1.6 A summary of commissioning intentions for services commissioned in other areas:

Programme	Outline	Expected Impact Areas
Prescribing	Renewal of electronic British National Formulary (BNF) Continued implementation of Scriptswtich Reduce waste in primary care prescribing Review and strengthen stoma prescribing guidelines Continued focus on the prescribing of specials	Increasing productivity Increasing quality of care
Network Incentive Schemes	Rationalise primary care incentive schemes	Improve productivity and value for money

2. FINANCE COMMENTS

2.1. Commissioning Intentions are one of the main levers in the CCG achieving its planned surplus over the life of the operating plan. As of 25th November the balance of these programmes is outlined below in terms of financial impact:

Programme	Savings (£000s)	Investments (£000s)	Non Recurrent Investments	NET (£000s)	NET inc NR Investments (£000s)

			(£000s)		
Integrated Care	2388	280	250	2108	1858
Mental Health	0	2115	0	-2115	-2115
Planned Care	2965	420	0	2545	2545
LTCs	593	211	10	382	372
Maternity	0	25	75	-25	-100
Urgent Care	30	0	0	30	30
Children and Young People	0	30	0	-30	-30
Quality in General Practice	0	0	0	0	0
Prescribing	1300	0	0	1300	1300
CHS	0	0	0	0	0
Cancer	0	60	0	-60	-60
Other	0	80	0	-80	-80
Total	7276	3221	335	4055	3720

In the event that the CCG's programmes leave the organisation with a projected deficit against our planned surplus, the Transformation and Innovation Committee will hold an extraordinary session to prioritise investments. The final set of plans will then go to the CCG Governing Body for final approval. The majority of plans will then commence mobilisation from 1st April 2015.

Appendices

Appendices

None