NHS
Tower Hamlets

Commissioning Strategic Plan 2011/12 – 2014/15 Update

Health Scrutiny Panel

26 October 2010

This presentation outlines

- **Our existing Commissioning Strategic Plan (CSP)**
- **The changes facing the NHS and the need to refresh the CSP**
- **The financial and quality gaps that face Tower Hamlets and Inner North East London**
- **The initiatives we will use to close those gaps**
- **Options and proposals to close the financial gap**
- **Our consultation and engagement plans and feedback to date**
- **Our next steps**

We developed last year's Commissioning Strategic Plan (CSP) to deliver our Joint Improving Health and Wellbeing Strategy

Our Vision

"is to improve the quality of life for everyone who lives and works in the borough by building One Tower Hamlets."

Our Strategic Aims

- Reducing inequalities in health
- Improving the experience of those who use services
- Developing excellent integrated and more localised services
- Promoting independence, choice and control by service users
- Investing resources effectively

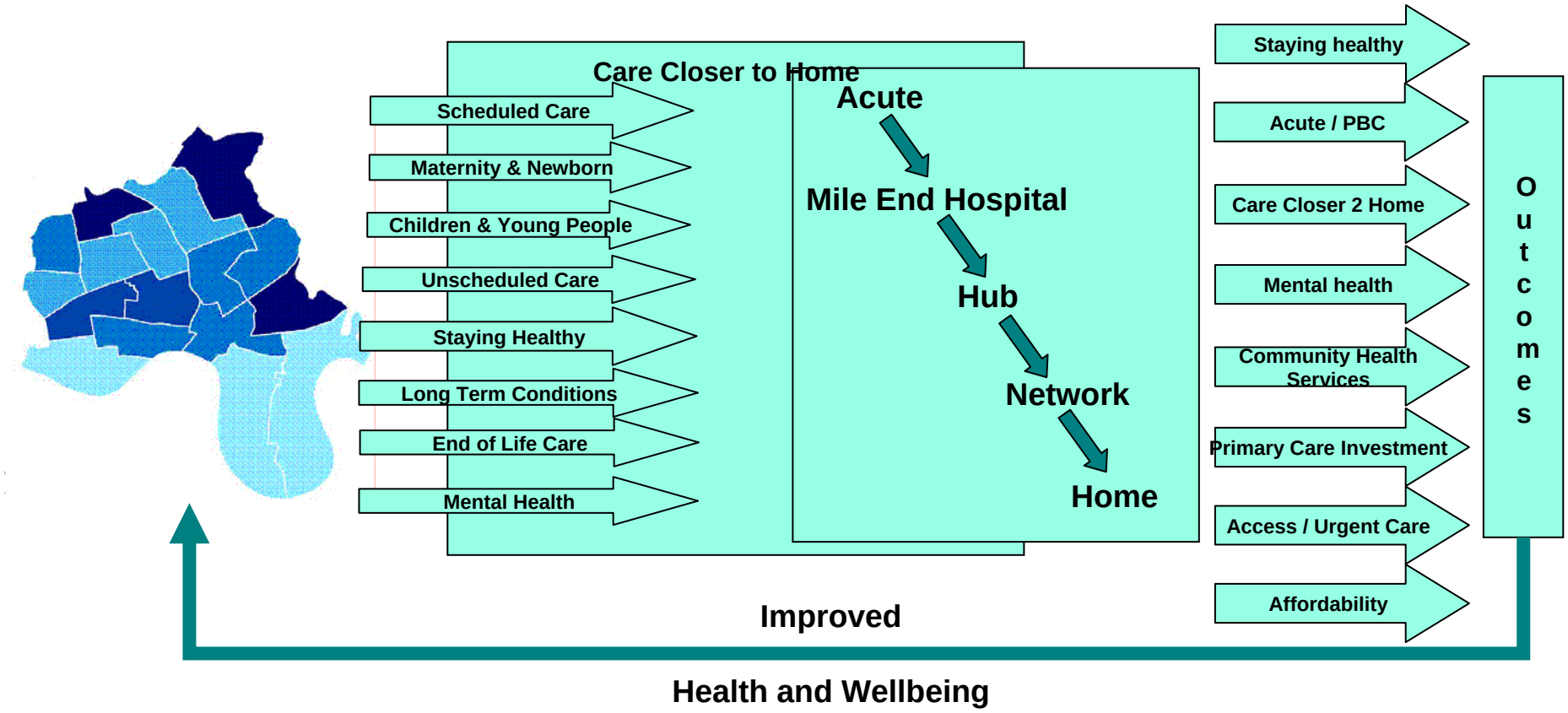
Key issues and drivers

- health inequalities and variations of care exist
- Rely on the high-cost hospital setting for outpatient activities and consultations
- Underdeveloped primary care
- Affordability gap

Overview of our Five Year strategy

NHS Tower Hamlets

Our Health Needs + Clinical Pathways + System Reconfigured + Programmes = Impact



Significant changes have affected the implementation of our CSP so that we reprioritised our investment programme and controlled our cost pressures

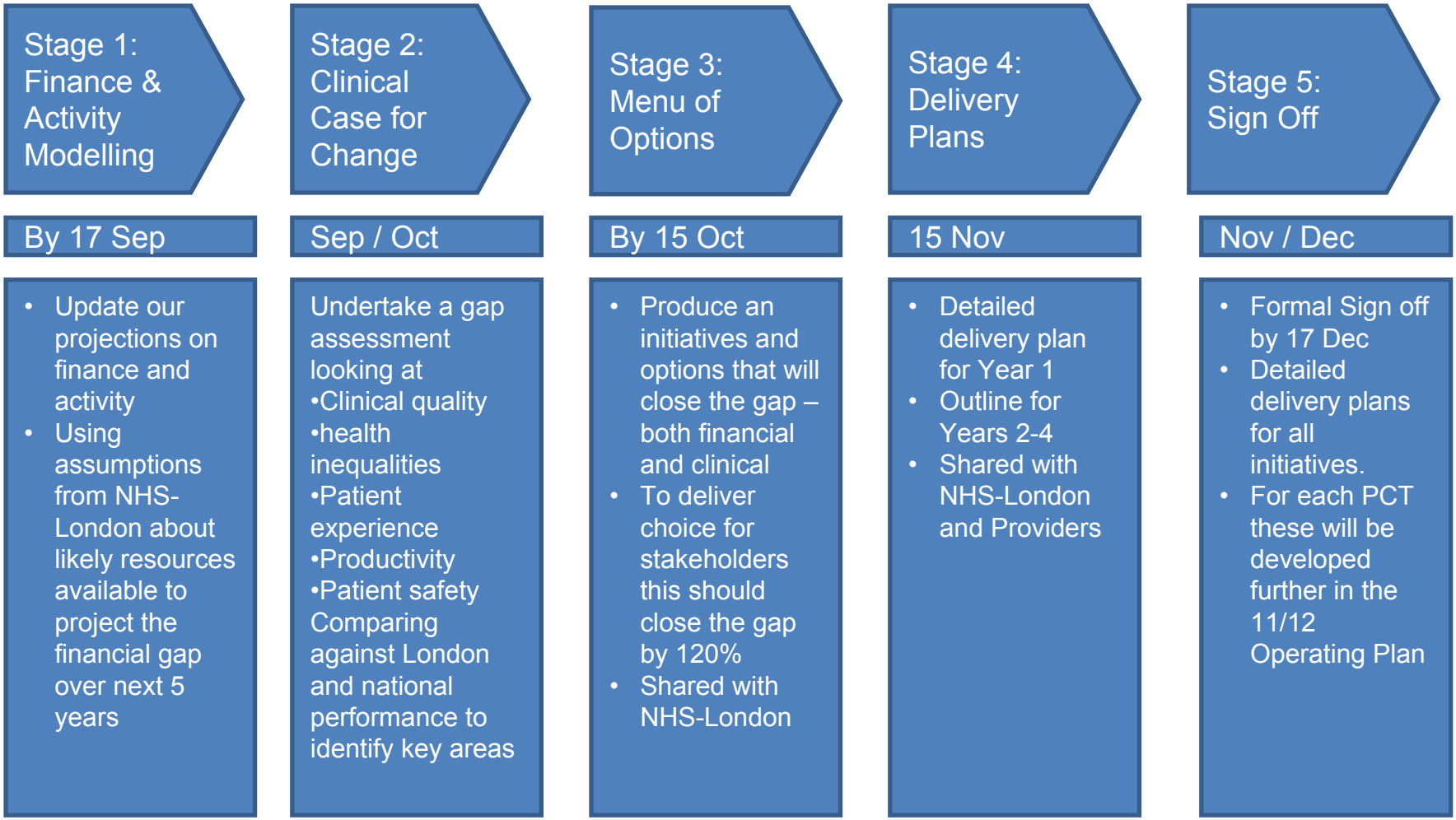
Changing priorities and context

- Coalition Government
  - White Paper
  - GP Commissioning and Transition
  - CHS Endstate
  - Wider public spending reductions
- Cost pressures
  - Hospital activity and cost greater than planned
  - Community Health Services not at full efficiency
  - Increased Management Cost savings target of 53%

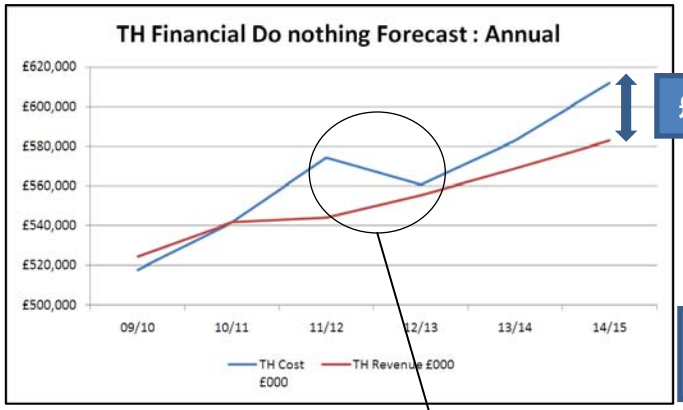
Reprioritisation Board May / June 2010

- Public Health - no additional investment
- Primary Care – Maintain agreed care packages, release investment for new care packages and to support Networks
- Mental Health - Priority to a dementia liaison service to reduce time in hospital
- Support transformation of primary care estate – Harford Street
- Budget Review Group to achieve in year savings of £3m
- Better information and monitoring of hospital activity with GPs

We are now refreshing the Commissioning Strategic Plan (CSP) to 2014/15



Stage1: The latest projection shows a cumulative TH gap of £72.0m by 14/15

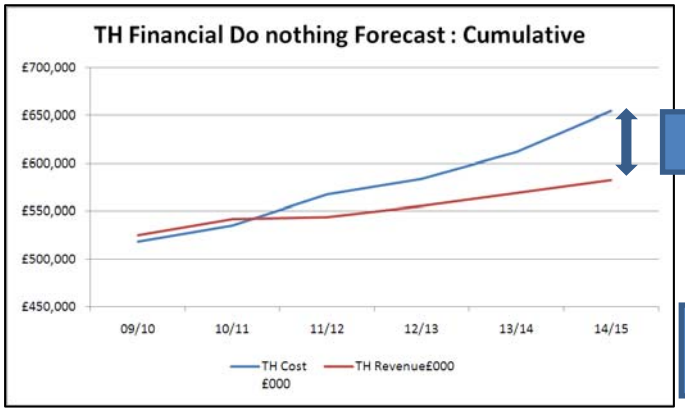


£30.4m

The gap across Inner North East London is £72.5m

Impact of decline of house completions - recession and picks up from 12/13

Year	TH Cost £000	TH Revenue £000	Diff £000
09/10	£517,693	£524,446	£6,753
10/11	£541,478	£541,566	£88
11/12	£574,295	£543,889	-£30,407
12/13	£560,602	£555,335	-£5,267
13/14	£582,898	£568,846	-£14,052
14/15	£612,016	£582,870	-£29,146



£72.0m

The gap across Inner North East London is £260.3m

Year	TH Cost £000	TH Revenue £000	Diff £000
09/10	£517,693	£524,446	£6,753
10/11	£534,725	£541,566	£6,840
11/12	£567,455	£543,889	-£23,566
12/13	£584,168	£555,335	-£28,833
13/14	£611,731	£568,846	-£42,884
14/15	£654,901	£582,870	-£72,030

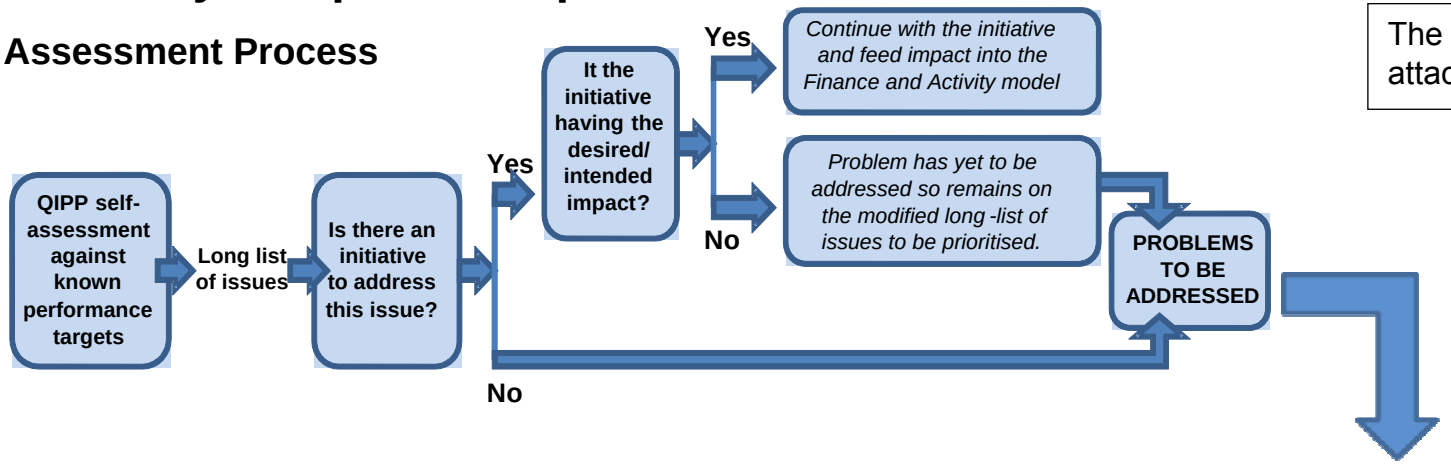
Key Assumptions

- Demographic growth
- Inflation and hospital tariffs
- Clinical changes
- Hospital Length of Stay – providers in top quartile by 2017
- Reducing demand for services in hospitals
- London topslices

These are set by NHS-London and are liable to change

Stage 2: We've compared performance on efficiency, quality and needs to highlight the areas of greatest gain. This has highlighted issues around acute over performance, mental health, access and quality of primary care, cancer, maternity and patient experience

Assessment Process



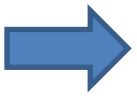
The final Sector assessment is attached as Appendix 1.

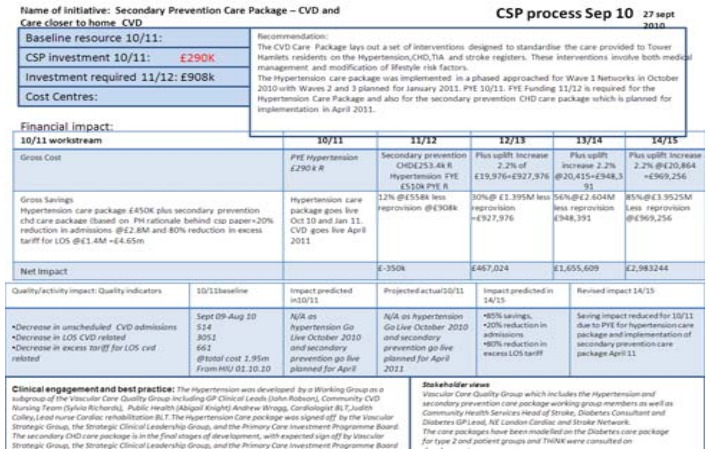
Primary Care	Secondary Care	Mental Health
• **Improving primary care quality and access**, including better management of LTCs, reduced variability & improved service quality • **Improved delivery of integrated care outside hospital** – Primary and Community Services better aligned to deliver high quality care in non-acute settings • **Improved screening**, public awareness and early detection of Cancer (e.g. CONTRACT LEVERS, PROCUREMENT, IMPROVED INTEGRATED CARE PATHWAYS, IT SOLUTIONS, PUBLIC & PATIENT INVOLVEMENT & SOCIAL MARKETING)	• **Acute performance and productivity** e.g. demand management, redesign of Urgent Care and improved clinical pathways (e.g. CONTRACT LEVERS, PRODUCTIVITY THROUGH PATHWAY REDESIGN & DEVELOPMENT OF ADMISSIONS AVIODANCE STRATEGIES)	• **Improving Mental Health** - planning for the ELFT contract (e.g. CONTRACT LEVERS & PRODUCTIVITY THROUGH PATHWAY REDESIGN)
• **Maternity/obstetrics** – patient experience and improved service quality; (e.g. CONTRACT LEVERS, AGREED RISK STRATIFICATION, IMPROVED INTEGRATED CARE PATHWAYS);		
• **Patient Experience/involvement** – need to build confidence in new service models and improve effective involvement in care planning. (e.g. LINk & WIDER PUBLIC & PATIENT INVOLVEMENT, PARTNERSHIP WORKING WITH LAs & SOCIAL MARKETING		

Stage 3: We have developed initiatives to meet the financial and quality gaps

Public Health	Primary Care	Mental Health	Enablers
•Reducing Adult Obesity •Promoting Healthy Workplace •Reducing Child Obesity •Tobacco Control •Improving Maternity •Child Death Panel •Safeguarding children •Reducing Alcohol •Community Health trainers •Cancer •Promoting Health in schools •Reducing Teenage Pregnancy •TB Control	•Shifting care outside of hospital and closer to home by speciality •Investing in care packages to manage Long Term Conditions better eg diabetes •Improving the productivity of Community Health Services •Improving access to primary care and reducing demand for Urgent Care	•Reducing the use of Out of Borough Accommodation •Dementia Liaison to reduce stays in hospital •Healthchecks for people with mental health problems •Reducing smoking for people with mental health problems	•Project Management of major capital schemes •Newby Place investment •IT to support Networks and GPs

We've collected information for all initiatives that sets out:
•Financial impact - costs and saving – over next five years
•What clinicians and other stakeholders think
•The impact on quality, patient choice, access and patient experience
•High level milestones
•Risk and mitigation




Name of initiative: Secondary Prevention Care Package – CVD and Care closer to home CVD

CSP process Sep 10 27 sept 2010

Baseline resource 10/11:	
CSP investment 10/11:	£290K
Investment required 11/12: £908k	
Cost Centres:	

Recommendation:
The CVD Care Package lays out a set of interventions designed to standardise the care provided to Tower Hamlets residents on the Hypertension,CHD,TIA and stroke registers. These interventions involve both medical management and modification of lifestyle risk factors.
The Hypertension care package was implemented in a phased approached for Wave 1 Networks in October 2010 with Waves 2 and 3 planned for January 2011. PYE 10/11. FYE Funding 11/12 is required for the Hypertension Care Package and also for the secondary prevention CHD care package which is planned for implementation in April 2011.

Financial impact:

10/11 workstream	10/11	11/12	12/13	13/14	14/15
Gross Cost	PYE Hypertension £290 k R	Secondary prevention CHDE253.4k R Hypertension FYE £510k PYE R	Plus uplift Increase 2.2% of £19,976=£927,976	Plus uplift increase 2.2% @20,415=£948,391	Plus uplift increase 2.2% @£20,864 =£969,256
Gross Savings Hypertension care package £450K plus secondary prevention chd care package (based on PH rationale behind csp paper=20% reduction in admissions @£2.8M and 80% reduction in excess tariff for LOS @£1.4M =£4.65m	Hypertension care package goes live Oct 10 and Jan 11. CVD goes live April 2011	12% @£558k less reprovision @£908k	30%@ £1.395M less reprovision =£927,976	56%@£2.604M less reprovision £948,391	85%@£3.9525M Less reprovision @£969,256
Net Impact		£-350k	£467,024	£1,655,609	£2,983244

Quality/activity impact: Quality indicators	10/11baseline	Impact predicted in10/11	Projected actual10/11	Impact predicted in 14/15	Revised impact 14/15
•Decrease in unscheduled CVD admissions •Decrease in LOS CVD related •Decrease in excess tariff for LOS cvd related	Sept 09-Aug 10 514 3051 661 @total cost 1.95m From HIU 01.10.10	N/A as hypertension Go Live October 2010 and secondary prevention go live planned for April	N/A as hypertension Go Live October 2010 and secondary prevention go live planned for April 2011	•85% savings, •20% reduction in admissions •80% reduction in excess LOS tariff	Saving impact reduced for 10/11 due to PYE for hypertension care package and implementation of secondary prevention care package April 11

Clinical engagement and best practice: The Hypertension was developed by a Working Group as a subgroup of the Vascular Care Quality Group including GP Clinical Leads (John Robson), Community CVD Nursing Team (Sylvia Richards), Public Health (Abigail Knight) Andrew Wragg, Cardiologist BLT, Judith Colley,Lead nurse Cardiac rehabilitation BLT.The Hypertension Care package was signed off by the Vascular Strategic Group, the Strategic Clinical Leadership Group, and the Primary Care Investment Programme Board. The secondary CHD care package is in the final stages of development, with expected sign off by Vascular Strategic Group, the Strategic Clinical Leadership Group, and the Primary Care Investment Programme Board

Stakeholder views
Vascular Care Quality Group which includes the Hypertension and secondary prevention care package working group members as well as Community Health Services Head of Stroke, Diabetes Consultant and Diabetes GP Lead, NE London Cardiac and Stroke Network.
The care packages have been modelled on the Diabetes care package for type 2 and patient groups and THINK were consulted on

Our initiatives build on our successes so far and the lessons learnt

Successful
Limited

Impact

Staying Healthy	• Child Imms is approaching herd immunity • Meeting targets on stopping smoking, obesity and breast screening	
Hospital Services	• Hospital activity is greater than planned • Some reductions in low clinical value activity but within hospital referrals still high	
Primary Care Investment Programme	• All networks showing positive impact on diabetes – with more care planning and patients with controlled diabetes • NHS Healthchecks and Hypertension gone live	
Care Closer to Home	• Primary care activity has reduced • Secondary care not reduced – possibly new demand • Good progress for some specialities such as diabetes but more limited for others such as Urology	
Community Health Services	• Timetable shortened for End State to 1 Apr 11 (was 1 Apr 13) • Review of Bancroft Unit at Mile End Hospital to reduce use and length of hospital stay	
Urgent Care and GP Access	• GP streaming away from A&E is effective • New Urgent Care Centre at Royal London on track • Access to GPs sustained despite London / national decline	
Mental Health	• Base line review across Sector delayed • Dementia service from 1 Jan 10 • Residential care on track and delivering	
Affordability	• Cost pressures including more activity in hospitals than planned • Budget review has released £3m	

The eight programmes with enablers help close the financial gap in 11/12 …

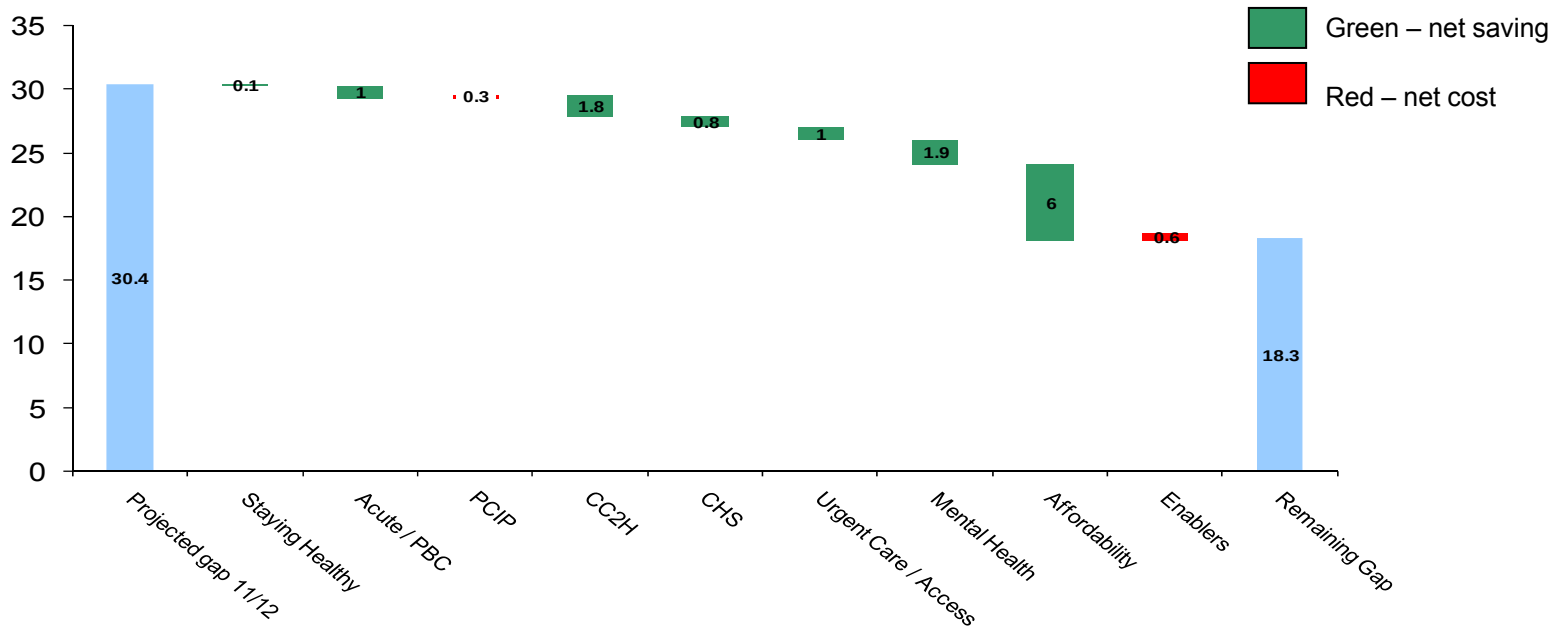
All numbers are latest estimates and subject to change

Full five year projections are attached in the appendix for all initiatives

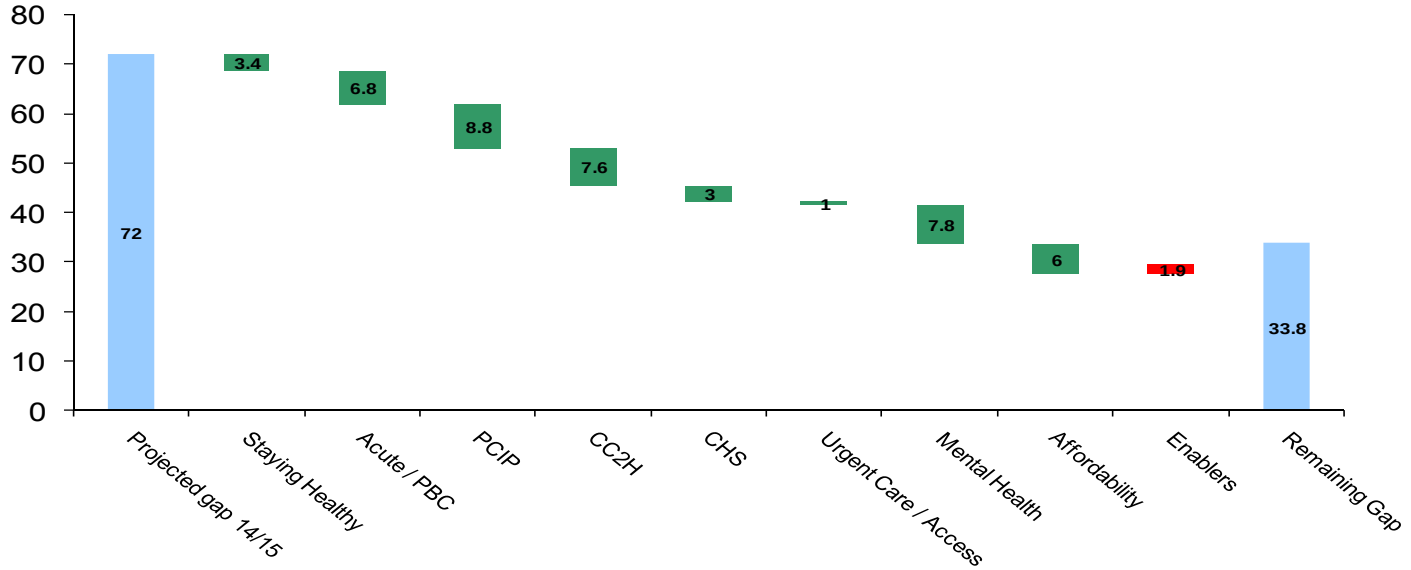
		11/12	
Staying Healthy	Cost	-72.1	• Cancer Strategy • Reduced Teenage Pregnancy budget • Continue success initiatives – smoking, obesity, breast screening
	Savings	0.0	
	Net	-72.1	
Hospital Services	Savings	-1000.0	• Improved contract and monitoring focus on hospital referrals and stopping Procedures of Low Clinical Value • Increased role and control for GPs
Primary Care Investment Programme	Cost	2473.2	• Improved Long Term Conditions management • Develop four new care packages: vulnerable adults, children (0-5), Cardiovascular Disease (CVD), COPD (lungs, breathing)
	Savings	2158.9	
	Net	314.3	
Care Closer to Home	Cost	2717.6	• Programme redesigned with focus on four specialities with increased volume • Aim for capitated pathways: where an annual contract value is agreed and all providers work within that sharing any surplus or loss
	Savings	4552.9	
	Net	-1835.3	
Community Health Services	Cost	240.0	• Contract and productivity levers • More efficient use of Bancroft Unit
	Savings	1000.0	
	Net	-760.0	
Urgent Care and GP Access	Cost	0.0	• Urgent Care Centre at front of A&E at Royal London Hospital • Continued focus on improving GP access and reducing A&E attendances • Aim for capitated pathway
	Savings	1000.0	
	Net	-1000.0	
Mental Health	Cost	0.0	• Reduced LOS through dementia liaison • Reduced high cost out of borough accommodation • Review of Mental Health services across Sector
	Savings	1916.0	
	Net	-1916.0	
Affordability	Cost	0.0	• Sector – City and Hackney, Newham and Tower Hamlets – shared services and common approaches – (ELCA) • Further work for 12/13 onwards
	Savings	6000.0	
	Net	-6000.0	
Enablers	Cost	652.0	• Estate improvements to primary care facilities • IT to help support move of Care Closer to Home and Network and GP development
	Savings	5.0	
	Net	647.0	

but the current initiatives leave a potential financial gap ….

11/12 £m



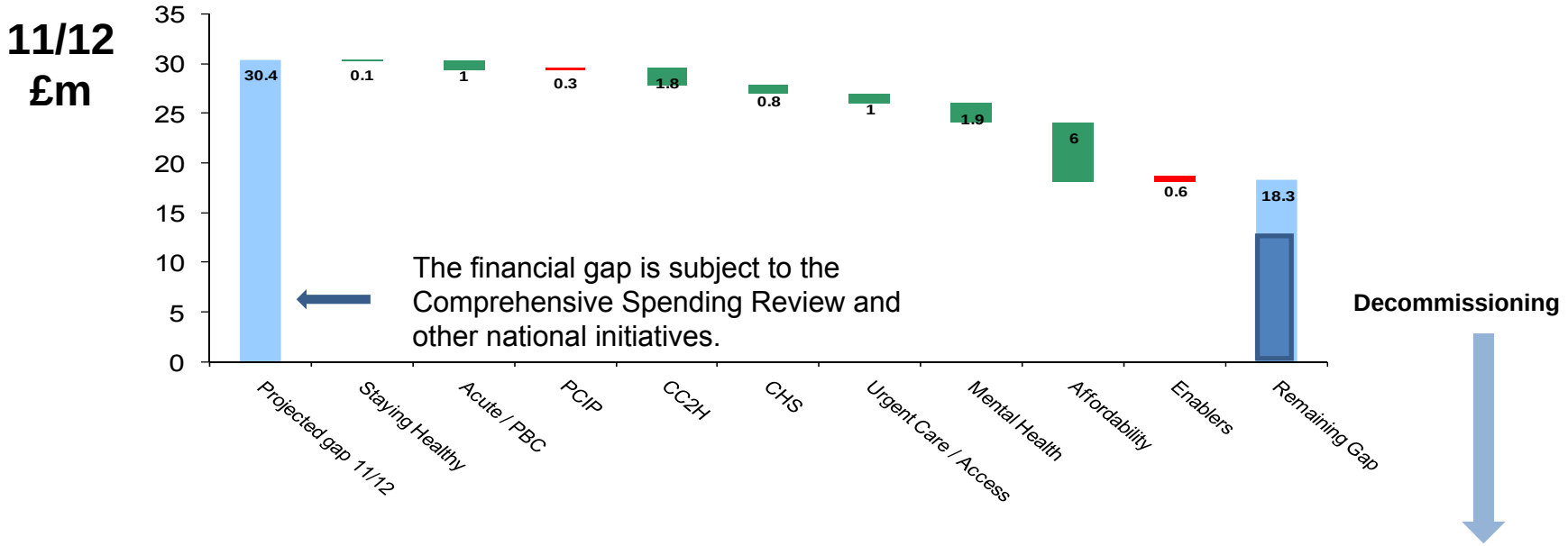
14/15 £m



To close the gap we have a number of options:

- Consider more initiatives to seek savings – but we need to be focused on the initiatives that will produce the biggest savings
- Quicken the pace of initiatives to drive benefits out sooner for example around Long Term Conditions and Urgent Care – but this could put their success to date at risk
- Stop funding some non-mandatory services to develop a pool of resources that can serve as “insurance” so we can deliver the investment needed to provide better, more efficient services
- Reduce spending across all services to close the financial gap

Stopping funding of some lower priority services will help close the financial gap and deliver investment



Decommissioning

- Agree Framework and criteria
- Review all commissioning budgets to identify mandatory and discretionary funding } Over next two weeks
- Aim to deliver £10m in 2011/12
- Long list to be prioritised using the following criteria
  - Quality – minimum impact on patient quality
  - Affordability – delivers savings of >£100k
  - No impact on must-do targets or performance that matters
  - No significant impact on health inequalities
  - Deliverable in 11/12
  - GPs and other stakeholders bought in
- Consultation with all stakeholders before implementation

We are continuing to involve key stakeholders in developing our initiatives

Stakeholders	Discussion	Outcome
Practice Based Executive Committee / GPs	• Discussion on approach and priorities for moving care closer to home with workshop on 12 October to finalise • Clinical Advisory Service discussion paper	• Agree on approach • Boost acute contract management • Agreed 4 specialities to focus on to move Care Closer to Home • Request for meeting of all GPs to consider strategy
PCT Strategic Clinical Leadership Group	• Quality gap discussion on 22 September	• Comments fed into Quality assessment and initiative development
PCT Commissioning Executive Committee	• Outline of process at September meeting • Evaluation and initiatives at 12 October meeting	• Further work on initiatives needed
THINk (steering committee)	• Tower Hamlets Involvement Network (THINk) Steering Committee 20 October • A joint meeting of all three LINKs is planned for November.	
Council	• Health Scrutiny Panel on 26 October	
PCT Board	• Outline of process at September meeting • Evaluation and initiatives at 21 October meeting	

Our Next Steps

- Firm up the financial assumptions and implications after the outcome of the Comprehensive Spending Review (20 Oct)
- Continue to refine our initiatives with particular focus on increasing the pace of change to deliver more savings
- Develop a decommissioning framework and proposals to deliver savings of £10m in 11/12
- Develop initiatives and an integrated programme across Inner North East London to 14/15 with a detailed delivery plan for 11/12
- Update at CEC and Board in November

The eight programmes modelled through to 14/15

All numbers are latest estimates and subject to change

		11/12	12/13	13/14	14/15	Total	
Staying Healthy	Cost	-72.1	-44.1	-114.1	-114.1	-344.4	• Cancer Strategy • Reduced Teenage Pregnancy budget • Continue success initiatives – smoking, obesity, breast screening
	Savings	0.0	0.0	0.0	0.0	0.0	
	Net	-72.1	-44.1	-114.1	-114.1	-344.4	
Hospital Services	Savings	-1000.0	-1500.0	-2000.0	-2333.0	-6833.0	• Improved contract and monitoring focus on First to Followup, Consultant to Consultant, Excess Bed Days and Procedures of Low Clinical Value (ELCA) • Increased GP / PBCE role and power
Primary Care Investment Programme	Cost	2473.2	2259.6	2342.7	2432.5	9508.0	• Improved LTC management • 5 new packages – vulnerable adults, 0-5 , COPD, CVD, Hypertension
	Savings	2158.9	3349.4	5109.9	7715.8	18334.0	
	Net	314.3	-1089.8	-2767.2	-5283.3	-8826.0	
Care Closer to Home	Cost	2717.6	2788.2	2931.3	2996.4	11433.5	• Enhanced programme focusing on 4 specialities with increased volume • Aim for ICO approach / capitated pathways
	Savings	4552.9	4647.1	4889.7	4980.1	19069.8	
	Net	-1835.3	-1858.9	-1958.4	-1983.7	-7636.3	
Community Health Services	Cost	240.0	240.0	240.0	240.0	960.0	• Contract and productivity levers
	Savings	1000.0	1000.0	1000.0	1000.0	4000.0	
	Net	-760.0	-760.0	-760.0	-760.0	-3040.0	
Urgent Care and GP Access	Cost	0.0	0.0	0.0	0.0	0.0	• Urgent Care Centre at RLH • Continued focus on access and reducing A&E • Aim for capitated pathway
	Savings	1000.0	0.0	0.0	0.0	1000.0	
	Net	-1000.0	0.0	0.0	0.0	-1000.0	
Mental Health	Cost	0.0	0.0	0.0	0.0	0.0	• Reduced LOS through dementia liaison • Reduced high cost out of borough accommodation • ELFT MH review (ELCA)
	Savings	1916.0	2083.0	2079.0	1764.0	7842.0	
	Net	-1916.0	-2083.0	-2079.0	-1764.0	-7842.0	
Affordability	Cost	0.0	0.0	0.0	0.0	0.0	• Sectorisation – shared services and common approaches – (ELCA) • Further work for 12/13 onwards
	Savings	6000.0	?	?	?	?	
	Net	6000.0	?	?	?	?	
Enablers	Cost	652.0	436.0	400.0	400.0	1888.0	• IHWB costs • IT to support PCIP, CC2H
	Savings	5.0	6.8	0.0	0.0	11.8	
	Net	647.0	429.2	400.0	400.0	1876.2	