



Haringey Council

Report for:	The Health and Wellbeing Board	Item Number:	
Title:	Haringey Clinical Commissioning Group commissioning intentions 2014/15		
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Ward(s) affected:	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

This paper outlines the proposed commissioning intentions to date for 2014/15 for Haringey CCG. The CCG Board approved the commissioning intentions at their meeting on 25 September 2013.

The proposed 2014/15 commissioning intentions build on the direction of travel set out in the Plan on a Page, Strategic Priorities, Haringey's Health and Wellbeing Strategy and the available evidence about the impact of current QIPP (Quality, Innovation, Productivity and Prevention) schemes.

There have been a number of discussions with the CCG Governing Body, the public at open meetings and at the CCG Engagement Network and various stakeholder groups since they were last discussed with the Health and Wellbeing Board. There will be a large stakeholder event on 17 October 2013 which will further inform the commissioning intentions.

A number of proposed new service areas or changes have been identified and are outlined within this paper.



2. Recommendations

The Health and Wellbeing Board is asked to **NOTE** the proposed Commissioning Intentions for 2014/15

3. Patient & Public Involvement (PPI)

This paper builds on feedback from recent public engagement events including two public meetings in June and meetings of the CCG's engagement network.

4. Equality Impact Assessment

The commissioning intentions for 2014/15 aim to reduce health inequalities among the people of Haringey. The development of the commissioning intentions will build on and encourage on-going community engagement as raised in recent public events. A full equality impact assessment will be undertaken when the details of the commissioning intentions are developed.

5. Risks

Development of the 2014/15 commissioning intentions through a transparent and open approach will enhance commissioning in 2014/15 and support the achievement of the CCGs vision, values and priorities.

6. Resource Implications:

Resource implications will become clear as the commissioning intentions are developed through the next phase.



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1. INTRODUCTION

This paper outlines the proposed commissioning intentions for 2014/15 for Haringey CCG to date.

As part of the annual planning cycle the CCG is developing commissioning intentions to signal the areas we want to develop and commission/decommission over the forthcoming year. The proposed commissioning intentions for 2014-15 will be shared with providers at the end of September. The intentions have been developed from Haringey-specific plans and those worked up across the North Central London CCGs as part of their collaborative working.

The proposed 2014/15 commissioning intentions build on the direction of travel set out in earlier discussions at the CCG Governing Body, the 'Plan on a Page', the CCG's strategic priorities, Haringey's Health and Wellbeing Strategy and the available evidence about the impact of current Quality, Innovation, Productivity and Prevention (QIPP) programme. QIPP is one of the mechanisms used to benchmark service provision and secure improvements in productivity, efficiency and best practice.

The Governing Body last discussed the commissioning intentions for 2014/15 at their meeting on 25 July 2013. At that meeting the population needs and drivers for change were reiterated as outlined in the Plan on a Page. The feedback from that meeting, the CCG Clinical Cabinet, several QIPP Delivery Group meetings, public engagement and network events, joint working with the London Borough of Haringey Public Health department and recent national clinical guidance have informed the next stage development of the commissioning intentions. Subsequent work has been undertaken to identify the areas where the CCG had a commissioning responsibility and focus on the implications for commissioning intentions for 2014/15.

There will be a stakeholder event on 17 October 2013 which will further inform the commissioning intentions and will involve GPs, providers, council colleagues, members of the CCG's engagement network and representatives from the voluntary sector.

The Governing Body is asked to note the proposed commissioning intentions for 2014/15 and identify any gaps.

2. PROPOSED COMMISSIONING INTENTIONS

STRATEGIC PRIORITY: PREVENTION

1. Continue with the prevention CQUIN for stop smoking support and use of 'brief intervention input' for drug and alcohol misuse. Potentially expand to include diet and physical activity for adults and children.
2. Encourage local trusts to move towards becoming a 'Health Promoting Hospital'.



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3. Increase the capacity of the alcohol liaison nurse (link worker) to target repeat admissions.
4. Proactive early diagnosis of long term conditions (LTCs) by the hospital trusts - particularly heart disease, diabetes, COPD and cancer.
5. Review the Hepatitis B and Hepatitis C referral pathways
6. Pan-London programme: Transforming Cancer Services in London (TCSL). Listed below are those intentions that relate to CCG areas of responsibility. There are additional intentions related to cancer screening and specialist cancer services. The commissioning intentions for the CCGs include:
 - Continued support for early detection and population awareness
 - Reducing variation (along the pathway) between providers and within providers, including implementation of Co-ordinate my Care on a consistent basis across London
 - Implementation of the living with and beyond cancer elements of the Best Practice Commissioning Pathways.

STRATEGIC PRIORITY: INTEGRATED CARE

1. Values Based Outcomes

Implementation of values based outcomes commissioning across North Central London covering frail elderly, mental health and diabetes.

Outcome-based commissioning means putting in place a set of arrangements whereby a service is defined and paid for on the basis of a set of agreed outcomes. It means shifting the basis on which services are purchased and resources allocated from units of service provision (hours, days or weeks of a given activity) for pre-defined needs to what is needed to ensure that the outcomes desired by service users are met. This is defined by patients, providers and commissioners working together.

2. Integrated Care

In 2014/15 the CCG will work with the local health and social care economy using specific pathways as a 'litmus test' for the benefits of integration. These services will be diabetes, heart failure and end of life care.

Continue the developments in the Integrated Care Programme, particularly targeted at admission avoidance for the frail elderly. This includes early identification of at-risk patients, multidisciplinary team meetings, developing strong community services, coordinating care around the patient, and integrating and improving pathways of care.

Initiatives that support the development of community services include a review of the lymphoedema service and transferring the ordering, supply, review and management of wound dressings to one supplier to manage and streamline the process.



STRATEGIC PRIORITY: URGENT CARE

1. Continue to improve the pathway for unscheduled care with the secondary care providers, working closely with Primary Care.

Better use of A&E including:

- Rollout of the mental health RAID (Rapid Assessment Intervention and Discharge) model for 2014/15 to help manage patient flows
- Helping the public to better understand the local urgent care system and how to access it so they get treated in the most appropriate place the first time. To do this we will build on the 'choose well' campaign that will run in Haringey this autumn/winter to make sure messages are clear, consistent, targeted to different communities and communicated through a variety of formats and mediums. The need for this campaign has come through very strongly from the public meetings and the engagement network events.
- This includes involvement of the acute trusts in giving patients messages in the use of A&E/urgent care.
- Investigate the opportunity to increase access for patients to register with GP practices from A&E, urgent care and on the wards.
- Explore the use of having navigators within A&E. Feedback from the engagement network indicated that this type of role would be very useful, providing the navigators were well-trained, worked across sectors e.g. health and social care, and had easy access to local service information and translation services.

STRATEGIC PRIORITY: PLANNED CARE AND CARE CLOSER TO HOME

1. Progress the existing planned care/care closer to home schemes. These include:

- Cardiology – redesign the Heart Failure pathway to ensure that it delivers a seamless pathway across all providers by setting up a 'One Stop Service' model. Work with the providers of cardiac rehabilitation services to review the services in 2014/15 and, if necessary, redesign these services. Increase the number of patients that have an annual primary care review of their oral anticoagulation medicine.
- Urology – the full year effect of commissioning a single point of referral and triaging service model managed by the new Community Urology Service
- Dermatology – review the specification for the GPSI services and a wider specification to commission a single service for community dermatology and minor skin surgery
- Gynaecology – develop a single community gynaecology service to provide routine gynaecology activity in the community
- Ophthalmology – investigate the provision of a community based cataracts service(s)
- Ear, nose and throat (ENT) - the full year effect rollout of the new ENT pathway to one community provider



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- Gastroenterology – the full year impact of the implementation of the pathways for dyspepsia, irritable bowel syndrome, iron deficiency anaemia and constipation.

2. Diagnostics

The current contract with In Health ends on 31 March 2014. Recommissioning of these diagnostic services across all of the North Central London CCGs is being carried out.

3. Routine Vasectomy Services

Investigate recommissioning of routine vasectomy services to streamline the pathway and governance.

4. Colorectal Community Service

Investigate a community service to treat patients suffering from a range of minor colorectal conditions and requiring specific colorectal procedures that would otherwise have been provided in an acute hospital setting.

5. Musculoskeletal Pathway

Review the musculoskeletal pathway.

STRATEGIC PRIORITY: ADULT MENTAL HEALTH

1. There is further development of the commissioning intentions being undertaken. To date the proposed commissioning intentions include:

- Implementation of a personalised recovery model facilitating re-integration into meaningful life roles. This includes commissioning value based outcomes for mental health services
- Improving access to psychological therapies (IAPT) including the use of telehealth options (for example, online platforms that would give people a different access route to IAPT services)
- Explore extending the role of the voluntary sector to improve self-management
- Developing a dementia pathway to increase early detection and better management of people with dementia and ensure the provision of appropriate placements for people with complex needs
- Developing an adult learning disabilities model and increasing personalisation amongst learning disability population
- Support Haringey Council's Public Health team to roll out their 'Time to Change' campaign locally, including signing the 'Time to Change' organisational pledge
- Explore how we can help to tackle stigma and discrimination around mental health, for example, looking at the wording we use around mental health issues in our dealings with the media, and supporting Public Health to roll out mental health first aid training for frontline staff. The use and effectiveness of mental health first aid training was supported by the engagement network.

STRATEGIC PRIORITY: CHILDREN & YOUNG PEOPLE

1. Children's commissioning



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Haringey CCG will commission services to improve the health and wellbeing of children, in partnership with NHS England and the London Borough of Haringey. This includes a number of community and hospital based services including:

- Focusing on minimising acute, secondary and tertiary hospital admission
- Reducing dependence on out of area, long-term residential care
- Improve access to Child and Adolescent Mental Health Services (CAMHS), ensuring that children are cared for at the most appropriate intervention level. This also includes exploring ways of helping parents manage crises with their children in other ways, preventing the need for a referral to CAMHS.
- Improve the life chances of disadvantaged babies and young children by delivering a step-change in the use of preventative approaches in pregnancy and the first three years of life. This will be through social and emotional development, communication and language development, diet and nutrition. This will be in partnership with voluntary organisations, health agencies, and the local authority. The work is being led by Barnardos.

2. Maternity services

The introduction of a new pathway tariff in 2014-15 replacing payments for individual episodes of care during pregnancy and early life provides a number of opportunities for both providers and commissioners. The new pathway tariff also takes account of social as well as medical need which is very important in a borough like Haringey. Providers will be able to more effectively target resources, for example post natal care, which has been poorly evaluated in the past.

Accurate activity modelling, ensuring women are not booked with more than one provider and that assessment of clinical need is accurate, will be required to ensure high quality services and mitigate financial risk for commissioners and providers. The North Central London CCGs will work with individual Trusts as part of the maternity network on a data and information project to achieve these aims. The maternity network recognises that caesarean section rates continue to be above the national average in most Trusts within the sector. An audit will be undertaken to identify whether Trusts are following agreed network guidelines for planned caesarean sections and to recommend appropriate actions.

3. IVF

Review the Fertility policies in the light of NICE guidance published in February 2013 and maximising outcomes.

3. CONCLUSION

This paper is an update on progress of the on-going process to develop the CCG's commissioning intentions. There are events with stakeholders planned to further develop these intentions.

4. NEXT STEPS



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The next steps in the development of the commissioning intentions are:

- Early notice to the provider of the CCGs commissioning intentions by 30 September 2013
- Stakeholder event 17 October 2013
- Further develop commissioning intentions with stakeholders and providers to 31 March 2014
- Develop technical contracting elements including service specifications, key performance indicators and information schedule, QIPP programme and values, CQINs plan
- Collaborative development of shared commissioning intentions across North Central London CCGs up to 31 March 2014.