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Haringey Teaching Primary Care Trust

Commissioning for a Healthier Haringey

Investment Strategy 2008-2011

March 2008

Foreword

This document sets out Haringey TPCT's 3-year commissioning investment strategy and gives details of how and what services will be commissioned in 2008/09. Over the next 3 years we will ensure that we commission the best possible services to meet the needs of the people of Haringey and that these services and the TPCT itself contribute fully to improving the health of our population including reducing inequalities and maximising independence.

Overall our focus for the future is on primary and community services, with a growing emphasis on early detection and prevention of ill health. We have identified four strategic priorities: areas that we need to focus on and which will guide our planning. These are:

- **Improving quality and access to services**
- **Promoting a healthier Haringey**
- **Improving mental health and well being**
- **Improving our commissioning and financial performance.**

We recognise that this is not something that we can do alone. In order to help prevent ill health and promote good health we are committed to working in partnership with other organisations, particularly Haringey Council and with the residents of Haringey.

Our aim is that you will see a difference in health and health services in Haringey, not just in the long term and in ways that matter to you on an everyday basis.

Read on for more information on how we plan to achieve our aims and how you can let us know what you think of our work.

Contents

1. Introduction

This document sets out Haringey Teaching Primary Care Trust's (TPCT) Commissioning Investment Strategy for the next 3 years, 2008/09 – 2010/11. Commissioning is the process of making informed choices about the type, quality and amount of services we purchase for local people which best meets their needs. Our Commissioning Investment Strategy includes details of our plans for 2008/09 including what new and additional services will be commissioned (our Commissioning Intentions for 2008/09). This document is in line with our main planning documents such as our Commissioning Strategy Plan and our Operating Plan and has been written to give our stakeholders a more accessible overview of our plans.

Our vision is to commission world class, high quality, responsive health services for all Haringey residents – services that contribute fully to improving the health of the people of Haringey including reducing health inequalities and maximising independence. Haringey has one of the most ethnically diverse populations in the country. We will ensure that quality and equalities issues such as non-discrimination and support for people to access services are fully integrated into our work. **Overall our focus for development for the coming years is on primary and community services and on early detection and prevention and ill health**. In the long term this will lead to a reduced need for acute or hospital based care either due to less need for such care because of the early detection and prevention of ill health or through more appropriately located and provided care, for example at home and in local health centres.

1.1 About Haringey TPCT

Haringey TPCT has an overall responsibility for improving the health and well-being of everyone living in Haringey. Everyone in Haringey deserves the best possible chance of a long and healthy life. Haringey TPCT works in partnership with Haringey Council, local organisations and local people to:

- Provide the highest quality health services that can be easily accessed by everyone living in Haringey
- Tackle the underlying causes of ill-health
- Focus on debilitating chronic diseases and mental health to improve the quality of care for those who suffer from persistent ill-health
- Manage and combat problems which are symptomatic of health inequality, such as teenage pregnancy and substance misuse.

Our mission is to improve the health and well being of everyone living in Haringey by commissioning and delivering the highest quality care that is centred around the needs of the individual and the diverse communities we serve.

Haringey PCT was awarded teaching status in 2002. Teaching PCTs were established to help tackle issues such as low income, unemployment and poor

housing which all have an impact on health. The teaching programme aims to improve employment opportunities locally and to help recruit and retain high quality staff to the PCT.

More information about the TPCT and the teaching programme is available on our website: www.haringey.nhs.uk

1.2 Purpose of this document

This document provides an overview of how and why the TPCT intends to invest in its commissioned services in the next 3 years. It draws on the main planning documents produced by the TPCT, which are described below.

Each London PCT was required by the Strategic Health Authority, NHS London, to produce a Commissioning Strategy Plan (CSP) by 1 October 2007 to cover the 5 years from 2007/08 to 2011/12. The CSP informs the other planning documents that PCTs need to produce including its annual Operating Plan.

In addition to the CSP that each PCT has produced, a Collaborative Commissioning Initiatives (CCI) document is also available which sets out strategic plans for the key services across the 5 PCTs of North Central London (Barnet, Enfield, Haringey, Camden and Islington). Both the full CSP and CCI documents can be downloaded from http://www.haringey.nhs.uk/home/commissioning_strategy.shtm.
Our Operating Plan, once finalised, will also be available on our website.

2. Working with Haringey

Haringey TPCT is responsible for the commissioning and provision of health services in Haringey. We also have a responsibility to improve the health of people in Haringey, however this is not something that we can do alone. In order to help prevent ill health and promote good health we need to work in partnership with other organisations and with the residents of Haringey, especially when addressing health inequalities and attempting to influence the wider determinants of health.

2.1 Haringey Council

Haringey TPCT works in partnership with the Haringey Council on a range of issues. Joint commissioning arrangements are in place for mental health, substance misuse, children and young people and learning disabilities services. The TPCT is also a key member of the Haringey Strategic Partnership – this body oversees the delivery of the Local Area Agreement. Local structures are in place to tackle jointly health inequalities through, for example, the joint life expectancy action plan, obesity strategy and infant mortality action plan. The range of programmes taking place in Haringey to

promote well-being are brought together in the Well-being Strategic Framework. Find out more about this at http://www.haringey.gov.uk/index/social_care_and_health/health/well-being_framework.htm
The recent appointment of a Joint Director of Public Health between the Council and the TPCT will further support partnership working, as will the completion of a Joint Strategic Needs Assessment which will inform how services are planned.

2.2 Public and patients

Finding out what local people, organisations and patients think about health and health services is important to us in shaping our work. To date we have involved people in our work through our Public and Patient Involvement Forum and recently through specific public consultations on *Healthcare for London* and on our Primary Care Strategy for Haringey. We participate, with the support of local councillors, in local area assemblies and engage fully with Haringey Overview and Scrutiny Committee. We are currently, with Haringey Council, developing new ways of involving people and organisations in developing local health and care services through Health and Care LINk for Haringey which is being set up from April 2008. Find out more about this at www.haringey.gov.uk/haringeylink. Drawing on feedback from our primary care strategy consultation we are planning to "go local" in 2008/09, strengthening engagement with people locally through our practice based commissioning collaboratives and in the ongoing implementation of our primary care strategy.

2.3 Voluntary and Community Sector

Voluntary and Community Sector (VSC) organisations play an important role in Haringey, both in providing services, and in accessing the views and experience of local communities. Haringey TPCT works with Haringey Association of Voluntary and Community Organisations (HAVCO), the umbrella group for the VSC in Haringey and through the Haringey Compact to work in partnership to improve the health and wellbeing of Haringey's residents.

2.4 Keeping informed and getting involved

We produce *Haringey Health News* to keep people informed about what's happening in health locally, this is available from our website http://www.haringey.nhs.uk/. If you are interested in being more involved in our work please contact Farah Butt, Communications Manager farah.butt@haringey.nhs.uk or 020 8442 6322.

3. Haringey current context – Where we are now

In developing our investment strategy we first reviewed the current context, taking into account the following areas: what we know about our current population and how we think that population will change in future; the services we currently commission, our financial position and our capability as an organisation. This section sets out the main features of our current position.

3.1 Haringey's population and health needs

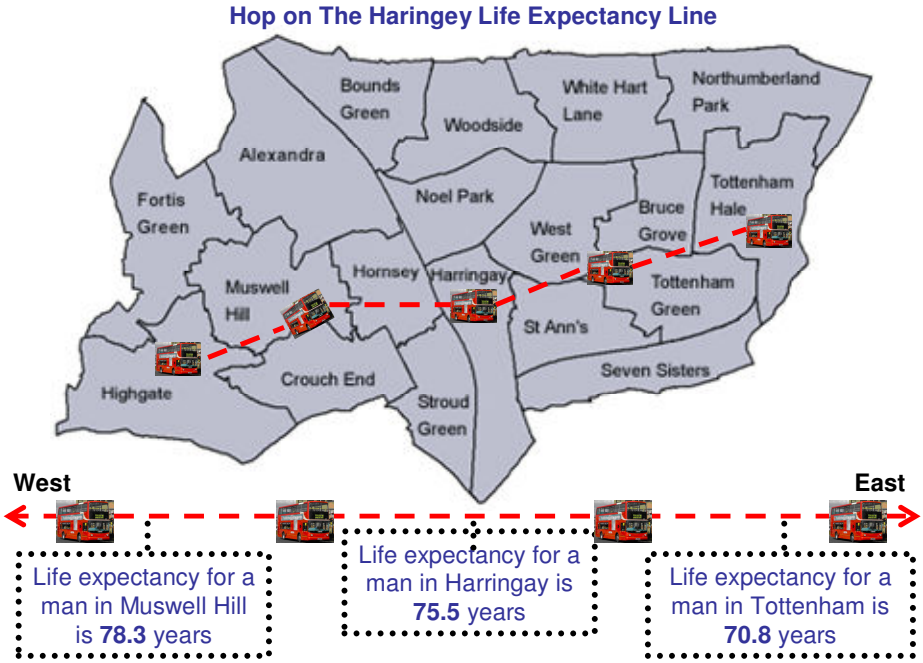
Our annual public health report provides detailed information about Haringey's population and health needs, it can be downloaded on our website:
http://www.haringey.nhs.uk/publications/public_health/chapters.shtm

Some of the main characteristics of our population are:

- Relatively young and mobile
- Extremely diverse in terms of socio-economic status and ethnicity
- Increasing in all age ranges except for those aged 65-74 years.
- We are expecting to see increasing proportions overall of people from Black and Minority Ethnic Communities and more older people from minority ethnic communities.

In terms of health needs, we experience high levels of health need in Haringey, including mental health, with high admission rates and inequalities. Within the borough there are variations that account for up to 8 years difference in life expectancy for men between the wards with highest levels of deprivation in the East and those with relative affluence in the west. This is illustrated in the following picture.

Fig 1. The number 41 bus route illustrates the contrast in life expectance across the borough. At the two extremes, male life expectancy 2004-2004 in Bruce Grove (70.5 years) is nearly 8 years lower than make life expectancy in Muswell Hill (78.2 years). The relationship between male life expectancy and ward level deprivation is strong and statistically significant.

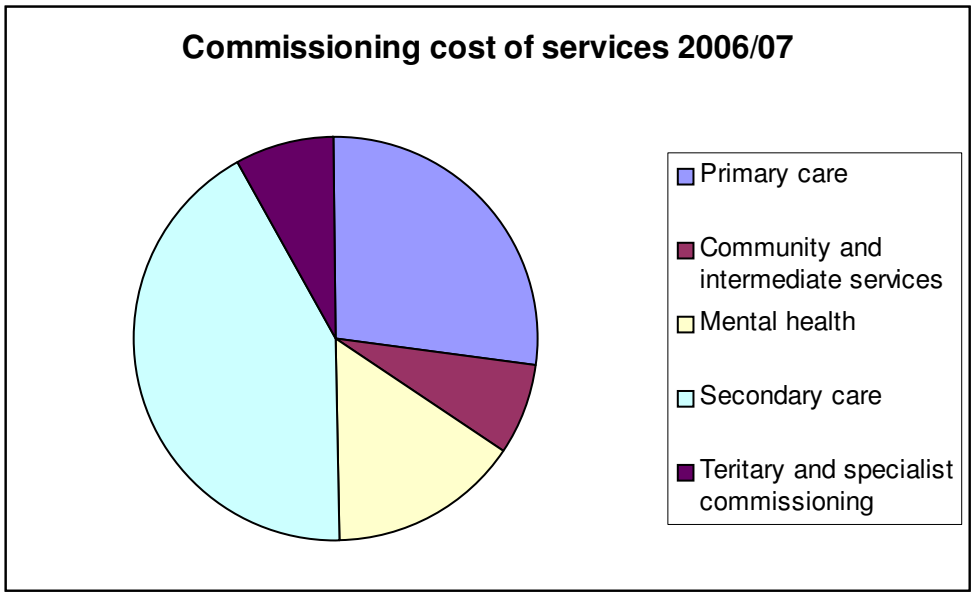


3.2 Services we currently commission

Haringey TPCT commissions the following types of services: primary care (including GPs, urgent care, pharmacy, optometry and dental services, community and intermediate services (including audiology, children's services, community nursing, sexual health, speech and language therapy), mental health, secondary care (from acute hospitals, mainly North Middlesex University Hospital Trust and the Whittington) and tertiary care.

3.2.1 Commissioning cost

The following pie chart shows the cost of these different services in 2006/07.



Service area	Commissioned cost in 2006/07 £m
Primary care	103.5
Community and intermediate services	27
Mental health	57
Secondary care	161
Tertiary and specialist commissioning	31
Total	379.5

Further details of the breakdown of these costs and the activity provided can be found in the full CSP (sections 3.7 and 3.8).

3.2.2 Models of care

There are different ways in which the health and care services we commission are organised and delivered. As services develop and improve over time, and as people's needs change, new models of care need to be developed. We have identified the following areas as needing new models of care.

- **Primary care**
  We are currently working with an outdated model of primary care based in a large number of stand-alone general practices, many of which are housed in substandard premises. Although there are examples of good practice in the borough we generally experience poor integration of services and unplanned variation in quality, range, availability and funding of services all of which exacerbate health inequalities. We continue to see inappropriate use of A&E and a focus of resources on hospital-based care rather than on well-being and health improvement. Our Primary Care Strategy sets out how we want to move to a new model of primary care that will refocus services and resources in the community rather than in hospitals, ensure better

integration across health and social care, improve access to more consistently high quality primary care services and work more effectively to promote healthy lifestyles. This involves developing a network of super health centres for the borough, supported by a smaller number of primary care practices. www.haringey.nhs.uk/about_us/consultations/index.shtm

- **Long Term Conditions**
  Long term conditions (LTCs) like diabetes, heart failure and mental health play a significant part in the ongoing health of people in Haringey. This burden is felt more acutely by people from BME communities and by deprived communities. We need to transform the way we work with people with long term conditions to focus much more on prevention, and early and accessible community-based care that enables people to manage their conditions better and with fewer complications in the long term. This will be a key component of the new primary care model.
- **Children and Young People**
  We have made much progress in working together with Haringey Council to improve how we meet the needs of children, young people and their families in Haringey. This work is ongoing and will focus on developing an integrated model of service for health and social care as set out in the Children and Young People's Commissioning Framework.
  The focus is on health promotion and early identification of problems to give children the best possible start in life with care being providing at home or as close to home as possible. The strategy also identifies the need to review and redesign pathways for urgent care and the development of multi-agency integrated provision for children with additional needs.
- **Rehabilitation and Integrated care**
  Current community-based rehabilitation and intermediate care services are unable to adequately meet the needs of all adults and older people in Haringey who require them. Planning and commissioning of these services has not always been undertaken jointly across health and social care. This has led to the development of services that do not provide integrated care pathways that are able to meet the range of identified needs. There are also a number of inconsistencies in terms of eligibility for the services that exist. We are developing a rehabilitation and intermediate care strategy that sets out an approach to developing an integrated service model with a focus on health promotion and early intervention to keep people well and caring for people at home or in community settings wherever possible.
- **Mental health**
  The focus of mental health services in the borough has been largely on crisis management and hospital-based care. We want to further the shift towards a model based on health promotion and early intervention. We also need to ensure that where problems arise there is a single point of access to services and a single assessment process which leads to evidence based treatment.

3.2.3 Performance of services

PCTs are assessed on the performance of the services they provide and commission. In 2006/07 Haringey TPCT achieved "good" in the Healthcare Commission's annual health check, an improvement on the previous year (see www. http://www.healthcarecommission.org.uk for more information on the annual health check). Our focus for 2007/08 has been on sustaining these improvements and on improving those areas where we know we need to do better, namely:

- Life expectancy
- Infant mortality
- Sexual health
- Teenage pregnancy
- Cancer
- Diabetes
- Mental health and drug services.

3.3 Financial position

Our current financial position is good, as a result of sustainable financial planning and management over the last three years. This means that we are able to continue with a programme of new investment, in particular in developing primary care.

4. A Healthier Haringey – where we want to be in the future

We have drawn up four strategic goals, based on the analysis of our current context and with an understanding of the current health policy direction.

4.1 Strategic goals

Goal 1: To improve quality and access to services; ensuring better access to the right care in the right place, at the right time; providing more integrated care in the local community. This goal is about how we can best organise services so that people in Haringey can easily access services of high quality wherever they live in the borough. It is also about making sure that we make best use of services and that services work better together.

Goal 2: To promote a healthier Haringey by improving health and well-being and tackling health inequalities. This goal is about ensuring that the PCT acts to prevent ill-health by participating fully in local partnerships that look at the wider determinants of health

Goal 3: Improve mental health and well-being. This goal highlights mental health and well-being as being of particular importance to Haringey due to our population's needs, and includes actions to both promote mental health and improve mental health services across all age ranges.

Goal 4: To improve our performance and the way in which we commission services to enable us to commission world-class care, whilst ensuring that we maintain long-term financial stability. This goal relates to our ability as an organisation to work effectively so that we are able to meet our other strategic goals, we need to improve our commissioning skills and we need to maintain the good financial position we are currently in.

4.2 Initiatives

We have identified the key initiatives that we will undertake to help achieve these goals. These are listed below, under the main goals that they will help with, however there some initiatives will have an impact on more than one goal, for example the primary care strategy will improve quality and access to services; ensuring better access to the right care at the right time; providing more integrated care in the local community (goal 1) and will help promote a healthier Haringey by improving health and well-being and tackling health inequalities (goal 2).

Goal	Initiative	
1. To improve quality and access to services; ensuring better access to the right care in the right place, at the right time; providing more integrated care in the local community.	1.1	Implement our Primary Care Strategy including new models of service provision
	1.2	Develop Long Term Conditions management schemes starting with diabetes and heart failure
	1.3	Improve patient flows through services – by meeting 18 week referral to treatment target and through Practice-Based Commissioning led management of referrals
	1.4	Commission the service model in the Children and Young People's Commissioning Framework – with a focus on better management of long term conditions and reducing acute admissions
	1.5	Develop the Rehabilitation and Intermediate Care Strategy
	1.6	Contribute to sector wide work on improving cancer services (CCI)
	1.7	Contribute to sector wide work on urgent care pathways for stroke (CCI)
	1.8	Improve End of Life Care (CCI)
	1.9	Contribute to improving renal services in the sector (CCI)
2. To promote a healthier Haringey by improving health and well-being and tackling health	2.1	Contribute fully to Haringey's Community Strategy and Local Area Agreement especially through: primary care preventative treatment for patients at risk of cardiovascular disease; investment in smoking cessation ("Stop before the Op"), improving screening for bowel, breast and cervical cancer, increased investment in physical activity and nutrition programmes.

inequalities	2.2 2.3	Reduce infant mortality through early access to maternity services, breastfeeding and stopping smoking initiatives Improve sexual health including increased investment in Chlamydia screening and mainstreaming young people's services and preventing teenage pregnancy
3. Improve mental health and wellbeing	3.1 3.2 3.3 3.4	Improve primary and community mental health services for all age ranges– in particular ongoing implementation of the primary care local enhanced service Improve mental health services and mental health prevention for children and young people Review commissioning arrangements for the provision of inpatient and community mental health services by our local mental health provider trust (Barnet, Enfield and Haringey Mental Health Trust) including developing an adult rehabilitation strategy, developing low secure provision, and early intervention services. Develop Older People's Mental Health Strategy
4. Improve commissioning and ensure financial stablility	4.1	Continue programme of commissioning development to strengthen the capacity and capability of the commissioning function within Haringey TPCT to support delivery of goals 1-3.

4.3 Impact of initiatives

The full CSP gives more details of these initiatives including what we expect the impact of the initiatives to be in terms of quality, health outcomes and inequalities, impact on providers and on commissioning cost and capital cost. Our intention is that the combined effect of the initiatives outlined above with the ongoing work of the PCT, and the actions agreed in the Local Area Agreement, will culminate in a long-term positive impact on the health of the population of Haringey

These initiatives will all start, or have started, in 2008/09. The impacts of these will be seen during the 5 years of the CSP, and beyond.

We will see less care taking place in acute or hospital settings and more care being provided in primary care and community settings, with an increasing amount of preventative and health promotion work taking place in order to reduce the need in the longer term for higher level interventions. In real terms this is likely on current estimates to mean

- A reduction by 1% each year in emergency admissions for long-term condition management and a further 1% for care of the elderly as the work we are doing in the community supporting people to manage their long term conditions more effectively and through our schemes such as our community matron scheme helps to keep older people

- A reduction by 3% in each year in A&E attendances due to the setting up of urgent care centres and a further reduction of 3% due to improved long-term condition management.
- A reduction by 4.5% over 5 years in elective inpatients due to extended minor surgery in super health centres.

Additionally we would expect to see a reduction in hospital based are over the next 5 years in diabetes, dermatology, gynaecology and rheumatology as a wider range of services become available in primary care.

The CSP contains a more detailed breakdown of the impact of these changes.

5. Commissioning for a Healthier Haringey – Investment Strategy April 2008 to March 2011

This section sets out the TPCT's proposed approach to investment planning over the next 3 years, based on the work outlined above to assess our current situation and drawing our key planning documents.

5.1 Commissioning Priorities

As we go into 2008/09, as a result of sustainable financial planning and management over the past three years, we are able to continue with our programme of new investment, in particular in developing primary care in the context of our primary care strategy and which underpins the strategic goals set out in the CSP.

As set out above the priorities set out in the TPCT's Commissioning Strategy Plan are:

- Improving access and quality of services
- Promoting a healthier Haringey
- Improving the mental health and wellbeing of Haringey residents.

Underpinning this is a requirement for the TPCT to continuously improve our commissioning skills to ensure best possible value for money from commissioning resources and a continued focus on strong financial performance.

In addition to these strategic priorities the TPCT needs to demonstrate improvements in services through a range of important targets. Each London PCT has produced an Operating Plan setting out the PCT's commissioning and financial plans. As part of this plan PCTs set out how there plans to meet the targets, known as "Vital Signs". See the Department of Health Operating

Framework for more information[1]. The Vital Signs are divided into 3 areas: national requirements, national priorities for local delivery and local action. PCT plans for national requirements and national priorities have to be agreed by the SHA to ensure that national targets are met. PCTs also need to agree targets with other key partners, including targets that relate to Local Area Agreements that are set with local strategic partnerships and are signed off by the Government Offices. The table at Appendix A provides a summary of all of these commitments.

5.2 Overview of available resources and proposed phasing of investments

Table One, below, summarises the financial assumptions underpinning this investment strategy.

5.2.1 Available resource

Available resource for 2008/09 is £9m, rising to £15m in 2009/10 and £23m in 2010/11.

These figures are derived from the five year financial plan and represents the level of resource expected to be available for investment after expected growth in acute / secondary care and continuing care budgets has been allowed for.

5.2.2 Contingency

It is prudent at this stage to retain a commissioning contingency to ensure that the TPCT is in a position to resource unexpected pressures and new priorities as they emerge.

No further contingency is required for 2008/09, £2m has been set aside for 2009/10, rising to £4.5m by 2012/13.

5.2.3 Primary Care Strategy Infrastructure

This represents a total recurrent revenue investment over the 5 year period of £4.5m including the costs of Hornsey Central that come on stream in 09/10 and a further £1.5m investment per year in 2011/12 and 2012/13. This is a working assumption and will be further reviewed as local plans are developed.

[1] Department of Health, The NHS in England: The Operating Framework for 2008/09, 13 December 2007
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

5.2.4 Phasing of new investments

It is proposed to work up our investment plans in two tranches:

Tranche one: 2008/09 and 2009/10– total proposed investment programme of **£14m.** This represents **£8m** new investment in 08/09 (£4.25m part year effect) and **£6m** in 09/10 (£4m part year effect).

2009/10 includes full year investment of £2m in Department of Health procured independent sector treatment capacity which is due to come on stream in April 2009. Details of clinical services that will be commissioned through this provider are being worked through but is likely to include additional renal dialysis capacity, home based chemotherapy and a range of other potential services.

A detailed phasing plan will be developed and presented to the Board as part of the final investment plan in May.

Tranche two: 2011/12 – total proposed new investment of a further £3.5m (full year effect). The longer lead in time available for planning makes it possible to plan for full year impact in 2011/12 at this stage.

5.2.5 Non recurrent investment

Table one summarises proposed non recurrent investment over the 4 year period to 2011/12. This is higher in 2008/09 than in subsequent years due to planned phasing of tranche one investments as outlined above.

The first call on non recurrent resources will be to support implementation of the Barnet Enfield and Haringey Clinical Strategy where it is expected that some non recurrent costs will arise due to the need for double running / pump priming and project support costs.

Implementation of RIO (patient information system for community services) in HTPCT provider services will also be a call on this resource in 2008/09 and 2010/11.

A process for agreeing short term investments and priorities will be put in place.

Table One:

	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
available resource	9	15	23	24	25
contingency	0	-2	-3	-4	-4.5
PC strategy infrastructure	0	-1.5	-1.5	-3	-4.5

	9	11.5	18.5	17	16
08/09 sub total	-4.25	-8	-8	-8	-8
09/10 sub total	0	-4	-6	-6	-6
10/11 sub total	0	0	-3.5	-3.5	-3.5
non recurrent expenditure	-2	-1	-1	-0.5	0
non recurrent benefit of surplus	1	3.75	3.25	4.25	3.25
surplus	3.75	3.25	4.25	3.25	1.75

5.3 Investment priorities

Within the overall strategic framework provided by the CSP, investments will be made according to the following priorities:

- Consolidation: in recognition that many non Payment By Results (PBR) services have seen little or no growth over recent years a significant investment will need to be made in core services to reflect ,for example, population growth, increased prevalence and to address clinical risk and quality issues.

- National priorities and performance: to ensure that the TPCT fully delivers on commitments in line with national priorities including access, convenience and choice.

- Local priorities and reducing health inequalities: aligning additional investment to support delivery of local priorities (including local area agreement priorities and London NHS priorities) including health promotion and prevention with screening, infectious diseases and immunisation a particular priority in year one. Implementation of the TPCT's primary care strategy to achieve a step change in the level and quality of 'out of hospital care' is a key local priority in the period covered by this investment framework.

- Investments that support continued reduction in reliance on hospital based care and ensure that the TPCT manages acute services appropriately (ie is in the top quartile performers for all acute sector productivity metrics).

- Investments to support the TPCT to develop its commissioning skills and capacity, ensuring that the best possible health outcomes for local residents are secured from the significant health resources that the TPCT is responsible for.

5.4 Prioritisation process

The TPCT is currently working up a 'long list' of potential investment priorities based on our knowledge and understanding of population needs, current service gaps and national and local policy. Work to develop business cases and specifications for new investment has started but significant further work will be required in some areas to ensure that new investment aligns effectively with existing investment. This will be reflected in the proposed phasing of new investments. The TPCT intends to commission new services as much as possible based on outputs and the outcomes required to be delivered from the investment.

The prioritisation process for new investments will also need to consider where commissioning skills and capacity needs to be focused to ensure that benefits from new investment are maximised.

Clear performance management arrangements to ensure new services deliver anticipated benefits will be put in place building on existing arrangements. Evaluation of the impact of new investments will be built into specifications and may be commissioned externally in some cases.

Investment proposals and business cases will be reviewed against a set of agreed prioritisation criteria as outlined below:

Clinical effectiveness
What evidence is there that the intervention is clinically effective?

Cost effectiveness
How many people will benefit from the proposed investment? How much do they benefit? (relative to the proposed level of investment).
And / or
Will the proposed investment deliver a significant improvement in quality or safety of clinical service to existing patients?

Equity
Is the investment proportionate – i.e. meeting an equivalent level of need and potential to benefit as against other proposed investments and existing service provision. (So - don't fund a 'Rolls Royce' service for one condition or client group but only a 'Ford Escort' service for another).

National Priority
Including: Statutory duty, Existing requirement not currently met, national requirement , national priority for local action, vital sign other, national policy other e.g NSF.

Local Priority
Extent to which addresses inequalities in health, fit with LAA strategic priorities and targets, local stakeholder concern.

5.5 Stakeholder engagement

The TPCT is committed to an open and transparent decision making process in relation to its future investment strategy and believes that giving stakeholders the opportunity to feed their views into the process will support improved decision making and ensure that the benefits of proposed investments are maximised.

This will need to be an ongoing process to enable stakeholders to influence not only decisions about what investments should be prioritised but also to influence how services are developed and ensure that they are delivered in a way that is as responsive as possible to local residents needs.

A stakeholder workshop is planned for the afternoon of the 14th May with an evening public meeting to be held on the same day.

The TPCT is currently working through its approach to ongoing stakeholder engagement linked to the further development and implementation of the primary care strategy and further development of our approach to practice based commissioning.

5.6 Commissioning approach

The TPCTs CSP and Commissioning Investment Strategy focuses on **what** the TPCT wishes to commission to support the delivery of the TPCT's core strategic objectives. The TPCT also needs to give consideration to **how** we wish to commission services as well as to **who** we wish to commission services from.

Commissioning frameworks, to support decision-making around the "how" and "who", have been developing rapidly in the NHS over the recent past. In 2008 the TPCT will develop a Strategic Commissioning Framework that will provide a clear local statement as to how the TPCT will discharge its commissioning responsibilities.

We will also be developing a Commissioning Development Plan that will assess our current strengths and areas for development as a commissioning organisation and set out a development programme to ensure that we continually improve our commissioning skills.

The TPCT believes that to secure the best possible services for patients from available resources we need to support the development of a good range of strong, effective and responsive health provider organisations locally. In addition to working with existing providers to ensure that they are able to deliver demonstrably clinically effective, high quality, value for money services the TPCT is also keen to support a range of new service providers, particularly in areas where it is assessed that current providers do not have a particular interest or expertise or where current service provision is assessed as poor quality or value for money.

Practice Based Commissioning Collaboratives are currently having active discussions, for example, about developing new forms of GP practice led provider organisations based around consortiums of local practices / clinicians. GPs will increasingly expect to be given the opportunity to provide a wider range of services than are currently included within the core GP contract framework. This would build on existing 'local enhanced services' models and would need to be carefully managed but is an approach that the TPCT welcomes in principle.

Additionally there is much greater potential for the TPCT to work with community and voluntary organisations to support delivery of improved health for local residents and our Strategic Commissioning Framework will actively consider how we can build stronger relationships and a stronger 'third sector' in partnership with the local authority and building on existing commitments made in the Haringey Compact.

The TPCT believes that 'contestability' (ie. competitive tendering of services against an agreed specification) is an important vehicle for securing best value and expect it to play an increasing part in how we seek to maximise health benefits from our commissioning spending future. We do recognise that there are potential pitfalls in this approach and we will seek to develop mechanisms to ensure that local providers are not disadvantaged in any competitive tendering processes.

These issues will be explored more fully in the Strategic Commissioning Framework described above. It is important to include a brief outline of these issues in the investment strategy at this stage as we will need to consider all these issues in more detail as we implement the strategy.

5.7 Commissioning Intentions 08/09

Following the prioritisation processes and stakeholder engagement set out above, we will be produce our detailed commissioning intentions for 08/09 which will show investment against each of the service areas and targets described in Appendix A.

5.8 Cost improvements in 2008/09

The following areas are where the TPCT expects to make cost improvements, generally through increased efficiency – making better use of services and resources.

- **Corporate budgets**
- **Primary care budgets** by ensuring practice lists are regularly validated.
- **Efficiency in primary care prescribing**
- **Demand management** is about ensuring that the right treatment is made available in the right setting at the right time – that the appropriate care pathway is followed. This can lead to a reduction in

unnecessary activity. This fits with our plans to move provision from secondary care to prevention and provision in the community, and to do so to develop and improve primary care.

- **Service Level Agreements commissioning efficiencies –** ie paying for what we need and want from service providers rather than on historically what has gone before.
- **Low priority procedures** – we will reduce the number of procedures of limited clinical value in line with relevant NICE guidance. Access criteria for the following have been agreed by the Board in March 07, with service delivery outside of the access criteria not being funded:
    - Grommet insertion
    - Tonsillectomy
    - Varicose vein surgery
    - Cochlear implants
    - Implantable cardiac defibrillators
    - Carpal tunnel surgery
    - Hysterectomy for menorrhaghia
    - Cosmetic surgery

  In addition bariatric surgery will not be commissioned outside of the Obesity Care Pathway.
- **Homeopathy services** - Haringey TPCT has recently considered evidence for effectiveness of homeopathy, enzyme-potentiated desensitisation (EPD) and treatment of cancer with Iscador. There is some evidence to suggest that there may be health benefits, beyond the placebo effect, from some treatments in specific situations although in general there is insufficient evidence to support homeopathic treatments. The commissioning of these services will be on an individual basis where it can be demonstrated that a particular patient will experience significant health gain from the proposed intervention

5.6 Impact in 2008/09 - providers

The overall impact we expect to see on our providers includes the following key points:

- A shift in activity from secondary/acute care to primary/community care across all services
- Fewer primary care points of delivery (no reduction in the number of GPs but fewer premises expected) but with an increased range of services available in primary care including the development of urgent care
- An increase in activity at the North Middlesex due to proposed changes across Barnet, Enfield and Haringey
- Management of children's services by Great Ormond Street Hospital
- We would also hope to see a wider range of providers available including those from the voluntary and community sector, and for

specific services such as mental health, retinal screening and breast screening.
- Changes across the sector as a result of the CCI plans around renal, cancer, stroke and end of life care services.

See CSP section 6.2 for a more detailed modelling of the impact on the acute sector.

6. Implementation and monitoring

Our Commissioning Investment Strategy will be monitored regularly, as well the planning documents on which it is based. The CSP will be reviewed and updated on an annual basis. The CSP includes a range of measures to assist us in monitoring progress on the initiatives. The Operating Plan will be monitoring regularly, internally and by NHS London.

7. Conclusion and comments

We are keen to get feedback from stakeholders about our Commissioning Investment Strategy and welcome any comments on this document.

Please address your comments to:

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Appendix A: Summary of Strategic Goals, Initiatives and Operating Plan and LAA commitments.

Operating Framework areas	Area of care	Outcomes	Initiatives	Operating Plan indicator	LAA
CSP Goal 1: Improving quality and access to services					
Cleanliness and healthcare associated infections (HCAI)	Planned care	Reduced no of HCAI	Investment in rapid testing equipment	VSA01 Incidence of MRSA VSA02 MRSA supporting lines VSA03 Incidence of c. difficile	
Access to personalised and effective care	Planned care	Reduce waiting times	Commissioning additional activity and maximising efficiencies including IVF (210) Dental (50) Audiology (45)	VSA04 NHS reported waits for elective care VSA05 Supporting activity lines	
	Planned care	Improve patient choice		VSC 16 (local priority)	
	Primary care Urgent care	Improved access to and quality	Implementation of primary care strategy including developing polyclinic/super health centre model	VSA06 Patient reported measure of GP access	

		of primary care and urgent care services	at Lordship Lane, the Laurels, extended opening hours and progressing work on urgent care	VSA07 GP opening hours	
	Long term conditions	Improve service quality and health outcomes for people with long term conditions	Prioritising diabetes and heart failure, developing a generic model of self-care to apply to other LTCs including respiratory disease and hypertension. Also developing foot care, investing in enteral feeds and audiology.	VSC (local priority) vascular risk score VSC (local priority) Diabetes	
	Dentistry		Dental commissioning strategy to be developed	VSA18 Dental services	
	Children & young people	Improve health of children & young people and reduce need for acute admissions	Increased investment in CYP services to meet increases in population and develop model for children's services in Children & Young People Commissioning Framework		
	Cancer	Improve quality of care	Investment in CCI (sector-wide initiatives). Bowel cancer screening programme underway	VSA08 Breast symptom two week wait VSA09 Age extension of breast	

				screening programme VSA10 Extension of bowel cancer screening VSA11 31 day standard for subsequent cancer treatments (chemotherapy and surgery) VSA12 31 day standard for subsequent cancer treatments (radiotherapy) VSA13 Extended 62-day cancer treatment targets	
	Stroke services	Improve quality of care	Investment in CCI including developing care pathway and sector-wide capacity	VSA14 Quality stroke care	
	Renal services	Improve quality of care	Investment in CCI		
	End of life care		CCI – completion of baseline review and development of stroke strategy	VSC15 (Local priority) proportion of all deaths at	

				home	
	Adults & Older people	Ensure appropriate care and response to specific needs for adults and older people	Rehab & Intermediate care strategy. Begin investing in new models of care. Further investment will be required in 09/10. Specialist team complex rehab Continuing care – support to community matrons ICT assessments/capacity		
CSP Goal 2: Promoting a healthier Haringey					
Improving health and health inequalities	Health inequalities and obesity		Life Expectancy Action Plan Wellbeing Strategic Framework Physical activity and nutrition programme (500) Investment in heart failure and diabetes Development of LES to identify and manage patients with high risk of CVD Stop before Op, targeting hard to reach smokers Catch up programme for imms and data collection Improvements to TB completion rate	VSB01 AAACM rate VSB02 CVD mortality rate VSB03 Cancer mortality rate VSB05 smoking prevalence VSB09 Childhood obesity	56: Obesity in primary school age children year 6 Local - Increase % of children immunised by 2nd birthday 123: smoking rate prevalence Stretch – smoking quitters in N17 121: mortality

				VSB10 Individuals completing immunisation London priority re TB	rate from all circulatory diseases at ages under 75 119: self-reported measure of people's overall health and well-being
	Infant mortality		Infant mortality action plan Early antenatal booking pilot Smoking in pregnancy adviser Infant feeding co-ordinator	VSB06 early access to maternity services VSB11 Prevalence of breastfeeding at 6-8 weeks	126 early access for women to maternity services 53: Prevalence of breastfeeding at 6-8 weeks
	Sexual health		Mainstreaming 4YP services Investment in working with schools HIV testing programmes Investing in family planning and GUM	VSB08 teenage pregnancy VSB13 Chlamydia prevalence (screening) London priority: HIV prevention indicator	112: Under 18 conception rate 113: prevalence of Chlamydia in under 20 year olds

			Chlamydia screening		
	Substance misuse		Investment in alcohol and drug inpatient detox	VSB14 Number of drug users being recorded as in effective treatment	40: Drug users in effective treatment 39: Alcohol-harm related hospital admission rates
	Primary care mental health		Investment in graduate mental health workers and computerised CBT, developing psychological therapies consortium, redesigning day opportunities and increasing access to psychological therapies	VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies	
	Child & adolescent mental health services		Investment preventative and earlier interventions CAMHS in 0708 and 0809	VSB12 Evaluating the impact of CAMHS	51: Effectiveness of CAMHS services
	Inpatient and community mental health		Joint action plan with mental health trust Developing local low secure provision and ensuring EIP services available BCU funding – police diversion	VSB04 suicide and injury of undetermined intent	

	Older people's mental health		Strengthen community based mental health services for older people – older people's dementia care		
	Learning disabilities		Develop model for assessment and treatment services for people with learning disabilities and mental health problems (300 – contingency)		
Enablers **CSP Goal 4: Improving our commissioning and financial performance**					
Reputation, satisfaction and confidence in the NHS	Improve how we commission to improve health and deliver our ambitions		Continue to develop commissioning capacity and capability	VSB15 self-reported experience of patients/users VSB17 NHS staff survey based measures of job satisfaction	
Finance					