

Commissioning Intentions 2016/17

Sarah Price

Chief Officer

Reminder - 2015/16

- End of life care pathway across multiple organisations, lead provider in place, significant improvements and 24/7 coverage.
- Mental Health Framework agreed with partners – DTOCs a big challenge last year– we now have an Accommodation pathway and Employment support service run by Twinings from a Dept. of Employment grant
- Primary Care Federations established (Haringey Health Connected and Central4Haringey)
- Bid for a CPEN successful
- Working at scale programme and GP Inter operability improvements

One Year On....

- Value Based Commissioning (VBC) Lead provider for Diabetes (with Islington CCG) and Older People with Frailty (OPwF)
- New community services and pathways for gynaecology, urology, gastro-enterology, paediatric allergy, CAMHS in primary care.
- Better Care Fund (BCF) authorised and Governance in place – Neighbourhood Connects Project and those of you that haven't met *HARRY GREY*.

Meet Harry Gray



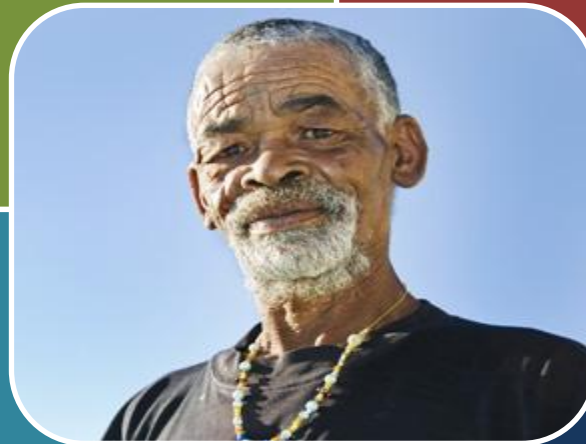
- 75 year old widower
- Has several health conditions: COPD, Dementia, Depression, Falls
- Visited A&E 32 times in last year, admitted 10 times.
- Cared for by his daughter

Admission Avoidance

Named Care Co-ordinator
Health and Social Care Plan
Referral for bereavement
counselling

Effective Hospital Discharge

Less time in hospital
Support to return home
Regain confidence to prevent falls



Promoting Independence

Identification
Link to an 'expert patient' group
Link to a local gardening group

Integration Enablers

All relevant professionals know
important information
Services in the evening
Support for Harry's daughter

From 2015/16 to 2016/17

Enabling the people of Haringey to live long and health lives with access to safe, well co-ordinated and high quality services

Mission

Values

Aims

Objectives

Projects

Engagement
Efficiency
Innovation

Openness
Quality
Inclusiveness

High quality, valued and responsive services, working in partnership with the public to make the best use of available resources

To promote wellbeing, reduce health inequalities and improve health outcomes for local people

To improve the quality of life for people by commissioning integrated health and social care delivered closer to home

Explore and commission alternative models of care

- Value Based Commissioning
- Urgent Care
- Vanguard
- End of life care
- QIPP
- Children's Pathways

More partnership working and integration

- Better Care Fund
- strategy for North Central London
- Securing a future for mental health services
- London transformation
- Development of Health and Care Integration (HACI)
- Procurement of NHS 111 / GP out of hours service

Build capacity for populations to enhance their own health and wellbeing

- Value Based Commissioning
- End of Life Care
- Supported self management
- Childhood obesity
- Accommodation pathway
- Employment support

Re-define the model for primary care

- Working at scale
- Federation development
- Workforce (CPEN)
- Co-commissioning
- 7x7 8-8 working
- Locality teams

1. Explore and commission new models of care	2. More partnership working and integration	3. Build population's ability to enhance health and wellbeing	4. Re-define the model for primary care
<p>Value Based Commissioning</p> <ul style="list-style-type: none"> Diabetes Older People with Frailty Psychosis and depression, MSK , non stroke rehab 	<p>Joint working with Local Authority</p> <ul style="list-style-type: none"> Joint budget for BCF Integrated governance in place BCF may be extended – Children, mental health ? 	<p>Supported self-management training</p> <ul style="list-style-type: none"> For patients with long term conditions diabetes programmes 	<p>Co-Commissioning for Primary Care</p> <ul style="list-style-type: none"> Participating in NCL wide arrangements for co-commissioning
<p>Urgent Care</p> <ul style="list-style-type: none"> Full review of short stay pathways (paediatric and adult) Ambulatory Care model at NMH being developed Alternative Conveyance Pathways with LAS 	<p>Development of a strategy for North Central London</p> <ul style="list-style-type: none"> Significant financial challenge across health economy Establishing how and where CCGs work together at scale 	<p>Joint commissioning on health life expectancy</p> <ul style="list-style-type: none"> Focus on case finding for atrial fibrillation and hypertension Reviewing integrated commissioning of all preventative services 	<p>Access</p> <ul style="list-style-type: none"> Expanding 7/7 access to primary care and working at scale Working with NHS England on premises
<p>Facing the Future Together for Children</p> <ul style="list-style-type: none"> Focus on reducing unplanned admissions Strong focus for 16/17 on pathways and community nursing 	<p>Procurement of NHS 111/OoHs</p> <ul style="list-style-type: none"> Procurement of combined 111/GP OoHs model across 5 CCGs 	<p>Enablement model in mental health</p> <ul style="list-style-type: none"> Reviewing recovery houses and re-tendering Developing models of shared-care to support enablement 	<p>Training and education</p> <ul style="list-style-type: none"> Programme of practice nurse training Focus on CPEN to deliver training within primary care
<p>QIPP Programme</p> <ul style="list-style-type: none"> Ophthalmology Medicines management Musculo-skeletal pathway Dermatology 	<p>Securing a future for mental health services</p> <ul style="list-style-type: none"> Reviewing future of BEHMHT 	<p>Neighbourhood connects and Integrated Advice and Guidance Service</p> <ul style="list-style-type: none"> Commissioned to build neighbourhood capacity Single service providing advice and guidance 	<p>Federations</p> <ul style="list-style-type: none"> Development of GP Federations – within Collaborative areas and across Haringey

Challenge Areas for Commissioning

- **Unscheduled care** – developing a more consistent and coherent approach
- **Paediatrics** – high rates of unplanned admissions, gaps particularly in community children's nursing and in communication/education exchanges with primary care
- **Mental health** – quality, access, GP training and education, awareness of services, quick and effective communication between primary care and MHT.
- **Planned care** – high referral rates for gastro-enterology, urology, gynaecology and dermatology
- **5YFV** and working differently
- Long term financial sustainability within the health economy

Focus Areas 2016/17

Unscheduled Care:

- Expanding ambulatory care, focus on improving short stay pathways – especially paediatrics
- Pursuing 111/OOH procurement – integrated service across NCL

Community Services

- Rapid response and District Nursing 24/7 now embedded and to be “joined up”
- Investment in lymphedema capacity
- Focus on quality of community services – data to support essential

End of life care

- 7 day service and development of bereavement service

Primary Care

- Commissioning responsibility for quality improvement and access to primary care services, education and training, premises review. “Co-Commissioning”, Joint Committee across NCL.

Focus Areas 2016/17

Integrated Care

- Implementation of Locality Teams (MDTs based around practices to support care co-ordination), GP role in interacting with locality teams
- Integration of care for older people – making it happen, building community capacity and reducing unplanned admissions
- Focus on improved discharge process and on intermediate care: virtual wards or MDTs/hospital at home
- 7 day/wk therapy, pharmacy, phlebotomy at Trusts

Paediatrics

- Initiatives to support care out of hospital, email advice, reducing variation in primary care “Facing the Future Together”

Planned care

- QIPP schemes (ophthalmology, gynaecology, urology)
- Value based commissioning next phases
- Reducing variation in elective care
- MSK, dermatology

Focus Areas 2016/17

Mental Health

- Acting on review of acute psychiatric liaison service
- Equipping primary care management of people with mental health conditions
- Enablement approach across Health and Social Care
- CAMHS Review and transformation plan delivery.

Increasing Healthy Life Expectancy - joint programme with LBH colleagues

- Case finding and management of hypertension and Atrial Fibrillation
- Focus on pathways – CQUINs to support prevention
- Early detection and improving early diagnosis of breast and colorectal cancers
- Healthy life expectancy-key local drivers of reduced healthy life expectancy are CVD (stroke and hypertension); diabetes, COPD, outcomes for breast cancer and colorectal cancer
- Self Supported care

Programme Structure

The Increasing Healthy Life Expectancy Work Programme is split into 4 key workstreams. Each workstream contains a range of projects / initiatives aimed at addressing both the clinical areas of concern in Haringey and the modifiable risk factors linked to disease progression.

In addition to overseeing the implementation of service developments and improvement, the Increasing Healthy Life Expectancy Work Programme will ensure that the mental health of patients with long term conditions is treated alongside their physical health needs.

1

Healthy Lifestyles
Promoting health and wellbeing enabling people to stay well for longer

2

Case Finding
Identifying people with illness earlier

3

Long Term Conditions and multi-morbidity
Improving outcomes and quality of life for people with diagnosed long term conditions

4

Cancer
Improving outcomes for people with breast and colon cancer

Addressing mental health needs of patients with long term conditions