Contracting intentions 2015/16

1 Introduction

The purpose of this document is to set out for providers the priority contracting intentions for NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) for 2015/16, which will inform contract negotiations. This document should be read in the context of the CCG's wider commissioning plans and with reference to the strategic context set out in the next section.

2 Strategic context

The 8 CCGs in North West London, with our local authorities and other partners, are in the process of implementing widescale changes to the way in which patients experience and access health and social care. These plans are ambitious and transformational, and the vision is set out below.

We want to improve the quality of care for individuals, carers, and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

This vision is supported by 3 principles:

1. *People and their families will be empowered to direct their care and support and to receive the care they need in their homes or local community*
2. *GPs will be at the centre of organising and coordinating people's care*
3. *Our systems will enable and not hinder the provision of integrated care.*

We started the implementation of this vision in 2013/14, and have been putting many of the fundamental building blocks in place during 2014/15. Some of the key enablers have been:

- Community Independence Service Plus (formerly the 'virtual ward')
- 7 day working in primary and social care
- Supporting the establishment of a GP provider vehicle, in the form of a single Federation of practices, which aims to be a legal entity from October 2014
- Commissioning of out of hospital contracts at Federation level, which will replace practice level local enhanced services and ensure wider population coverage from October 2014
- Closure of Hammersmith Hospital Emergency Department A&E unit
- Implementation of a single GP IT system, SystmOne, in 100% practices in Hammersmith & Fulham
- Establishment of whole system integrated care early adopters, with business cases for implementation from April 2015 being developed
- Contracts with all key NHS providers that incentivise the transformation of services and the movement of services out of hospital

- Enhanced primary care mental health service supporting people and their mental health needs closer to their homes

We intend to build on these further during 2015/16.

3 Approach to the contracting round

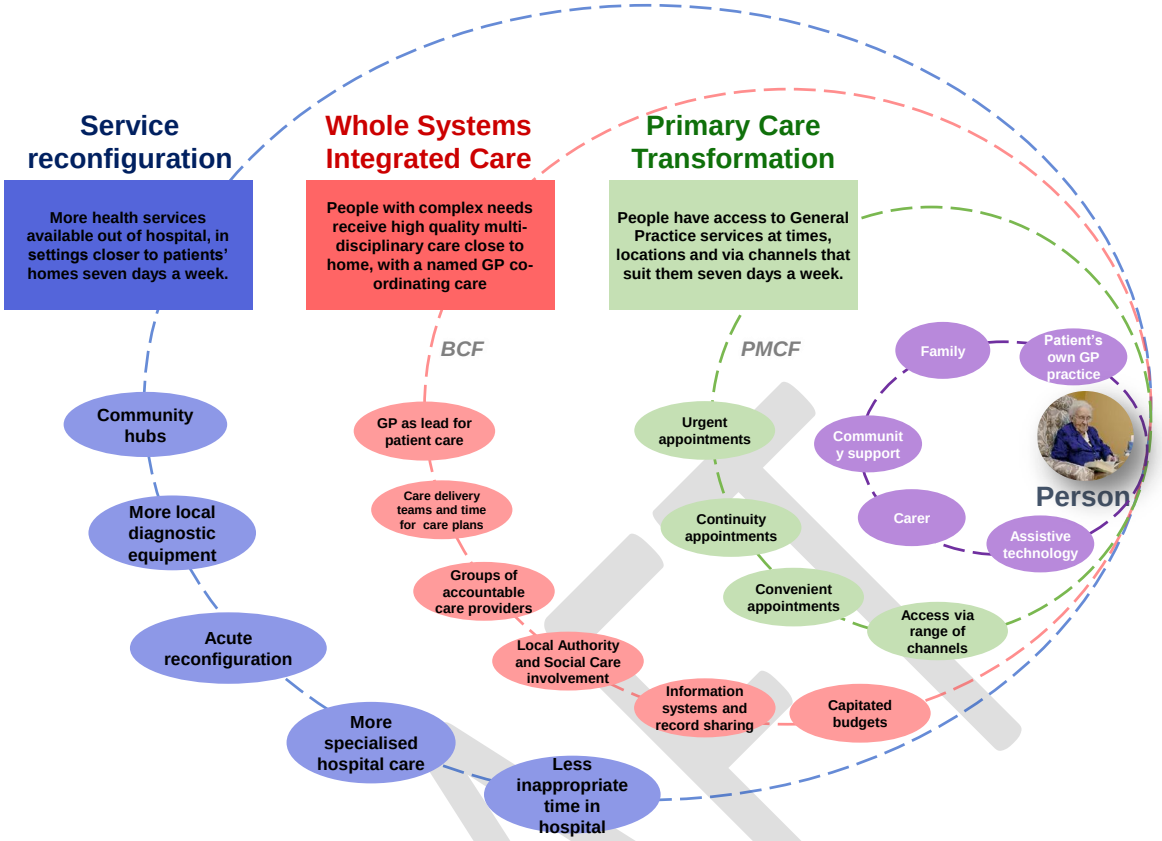
Our approach to the contracting round will build on the approach taken in 2014/15. We will be working closely with the other CCGs in CWHHE, and also with our colleagues in Brent, Harrow and Hillingdon, to maintain strategic alignment. Our primary objective is the delivery of our strategic vision, and we expect to negotiate contracts that will support us in the delivery of that vision, with a focus on transformational change and service integration. We will expect our providers to demonstrate how they are transforming their services to meet that challenge and how they are moving towards the SAHF service standards. We will seek to ensure that the incentives and penalties within contracts are aligned to ensure the delivery of the required transformation. All CCGs in NWL have whole systems integrated care early adopters who are developing models of care, and we expect to commission these during 2015/16, either in shadow or live form. We expect to reflect this within our 2015/16 contracts with the relevant providers.

Patient empowerment, and putting the patient at the heart of all we do, is fundamental to our vision. Generally providers are not doing this at present. We will seek to embed a requirement for much greater patient focus within our contracts for 2015/16.

We intend to start our contract negotiations earlier for 2015/16, with the aim of agreeing the baseline activity and many of the schedules before Christmas, subject to any changes that may be required as a result of the publication of planning guidance and 2015/16 tariffs in late December. This will give us the opportunity for better quality discussions and earlier certainty regarding 2015/16, enabling better planning and therefore a greater chance of delivery of the agreed changes. We expect all contracts to be signed by 31 March 2015.

4 Strategic Priorities for 2015/16

Our vision is underpinned by the 4 key workstreams of i) Service reconfiguration underpinned by *Shaping a Healthier Future*; ii) Whole Systems Integrated Care; iii) Primary Care Transformation and iv) Patient Empowerment. This is shown in the diagram below.



We are currently developing the 5 year roadmap that sets out all the key milestones over the next 3-5 years to ensure that the vision is realised. The following section sets out the delivery priorities and milestones for 2015/16 against each of these key programmes.

4.1 Service Reconfiguration

Shaping a Healthier Future (SaHF), the acute reconfiguration programme in NW London, will centralise the majority of emergency and specialist services (including A&E, Maternity, Paediatrics, Emergency and Non-elective care) to deliver improved clinical outcomes and safer services for our patients. Agreed acute reconfiguration changes will result in a new hospital landscape for NW London. The SaHF Reconfiguration programme will oversee:

- The existing hospital landscape of nine hospitals reconfigured to provide five Major Acute Hospitals;
- Ealing and Charing Cross sites redeveloped, in partnership with patients and stakeholders, into Local Hospitals;
- Hammersmith Hospital established as a specialist hospital; and
- Central Middlesex Hospital will be redeveloped as a Local and Elective Hospital.

Clinical Standards

The programme supports the achievement of enhanced clinical standards. As part of the original development of NW London's vision, NW London's clinicians developed a set of clinical standards for Maternity, Paediatrics, and Urgent and Emergency Care, in order to drive improvements in clinical quality and reduce variation across NW London's acute trusts.

These clinical standards, along with the London Quality Standards and the national Seven Day Services Standards, will underpin quality within the future configuration of acute services, including along the urgent and emergency care pathway. North West London is committed to delivering seven day services across the non-elective pathway by March 2017, based on the national clinical standards, in order to improve the quality and safety of services and to support emergency care flow.

As of April 2015, all Acute Trusts will meet the following 7 day standards:

- Time to first consultant review: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival at hospital.
- On-going review: All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate.
- Diagnostics: Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: within 1 hour for critical patients; within 12 hours for urgent patients; within 24 hours for non-urgent patients.

In addition, in 15/16 Acute Trusts will be expected to produce quarterly patient experience reports that compare feedback from weekday and weekend services.

Over the course of 2015/16, Acute Trusts will work towards achieving the following 7 day standards:

- Multi-disciplinary Team review: All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.
- Shift handover: Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

All providers across primary, community and social care will work towards 7 day discharge pathways - i.e. that support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

The acute reconfiguration is dependent on significant take-up of existing and new out of hospital services being delivered locally by all CCGs to ensure that patients only go to hospital when they need to.

As part of a common commitment across NW London, CCGs will commission services from Acute Trusts that meet the agreed clinical standards, including those defined by the Shaping a Healthier Future programme, London Quality Standards, and national Seven Day services standards. In 2014/15 the baseline of delivery against the Seven Day standards has been established, and a NWL prioritisation has been agreed to guide the sequencing of Seven Day standard achievement through until March 2017.

2014/15 service changes

Following the 'full' support of the Secretary of State in October 2013 following the review of the Independent Reconfiguration Panel, priority service changes are being delivered in 2014/15:

- Transition of services from the Emergency Unit at Hammersmith Hospital
- Transition of services from the A&E at Central Middlesex Hospital
- All Urgent Care Centres (UCCs) moved to a common operating specification, including a 24/7 service

The programme has also been undertaking contingency planning for the potential transition of Maternity and Paediatrics services at Ealing Hospital.

Contracts for 2015/16 will reflect the full year effect of the changes above.

OBC development

Outline Business Cases (OBCs) will be developed and centrally reviewed for all sites in 2014/15 (major and local hospitals). Additionally, the programme is also developing an Implementation Business Case (ImBC) to ensure that the refined solution for NW London remains affordable and aligned with the clinical vision. OBCs for Major and Local Hospitals are expected to be approved by NHSE, NTDA, DH and HMT in 2015/16, and following this Full Business Cases will be developed to allow the redevelopment of sites to continue.

Out of Hospital Services

Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs are working together to enable transformation within primary care across the CWHHE collaborative. Each CCG has an Out of Hospital ('OOH') strategy that describes keeping the patient at the centre of their own care, with the GP as a key provider and coordinator of services. In addition, key strategic priorities for the CCGs are to improve quality, reduce variation within primary care and ensure all patients within the CCG have equity of access to commissioned services. The CWHHE collaborative has therefore agreed to realign services to support the delivery of the OOH strategies, including the commissioning of a consistent range of services – an OOH portfolio - from GP networks. The portfolio comprises the following services:

Services	
Ambulatory Blood Pressure Monitoring	Diabetes (High Risk)
Access	Electrocardiogram
Anti-Coagulation Monitoring	Homeless
Anti-Coagulation Initiation	Near patient monitoring
Care planning	Phlebotomy
Complex common MH	Ring pessary
Complex wound care	Severe and enduring MH
Diabetes Level 1	Simple wound care
Diabetes Level 2	Spirometry Testing
Diabetes (High Risk)	Spirometry Testing

The table below describes the services to be commissioned through the Out of Hospital Services commissioning programme. The unit construction method, indicative current service impacted, and total expected activity volumes for a full year for the CCG are shown. Please note that we do not expect a full year of activity to be transferred in 2015/16 as we will be phasing roll out. We will work with providers over the next three months to define how each provider will be impacted. Where services are predicted to meet 100% population coverage, decommissioning notices will be issued to current providers, as appropriate.

Hammersmith & Fulham OOH Services	Activity Forecast: 100% coverage	Activity Type (contact or package)	Acute Point of Delivery (POD)
ABPM	**3,996**	Per test	Cardio OPD
Anticoagulation Monitoring	**1,959**	Package p.pt p.a (FA+12FU)	Clin Haem OPD
Anticoagulation Initiation	**840**	Package p.pt p.a (FA+8FU)	Clin Haem OPD
Case Finding, Care Planning & Case Management	**3,998**	Per patient	N/A
Complex Common Mental Health Management	**1,799**	Package p.pt p.a (FA+7FU)	N/A
Complex Wound Care	**211**	Per contact	Various
Diabetes (Level 1)	**6,467**	Package p.pt p.a (FA+2/3FU)	Diabetes OPD
Diabetes (High Risk)	**3,667**	Package p.pt p.a (+2appts)	Diabetes OPD
Diabetes (Level 2)	**194**	Package p.pt p.a (FA+2FU*)	Diabetes OPD
ECG	**4,517**	Per test	Cardio OPD
Homeless	**180**	Package p.pt p.a (FA+11FU)	A&E/ NEL
Near Patient Monitoring	**919**	p.pt p.a	Rheum OPD
Phlebotomy	**65,281**	Per venepuncture	
Ring Pessary	**412**	Per ring p.pt p.a	Gynae OPD
Simple Wound Care	**2,105**	Per contact	Various
Spirometry Testing	**3,298**	Per test	Respir OPD
Transfer of Care: Severe and Enduring Mental Illness	**236**	Package p.pt p.a	N/A

Mental Health Transformation

In 2015/16, CCGs wish to see continued implementation of the Shaping Healthier Lives 2012-15 core initiatives including:

- Urgent Care: roll out of the SPA and 24/7/365 access to home-based urgent assessment and initial crisis resolution work.
- Liaison Psychiatry: further benchmarking of services to drive increased standardisation of investment, activity, impact and return on investment.
- Whole Systems/Shifting Settings: building on work to date to implement primary care plus, to test, refine and roll out a new model of 'community staying well' services for

people with long-term mental health needs, providing the GP (as accountable clinician) with a range of care navigation, expert primary mental health and social integration/recovery support services to deliver care closest to home and prevent avoidable referral to secondary.

In 2014/15, the Transformation Programme Board has sponsored development work streams in dementia, learning disability, perinatal mental health and IAPT. CCGs will expect providers of service to implement the key pathway, models of care and quality standards that emerge from these work programmes. Regarding CAMHS OOH, CCGs will be commissioning a new provider of service, following that service review, due to be complete early Autumn 2014.

In June 2014, the Collaboration Board supported the need for co-ordinated, system-wide change in NWL as the best way to achieve our vision for mental health and wellbeing services, ensuring mental health has an equal priority with physical health, and that those with mental health needs get the right support at the right time. It agreed that a programme of work should be delivered to address the strategic challenges and opportunities facing mental health and wellbeing services in NWL. Since then, engagement has been undertaken with a wide group of stakeholders to gauge their interest in the programme and their views regarding its scope and the timescales within which each stage of the programme could be achieved. Stakeholders include all NWL CCGs and Local Authorities, WLMH, CNWL, Directors of Public Health, members of the Mental Health Programme Board, Lay Partners and Imperial College Health Partners.

Overall enthusiasm and commitment has been high whilst recognising the need to ensure alignment with existing local programmes and priorities and national initiatives. In September the Collaboration Board noted progress on development of the NWL Whole System Mental Health and Wellbeing Strategic Plan and endorsed a Programme Initiation Document setting out the governance arrangements, overall timetable and the resourcing requirements to deliver this exciting and important piece of work. The programme will likely commence in November 2014, with a case for continuity and change produced six months afterwards, and options for change six months after that. There may be a need for public consultation depending on which options are developed.

4.2 Whole Systems Integrated Care

In the summer of 2013, along with partner organisations across North West London (NWL), we committed to a vision to create “better coordinated care and support, empowering people to maintain independence and lead full lives as active participants in their community.” The Whole Systems Integrated Care (WSIC) programme was established to achieve this shared vision. As indicated in our commissioning intentions last year, an extensive programme of co-design ran through 13/14, which included partners from health and social care organisations across NWL, service users and carers.

NWL is one of fourteen national integrated care ‘Pioneers’. We are currently developing detailed local plans in order to begin implementation in 15/16 and will continue our commitment to collaboration and co-production with our partners, including lay partners and service users as well as different professional groups and partner organisations and

community groups. We anticipate that our transition to full Whole Systems Integrated Care will take three to five years, at which point we will be:

- Commissioning fully integrated models of care based on the holistic needs of different population groups, encompassing both health and social care
- Jointly commissioning for each population group a set of outcomes across health and social care, with a single, combined, capitated budget to achieve them. Through capitation, we will support service users to access a personal budget for health and social care needs as agreed through the development of a personalised care plan
- Commissioning a group of providers to offer an integrated care service to the population groups. We anticipate that these providers will work together as an accountable care partnership (ACP) and be held collectively accountable for achieving the commissioned outcomes and managing the associated financial risk for the population groups.

In 15/16, we will begin to move towards Whole Systems by implementing elements of a new model of care, employing a joint commissioning approach and continuing to work collaboratively with providers to support the development of accountable care partnerships. We expect to reflect the agreed model of care and payment arrangements in the 2015/16 contracts for the relevant providers.

All providers will continue to have the opportunity to participate in the development of WSIC through a collaborative, iterative process. Through ongoing co-production with both our partners and service users, we will continue to build towards a model of integrated care that best meets the needs of our residents. Partners include lay partners and service users as well as different professional groups and partner organisations and community groups. We expect providers currently working with population groups in our local area to respond to these intentions.

In Hammersmith and Fulham CCG, we have agreed through our Early Adopter partnership to start by focusing on adults and older people with one or more long term condition. Therefore in 15/16 we anticipate the following services would be within scope of the new model of care for this group:

- Primary Care
- Community Care
- Social Care
- Mental Health
- Acute Care
- Voluntary Community Services.

Better Care Fund

The Better Care Fund (BCF) is a key enabler for Whole Systems Integrated Care, and is being taken forward across the Tri-borough through four major workstreams:

- Integrated Operational Services, including Community Independence Service Plus, 7-day working, and Homecare

- Service User Experience
- Integrated Community Contracting and Commissioning
- Programme Delivery, including IT and implementation of the Care Act 2014.

Two major schemes within the BCF that are particularly significant for Hammersmith & Fulham are described below. These schemes represent a continuation of the direction we set out in our commissioning intentions for 2014/15; they are aimed at addressing increased demand and complexity of need amongst older people as well as improving efficiency and reducing duplication, the schemes are:

- Transforming nursing and residential care home contracting
- The integrated crisis response/community independence service (ICR/CIS).

Transforming Nursing and Residential Care home contracting:

The Tri-borough CCGs and Local Authorities will develop their proposals to integrate the functions of commissioning, contracting and assuring the quality of care home placements across the three boroughs. Within Tri-borough, there is currently no consistent approach to contracting, brokerage and monitoring of placements whether funded by Adult Social Care or Health and this results in a lack of alignment with regard to contracting, safeguarding and quality assurance resources, intelligence and expertise.

Our proposal for a single integrated commission team will eliminate gaps, duplication and disconnects across Nursing and Residential Care placements by creating a consistent, joint approach to contracting, safeguarding and escalation, and oversight of the sector, tailoring and focusing care around the individual.

In 2015/16 we will:

- Integrate the contracting and brokerage functions for Nursing and Residential Care placements across adult social care and health, creating a single team. Under this arrangement CCGs will continue to have governance for health-funded placements and the local authority will continue to have governance for adult social care placements.
- Align the teams that undertake reviews of placements and that also gathers and monitors provider data and intelligence. This will include intelligence about the quality of placements and safeguarding concerns
- Work jointly to shape the provider market, to optimise the quality and value of placements and to support its development to align with our strategic direction

Within the scope of this project is:

- Integration of the contracting and brokerage functions across Local Authority and Health placement teams, including:
  - Funded Nursing Care (FNC)
  - Non-residential Continuing Health care placements
  - Residential Continuing Health care placements
  - Adult Physical Disabilities placements

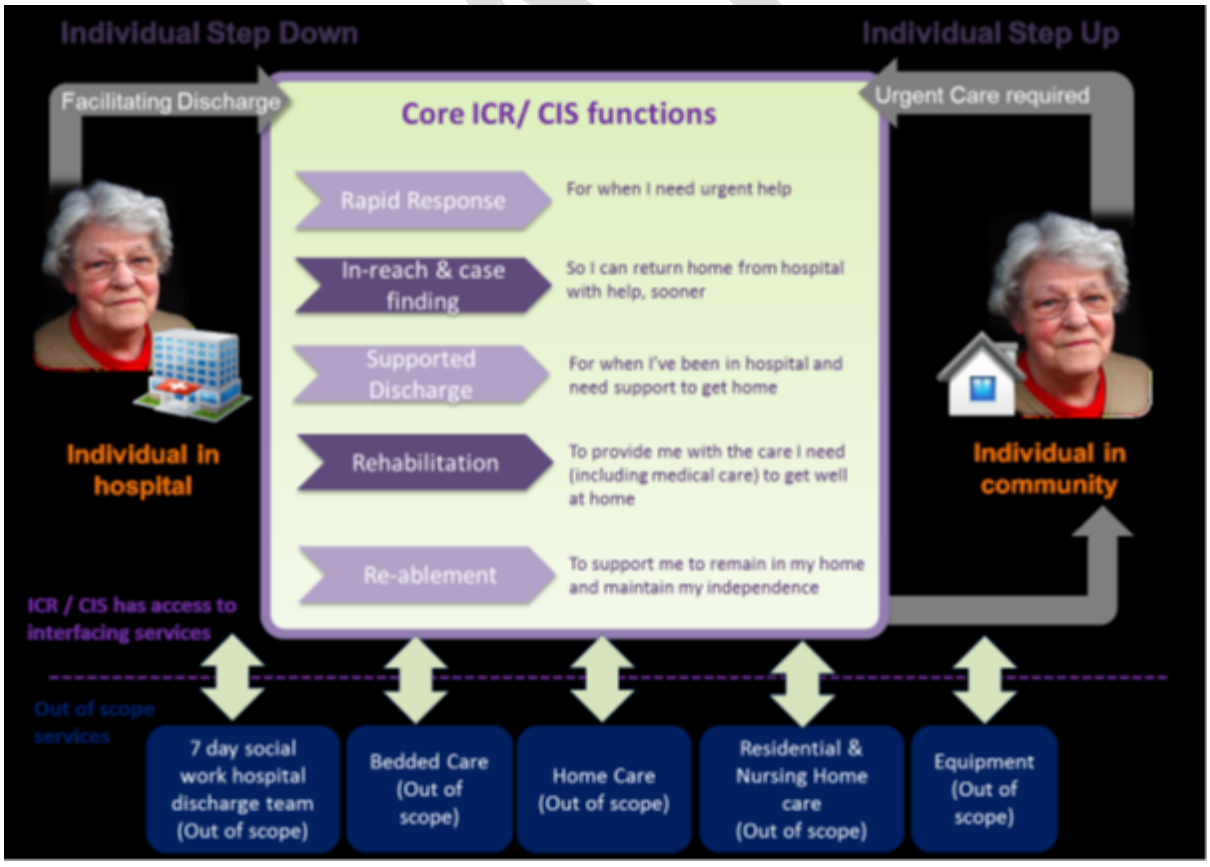
- Feasibility evaluation of increasing delegated authority thresholds for Continuing Health care placements
- Improved monitoring and pooled intelligence around service provision
- Qualification and quantification of potential financial savings associated with a joint contracting/brokerage team (supported by improved provider intelligence)

The Integrated Crisis Response / Community Independence Service (ICR/CIS)

The Tri-borough CCGs and Local Authorities are developing their intentions to commission a single Integrated Crisis Response/Community Independence Service. 'Integrated Crisis Response' indicates that this service responds to people with acute needs who are otherwise at risk of being admitted to hospital or a care/nursing home placement. It is also named 'Community Independence Service' to reflect the rehabilitation and reablement offer which enables people to regain their independence and remain in their own homes. The service is delivered by a multi-disciplinary team of community nurses, social workers, occupational therapists, GPs, geriatricians, mental health workers and others.

What's in scope?

Figure A provides a simple visual of the proposed ICR / CIS model from the patient's perspective.



A single integrated service specification for ICR/CIS starting in 2015/16 has been agreed by the CCGs and Local Authorities. This specification is for health and social care providers to

work to one standard. The specification proposes an integrated, multi-disciplinary model of care that includes:

- A Single Point of Access (SPA) and referral (triage)
- 7 day a week hospital discharge services intrinsic to ICR / CIS 'case finding' and 'in reach' functions
- A rapid response multi-disciplinary team (MDT) providing community care within 2 hours and for up to 5 days
- A short term intensive intermediate community team which includes access to short term community beds reablement services for between 6 and 12 weeks*
- Non-bedded community rehabilitation, treating non-complex conditions in a community setting

The outcomes this will achieve are:

a) To enable individuals to be as healthy and independent as possible maintaining / regaining / or improving their quality of life and well being.

b) To support individuals' choice to live in the most appropriate place of their choice, according to their needs and to have control over their lives.

c) To ensure that the individuals experience is a positive one by ensuring the service is personalized and seamless within the system.

d) To ensure that the treatment, care and support that is provided is right for the individual's needs, in the right setting and respects their individuality and dignity.

e) To increase integration and efficiencies across health and social care to ensure strategic investment of funds and resources to maximise value for money.

Significantly, this will mean the following differences from April 15 onwards

- Single entry point into the service
- Single assessment process
- 2 hour rapid response
- Standardised hours for all functions
- 7 day working
- Medical input across all three Boroughs
- Single set of KPIs and outcomes monitoring framework
- S113 agreements established across each of the boroughs

For 2015/16, to ensure stability, it is proposed that the service continues to be delivered with multiple existing providers but through a single co-ordinated approach /specification. Following consultation with providers and co-design with patients on the proposed model and investment for 2015/16, commissioners will further specify how they will implement the recommendation set out in the detailed business case (September 2014), '*that the new investment of £7.4m would be packaged up and offered out to the existing set of providers, in order to appoint two lead providers (1 in social and 1 in health) to manage the delivery of*

the new service'. For health, a process will be run between existing providers in order to appoint the lead provider who would then work together with the local authority lead provider in partnership to ensure delivery of a single integrated service.

Primary Care Transformation

A number of drivers have combined to create a pressing need to transform General Practice in NW London:

- **Patient expectations and requirements:** In a recent survey of NWL patient priorities for primary care, seven of the top ten issues related to improved access.
- **Patient needs:** The capacity of primary care is being placed under pressure. GPs are now managing more - and more complex – patient needs; including increasing numbers of patients living with long term conditions. London has many examples of great primary care and general practice. However, the service is nevertheless too variable and in places, unable to cope with the pressures placed on it today and into the future.
- **Implementation of the Shaping a Healthier Future reconfiguration programme:** The Independent Reconfiguration Panel (IRP) report on NWL's Shaping a Healthier Future (SaHF) programme requires GP practices in NW London to move towards a 'seven day' model of care to support the agreed changes to acute services.
- **Contractual drivers:** With effect from April 2014, GMS contractual arrangements have been amended to reflect an increased emphasis on improved access to General Practice.
- **Financial drivers:** A consistent, system-wide access model has the potential to reduce costs for both commissioners (reduced service duplication) and providers (more efficient use of resources).
- **Legislative changes:** The approval of the Legislative Reform (Clinical Commissioning Groups) order 2014, allows Clinical Commissioning Groups to form joint committee when exercising their commissioning functions jointly; as well as enabling CCGs to exercise their commissioning functions jointly with NHS England via a joint committee.
- **Primary care strategic framework:** NHS England has released a set of descriptors covering 3 areas – Accessible Care, Co-ordinated Care and Proactive Care. Ongoing, they will be used to support local transformation strategies.

Though it may be part of the solution, expanding capacity alone will not sustainably improve General Practice. To deliver a new model of care that will drive a new model of General Practice, any strategy must deliver against 4 criteria:

1. **System-wide reconfiguration of access to all 'General Practice'-type services:** the provision of additional urgent appointments outside of core hours is unlikely to lead to sustainable improvements to access. In order to deliver services that genuinely reflect patient needs and preferences, we need to think about 7 day working across General Practice in its totality
2. **Financial and operational sustainability:** a new model must be affordable and deliverable. In the long-term this probably means no net increase in cost or workforce

3. **Meeting patient expectations:** a new model must deliver the type of appointments patients want; when they want them.
4. **Reconfigures supply and demand such that both are mapped more closely to clinical need:** Though patient choice should be respected, every effort should be made to ensure that patients receive care appropriate to their clinical condition. This means mapping capacity more closely to clinical need.

NWL have resourced a Primary Care Transformation programme to take this work forward. The programme comprises 5 distinct workstreams, some of which are described below:

Prime Minister's Challenge Fund (PMCF)

On 1st April 2014 this initiative was launched to improve access to general practice and test innovative ways of delivering GP services. NWL was chosen to deliver the largest pilot scheme - covering nearly 400 practices, and 1.8 million residents. This funding (matched by contributions from NWL CCGs) will be a significant enabler to delivery of NW London's vision for a transformed primary care landscape.

It is planned that the PMCF project will produce outcomes covering Urgent, Continuous and Convenient Care:

		Network responsibility	Implementation guide for 2014/15
URGENT CARE	• Patients with urgent care needs provided with a timed appointment within 4 hrs.	✓	Long term
	• Patients with non-urgent needs will be able to contact a clinician within 48hrs by phone, online or in person.	✓	Long term
	• Telephone advice and triage available 24/7 via 111.		
CONTINUITY CARE	• All individuals who would benefit from a care plan will have one.	✓	Medium term
	• Everyone who has a care plan will have a named 'care co-ordinator'.	✓	Medium term
	• GPs will work in multi-disciplinary networks.	✓	Medium term
	• Longer GP appointments for those that need them.	✓	Medium term
CONVENIENT CARE	• Access to General Practice 8am-8pm (Mon-Fri) and 6hrs/day during the weekend.	✓	Long term
	• Access to GP consultation in a time and manner convenient to the patient (via a range of channels including telephone, email and videoconference).	✓	Short term
	• Online appointment booking and e-prescriptions available at all practices.	✓	Short term
	• Patients given online access to their own records.	✓	Short term
	• Online access to self management advice, support and service signposting.		

We are doing this by supporting practices to develop strong networks and plans; so that by the end of 2014 / 2015 business cases will be available for a new model of care, and quick wins (e.g. around new applications for technology) will have been implemented. All PMCF activity is expected to align with changes in the GP contract agreement.

Primary Care Strategic Framework

NHS England has released a set of descriptors covering 3 areas – Accessible Care, Co-ordinated Care and Proactive Care. Further work is ongoing to refine and develop these as part of a pre-engagement phase.

The three areas are in effect a specification within a strategic commissioning framework to support local primary care transformation. This specification describes the service offer that patients could expect in the future across London, but it acknowledges implementation plans will need to be locally developed to meet the needs of different populations. In addition, it is expected that working in this way, will relieve pressure and therefore enable general practice to deliver the improvements in care, that they want.

It is now anticipated that these descriptors will be ready for wider engagement at the end of 2014. Our work is now focussed on engaging with stakeholders and understanding how the descriptors could support a new model of care.

Patient Empowerment

As part of the wider integration agenda with Adult Social Care, we have been working in partnership with patients, carers and voluntary organisations to co-design and commission a range of patient empowerment programmes. The programmes will be targeted at supporting people with long terms conditions to take more control of their health and wellbeing. The outcome of engagement has enabled us to identify and embed an approach to working with patients, service users, carers and stakeholders. Our approach is therefore:

- Collaborative: bringing together clinicians, staff, patients, service users and the community together as equal partners to develop and implement the BCF programme
- Evidence-based: engaging to co-design evidence based and locally appropriate solutions to promote integrated health and social care
- Asset-based : developing the capacity of patients, service users and the community to engage effectively in identifying needs, project planning and development, procurement, implementation and evaluation.
- Continuous and iterative: engaging to build and refine sustainable models for local delivery that reflect the needs and aspirations of local people and frontline staff

In terms of the programmes, these include:

Improving Experience of Integrated Care

The aim of this project is to monitor improvements in patient, customer and carer experience of integrated care by establishing an integrated system for capturing, using and integrating real-time patient, service user and carer experience and intelligence. The developed approach will be used to capture initial baseline intelligence of patient experience and continued monitoring of patient experience of integrated care, specifically regarding the Community Independence Service (CIS), and then eventually across wider transformation projects. This project will also support wider engagement and communications across the

Better Care Fund and Whole Systems agenda by providing tools and support to facilitate effective engagement and co-design.

Embedding Self-Management

To support patients and communities to have greater control over their health and wellbeing by co-designing a package of self-management programmes and interventions with customers, more specifically we will:

- Commission new and expand existing evidence-based self-management programmes and co-design of condition specific self-management programmes to address gaps in service provision. We will do this by working in partnership with local 3rd Sector organisations.
- Deliver a workforce development programme on self-care and self-management to ensure that frontline
- Establish a central point of contact: To provide tailored support and sign-posting in the health and social care systems, for those with long-term health conditions and their carers

5 Required performance and quality improvements

Quality

The CCG has identified priority areas for quality improvement in its main providers. These are detailed below.

CLCH

Quality improvements identified include:

- Referrals responded to during the day, twilight or night periods within 24 hours
- Reduction in grade 3 and 4 hospital acquired pressure ulcers

Chelsea and Westminster

Quality improvements identified include:

- Improvements in elective c/section rates
- Palliative care patients who died in their preferred place of death

WLMHT

Quality improvements identified include:

- Percentage of complaints agreed to within agreed targets
- IAPT access: 16% of people with depression receiving psychological therapy
- Recovery rate IAPT: 50 % of people who complete treatment and are moving to recovery
- Decreased number of violent and aggressive incidents

Imperial

Quality improvements identified include:

- Choose & Book: Ensure sufficient appointment slots are available (–2% 14/15)
- Percentage of complaints agreed to within agreed targets
- Decrease the percentage of cancellations by hospital for non-clinical reasons
- Breastfeeding initiation rate
- First booking maternity appointments completed by 12 weeks + 6 days as a percentage of total booking appointments in month, excluding late referrals (women referred after 10 weeks + 6 days)

Safeguarding

All services commissioned by the CWHHE CCGs must comply with the current legislation and NHS assurance systems covering safeguarding children and adults.

In respect of safeguarding children, services must comply with Section 11 (Children Act 2014), Working together to Safeguard Children (2013) and the current London Child Protection Procedures.

In respect of safeguarding adults, services must comply with the current London Safeguarding Policy and Procedures, be compliant ready for the Care Act 2014 which comes into force in April 2015.

Services must provide quarterly reports completed in a framework agreed with the designated nurses and adult leads and be prepared to report on their compliance with any additional statutory frameworks published during the period of the contract.

Quarterly reports must include training data, supervision provision, activity utilising partnership working, as well as a summary of learning from local and national case reviews or reports. The quality schedule is cross referenced to these points.

An annual report must be submitted to the CCG by August 1st.

Referrals to the LADO in relation to allegations against staff working with children or vulnerable adults must be reported to the Designated Nurse and Commissioner within one working day. The tables below set out how we will improve quality across NWL through our contracting intentions.

6 Gaps in service and local pathway priorities

Local pathways

In addition to the developments described in the previous section, the CCG also has also identified a number of additional local areas where we believe there is a need to fill a service gap, or to redesign existing services.

The long list of these areas is as follows:

• Paediatric continence	• Foot care (linked to diabetes)
• District/community nursing	• Diabetes
• MSK	• Chronic Kidney Disease (CKD)
• End of Life Care	• TB
• Podiatry	• Heart failure
• Community ENT	• Retinal screening
• Community gastro	• Urology

We will work with stakeholders, including patients, public health colleagues, our GP membership and our staff, in order to refine this list so that we prioritise the key areas according to the evidence available. This evidence will include feedback from patients, GPs, Healthwatch and from our contracting and monitoring teams; population/patient need as indicated by the JSNA and other public health analytical tools; likely potential for efficiency savings; and estimates of capacity to deliver.

A preliminary analysis of need with our public health colleagues also indicates that there may be some gaps in the following areas:

- Cancer mortality, liver disease and respiratory mortality in the under 75s
- Suicide
- Neurological conditions

Other local services

We will also look at the following through some specific workstreams:

- ***Patient transport***: as we develop plans for elective and specialist services we need to understand the impact on patients who find it difficult to use public transport or do not have access to a private car. Work to model the impact of changes to A&E services on patient transport was completed as part of Shaping a Healthier Future, and we want to build on this to understand the impact of centralising elective and specialist services. We also recognise the importance of monitoring the impact of changes in primary care on transport for patients.
- ***Learning disabilities***: we will build on the work done in 2014/15 to increase the numbers of health check for people with a learning disability. We will further increase the numbers of health checks in line with our Equalities Action Plan 2013-16, reaching 80% by 2016. We will also commence a piece of work to understand how we can improve the quality of health checks for people with a learning disability, as well as the quantity.

- ***Services for carers:*** we will continue to invest in services for carers, building on the work done in 2014/15, which has included the development of primary care based support for carers and for young carers. We have committed to improving the rates of identification and support provided to carers and young carers, including within a primary care setting, and seek to offer appropriate support. We will develop plans in line with the intentions in the Care Act 2014, which outlines the need to provide support services to carers, rather than simply identifying their needs. We will continue to maintain our investment in supporting carers, with support to young carers a key priority. We recognise the importance of working closely with partners and with organisations beyond health and social care, including education, in order to continue identifying and supporting carers. This will include a family based approach to support carers and their families to improve access to health care and reduce health inequalities. We will improve the rates of identification of young carers through primary and acute care.
- ***Health promotion***: we will work with public health and other colleagues, including the voluntary and community sector, to understand how we can ensure that we support providers to proactively identify and take opportunities to have brief, purposeful conversations with patients and their families/carers about health and wellbeing issues outside the primary purpose of the contact. This includes helping them resolve their ambivalence to change and providing information and signposting to services on lifestyle issues (e.g. physical activity, smoking, diet) as well as wider determinants (e.g. housing conditions, social isolation, childhood poverty).

7 Information technology

We will continue to progress the use of IT to drive quality improvement in clinical care. In particular, we wish to see:

- the single clinical system used as widely as possible across our local providers, and any newly commissioned schemes, because of its ability to deliver tight integration
- development of interoperability with other providers where this is by possible including social care
- patients put more firmly in control of their records including record sharing, inputting into any shared care plan particularly in those with complex needs
- the use of IT to capture user experience and input into commissioning plans
- the use of IT for more agile, less silo-ed and more inclusive development/sharing of commissioning projects - including many more stakeholders in the project planning process by using collaborative tools capture user requirements and reduce the emphasis on meetings to drive and inform project development.

The CCG will continue to establish information technology across its commissioned services to ensure integrated and fit for purpose solutions that link primary care with other settings of care. For the coming year the intention is to build on the established programmes. Business Intelligence is a key enabler in all aspects of the CCGs commissioning programmes and providers will be asked to align their IT offering to achieve the overarching principle of achieving one actual or virtual electronic patient record across all settings of care.

The objective is to implement three layers of clinical information exchange where at least one of the following is in place in any setting of care:

- Level 1 - There is access to and two way information exchange as well as associated workflow within a common clinical IT system and a shared record between the GP and the care provider.
- Level 2 - Where the above is not possible due to technical, operational or financial constraints that as a minimum, the respective IT systems in primary care and elsewhere are interoperable and in full conformance with the current Interoperability Toolkit (ITK) standards (or other common messaging standards) as defined by the Health and Social Care Information Centre (HSCIC).
- Level 3 - Where neither of the above is relevant or feasible then the Summary Care Record is enabled, available and accessible particularly where patients are receiving care out of area.

The CCG will work towards the sharing of clinical records in different settings of care within robust information governance frameworks and processes across the health and social care community. Providers will be expected to actively consent patients when sharing their records.

The CCG has made considerable investment in ensuring a unified primary care IT platform. Current and future providers will be required to work within the frameworks and opportunities that a single IT system across primary care can offer. This will be translated into more granular service specifications, service improvement plans and/or CQUINs where relevant. Explicitly, the CCG will expect all staff working in community settings to use SystmOne as default clinical system and will expect providers delivering ambulatory urgent care to use SystmOne.

The overriding objective is to improve standards of care facilitated by the accurate, timely and appropriate information exchange. However, at the core will be the principle of the primacy of the primary care record and the objective to directly or indirectly achieve the outcome of one patient one integrated record.

The technology currently in place and due to be implemented during 2015-16 will bring about a turning point in how different organisations work together to provide patient centric care. The CCGs will encourage all existing and future providers to:

- Fully exploit the opportunities by the standardised and common technology platforms, engaging staff to collaboratively design and implement solutions that bring about improvements in diagnosis, treatment and longer term care.
- Implement work and information flows that will reduce the administrative and processing burden on clinical and administrative staff across different organisations.
- Ensure that information exchange is in real time, processed within native IT systems of the organisation, accurate in content, structure and coding at the point of data entry.
- Inform and enable patients to improve their understanding and access to their medical records and take a proactive role in their own care through the use of

technology solutions that will improve access to their own records and interaction with care providers. In effect, enabling self-care planning tools and solutions where appropriate and particularly targeted at patients with long term conditions.

It is a key objective to enable patient access to a suite of online services as well as their own records within a robust and secure environment. Under the Prime Ministers Challenge fund programme GP practices have been and will continue to provide patients access to their online services. Providers outside of primary care will also be asked to develop or link with existing systems so that patients have greater access to wider online services and records.

The CCG will in addition focus on these areas:

- Continue working to improve the timeliness and quality of information sent to or accessible by providers from GP practices via clinical IT systems and to ensure the most up to date, relevant and accurate information is always sent.
- Continue working with providers to enable safer and more efficient electronic methods of communication between them and primary care, building on the previous work and solutions around CQUINs with a greater emphasis on structured coding and integrated workflow.
- Extending the diagnostic cloud across the NW London health economy, ensuring the principle of one patient, one diagnostic record across NW London. Embedding the access to pathology and radiology results across all settings of care. Ensuring that ordering tests and receiving results across NW London are exclusively done electronically with minimal manual or paper based processes.
- Within the better care fund programme work with social services to develop an interface between IT systems and more robust information exchange within common information governance frameworks. Principally that all non-healthcare providers use the NHS number as the unique identifier of the patient for all services in order to integrate records.
- Developing tools for GP clinical IT systems to provide integrated services and processes such as in common clinical templates, status alerts and searches that will highlight key patients requiring further attention. Providing a patient risk stratification tool within (rather than outside) GP clinical systems, integrating more closely with other IT systems where the patient may have a record.

In addition the CCG will seek to implement (or make better use of) during 2014/15 and the following years, national and regional strategic IT systems such as:

- Choose and Book and its replacement system e-Referrals
- Ensuring high utilisation of the Electronic Prescribing System
- Close integration and information flows with Coordinate my Care system
- Maintain the high availability of accurate and timely Summary Care Record.

8 Procurement plans

A summary of our specific procurement plans are set out in the table below; anticipated 'go live dates' are included in brackets.

Services where procurement is initiated in 2014/15 but there will be impact in 2015/16	**Services being procured in 2015/16**
Community MSK (TBC)	Tissue viability (TBC)
Community Ophthalmology (July 2015)	
Community Gynaecology (April 2015)	
Community Dermatology (April 2015)	
Community Independence Service Plus (April 2015)	
Wheelchairs (October 2015)	
NHS 111 (September 2015)	
Homecare (April 2015)	
Expert Patient Programme (April 2015)	
Chelsea and Westminster and Imperial Urgent Care Centres (TBC)	
Diagnostics (October 2015)	
Perinatal Mental Health Service (July 2015)	
Primary care memory service (July 2015)	

9 Summary of our contracting intentions

The table below summarises the specific contracting intentions we have developed for each of these overarching strategic priority areas.

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
Whole Systems Integrated Care			
New models of care in place for early adopters	Shadow capitation budgets in place and monitored for identified patient cohort	London Borough of Hammersmith & Fulham	Acute, community, mental health, social care, GP out of hours, London Ambulance Service and the third sector
	We will review how health and social care commissioners can hold multi-provider 'accountable care partnerships' to account for delivery of population health outcomes/ review how the GP Federation and provider vehicles can work to new Whole Systems specification	London Borough of Hammersmith & Fulham	Acute, community, mental health, social care, GP out of hours, London Ambulance Service and the third sector
Implement new Community Independence Service Plus model across the Tri-borough	As part of the Better Care Fund, the implementation of a Tri-borough Integrated Crisis Response and Community Independence Service will commence in 2015/16 with a transition year during which a phased approach can be taken with existing providers to work to a new single model service specification. Following consultation with providers and co-design with patients, commissioners will further specify how they will implement the recommendation set out in the detailed business case (September 2014), that: • The new investment of £7.4m would be packaged up and offered out to the existing set of providers, in order to appoint two lead providers (1 in social and 1 in health) to manage the delivery of the new service. A process will	Hammersmith and Fulham CCG, Central London CCG and the Tri-borough local authorities	Acute, Community, Social Care and Mental Health providers as existing providers of these services

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	be run between existing providers in order to appoint 2 lead providers who would then work together in partnership to ensure delivery of a single integrated service. In Quarter 3 of 2014/15 commissioners will inform existing providers of the process to select the lead providers and the requirements for these providers work together under a formal agreement during 2015/16. This process will be completed by 1st April 2015. The process will be designed to secure collaborative agreement across all providers. The lead provider (s) will need to demonstrate how they will ensure:- • A rapid response multidisciplinary team (MDT) providing community care within 2 hours and for up to 5 days • Non-bedded community rehabilitation, treating non-complex conditions in a community setting. • Integrated reablement with access to short term community beds between 6 and 12 weeks. • 7 day support to help people leave hospital.		
Transforming nursing and care home contracting	Enhanced Primary Care provision in Care Homes will be seen through the delivery of OOH specifications, most significantly will be the Care Planning and Case management specification which will ensure appropriate care planning is taking place We will continue to roll out the ICP Care Home Innovation Project to ensure complete coverage of all our care homes. This will require our pharmacy team, physios, GPs, DNs etc attending regular MDTs in care home In 2015/16 through the BCF we will:	Hammersmith and Fulham CCG, Central London CCG and the Tri-borough local authorities	Nursing and care home providers, primary care, social care providers, community and acute

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	• Integrate the contracting and brokerage functions for Nursing and Residential Care placements across adult social care and health, creating a single team; although current governance arrangements for funding will continue to apply. • Align the teams that undertake reviews of placements and that also gather and monitor provider data and intelligence. This will include intelligence about the quality of placements and safeguarding concerns • Work jointly to shape the provider market, to optimise the quality and value of placements and to support its development to align with our strategic direction		
Implement BCF scheme for improving neuro-rehab provision	This is an area of care for people with moderate to severe physical, cognitive, communicative and behaviour rehabilitation needs. They often require specialist neuro-rehabilitation provision. We are currently working with Imperial Health Partners to understand how the prevalence of Long Term Neurological Conditions in our area will impact on services for this cohort of people. Our Better Care Fund programme of work identifies the need for more bedded provision. In 2015/16 we will: • Commission additional neuro-rehab beds locally wherever possible, to reduce the current delays for specialist step down neuro-rehabilitation and complex disability management services • Informed by our needs analysis, we will realign the community care pathways for neurological conditions to the community to ensure it is	Hammersmith and Fulham CCG, Central London CCG and the Tri-borough local authorities	Acute, community and social care providers

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	clinically effective and sustainable. Our commissioning and contracting work in this area will reduce hospital delays for neuro-rehabilitation, provide timely specialist rehab intervention to improve longer term outcomes, and develop local specialist services and skills closer home. For intermediate care, benchmarking and Tri-borough needs analysis work has been undertaken in 2014. This indicates that an increase in step up intermediate care beds including neuro rehabilitation bedded capacity is likely to be needed across the Tri-borough in order to meet the national average and deliver sustainable provision. We will complete the necessary detailed work to progress this and understand fully the implications in terms of dedicated medical support, enhanced nursing care provision and quick access to diagnostics, as well as financial and activity modelling to underpin future requirements		
Support the implementation of the new Tri-borough Homecare service which includes the provision of low level health tasks (*Procurement is being led by the Tri-borough Local Authorities*)	Contracts with the new home care providers will be held by the Tri-borough Local Authorities. The requirements to provide clinical training and governance under the new model of care will be advised. Further information on the impact of re-provision of low level health tasks will follow.	Tri-borough local authorities, Tri-borough CCGs	*To be confirmed*
Patient Empowerment			
Strengthen self-management and patient education	The Better Care Fund Self-Management Workstream will commission various projects under a framework for self-management transformation, including: • Workforce training and development • Capacity-building for existing self-management programmes	Central London CCG, Hammersmith and Fulham CCG and Tri-borough local authorities	Third sector

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	• Process development to support transformation The project will coordinate existing self-management transformation but also commission services that are not currently being delivered under the above framework. The details of these commissioning intentions are still being developed, in collaboration with other relevant project leads.		
	We will commission a new diabetes education programme that is more accessible in terms of style and location	H&F CCG only	Community providers, voluntary and community sector
	We will expect providers to act in line with the National Voices 'I' statements	H&F CCG only	All
	We will continue to develop the approach to care planning: review communications to patients, consider f/u checks with practices	H&F CCG only	Primary care
	We will re-commission the Expert Patient Programme for the Tri-borough in 2014/15 and this will be mobilised in 2015/16	TBC	Mental health, primary care, voluntary and community sector
	We will consider how we can commission the GP Federation to support communications with patients	H&F CCG only	Primary care
	We will consider the use of expert patients in GP practices	H&F CCG only	Primary care, voluntary and community sector
Ensure that patients and the public have access to the service information they need to manage their care/health	We will develop VCS signposting of services, especially how to access GP/primary care services	H&F CCG only	Voluntary and community sector, primary care, all sectors
Ensure that carers are supported appropriately	We will meet specific requirements of the Care Act 2014, e.g. paid holidays	TBC	All sectors
Increased rates of identification of young	We will continue to invest in the development of primary	H&F CCG, West	Primary care, voluntary

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
carers throughout primary and acute care	care based support for carers and for young carers	London CCG, Central London CCG	and community sector
	Continue to invest in a family based approach to support carers and their families	H&F CCG, West London CCG, Central London CCG	Primary care, voluntary and community sector
Enhance methods of capturing and acting on patient feedback	As part of the Better Care Fund, Patient Experience Workstream, we plan to commission an organisation or agency within the next financial year to: • Co-design an approach for capturing experience of integrated care • Collect baseline and comparative data on patient experience before, during and after the implementation of the Community Independence Service Plus • Embed a sustainable approach to capturing experience of integrated care The principal commissioned organisation will be responsible for sub-commissioning support from local and voluntary authorities.	Central London CCG, Hammersmith and Fulham CCG and Tri-borough local authorities	Primary care and third sector
	We will continue to develop functioning Patient Participation Groups in every H&F practice (working with NHSE where appropriate) and we will review how we ensure that practices provide patient feedback/patient experiences to the CCG to inform contract monitoring of providers 2015/16 and contracting intentions 2016/17	H&F CCG only	Primary care
Expand coverage of Personal Health Budgets (PHBs)	Working with the local authority we will expand the patient/customer groups who are offered PHBs. Areas of focus are outlined as follows. • Continuing Healthcare ('CHC') PHBs will continue to be offered to everyone who is eligible in all care groups.	Joint with LBHF	TBC

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	• Mental Health PHBs: in line with (awaiting) 2015 guidance, we will make these available for certain groups, by working with the independent sector as key designing partner. • Long Term Conditions PHBs will be offered. We will undertake a pilot for and publish our offer from April 2015, as well as challenge our existing service provision by reviewing all relevant contracts to determine areas which are 'cashable' and can be used to provide services in a different way. This may be through 'top slicing' a small percentage of contract value in order to use the money differently. • Children's PHBs: we will continue to work with our Local Authority partners to implement the Children and Family Act 2014 and in particular, new undertakings in relation to personal health budgets. This will include sign posting eligible children, young people and families and ensuring PHBs are considered as part of the Continuing Healthcare plans. We will also ensure the transition from children's services to adult services works seamlessly for those who have PHBs, as part of their support plans.		
Access to equitable healthcare for people with Learning Disabilities	We will embed Leading Disability into engagement processes to make them fully accessible / provide a forum for people with Learning Disabilities to be fully engaged	LBHF	Voluntary and community sector, all sectors
	We will ensure that we are able to collect feedback on the experience of patients with Learning Disabilities in an accessible format	LBHF	Voluntary and community sector, all sectors
	We will continue to progress towards our target of 80% of people with a learning disability receiving a health	H&F CCG only	Primary care, LBHF

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	check by 2016. We have made good progress against our trajectory in 2014/15 and expect to set our trajectory for 2015/16 by February 2015.		
Mental Health Transformation			
Dementia diagnosis: seamless single point of access for diagnosis with increased primary care diagnosis, leaving secondary care to cover complex diagnosis	Procure a primary care memory service	H&F CCG and LBHF	Mental health, primary care, acute sector, voluntary and community sector, community services
Post-diagnosis support for dementia	Review the provision of advocacy and advice for post-diagnosis with a view to ensuring a single point of access	H&F CCG	Mental health, voluntary and community sector
IAPT: achievement of mandatory targets for access, and expand IAPT service to include additional cohorts in line with NHSE's plans	Support our IAPT provider to 'get ready' for roll-out (awaiting steer from NHSE on dates) for young people, Medically Unexplained Symptoms (MUS)/long term conditions (LTCs), and those with severe and enduring mental health problems	H&F CCG and LBHF	Mental health, voluntary and community sector, primary care, Department for Work and Pensions (DWP)
Perinatal mental health service in place for all women who may experience a common mental illness (anxiety and depression) during pregnancy as well as those with a known mental health problem or those who develop severe mental illness, that can be accessed to perinatal mental health services for GPs and community health professionals	Procure an integrated specialist perinatal service in place for all women with mental health needs, incorporating mental health midwives, and specialist mental health nurses working with community midwifery teams and health visitors GPs to have access to a service to get specialist advice from and refer when required as well as having Commission third sector involvement to support families	H&F CCG plus Ealing CCG and West London CCG (TBC)	Mental health, primary care, voluntary and community sector
Shifting Settings of Care: support people with mental health problems to be seen closer to home	We will commission the recovery house model of care We will continue to repatriate people out of area to treat and care for them closer to home and to reduce spot purchasing of care	H&F CCG and LBHF	Mental health, primary care, voluntary and community sector, out of area providers, DWP

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	We will review performance of the enhanced primary care service to increase the transfer of secondary care mental health services to primary care to support people closer to their homes		
Urgent care service development to ensure that everyone who need it has timely access to evidence based care	24/7 access before crisis point through a single point of access Treatment of mental health emergency with the same as a physical health emergency Quality of treatment in a crisis Prevention of future crisis through multi-agency recovery focused post crisis support	NWL CCGs	Mental health, voluntary and community sector, police
Mental health rehabilitation: ensure rehabilitation services are in line with national practice	We will support providers to review rehabilitation services and bring them in line with national standards specifically in terms of length of stay	H&F CCG and LBHF	Mental health
Continued implementation of psychiatric liaison standards	Specifically, in 2015/16, commissioners will be seeking to: • Secure full roll out of, and reporting against, the developmental measures being piloted by CNWL under the 2014-15 quality dashboard relating to patient experience, clinical outcomes and referrer experience. • Achieve greater core standardisation of services across all sites in terms of workforce skills mix, costs, activity, impact and productivity in line with contractual requirements. • Obtain further commissioning and delivery clarity on the nature of services across sites and, where there is a significant on-going psychological therapy provided for those with Long Term Conditions, ensure synergy with IAPT commissioning and delivery.	CWHHE CCGs	Mental health trusts and acute trusts

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	We will require providers to work with us to understand the impact of changes in urgent care and IAPT current provision on Psychiatric Liaison Services. A review of Liaison Psychiatry Services has taken place across NWL during 2014/15 and as part of that it is the intention in 2015/16 that the Liaison Psychiatry Service in mainstream acute ward settings (not A&E) will be fully funded through the PbR Tariff. The CCGs would expect the Acute Trusts to continue to provide a comprehensive in-patient Liaison Psychiatry Service to ensure the safety and appropriate referral of these patients to the relevant service. The provision of any additional physical care required due to a patient's mental health is included in the Admitted Patient Care PbR Tariff, although the treatment of their mental health condition is not and the patients would need to be referred to a mental health provider in the normal way through the Liaison Psychiatry Service. In addition, if an Acute Trust is caring for a patient with a mental health comorbidity /complication (e.g. dementia) then whilst the Trust may sub-contract the care from a specialist mental health provider the Trust will be funded for this through the complications /comorbidities tariff. The CCGs will expect this to be fully operational from 1 April 2015 and will be seeking assurance through the contracting round that both the operational and business arrangements between the Trust and any sub-contractor have been agreed to the mutual satisfaction of both parties.		
Primary Care Transformation			
Deliver Prime Minister's Challenge Fund	7 day primary care services to be in operation within the	H&F CCG only	Primary care

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
objectives	GP Federation A range of consultation methods to be available to practices (telephone/email/Skype) Alternative appointment booking methods to be available in primary care (i.e. online booking) Primary care appointments tailored to patients' needs (e.g. urgent, continuity and convenience appointment standards met) Patients to be able to access their records online		
Children's Services			
Deliver integrated hubs for children	We will evaluate the success of the existing Connecting Care for Children hubs and consider wider roll out in 2015/16. Subject to evaluation, the CCG may look to extend the hubs to 50% of all practices in 2015/16.	H&F CCG only	Acute, community and primary care providers
Commission child-centred Child and Adolescent Mental Health Services (CAMHS)	Intentions will be informed by guidance and specifications published by a number of NHS England CAMHS Clinical Reference Groups specifically focused on complex pathways i.e. Tier 4, Deaf Services, Secure Services and psychological therapies. In addition, services will be commissioned in the context of the outputs and recommendations associated with the Healthcare Select Committee Enquiry, with opportunities for commissioning alliances with NHS England explored in earnest. Following local community CAMHS reviews and working closely with stakeholders, commissioners will look to: • Jointly commission Behavioural Support Teams for children and adolescents with learning disabilities. • Improve out-of-hours crisis response times and	LBHF	Mental health trusts

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	service provision. • Jointly commission training and public education programmes with public health partners and safeguarding boards. • Deliver equitable access to sustainable, high quality, productive and efficient CAMHS services, wherever a service user resides in North West London. • Through multiagency collaboration, streamline the pathway for looked-after children in mental health. The Out of Hours CAMHS contract is being reviewed in 2014/15 and may be subject to a tender exercise in 2015/16.		
Deliver improvements to maternity services	We will implement the recommendations from Shaping a Healthier Future for maternity services including: 1. Consolidation of **maternity and neonatal services** from seven to six sites to provide comprehensive obstetric and midwife-led delivery care and neonatal care. 2. Consolidation of **paediatric inpatient services** from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay /ambulatory facilities. The key trusts for these services would be Chelsea and Westminster, Hillingdon, Northwest London Hospital Trust, Imperial and West Middlesex To support the delivery of this transition a central booking system will be implemented to co-ordinate the booking process across the receiving sites	NWL CCGs	Acute trusts
Deliver improvements in Speech and	We will implement the outcomes of the service	LBHF	Community trusts

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
Language services	specification review for Speech and Language Therapy.		
Implementation of Children's and Families Act 2014	We will implement changes required as a result of the Children and Families Act, including: • Signpost families to the local authority 'local offer' website which summarises Education, Health and Care service available for young people with Special Educational Needs (SEN) and disabilities • Continue to commissioning local child development services to provide timely health assessments for Education, Health & Care Plans • Collaborate with our local authority partners to deliver 'personal health budgets' and 'joint commissioned' services for young people with SEN and disability needs	LBHF	
Planned care			
Design and commission planned care services closer to home	We will procure a community ophthalmology service for the Tri-borough during 2014/15, with mobilisation and activity impact in 2015/16. 30% of first appointments and 50% of follow up appointments are expected to transfer into the community in 2015/16. Acute trusts will be expected to discharge patients back into the community service for follow up where clinically appropriate. The new community service is due to be launched in April 2015	Central London CCG and Hammersmith and Fulham CCG	Acute and community providers
	We will procure a community gynaecology service for H&F during 2014/15, with mobilisation and activity impact in 2015/16. 33% of first appointments and their associated follow up appointments are expected to transfer from Imperial and Chelsea and Westminster into the community in 2015/16, with effect from April 2015.This is in addition to the 32% of first appointments and their associated follow ups which already transfer to	H&F CCG only	Acute and community providers

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	the pilot community gynaecology service, and has been in operation for 2 years. Acute trusts will be expected to discharge patients back into the community service for follow up where clinically appropriate. The new community service is due to be launched in January 2015 and will undergo a 3 month mobilisation/ramp up period to full capacity by 1st April 2015		
	We will imminently conclude our review of MSK community services pathways, with a view to standardising services across CWHHE. We will seek to vary contracts in year where required and may be subject to a tender exercise in 2015/16.	H&F CCG and other inner NWL CCGs (to be confirmed)	Acute and community providers
	We will implement the outcomes of the investment and service specification review for the Community Dermatology service.	H&F CCG only	Acute and Community providers
	We will undertake a full review of the service specification and pathways for the Community Diabetes service, which may result in a contract variation in year.	H&F CCG only	Community provider
	We will implement the outcomes of the investment and service specification review for the Community Dermatology service	H&F CCG only	Community provider
	We are jointly re-procuring a diagnostics service in 2014/15. As is currently the case the activity to be delivered through the contract is on the basis of no volume guarantees.	NWL CCGs	Diagnostics providers
	We will commission a tissue viability service for Hammersmith & Fulham patients as this is known gap in service. We are in discussions with Tri-borough CCG colleagues with a view to developing this as a single service across the three Boroughs, as we believe there	H&F CCG and other Tri-borough CCGs (to be confirmed)	Community providers

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	are benefits of scale in this approach.		
	We are continuing to jointly re-procure a wheelchairs service in 2014/15 which may impact on existing provider in 2015/16.	NWL CCGs	Wheelchair providers
Other Service Reconfiguration			
Deliver population-wide access to Out of Hospital services in general practices	The CCGs in the CWHHE collaborative are working together to enable transformation within primary care. The CCGs have agreed to realign services to support the delivery of the Out of Hospital strategies, including the commissioning of a consistent range of services – an Out of Hospital services portfolio - from GP federation(s). The portfolio comprises the following services: Ambulatory Blood Pressure Monitoring Primary care access Anti-coagulation monitoring Anti-coagulation initiation Care planning Complex common mental health Complex wound care Diabetes Level 1 Diabetes (High Risk) Diabetes Level 2 ECG Homeless Near patient monitoring Phlebotomy Ring pessary	CWHHE Collaborative	Primary care, acute providers and community providers

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	Severe and enduring mental health Simple wound care Spirometry Testing At this stage, the impact on individual acute, community and mental health providers is yet to be fully confirmed, as the new GP federation(s) are in the process of confirming contracted services and activity levels. It is also recognised that the implementation of these services will have varying impact as some are new, whilst others represent an extension of existing services, both in terms of specification and population coverage. In 2015/16, the roll-out of the service portfolio will be completed with the aim to have full population coverage by 2016/17.		
Full year impact of changes to Hammersmith Hospital ED	Full year effect of new 24/7 UCC at Hammersmith Reflect full year effect of activity transfers to other hospitals	NWL CCGs	Acute providers
Design and commission an integrated urgent care system to support patients to access the right care at the right time	We will commence procurement for Chelsea and Westminster and Imperial Urgent Care Centres during 2014/15, with a view to contract award and mobilisation taking place in October 2015/16.	H&F CCG and Central London CCG	Acute, community and GP Out of Hours providers
	Existing urgent care centre contracts are expected to be operating in line with the Shaping a Healthier Future specification by March 2015	NWL CCGs	NHS 111 providers
	We will re-commission the NHS 111 service. The procurement exercise will commence in 2014/15 and contract award and mobilisation will happen in 2015/16, in time for service launch of October 2015.	North West London CCGs	NHS 111 providers
Deliver agreed standards for 7-day working	Trusts will be expected to achieve agreed priority 7-day clinical standards for 2015/16, including those included	CWHHE Collaborative	Acute, community and mental health

Key deliverable	Contracting intention	Joint commissioners	Sectors impacted
	within the national acute contracts		providers
Progress plans for the local hospital at Charing Cross Hospital	Full business case for Charing Cross Hospital (local hospital)	H&F CCG only	All sectors

10 Equalities Impact

Duty to Involve

Our CCG is mindful of its individual participation duty to ensure that we commission services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management when discharging its duty. We have been working in partnership with patients, carers, the wider public and local partners to ensure that commissioned services are responsive to the needs of our population.

Our Patient and Carer Experience Strategy was co-designed with patients, carers and stakeholders to identify the key priority areas. It requires commissioned providers to ensure that patients, service users and carers are provided with opportunities to get involved in shaping and influencing services and the organisations as a whole.

We therefore expect that providers will provide evidence of engagement of their service users and carers in the planning, development and delivery of services, more specifically, we expect that providers:

- Train and support service users and carers to be effectively engaged in the design and delivery of services as well as in shaping and influencing the organisation as a whole
- Work with local voluntary organisations and patient groups to deliver a programme of staff training and capacity development relating to understanding the experience of specific groups and communities
- Feedback on services reflects the diversity of the patient and service user population.
- Work in partnership with local health and social care organisations to capture experience of integrated care

Promoting Equalities and Improving Patient Experience and Access

We expect providers to measure patients, service user and carers experience of accessing and services and demonstrate that commissioned services are accessible by all. Evidence of this will be demonstrated by the provision of evidence that:

- Patient Experience data incorporates data relating to key equality groups, more specifically; data should include ONS categories plus sub-categories in order to reflect the diversity of the local population. The data should be analysed to assess whether:
    - There is a difference in outcomes of experience by patients, service users and carers
    - There is a difference in the perception of treatment and care between patients, service users and carers from different equality groups
    - Action has taken place to address gaps in relation to point 1 and 2
- Uptake and Use of services. To assess whether:
    - There are differences in the frequency of usage by different equalities groups e.g. A&E and UCCs
    - The services are delivered to meet the needs of the diverse population

  - There is anything the service can do to increase usage by those groups that under-use the service
  - Action has taken place to address gaps in relation to points 1, 2 and 3
- Complaints and other feedback. To assess whether:
  - There are differences in the complaint rates for different groups with different needs or circumstances
  - there are particular areas of the service that causes a problem for particular groups of patients, service users and carers
  - there is an underlying cause or barrier that means that certain groups are receiving a better service than others and
  - whether or not different groups have different expectations of the service
  - For investigated complaints equalities monitoring is carried out on a sampling basis by the Complaints Team and reported quarterly.
- Children with disabilities. To ensure that providers have in place a range of facilities and support available to children with disabilities and their carers, more specifically:
  - Waiting areas are sensitive to the needs of disabled children
  - Changing Places Toilets for complex needs children which incorporate the right equipment with enough space
  - Signposting to support groups and coping strategies offered at point of diagnosis
  - Facilities for complex needs children admitted to hospital wards include adequate hoists and changing facilities as well as adequate food and nutrition e.g. pureed food.
  - That parents and GPs are copied in on all doctors and therapist reports