

Chief Officer's Report  
September-October 2015

**Purpose**

This paper provides a summary of the key areas of business as led by the Chief Officer for this and the other four clinical commissioning groups (CCGs) in the collaborative. It includes a brief summary of the main matters. The CWHHE collaborative comprises NHS Central London, West London, Hammersmith and Fulham, Hounslow, and Ealing CCGs. It has been written as a standard report across all five CCGs.

The report covers the following areas:

- Commissioning approach
- Annual contract notice letters
- Specialist housing strategy for older people programme
- Safeguarding children
- Safeguarding adults
- Strengthening infection prevention and control
- Patient safety
- Quality deep dive
- Nursing home deep dive
- Patient experience
- Registered nurse and midwife revalidation
- Information and information governance
- System resilience during the winter period
- Seven day services
- Central London Community Healthcare NHS Trust funding for mental health adult crisis services
- Scheme commissioned by Hounslow CCG wins award
- Ealing CCG jointly commissions service for adults recovering after a hospital stay
- 'Flu vaccinations
- Ambitions for palliative and end of life care
- Breaking the cycle
- People changes

## Commissioning approach

Much has been written about the need to make efficiency gains in the way the NHS operates and we have a notable savings target in NW London. We are addressing the whole system in a strategic way through the Shaping a Healthier Future programme. As part our ambition to improve quality and reduce variation across North West London commissioners have developed four work streams of transformational change each chaired by an acute Trust chief executive.

The four areas that we are focussing on are:

- Orthopaedics;
- identifying and caring for patients in the last two years of life
- use of bank and agency staff; and
- service transformation.

The work programmes are now concluding an initial six week development phase to scope the size of the opportunity to improve care, reduce variation and increase efficiency. Each work stream aims to identify immediate actions that can be taken and work plans that can deliver real change in 16/17.

**Orthopaedics** aims to reduce variation in outcomes, reduce infection and ensure an effective and efficient patient experience. Palliative care, voluntary sector and other specialty clinical colleagues are working together to support the early identification and support for **patients in the last two years of life**. This programme aims to better co-ordinate care and reduce unnecessary interventions and appointments. The **bank and agency** project aims to reduce spend on agency staff, make better and more co-ordinated use of clinical staff and review ways to improve staff retention. Finally, the **service transformation** work stream will identify those successful improvement methodologies that are delivering change across the health economy. The group will consider how we share expertise between our organisations and focus co-ordinated efforts across the area during 16/17 to lever real quality and financial benefits.

## Annual contract notice letters

The annual contract notice letters have been issued, representing the culmination of the first phase of business planning for 2016/17. It has been a concrete example of doing something differently - in previous years we have produced 60+ page long commissioning intentions which are hard to read and even harder to deliver and measure. This year, in line with our theme of prioritising, we have developed succinct business plans that set out our key objectives and support them with details of what we are doing, the benefits they will achieve, how the benefits will be measured and what resources are required to deliver them. This approach makes it much more likely we will deliver the planned changes and is far easier to understand. We will supplement the business plans with public facing prospectuses

so that our service users understand what we are aiming to achieve and can hold us to account for doing so.

Discussions between the senior team and the governing body continue about what we need to change in terms of how we contract with providers to ensure that we can achieve our five year vision for integrated care, where we commission services from partnerships of providers who are accountable for the delivery of high quality care to our population, funded by capitated budgets on multiyear contracts. Moving to commissioning for outcomes for the population instead of commissioning by activity is an enormous shift and we will need to use the next two years to make this change happen.

### **Specialist Housing Strategy for Older People (SHOP) Programme**

The safe transfer to Sanctuary Housing Association of three of the four care homes (namely Athlone, Garside and Princess Louise Kensington) is now complete. A high level introductory meeting has taken place with the Director of Nursing - regular contractual meetings will follow.

### **Safeguarding Children**

NHS England are coordinating a 'deep-dive' into safeguarding arrangements looking at good practice that can be built upon and looking for any areas that could be strengthened based on what has worked well elsewhere. The exercise will take place at the end of November and findings will be reported back to quality committees.

### **Safeguarding Adults**

In the previous report I mentioned that an additional Safeguarding Adult and Mental Capacity Act Lead was being recruited to in Hounslow. A recruitment process has taken place and a job offer has been made. The post-holder is due to commence in January 2016.

A paper was given by Jonathan Webster, Director of Quality, Nursing & Patient Safety, at the National Children & Adult Services Conference in Bournemouth in October focussing on 'Assessing the impact of the Care Act on adult safeguarding in CCGs'. This was well received and identified how CWHHE CCGs are progressing work both pre and post the Care Act going live.

### **Strengthening Infection Prevention and Control**

The CCGs' Lead Nurse for Infection Prevention continues to meet quarterly with infection prevention teams in CWHHE provider organisations.

Clostridium difficile infection rates at Imperial College Healthcare NHS Trust dropped from 23 in Q1 to 9 in Q2 and the Trust is now within trajectory for the year.

### **Patient Safety**

Training in the assurance process for serious incident root cause analysis was offered to all provider trusts in October - it was attended by representatives from four provider organisations and Imperial College Healthcare Partners.

The Foundations of Safety Collaborative continues its programme at Ashridge Business School, it was attended by 2 members of the CCG Quality team who have undertaken to pilot a patient safety board development project with the Board at Chelsea and Westminster NHS Foundation Trust over the next 6 months.

### **Quality Deep Dive**

Since the previous report, the CCGs Quality Team worked with NHS England on a 'deep dive' into quality as part of NHS England's assurance process. The shared team across the five CCGs led the work locally. The purpose of the exercise is to identify successes and areas to focus on over the next year. We are awaiting the results from NHSE from the session; however, initial feedback has been favourable.

### **Nursing Home Deep Dive**

The Ealing CCG Quality, Safety and Risk Committee requested that a Deep Dive be undertaken around nursing home provision. The Deep Dive was produced and presented, jointly with colleagues in the Local Authority. A lively debate followed which has since led to the development of a number of actions that we are committed to using our joint resources (CCG and LA) to support delivery of. The actions include further work around London Ambulance Service conveyance rates from nursing homes to A&E departments, an audit of nursing home admissions to, and discharges from, hospitals and the better management of medicines within nursing homes.

Requests to undertake a similar piece of work from a number other CCGs in the collaborative have since been received, which will be progressed over the coming months.

### **Patient Experience**

The Annual Patient Experience report for 2014-2015 was completed in August and has been presented at a number of Patient and Quality Committees across CWHHE CCGs.

A template has been shared across all CWHHE CCGs' commissioned providers to enable 'better' reporting of patient experience and feedback - the template (linked to indicators within the quality schedule) was created in early 2015 and updated in October. Using this template, we have received Quarter 1 reports from some of the providers but not all, and already those using the template have helped to move reports away from being solely based on presenting data, to helping to present clear action plans, to improve patient experience based on the insight gained from data, and an understanding of key overarching themes that affect patient experience. The aim is that future reports will allow us to do demographic profiling of those who respond and are affected by each theme. This will allow for better commissioning and insightful planning to improve patient experience and reduce health inequalities.

During Quarter 2, we have added a comments section to the report, to highlight comments to providers raised by the CWHHE CCGs' Quality team, Patient Safety and Quality Committees and also concerns raised by nationally mandated patient experience data (e.g monthly Friends and Family Test). Within future reports, providers will need to give responses to these comments raised, which will allow us to be very aware of any concerns about patient experience within our providers and what is being done to improve experience.

We have also added both a Patient Experience and Equalities section to the CWHHE intranet 'Insite', which includes some of the latest patient experience reports and data. This will allow all staff within the CCG to have easy access to data and information concerning Patient Experience and Equalities, which will have many benefits, such as helping staff to complete equalities and inequalities assessments to support their work.

### **Registered Nurse and Midwife Revalidation**

The Nursing & Midwifery Council made the decision on the 8 October 2015 to introduce revalidation for all nurses and midwives in the UK on the NMC Register, which will come into place on the 1 April 2016.

Revalidation means that everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe, effective and professional way. All nurses and midwives will have to show they are keeping up to date in their practice and living the values of the Code, by reflecting on their practice and engaging in discussions with colleagues. For the first time, they will also have to obtain confirmation that they have met all the requirements before they apply to renew their place on the register every three years.

A number of workshops have been held and are planned over the coming months to help nurses working in both CCG commissioning and Practice Nursing roles to help them to prepare for revalidation. Workshops are also being run for employers.

### **Information and information governance**

From 1 October 2015, health and adult social care bodies must comply with two new duties as part of the Health and Social Care (Safety & Quality) Act 2015. The duties state that health and care bodies must share information with each other where it relates to the direct care of a patient, and ensure that the NHS Number is always used when doing so. The Information Governance Alliance (IGA) has published guidance to explain the new duties and provide practical advice to support staff and organisations to implement them, supported by a series of webinars and events. This important move helps to clarify a sometimes difficult area for the benefit of people who use health and care services.

The National Information Board has published a new prospectus and final roadmaps. The prospectus is an easy to understand summary of the steps taken so far to embrace digital technology to give patients more power over care and make the health system more efficient by 2020, as well as providing a clear vision for the future. The roadmaps outline the path for delivering this vision and reflect the views of colleagues from across the health and care system who fed back on the draft roadmaps published in June.

The implications are being considered at a local level prior to implementation.

### **System resilience during the winter period**

Pressures on services over the winter months are expected as the cold weather approaches, and preparation is underway to mitigate and manage the challenges. This work is partly about making investments in the right service models, and it is partly about smart marketing, communications, and engagement, to make sure people who live or work in North West London are aware of the range of services available for their illness or injury.

### **Seven day services**

Jeremy Hunt continues to drive forward his plans for seven day services. Locally we have been making changes and as of 26 September, patients in Hammersmith and Fulham have been able to access seven day GP services. The other CWHHE CCGs will be following in their footsteps over the coming months, with practices in all five CCGs' areas set to be providing seven day services by March 2016.

## **Central London community Healthcare NHS Trust funding for mental health adult crisis services**

CCGs across North West London including the five CWHHE CCGs have agreed to invest £1.9m a year to expand adult mental health crisis teams. The rapid response function across the areas covered by the eight CCGs that are part of the North West London Collaboration of CCGs is going to provide Home Treatment Rapid Response Teams, on a 24/7 basis. This will facilitate speedier referrals into secondary care treatment for adults experiencing a mental health problem.

## **Scheme commissioned by Hounslow CCG wins award**

A scheme in Hounslow, commissioned by Hounslow CCG and delivered by the London Borough of Hounslow and the Hounslow and Richmond Community Healthcare Trust, has won a Health Service Journal (HSJ) award. The Integrated Community Response Service (ICRS) consists of a team of staff with a diverse skill mix: a GP, nurses, occupational therapists, physiotherapists, support staff, social workers, primary care mental health nurse and a handyman. It seeks to support patients in the community and avoid unnecessary hospital admissions.

## **Ealing CCG jointly commissions service for adults recovering after a hospital stay**

Ealing CCG, together with Ealing Council, has commissioned a service to support over 18s who are recovering from illness and injury during the months following a hospital visit. To be eligible, patients must be over 18 and registered with an Ealing GP. Services will be delivered in the home to prevent re-admission to hospital for conditions such as dehydration, unstable diabetes, older patients who need extra support, and carers who have become ill.

## **'Flu vaccinations**

Yearly reminders from the CCGs and Public Health bodies across North West London have begun. NHS England has now made available all the marketing materials. This includes special resources aimed at groups for whom the risk of 'flu escalating is high, such as pregnant people, parents of eligible children and people with learning disabilities or long-term conditions.

## **Ambitions for palliative and end of life care**

*Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020* is the national framework which has been developed to make sure action on palliative and end of life care is a local priority. Input has come from NHS England, the Association of Adult Social Services, numerous charities, and groups

representing patients. The document is aimed at local health and social care and community leaders, and sets out six ambitions on delivering care at the end of a person's life.

## **Breaking the Cycle**

Breaking the Cycle III took place on 13 and 14 October. Events kicked off in Hammersmith with an opening briefing from Clare Parker, at St Paul's Centre in Hammersmith, followed by an engaging interactive session on CWHHE's strategy and transformation plans, hosted by Matthew Hannant and Dr Tim Spicer. The well attended event was an opportunity for staff across the CCGs to reconnect with the strategy to help us all make links between our projects and the transformational work across NW London.

Activities spanning the two days included personal development and health and wellbeing sessions, WHYSE (the new business information tool) training, and the CWHHE Human Library.

## **People changes**

Steve Shrubbs, Chief Executive of West London Mental Health Trust retires on 20 November after forty years dedication to working in the NHS.

Frank Sims, CEO of Hounslow and Richmond Community Health Care has announced that he is moving on to take up the CEO role at Colchester Hospital University NHS Foundation Trust. Patricia Wright (latterly CEO of the Royal College of Physicians) has been appointed as interim CEO.

**Clare Parker**  
**Chief Officer CWHHE CCGs**

**26 October 2015**