Health and Social Care Scrutiny Sub-Committee AGENDA

DATE: **Monday 24 November 2014**

TIME: **7.30 pm**

VENUE: **Committee Room 5,**
Harrow Civic Centre

MEMBERSHIP **(Quorum 3)**

Chairman: **Councillor Mrs Rekha Shah**

Councillors:

Michael Borio (VC)	Mrs Vina Mithani
Niraj Dattani	Chris Mote

Reserve Members:

1. Kairul Kareema Marikar	1. Lynda Seymour
2. Jo Dooley	2. Jean Lammiman
3. Sasi Suresh	

Advisers:

Julian Maw	Harrow Healthwatch
Dr N Merali	Harrow Local Medical Committee

Contact: **Manize Talukdar, Democratic & Electoral Services Officer**
Tel: 020 8424 1323 E-mail: manize.talukdar@harrow.gov.uk

Harrow COUNCIL LONDON

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

(i) to take the place of an ordinary Member for whom they are a reserve;
(ii) where the ordinary Member will be absent for the whole of the meeting; and
(iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
(iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Sub-Committee;
(b) all other Members present.

3. MINUTES (Pages 1 - 6)

That the minutes of the meeting held on 20 October 2014 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

[The deadline for receipt of public questions is 3.00 pm, 19 November 2014. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS

To receive any references from Council and/or other Committees or Panels.

7. JHOSC UPDATE REPORT (Pages 7 - 12)

Report of the Divisional Director, Strategic Commissioning.

8. HARROW CCG COMMISSIONING INTENTIONS 2015/16 (Pages 13 - 94)

Report of the Chief Operating Officer, Harrow Clinical Commissioning Group.

9. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

*** DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

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HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

20 OCTOBER 2014

Chairman:	†	Councillor Mrs Rekha Shah		
Councillors:	*	Michael Borio (Vice-Chair in the Chair)	*	Jean Lammiman (2)
			*	Chris Mote
		Niraj Dattani	*	Sasi Suresh (3)
Advisers:		Julian Maw	-	Harrow Healthwatch
	†	Dr N Merali	-	Harrow Local Medical Committee

* Denotes Member present
(2) and (3) Denote category of Reserve Members
† Denotes apologies received

18. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member	Reserve Member
Councillor Mrs Vina Mithani	Councillor Jean Lammiman
Councillor Mrs Rekha Shah	Councillor Sasikala Suresh

19. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 - Care Quality Commission Chief Inspector of Hospitals Inspection Compliance Action Plan for the NWLHT

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst the matter was considered and voted upon.

20. Minutes

RESOLVED: That the minutes of the meeting held on 4 September 2014 be taken as read and signed as a correct record, subject to the following amendment:

Paragraph 2, on page 11 to read: 'A representative from Harrow's Clinical Commissioning Group (CCG) added that the Improvement Plan was owned by Brent and Harrow CCGs, which had joint monitoring responsibility.'

21. Public Questions, Petitions and References

RESOLVED: To note that no public questions, petitions or references were received at this meeting.

RESOLVED ITEMS

22. Appointment of Adviser

The Sub Committee received a report of the Director of Legal and Governance Services, which set out the nomination from HealthWatch Harrow for the position of non-voting adviser to the Sub Committee.

RESOLVED: That Julian Maw of HealthWatch Harrow, be appointed as a non-voting adviser to the Sub Committee for the 2014/15 Municipal Year.

23. Care Quality Commission Chief Inspector of Hospitals Inspection Compliance Action Plan for the NWLHT

The Sub Committee received a report of the Care Quality Commission's (CQC) Chief Inspector of Hospitals Inspection Compliance Action Plan.

The Deputy CEO and Chief Operating Officer of the London North West Healthcare NHS Trust provided a brief overview of the report and responded to the following questions from Members:

- Can you update on the progress made against the actions scheduled for completion in September and October 2014 that are not shown as completed?

- In relation to up-to-date protocols has a process been instituted to flag when these will need to be updated in the future?

- It looks as if the Compliance Action Plan seeks to develop a Women's Feedback Plan on the Maternity Pathway at the same time as updating the Women's Experience Improvement Action Plan. These two Plans could easily by mistaken as addressing the same thing. Could you please distinguish the purpose and function of each?

- Are there any proposals to address the culture of Maternity Services to ensure that it is caring? Action plans can only take a service so far and the comments of the CQC that "it was clear that the standard of care [in maternity services] was inadequate in a large number of cases" and that "Staff appeared to be unaware of the potential value of patient input into service improvement" seem to need a more fundamental response. Would you like to comment?

All items, bar those relating to the maternity unit had been completed. Issues at the unit remained an area of challenge and related mainly to the 'culture' at the unit. Nevertheless, obstetric services and management of midwifery vacancies at the unit had been deemed to be good.

The Trust was looking at how to better monitor and improve the experience of patients and their families at the maternity unit and how to survey this in real time. External support, which included new clinical leadership, had been implemented. The Trust was also evaluating how to better report improvements in culture at the maternity unit.

Subsequent to the publication of the initial Compliance Action Plan, all items in the Plan had been RAG rated. The updated version of the report would be circulated to Members after the meeting.

- Could you explain what the PLACE template is designed to monitor? Is it cleaning or clutter?

- In relation to page 10 of 13, neither of the "Action taken" documents appear to be available. Can you say in summary what they contain. If they relate to remedial action to add equipment to the asset register and conduct missing tests, what protocols have been put in place to ensure that further remedial action is not needed in future?

The template had been designed to enable monitoring of the quality of the physical environment at the Trust. This included updating and replacing equipment and ensuring that a rolling programme of renewal, as part of the local programme of governance, was in place.

- In relation to page 12 of 13 relating to inadequate staffing levels, the July Finance report (month 4) to the NWLH NHS Trust Board states "Pay costs are overspent by (£4,013K) with 180 more WTE employed than budget." How will the Trust be able to recruit to additional posts with this level of unbudgeted for staff already employed?

The Trust was confident that staffing levels in most areas were adequate. For example, changes to A&E provision in North West London had enabled the transfer and consolidation of A&E staff at Northwick Park Hospital. However, other areas would require additional measures. Staff shortages in some areas were due to national shortages in certain staff groups.

The budget had been set at an artificially low level and did not reflect the volume of patients and associated levels care required. The Trust therefore anticipated financial over performance to the value of £25m by the end of 2014. It would therefore be necessary to re-calibrate the budget to a more realistic level.

- Generally, the Compliance Plan is largely composed of actions to address specific failings identified by the CQC. What reassurance can you give that the underlying failings which seem to arise from the culture, the overstretched staff and management and the lack of resources to deal with routine regulatory issues can be addressed?

Some of the actions related to new bed capacity and staffing levels, while others related to more effective working relations and discussions with partners, such as the London Ambulance Service (LAS) and the Clinical Commissioning Groups regarding how to better manage non-urgent, out of hospital care provision. It was not simply a question of physical capacity but also of improved pathways for patients and better community based healthcare.

- How would the CQC recommendations relate to Jack's Place, which provided children and adolescent services at Northwick Park Hospital? What was being done about the extremely limited car parking facilities for the A&E unit?

Where admission rates outstripped discharge rates, this impacted on waiting times and cancellation rates and put additional pressures on staff. There were plans to build a 60-bed modular unit adjacent to the A&E site at Northwick Park Hospital, which would enable the trust to better manage demand. It should be noted that the length of stay at hospital at Northwick Park was in the top decile in England. Modelling based on population size and other demographic factors enabled annual forecasting, however, the figures could not be pinned down on a day-to-day or week-to-week basis.

The Estates and facilities manager at Northwick Park Hospital had a well developed plan for the site and the issue of car parking was being looked at.

- There was anecdotal evidence to suggest that the LAS reported a system of 'ramping' of urgent care patients, whereby, patients experienced delays in admission. Was this a common occurrence?

Staff in A&E would be made aware of the level of care required by a patient being transported by ambulance to the unit and would assess their capacity to respond. On a recent occasion, Northwick Park had been obliged to divert all

ambulances to other hospitals for a period of one hour as due to capacity issues at the resuscitation unit. It was important for the Trust to continually assess its capacity in relation to the volume of demand and to communicate this to LAS.

- There were recent reports regarding a female patient being transported to Northwick Park Hospital via ambulance, where the lift mechanism in the ambulance had broken down and the patient in question had later died. Could he provide more detail regarding this incident?

It was his understanding that the tailgate mechanism in the ambulance in question had malfunctioned and the patient could not be removed from the ambulance immediately. Clinical staff had taken prompt action and attended to the patient in the ambulance. The patient had been very unwell and had later died in the ambulance. It was not clear whether the malfunction in the tailgate mechanism had been a factor in the patient's death, however, an investigation was underway.

RESOLVED: That the report be noted.

24. NHS Health Checks Scrutiny Report

The Sub Committee received a report of the Director of Public Health which provided an update on progress resulting from the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow (January 2014).

Following a brief overview of the report by an officer, Members made the following comments and asked the following questions:

- Please can you provide some background regarding the outreach pilot programme for NHS Health Checks that has been agreed with a GP practice in Barnet?

Public Health assessed the value of the project and as this was a small pilot outreach project with a value below £5k only one quote was required.. Because the tariffs for Health Checks were fixed, carrying out a procurement exercise in this particular case would not have lowered the price. Many local GP practices had registered for the NHS Health checks in the past but had failed to follow through. Public Health were approached by a high performing, large local GP practice in Barnet that had indicated an interest in carrying out NHS Health Checks in the community. The size of the practice and its capacity to deliver had been main factors in its being chosen to carry out the pilot programme. To date no Health Checks had been delivered in Harrow through the outreach project.

- What lessons could be learnt from other London Boroughs with higher take up rates of Health Checks?

The officer stated that further discussion with Public Health England was planned regarding this issue. Harrow's model had been to roll out Health

Checks through GP practices only, whereas, other authorities had adopted other methods of delivery. However, there were plans to use other providers to deliver Health Checks and to promote the programme to improve take-up rates.

- How would NHS Health Checks be publicized to faith groups and hard to reach groups?

  The officer advised that there were plans to work closely with third sector organisations to target the above groups.

RESOLVED: That the report be noted.

25. Work Programme and JHOSC Update Report

The Sub Committee received a report of the Divisional Director of Strategic commissioning which provided an update on the work of the Joint Health and Overview Scrutiny Committee.

An adviser to the Sub Committee stated that, in his view, out of hospital services provided by Clinical Commissioning groups were crucial to service provision in North West London, and should therefore be included in the Sub-Committee's work programme. Members concurred with this view.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.50 pm).

(Signed) COUNCILLOR MICHAEL BORIO
Vice-Chair in the Chair

REPORT FOR: HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE

Date of Meeting:	24th November 2014
Subject:	JHOSC Update Report
Responsible Officer:	Alex Dewsnap, Divisional Director, Strategic Commissioning
Scrutiny Lead Member area:	Councillor Mrs Vina Mithani, Performance Lead Member Councillor Michael Borio, Policy Lead Member
Exempt:	No
Wards affected:	All
Enclosures:	No

Section 1 – Summary and Recommendations

This report provides an update on the work of the Joint Health Overview and Scrutiny Committee.

Recommendations: That the Sub Committee consider the implications for Northwick Park of the proposed closure of the Ealing maternity unit .

Section 2 – Report

2.1 A Joint Health Overview and Scrutiny Committee (JHOSC) was established in November 2007 to respond to Healthcare for London's consultation on strategic proposals to change the way healthcare is delivered in London, based on the proposals set out by Prof. Lord Ara Darzi. That JHOSC comprised all 33 London Councils and Essex and Surrey County Councils.

2.2 The Boroughs affected by the proposals in Shaping a Healthier Future issued by NHS North West London formed a new JHOSC which met 5 times in 2012 and made recommendations on how the Shaping a Healthier Future proposals could be developed and implemented including the risks that needed to be explored. This JHOSC also recommended that the Committee continue to meet to provide strategic scrutiny of the development and implementation of Shaping a Healthier Future.

2.3 The last meeting of the JHOSC was on 16th October and agreed a work plan for the coming 12 months as follows:

- Priority areas for JHOSC:
    - Transport - London Ambulance Performance
        - Patient Access to Services – Request report from TAG
    - Maternity Services Reconfiguration
        - Pediatrics to be packaged into maternity
    - Primary Care Commissioning across North West London – taking on board members interest in out of hospital strategy areas
    - Mental Health Transformation Programme

- Meetings to be taken forward on a quarterly basis with each meeting addressing one of the priority areas plus an item for general update/questions for Daniel Elkeles, Chief Officer for CWHHE Collaboration comprising of the Clinical Commissioning Groups for Central London, West London, Hammersmith & Fulham, Hounslow, and Ealing. He is also is the SRO/Programme Director for the 'Shaping a healthier future' programme.

3. Maternity and related services

3.1 At the October meeting, the JHOSC also received a report from the CWHHE on the planned transition for maternity and interdependent services from Ealing Hospital. The case for closing the Ealing maternity unit was that, in line with the rationale set out in Shaping a Healthier Future (SaHF), there needed to be a consolidation of obstetrics into a smaller number of units with more consultant cover on the labour ward. Similarly, SaHF included an ambition to concentrate emergency paediatric care and neonatal care into smaller units.

SaHF also put some detail around these intentions by specifying maternity and neonatal services should move from seven to six sites and paediatric inpatient services from six to five sites

3.2 In determining that the Ealing maternity unit should be closed, the following factors have been taken into account:

- Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward
- Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London
- Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs
- Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15
- There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

3.3 The sites that are proposed to be retained are all expanding their capacity “by 2015”. This includes an additional

- 800 births a year at a refurbished Hillingdon Hospital maternity unit;
- 1,000 births a year at the new Alongside Midwifery Led Unit at the Chelsea and Westminster Hospital;
- Between 500 and 1,400 births a year at St Mary’s and Queen Charlotte Hospitals without any changes to their physical infrastructure;
- 500 births a year at Northwick Park without any changes to the physical infrastructure; and
- 500 births a year at the currently being built unit at West Middlesex University Hospital.

This was summed up in an assurance that, by March 2015, there will be more than enough physical capacity at each of the receiving Trusts to accommodate transition from Ealing Hospital.

3.4 Other services currently at Ealing that have an interdependency with maternity would also need to move as they would not be sustainable alone. These include Neonatal services, emergency and in-patient Gynaecology services and Paediatric in-patient services.

3.5 The timing of the transition has still to be decided and will be delegated to Ealing CCG that will need assurances as to:

• Clinical Quality - Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
• Operational and Capacity Planning - Is the capacity available at receiving Trusts and out of hospital sites with agreed operational policies?
• Workforce - Is a suitably capable workforce in place for a safe transition?

• Communications and Engagement - Has there been sufficient, patient and public engagement and is there a plan for this to continue?
• Travel - Have travel implications as a result of the transition been identified and addressed?
• Equalities - Have equality implications as a result of the reconfiguration been identified and addressed?
• Finance - Has due consideration been given to activity and financial implications of transition?
• EPRR Planning - Have statutory duties to prepare for responding to major incidents and ensuring continuity of priority services been satisfied?
• System Assurance - Have all affected organisations understood the change and are prepared to manage the transition?
• Risk of delay - Have the risks of delay been addressed?

3.5 The envisaged timetable for decision making is:

6th October 2014: Information around the potential timescales for services transitioning from Ealing Hospital became public. Letters sent to women directly with phone line and all key stakeholders across NWL informed via briefings/letters.

• 8th October: Ealing CCG Governing Body meeting in public which agreed there is a need to make a decision on timing and the process by which this should be made.

• From 14th September– 4th November 2014: CCGs in NWL will hold Governing Body meetings to consider the issue of delegation of decision making to Ealing CCG GB for the service transitions at Ealing Hospital .

• 23rd October 2014: the SaHF Clinical Board will review the detailed clinical model and transition plan for maternity and interdependent services at Ealing Hospital. This will feed into the SaHF Implementation Programme Board on 30th October, where a recommendation on the timing for transition plans will be made to Ealing CCG Governing Body.

• 5th November 2014: Ealing CCG GB (and other CCG Governing Body members that wish to take part) will review the information received to date (clinical model, business plans, workforce plans, implementation plans, Trust assurances, communications plans etc.) and assess any additional requirements for the decision making meeting on 26th November.

• 26th November 2014: Ealing CCG GB (having secured delegated decision making authority from all CCGs) will make a decision around the optimal timing for the transition of maternity and interdependent services from Ealing Hospital. NHS England will make a decision about the timing of transition for neonatal services.

3.6 The JHOSC was given a summary as follows:-

- Collectively, the challenges outlined mean that while doing nothing is still an option, it is one that presents significant and increasing risk to the public;

- The current view of SaHF Clinical Board and Implementation Programme Board is that it would be in the best interests of Ealing residents to make these changes as soon as is practicable and that there is a need to reach a decision on the timing of the maternity and inter-dependent service transitions from Ealing Hospital by late November 2014;

- Further work is required before all the evidence needed to support decision-making is in place;

- A review of the evidence will go to the next Ealing CCG Governing Body for review on 5th November 2014.

4. Comment

4.1 From a Harrow perspective, the increased number of births at Northwick Park has the most impact. While the Council is not in a position to comment on the physical capacity of the maternity unit to accommodate an additional 500 births a year, the recent CQC Inspection report noted that the maternity unit at Northwick Park required improvement and that it was not meeting some of its performance targets. Although risks to the service had been identified and were being monitored, there was a lack of pace in taking action to minimise risks to women using the service.

4.2 The Inspection Team saw that there were efforts being made to introduce changes that would deploy the midwife workforce more flexibly, but further effort was needed to win staff support and embed these changes for the benefit of women and their babies. The maternity service did not respond to complaints in a timely manner, nor did it actively seek women's feedback on the maternity pathway. Women reported to them and through a number of surveys that the care they received fell below expectations.

4.3 The Hospital Compliance Improvement Plan details action taken to address these criticisms but, to date, there is evidence only of management inputs rather than outcomes achieved. Addressing the CQC's concerns in maternity comes at the same time as a number of other management challenges for the Hospital Trust and they might not be resolved before the additional capacity demands arise.

Financial Implications

None

Performance Issues

None for the Council

Environmental Impact

None

Risk Management Implications

None

Equalities Implications

The cultural issues identified by the CQC in relation to the maternity unit at Northwick Park may be at least in part arise from a lack of understanding of the demographic profile of the users of the service.

Council Priorities

The topics suggested for possible inclusion in the Sub-Committee's work programme are relevant to the Council's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 6 - Contact Details and Background Papers

Contact: Mike Howes mike.howes@harrow.gov.uk Ext 5637

Background Papers: JHOSC Agenda 16th October 2014
http://committees.westminster.gov.uk/ieListDocuments.aspx?CId=232&MId=3620&Ver=4

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	6 November 2014
Subject:	**Harrow CCG Commissioning Intentions 2015/16 (draft)**
Responsible Officer:	Javina Sehgal, Chief Operating Officer, Harrow Clinical Commissioning Group
Public:	Yes
Wards affected:	N/A
Enclosures:	Harrow CCG Commissioning Intentions 2015/16 (draft)

Section 1 – Summary and Recommendations

Recommendations:
The Harrow Health & Well Being Board is requested to consider and discuss the CCG's draft Commissioning Intentions for 15/16.

Responsibility for statutory sign off is held by Harrow CCG.

A final version will be considered for approval at the next meeting of the Harrow CCG Governing Body in November 2014.

These Commissioning Intentions will be subject to public consultation before finalising.

Section 2 – Report

The CCG's 2015/16 Commissioning Intentions are in draft.

A final version will be considered for approval at the next meeting of the Governing Body in November 2014.

The purpose of the CCG's Commissioning Intentions is to notify service providers, the CCG's partner organisations, patients and the Harrow population of the services that the CCG intends to commission for 15/16.

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

The Commissioning Intentions will be developed further during 14/15 following engagement with patients and other stakeholders.

As in 14/15, additional QIPP schemes will be developed during 14/15.

Details of the schemes will be added to subsequent iterations of the Commissioning Intentions once the nature and scale of the schemes has been confirmed.

Harrow CCG is fully committed to involving patients, carers and other stakeholders e.g. Health & Wellbeing Board and Healthwatch in the development of local health services.

We will therefore actively seek out their views when developing the commissioning plans contained in this document.

The Commissioning Intentions contain an account of the Strategic Context within which the CCG commissions services, the requirements that it will have of providers in 15/16 and details of its plans for each service area.

Draft financial QIPP plans, by service area, have been included but will be subject to revision as schemes are developed further.

Financial Implications/Comments

To be developed as part of continued development of intentions

Legal Implications/Comments

N/A

Risk Management Implications

Identify potential key risks and opportunities associated with the proposal(s) and the current controls (in place, underway or planned) to mitigate the risks.

Equalities implications

These Commissioning Intentions are an extension of eth previously agreed 2014/15 intentions. All elements of our intentions are expected to benefit service users and Harrow residents whilst supporting the confines of commissioning budgets.

The CCG will run an open event during the week commencing 13th October 2014 to explain the contents of the commissioning intentions and seek the views of local people to ensure they reflect the needs of local people.

Council Priorities

NA

Working Together to Make a Difference for Harrow

N/A

Ward Councillors notified: N/A NO

Section 3 - Contact Details and Background Papers

Contact: Javina Sehgal, Chief Operating Officer, Harrow CCG, 0208 966 1049

Background Papers: List only **public** documents (ie not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (eg previous reports). Where possible also include a web link to the documents.

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NHS
Harrow
Clinical Commissioning Group

Commissioning Intentions

2015-16

putting patients first

Draft 13th October 2014 v15

Contents

1 Executive Summary

1.1 Introduction

The purpose of Harrow CCG's local Commissioning Intentions is to notify our providers as to what services the CCG intends to commission for 2015/16.

In summer 2013 Harrow embarked on a three month process to develop its Strategic Plan, including updated Financial and QIPP Plans, leading to a 3 Year Strategic and Financial Recovery Plan. This process has focused on developing a clear understanding of the population's health needs, building on the Joint Strategic Needs Assessment (JSNA).

Harrow CCG is fully committed to involving patients, carers and other stakeholders e.g. Health & Wellbeing Board and Healthwatch in the development of local health services. We have therefore actively sought out and incorporated their views when developing our commissioning plans to ensure they better reflect the needs of local people.

Harrow confirmed that our existing plans which look to transform how acute care is provided, including the Health and Well-being Strategy, Shaping a Healthier Future (SaHF) and our Out of Hospital Strategy are fundamental to delivering higher quality care more effectively, and provide a foundation for the 2014/15 commissioning intentions. The 3 Year Strategic and Financial Recovery Plan also builds on these existing strategies, and emphasises the need to go further in terms of prevention, early intervention and integration.

The 2015/16 Commissioning Intentions cover the second year of Harrow's 3 Year Strategic and Financial Recovery Plan.

As in 14/15, additional QIPP schemes will be developed during 15/16.

Details of the schemes will be added to subsequent iterations of the Commissioning Intentions once the nature and scale of the schemes has been confirmed.

It is important to note that while NHS Harrow faces a significant financial challenge, which is reflected in the scale of Harrow's QIPP plan and the cost impact of our associated commissioning intentions for 15/16, the main principle behind all of Harrow's plans is to ensure that the right care is provided in the right place, at the right time, and by the right person.

1.2 2014/15 Commissioning Intentions – Summary by Service Area

Harrow's key commissioning priorities by service area for 2014/15 include:

Table 1 : NHS Harrow CCG Commissioning Priorities

Service area	Commissioning priorities
Improving Quality, Patient Safety and Patient Experience	• Placing the quality of patient care, especially patient safety, above all other aims. • Engaging, empowering, and hearing patients and carers throughout the entire system and at all times. • Organisational Culture and Leadership • Making better use of data and intelligence • Transparency and Accountability
Children's Services	• Joint workstreams with Harrow Council, including Children & Young People's Mental Health & Well-being and Early Intervention Services • Paediatric pathways for patients at all 'levels' of the population needs 'triangle': • Paediatric pathway for episodic care • Year of Care tariffs for children with manageable long-term conditions • Integrated pathway with LA for children with complex needs • Safeguarding children • Maternity care, including for those with Mental Health issues

Maternity Services	• The CCG will monitor the implementation of the recommendations of the CQC response to NWLHT's maternity service performance. • The CCG requires that maternity providers demonstrate that they meet the published standards for Maternity Services that have been adopted by SaHF. • The CCG requires that maternity providers demonstrate that they meet or exceed national standards for available hours of consultant time. • The CCG and the Local Authority will improve interventions from the point of conception and offer earlier intervention through low cost, universal+ interventions, as well as ensuring that Harrow children maximise the benefit they receive from the utilisation of the Common Assessment Framework (CAF).
Integrated Care	• Pilot new models of Whole Systems Integrated Care (WSIC) for over 75 year olds with 1 or more Long Term Conditions with an aim to expand across wider care patient cohorts • Build on learning and achievements of the Integrated Care Pilot • Develop and commission care closer to home via GP Networks and delivery through existing and new community Hubs across Harrow • Delivery of care through pooled budgets as part of the Better Care Fund • Implementation/alignment of intermediate and community services with the GP Network • Operation of a single integrated provider IT system or interoperability across existing provider IT systems • Carers Strategy • Optimised use of the Integration Transformation Fund pooled budget
Unscheduled Care	• Achieve best practice standards in acute emergency care • The CCG will commission unscheduled care from provider networks through a system integrated with primary care hubs • All acute providers build on the implementation of the national standards for 7 day services • The CCG will reprocure the STARRS service, aligning the intermediate care component of the service with community nursing, as the existing contract expires at the end of March 2016 • Expand Ambulatory Emergency Care based at Northwick Park Hospital and agree local tariffs where required • Develop an integrated primary care led unscheduled care model, aligned with Whole Systems models • Re-specify and re-commission a fit for purpose community rehabilitation bed base, learning from the 2014/15

	community bedded services review • NHS 111 will be the subject of a NWL-wide procurement
Planned Care	• Implement up to 11 new planned care pathways • Reduce variation in outpatient and acute direct access referrals from primary care • Implement integrated End of Life pathway and service • In line with the priorities set out in the HWB Strategy, including respiratory Long-Term Conditions, the CCG will procure a local pulmonary rehabilitation service to support the management of patients with COPD and enable them to self-manage and prevent hospital admission.
Primary Care	• Co-commissioning of primary care services with NHS England through Joint Committees • Enhanced locally provided services • Improved access to primary care • Develop GP networks and hubs to support Out of Hospital Strategy and Whole Systems Integrated Care • Engagement with the NWL sector Local Education and Training Board to support the development of primary care led out of hospital services. • Develop a third primary care hub within Harrow East / Central
Medicines Management	• Review the scope and impact of the Harrow Integrated Medicines Management Service (HIMMS) service.. • Develop medication optimisation services for elderly patients cared for at home or in care homes, working jointly with the ICP Care Homes Support project. • Improve interface transfer of prescribing with secondary care, community and mental health trusts, by agreeing robust shared care protocols for selected medicines.
Community Services	• Harrow wide review of the community services contract to optimise delivery of key performance indicators and ensuring value for money is achieved • Demonstration of at least a 1% improvement in productivity over and above the nationally defined adjustments (based on tariff changes, inflation and national efficiency requirements) • Co-design Integrated Nursing model between primary and community nursing • Community wheelchair hardware and repairer contract re-procurement across the 8 NWL CCGs and Barnet CCG • Collaborate with Voluntary & Community Sector

Adult Mental Health, Learning Disabilities and Challenging Behaviours	• Embed recovery-based approach • Mental Health Strategy, including Shifting Settings of Care • Dementia Strategy • Integrated care pathways • Achieve parity of esteem for Mental Health • Implementation of the West London Alliance framework to all existing and new packages of care where possible
Continuing Care	• Establish reconfigured BHH service model • Reprocurement of contracting and brokerage function • Implementation of the West London Alliance framework to all existing and new packages of care where possible • Harrow CCG will carry out a review and respecification of 'block' contract care settings to ensure that they meet local need • Alignment of placement process to dementia care pathway • Strengthen patient review processes
Joint Commissioning Intentions with Harrow Council	• Target services to give the greatest impact on outcomes • Avoid duplication of services • Ensure value for money and efficiency • Develop co-ordinated services • Share best practice, expertise, and intelligence about needs
Training and Education	• Engagement in the North West London Local Education and Training Board to enable excellence in health care services through innovation in work force planning • Utilisation of HENWL funding to develop and plan for future primary care workforce needs, including identifying and meet skills needs and to support patients to manage their conditions • Invest in development of healthcare staff to support Shifting Setting of Care and providing Care closer to the home

1.3 Further Development of Commissioning Intentions

As in 14/15, we expect there to be a number of QIPP schemes and contracting measures proposed by the NWL Commissioning Support Service that will also impact on our providers. The nature and scale of these schemes has yet to be finalised.

These will include those metrics proposed for the 14/15 contract that, it was agreed by the CCG and acute providers, would be monitored during 14/15 and implemented as contract metrics in 15/16.

In addition, acute providers will be expected to deliver procedures in the most appropriate setting ie Elective inpatient, Day Case, Outpatients. Where there is variation from best practice we will seek to include rectification of activity levels as a contract metric.

It is important to note that while NHS Harrow faces a significant financial challenge, which is reflected in the scale of Harrow's QIPP plan and the cost impact of our associated commissioning intentions for 15/16, the main principle behind all of Harrow's plans is to ensure that the right care is provided in the right place, at the right time, and by the right person.

2 Context

The purpose of Harrow CCG's local Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2015/16.
- Provide an overview of our plans to commission high quality health care to improve health outcomes for Harrow registered patients for 2015/16.
- To engage with our member practices in commissioning a model of high quality health care for the residents of Harrow.
- To engage partners, patients and the wider public in shaping the way in which we respond to the health needs of Harrow residents and the way we commission the appropriate services to meet local needs.

The Commissioning Intentions provide a basis for robust engagement between the CCG, partners and providers, and are intended to drive improved outcomes for patients and to transform the design and delivery of care, within the resources available.

2.1 Introduction

Our Commissioning Intentions for 2015/16 are informed by the local population health needs and the need for sustainable improvement in service delivery against a backdrop of the financial challenges faced by Harrow.

Harrow CCG's vision is to work in partnership to ensure that Harrow residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available.

The key aims are set out below:

- **Improve health and wellbeing in partnership with patients and wider community:** Commission services to address the key health issues within Harrow, such as reducing health inequalities, improving uptake of preventative services and reducing mortality and morbidity resulting from poor long-term condition management.
- **Ensure service provision is needs-led, sustainable and fair:** Ensure appropriate use of commissioned services so that we manage activity within the available budget. This will result in our patients receiving the right care, in the right setting by the most appropriately skilled clinician, which will improve the quality of care patients receive and reduce dependency on acute care.
- **Secure quality, cost-effective care delivered by the right person in the right place:** The productivity and efficiency of the way services are provided needs to improve, across the whole health system to ensure that there is appropriate and cost effective use of resources in Harrow. This is underpinned by aspirations to change behaviours and practice in primary care where these will achieve more effective and efficient use of resources, recognising the scale of the challenge of being able to manage within the financial constraints of the future.

In summer 2013 Harrow embarked on a three month process to develop its Strategic Plan, including updated Financial and QIPP Plans, leading to a 3 Year Strategic and Financial Recovery Plan. This process has focused on developing a clear understanding of the population's health needs, building on the Joint Strategic Needs Assessment (JSNA).

The 2015/16 Commissioning Intentions are a part of the implementation of Harrow's 3 year Recovery Plan.

2.2 Harrow's Public Health

Harrow's population is currently estimated at 231,470 residents, with a predicted increase in growth over the next 10-15 years, particularly amongst the 0-15 age group, and the over 65s, but with a decline in growth seen for those in the 15-44 age groups. The over 65 year age group is projected to grow at a rate of 1- 2% over the next 10-15 years, faster than other age groups within the population of Harrow. An overall increase of 22% is projected for this age group by year 2025. An ageing population implies there will be a greater demand on the health and social care system from the frail elderly, those with long term conditions and dementia.

The White ethnic group currently make up 46% of the Harrow population. This has declined considerably over the last 10 years and is predicted to decline further over the next 10 to 15 years so that by 2030 it is expected to represent less than 40%. All other ethnic groups are predicted to increase as a proportion of the total Harrow population with the biggest increases being seen in the Indian and other Asian and other ethnic groups. The population profiles suggest and provide evidence that culturally appropriate services need to be considered for children's services and older adults services in the future. The prevalence of hypertension, stroke, coronary heart disease and diabetes greater in Asian groups at younger ages and lower BMIs.

Deprivation is an important determinant of health. Most multiple deprivation is in the centre of the Borough, with pockets of deprivation in the south east and Harrow's least deprived areas are in the west of the borough.

Analysis of the causes of death in the most affluent and the most deprived wards in Harrow give an indication of the diseases that are causing the gap in life expectancy. We see that the biggest impact on life expectancy could be made by focusing on circulatory disease. If mortality rates from Coronary Heart Disease in the most deprived parts of Harrow were to reduce to the rate seen in the most affluent, life expectancy would increase by over a year in males and over 9 months in females. Lung cancer in men, breast cancer in women and COPD in both sexes are the other areas where significant gains in life expectancy could be made.

There are inequalities in health in Harrow that are demonstrated in the deaths rates across the borough. By grouping the population into bands of deprivation, the inequalities gap according to relative deprivation can be demonstrated. The biggest cause of death in all deprivation bands is circulatory disease and this also shows the biggest inequality gap. The second highest inequality gap is in respiratory disease. The third largest inequality gap is in all cancers.

Specific areas of need in Harrow include:

- High rates of obesity
- High risk drinkers
- Low levels of physical activity

- Low levels of smoking quitters
- High incidence of diabetes
- Opportunities to improve early detection of cancer
- Many people with long-term conditions also have poor mental health; opportunity to manage mental and physical health in a more integrated manner to achieve parity of esteem.

Seven key priority areas are detailed in the current Health and Wellbeing Strategy. These are:

- Long-term conditions
- Cancer
- Worklessness
- Poverty
- Mental health and wellbeing
- Supporting parents and the community to protect children and maximise their life chances
- Dementia

A Joint Strategic Needs Assessment (JSNA), developed jointly by all Health and Well Being Board members and the people of Harrow, provides a top level, holistic view of the current and future health and wellbeing needs of its local population and identifies priorities for action. The JSNA provides a firm foundation for the Joint Health and Wellbeing Strategy and commissioning strategies that improve health and social care provision and reduce inequalities.

The Commissioning Intentions expressed in this document are based predominantly on the current edition of the JSNA but it is acknowledged that there is a work programme to update and prioritise the Harrow JSNA for 2014-18 and the Joint Health and Wellbeing Strategy in 2015. These published Commissioning Intentions may therefore evolve to ensure they continue to reflect the needs of the people of Harrow.

The JSNA emphasises that health and wellbeing is not about health services alone. The biggest impacts on an individual's health and wellbeing are derived from the environment they are born in, that they live and work in, from their education and wealth and from their relationships with others. It also underlines the importance of tackling the determinants of health across the life cycle and that there is a need to address health inequalities between vulnerable and well-off populations focusing on all ages and stages of life. Lasting improvements in health and wellbeing relies on collaboration between professionals and through an asset based approach to empower the local community, thus promoting independence.

2.3 Improving Quality, Patient Safety and Patient Experience

Harrow CCG's Vision for Quality

Harrow CCG's 'vision for quality' is that that every person deserves a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with the providers of services to continually improve in order that this will be the case. Quality at the heart of our commissioning cycle.

Our quality strategy outlines the framework for ensuring that quality is at the heart of everything we do. It is built around the priorities identified by Harrow Clinical Commissioning Group (CCGs) for commissioning high quality healthcare services for its residents.

Our local framework for quality is informed by national policy for delivering quality and patient experience, and is set against three main drivers:

- Planning for high quality services
- Developing and commissioning high quality services
- Assuring the services we have commissioned deliver a quality service

Our quality strategy includes:

Quality governance

The Governing Bodies have agreed a quality assurance structure for identifying; monitoring and challenging quality in the organisations we commission services from (see Appendix 2). Good quality information is a pre-requisite to understanding current services, for gaining improvement and planning future services. It supports our role to commission the right services and best possible care for our resident population.

CQC Standards and Remedial Action Plans

All providers are expected to meet the quality and performance standards required by the CQC and, in the event that remedial action plans are required, to deliver them according to agreed timescales.

Quality assurance

We take responsibility for Quality Assurance by holding providers to account for delivery of contractual obligations and quality standards. We also take responsibility for working closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement including the adoption and sharing of innovation. We have a system of quality assurance and early warning processes in place which provides information about the safety, effectiveness and patient experience of services we commission. This system enables us to be proactive in identifying early signs of concerns and take action where standards fall short.

Patient experience

Using the guidance from The Department of Health's '*Building on the Best: Choice, Responsiveness and Equity in the NHS* (DH, 2003)' and their Patient Experience Framework, we will monitor elements that are critical to the patients' experience of services we commission.

Quality improvement and learning

We are committed to improving quality and sharing learning and best practice and to using this information to inform commissioning decisions at each stage of the commissioning cycle.

Quality goals

Our priorities build on national policy, our commissioning strategy, and areas of higher risk and identified concerns. We have set ourselves three specific quality goals for the lifetime of our strategy:

- Compliance with National NHS Constitution expectations
- Delivery of local quality improvement objectives
- Delivery of a quality team operational work plan

Workforce

Ensure effective workforce development and culture changes required to ensure core skills and competencies are built on to deliver high quality services that meet the needs of the transformation agenda..

2.4 Carers

As part of Whole Systems Integrated Care NHS Harrow CCG believes that in order to meet the needs of patients and their carers a whole pathway approach is required that focuses on individual people and their needs.

In 2015/16 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 the development of the NHS Harrow CCG and Harrow Council Integrated Carers Joint Commissioning Plan; the plan draws together a wealth of information locally and nationally about the experiences of unpaid family and friend carers to shape what good support should look like here and this pays particular consideration to the changing national context of: -

- Carer services and funding in the context of integration
- NHS England's 'Commitment to Unpaid Carers'
- The Care Act 2014 setting out major new duties to unpaid car
- The National Carers' Strategy

NHS Harrow CCG recognises the vital part that Carers play in the local health economy and are devoted to ensuring that we listen and work in partnership with local carers to support them to undertake their complex and challenging role and support the philosophy to deliver the key objectives of 'Carers at the heart of the 21st –century families and communities'. We are committed to:

- Working with Harrow Council to develop and deliver a Joint Commissioning Plan and Action Plan.
- Ensuring carers are supported, have choice and control and are being empowered through easy access to information and advice.
- Ensuring young carers are a key priority, working closely with partners and with organisations beyond health and social care (including education) in order to continue identifying and supporting carers.
- Increase carer wellbeing by boosting existing counselling and support services to carers.
- Supporting GP practices to take a pro-active approach to the registration and management of patients who are carers and offer informed support and advice.

2.5 Patient and Stakeholder Engagement

In line with Harrow's Communications and Engagement Strategy, Harrow CCG seeks to actively engage with local residents, patients, and carers in the development of commissioning plans. Patient engagement and input that has supported the development of the CCG's Commissioning Strategy (and 15/16 Commissioning Intentions) in the last 12 months has included promoting Health and wellbeing at the 'Healthy Harrow' major public event, discussing the development of primary care estates in the East and Central of Harrow via a series of public meetings, and targeted engagement to support development of the Carers strategy, the Dementia strategy and various new planned care pathways among others.

Harrow has further engaged with local residents in the design of services and this has actively informed the development of our commissioning via:

Harrow Governing Body meetings in public where residents are able to inform the CCG of required service developments and raise specific questions across all commissioned activity

Harrow Health and Well Being Board meetings in public which includes Healthwatch

The CCG has been involved in engagement and collaborative working with the Harrow Patient Participation Network, which represents over 230,000 registered patients at the Borough's GP practices.

The establishment of our social media arm to encourage the wider cross section of Harrow's population to learn about and feedback on local Health services as well as comment on the strategic issues which matter to the public.

After feedback from patients and members of the public, the CCG is currently overhauling its website and branding to launch very shortly; introducing a fresh, unique and functionally interactive digital platform, which will serve as a one stop shop for all information pertaining to health.

The release of a brand new newsletter entitled 'Patients First', which has been well received by patients and members of the public in providing news, updates, health initiatives, and seasonal health advice. The CCG has produced a long term forward plan to ensure the newsletters are produced on a regular mechanism to circulate essential seasonal information which will prove helpful in self-care management and general health awareness.

We will continue to actively engage with patients, public and other stakeholders in order to ensure that Harrow health services are commissioned in line with local priorities.

2.6 Joint Commissioning with Harrow Council

(See 2.8.7 for an account of the Better Care Fund in Harrow).

Details of those commissioning intentions that are to be undertaken through joint working with the Local Authority are contained in section 4: 'Commissioning Intentions by Service Area' (below).

The Health and Social Care Act 2012 puts clinicians at the centre of commissioning, working productively with all care services to deliver high quality outcomes for the local population. The Department of Health also recommends the establishment of a range of formal and informal partnerships between the NHS and local government to work collaboratively on new or existing services in order to promote the physical and mental health and well-being of the local population.

The Health Act 1999 and its follow-up guidance, National Health Service Act 2006 Section 75 (S75), set out the framework for pooling funds and for partnership agreements to be developed as part of the enabling functions contained within the concepts of Joint Commissioning of Health and Social Care Services, the Joint Provision of these services and the Joint Planning of Future Provision.

Our commissioning intentions are informed by the local population health needs identified in the Harrow Joint Strategic Needs Assessment (JSNA 2012-16), and reflect the key health priorities subsequently outlined in the Joint Health and Wellbeing Strategy (JHWS 2013-16).

Harrow CCG and Harrow Council will develop joint commissioning arrangements to ensure robust coordination of services across health and social care as a driver for quality and efficiency and improved outcomes for the community. We will:

Target services to give the greatest impact on outcomes;

Avoid duplication of services;

Ensure value for money and efficiency;

Develop co-ordinated services; and

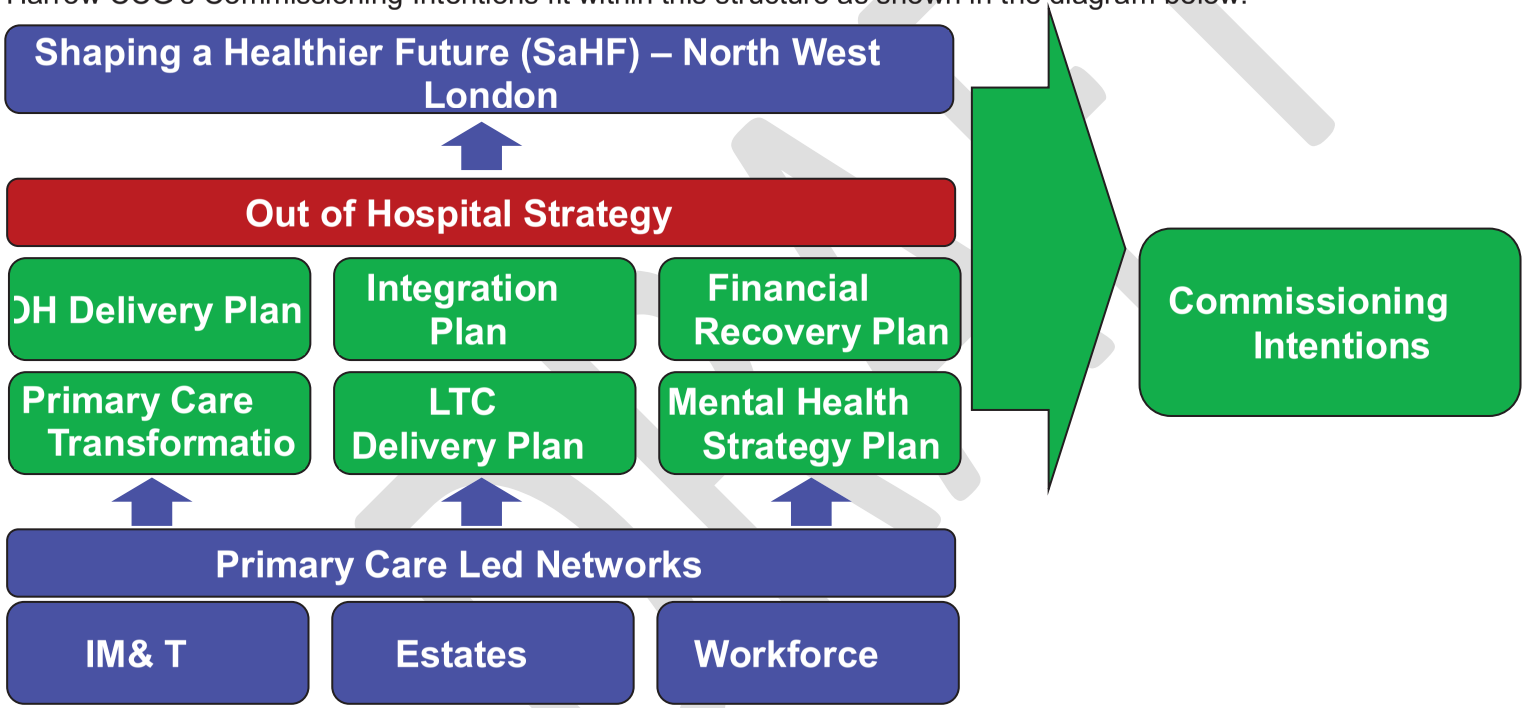
Share best practice, expertise, and intelligence about needs.

2.7 Harrow's Commissioning Strategy

The Strategic Context in North West London

Harrow CCG is one of 8 CCGs covering the inner and outer areas of North West London. These 8 CCGs are involved in strategic redesign activities that affects the design of health care services across North West London in a programme entitled "Shaping a Healthier Future" (SaHF).

Harrow CCG's Commissioning Intentions fit within this structure as shown in the diagram below.



2.8 The Strategic Context in Harrow

The following strategic and transformation plans provide the context within which Harrow's Commissioning Strategy and Intentions have been developed and will be implemented.

- Joint Health and Wellbeing Strategy for Harrow (2013-2016)
- North West London Shaping a Healthier Future programme (SaHF)
- Prime Minister's Challenge Fund (Primary Care Transformation)
- Shaping Healthier Lives (Mental Health Services Transformation)
- Harrow's Out of Hospital Strategy
- Harrow's Whole Systems Integrated Care
- Harrow's Better Care Fund

Harrow's 3 Year Strategic and Financial Recovery Plan

2.8.1 The Joint Health and Wellbeing Strategy for Harrow 2013-2016

Harrow's Joint Health and Wellbeing Strategy (HWBS) sets out the strategic direction for partners to work together to improve health and wellbeing, reduce health inequalities and promote independence. The success of this work will be guided and measured by the Harrow Health and Wellbeing Board (HWB).

The setting of priorities within the HWBS was based on the evidence presented in the Joint Strategic Needs Assessment and the best available evidence.

The HWB has agreed that the priorities for Harrow should reflect three important criteria:

- They affect the wellbeing and quality of life of the people of Harrow
- They will lead to a reduction in the health inequalities gap
- They will have long term impact

Seven local priority areas have been agreed:

1. Long term conditions: the HWB initially agreed to focus on cardiovascular disease (heart disease stroke and hypertension), respiratory disease and diabetes.
2. Cancer
3. Worklessness
4. Poverty
5. Mental health and well-being
6. Supporting parents and the community to protect children and maximise their life chances
7. Dementia

Annual implementation plans will identify what we want to achieve within the year and how we will achieve it.

2.8.2 '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.

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.

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.

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.

2.8.3 Prime Minister's Challenge Fund (Primary Care Transformation)

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

- **Patient expectations**: in a recent survey of NWL patient priorities for primary care, seven of the top ten issues related to improved access.
- **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).

Though it may be part of the solution, expanding capacity alone will not improve access to General Practice. There are several reasons for this:

Funding: It is financially unsustainable for every GP practice in NW London to operate 8am – 8pm, 7 days a week and this is not an expectation for GP practices in Harrow.

- **Workforce:** There are not enough GPs and nurses in NW London for every GP practice to operate 8am – 8pm, 7 days a week.
- **New demand:** Likely that increasing the number of appointments would cater for unmet need instead of re-distributing existing demand.
- **More of the same**: Still wouldn't give the public the type of appointments they want (e.g. doesn't make use of new technology to offer different types of appointment and make booking appointments more convenient).

Any strategy for widening access to General Practice must therefore comply with four overarching goals:

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 ensure that we are able to deliver services that genuinely reflect patient needs and preferences, we need to be thinking about seven day working across General Practice in its totality.

We will deliver this in Harrow through the GP Network and the commissioning of 8-8 community Hubs to support overflow clinics, house community services and diagnostics, a provide a base of clinics to be delivered that historically were part of acute hospitals.

2. **Financially and operationally sustainable:** a new model must be affordable and deliverable. In the long-term this probably means no net increase in cost or workforce

3. **Meets patient expectations:** a new model must deliver the type of appointments patients want, when they want them. This will range across the potential use of telephone consultations, emails for non-clinical support, web based appointment booking and e-prescriptions.

4. **Reconfigures both 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.

NW London were awarded funding through a successful application to the Prime Minister's Challenge Fund. This is now a significant enabler to delivery of NW London's vision for a transformed primary care landscape in allowing, through a combination of NWL and NHSE funding:

- Extending GP access and continuity in the short term (by the end of 2014/15)
- Putting in the right support in place to nurture and grow GP networks (in 2014/15 and beyond)

The Challenge Fund will focus on outcomes around Urgent, Continuity and Convenient Care to ensure that patients have access to General Practice services at times, locations and via channels that suit them seven days a week.

2.8.4 Shaping Healthier Lives (Mental Health Services Transformation)

NHS Harrow CCG, as partner organisations in North West London, will work together to put in place the principles of the National Concordat (Feb 2014) to improve the system of care and delivering care delivery in the least restrictive possible setting and ensure parity of esteem.
We will ensure support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need whatever the circumstances from whichever of our services they turn to first. We will work together to prevent crises happening whenever possible, through intervening at an early stage. We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes. We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover.

In 2015/16, CCGs wish to see continued implementation of ***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 examine form, function, costing and impact following the implementation of the service across North West London sites.
- **Improving the rehabilitation pathway:** building on the work undertaken in previous years on the rehabilitation pathway, in 15/16 Harrow will continue to standardise, improve and embed the quality of outcome focussed placement reviews and repatriation to ensure delivery of recovery outcomes. This will incorporate a review of the overall rehabilitation pathway.
- **Whole Systems/Shifting Settings**: continue the re-designing of services closer to home that was commenced under Shaping Healthier Lives (Shifting Settings of Care), strengthening the role of primary care and general practice in managing patients who have Long Term Mental Health Needs but do not need secondary care.

- **Whole Systems: Long Term Mental Health Needs (LTMHN) Pathfinders**: During 2014-2015, there has been a NWL-wide programme to support the development of innovative models of care that will support those with serious mental illness to live well, and stay well, for longer. This is vital to the whole system approach, to reduce unnecessary demand on secondary services, to support ambition and hope for service users to stay in recovery, and to continue the re-patterning of services closer to home that was commenced under ***Shaping Healthier Lives*** *(*Shifting Settings of Care), bolstering the role of primary care and general practice in managing patients who have LTMHNs but do not need secondary care. Two pathfinders have been established (West London CCG and Hounslow). In 2015/16 Harrow CCG will take stock of the implications of roll out in these two CCG areas, distilling the principles of the models for in-year development in Harrow and for the 2016/17 commissioning intentions.

In 2014/15, the Board has sponsored development work streams in dementia, learning disability, perinatal mental health and IAPT. CCGs will wish to see providers of service 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.

The Board commenced review of the existing strategy, Shaping Healthier Lives, in December 2013. A new vision statement was agreed in March 2014, reflecting a much broader, recovery and prevention Mental Health and Well-being Strategy, required for 2015 onwards. This is currently under development and agreement across the 8 CCGs and LAs, Metropolitan Police, both mental health NHS provider Trusts, Third Sector, Users and Carers. CCGs will issue a tender to take this programme of work forward and will wish all providers to be engaged in development and delivery in 2015/16.

In June 2014, the Collaboration Board 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.

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. 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.

2.8.5 Out of Hospital Strategy

In 2012/13 NHS Harrow consulted on its Out of Hospital Strategy, which sets out the intention to commission services which reduce reliance on hospital based care through strengthening the range and focus of services delivered in primary and community settings.

The 'Out of Hospital Strategy', *Better Care Closer to Home - Our strategy for co-ordinated, high quality out of hospital care,* sets out five strategic goals:

- Easy access to high quality, responsive primary care.
- Clearly understood planned care pathways.
- Rapid response to urgent needs (within 2 hours).
- Providers (social and health) to work together, with the patient at the centre, to proactively manage people with long term conditions, the elderly and end of life care patients out of hospital.
- Patients will spend an appropriate time in hospital.

Successful delivery of the Out of Hospital Strategy is required to enable the delivery of SaHF.

The eight CCGs in North West London (NWL) have agreed a Memorandum of Understanding (MOU) setting out how they will work together in a collective way to successfully implement the Shaping a healthier future strategy whilst recognising each CCG's individual sovereignty and the need for decision making to be made at a local level. The MOU outlines four main strands where co-operation and collective working will be required between now and 2015/16.

Areas of priority spend identified in relation to Shaping a Healthier Future include acute changes, enhanced integration, primary care transformation and transforming mental health services.

Within this transformational programme the CCGs have agreed to undertake some work at an aggregated level, either across the eight, within each federation/collaborative or through CCGs working together with an individual provider.

The five strategic goals of the Out of Hospital Strategy are reflected in the Commissioning Intentions, and the areas of key transformational change agreed across North West London, are reflected in the 2014/15 Commissioning Intentions.

2.8.6 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. 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.

All providers will continue to have the opportunity to participate in the development of WSIC through a collaborative, iterative process. Through on-going 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. We expect providers currently working with population groups in our local area to respond to these intentions.

In Harrow CCG, we have agreed through our Early Adopter partnership to start by focusing on the over 75 with one or more long term condition. Therefore, in 15/16 we anticipate the following services would be within the scope of the new model of care for this group:

- Primary Care including Walk in Centres, the transition to Community Hubs and the overarching GP Network
- Integrated Care Programme including care navigators and enhanced MDT
- STARRS Intermediate Care
- Community Nursing
- Specialist Community Nursing
- Alignment to social care
- Alignment to wider community services i.e. pharmacy, carers services and the wider voluntary sector

We will continue to work with all partners through co-production to ensure alignment between the development of WSIC and the implementation of the Better Care Fund.

2.8.7 The Harrow Better Care Fund

The Harrow-wide vision for health and social services is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community.

Partners across Harrow believe that truly empowering people to help themselves requires support to be provided around people and not around existing organisational arrangements. Well before 2019/20, our vision for health and social services is to deliver an integrated approach built around the needs of service users. By working in this way we believe we will:

- Improve the quality of life for everybody in our borough by providing proactive, joined up services;
- Work together, share information, expertise and experience better;
- Deliver co-ordinated seamless care, in particular to those with the most complex health needs, including those with multiple long-term conditions;
- Improve the efficiency of the existing system by reducing inter agency referrals;
- Reduce the utilisation of acute care resources to support our residents;
- Make it easier for everybody, however sick or frail, to continue to live happily and safely at home.

The Better Care Fund plan will play a key role in delivering this vision. This programme draws together a number of existing schemes ie intermediate care, hospital discharge services, carers services, WSIC to name a few and pooled together budgets with Harrow Council to jointly commission appropriate care pathways to support residents experience better care and reduce fragmentation of services and the consequential flow to acute settings.

By 2019/20 achievement of this vision will make a real difference to how people lead their life and maintain and improve their health and wellbeing. The fund takes important steps to deliver a service that is more responsive, easier to contact, with more capacity (including a third community hub) and which is more valued by local residents, ultimately improving their experience and outcomes. It will also enhance and strengthen partnership working between the CCG, local authority and partners in the delivery of health and social care.

Along with the WSIC programme the Better Care Fund will impact Harrow most at risk groups which is classed as 5% of the total population which accounts for 50% of Harrow's annual expenditure.

2.8.8 Harrow's 3 Year Strategic and Financial Recovery Plan

Harrow has confirmed that our existing plans which look to transform how acute care is provided, including Shaping a Healthier Future (SaHF)/Better Care Closer to Home ('Out of Hospital' Strategy), are fundamental to delivering higher quality care more effectively, and provide a foundation for the plans.

In addition, we will go further, based on the following principles:

- **Integration**: proactive and integrated management of high risk / high need patients, (i.e. those patients representing the **top 5 and top 20%** of the Chronic Disease Management 'triangle') including their social, mental and physical care needs.
- **Prevention**: primary prevention for lower risk patients, and secondary prevention to reduce the rate of increasing needs.

We will expand a patient-centred approach for vulnerable patients with multiple needs, rather than a disease-specific approach.

An integrated, patient-centred approach will improve the quality of care.

Delivery of this Plan over three years will require the CCG and its partners, including the Local Authority (LA) and NHS England, to work in radically different ways.

Delivery of this Plan over three years will enable delivery of the CCG's 3 year Financial Recovery/QIPP Plan - implementation of the QIPP Plan will enable the CCG to achieve financial balance by 2018/19.

The CCG seeks support from its Primary Care, Specialist Services and Social Care commissioning partners, and Public Health, to develop and implement the initiatives required.

3 Overarching Commissioning Intentions - all providers

Harrow has identified the following overarching Commissioning Intentions for all providers.

3.1 Overarching Commissioning Intentions - all providers

Harrow has identified the following overarching Commissioning Intentions for all providers.

- Integrated Care
- 7-Day services
- IM&T
- Safeguarding
- Equality and diversity
- Every Contact Counts

3.1.1 Integrated Care

In line with Harrow's 3 Year Strategic & Financial Recovery Plan, we intend to support patients and users with very complex needs who are already in a vulnerable state in order to manage their care in order to keep them as well and comfortable as possible at their most vulnerable periods. For patients and users at a moderate to high risk of deterioration, our aim is to mitigate risk and prevent deterioration through more proactive care. 'Year of Care' tariffs may be developed to support the management of long-term conditions for specific cohorts of patients.

This strategic focus on Integrated Care will require all providers to operate in significantly different ways in order to support the delivery of proactive, coordinated, and patient-centred services.

All providers should use the Co-ordinate My Care (CMC) system to manage the care of patients at the end of their lives.

3.1.2 Seven Day Services

The CCG expects all providers to comply with the national Seven Day Services Standards, which 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 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.

The delivery of these standards will be through the addition of the national 7 day services standards into provider's core contractual quality schedules. Between 2015/16 Harrow CCG will develop providers into delivering a wider number of the standards. Those which were part of 2014/15 contracts via CQUINs will be expected to be embedded into core quality scheduled for 2015/16.

3.1.3 IM&T

The CCG's Commissioning priorities for 2015/16 are:

- Diagnostic Information: electronic ordering of diagnostic tests and reporting results through the provider's order communication system, for pathology and radiology diagnostics. Extension of this "diagnostic cloud" during 2015/16 beyond the hosting CCG to other CCGs with significant volumes of tests (to be agreed in CQUIN targets), and for providers to share results with other acute providers (e.g. for tertiary referrals)
- Referrals: elimination of unsafe fax referrals to providers and replacement with electronic communication (e.g. through NHS e-Referrals system)
- Details of Clinical Episodes: electronic transmission, via either Level 1 or Level 2 mechanisms, in a timely way (as close to "real time" as possible given standard clinical processes) – e.g. the information currently contained in inpatient discharge summaries, outpatient letters, A&E/urgent care letters.

Integration of clinical systems between providers to enable multidisciplinary teams to function effectively with the information required to make safe, timely and properly informed clinical decisions.

IT is a key enabler of the CCGs' clinical strategies for 2015/16 and therefore the CCGs intend to place a heavy emphasis on IT in the CQUINs for the year, as for 2014/15. 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 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). This includes the sharing of detailed clinical information about episodes of care, for example clinical narrative or progress notes.
- 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 minimum achievement to meet CQUIN targets in 2015/16 between providers and their hosting CCGs will be implementation of Level 2, with a longer term plan to achieve Level 1. Achievement of Level 3 will be sufficient between providers and out-of-area CCGs but will not be sufficient for the hosting CCG. The cost of achieving the required levels of interoperability is the responsibility of the provider and will not be provided by the CCG in addition to existing contract funding.

Commissioning in relation to IT systems 2015/16 should have the following impact:

- Live information flows from and to primary care clinical information systems (as close to "real time" as possible)
- A standardised repository of diverse clinical information on the patient within the primary care record, so that the primary care record is the single comprehensive source of medical history on the patient
- Technology solutions that will allow multidisciplinary teams across different settings of care to function as one integrated team
- Patients to have access to their own medical records and participate in monitoring and reporting on their care

3.1.4 Safeguarding

The safety and welfare of children and adults is 'Everybody's Business'. The CCG expects all providers to deliver services that are consistent with the following principles:

Empowerment: Presumption of person led decisions and informed consent.

Protection: Support and representation for those in greatest need.

Prevention: It is better to take action before harm occurs.

Proportionality: A proportionate and least intrusive response appropriate to the risk presented.

Partnership: Local solutions through services working with their communities.

Accountability: Accountability and transparency in delivering safeguarding.

The CCG will strengthen the assurance framework and the role of designated professionals.

Quality standards and KPIs relating to safeguarding will be rigorously monitored.

Providers are expected to ensure that their workforce has the competencies outlined in the the Intercollegiate Document (March 2014)..

Standard best practice adult and child safeguarding specifications will be included in all Harrow contracts, including robust safeguarding KPIs.

Active engagement with the Designated Safeguarding Nurse, including prompt reporting of all safeguarding concerns and, within 24 hours, of all safeguarding incidents, is a fundamental requirement of all providers and will be managed through formal contract management processes.

Commissioners expect all providers to engage with the Multi Agency Safety Hub (MASH) and be committed to sharing information to safeguard children and promote child welfare.

The CCG intends to include safeguarding quality standards in contract KPI schedules.

All providers should comply with the principles of the PREVENT strategy in the provision of safeguarding training and policy development.

3.1.5 Equality and diversity

All contracts for providers must have collection of relevant equalities data as a mandatory clause with a penalty contract.

Ensure that providers of commissioned services undertake regular surveys of patient experience, identifying inequalities of access and experience as part of their contractual requirements, and that this is a standing item on the agendas of all contract monitoring meetings between the commissioners and providers, including access to skilled clinicians for patients/users with Learning Disabilities and/or Challenging Behaviours.

Including access to skilled clinicians for patients/users with Learning Disabilities and/or Challenging Behaviours.

Ensuring reasonable adjustment for ADHD and Learning Disability presentations is evidenced and measured in all contracts.

All providers of new procured services will be required to carry out regular patient surveys and monitoring to ensure services are equitably accessible by all sections of the community.

Providers should make reasonable adjustments to service delivery to ensure that the needs of currently underserved groups, including but not limited to people with mental health problems, learning disabilities, physical disabilities and severe behavioural disorders.

Providers should ensure parity of esteem by ensuring they promote equity and making reasonable adjustments in services to accommodate the needs of different ethnic groups in Harrow.

Every Contact Counts

All providers should put health promotion at the core of their services through an everyday prevention approach that considers lifestyles and wider determinants of health eg education, housing, the environment.

Providers should use every opportunity to deliver brief advice to improve health and wellbeing.

Priorities for brief advice are smoking, alcohol, diet and physical activity although advice should be tailored to the needs of patients.

This approach should be delivered by staff at all levels, many of whom will need training to ensure that they have the skills and confidence to talk to people about their health and knowledge of how they might access further lifestyle advice and support.

4 2015/16 Commissioning Intentions - by service area

As in the 3 Year Strategic and Financial Recovery Plan, our key commissioning priorities are organised around the following areas:

- Maternity Services
- Children's Services
- Integrated Care
- Unscheduled Care
- Planned Care
- Primary Care
- Medicines Management
- Community Services
- Adult Mental Health, Learning Disabilities & Challenging Behaviours
- Continuing Care
- Joint Commissioning Intentions with Harrow Council
- Training and Education

Our local priorities are aligned to those of North West London: transforming out of hospital care and pathways of care (urgent care and planned care), and implementation of integrated care. These sit alongside the drive across North West London towards increased productivity and efficiency through cost and value of care initiatives.

4.1 Maternity Services

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

A key objective of the CCG is to deliver high quality and safe maternity services. The strategic intention of the Children's Services and Maternity workstream is to identify and target children and families early on, to deliver low cost and high impact services, and to support effective transition from children's to adult services in all areas.

Further Development of 14/15 Maternity Services Initiatives
• The CCG will monitor the implementation of the recommendations of the CQC response to NWLHT's maternity service performance.
• The CCG requires that maternity providers demonstrate that they meet the published standards for Maternity Services that have been adopted by SaHF.
• The CCG requires that maternity providers demonstrate that they meet or exceed national standards for available hours of consultant time.
• The CCG and the Local Authority will improve interventions from the point of conception and offer earlier intervention through low cost, universal+ interventions, as well as ensuring that Harrow children maximise the benefit they receive from the utilisation of the Common Assessment Framework (CAF).
• The CCG will review the maternity pathway to ensure integration and maximisation of clinical outcomes.

Further Development of 14/15 Maternity Services Initiatives
Perinatal Care
• The CCG will consider the recommendations of the review of the local perinatal maternity pathway to Coombe Wood inpatient and community-based services and their interface with other services i.e. substance misuse.
• The CCG will consider the findings of the Perinatal Pathway Review in the development of 15/16 commissioning plans.

New Maternity Services Initiatives in 15/16
• The CCG will require a move towards team based midwifery to support integrated working and communications with community services and between midwives and GP to support primary care awareness and increasing antenatal checks.
• Providers will be required to implement the recommendations from the serious case review, including the requirement that midwifery care notes are available to GPs through integrated IT systems.
• The CCG requires that providers train staff in awareness of Female Genital Mutilation and work collaboratively to deliver local strategies.
• Provider should work with commissioners to deliver the priorities of the Strategic Clinical Networks for Maternity Services.

4.2 Children's Services

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

This section covers the following service areas:

Paediatric pathways and services;

Safeguarding;

Children's mental health, learning disabilities and challenging behaviours services;

Children's continuing care;

Children's services transferred to other commissioners e.g. Health Visiting.

Key Objective:

The core purpose of the CCG is to deliver high quality and safe children's services. The strategic intention of the Children's Services and Maternity workstream is to identify and target children and families early on, to deliver low cost and high impact services, and to support effective transition from children's to adult services in all areas.

Further Development of 14/15 Childrens' Services Initiatives
Partnership Working
• The CCG and Harrow Council will work together to strengthen services that address low level mental health needs and build resilience. The new Mental Health integrated service specification and agreed pathway will reduce demand for specialist mental health services, close gaps in the existing CAMHS service, and reduce demand for Tier 4 placement.

Further Development of 14/15 Childrens' Services Initiatives
• The CCG and the LA will work with Education Services to develop an integrated plan for children with complex needs, to support them to stay in family settings where possible. We will work with LB Harrow Education and Social Care services to develop a single assessment pathway for children with complex needs. The pathway will include the process by which statements of Special Educational Need and Disability (SEND) assessments are completed and Education and Health Plans (EHP) are implemented.
• The CCG will work jointly with Harrow Council to enable access to and monitoring of personal health budgets.
'Year of Care' Tariffs
• Commissioners will continue to fund a GP respiratory lead who will work with NWLHT to agree a service improvement plan to improve paediatric asthma management and outcomes by embedding stronger multi-disciplinary care planning and delivery across secondary and primary care.
Safeguarding
• The CCG will strengthen the assurance framework and the role of designated professionals.
• Active engagement with the Designated Safeguarding Nurse, including prompt reporting of all safeguarding concerns and, within 24 hours, of all safeguarding incidents, is a fundamental requirement of all providers. Performance against these standards will be managed through formal contractual processes.
• Commissioners will review all existing safeguarding Service Level Agreements (SLAs) and Job Descriptions (JDs) with a view to clarifying provider responsibilities and agreeing measurable outcome indicators to support improved monitoring.
• Recommendations from Serious Case Reviews will be implemented by providers in a timely manner and monitored through the assurance framework.
Safeguarding
The CCG is committed to supporting the MASH with appropriate clinical expertise and multi-agency working to use the outcome of the hub's work to enhance safeguarding practice.
• Commissioners expect all providers to continue to engage with the MASH and be committed to sharing information to safeguard children and promote child welfare.

Further Development of 14/15 Childrens' Services Initiatives
Children Looked After
• The CCG intends to include safeguarding quality standards in contract KPI schedules.
• The CCG will monitor the newly established Childrens' Autism Pathway and work collaboratively to ensure integration between partner agencies.
Children and Adolescent Mental Health Services
• The CCG will monitor the newly established transition pathway to ensure it provides seamless transition between services to patients and their parents/carers.
• The CCG will implement and monitor the newly designed out of hours urgent assessment pathway.
• Following the NHSE review of tier 4 services the CCG will work jointly to ensure the step up and step down pathway to and from local tier 3/3.5 CAMHS services is working effectively.
Paediatric Learning Disability Service
• The CCG will, with local partners, explore the potential to deliver a 'life-course' approach to the delivery of integrated care pathways.
• As part of the development of a health and social care pathway we will continue to strengthen the transition pathway for child and their parents/carers into community adult disability services in seamless.
• Following the school nursing service review the CCG will develop, in collaboration with the local authority, an integrated care pathway for children in special schools.
Health Visiting, School Nursing and Immunisations and Vaccinations
The CCG will work collaboratively with the Local Authority, including Public Health, to support the transfer of the lead commissioner role for health visiting from NHSE to the LB Harrow and continue to support maintenance of the core functions of health visiting within the health economy.
The CCG would wish to participate in the development of integrated pathways, aligned to primary care, for services that contribute to jointly held outcomes e.g. health visiting, school nursing and immunisations and vaccinations.

Further Development of 14/15 Childrens' Services Initiatives
The CCG will work with Public Health and the Local Authority to maximise the benefits of the School Nurse Review, including those working in special schools.
• The CCG will jointly commission training and public education programmes with public health partners and Local Safeguarding Children's Board.

New Childrens' Services Initiatives in 15/16
Paediatric Pathways and Services and Integrated Holistic Care
• The CCG would like to establish, through collaboration with existing providers, a multi-agency single point of referral which would ensure appropriate referral and use of pathways.
• The CCG wishes to agree with all providers an integration pathway in which children assessed once and receive care from the most appropriate provider.
• Commissioners will work with NWLHT to disaggregate the health block budget for physiotherapy, speech and language therapy and occupational therapy so that the individual service budgets can be better understood.
• The full implementation of the paediatric diabetes and epilepsy Best Practice Tariffs will support proactive care planning and management.
• The CCG and the LA will work with Education Services to develop an integrated plan for children with complex needs, to support them to stay in family settings where possible and to support children at very high risk of admission, i.e. at the top end of the population needs 'triangle'.
• 'Year of Care' tariffs will be developed to support the care of children with complex conditions.

New Childrens' Services Initiatives in 15/16
Children Looked After
• The CCG will review the options for contracting for the care pathway for Children Looked After.
• The CLA service provider will be responsible for collating and reporting timely and accurate data on all CLA assessments and reviews of Harrow children. This will ensure that both the quality and timeliness of the health pathway can be robustly monitored.
Paediatric Learning Disability Service
• The CCG will, with NHSE, review the care pathway for access to tier 4 services for children with disabilities.
• The CCG will establish, working with partner agencies, an integrated ADHD pathway for children of all ages.

4.2.1 Cost impact (£)

Table 2 : Cost impact of the Children's Services workstream (£k)

The 2015/16 in-year planned net saving of the Children's Services workstream is presented in the table below:

Childrens' Services QIPP Initiatives	15/16 Gross Impact
Children's Services	182
Integrated Pathway for Complex Children	72
CYP – Asthma	63
CYP – Year of Care	47

4.3 Integrated Care

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

Whole system integrated care is a priority for NHS Harrow CCG and we will work collaboratively with the North West London Strategy Team to support the development of integrated care and where possible implement pilot schemes to accelerate this required model of care in line with the national integration agenda. Integrated Care is a wide programme of schemes which cover:

The commissioning of models of care from Provider Networks in the community and delivering where possible through existing community Hubs and in newly commissioned Hubs throughout 2015/15.

The transition of the Integrated Care Programme into the WSIC Programme. This will provide enhanced case management for the over 75 year old cohort with 1 or more LTCs before expanding across wider patient cohorts.

Implementation of year of care budgets to the provider to manage the total care of the individual. This will initially be supported by the CCG through a shadow arrangement.

Establishing Harrow wide education programmes to support the transition to whole system models of care delivery and awareness of working with wider MDTs across multiple organisations.

We will participate in the co-design process and pilot new models based on the outcomes of this process.

Further Development of 14/15 Integration Initiatives
• The CCG will develop an integrated primary care led unscheduled care model through a network model where services are commissioned from local GP practices and provided across the network at suitable sites in the community.
• The CCG will commission community based services under the primary contractor model to enable the local hospital trust to front end service with satellite clinics in the community that integrate pathways/services, where possible, across A&E, admission avoidance, social care, London Ambulance Service (LAS), primary care and community services.
• The CCG will review the services provided by the existing Integrated Care Programme i.e. Care Homes Case Management Support Team, Home Not Hospital service and Telehealth service to understand what pathways currently benefit patients and will continue within the developing WSIC programme.
• In partnership with the local authority the CCG will implement a joint carers strategy that will provide training to carers and will identify and support Seldom Heard Carers.
• The CCG will continue to work jointly with the London Borough of Harrow to increase identification and support for Vulnerable Adults and Young Carers as part of an integrated pathway of care.

New Integration Initiatives in 15/16
• Harrow primary care services will be supported to implement a single GP Network with Sub Networks (mirroring existing Peer Group). This GP Network will be able to bid for the delivery of services from the CCG as part of the Out of Hospital agenda. This will be supported by a range of funding sources: non recurrent set up within 2014/15 via the Prime Minister's Challenge Fund and Health Education North West London, and recurrent funding through a new business case issued to Harrow CCG.
• Following the design and sign off of a locally agreed plan to deliver the Better Care Fund the CCG will implement the delivery of this plan jointly with the Local Authority.
• The CCG intends to decommission and reprocure its community services commissioned from Ealing ICO; the reprocured services will be aligned to support the Out of Hospital and Whole Systems Integrated Care agendas.
• The CCG intends to implement an integrated service model for community and specialist nursing.

New Integration Initiatives in 15/16
• Specialist Palliative Care Nursing will support the integrated care model, with a shared palliative care pathway, commissioned through a lead provider (see Planned Care above).

4.3.1 Cost impact (£)

The 2015/16 in-year planned net saving of the Integrated Care workstream is presented in the table below:

Table 3 : Cost impact of the Integrated Care workstream (£k)

Initiatives	15/16 Gross Impact
Integrated Care	3,381
Integration of primary, acute, social and community care	3,381

4.4 Unscheduled Care

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

The CCG intends to increase the proactive management of moderate and high risk patients in order to prevent acute illness or exacerbations of long-term conditions and other preventable activity. For those acute exacerbations that do occur, the CCG seeks to ensure their management as effectively as possible, including providing alternative care for patients in the community or in lower intensity settings of care.

Further Development of 14/15 Unscheduled Care Initiatives
• All acute providers are expected to work towards the national standards for 7 day services. 14/15 CQUINs related to this will be included in mandatory quality schedules within standard contracts and stretch CQUINs added from national standards to support providers moving towards the full implementation within contract quality schedules of 7 day services by 2016/17.
• All acute providers are expected to ***work towards achieving*** the standards as defined by the London Health Programmes Quality and Safety Programme (audit of acute hospitals) - April-Sept 2012.
• The CCG will require reporting of A&E consultant and other staffing levels to confirm that national standards are met.

Further Development of 14/15 Unscheduled Care Initiatives

• Northwick Park UCC:
  ◦ The UCC contract expires in March 2017.
  ◦ The Northwick Park UCC specification will be reviewed to ensure that pathways reflect the requirements of Shaping a Healthier Future and enable the service to increase its % share of NPH site treatment activity equal to the upper quartile of benchmarked services.
  ◦ The provider will be expected to demonstrate that the UCC has redirected patients to primary care where appropriate.
  ◦ The UCC service is expected to demonstrate based on a joint review of presenting clinical conditions, a renewed emphasis on patient education to reduce the treatment of non-urgent activity within a UCC setting.

• It is the intention of the CCG to ensure that the high-value ACS pathways are reviewed and revised to support a greater flow of eligible activity to deliver a reduction in short stay admissions by ensuring that:
  ◦ Where a patient is eligible for treatment by the STARRS service it is expected that no AECU tariff will be charged.
  ◦ The AECU has a clear method of tracking every patient through SUS.
  ◦ A local tariff is charged for AECU patients.
  ◦ Use of the AECU is maximised i.e. all patients that are appropriate for the service shall be treated there.
  ◦ Existing payment rules apply within the NWLHT acute services contract where additional services are utilised.

• The CCG will require the implementation of a local tariff for 0-4 hours non elective admissions as part of 2015/16 contracts with acute providers
• The STARRS risk share agreement will remain part of the contract.
• The CCG expects acute providers to implement a clinical review tool eg MCAP tool to enable retrospective review to determine appropriate care levels based on necessity and best practice.

Further Development of 14/15 Unscheduled Care Initiatives

• There is an intention to develop a set of appropriate CQUIN schemes to support efficient pathways of care to include amongst other elements:
  ◦ Timely assessment and reporting on diagnostics to support discharges from A&E within the 4 hours target.
  ◦ Early senior medical review in A&E within 1 hour of attendance.
  ◦ Review of the number of diagnostics ordered against patient flow through A&E with an aim to avoid delays in the A&E pathway.
  ◦ 7 day consultant ward rounds.
  ◦ National standards for 7 day working.

• The CCG will ensure that the Directory of Services is regularly updated to reflect pathway changes and development of new services
• The CCG will review non-acute bedded services to ensure that the CCG has commissioned the appropriate community bed capacity.
• The CCG will work with the local authority to inform the local population of local services to avoid the need for A&E attendance where appropriate community provision is available.

New Unscheduled Care Initiatives in 15/16
• The CCG will commission elements of the unscheduled care from provider networks through a system integrated with primary care hubs.
• The UCC contract expires in March 2017: the CCG will reprocure the service to a revised specification rather than extending the existing contract.
• NHS 111 will be the subject of a NWL-wide procurement

New Unscheduled Care Initiatives in 15/16
• The CCG will reprocure the STARRS service, aligning the intermediate care component of the service with community nursing, as the existing contract expires at the end of March 2016.
• The CCG will recommission community bedded services (Denham; Cedar; Edmunds Ward at Mount Vernon) in line with the 2014/15 community bedded service review.
• The CCG will redesign the elderly mentally ill rehabilitation bedded capacity alongside existing community mental health intermediate care pathways to provide a single aligned pathway fit for current demand. Harrow will continue to undertake measures in line with the fact that Denham Unit is no longer a continuing care facility.
• The CCG will work with local practices to analyse and address variation in A&E and UCC utilisation and NEL admissions, with a view to identifying and implementing changes to pathways to reduce associated activity where clinically appropriate.
• The CCG will review paediatric unscheduled care to identify the key drivers of paediatric unscheduled care activity and to develop an action plan to support patients being treated at the right place, at the right time.
System Resilience funding for 2015-16 - Where additional funding i.e. non-recurrent winter funding has been allocated to any provider to support the safe delivery of services in quarters 3&4 of 2015/16, it is expected that each provider will ensure that services are scaled back on 1 April 2016
• Implement across acute and community contracts providing unscheduled care activity elements of the National 7 day services standards
New Unscheduled Care Initiatives in 15/16
Implement jointly with our local acute provider revised standards to support efficient and clinically safe A&E and discharge from acute wards pathways, including: • Real time reporting of discharge summaries onto all primary care IT systems and ability for A&E to view patient primary care records to support acute attendance • Challenge any unvalidated walk in A&E activity which has not initially been triaged via UCC • Any patient re-registering at A&E within 4 hours is initial registration will only attract a single A&E Payment by Results (PbR) tariff • Implementation of an agreed assessment pathway without the need to admit patients unless clinically appropriate which

support assessment within 4 hours of attendance.

- Implementation of a locally priced (financial implications in 2013/14 onwards) assessment tariff.
- Immediate pathway resolution of all patients who are currently registered (and therefore charged) via A&E for all non A&E activity (non-elective and Urgent Care Centre).
- Simplified pathway for patients that have to be seen in A&E in order to be booked onto an elective pathway resulting in no associated A&E charge to commissioners via PbR.
- All acute providers to operate assess to admit policy not admit to assess, to avoid un-necessary admissions and complicate the patient pathway.
- Acute providers to provide rapid access to all diagnostics required in A&E to support the treatment and discharge of patients within the 4 hour A&E target.
- Acute providers to provide rapid access to specialist opinion as required.
- All patients to receive an individual plan at the point of discharge.
- All patients to receive an Estimated Date of Discharge (EDD) and consultant review within 12 hours of admission.
- Full usage of Co-ordinate My Care end of life care planning tool across A&E, intermediate care, wards and palliative care teams for all end of life patients.

4.4.1 Cost impact

The 2015/16 in-year planned net saving of the Unscheduled Care workstream is presented in the table below:

Table 4 : Cost impact of the Unscheduled Care workstream (£k)

Initiatives	15/16 Gross Impact
Unscheduled Care	2,734
Ambulatory Care	145
Improve A&E Flow	358
Improve Acute Flow	214
NHS 111	46
STARRS	1,971

4.5 Planned Care

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objectives:

To develop and commission a provider network for the delivery of integrated primary, community and secondary care which benefit patients at lower cost.

'Everyone Counts – Planning for Patients 2014/15 to 2018/18'.

- Securing additional years of life for the people of England with treatable mental and physical health conditions.
- Improving the health related quality of life of people with one or more long term condition, including mental health conditions.
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
- Increasing the proportion of older people living independently at home following discharge from hospital.
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care.
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

Further Development of 14/15 Planned Care Initiatives
• The CCG will commission services from a provider network to support pathway transformation including services currently provided in secondary care.
• The commissioning of redesigned outpatient pathways delivered, where possible, in community settings through enhanced integration between primary and secondary care greater use of skill mix will continue in 15/16.
• The CCG will continue the referral management initiative from 14/15 to reduce clinically inappropriate referrals to secondary care by encouraging better and robust referral management processes.
• There will be a requirement on providers in the redesigned services to work with primary care to strengthen clinically appropriate referral through improved peer to peer review in general practice and the inclusion of a pre referral advice services in redesigned pathways.
• High referring practices will be required to reduce their overall outpatient referral rates to the 75th centile compared to their peers and to reduce referral rates in specific specialties that are high compared to their peers.
• There will be increased use of ICE software to provide access to diagnostic results.
• All acute, community and palliative care providers (including hospices) must use Coordinate my Care (CMC) to support care provided to end of life patients under their care.
• The three key providers of End of Life Care for Harrow patients (Ealing ICO, NWLH and St. Luke's) have been in discussion with the CCG to develop an integrated care model, with a shared palliative care pathway commissioned through a lead provider. This pathway will be commissioned either through collaborative working or procurement.
• Providers will be asked to demonstrate increased productivity within the new integrated model of care. • Providers will be expected to share a single caseload of patients using the Coordinate my Care (CMC) information system.
• The CCG will evaluate the performance of PbR-excluded drug prescribing and strengthen contract management of acute prescribing.
• The CCG will review the management of patients with epilepsy and Parkinson's Disease in the community.
• The CCG will review chronic kidney disease management in the community and implement a new pathway.

New Planned Care Initiatives in 15/16
• The CCG will review the current provision of wheelchair services and develop a contracting strategy for the provision of these services.
• In line with the priorities set out in the HWB Strategy, including respiratory Long-Term Conditions, the CCG will procure a local pulmonary rehabilitation service to support the management of patients with COPD and enable them to self-manage and prevent hospital admission.
• The CCG will review the community based services it commissions and explore the potential for their redesign and expansion.
• The CCG will commission training to support the upskilling of the primary care workforce to support the management of patients in the community, closer to their home
• The CCG will evaluate the 14/15 pilot of direct access diagnostics to include BNP (deB-type natriuretic peptide) as a lower cost alternative to echocardiograms and of Faecal Calprotectin testing to support the diagnosis of inflammatory bowel disease and consider options for future commissioning.
• The CCG will commission a review of minor surgery procedures to align with NHS England's Directed Enhanced Service.

4.5.1 Cost impact

The 2015/16 in-year planned net saving of the Planned Care workstream is presented in the table below:

Table 5 : Cost impact of the Planned Care workstream (£k)

Initiatives	15/16 Gross Impact
Planned Care	4,815
EOLC pathway, including CMC roll-out	537
Community Pathways	2,248
Referral management	760
Pulmonary Rehabilitation	194
BNP	36
Faecal Calprotectin	104
Anti-coagulation	83
Acute Direct Access Physiotherapy	96
Elective and day Case Admission Variance	757

4.6 Primary Care

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objectives:

'Transforming Primary Care in London. General Practice: A Call to Action.'

The delivery of primary care that is:

Coordinated: Providing patient-centred, coordinated care and GP-patient continuity.

Accessible: Providing a responsive, timely and accessible service that responds to different patient preferences and access needs.

Proactive: Supporting the health and wellness of the population and keeping people healthy.

Further Development of 14/15 Primary Care Initiatives
• The No One Left Alone scheme will be commissioned for the pro-active management of patients aged over 75 years. through innovative, creative and transformational ideas, which are pro-active and responsive to needs of the registered population particularly frail older patients with the aim of reducing unscheduled admissions
• The CCG will commission an integrated nursing service to support the prevention of admission and the improved management of long term conditions which is responsive to the needs of Harrow residents.
• The CCG will commission access to primary care in Harrow from 8am to 8pm to support the reduction of inappropriate UCC and A&E attendances, providing care by the right settings by the right healthcare provider

Further Development of 14/15 Primary Care Initiatives
• The CCG will commission services at practice and network level, providing an integrated and seamless service that meets the need of the local population.
• The CCG will continue to work with GP practices who are outliers in utilisation of GP UCC, A&E and Emergency Admissions to ensure patients receive care in the most appropriate place. Intelligence at this level will be used to inform us on the effectiveness of services commissioned.
• The CCG will utilise HENWL funding to develop and plan for future workforce needs, developing the skills of the local primary care workforce to provide innovative and proactive management of patient care.

New Primary Care Initiatives in 15/16
• The CCG will support the development of a 3rd Primary Care Hub in Harrow East / Central.
• The CCG will support providers to develop their existing premises to enable the delivery of Shifting Settings of Care.
• The CCG will develop a provider network to support pathway transformation including services currently provided in secondary care.
• The CCG will review Walk in Services across Harrow in line with the network model of delivery.
• The CCG will develop and integrate the co-commissioning model to ensure commissioning of services in line with the strategic direction of the CCG.
• The CCG will commission training to support the upskilling of the primary care workforce to support patients in the community.
• The CCG will support GPs to meet the requirements of the NHSE Descriptor model.
• The CCG will reprocure the UCC in a model integrated with the provision of unscheduled care through primary care hubs.

New Primary Care Initiatives in 15/16
• The CCG will review the front end of A&E and access to Urgent Care Services.
• The CCG will commission training for patients to empower patients in the management of their conditions to enable patients to make informed decisions about their care.
• LIS schemes will be used to support the implementation of Shifting Settings of Care and the delivery of carer closer to home through network development.
• The CCG will review the utilisation of the primary care estate and develop plans to minimise empty space and void costs.

4.7 Medicines Management

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

To optimise medicines use to improve health outcomes by enabling timely, safe and effective medicines related care, tailored to the needs of individual patients throughout the local health economy. In line with the CCG's strategic focus on integrated care, Medicines Management will increase its focus on prescribing for vulnerable high risk patients. The aims are:

- To promote the safe use of medicines
- To provide evidence based choice of medicines
- To embed medicines optimisation into routine practice
- To understand and enhance the patient's experience of using medicines

Further Development of 15/16 Initiatives
• Develop medication optimisation services for vulnerable at risk patients cared for at home or in care homes, in order ensure better use of medicines and reduce waste.
• Improve interface transfer of prescribing with secondary care, community and mental health trusts, by agreeing robust shared care protocols for selected medicines.
• Work with community pharmacists to improve patient adherence by enhancing delivery of targeted Medication Usage Reviews (MURs) and New Medicines Services.

Further Development of 15/16 Initiatives
• Evaluate performance of PbR-excluded drug prescribing and strengthen contract management of acute prescribing, with focus on Anti-TNFs and drugs for AMD.
• Develop & integrate medicines management support services within networks and practices.

New initiatives in 15/16
• Develop a community minor ailments service to integrate with PMCF and extended hours.
• Review the scope and impact of the Harrow Integrated Medicines Management Service (HIMMS) service.
• Develop a compliance aid support service to support medicines adherence and to monitor and reduce medicines waste.
• Facilitate the implementation of EPS in practices and manage links with community pharmacy.

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4.7.1 Cost impact

The 2015/16 in-year planned net saving of the Medicines Management workstream is presented in the table below:

Table 6 : Cost impact of the Medicines Management workstream (£k)

Initiatives	15/16 Gross Impact
Medicines Management	749
Medicines Management	749

4.8 Community Services

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

The implementation of the Out of Hospital and Whole System Integrated Care strategies will require the integration of community nursing services with primary care and the review and realignment of community bedded services.

Further Development of 14/15 Community Services Initiatives
• Harrow CCG will actively engage with the Voluntary and Community sector (VCS); this engagement may require the review of allocations to individual voluntary groups while being sensitive to our Equality and Engagement objectives.
• The CCG will seek to ensure that its VCS partners are aligned to the CCG's commissioning strategy, and support the delivery of key outcomes.

New Community Services Initiatives in 15/16
• The CCG intends to decommission its community services commissioned from Ealing ICO
• The CCG will commission an integrated community and specialist nursing services aligned with the Out of Hospital and Whole Systems Integrated Care plans.
• Specialist Palliative Care nursing will form part of the integrated care model, with a shared palliative care pathway, commissioned through a lead provider (see Planned Care above).

4.8.1 Cost impact

The 2015/16 net QIPP saving of the Community Services workstream is presented in the table below:

Table 7 : The 2015/16 in-year planned net saving of the Community Services workstream is presented in the table below:

Initiatives	15/16 Gross Impact
Community	3,198
Community budget growth	122
Community Paediatrics	2,973
Productive Community Health Services	103

4.9 Adult Mental Health, Learning Disabilities & Challenging Behaviours

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objectives:

NHS Harrow CCG will:

- Work with its partner organisations to put in place the principles of the national Concordat (Feb 2014) to improve the system of care and support so that people in crisis because of a mental health condition are kept safe.
- Work to prevent crises happening whenever possible, through intervening at an early stage.
- Make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.
- Following the Winterbourne View concordat commissioners will be taking account of the national guidance (to be published later in 2014) from the recently established Joint Improvement Programme, NHS England Expert Advisory Group.
- Ensure patients are in the most appropriate and least intensive setting of care.
- Improving the physical healthcare of people with mental health problems, in both secondary and primary care settings in line with expectations around "Parity of Esteem".

- Implement the Mental Health Tariff in line with NHS England and Department of Health (DH) timetables, CCG's and Trusts. We will develop a clear work programme to review existing practice and standards against those published NICE guidelines associated with Care Clusters. The strategic review will span primary and secondary care with recommendations for required transformation in 2015/16 and beyond.

- line with the new Harrow HWB Strategy, NICE guidelines and evidence based practices set out in the National Dementia Strategy, NHS Harrow CCG will, in conjunction with key stakeholders (including the Local Authority), reconfigure existing dementia services to deliver an effective care pathway to achieve the national 'benchmark' diagnosis rate of 67%.

Further Development of 14/15 Adult Mental Health, Learning Disabilities and Challenging Behaviours Initiatives
• To continue re-designing of services closer to home, strengthening the role of primary care and general practice in managing patients who have Long Term MH Needs but do not need secondary care.
• In 2014/15, we will finalise of work to clarify roles and responsibilities between secondary and primary care, acute and community providers, setting standards to demonstrably improve the levels of physical healthcare offered to MH users.
• Implement the recommendations of the NHSE review of IAPT provision, ensuring the expansion of IAPT services to reach 15% of the target population in 2015/16.
• Align the Liaison Psychiatry Service to the Whole Systems Integrated Care programme
• The CCG will consider the findings of the Perinatal Pathway Review in the development of 15/16 commissioning plans.
• Work with CNWL and stakeholders to coproduce the delivery of the Personality Disorder pathway with a focus on the delivery of high quality interventions in primary, secondary and tertiary care.
• Implement National Guidance on the Mental Health Tariff in Mental Health Services.
• Continued development of integrated Harrow response to delivery of the National Autism Strategy in partnership with key local stakeholders.
• Review and development of Autistic Spectrum Disorders diagnostic pathway for children and adults.
• On-going delivery/implementation of Winterbourne View recommendations.

Further Development of 14/15 Adult Mental Health, Learning Disabilities and Challenging Behaviours Initiatives
• Delivery of integrated care pathway for management of Complex and Challenging Behaviour.
• Continue to review and develop the Learning Disabilities rehabilitation pathway to ensure appropriate range of high quality placements to deliver recovery focussed health outcomes within the borough wherever possible.
• Increase the integration of dementia services with primary care.
• Universal access for people with a learning disability into the dementia assessment pathway.
• Increase rate of dementia diagnosis to meet 67% of the growing prevalence.

New Adult Mental Health, Learning Disabilities and Challenging Behaviours Initiatives in 15/16
• Implement a Single Point of Access that will provide 24/7/365 access for existing patients to advice, support, referral and consultation.
• Extend access to urgent assessment and home treatment services to 24/7/365.
• Realign Resources to deliver the urgent care pathway, including referral standards for Emergency (4 hour), Urgent (24 hour), Routine Plus (7 days) and Routine (4 weeks).
• Increase discharge and reduce lengths of stay from acute inpatient care into community based care in collaboration with key partners and stakeholders, ensuring 'wrap around' care planning.
• Implement the recommendations of the review of inpatient rehabilitation services to better meet the needs of the Harrow population.
• Implement phase 2 of Shifting Settings of Care extending the scheme to clusters 5, 6 and 11 and commission community staff, CPNs and psychiatrists to directly support GPs to manage these mental illness.
• Improve interface transfer of prescribing with the mental health trusts, by agreeing robust shared care protocols for selected medicines.

New Adult Mental Health, Learning Disabilities and Challenging Behaviours Initiatives in 15/16
• Improve the integration between mental health and community health services.
• The CCG will consider re-procuring IAPT services to provide additional capacity and extend patient access for a variety of clinical presentations including services for Black and Minority Ethnic communities, older adults and people with long-term conditions.
• Deliver on the action plan outlined in the joint Dementia Strategy.
• Implement the recommendations for the joint LD and Autism strategy which follows a whole life approach as supporting children with disabilities and their families early can build resilience and empower them to be independent into adulthood.

4.9.1 Cost impact

The 2015/16 net in-year cost saving mental Health and Learning Disabilities workstream is presented in the table below:

Table 8 : Cost impact of the Adult Mental Health, Learning Disabilities and Challenging Behaviours workstreams (£k)

Initiatives	15/16 Gross Impact
Adult Mental Health	1,171
Enhanced Primary Mental Health Care	377
Implementation of Mental Health panel	200
Redesign of Roxbourne Complex & Annex	400
Repatriation of Learning Disability clients (formerly PEP)	100
Shared Care Prescribing Protocols	94

4.10 Continuing Care

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objective:

Analysis and agreement with the Local Authority of interpretation of Continuing Healthcare requirements.

Market engagement - Identify supply and market opportunities and develop strategies to stimulate the market.

Improved procurement and contract management - incentivise providers to continue to support patients within existing resources rather moving patients around to new providers.

Further Development of 14/15 Continuing Care Initiatives
• The CCG will work with the BHH Shared Team to ensure the delivery of the placements and contract management process which may include a procurement exercise or collaboration with Harrow Local Authority.
• The CCG and BHH Shared Team will establish the process for the delivery of complex care case management.
• The CCG will review of the quality and productivity all 'block' contract care settings and re-specify as necessary to meet local need.
• The CCG will review existing care settings for Elderly Mentally Ill Continuing Care patients to ensure that they are aligned to the review of 'Block' commissioned services and the Intermediate Care bed review.
• As part of the implementation of Harrow's Dementia Strategy the CCG will establish a step up and step down pathway for dementia patients.
• The CCG will review the options for ensuring that high standards of care are provided to all Harrow patients in nursing and care homes, building on the learning from the ICP Care Homes project, and will embed process into its contracts to maximise high quality clinical outcomes.
• Consideration of the West London Alliance framework and its potential application to existing and new packages of care.

Further Development of 14/15 Continuing Care Initiatives
• The CCG will continue to review Learning Disability and Adult Mental Health placement processes with the Local Authority to ensure clinically effective and value for money care packages are delivered with a greater emphasis on quality and patient outcomes.
• The CCG will continue to work jointly with CNWL and the Local Authority on the identification of MH section 28A clients and the identification and management of section 117 clients.
• CNWL will be expected to continue to identify specific health and social care needs for patients discharged with section 117 aftercare arrangements.

New Continuing Care Initiatives in 15/16
• The CCG will work jointly with Harrow Council to enable access to and monitoring of personal health budgets.

4.10.1 Cost impact

The combined 2015/16 net in-year cost saving of the Continuing Care workstream is presented in the table below:

Table 9 : Cost impact of the Continuing Care workstream (£k)

Initiatives	15/16 Gross Impact
Continuing Care	429
Implement Dementia Strategy (leading to reduction of IP CC beds)	115
Review of Section 28A patient funding status	155
Section 117	159

4.11 Joint Commissioning Intentions with Harrow Council

Context

The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objectives:

To develop joint commissioning arrangements to ensure robust coordination of services across health and social care as a driver for quality and efficiency and improved outcomes for the community. We will:

Target services to give the greatest impact on outcomes;

Avoid duplication of services;

Ensure value for money and efficiency;

Develop co-ordinated services; and

Share best practice, expertise, and intelligence about needs.

Further Development of 14/15 Joint Commissioning Initiatives
Childrens' Services
• The CCG and Harrow Council will work together to strengthen services that address low level mental health needs and build resilience. The new Mental Health integrated service specification and agreed pathway will reduce demand for specialist mental health services, close gaps in the existing CAMHS service, and reduce demand for Tier 4 placement.

Further Development of 14/15 Joint Commissioning Initiatives
• The CCG and the Local Authority will improve interventions from the point of conception and offer earlier intervention through low cost, universal+ interventions, as well as ensuring that Harrow children maximise the benefit they receive from the utilisation of the Common Assessment Framework (CAF).
• The CCG and the LA will work with Education Services to develop an integrated plan for children with complex needs, to support them to stay in family settings where possible. We will work with LB Harrow Education and Social Care services to develop a single assessment pathway for children with complex needs. The pathway will include the process by which statements of Special Educational Need and Disability (SEND) assessments are completed and Education and Health Plans (EHP) are implemented.
• The CCG will work jointly with Harrow Council to enable access to and monitoring of Personal Health Budgets.
• Harrow will deliver 'Investments for Children' with a view to ensure that quality of services is optimised while ensuring they are cost-effective.
The CCG will work collaboratively with the Local Authority to support the transfer of the lead commissioner role for health visiting from NHSE to the LB Harrow and continue to support the alignment, monitoring and performance management of services once the transfer is complete.
• As part of the development of a health and social care pathway for children with learning disabilities we will continue to strengthen the transition pathway for child and their parents/carers into community adult disability services in seamless.
Unscheduled Care
• The CCG will work with the local authority to inform the local population of local services to avoid the need for A&E attendance where appropriate community provision is available.

Further Development of 14/15 Joint Commissioning Initiatives
Continuing Care
• The CCG will work with the BHH Shared Team to ensure the delivery of the placements and contract management process which may include a procurement exercise or collaboration with Harrow Local Authority.
• The CCG will continue to review Learning Disability and Adult Mental Health placement processes with the Local Authority to ensure clinically effective and value for money care packages are delivered with a greater emphasis on quality and patient outcomes.
• The CCG and the Local Authority will continue to work jointly top manage continuing care commissioning.
• The CCG will continue to work jointly with CNWL and the Local Authority on the identification of MH section 28A clients and the identification and management of section 117 clients.
• The CCG will work collaboratively with the Local Authority to support the transfer of the lead commissioner role for health visiting from NHSE to the LB Harrow and continue to support the alignment, monitoring and performance management of services once the transfer is complete.
• The CCG would wish to participate in the development of integrated pathways, aligned to primary care, for services that contribute to jointly held outcomes eg health visiting, school nursing and immunisations and vaccinations.

New Joint Commissioning initiatives in 15/16
Childrens' Services
• The CCG would like to establish, through collaboration with existing providers, a multi-agency single point of referral which would ensure appropriate referral and use of pathways.
• The CCG wishes to explore the potential benefits of an assessment unit providing holistic assessments with social care, education, mental health and paediatric services. The review and scoping of this pathway will include acute and community outpatient appointments, including the Paediatric services currently provided through the Clinical Assessment Service (CAS) (delivered by the provider Harrow Health), and ward attendances.

New Joint Commissioning initiatives in 15/16
• The CCG and the LA will work with Education Services to develop an integrated plan for children with complex needs, to support them to stay in family settings where possible and to support children at very high risk of admission, i.e. at the top end of the population needs 'triangle'.
• In partnership with the local authority the CCG will implement a joint carers strategy that will provide training to carers and will identify and support Seldom Heard Carers.
• The CCG will continue to support the London Borough of Harrow to increase identification and support for Young Carers as part of an integrated pathway of care.
• Following the design and sign off of a locally agreed plan to deliver the Better Care Fung the CCG will implement the delivery of this plan jointly with the Local Authority. This will align to the WSIC and intermediate care programmes.
• Implementation of the West London Alliance framework for new and existing packages of care across mental health, learning disabilities and continuing care pathways.
• The CCG and Public Health will review the TB pathway and the potential benefits of latent TB testing.
• The CCG will work with Public Health following their review of the alcohol mliaison service to support the implementation of an A&E alcohol pathway.
• The CCG and Public Health will assess the potential benefits of reviewing community and tier 3 dietetic services for adults and children.
• The CCG will work with Public Health to maximise ante-natal bookings prior to 12 weeks gestation, outcomes for low birth weight babies and the achievement of high ratesof breast feeding.
• The CCG will work with Public Health and NHSE to increase the uptake of immunisations and screening among disadvantaged groups.
• The CCG will work with LBH to evaluate the potential to improve health outcomes through the provision of training to primary care staff.

4.12 Training and Education

Context: The CCG's 15/16 Commissioning Intentions are an extension of those issued in 14/15 and therefore add to rather than supersede the 2014/15 requirements and plans.

Key Objectives:

Utilisation of HENWL funding to develop and plan for future workforce needs in primary care, including identifying and meet skills needs

Upskilling required for Out of Hospital care

Upskilling required to deliver Harrow's Primary Care and Mental Health Transformation programme

Appropriate used of Harrow's portfolio of services

Further Development of 14/15 Training and Education Initiatives
• Support development of skill mix within primary care setting to enable networks to support management of patients care in the community
• Invest to support future primary care healthcare staff shortage by recruiting and supporting development of new entrance into primary care i.e., initiative such as Apprenticeship schemes
• Establish Educational Forum with lead clinicians and patient representative who are responsible for development of training opportunities within Harrow
• Develop an education training program in line with the Commissioning Intentions of the CCG and Shifting settings of care
• Provide an opportunity for receptionist and administrative staff to further develop in their role through training opportunities to support patients in accessing primary care services
• Support development of support staff i.e. healthcare assistant to enable lead clinicians to dedicate greater time to patients with complex needs

New Training and Education Initiatives in 15/16
• Support development of GPs with Special interest in line with the planned care agenda to enable services to be provided in the community
• Support development of Nurses to Nurse Practitioner/Nurse Prescriber/Nurse specialist roles to provide specialist access to primary care professionals in the community
• Work with local community groups and patients to develop a targeted education program for Harrow patients to support self-management of conditions and empower the patient to make informed decisions regarding their healthcare.
• Expand the Education Forum remit to include input from other healthcare professionals e.g. pharmacists to develop services and improve outcomes for Harrow residents
• Work with third party providers to attain a collaborative approach to managing long term conditions in a non-conflict, open process

5 Delivering the Commissioning Intentions

5.1 Performance management

We will continue to monitor performance against agreed contracts and specifications through weekly, monthly and quarterly reviews. There will be a focus on measurable key performance indicators (KPIs) as agreed with all providers. This will be underpinned by on-going analysis of progress and agreement of further interventions as well as recovery plans when necessary.

Data completeness, accuracy and timeliness are an essential requirement for effective performance management. We aim to discuss and agree with all providers the KPIs to enable performance measurement and performance tracking. As is best practice, we also expect providers to incorporate a focus on equity of service issues (e.g. equity audits as part of their clinical audit programme).

5.2 Contract monitoring

Our key contracts will be held and managed through the Commissioning Support Service function of BHH/CWEHH CCGs. We will work closely with NWL CCGs to ensure local intelligence and contractual information is combined for robust contract monitoring and performance management. Harrow will focus on delivering the transformational change as described in our commissioning priorities, underpinned by the necessary contract mechanisms managed by the third party organisations.

Glossary

Acronym	Full Meaning
BHH	Brent, Harrow and Hillingdon CCGs
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CNWL	Central and North West London NHS Foundation Trust
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CYP	Children and young people
CLA	Children Looked After
EOLC	End of Life care
HENWL	Health Education North West London
HWB	Health and Wellbeing Board
IAPT	Improving access to psychological therapies
ICO	Integrated Care Organisation
ICP	Integrated Care Programme
IM&T	Information Management and Technology
LA	Local Authority
LB	London Borough of-
LTC	Long Term Condition

Acronym	Full Meaning
MDT	Multi-Disciplinary Team
NHSE	NHS England
NWL	North West London
NWLHT	North West London Hospitals Trust
QIPP	Quality, Innovation, Productivity and Prevention
SaHF	Shaping a Healthier Future
STARRS	Short term assessment, rehabilitation and re-ablement service
WSIC	Whole Systems Integrated Care