

Draft

**Harrow CCG's Commissioning Intentions
2017/19**

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Section 1: About Harrow CCG (HCCG) and the Purpose of the Commissioning Intentions

The Purpose of Harrow CCG

Harrow Clinical Commissioning Group (CCG) is the public agency responsible for purchasing most of the health services for the people of Harrow*. We operate within a financial budget and aim to ensure that we use the money given to us to purchase health services that are appropriate, effective and safe and that offer value for money.

Harrow CCG's role is to ensure that the health services in Harrow are designed in a manner that meets the highest possible standards of quality as well as the needs and reasonable expectations of our population now and prepares the way for changing health needs over the coming years, while meeting our statutory financial requirements. This document aims to set out how we will achieve these requirements in 2017/18 – 18/19 and beyond.

Harrow CCG's has a clear organisational vision, it is to **'Constantly improve Patient Care and outcomes from where we are now'**.

The CCG's overarching strategy is described in the Harrow Sustainability and Transformation Plan (STP).

The triple aim of the STP is to:

- **Improve Health and well Being**
- **Improve Care and Quality**
- **Improve Productivity and close the Financial gap**

**The population of Harrow includes all patients registered with a Harrow based GP and unregistered people resident in Harrow. Some elements of health care is commissioned by the London Borough of Harrow (LBH) and, particularly for Primary Care, others such as NHS England (NHSE). In 2015/16 the CCG entered into an agreement around Co-Commissioning for Primary Care with NHS England (where the parties will for the first time share responsibility for commissioning GP Based Services in Harrow) and this relationship continues to evolve.*

The Purpose of the Commissioning Intentions

The aim of these commissioning intentions is to set out clearly how the CCG will utilise its resource allocation in 2017/18 – 18/19 to deliver its vision and to highlight any significant changes it is planning to the services that it commissions during that time.

In particular the purpose of Harrow CCG's local Commissioning Intentions is to:

- Notify our providers as to what services the CCG intends to commission for 2016/17.
- Provide an overview of our plans to commission high quality health care to improve health outcomes for Harrow registered patients for 2017/18 – 18/19.
- 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.

During 16/17 the CCG has involved a wide range of local people including patients, carers and the wider public along with our providers of healthcare services and our members in General Practice in the development of plans for the local health economy. We have also drawn on a wide range of sources of information and feedback.

The Commissioning Intentions for 2017/18 – 18/19 will evolve throughout its 2 year lifespan as a result of ongoing discussions with the public, our health and social care partners and providers of services. This document should be read in conjunction with the Commissioning Intentions stated for NHS England (NHSE) and for the North West London Collaborative of CCGs.

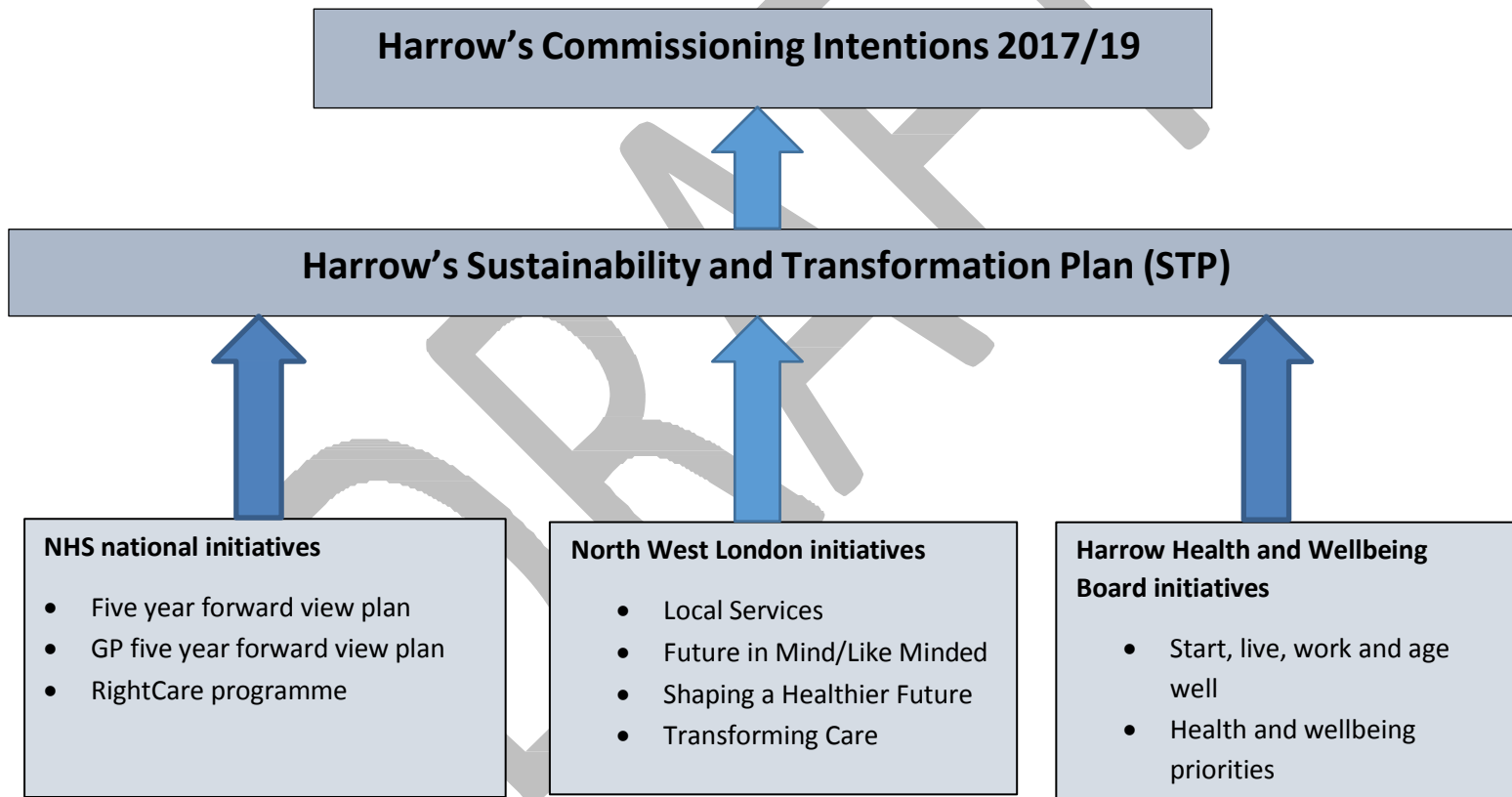
In 2017/18 the CCG will develop a shadow outcome based commissioning model / Accountable Care Organisation (ACO) / Multi Care Provider (MCP) before implementing an extended range of outcome based commissioning through a formal partnership in April 2018 via an ACO/MCP.

Any services that are currently commissioned or are procured in future, the outcomes required of those service and associated budgets, might, in future form part of an the ACP. The CCG will require current and future providers of services to work closely with any ACP in the delivery of services that provide clinical and financial outcomes that meet the requirements of ACP agreements. Further details of the rationale for the development of ACPs are contained in Annex A.

The Development of Harrow CCG's Commissioning Intentions

Harrow Commissioning Intentions 2017/19 aim to implement Harrow's Sustainability and Transformation Plan (STP).

Harrow's STP includes a number of initiatives as outlined in the diagram below. These all support the improvement of health outcomes, patient care and NHS efficiency.



Section 2: Understanding Our Population – the Health and Wellbeing of Harrow

In Harrow our Health and Wellbeing Strategy and our Joint Strategic Needs Assessment, developed locally between the Local Authority and the CCG, are the basis for our understanding of the changing needs and issues facing our population which include:

We will ensure that young people of Harrow Start Well:

- Approx 17% (8000) children live in poverty and large inequality by deprivation – poorest ward has significantly higher rates than London or England average
- About 3,100 children were in need of a service from Social Care between 01/04/2013 and 31/03/2014
- High rates of low birth weight babies, with rising trends of smoking in pregnancy
- Currently 9.2% of Reception aged children being obese (PHOF 2014/15) increasing to 21.2% for children aged 10 to 11 years old in year 6 which above England

We will enable people of Harrow to Live Well

- Of people with long term health problems or disability living in the borough, 15% reported that day to day activities are limited either a lot or a little compared to 17.6% in England and 14.1% in London.
- Harrow has high rates of obesity across the population, with reported low amount of exercise taken
- Cardiovascular Disease is the leading cause of death (all ages)
- COPD deaths in females are rising in contrast to national trends
- Amongst highest rates of Type 2 Diabetes in England (and highest rate of 'pre-diabetes')
- Hospital admissions due to drug related mental health and behavioural disorder are amongst highest in London, with higher prevalence of schizophrenia, bipolar affective disorder and other psychoses in the population
- Low rates of bowel, breast and cervical cancer screening

We will support the people of Harrow to Work Well

- Harrow has reducing rates of unemployment but higher/static rates in those with mental health conditions
- Skills gap in the caring services which is concern given ageing population

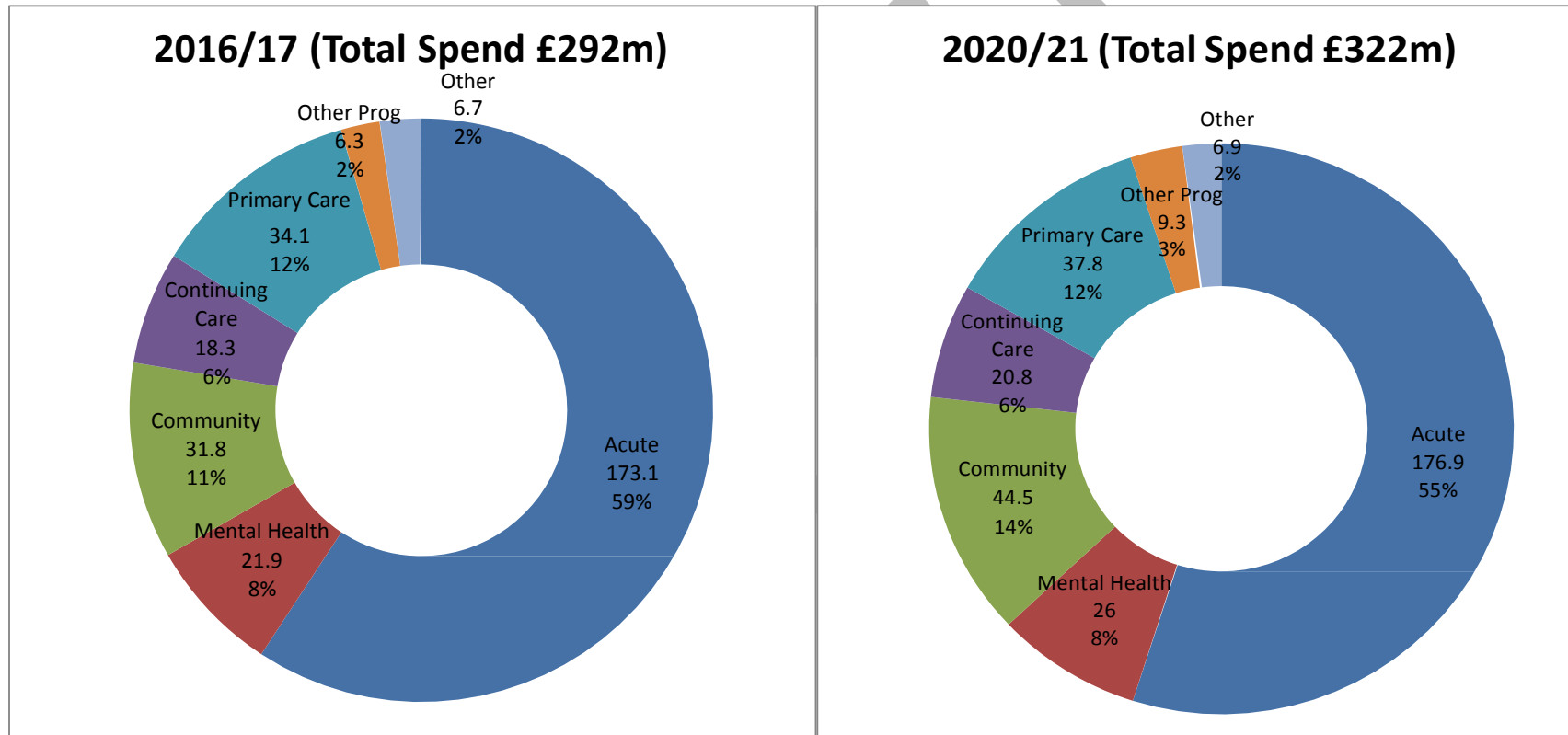
In their latter years we will help people in Harrow to Age Well

- High percentage of adult social care users who do not have as much social contact as they would like
- Projected increase in falls in older people and associated NHS and social care costs with ageing population.
- Poorer outcomes association linked to deprivation.
- Rate of readmission after hip fracture in women rising and higher than England/London rate. Proportion returning home rather than into institutional care significantly lower than England.

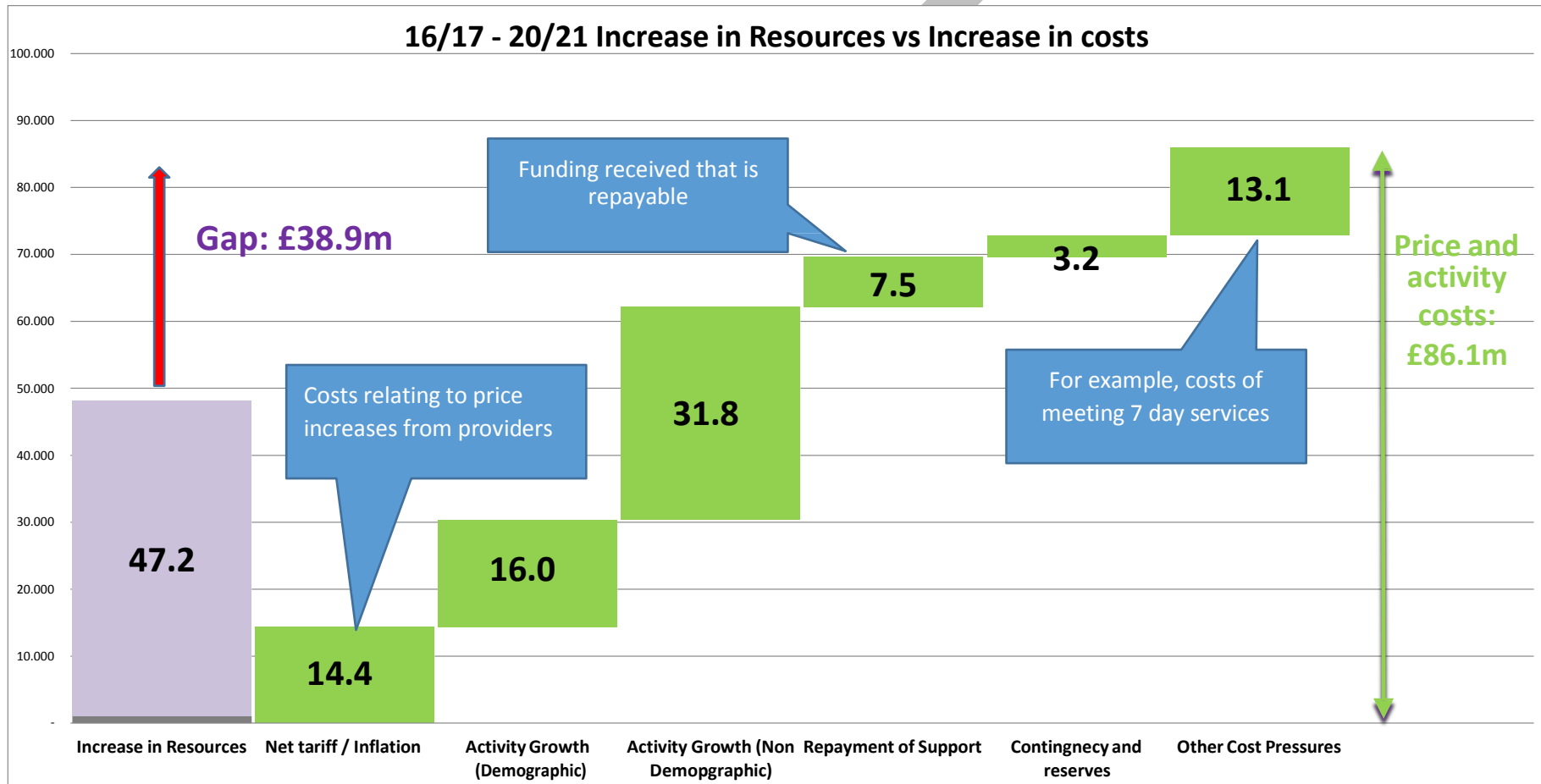
Reduce Childhood Obesity	Enabling & supporting Self Care	Increase Physical Activity	Help Improve Peoples Mental Health	Reduce Social Isolation	Support to Manage LTCs	Improve the Last Phase of Life	Delivering Care Closer to Home
 <ul style="list-style-type: none"> • Currently 9.2% of Reception aged children being obese (PHOF 2014/15) increasing to 21.2% for children aged 10 to 11 years old in year 6 which above England • In 2021: • Significant reductions in both cohorts 	<ul style="list-style-type: none"> • Estimates indicate 10.1% of adult population has Type 2 Diabetes which is amongst highest in England and Harrow has the highest rate of 'pre-diabetes' • In 2021: • Increased early diagnosis of pre-diabetes 	 <ul style="list-style-type: none"> • 31% of the adult population is classed as physically inactive and at higher risk of ill health • Current utilisation of outdoor space is 18.0% In 2021: • Increased proportion of population taking exercise 	 <ul style="list-style-type: none"> • Harrow's dementia diagnosis rate is below the 48% England average • About one fifth of people accessing substance misuse services are having concurrent contact with mental health services. In 2021: • Improved access to IAPT driving better care and management 	 <ul style="list-style-type: none"> • 26% of Adult Social care users do not have as much social contact as they would like • High rates of fuel poverty 11.3% (2013 PHOF) – worse than England - associated with poor health outcomes In 2021: • Improves access and use of day services 	 <ul style="list-style-type: none"> • Cancer, heart disease and stroke biggest causes of death and driving inequality • Cervical screening rates declining in young women • COPD is under recorded in general practice In 2021: • Future Outcomes • Xxx • Xxx 	<p>In 2021:</p> <ul style="list-style-type: none"> • Increasing the percentage of patients at the end of life dying to achieve their preferred place of care and death 	<ul style="list-style-type: none"> • Current Outcomes • xxx In 2021: • Future Outcomes • Xxx • xxx

Section 3: The Financial Challenge

The impact of growth in population (demographic growth) and the growth in the prevalence of disease and ill-health through such things as increase in the rate of diabetes (non-demographic growth) plus a number of other factors will change both the value of spend and proportion of spend within different areas as shown in the diagrams below.



The gap between the expected growth in demand and the expected growth in the financial allocations (the amount of money available to Harrow CCG) requires the CCG to identify approximately £39m of savings between 2016/17 and 2020/21 as shown in the diagram below.



If the CCG delivers the financial plan in 2016/17, the remaining savings required will be £25m. The table below gives an indication of where the savings could come from and in what year the saving would be expected to be delivered. This is based on benchmarking and other modelling undertaken by the CCG and across North West London. The breakdown also includes re-provision or investment costs necessary to deliver the savings.

Area of Spend	2017/18	2018/19	2019/20	2020/21	Total
Non-Elective Attendances	£(3.2)m	£(3.2)m	£(3.2)m	£(3.2)m	£(12.7)m
Elective Attendances	£(3.2)m	£(0.8)m	£(0.7)m	£(0.7)m	£(5.4)m
Out-Patient Attendances	£(2.9)m	£(1.0)m	£(0.7)m	£(0.7)m	£(5.5)m
Continuing Health Care	£(2.0)m				
Prescribing	£(1.9)m	£(0.8)m	£(0.8)m	£(0.8)m	£(4.3)m
Other Services		£(1.6)m			
Re-provision / Investment Costs	£1.6m	£1.6m	£1.6m	£1.6m	£6.6m
Total	£(11.6)m	£(5.8)m	£(3.8)m	£(3.8)m	£(24.9)m

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Section 4: The Harrow Sustainability and Transformation Plan

The North West London Sustainability & Transformation Plan (STP)

NHS England has asked for CCGs to work across borders and with the public and providers to develop their response to the Five Year Forward View via Sustainability & Transformation Plans (STPs). For Harrow CCG we are collaborating with the other seven CCGs in North West London (NWL) to produce our STP and are also working locally across our network of partners and providers locally to ensure the STP reflects our local needs as well as NWL priorities.

In setting out the requirement for CCGs to respond NHS England identified three gaps (collectively called the Triple Aim) that need to be tackled: Health & Wellbeing Gap, Care & Quality Gap and the Efficiency & Finance Gap. The North West London CCGs have agreed nine local priorities that collectively will deliver the Triple Aim. These are grouped into five delivery areas and ultimately in to 22 Improvement Areas. This is summarised in the diagram below along with the indicative numbers associated with North West London.

Triple Aim	Our priorities	Primary Alignment*	Delivery areas (DA)	Target Pop. (no. & pop. segment)	Net Saving (£m)	Plans
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	Primary Alignment*	DA 1 Radically upgrading prevention and wellbeing	All adults: 1,641,500 At risk mostly healthy adults: 121,680 Children: 438,200 Learning Disability: 7,000 Socially Excluded	11.6	a. Enabling and supporting healthier living b. Wider determinants of health interventions c. Helping children to get the best start in life d. Address social isolation
	2 Improve children's mental and physical health and well-being					
	3 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness					
Improving care & quality	4 Reduce social isolation	Primary Alignment*	DA 2 Eliminating unwarranted variation and improving LTC management	LTC: 347,000 Cancer: 17,000 Severe Physical Disability: 21,000	13.1	a. Improve cancer screening to increase early diagnosis and faster treatment b. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions c. Reducing variation by focusing on Right Care priority areas d. Improve self-management and patient activation
	5 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease					
	6 Ensure people access the right care in the right place at the right time					
Improving productivity & closing the financial gap	7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice	Primary Alignment*	DA 3 Achieving better outcomes and experiences for older people	+65 adults: 311,500 Advanced Dementia/ Alzheimer's: 5,000	82.6	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Implement new models of local services integrated care to consistent outcomes and standards d. Upgraded rapid response and intermediate care services e. Create a single discharge approach and process across NW London f. Improve care in the last phase of life
	8 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population					
	9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed					
			DA 4 Improving outcomes for children & adults with mental health needs	262,000 Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability	11.8	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Addressing wider determinants of health c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
			DA 5 Ensuring we have safe, high quality sustainable acute services	All: 2,079,700	208.9	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

Harrow's Sustainability & Transformation Plan (STP) Priorities 2017/18 – 20/21

The following outline proposals for the development of services (17/18 -20/21) to deliver the NWL STP priorities were developed for the Harrow chapter of the Sustainability and Transformation Plan. These proposals will continue to be discussed and developed through the STP implementation process.

NWL STP Priorities	Harrow Plans 2017/18 – 2020/21
1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves.	<ul style="list-style-type: none"> • Signposting enhanced through digital information and self care mobile apps integrated with Personal Health Budgets and Project Infinity, aligned with a clear VCS/3rd Sector strategy • Healthy Workplace programme strategy deployed across large scale employers in Harrow, building on model tested across health & care partners, aligned with the GLA Healthy Workplace Charter • Ongoing alignment of local Health & Wellbeing Strategies to maximize opportunities arising from Harrow regeneration
2. Improve children's mental and physical health and wellbeing	<ul style="list-style-type: none"> • Harrow Council and the CCG to ensure diagnostic, assessment and integrated care pathways are in place for people with learning disability, autism and complex and challenging behaviour. • Ensure access to clear accurate and consistent information and advice. Ensure materials are produced in easy read format. • Implement a joint LD & Autism strategy aligned with broader Transforming Care Programme.
3. Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	<ul style="list-style-type: none"> • Respiratory service implementation - Service in place for 17/18 start, staff recruited • 2018/19 - Possible expansion of service e.g. include a home oxygen service, addressing unmet demand or include further respiratory conditions • Better integration with social services including local authority Re-ablement team
4. Reduce Social Isolation	<ul style="list-style-type: none"> • Expand scope and reach of current day services, closely aligned with the VCS and 3rd Sector to enhance early at-risk cohort identification and locally delivered support for isolated and vulnerable residents
5. Reduce unwarranted variation in the management of long term conditions	<ul style="list-style-type: none"> • Continuing investment in whole systems integrated care transformation programme focusing on providing personalised care for people with one or more LTCs. • Risk Stratification Dashboard deployed locally to supported integrated care teams and primary care to progress proactive monitoring and target self care interventions. • Strategies for local needs in MSK and COPD implemented and aligned with new primary care models enabling preventative intervention delivery.

NWL STP Priorities	Harrow Plans 2017/18 – 2020/21
6. Ensure people access the right support in the right place at the right time	<ul style="list-style-type: none"> • Progress local innovative delivery of Whole Systems Integrated Care and Primary Care Transformation, aligned with the broader NWL strategies with an emphasis on out of hospital 'local services'. • Procure Develop Accountable Care Partnerships (ACP/ACO) business model contributing to delivery of integrated services • Deploy subsequent phases of Integrated Urgent Care, aligned with the evolving NWL plans and BCF developments. • Roll out local models of Integrated Health and Social Care assessment processes to supported early interventions and accelerate discharge to appropriate non-acute care settings

Harrow's Sustainability & Transformation Plan (STP) Priorities 2017/18 – 20/21

7. Improve the overall quality of care for people in their last phase of life and enable them to die in their place of choice	<ul style="list-style-type: none"> • Improve and Implement Proactive signposting for patients and carers • Develop partnership with Brent CCG and LNWH to progress redesign of EOL pathway, reduce NEL and LOS. • Streamline processes to improve access to of the palliative care funding to enable people to make choices and have a degree of control over their own EOL care pathways. • Procure the EOL Single Point of Access service following evaluation of pilot , review and evaluate outcomes on an ongoing basis • Review and system integration of Palliative Care nursing team
8. Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population.	<ul style="list-style-type: none"> • Use integrated data analytics to centrally schedule community team visits and minimise the time spent on non-face-to-face activities; install hard/software infrastructure to allow for video conferencing • Implement Community Based Packages – implementing the NICE guidelines packages in the community • Scope out alternatives to admissions, crisis houses/recovery house • Increase different types of accommodation moving towards independent living with floating support, includes Implement a Supported Housing Strategy to address the needs of people with mental health issues to access good quality, affordable housing with tenure options (strategy in development for July 16) • Enhance investment in PCMH model, expanding skill mix , including peer support provision, and treatment types in line with proposed Like-Minded model
9. Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.	<ul style="list-style-type: none"> • Implement Ongoing programme to restructure and consolidate services in line with SaHF • 3rd Hub established by 2018/19, integrated with Walk-in Centre and Integrated Urgent Care models • 7 day-services progressed, aligned with risk stratification dashboards to track improvements against 2016/17 baseline

The Harrow Self-care and Prevention Agenda

In addition to the STP priorities the Harrow care system is committed to the following measures to promote self-care and ill-health prevention.

- Mapping and integrating services/facilities which support self-care with widespread use of Patient Activation Measure to segment the population according to ability to self-care, to tailor approaches and evaluate behaviour change.
- Widescale provision of information and brief advice on alcohol, physical activity, diet, smoking and mental health and signposting to appropriate services.
- Exploring collaborative commissioning of services to support weight loss/maintain a healthy weight and collaborative action to support broader place based approaches to food and physical activity environment.
- Action to improve prevention, detection and management of diabetes.
- Investigating integrated approaches to health and social issues including 'social prescribing' acknowledging the significant impact that debt, housing, employment, income issues have in health and wellbeing.
- Using RightCare methodology to explore how preventative measures could be enhanced to reduce the impact of these diseases.

Section 5: Listening to the Voice of Local People

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.

In developing last year's Commissioning Intentions (2016/17), an extensive programme of stakeholder engagement was undertaken following the original publication of the draft document. In particular engagement sessions with representatives from Mind, HAD, Age UK, Harrow Patient Participation Network, Health Watch Harrow, each Harrow GP Peer Group and the Harrow GP Forum took place. In addition a stakeholder engagement event attended by 181 people was facilitated in October 2015. Set out below are the key points raised during this event and the consultation process, and what the CCG did in response and will be doing in 2017/18.

Children, Maternity and Children and Adolescent Mental Health Services

Children, Maternity and CAHMS		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	More opportunity to use schools, libraries, parks and other public places to communicate with young people	The new integrated emotional health and wellbeing service will make use of Harrow community places
2	All services should be integrated and they should be inclusive despite disability where possible	Delivering a new integrated emotional health and wellbeing service, this is open access for CYP. Redesigning paediatric services for a more integrated model
3	CCG should have a spokesperson that goes to schools and works with students and parents	CCG employed a FT engagement and participation lead for CYP
4	Consideration to be given to providing continuity of care for university students. Current arrangements mean difficult to access care during holidays	All GP practices registers are open to students requiring temporary registration

End of Life care

End of Life Care		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	CNS team should move to a 7 day working schedule to better align with other services and address the delayed transfer of care	Part of wider work on 7 day working yet to be fully agreed and implemented

2	Need to align the acute palliative care team	Will be part of accountable care organisation going forward
3	Planned discharge should not be left until late on Friday	Performance being monitored more closely for 16/17 to try and avoid this happening
4	Should be a timely evaluation of the End of Life single point of access (SPA) incorporating a wide range of stakeholders	Performance being monitored more closely for 16/17 to try and avoid this happening
5	Potential for greater education and training between palliative care teams and district nurses	Being delivered across Harrow with funding secured

Equality and Engagement

Equality and Engagement		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	CCG to undertake more targeted work with young people utilizing different methods of communication and engagement	Young people aged 7 plus have been engaged to develop mental health provision, via over 25 workshops and consultation sessions
2	Young persons' ambassador to be appointed to Governing Body	Young People's Representation Board, which is linked to the Transformation Board led by a clinical lead developed to provide a voice in the young people's commissioning, to be developed further 2017/18
3	Culturally for Harrow a significant number of people in the community rely only or firstly on their community or spiritual leaders	Harrow CCG commission the Harrow Association of Somali Voluntary Organisations as one of the ways to extend reach and enhance care and services for communities that may not readily use statutory services. Whilst engagement events have been directed to community services, more work is being done to raise awareness in communities especially to community and spiritual leaders, e.g. as part of the inter-faith week in November.

Health and Wellbeing Priorities

Health and Wellbeing Priorities		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	Insufficient focus in existing commissioning intentions on cancer	Cancer pathway being re-designed and strengthened in partnership with stakeholders through the RightCare programme
2	Insufficient focus on healthy eating and prevention, particularly within schools	Work with schools being undertaken by Public Health to achieve Healthy Schools London awards with healthy eating a key theme
3	Greater focus on support for carers (particularly working carers) required	A joint carers strategy between the CCG and the local authority has been drafted, which will be

Integrated Care

Integrated Care		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	Need to focus much more heavily on prevention and self-care	PAM model being developed and led by 'self-care forum' which will help to more clearly define the KPI's.
2	Quality of existing falls service needs to be improved	Business case for additional capacity to strengthen the falls service produced - August 2016.
3	Much greater promotion of existing whole system programme required	Business case developed and approved – March 2016.
4	Care planning process should be simplified and made more accessible	Care Planning approach agreed and being implemented.
5	Widespread patient expectation that patient records should be shared to support effective integrated care	This is in development as part of the 'interoperability' plans.
6	Considerable GP frustration with limited progress with patient record sharing	As above.
7	Greater opportunities for system-wide approach to support 5000 most vulnerable Harrow Patients	Proposal for Harrow ACP in development.
8	Greater opportunity for aligning incentives amongst providers and commissioners to improve the hospital discharge pathway	As above.
9	There is little mention of how different specialties will work together to treat the person as a whole within the commissioning intentions document	To be included in 2017/18 document.

Mental Health

Mental Health		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	More effort is required to follow the protocols for Shifting Settings of Care.	Monitoring is currently monthly reviewing activity and performance. Also Harrow CCG has been addressing issues raised by services users and carers with CNWL and Harrow Mind
2	More training for GPs and staff caring for people with mental health conditions required	Included in Education Forum's

3	Greater promotion and information around translators/interpreters services, Advocacy and PALS required	Harrow CCG has reviewed it Advocacy service and is currently developing a user led model for advocacy.
4	Stigma and lack of respect remains evident	The CCG along with other statutory and voluntary sector partners have been promoting health and wellbeing. Educating the general public, friends, family and those in the workplace has been the best way to reduce stigma, ignorance and isolation, whilst promoting knowledge, understanding and respect.
5	Limited information in practices concerning mental health	Updates and information on enhancements have been circulated to Practices, with a drive on promoting The Talking Therapies service widely, including to Public Health and the Local Authority. There has also been a major drive for children and young people.
6	Culturally for Harrow a significant number of people in the community rely only or firstly on their community or spiritual leaders	Harrow CCG commissions the Harrow Association of Somali Voluntary Organisations as one of the ways to extend reach and enhance care and services for communities that may not readily use statutory services. Whilst engagement events have been directed to community services, more work is being done to raise awareness in communities especially to community and spiritual leaders.
7	Services users and carers require more time with their GP when describing their symptoms	Additional Primary Care Mental Health Nurses were recruited, to a total of 6, thus enabling one nurse per peer group ensuring each of the practices have increased support and a more visible presence.
8	GP practices and providers are not always aware of the cultural backgrounds and behaviours of their carers and users	In progress, for this year.
9	Significant support for Single Point of Access to Mental Health services for GPs and other health and social care professionals	Completed. The SPA went live for CNWL in November 2015.

Planned Care

Planned Care		
No	"You Said"	What Harrow CCG did and will do 2017/18
1	Should incorporate within planned care contracts KPI to measure DNAs	Reviewed by speciality when implementing outpatient improvements eg: quality of referrals
2	Clinical and business case for investment in Sleep Apnoea Service	In development currently to provide a community based service from 2017/18
3	Clinical and business case for investment in Obesity Clinic	Still under consideration but currently working with LB Harrow on developing Physical activity and Sports strategy 2016-2020.
4	Clinical and business case for investment in Spinal Pain	Pilot assessment service live from June 16 to be fully procured after one year

	Service	
5	Insufficient capacity within the community for COPD and Respiratory Services	Also progressing under RightCare pathways and community services procurement
6	Additional capacity required to provide Pulmonary Rehab services	Addressed as part of Community Services re- procurement
7	Insufficient speech and language services available in the community	Addressed as part of the community paediatric redesign
8	Significant opportunity to improve MSK care pathway	On-going work on pathways during 16/17 with some completed
9	Better data sharing between GPs and other clinical services should be a number one priority for the CCG in 2016/17	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability. A summary of the patients records will be available for a clinician to access to make an informative decision on patient needs. Patients have the choice to opt out of this from their GPs
10	Greater opportunity for integrated services – currently a disconnect between diagnostic tests, GP and acute referrals; not helped by poor record sharing	On-going work
11	Currently long waits for secondary care appointments at LNWHT	Work underway with LNWHT and Imperial to meet 18 week treatment target
12	There is a clear need for more self-help groups and clarity about access and referral arrangements to these services (e.g. Diabetes prevention Programme	Part of RightCare programs of work including Diabetes, Dementia and Respiratory

Primary Care

Primary Care		
No	“You Said”	What Harrow CCG did and will do 2017/18
1	Positive patient experiences with on- line prescriptions and appointment booking	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
2	Positive patient experience with telephone triage arrangements – should incorporate a guaranteed ring back standard	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
3	Significant patient frustration that care records not routinely shared when referred to community or acute service	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability
4	Significant patient frustration about continuity of care and use of locum GPs	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
5	Patient perception that average wait for routine GP	Access to primary care improved by increasing primary care capacity in current 2 walk in

	appointment in Harrow is 2 weeks	centres and new one opening November. Duty Doctor service in place
6	Patient perception that standard appointment length insufficient to deal effectively with complex or multiple conditions	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
7	Benefits of consultant telephone advice service for GPs to be considered	This was considered and incorporated into the Duty Doctor service put into place this year.
8	Positive patient perception of use of text messaging to confirm appointments	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
9	Sit and wait service should be available in all GP practices	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
10	Increased promotion required to raise awareness of early and late appointments available	This was considered and will form part of the CCG's increased primary care access
11	Better to have access to own GP for extended hours rather than be referred to a walk in centre in order to provide continuity of care	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
12	Better communication and marketing of community service required	Community services have been re-procured which included a communications campaign for the launch of services to GPs and service users
13	CCG needs to prioritise re-procurement and reconfiguration of walk in centre services	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
14	Walk in centre or Walk in tariff to be established at Northwick Park Hospital	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November. Duty Doctor service in place
15	Greater coordination is required between GPs and community nurses	This is on-going, delivered through the District and Community Nursing Action Plan
16	Considerable frustration at lack of walk in service in East Harrow	A new walk in centre in East Harrow will be opening in November 2017
17	Better training for reception staff required and receptions to be made more welcoming	A training programme for receptionists, incorporating customer care, delivered, with over 114 participants.
18	Consider collaborative model incorporating GP Peer Groups for future delivery of walk in services rather than a single provider	Access to primary care improved by increasing primary care capacity in current 2 walk in centres and new one opening November.

Unscheduled Care

Unscheduled Care

No	"You Said"	What Harrow CCG did and will do 2017/18
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1	Better signposting required to set out difference between urgent care centres and walk in centres	Both services are GP led. The UCC have access to more equipment to deal with a slightly higher acuity of patients. The drive to direct patients away from UCC is so that they can care for urgent needs quickly out of the hospital setting. An app and website is being developed to support this redirection and provide self-care and shall be available by November 2016
2	Access to specialist care through local GPs difficult	To be addressed through community services re-procurement
3	Physical pathway to A&E is difficult, traffic and access to other parts of hospital	Referred to London North West Hospital Trust
4	Greater opportunity to work with and educate frequent attenders at A&E	A lot of the frequent attenders are flagged at GP level and are managed through the care navigator service which puts together a care package to manage all the patients' needs preventing them to go to urgent care services.
5	Patients should have their health data available wherever they go – but should not be provided to external agencies	EMIS is the mandated system required by all new service providers going forward to enable a safe data sharing / interoperability. A summary of the patients' records will be available for a clinician to access to make an informative decision on patient needs. Patients have the choice to opt out of this from their GPs

Engagement in 2017/18

For 2017/18, we have already undertaken significant engagement to inform our commissioning intentions; for example:

- Developing our 'Future in Mind' service in conjunction with LB Harrow, with over 160 young people aged 7 – 21 engaged through a programme of workshops, with a Young People's Representation Panel established to co-produce the service specification.
- Feedback through workshops to help the re-design of our care pathways in the areas of diabetes, dementia, cancer, MSK and respiratory conditions.
- Healthcare in Harrow event held April 2016 to hear views on the healthcare services in the borough
- Sustainability and transformation plan (STP) events with the Voluntary Sector and HealthWatch Harrow, with the STP providing the backdrop to the development of the Commissioning Intentions
- NHS 111 event jointly with Brent and Hillingdon CCGs, to help develop the NHS 111 plan
- East Harrow hub public meeting in June, with feedback, concerns and ideas collected to inform

The following outlines how we will further engage with our stakeholders to obtain their views on our Commissioning Intentions for 2017/18.

Stakeholder / Audience	Engagement event
Members of the public and stakeholders	Healthcare in Harrow event to obtain feedback on key themes and priorities, including from GPs, providers and members of the public
Harrow residents	Online feedback via CCG website to collect wider feedback
GPs	Sessions with GP Peer Group and GP Forum for GPs perspective

Voluntary Sector partnerships and networks (Voluntary Sector Forum, Harrow Patient Participation Network)	AGM and Forum meetings to engage and elicit feedback from members
Faith groups / communities	Inter Faith week event 17 November
Carers	Presentation via Carers Forum
Mental Health	Session with service users, targeting BME community and users of current mental health services (e.g. MIND/CNWL/The Bridge)
Health Watch Harrow	Presentation to members of the community and Health Watch
Young people	Session through young persons' services to identify their priorities

Section 6: Harrow CCG’s Commissioning Intentions for 2017/18

Responding to Local Challenges

Taking into account the North West London (NWL) Sustainability & Transformation Plan (STP) and what we wish to do locally Harrow CCG has built the 17/18 Commissioning Intentions around 10 Transformation Themes and 6 Enabling Themes. The full list of the Transformation and Enabling Themes are detailed below and are expanded upon in Section 7:

Transformation Themes	
1. New Model of Planned Care and Urgent Care	7. Supporting People with Serious Mental Illness and those with Learning Disabilities
2. New Primary Care Model of Care	8. Integrated Care for Children & Young People
3. Intermediate and Community Care	9. Transforming Care for People with Diabetes
4. Integrating Services for People at the End of their Life	10. Medicines Management
5. Integrated Support for People with Long Term Condition (Whole Systems Integrated Care / Virtual ward)	11. Continuing Care
6. Transforming Care for People with Cancer	12. Integration across the Urgent & Emergency Care System
Enabling Themes	
13. Developing the Digital Environment	16. Delivering Our Statutory Targets Reliably
14. Preparing the Workforce for the Future	17. Redefining the Provider Market
15. Delivering Our Strategic Estates Priorities	

These Themes (Transformation & Enabling) are aligned to the 22 Improvement Areas stated within the NWL STP as shown in the table below:

The CCG’s Commissioning Intentions for 2017/19 are focused on the delivery of 11 key transformation areas, supported by 5 Enabling Themes and this section provides a breakdown of our intentions for each of these and how they will contribute to our priorities and objectives.

1. New Models of Planned Care and Unscheduled Care

CCG Team	Lead	SRO	CRO
	Sarah German	Sue Whiting	Dr Amol Kelshiker
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Coordinated Care for Planned & Unplanned Care Needs across Care Settings • Improved Health Outcomes and reducing Unplanned Care needs through focusing on LTCs • Integrated Health & Social Care support for those patients who need it • Empowering people to plan for their own care • A diverse market of quality care providers maximising choice for local people who have complex needs • Reduced rate of growth in hospital attendances and admissions for people with planned care needs • Increasing scope and amount of activity delivered Out of Hospital and closer to home for patients • Reduction in Length of Stay following a planned admission • Increased use of alternative services to deliver planned care support 	<p>We will:</p> <ul style="list-style-type: none"> • Review, and redesign gastroenterology community service which, based on evaluation of outcomes, might result in reprocurement. • Review and redesign of community dermatology service which, based on evaluation of outcomes, might result in reprocurement . • Implement prioritised outcomes of RightCare Pathway review for respiratory (including COPD, Asthma and Pneumonia) and MSK services. • Evaluate spinal and Knee triage pilots and consider full implementation across other services • Evaluate community cardiology service pilot and procure a full service. • Implement newly procured gynaecology / continence services. • Develop new enhanced community pathways to support out of hospital care for a range of ambulatory care sensitive conditions • Embed the re-procured Physiotherapy services keeping the plurality and choice of providers • Embed the Chronic Kidney disease (CKD) pathway across Harrow • Review and consider extending the remit and scope of the Community Ophthalmology service 		<p>Further development of:</p> <ul style="list-style-type: none"> • Spinal service • Other MSK services • Referral management • Community Cardiology • Others in relation to ambulatory care sensitive conditions or following review as appropriate
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Reduction in Non-Elective Admissions • Reduction in short stay Admissions • Reduction in overall costs • Reduction in growth rate for attendances and admissions • Increase in care provided in non-hospital based settings • Ensure the Ambulance Handover targets are delivered consistently • 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • Review and procurement of community pathways. • Integration of care pathways across LTCs and cancer. • Implementation of RightCare and the STP through cross-organisation/ sector working. 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Shaping a Healthier Future: Out of Hospital Strategy • 5 year forward plan • Commissioning for Value • RightCare initiative

2. New Primary Care Model of Care

CCG Team	Lead	SRO	CRO
	Richard Simon	Garry Griffiths	Dr Amol Kelshiker
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Increasing number of Pts managed outside of hospital setting with integration across Primary, Community & Secondary Care Services and Social Care • Improved access to routine and unplanned services in primary care during the week and weekends • Reduced variation in service and patient outcomes in primary care • Sustainable primary care 	<p>We will:</p> <ul style="list-style-type: none"> • Commission primary care services aligned to delivery of the SCF to establish: <ul style="list-style-type: none"> • More accessible care • More coordinate care • More pro-active care • Continue to develop and implement the Primary Care Model of Care with focus on: <ul style="list-style-type: none"> • Enhanced access through development of a central appointments booking system and pre-bookable appointments through WiCs • Primary Care workforce development • Under the Local Services Programme continue with Primary Care Transformation by commissioning of new GP local incentive schemes which may include: <ul style="list-style-type: none"> • Anti-Coagulation • Complex wound care • Respiratory • Dermatology • Develop prevention care measures for patients with Long term conditions. NWL CCGs have agreed to 8 priority prevention areas under the SCF. • Enhanced care management and co-ordination in Primary Care supporting integrated support for people with long term conditions (WSIC/Virtual wards) • Sustainability planning • Develop ways to share patient records across the service in general practice including the walk in centres • Develop demand management tools <p>In addition to these primary transformation priorities the CCG will continue to commission other services through primary care identified from the PMS review, these are:</p> <ul style="list-style-type: none"> • Gynaecology • Cardiology (ECG) • Diabetes <p>Through emerging transformation in primary and new care models, in future, practices will be able to choose to provide the service</p>		<p>We will:</p> <ul style="list-style-type: none"> • Commission primary care services aligned to delivery of the SCF • Link to the development and implementation of Local Services Programme

	<p>themselves, other local practices working groups or local hubs.</p> <ul style="list-style-type: none"> • The CCG will explore options to move to fully delegated (Level 3) co-commissioning arrangements with NHS England from 1st April 2017. • The CCG is committed to improving the quality of primary care service and aspires to 50% of General Practices receiving an “excellent” CQC rating over the next 5 years. Additional support will be available to Practices to achieve this through the GP Practice Resilience Programme and other workforce development programmes to be introduced under the GP Forward View (GPVF). 	
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Increase in activity managed outside of a hospital setting. • Reduction in costs across the system per capita to meet the financial gap • Co-ordinated care for people with long-term conditions including primary prevention for sections of the population developing risk profiles; and secondary prevention for people with multi-morbidities to reduce hospital admissions • Develop prevention care measures for patients with Long term conditions • Enhanced care management and co-ordination in Primary Care supporting integrated support for people with long term conditions (WSIC/Virtual wards) • Sustainability planning • Develop ways to share patient records across the service in general practice including the walk in centres • Develop demand management tools 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • The Primary Care Model of Care is a key element in the delivery of integrated services across Community and Acute Services and is key to the delivery of Out of Hospital (Local Services programme) 	<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • GP Five Year Forward View • Strategic Commissioning Framework (SCF) • Out of Hospital Strategy

3. Intermediate and Community Care			
CCG Team	Lead	SRO	CRO
	Judi Byrne	Garry Griffiths	Dr Kaushik Karia / Dr Sharanjit Takher
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Increasing scope and amount of activity delivered Out of Hospital and closer to home for patients Reduction in Length of Stay following a planned admission Increased use of alternative services to deliver patient care. Delivering increased capacity within community services as an alternative to hospital based care. 	<p>We will:</p> <ul style="list-style-type: none"> Implement prioritised outcomes of Local Services Intermediate Care Pathway reviews. Work collaboratively and continue to develop and implement the new models of care across primary and community services. Support the new community service provider to embed its operating model and to identify opportunities for innovation and re –design. Integrate the provision of Intermediate care step bed provision to reduce avoidable hospital admission and optimise patient recover 		<p>We will:</p> <ul style="list-style-type: none"> Commission Intermediate care services to meet the current and future needs of the population and that are integrated fully with other provider organisations. Align the community service contract to support delivery of the Harrow STP and the Accountable Care Organisation delivery model.
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> Reduction in Non-Elective Admissions Reduction in Zero-Length of Stay Admissions Reduction in overall costs associated with planned care Reduction in growth rate for A & E attendances and admissions Increase in care provided in non-acute based settings Increased access to and capacity within community services 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> Review and procurement of Intermediate Care pathways. Integration of Intermediate care pathways with Primary Care and Virtual Wards. . Implementation of RightCare and the STP through cross-organisation/ sector working. Align community healthcare services to the Harrow ACP model. 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> Shaping a Healthier Future: Out of Hospital Strategy 5 year forward plan Commissioning for Value RightCare initiative STP / Local Services Intermediate Care & Rapid Response Programme Harrow WSIC model.

4. Integrating Services for People at the End of their Life

CCG Team	Lead	SRO	CRO
	Sarah German	Sue Whiting	Dr Amol Kelshiker
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Increasing number of people able to die in their preferred place of death Reducing number of admissions for people in the last year of their life Improve access by clinicians and professionals supporting people at End of Life to care plans Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings 	<p>We will:</p> <ul style="list-style-type: none"> Roll-out Harrow’s specialist palliative care community team Procure full service following positive evaluation of the SPA pilot Implement Harrow end of life strategy and pathway based on national guidance. 		<p>We will:</p> <ul style="list-style-type: none"> Continue to deliver requirements of ‘Ambitions for End of Life Palliative Care’
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> Increase in people dying in their preferred place of death Increase in people with anticipatory care plans Reduction in the costs associated with managing people at End of Life 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> Ensure end of life care is integrated into other pathways eg respiratory Increase use of CMC / common care planning to ensure co-ordination of multi-disciplinary support to people at the end of life. 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> ‘Ambitions for End of Life Palliative Care’

5. Integrated Support for people with Long Term Conditions (Whole Systems Integrated Care / Virtual Ward)

CCG Team	Lead	SRO	CRO
	Angela ward	Garry Griffiths	Dr Amol Kelshiker
2020/21 Outcomes		Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Improved outcomes and support for people with multiple LTCs and complex needs Reducing unplanned care needs arising associated with LTCs Reduced variation in care received by people with LTCs with a particular focus on variation in Primary Care Increasing focus on improved outcomes through preventative measures (primary, secondary and tertiary prevention) Empowered individuals with the confidence and information to look after themselves when they can, and visit the GP when they need to provide greater control of their own health and encourage healthy behaviours that help prevent ill health in the long-term Reducing inappropriate hospital admissions by developing out of hospital capacity 		<p>We will:</p> <ul style="list-style-type: none"> Increase care planning in General Practice for more patients at risk. Develop the care coordination service that is commissioned with the GP Federation. Develop and shape the Virtual Ward model with a view to commission whole systems via an ACP Review the palliative care pathway as a means to understand how it could be commissioned as an ACP Implement the Patient Activation Measure scoring as part of the care planning process. Develop suitable approaches to self-care working closely with the third sector and provider partners, e.g. Self-care steering group Continue to develop the role of the Enhanced Practice Nurses in practices to care for complex patients with LTCs in the community 	<p>We will:</p> <ul style="list-style-type: none"> Streamline the whole systems integrated care pathway Address variation of LTC's in general practice. Review long term condition pathways to provide better integrated services for all patients using the ACP model.
Measuring Success		Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> Reduction in unplanned events for people with LTCs Reduction in the costs associated with supporting people with LTCs Increase in people with an LTC who self-manage elements of their care Increase in people with an LTC who have an anticipatory care plan 		<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> Patient Activation Measure: an evidenced based tool to measure individual skills, confidence and knowledge to manage their own health Advanced care planning in general practice Reduction in variation in general practice around Asthma and Diabetes 	<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> Whole Systems Integrated Care Models of Care Local services Primary care transformation Strategic commissioning framework NHS 5 Year Forward View

6. Transforming Cancer Services

CCG Team	Lead	SRO	CRO
	Judi Byrne	Sue Whiting	Dr Amol Kelshiker
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Increasing rates of cancer prevented and increasing survival rates • Reduction in the rates of reoccurrence • Reduction in variation rates in the quality of care • Patients and their families better informed, empowered and involved in decisions around their care • Improved health, wellbeing and quality of life for patients after treatment and at the end of life • Reducing number of patients identified as having Cancer following a non-elective presentation 	<p>We will:</p> <ul style="list-style-type: none"> • Ensure that all services for cancer are commissioned in line with NICE guidance through the agreed best practice pathway for London with follow up in line with the NCSI. • Reduce variation in care from primary and acute services so as to meet national quality and performance standards with focus on the 62 day wait and improve patient outcomes. • IAPT services will be reviewed to enhance pathways for the management of psychological support for cancer patients. • Broaden the scope of services to manage the side effects of anti-cancer treatment and stratify follow up pathways. • Establish a CCG Cancer Transformation forum in collaboration with local clinicians, GPs and Third Sector providers. • Work to widen the range of direct access tests for primary care services to improve early detection and screening for patients. • To Work with Harrow Local Authority to exploit opportunities to incorporate healthy living messages within existing communications and project i.e. smoking cessation. 		<p>We will:</p> <ul style="list-style-type: none"> • Complete roll out of Transformational projects across prioritised cancers. • Continue the rolling primary care education programme in partnership with Cancer Research UK and other third sector organisations. • Develop enhanced supportive care for people living with and beyond cancer. • Significantly improve the performance of providers in relation to national cancer care standards. • Develop productive, collaborative relationships with all providers, Third Sector and Patient groups to deliver optimum outcomes and experience for cancer patients.
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Reduction in the prevalence gap around Patients identified with Cancer in Primary Care • Reduction in the number of patients identified with Cancer following a non-elective presentation • Increase in life expectancy at 5 years following successful treatment of patients 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • The CCG will continue to jointly work with GPs and acute service clinicians to improve, systems, processes and clinical skills in support of early detection and screening for patients. Most Harrow CCG patients receive all cancer treatment from Northwest London based providers. The CCG will work with the London Transforming Cancer Services team to develop and implement improved and sustainable cancer pathways of care. 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • NHS 5 YR Cancer Commissioning Strategy for London: 2014/15 – 2019/2020 • Achieving World-Class Cancer Outcomes: Taking the strategy forward. • Achieving World-Class Cancer Outcomes: Taking the strategy forward: Equality and Health Inequalities Analysis • Improving outcomes; a strategy for cancer; third annual report • Pan London Cancer Strategy • National Cancer Survivorship Initiative (NCSI 2015) • NCSI Living with and beyond cancer; taking action to improve outcomes; March 2013 • Harrow Joint Strategic Needs Assessment 2015-20 • Improving Outcomes: A Strategy for Cancer; Department of Health, 2011

7. Transforming Support for people with Mental Health Needs and those with Learning Disabilities			
CCG Team	Lead	SRO	CRO
	Lennie Dick	Garry Griffiths	Dr Dilip Patel
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Reduction in inequalities associated with the care of people with one or more LD • Reduction in risk of harm to vulnerable people • Improved support for people with an urgent mental health need • Significant progress in closing the mortality gap between people with an LD and the wider population • Full Implementation of Five Year Forward plan for Mental Health 	<p>We will:</p> <ul style="list-style-type: none"> • Improve the access and time to assessment for those with autism • Continue to reduce the length of stay in hospital for service users with Learning Disabilities • Further develop the pathway for LD supported through collaboration with Harrow Local Authority, Users and Carers, and CNWL • Implement an EIP service with CNWL which meets NICE guidelines for all ages • Develop the new model of care for serious long term mental health needs in the community • Support and develop transformation plans with local voluntary and community sector organisations to deliver support to users and carers nearer to home • Enhance the support and expertise given to primary care to increase delivery of mental health services through primary care • Introduce the learning from Dementia RightCare to ensure those diagnosed with dementia receive treatment and support as quickly as possible • The CCG will ensure that IAPT is available to people with cancer and those with diabetes and other long term conditions • Implement and monitor the enhancements for perinatal services • Further develop and implement the workings from the cross Harrow Agencies including Public Health to prevent suicide. 		<p>We will:</p> <ul style="list-style-type: none"> • Implement and evaluate the reviewed structure for quicker autism diagnostics • Maintain the lowest level of admission for LD whilst developing community support for this group • Evaluate the Transforming Care Partnership • Implement the next phase of the S&LTMHN Business Case • Develop a shared plan with CNWL and the voluntary sector to increase IAPT access (NHSE recommendations) • Evaluate the progress with CNWL (pathway and KUF training) in meeting the needs of people with borderline personality disorder • Evaluate the Urgent Care Pathway and its integration with 111 • Implement 18/19 (Phase) plans for meeting the Five Year Forward plan for Mental Health • Further develop the planned Carers initiatives for MH and LD both in the commissioning structure and operating plan • Implement the 2017/18 training programme for Primary Care including MH, LD, CAMHS and Autism • Build on the transformational plan to develop more service provision within the community through voluntary and community sector partners
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • People with SMI (Severe Mental Illness) to receive complete list of physical health check to achieve reduction in the mortality gap • Access to community mental health services and IAPT from BME groups, crude rates per 100,000 population • Unplanned readmissions of mental health patient within 30days of inpatient admission. • Percentage of service users in adult mental health services in employment. • Reduction in Psychiatric admissions via A+E 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • Develop and improve the coordination for mental health within the whole systems Integrated Care plan to close the gap between physical and mental health services • Action response to the service enhancements of 2016/17; Liaison Psychiatry service and the Urgent Assessment development around the Single point of Access, the community Mental Health Redesign and the increase RRHTT • Further develop the role of the voluntary sector in meeting the needs of BME groups access to psychological therapies • Primary Care Mental Health service development both for the S&LTMHN and the SSoC • West London Alliance Trailblazer (Twining) Development of the Work and Health programme; helping people to access work and 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Dementia RightCare • LD Transforming Care Partnership • Like Minded Business case for S&LTMHN • Mental Health Transformation Plan • Monitoring through the Harrow Local Performance and Quality Group (HLPQG, multi-agency group including HCCC, CNWL, LA, MIND and Harrow Carers) • Assurance through the Harrow CCG Governing Body, BHH SMST, NWL Health and Wellbeing Board and Likeminded STP

	the jobs market	
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8. Integrated Care for Children & Young People (CYP)			
CCG Team	Lead	SRO	CRO
CCG Team	Jess Thom	Susan Whiting	Dr Genevieve Small
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Coordination of support for children and young people across all health and social care services • Improved outcomes for children and young people with one or more LTCs • Reduction in the risk of harm to children and young people • Improved Emotional Health & Wellbeing of CYP 	<p>We will:</p> <p>Implement the priorities for quality and cost improvement identified through the RightCare Pathway review.</p> <p>Mental Health:</p> <ul style="list-style-type: none"> • Continue to deliver and roll-out the Future in Mind Transformation Plan • Embed CYP Eating Disorder Service • Deliver a new joint Emotional Health & Wellbeing Service for CYP with a mental health, behavioural and/or Learning disability (LD) need • Develop and embed an integrated ASD & ADHD pathway • Redesign CAMHS Out-of-Hours and Crisis service in line with the NWL Transformation plan, patient & stakeholder feedback • Deliver the CYP elements of the Transforming Care Plan (TCP) • Integrate CAMHS LD and social care provision <p>Health care:</p> <ul style="list-style-type: none"> • Deliver a redesigned Out-of-Hospital Community Paediatrics service (0-25years SEND) • Implement new pathways to improve access to services for CYP with LTC • Continue to work jointly with the local authority, Education (Schools) to improve health and social services and outcomes for CYP & their families • Align services with Early Support and Together with Families • Work with Public Health to redesign Health Visiting and School Nursing services <p>Procurements:</p> <ul style="list-style-type: none"> • joint Emotional Health & Wellbeing Service • Out-of Hospital paediatric service • Children Looked After Health Assessment service 	<p>We will:</p> <ul style="list-style-type: none"> • Embed integration across Health, Education and Social Care 	
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Reduction in the need for secondary care activity associated with CYP: • Reduction in GP referrals to secondary care • Reduction in unplanned care needs for CYP 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • Jointly commissioned services and working across Health & Social Care. • Continue to work closely with NHS England around support to CAMHS patients • Continue to work across NWL to provide efficient and integrated CAMHS services 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Future in Mind NWL CAMHS Transformation Plan • Future in Mind Local Transformation Plan • The JSNA 2015-2020 • The Children & Family Act 2014 • Harrow STP

• Reduction in the costs associated in managing CYP per capita		

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9. Transforming Services for People with Diabetes					
CCG Team		Jason Parker	Garry Griffiths	Dr Amol Kelshiker	
2020/21 Outcomes		Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19	
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Reduced rate of growth in prevalence to improve long term outcomes and slow the growth in demand for health related services • Reduced variation in management of conditions to reduce the number of exacerbations that occur for people and ultimately improve their long term outcome 		<p>We will:</p> <ul style="list-style-type: none"> • Participate in the NHS Diabetes Prevention Programme, if application approved by NHS England. This programme targets weight loss support at people with pre-diabetes. • Redesign the obesity pathway, in collaboration with partners, to ensure increased effectiveness and efficiency of weight management services. • Enhance support for health and social care professionals, in order to increase their knowledge of, and expertise in, diabetes. Commission education at scale in primary care. • Enhance support for patients and carers, in order to increase their knowledge of, and expertise in, diabetes. • Improve the partnership between professionals and patients / carers, in order to enhance co-creation of care / self-care. • Improve value, coordination, and communication within the diabetes care pathway. Follow RightCare principles. • Integrated community service. • Improve communication of the diabetes care pathway for health and social care professionals, patient, carers, and the general population. • Increase uptake of IAPT amongst people with diabetes. • Review of insulin pumps, in collaboration with Medicines Management. • Alignment with overall Long Term Conditions management, including cardiology, CKD, and ophthalmology. 		<p>We will:</p> <ul style="list-style-type: none"> • Continue to reduced rate of growth in prevalence to improve long term outcomes and slow the growth in demand for health related services • Continue to reduce variation in management of conditions to reduce the number of exacerbations that occur for people and ultimately improve their long term outcome 	
Measuring Success		Supporting the Integration Agenda		Supporting Strategies & Assurance	
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Reduction in the prevalence gap for key conditions including Hypertension and Diabetes • Reduction in the rate of growth of prevalence • Reduction in the costs of managing people with LTCs 		<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • Currently, the diabetes care pathway is fragmented, leading to lack of visibility of services for both professionals and those affected by diabetes. Services need to be more joined up, providing a more seamless pathway. One option for this could be the creation of local hubs providing multiple, interlinked services, which is particularly important for people living with diabetes. An ACO may also provide a solution to these issues. 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • The Harrow Diabetes Strategy. Currently in development, with the initial stakeholder engagement and service mapping phases completed. This will inform and refine the Commissioning Intentions for 2017/18 and beyond. 	

10. Medicines Management

CCG Team	Lead	SRO	CRO
	Ian Mullan	Javina Sehgal	Dr Genevieve Small
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Evidence-based, outcomes-focussed medicines expenditure aligned to the HWB aims • Reduction in overall medicines expenditure per capita including reduced wastage taking into account growth in costs • Provider-led medicines optimisation • Improved patients’ and carers’ understanding of their medicines, leading to an improvement in health outcomes and reduction in avoidable harm • Re-designed pathways for LTCs to achieve improved outcomes with medicines • Reduction in unnecessary cost and workload due to discharge from acute trusts due to medicines use 	<p>We will:</p> <ul style="list-style-type: none"> • Support the development of a new model for medicines optimisation across the entire health economy. The objective will be to more closely align and integrate the medicines budget into the day to day business of providers e.g. GPs, Acute trusts and community providers. This will have the dual benefit of creating greater accountability at the point of prescribing as well as enabling service re-design to support medicines optimisation. The model will be aligned with the principles of ACOs in line with the Five Year Forward View • Explore the full or part devolvement of the Prescribing Budget, and resource to support, to a Provider • Work in partnership with partners across the health economy to re-design pathways where there is an opportunity to achieve improved health outcomes and system efficiencies via medicines optimisation e.g. LTCs and Atrial Fibrillation • Further incentivise GP practices to ensure high quality, cost effective prescribing is being carried out without compromising patient care • Increase prescribing quality in Care Homes, diabetes, mental health, and respiratory – building primary care capability and capacity • Further incentivise providers to ensure spend on medicines is of a high quality, and cost effective prescribing is being carried out without compromising patient care. This will include GP practices, acute and community service providers. • Optimise the medicines expenditure and outcomes through provision of practice level medicines optimisation support • Review and streamline repeat prescription processes in practices to increase efficiency in general practice and reduce unnecessary medicines waste • Reduce inappropriate usage of antibiotics through the implementation of NICE NG15, Antimicrobial Stewardship by all providers • Reduce the volume of hospital-related medicines activity by increasing capacity and capability in primary care to increase shared care prescribing arrangements. • Leverage the savings opportunities offered by biosimilar arrangements • Explore the devolvement of the dressings budget, allowing the Provider to explore other models for supply, carry risks and share gains • Explore opportunities to work with the pharmaceutical industry to reduce spend and improve outcomes on medicines <p>Through the RightCare programme we will undertake a ‘roots and branch’ review of how Harrow CCG integrates medicines into service provision within an ACO framework. We will do this by:</p> <ul style="list-style-type: none"> - Diagnosis of current gaps and opportunities - Work with partners to Design services - Commission and contract appropriately to ensure changes are integrated - Support providers to Demonstrate the outcomes which will be commissioned for 		<p>We will:</p> <ul style="list-style-type: none"> • Seek opportunities to leverage the Prescribing Budget to further support new models of Primary Care • Deliver further reductions of Medicines waste through improved engagement, communication and commissioning with community pharmacy providers • Further improve patient experience through improving access to medicines • Seek opportunities to work more effectively and efficiently across NWL and London-wide • Implement medicines commissioning opportunities to shift care out of hospital and into the community

within the redesigned pathway

10. Medicines Management

Measuring Success

Supporting the Integration Agenda

Supporting Strategies & Assurance

Delivery of this Enabling Theme will realise:

- Reducing spend per capita on medication
- Quality and safety of medicines use is improved
- Reducing incidents of harm
- Improving outcome for people arising from the effective use of medication
- Patient experience is improved with their medicines
- Medication waste is reduced
- Cost savings achieved
- National and local guidance is implemented
- Reduction in polypharmacy
- Partnership working with relevant stakeholders to improve patient care
- Increased and dedicated workforce in primary care to enable true medicines optimisation e.g. GP practice pharmacists in line with the GP forward view
- Improved efficiency in care pathways involving medicines

The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:

- Medicines Management cuts across all areas of healthcare provision, and in Harrow we work in partnership with all commissioners and providers to deliver the best outcomes for patients within the resources available to the health economy.
- New financial arrangements, incentives and gain share schemes will enable greater integration of the medicines agenda across all providers. These will enable us to ensure that we drive clinical and financial improvements that benefit the health economy of Harrow and it's patients

The work for this Enabling Theme is underpinned by the following strategies:

- Harrow Medicines Optimisation Plan 17/18

The delivery of this Enabling Theme will be managed and monitored via the **Harrow Medicines Management Committee** which in turn reports to the **Harrow CCG Governing Body**.

11. Continuing Care

CCG Team	Lead	SRO	CRO
	Nicky Yiasoumi	Garry Griffiths	Dr Genevieve Small
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19	
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> To continue to provide a Continuing Healthcare Service that enables patients to remain in their preferred place of care and reduces unnecessary admission to hospital. To have a pathway for patients to have access to a Personal Health Budget or Integrated Budget 	<p>We will:</p> <ul style="list-style-type: none"> To continue to provide a Continuing Healthcare Service that enables patients to remain in their preferred place of care and reduces unnecessary admission to hospital. Personal Health Budgets planning the roll out for patients with as follows <ul style="list-style-type: none"> People with long term conditions- Mental Health, Learning Disability, COPD and Diabetes etc. Maternity End-of-life care Children who have special educational needs with a single assessment in the form of an Educational, Health and Care Plan which includes the option of a personal budget Wheelchair Service Users Continued right to have for those patients eligible for Continuing Healthcare To continue to support patients at end of life with choice through the pathway of Fast Track- Continuing Healthcare Continuing Healthcare to expand the procurement of Nursing Homes and Home Care providers with the support from the NHS London Purchased Healthcare Team (AQP NHSE Contracts) 	<p>We will:</p> <ul style="list-style-type: none"> We will continue to explore and evaluate the implementation of Personal Health Budgets via the NHSE London Personal Health Budget network. Also local experiences gained by the Continuing Healthcare Service and the Local Authority Affinity project We will continue to monitor and evaluate the delivery of the Continuing Healthcare Service via the NHSE Continuing Healthcare network and internally within the CCG. 	
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance	
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> Increase in people with a Personal Health Budget and an Integrated Budget who are empowered to self-manage elements of their care Continuing Healthcare to continue to work with the Local Authority in decision making about patients eligibility for Continuing Healthcare, Shared Care and Funded Nursing Care 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> For the Continuing Healthcare Service to co-ordinate with partners to ensure effective commissioning of end of life services For the Continuing Healthcare Service and CCG Commissioners to work in conjunction with Harrow Local Authority to deliver Personal Health Budgets and Integrated Budgets to the residents of Harrow 	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> Continuing Healthcare Framework (2012) National Framework for Children and Young People's Continuing Care(2016) Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 Children and Families Act 2014 	

12. Integration Across the Urgent & Emergency Care System

CCG Team	Lead	SRO	CRO
	Adam Mackintosh	Sue Whiting	Dr Amol Kelshiker
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19		Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Coordinated support across all Urgent & Emergency Care services • Increased number of patients who have their unplanned care needs met outside of a hospital setting • Increased awareness in the community about how to access appropriate services • Increased number of people supported to avoid an admission and those supported home with a reduced Length of Stay • Increase the support available for patients to self-care 	<p>We will:</p> <ul style="list-style-type: none"> • Develop and procure a new NHS 111 Service and Clinical Hub • Embed the re-designed and re-procured the model of care at the Urgent Care Centre, enabling positive re-direction for non-urgent patients out of hospital care settings • Support a new Out of Hours model with GP federations • Develop a Patient Education Programme for unscheduled care services • Further develop the patient app to support patients to self-care and access urgent and emergency services appropriately • Integrate the provision of Intermediate care step bed provision to reduce avoidable hospital admission and optimise patient recovery • Facilitate discharge by integrating and further developing home based virtual wards • Expand and update the DoS in line with national standards to support the patient, clinical hub and other providers • Commission a fully Integrated Urgent and Emergency Care system • Reduce demand at the door of A&E and the UCC through improved access in Primary Care, Education and to people with LTCs through Whole Systems Integrated Care model for the management of LTCs • Integrate IT system across the UEC system to ensure professionals have access to essential medical records for people • Maximise the use of community services e.g. through the direction Cat C LAS calls to WICs • Develop and maximise the use of the Ambulatory Emergency Care Unit • Improving support to high intensity users of 999 and A&E services to reduce usage 		<p>We will:</p> <ul style="list-style-type: none"> • Align the Integrated Urgent Care model with provider services i.e. Out of Hours , Urgent Care Centre, Clinical Hub (CATS), NHS 111 and Walk In Centres • Align the Integrated Urgent Care services with the Accountable Care Partnership Strategy • Develop a IT infrastructure compatible with all urgent care systems • Develop productive, collaborative relationships between all providers
Measuring Success	Supporting the Integration Agenda		Supporting Strategies & Assurance
<p>Delivery of this Transformation Theme will realise:</p> <ul style="list-style-type: none"> • Reduction in rate of growth for unplanned attendances at hospital • Increase in people accessing non-hospital based support for their unplanned care needs • Reduction in the costs per capita managing unplanned care needs • Reduction in Zero-Length of Stay and Unplanned Admissions and a Reduction in Length of Stay following an unplanned admission • Reduction in individual high intensity usage of emergency 	<p>The following areas of this Transformation Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • The Multidisciplinary Integrated Discharge Team and A&E Delivery Board are examples of Integration across health and social care associated with Unplanned Care 		<p>The work for this Transformation Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Unplanned Care Strategy • Commissioning Standards for Integrated Urgent Care • Local Digital Roadmap <p>The delivery of this Transformation Theme will be managed and monitored via the A&E Delivery Board which in turn reports to the Harrow CCG Governing Body</p>

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Enabling Themes

The following pages provide the detail of each of the Enabling Themes.

13. Developing The Digital Environment		
CCG Lead	Hugh Caslake	
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Effective and efficient integrated care services enabled by shared health and care records • Relevant information safely and appropriately available when needed to coordinate care for people • Clear information available to aid planning of services 	<p>We will:</p> <ul style="list-style-type: none"> • Improve access to and use of the Shared Care Records • Develop plans for digitally enabled self-care and the use of real time data in decision making for both clinicians and patients • Eradicate use of fax in care services 	<p>We will:</p> <ul style="list-style-type: none"> • Encourage secondary care to move towards paperless operation at the point of care • Complete development of a shared care record across all care settings including social care, facilitating integrated out of hospital care • Extend patient records (from all settings) to patients and carers, and provide them with digital self-care and management tools such as apps, to help them become more involved in understanding and managing their own care • Use dynamic analytics to inform care decisions and support integrated health and social care across the system through whole system intelligence
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Enabling Theme will realise:</p> <ul style="list-style-type: none"> • High utilisation of Shared Care Record across settings by the right people • Services planned using accurate and timely data • Improved outcomes for patients through shared record keeping 	<p>The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • The Shared Care Record will facilitate integrated working across settings and across providers. 	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Local Digital Roadmap <p>The delivery of this Enabling Theme will be managed and monitored via the IT Sub-Committee which in turn reports to the CCG Executive.</p>

14. Creating the Workforce for the Future

CCG Lead	Richard Simon	
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • A primary care workforce that is sufficient to sustain general practice. • An expanded primary care workforce that is competent and confident to work in new models of care delivery and new provider structures. • A supported workforce environment that promotes Harrow as an attractive place to work. 	<p>We will:</p> <ul style="list-style-type: none"> • Continue to Improve recruitment and retention to address workforce shortages and delivery of new models of care: <ul style="list-style-type: none"> - Develop career pathways esp. HCA to Practice Nurse, Practice Nurse to Advanced Nurse Practitioner. - Develop newly qualified GP career pathways to partnership or with portfolios - Invest and develop new roles in primary care eg Physician Associates, Practice based pharmacists, Mental Health therapists - Develop Practice Manager workforce to meet new business and network manager roles • Greater emphasis on training for clinicians in long term conditions, patient education and prevention. • Ensure supported, and sometimes targeted, recruitment of new staff into general practice including through apprenticeship programmes • Continue to provide staff forums, training and education opportunities • Develop cross-organisational working within the GP Federation and the ACP • Develop new workforce roles and competency frameworks with HENWL and HEIs • Develop a plan for IT Skills within the workforce along with the requisite tools and enthusiasm for utilising them to improve care 	<p>We will:</p> <ul style="list-style-type: none"> • Establish multi-disciplinary, multi-organisational and multi-HEI packages of properly tariffed student placements • Create targeted, multi-organisational pipeline of new staff recruitment • Develop a CEPN (Community Education Provider Network) function sitting with the ACP provider for multi-disciplinary forums, training and education • Develop more generically skilled, multi-professional workforce managing patients across multi-morbidity packages of care • Continue to properly evaluate and develop new workforce roles and competency frameworks with HENWL and HEIs
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Enabling Theme will realise:</p> <ul style="list-style-type: none"> • The workforce required to sustain general practice and help deliver new models of care or provider structures from ACP development • The skills and consistency required to care manage multi-morbidity and increasingly complex patients. • A supported environment in which staff want to stay and work. 	<p>The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow.</p>	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • GP Five Year Forward View • BHH and Harrow Workforce Plans 2015-7 • HENWL Training Plan 2016-7 <p>The delivery of this Enabling Theme will be managed and monitored via the BHH Strategic Education Forum and local Harrow CCG Education Forum.</p>

15. Delivering Our Strategic Estates Priorities

CCG Lead	Sue Hardy	
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> An estate portfolio that meets the needs of our Transformation Themes. 	<ul style="list-style-type: none"> Deliver Local Estate Strategy for Harrow to support the delivery of the Five Year Forward View and 'One Public Estate' vision Work collaboratively with Harrow Council to ensure that future health estate requirements feature within its key development areas ie Heart of Harrow, new Civic Centre Deliver a Primary Care Investment Plan which analyses the suitability of the current estate and sets out how the estate will need to change to meet the needs of the new model of care and offer a sustainable primary care infrastructure. Deliver a local services hub business case for the East of the Borough Maximise utilisation of existing estate and reduce void costs at Alexandra Avenue Deliver a temporary solution for Belmont Health Centre, to address current capacity issues, whilst continuing to find a long term solution for the site <p>Procurements in 17/18 – 18/19</p>	<ul style="list-style-type: none"> Deliver a local service Hub in East of Harrow by 2020/21 Deliver a primary care solution for Heart of Harrow and other key development areas
Measuring Success	Supporting Strategies & Assurance	
<p>Delivery of this Enabling Theme will realise:</p> <ul style="list-style-type: none"> A service with the capacity and capability to meet the needs of our population 	<ul style="list-style-type: none"> Prevention: local services hubs will provide the physical location to support prevention and local service care. Investment in the primary care estate will provide locations where providers can deliver targeted programme to improve health outcomes Reducing variation: Local services hubs will support the implementation of a new model of services across the borough and across NWL which will standardise service users' experience and quality of care Outcomes for older people: primary care estate improvements will enable the delivery of coordinated primary care and multidisciplinary working enabling care to be focused around the individual patient Supporting Mental Health needs: local services hubs will allow non-clinical provision to be located as close to patients as possible Providing High quality sustainable acute services: addressing the oldest, poorest quality estate will increase clinical efficiencies and drive improved productivity. Increasing capacity of major acute sites will enable consolidation of services and drive improved outcomes 	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> Local Estates Strategy ImBC/Soc 2

16. Delivering Our Statutory Targets Reliably

CCG Lead	Lennie Dick Alex Faulkes	
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Achievement of NHS Targets for Referral to Treatment (RTT), A&E and Cancer Waits and Diagnostics as well as our other statutory targets associated with Mental Health 	<p>We will:</p> <ul style="list-style-type: none"> Continue to achieve the 92% RTT target for Incomplete Pathways for Harrow CCG Registered population Undertake a full capacity and demand modelling exercise with LNWHT to understand the resilience of our RTT system Return performance of LNWHT to the expected standard of 95% for 4 hr waits in A&E Explore in detail the impact of Cancer Breach Sharing Standards and continue to achieve Cancer Wait Targets whilst undertaking an end to end review to ensure continued resilience based on projected prevalence growth in Cancer. Achieve the statutory targets for IAPT and dementia. 	<p>The plans beyond 18/19 will be dependent upon national statutory targets and any changes that are made centrally.</p>
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Enabling Theme will realise:</p> <ul style="list-style-type: none"> Achievement of our Statutory Targets 	<p>The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> As delivery of our statutory targets normally requires integrated working across multiple providers such as Cancer which will involve Primary Care and a mix of secondary care providers. 	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> Harrow CCG Operating Plan <p>The delivery of this Enabling Theme will be managed and monitored via the Local A&E Delivery Board and Local Planned Care Delivery Board.</p>

17. Redefining the Provider Market

CCG Lead	Javina Sehgal	
2020/21 Outcomes	Commissioning Intentions 17/18 – 18/19	Indicative Commissioning Intentions Beyond 18/19
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • A market capable of meeting the health needs of the local population within the financial constraints • Payment and risk share arrangements that incentivises innovation, quality and sustainability. 	<p>We will</p> <ul style="list-style-type: none"> • Develop a shadow outcome based commissioning model for older people via an ACO (locally referred to as an Accountable Care Partnership or ACP) and seek to identify further cohorts to work with • Rollout the Local Strategic Estates Strategy and Rationalisation Plan 	<p>We will:</p> <ul style="list-style-type: none"> • Enhance and drive forward the 3 year BCF plan with LBH to deliver longer term alignment and integration across Health and social care • Deliver a transformation in Primary Care support through our Primary Care Model of Care • Commission outcomes based services • Further develop the concept, scope and impact of our ACP
Measuring Success	Supporting the Integration Agenda	Supporting Strategies & Assurance
<p>Delivery of this Enabling Theme will realise:</p> <ul style="list-style-type: none"> • Significant proportion of care delivered through integrated pathways • A high functioning, cost effective Accountable Care Partnership • Established GP networks and federation capable of delivering services in out of hospital settings. 	<p>The following areas of this Enabling Theme will contribute to the Integration Agenda in Harrow:</p> <ul style="list-style-type: none"> • The CCG will develop an outcome based commissioning model / Accountable Care Organisation (ACO) / Multi Care Provider (MCP) 	<p>The work for this Enabling Theme is underpinned by the following strategies:</p> <ul style="list-style-type: none"> • Harrow BCF • NWL / Harrow Strategy and Transformation Plan

This section provides a high level overview of our Commissioning Intentions for 2017/18 – 18/19 in respect of the Provider Market. This lists on the left what we intend to do and on the right the expected benefits to the population we serve.

General Intentions (Applicable to all Providers)	
<ul style="list-style-type: none"> We expect all providers to make full use of eReferrals and aim to eliminate any referrals issued via other means. No referrals should be made by fax. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Referrals sent immediately and with less chance of being ‘lost’ Improved data sharing between clinicians enabling care to be better coordinated. Improve quality of care provided from different healthcare organisations and more assurance that the CCG is commissioning high quality services.
<ul style="list-style-type: none"> We expect all NHS providers to utilise EMIS compatible systems to access, update and use a full Shared Care Record that is integrated across Health and Social Care to improve patient care. This goes beyond the limited expectations set out for the Summary Care Record (SCR). 	
<ul style="list-style-type: none"> We will implement a schedule of clinical and quality audits guided by anomalous activity, CQC reports, patient feedback or other sources. 	
Integration	
<ul style="list-style-type: none"> The CCG is committed to the concept of an Accountable Care Organisation (ACO) or similar structure as outlined in the NHS Five Year Forward View and will build on the work done in 2016-17 and progress with a Shadow ACO in 2017/18. Through this process we will expect providers involved in the ACO to contribute to the delivery of the three main NHS challenges (Health & Wellbeing, Care & Quality & Finance & Efficiency) and also address how membership of the ACO can flex and change if needed over time. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> A joined up, integrated and coordinated health care system across all health care providers in Harrow including voluntary and third sector providers. Improved coordination of services across health and social care. A coordinated and capable urgent care system that will improve access to information to enable clinicians to make timely and appropriate decisions.
<ul style="list-style-type: none"> In line with the Commissioning Standards for Urgent & Emergency Care (UEC) we will be seeking to redesign our Urgent & Unplanned Care Services and improve the coordination of care between the various elements including the NHS 111, Urgent Care Centre, GP Out of Hours and A&E based services. 	
<ul style="list-style-type: none"> Greater integration across care settings will need to be supported by the evolution of shared care provided across health and social care. Work on this will continue into 17/18 and on-going delivery of our Better Care Fund (BCF) plan. 	
<ul style="list-style-type: none"> The CCG will continue to develop its model of Whole Systems Integrated Care and Virtual Wards. 	

Integration	
<ul style="list-style-type: none"> The CCG is also committed to seeking additional opportunities to jointly commission services with our local authority and to the delivery of shared objectives outlined in our Better Care Fund programme. 	
Primary Care	
<ul style="list-style-type: none"> We will continue to support the development of our GP Network/Federation and will work with them to design, shape and deliver a new Model of Care for Primary Care that sees them playing an essential role in supporting our Out of Hospital Strategy and in supporting patients with Long Term Conditions to self-manage elements of their care. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Improved access to Primary Care particularly for those with complex needs and a reduction in the variation of care received by people with Long Term Conditions. Better coordination between Primary and Secondary (hospital) care and improved sharing of appropriate information to enable clinicians to make appropriate and timely decisions.
<ul style="list-style-type: none"> The new Model of Care will include current commissioned services including the Whole Systems Integrated Care Programme / Virtual wards and a new approach to the Primary Care Contracts (PCCs) and various other contracts we hold with practices. 	
<ul style="list-style-type: none"> We remain committed to supporting Primary Care in areas such as access, continuity of care, prevention and premises and workforce development to enable practices to support the CCG's Out of Hospital and QIPP Agendas. 	
Community Care	
<ul style="list-style-type: none"> We will work with our main Community Provider (CLCH) to develop the newly commissioned community services to support the shift of care out of hospital and to align with the emerging Primary Care Model of Care and to embed and expand the existing work around supporting people with Long Term Conditions. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Services redesigned to meet the future needs of our population and which are integrated fully with other provider organisations. More services delivered closer to home.
<ul style="list-style-type: none"> We will work closely with CLCH on the identification and delivery of efficiencies and productivity improvements within the contract. 	
<ul style="list-style-type: none"> Community services will be aligned with secondary and primary care services to provide a rapid response to people in health crisis. 	

Mental Health	
<ul style="list-style-type: none"> We will continue to work collaboratively with the main provider of Mental Health Services CNWL to develop cost effective high quality services in the Borough, evaluating the impact on the whole Mental Health system of the Business Cases approved in 2015/16. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Improved access to Mental Health Services for people of all ages whether they have a need that is unplanned or planned. Improved outcomes for the investment we make in Mental Health services.
<ul style="list-style-type: none"> We expect to see a positive impact of additional investment in perinatal services in line with the 5 year Implementation Plan. 	
<ul style="list-style-type: none"> We expect Talking Therapy Services to achieve the locally agreed Access and Recovery Targets within the agreed level of resources, Early Intervention in Psychosis Services to meet national targets and agreed outcome measures and the full implementation of the Harrow Dementia Action Plan. 	
<ul style="list-style-type: none"> We will continue to roll out the 5 year CAMHS Transformation Programme and will expect to see a reduction in local waiting times and the number of admissions to Out Of Area (OOA) Tier 4 services. 	
<ul style="list-style-type: none"> We will work in partnership with key stakeholders to develop a fully integrated Children and Young Peoples Mental health Service from wellbeing and prevention to specialist interventions 	
<ul style="list-style-type: none"> We will expect to see evidence of a reduction in psychiatric admissions via A&E and to see a positive impact of additional investment in Learning Disability Services. 	
<ul style="list-style-type: none"> We anticipate the local development of Employment support services embedded in both Talking Therapies and Primary Care plus Services in line with the Trailblazer Employment initiative. 	
<ul style="list-style-type: none"> In conjunction with the Local Authority we expect to see the development of a comprehensive Rehabilitation Pathway. 	
Mental Health	
<ul style="list-style-type: none"> We will work in partnership to expand the Primary Care Plus service to full coverage across the Borough. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Improved access to Mental Health Services for people of all ages whether they have a need that is unplanned or planned. Improved outcomes for the investment we make in Mental Health services.
<ul style="list-style-type: none"> We will expect to see a positive impact on reducing Bed numbers following investment in the Urgent Care Business Case. 	
<ul style="list-style-type: none"> We will work in partnership to develop a Personality Disorder Pathway. 	
<ul style="list-style-type: none"> We will work in partnership to implement the Like Minded 5 Year Vision for services for people with Serious and Long Term Mental Health problems, Common Mental Health problems, Primary Care, Wellbeing and Health Promotion. 	
<ul style="list-style-type: none"> We will work in partnership to ensure we are best placed to achieve the vision for the delivery of 	

services over the coming years to 2020/21 as set out in the Five Year Forward View for Mental Health.	
Hospital Based Acute Care	
<ul style="list-style-type: none"> We will work with our main acute provider (LNWHT) to consistently achieve our Operating Plan priorities around A&E Performance, Referral to Treatment (RTT) Targets and those associated with Cancer and Diagnostics. 	<p>What does this mean for the population we serve?</p> <ul style="list-style-type: none"> Continued delivery of our access and quality targets. Improved access to services delivered both 7 days per week and, where appropriate, “Out of Hospital” and nearer to patients’ homes. Improved access to clinical information across organisations to improve clinical decision making and ultimately improve outcomes for patients.
<ul style="list-style-type: none"> We will seek to move more activity out of hospital where possible and to transform our local pathways so that patients who do not need to be treated in hospital are treated in a more appropriate setting. 	
<ul style="list-style-type: none"> We will work to embed our existing Integrated Services and seek new opportunities to improve outcomes for people living with LTCs, for example extending access to Talking Therapy IAPT services for people with LTCs such as Diabetes, COPD and Cancer as set out in the Cancer Improvement Plan. 	
<ul style="list-style-type: none"> We will focus on the development of single points of access to deliver Out of Hospital aspirations. 	
<ul style="list-style-type: none"> The clinical hub will provide clinical telephone assessment for patients that have in the first instance contacted NHS Direct, the service will replace clinical advice that is currently delivered by NHS Direct and the Out of Hours service. The service will be designed in a way that directs and facilitates the right services for the patient, at the right time, first time, whether this be a single or multi provider requirement. After clinical telephone assessment, patients will be supported and provided with self-care advice or have care arranged for them in the most clinically appropriate and available service. Other parts of the urgent care system will be aligned so that they are functionally integrated and the Clinical Hub will be an intrinsic enabler for this to happen. Initial indications for the model include that it will be operational 24 hours per day, 7 days per week. It would be sensible for the CCG to consider this when re-designing or commissioning services that have a requirement for a single point of access and/or virtual access. Pathways and systems can be developed to accommodate services and integration with providers can be encouraged through the way that we contract this. This could end up being an effective and cost efficient solution to join services up and have a robust vehicle to accommodate 24 hour access. 	
<ul style="list-style-type: none"> We will work to achieve relevant 7 Day Standards in partnership with LNWHT. 	

Carers, Voluntary & Third Sector	
<ul style="list-style-type: none"> We will seek to strengthen the voluntary and third sector involvement in delivery of services and to integrate where them into the ACO where appropriate. 	What does this mean for the population we serve? <ul style="list-style-type: none"> Improved support to carers. Improved coordination of support across health care and the third sector which will lead to improvements in wellbeing as well as health.
<ul style="list-style-type: none"> We will seek to achieve all of our obligations to carers as defined in the Care Act 2014 and to support young carers (those under 18) in collaboration with our Local Authority colleagues. 	
Service for Children and Young People:	
<ul style="list-style-type: none"> We will continue to work with the Local Authority to deliver our obligations as defined in the Children & Family Act 2014 integrating services and co-producing redesign with children young people their families and carers as part of our five year plan. This will involve proactively working with children and young people and ensuring that their voice is clearly heard in the design of services to support them. 	What does this mean for the population we serve? <ul style="list-style-type: none"> Improved integration in the support of Children and Young People across health providers and across health and social care which will ultimately lead to improved outcomes.
Medicines Management	
<ul style="list-style-type: none"> Working with our Providers we will develop and deliver an innovative new provider-led model of medicines management provision that resources both QIPP delivery and capacity in general practice 	What does this mean for the population we serve? <ul style="list-style-type: none"> Through capacity and commissioned service opportunities, we will support GP practices to remain financially viable Better outcomes through medicines optimisation
<ul style="list-style-type: none"> We will further incentivise partnership working, both with our Providers and Industry, to improve health outcomes and system efficiencies 	
<ul style="list-style-type: none"> We will seek out contractual and commissioning opportunities to exploit opportunities to improve medicines optimisation in the care homes and community care sectors 	
Continuing Care	
<ul style="list-style-type: none"> Continuing Healthcare to expand the procurement of Nursing Homes and Home Care providers with the support from the NHS London Purchased Healthcare Team (AQP NHSE Contracts) 	What does this mean for the population we serve? <ul style="list-style-type: none"> Increased choice of continuing care facilities

Section 7: Our Local Quality Priorities

Our Vision for Quality: 'Improving quality creating consistency'

We believe that the people of Harrow are entitled to a high quality and safe experience in any of the healthcare services commissioned by Harrow CCG. We will continue to listen to our patients and carers and work with all our service providers to achieve continuous improvement and reduce variation in the quality of their services.

Our quality duty is a statutory obligation and we consider we are well placed to assure people about the quality of the health services they commission. This is because we are:

- A clinically led commissioning organisation
- Have in-depth knowledge about local health services and communities
- Receive and analyse feedback from local people using local healthcare services
- Are dedicated to placing quality at the heart of commissioning activities
- Work in close partnership with other commissioners

We will ensure learning from our quality and safety assurance processes is triangulated from a variety of sources to inform what high quality, safe and effective care looks like across the Borough of Harrow.

From our engagement sessions we have learnt that the following are key priorities for our patients and carers:

Key priority for our patients and carers	What We Will Do
Provide Seamless Services Across Providers	We will continue to foster partnership working across organisations both through our on-going Clinical Quality Review Group structure and through the development of our Accountable Care Partnership. The development of the Sustainability & Transformation Plan for North West London has also given us the opportunity to work with partners to understand how we can improve services. Lastly, we will continue to progress the existing integrated care services we have already introduced and those we are planning including for people at End of Life and those for people with various Long Term Conditions.
Improve partnership working across health and social care services	We will continue to share ideas and discuss opportunities with our social care partners and have various forums for this to occur within. We are exploring additional opportunities for joint working and joint commissioning with a focus on Children and Young People as well as services provided for older people.
Rapidly reduce the variation in care received across and within providers	This is a major reason for the work we have done to date to integrate services for people with Long Term Conditions (which include Diabetes, Respiratory Diseases and Cardiology). We will extend this work and will also be working with Primary Care Colleagues to develop a new Model of Care for Primary Care and a joint Prevention Strategy that will focus on both primary prevention (preventing disease and ill-health) and improving outcomes for people with Long Term Conditions once diagnosed.
Be open and transparent and be honest when things do not go as planned	We continue to undertake audits and to manage complaints we receive robustly. We monitor provider quality through our Clinical Quality Groups and constantly review whether we are seeking sufficient and appropriate assurance of the quality they are receiving, something we obtain through direct and indirect patient feedback as well as a range of quality indicators.
Ensure care is delivered with compassion and that it is personalised to the needs of each person	We will monitor and review the trends and themes from our provider patient experience teams which includes; complaints, friends and family test results and patient surveys. Any concerns in relation to these will be explored via the Clinical Quality Review Group.
Ensure providers continue to have a safe and skilled workforce that feel valued in their work	We will continue to monitor the providers' safer staffing reports and their staff surveys via the Clinical Quality Review Groups and seek assurances and actions when there are concerns raised in relation to the workforce.

Our Quality Principles

The CCG Quality and Safety team apply the following principles to all of the work done within the CCG:

We will:

- Ensure these principles are embedded within our everyday quality and safety assurance systems and processes.
- Use a systematic approach to monitoring and improving quality with the patient at the centre and in the line of sight.
- Address any organisational barriers which hinder quality of care.
- Foster an open and transparent culture across the local health system.
- Maintain a systematic approach to proactive and early identification of service quality failures.
- Ensure there are robust links between commissioning priorities, the strategy and transformation plans and quality.
- Prioritise our quality assurance and improvement efforts developing an integrated approach with social care to reflect the Better Care Fund changes.
- Drive effective engagement with key stakeholders across BHH to achieve the delivery of robust measurable outcomes that reflect “*what matters most to patients*”.
- Build work streams to define robust integrated quality & safety indicators that will deliver agreed Place Based outcomes.
- Ensure evidence based guidance & learning from assurance processes across Health and Social Care underpin & inform the design of outcomes to support place based care.
- Ensure “I statements” from patient’s, families and carers engagement events are reflected in indicators and outcomes when redesigning services and measures.
- Ensure that governance and assurance mechanisms are appropriate to support “Place based” commissioning between the local authority and the CCG including: integrated pathways, integrated contractual monitoring (CQRG), integrated assurance visits, shared quality improvement plans.
- Embed the application of Quality Impact Assessment methodologies across Local Authority and CCG QIPP (Quality, Innovation, Productivity and Prevention) & financial plans including commissioned providers.

Everything we do is focused on delivering high quality care for the population we serve and these Commissioning Intentions have been written to align with our vision, priorities and principles.

Homelessness

Homelessness should not be a barrier to accessing and receiving high quality healthcare. We expect all providers to work proactively with commissioners and other partners to help identify and support homeless patients so that they receive holistic care that meets their needs. This includes engaging positively with the work of the London Homeless Health Programme.

Promoting Self Care in Harrow

Empowering individuals with the confidence and support to self-care wherever possible and visiting their family doctor only as required can give people better control of their own health and wellbeing. Many long term conditions may not be curable but can be better managed by patients through self-care, preventing ill health in the long-term.

A Self-Care Steering Group has been established with the aim of developing and sharing self-care and prevention activities across Harrow and aligning these with the local evidence gained via the recently launched Patient Activation Measure (PAM), an evidence-based tool which will measure an individual's skills, confidence and knowledge to manage their own health. These initiatives will ensure a Harrow wide approach to self-care to enhance the ability of all health, social care and third sector practitioners to promote and provide self-care.

The Self Care Steering Group is developing a work programme and will identify initiatives working with health, social care and third sector partners to further support work on promoting effective self-care across the communities in Harrow.

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Safeguarding

The CCG commissions providers to provide high quality care, which will include a strong focus on the principles of safeguarding and the actions required to keep the people of Harrow safe.

Harrow CCG has comprehensive and robust roles, systems and processes in place to protect and safeguard vulnerable children, young people and adults. There is a Safeguarding Strategy and Safeguarding Policies available via the CCG website for further information. The CCG has a robust governance structure for safeguarding with a direct route from the Designated Professionals to the Quality Safety and Clinical Risk Committee.

We will continue to:

- Ensure the statutory posts of Designated Professionals are supported in their role to provide leadership and expertise in safeguarding.
- Be active members of the Harrow Safeguarding Children Board and Harrow Safeguarding Adults Board.
- Work in close affiliation with the Continuing Healthcare team who manage and support some of the most vulnerable Children and Adults in the community.
- Ensure the findings of Serious Case Reviews/Adult Reviews/CQC Inspections/SI and LSCB Multi-Agency Audits are embedded in commissioned services to ensure better outcomes for the Harrow population.

Our Safeguarding Priorities	What We Will Do
Listening to children & young people and adults at risk	<ul style="list-style-type: none"> • Work with Children’s Services to review the needs of children and young people in Harrow including those with additional needs such as Children Looked After, CYP with mental health and complex needs and those involved with the Youth Offending Services. • Make Safeguarding Personal (MSP), ensuring that the adult at risk is involved in the process throughout (nothing about me, without me). • Ensure that decisions are made in a person’s best interest, ensuring their safety and wellbeing.
Safeguarding Education and Training (Children & Adults)	<ul style="list-style-type: none"> • Continue to monitor and challenge the Providers of contracted services to comply with safeguarding responsibilities to achieve better outcomes for children, young people and vulnerable adults. Safeguarding Children and Adults training should also include Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Domestic Violence and Abuse, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) and an introduction to the PREVENT agenda concerning radicalisation as per national legislation and guidelines. • Increase the number of staff trained and training levels to be monitored through contractual arrangements to assure compliance.
Safeguarding Medicals	<ul style="list-style-type: none"> • Work with the commissioner and providers community and acute to secure safeguarding arrangements which include timely assessments.
PREVENT	<ul style="list-style-type: none"> • Continue to ensure training is rolled out to staff in accordance to their level of responsibility. • Continue to support the work of the Channel and provide support to vulnerable CYP and adults at risk of radicalisation.

Our Safeguarding Priorities	What We Will Do
Domestic Violence and abuse	<ul style="list-style-type: none"> • Monitor compliance with NICE Guidance 2016 to ensure that staff are trained and that victims and families at risk are identified, assessed and referred for appropriate care. • Review provider activity.
Work with the sector to provide an evidence and needs base for CSE	<ul style="list-style-type: none"> • Develop a comprehensive and easily accessible service provision for children at risk of, or suffering as a result of, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA) or Female Genital Mutilation (FGM).
Information Sharing	<ul style="list-style-type: none"> • Continue to highlight responsibilities and importance of information sharing and support the CCG and providers to share information appropriately. Adhere to the Multi Agency Safeguarding Information Sharing guidance.
Young Offenders, Children Looked After and Children with Disabilities and Additional Needs	<ul style="list-style-type: none"> • Work with Children’s Services to ensure their health needs are identified and met, working with the providers to ensure they understand their responsibilities.
Reduce the incidence of Pressure Ulcers	<ul style="list-style-type: none"> • Work with providers to reduce harm to patients and achieve an incremental reduction in pressure ulcers along with further work to prevent pressure ulcers.
Ensure adults at risk are protected from avoidable harm	<ul style="list-style-type: none"> • Prioritise and promote awareness of vulnerability to ensure a positive experience of care in a safe environment. • Prioritise “Best Interest” of Adults at Risk.

Section 8: List of Abbreviations Used

Term	Meaning	Term	Meaning	Term	Meaning
A&E	Accident & Emergency	AEC	Ambulatory Emergency Care	ACP	Accountable Care Partnership or Alternative Care Pathway
ACO	Accountable Care Organisation	AF	Atrial Fibrillation	AIDS	Acquired Immune Deficiency Syndrome
BCF	Better Care Fund	BHH	Brent, Harrow, Harrow CCGs		
COTE	Care of the Elderly	CCG	Clinical Commissioning Group	CSE	Child Sexual Exploitation
CQC	Care Quality Commission	CQG	Clinical Quality Group	CYP	Children & Young People
CHD	Chronic Heart Disease	CHF	Chronic Heart Failure	CNWL	Central & North West London NHS Foundation Trust
CKD	Chronic Kidney Disease	CMC	Coordinate My Care	CHC	Continuing Health Care
CIE	Care Information Exchange	CIP	Cost Improvement Programme	CVD	Cardio-Vascular Disease
CATS	Community Assessment & Treatment Service	CAATS	Clinical Advice & Triage Service		
DES	Directed Enhanced Service	DTOC	Delayed Transfer of Care	DH/DoH	Department of Health
DNA/s	Did Not Attend/s				
ENT	Ear, Nose & Throat	EoL	End of Life	EGAU	Emergency Gynae Assessment Unit
ED	Emergency Department				

FT	Foundation Trust				
Term	Meaning	Term	Meaning	Term	Meaning
GP	General Practitioner	GPwSI	GP with a Special Interest	GB	Governing Body
HCCG	Harrow CCG	HAI	Healthcare Acquired Infection	HF	Heart Failure
HRG	Healthcare Resource Group	HENWL	Higher Education North West London	HWB/HWBB	Health & Wellbeing Board
IT	Information Technology	IV	Intravenous	IPP	Independent Pharmacist Prescriber
ICP	Integrated Care Programme	IAPT	Improving Access to Psychological Therapies	IM&T	Information Management & Technology
ICO	Integrated Care Organisation	IUC	Integrated Urgent Care		
JSNA	Joint Strategic Needs Assessment				
LA	Local Authority	LIS/LES	Local Incentive Scheme Locally Enhanced Service	LoS	Length of Stay
LAS	London Ambulance Service	LAC	Looked After Children	LTC	Long Term Condition
LD	Learning Disability	LBH	London Borough of Harrow	LNWH	London North West Hospitals NHS Foundation Trust
MCP	Multi Care Provider	MMT	Medicines Management Team	MSK	Musculo-Skeletal
MH	Mental Health				
NWL	North West London	NEL	Non-Elective	NES	Nationally Enhanced Service
NHSE	NHS England	NEPTS	Non-Emergency Patient Transport Service		

Term	Meaning	Term	Meaning	Term	Meaning
OBC	Outline Business Case	OOA	Out of Area	OOH	Out of Hours or Out of Hospital
PHB	Personal Health Budgets	PPC	Primary Procedure Code	PYLL	Potential Years Life Lost
PHE	Public Health England	Pt/Pts	Patient/s	PTS	Patient Transport Service
PPE	Public & Patient Engagement	PCC	Primary Care Contract		
QIPP	Quality, Innovation, Productivity & Prevention				
RTT	Referral To Treatment	RA	Rheumatoid Arthritis	RBH	Royal Brompton & Harefield Hospitals NHS Foundation Trust
SRG	System Resilience Group	STI	Sexually Transmitted Infection	SaHF	Shaping a Healthier Future
SSoC	Shifting Settings of Care	SCR	Shared Care Record or Summary Care Record	STARR	Short-Term Assessment, Rehabilitation & Reablement Service
STP	Sustainability & Transformation Plan				
UCC	Urgent Care Centre	UEC	Urgent & Emergency Care		
WSIC	Whole System Integrated Care	WTE	Whole Time Equivalent		
ZLOS	Zero Length of Stay				