South West London Alliance
Partnership of Clinical Commissioning Groups
PAPER 03

Clinical Commissioning Group Collaborative Decision-Making Committee	
Date	Tuesday, 9 October 2018

Document Title	SWL Commissioning Intentions for 2019-20		
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Agenda Item No.	5	**Attachment No.**	3

Purpose (Tick as Required)	Approve	Discuss ✓	Note

Executive Summary

This is the final version of 2019-20 Commissioning Intentions for SWL CCGs. Notice was served by the 30th September to our providers, so that they understand where we wish to develop services to meet the needs of our populations.

Background:
Each year commissioners in the NHS are required to set out their priorities for the coming year and how they will improve the health of the communities they serve. This SWL CCGs document outlines our priorities for 2019-20 based on feedback received following discussions with local representatives of patients and the public, our member practices and other key stakeholders. Those discussions continue after these documents are sent and published as a process of continual improvement and to inform contractual negotiations.

Purpose:
These Commissioning Intentions are part of the CCG commissioning cycle that describes what our patients require and that our localities need to deliver high quality health services. They are a contractual requirement with our providers (acute, community, GP, voluntary sector) where we give six months' notice of our intentions.

The document comprises of:

- Sections 2-11 which detail the SWL commissioning intentions across the joint priority areas
- Section 12 which details the local commissioning intentions and priorities by CCG.

As an overriding principle behind our commissioning intentions, the CCGs will work with partners, to co-design and implement a financially and clinically sustainable health and care system. Borough based local health and care plans (LHCPs) will be published by March 2019. The LHCPs will identify the health and care needs across the SWL system and detail the transformation.

Priorities for this work in 2019-20 will be:

- Delivering the transformation priorities identified in the Local Health and Care plans
- Implementation of new models of care across care settings
- To take a system wide approach to our collective financial challenges
- Local implementation of SWL-wide initiatives and service changes.

Key Issues:
1. The overarching aims and ambitions for large programmes of work that we are doing collaboratively across SWL and the links into local programmes
2. The specific local programmes of work that will impact on contracting intentions and the upcoming contractual agreements for 2019-20.

Conflicts of Interest:
N/A

Mitigations:
N/A

Recommendation:
The Committee is asked to:
- Formerly ratify the Commissioning Intentions Document.

Corporate Objectives This document will impact on the following CCG Objectives:	1. Enable local people, patients, carers and stakeholders to have greater influence on the services we commission and keep the patient voice at the centre of what we do 2. Improve the quality, safety and effectiveness of healthcare services and ensure that national performance targets are met and that people experience high quality care 3. Work in partnership with local health and care providers, commissioners and the voluntary sector to improve and transform services that achieve better health outcomes, are accessible and reduce inequalities 4. Ensure the continued development of the SWL CCGs as clinically-led and well governed organisations with strong leadership, effective membership and staff engagement 5. Achieve a financially sustainable health economy balancing the need for effective use of resources and better value for money with the need for innovation

Risks	Without clear Commissioning Intentions, the CCGs and partners will not have clarity of focus and understanding of expectations for 19/20.
Mitigations	N/A

Financial/Resource/ QIPP Implications	At this stage, further work will be undertaken to quantify QIPP implications as part of CCGs developing robust QIPP plans for 19/20

Has an Equality Impact Assessment (EIA) been completed?	Individual programmes of work will require EIA when programme initiation documentation is undertaken for each project.
Are there any known implications for equalities? If so, what are the mitigations?	All individual programmes of work will consider implications for equalities on a project by project basis.

Patient and Public Engagement and Communication	Individual programmes have patient engagement built into their work streams any large scale service design would have separate patient and public consultation undertaken.
Supporting Documents	Commissioning Intentions

South West London Commissioning Priorities

Annual Commissioning Plan

2019/20

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South West London Commissioning Priorities 2019/20

1. Introduction

The South West London Health and Care Partnership is comprised of the organisations providing health and care in the six South West London boroughs. Commissioners and Providers have come together and are working collaboratively in four local partnerships (Local Transformation Boards – LTBs): Croydon, Sutton, Kingston and Richmond, and Merton and Wandsworth, acting as one team to keep people healthy and well. Our joint priorities for improving healthcare in South West London shapes all that we do, however, we deliver at a local borough level so that residents can access the type of health and care they need in the right place at the right time.

We continuously speak to local people about what they want from their local health and care services. Over the last year we reached over 5000 people that we would not normally hear from, to understand more about their needs so that we can put in place plans to deliver those services. These Commissioning Intentions are the first step towards that for 2019-20 so that all our partners understand what we need to deliver, to ensure that we have high quality, sustainable health and care services in South West London (SWL).

SWL CCGs and local Providers face an increasing financial challenge and with growing pressures as we move into 2019/20. We are waiting for full details on the impact of the financial announcements made over the summer into future CCG allocations and spending plans. These will be incorporated into planning intentions as soon as they become available. Initial plans will therefore be focused on investment in key priority areas while looking to make significant savings and efficiencies where resources could be employed more effectively.

SWL CCGs are increasingly working together where there is economic and strategic sense to make more effective and efficient commissioning decisions and drive further efficiencies and savings. This will be supported by looking at different ways of working within local boroughs across the Provider landscape, to move towards a more integrated way of working that drives both quality and efficiency improvements. This will require new ways of NHS organisations interacting within local health economies but will enable more effective processes and reduction in duplication, resulting in more effective use of resources.

The following sections detail our areas of collaborative working where leading programmes jointly across SWL brings transformational change at pace. These are followed by our local programmes of work, being driven at a borough level where local priorities and differences can be reflected and progressed.

2. Urgent and Emergency Care (UEC)

The SWL UEC Delivery Plan details the priorities for delivery across SWL in line with the national and London regional expectations for improving urgent and emergency care, ensuring A&E performance is on track and consistently meets target across SWL. Delivering timely access through the winter, as well as other periods, remains a top priority. The SWL UEC Transformation and Delivery Board (SWL UEC TDB) has prioritised several areas to work on across SWL including exploring the role of Primary Care in times of pressure, and how we can better look after Mental Health patients presenting to A&E. We are endeavouring to have a system wide capacity and demand planning framework to ensure greater flexibility in times of pressure.

A&E Delivery Boards have worked collectively through the SWL UEC TDB to agree the collective delivery plan across 7 UEC pillars:

- **NHS 111 Online** – the service was launched in June 18. Work with NHSE/Digital to support the development of performance metrics and communications and monitor impact on UEC services.

- **NHS 111 Calls** – continue to work with the Provider to improve performance against the national standards and decide whether to re-procure the service in line with the contract end date of October 19. Achieve direct booking from 111 to remaining GP extended hubs in and out of hours (Richmond and Merton) and UTCs.

- **GP access –** Continue to achieve 100% population coverage for evening and weekend appointments and GP practices meeting the seven national standards by March 2019.

- **Urgent Treatment Centres** – All urgent care facilities to meet the London specification by December 2019. Complete the decision-making process and planning for the 2 remaining sites and work with NHS Digital and Providers to meet the outstanding digital requirements in those sites already designated.

- **Ambulance –** Work to reduce the demand on ambulance services, reviewing and streamlining appropriate care pathways across SWL as alternatives to hospital, ensuring information is available to ambulance services digitally and continue to support other demand management activities such as reducing frequent callers.

- **Hospitals** – Deliver and sustain the 95% A&E 4 hour standard. Seek to agree realistic targets and improve ambulance handover times at ED. Providers are expected to embed and sustain initiatives around SAFER, Frailty services 70 hours a week by March 19. Providers should also have 12 hour-7 day a week Ambulatory Emergency Care by Sept 2019 and to have real-time demand management systems in place to support flow.

- **Hospital to Home –** A&E Delivery Boards and Local Transformation Boards will be expected to make considerable improvements to reducing the number of CHC assessments in hospital (<15% by March 19) and embedding of the 8 High Impact Changes by March 2019.

In addition, following Winter Wash-Ups, a number of priority areas were agreed for SWL to focus on together which were ranked by the SWL UEC Transformation and Delivery Board. The highest ranking included Management of Mental Health patients in A&E, recognising that A&E is not the best place for patients in crisis where there is no physical health need and the additional pressure this puts on A&E staff and services. We are engaging with the Mental Health Trusts to look at how we can improve the pathways and integrate plans, particularly around demand and escalation. Another key area is Primary Care Demand and Capacity and how we can make better use of existing resources such as GP extended hubs which are often underutilised, and how we can build in system triggers so that A&E services are aware when Primary Care is under pressure and vice versa, and take action where possible to support the system e.g. open additional slots in Primary Care. This work is being undertaken with the SWL Primary Care Team and other key stakeholders.

3. Primary Care

SWL general practice is often the first point of contact our patients have with the health service, and is essential to delivering excellent healthcare. Primary care services ensure we treat people in the best place first and they only go to hospital when they need acute care. The SWL primary care programme has agreed the following areas of focus:

1. Transforming general practice through working at scale

We have developed a SWL framework for "primary care at scale", setting out how practices could work together in new ways, which has been tested and developed with local GPs and stakeholders. Each CCG primary care team has developed a plan for how this framework will be implemented locally, using the transformation funding available to focus on three broad areas of development:

- **Population based comprehensive care:** development of locality multi-disciplinary team working, ensuring the primary care networks are working at scale to meet the needs of their population. This is a key mechanism for delivering integrated community care
- **Organisational capabilities:** exploring opportunities for delivering back office functions at scale across a primary care network. This could involve IT, HR and a range of other admin functions, helping to free up time in practices by delivering these functions more efficiently
- **Workforce and wellbeing:** understanding the current workforce skill mix, and vacancies, across a primary care network and exploring how the workforce could be deployed differently. Empowering the workforce and supporting them to think about opportunities for working differently, as well as exploring opportunities for at-scale schemes to improve workforce wellbeing

In 2019/20, CCGs will continue to work with general practice Providers to implement primary care at scale plans that meet the needs of their local population and practices.

2. Ensuring the general practice workforce is sustainable by focusing on recruitment and retention of GPs and practice nurses, and increasing the use of clinical pharmacists and other new roles

In 2019/20 we will also work to **extend our primary care workforce**. Seeking to increase the number of GPs and practice nurses working within General Practice, and looking at the use of new roles:

- SWL submitted a successful application to be part of the London scheme for international GP recruitment, and are working towards recruiting 44 additional GPs over the next year, who will come into practices from Summer 2019
- National funding is available for SWL to develop schemes to support GP retention. We have worked with CCGs and Federations to scope out initiatives which would support GP retention, focussing on those approaching retirement, and on encouraging GP trainees to stay in SWL after they have trained here. This work will start in 2018/19 and continue into 2019/20
- We are also increasing the number of physicians' associates, clinical pharmacists, medical assistants and care navigators that we have within general practice. In the future, South West London residents will have a greater number and range of people who can provide care, referral and advice working in a primary care team
- We are implementing the GP Nurse 10 point plan. This is a national action plan which aims to increase the nursing workforce within general practice in response to the rising demand by attracting new recruits, supporting existing general practice nurses, and encouraging return to practice. General Practice Nurse Leads across SWL have come together to look at how the GP Nurse 10 point plan can be delivered across SWL

3. Improving access to GP practices and services, through better use of technology and social prescribing

In 2019/20, SWL will continue to develop extended access services and ensure they are integrated into the wider health and care system. This includes implementing new technology to ensure that A&E departments and NHS111 can directly book patient's appointments in primary care and in the extended access hubs, if this is the most appropriate place for them to be seen.

Use of technology to access services

In 2018/19, SWL is procuring a pilot solution to implement "online consultations". This technology will offer patients the opportunity to input details of their complaint and, after a series of questions and answers, be presented with the suggested outcome of the check, and signpost them to the most suitable service to meet their needs. The technology will enable patients to be able to book a consultation with their own GP practice and, additionally, one of the local Extended Access hubs or any appropriate primary care service, if that is the outcome of their online triage.

In addition, we will pilot "video consultations" in a number of extended access hubs in SWL. This offers patients a new way to access primary care services and we will evaluate the impact of this on the wider system.

In 19/20, we will use the evaluation of these pilots to inform a future commissioning and procurement.

Use of social prescribing

We are introducing **social prescribing** across SWL, which supports primary care by offering GPs referral and support options for people with predominantly social needs. For example, we are currently piloting a number of link-worker roles in some GP practices in South West London, for example for cancer survivors in Kingston. Link-workers talk to patients and agree a 'social prescription'. This is a plan that meets their social, emotional or practical needs, often using non-clinical services provided by the voluntary and community sector.

4. Cancer

SWL has a vision to achieve world-class cancer outcomes for our local population. Working in conjunction with RM Partners, together we will achieve the key outcomes outlined in national programmes and also to be highlighted in our five year SWL cancer strategy.

From 2019/20, SWL will continue to focus on the following six key areas:

1. Prevention

SWL will focus on the prevention of cancer, including tobacco control, child obesity, improving population awareness, alcohol review and increasing bowel screening uptake to be at least 75% in all CCGs.

2. Early Diagnosis

We will focus on diagnosing patients sooner to improve treatment outcomes. This includes diagnostic capacity, GPs having direct access to key investigative tests for suspected cancer, ACE programme, HPV screening, FIT testing for symptomatic colorectal cases and the 28 day Faster Diagnosis Standard.

In addition, SWL will ensure the delivery of key access standards, and commence the implementation of long term ambitions and pathways. In particular, this will include:

- 80% of GPs signed up to Cervical Screening
- 62% of Cancers Diagnosed at Stage 1&2 by 2020/21
- 50% of slots offered via eRS by Q4 2018/19
- 75% of men biopsied on the RAPID pathway by 2020
- Ensure delivery of the 62 day and other NHS Constitution cancer standards. Share learning from 62 day breaches
- Improving targeted screening/ early diagnosis interventions, reduce variation in primary care
- Work across acute Providers to deliver sustainable waiting times to access diagnostics and treatment through delivery of new pathways, (including "straight to test"), reviewing PRL processes and improving MDT arrangements
- Complete implementation across all Providers of the prostate and lung best practice pathway. Continue to review the head and neck pathway to optimise care
- Improving cancer screening in marginalised groups
- Introduction of virtual clinics and nurse led procedures

3. Living With and Beyond Cancer

SWL will improve patient experience and care beyond their diagnosis and initial treatment and improving quality of life for those living with cancer. This will include the following:

- **Recovery Package –** Improve the quality of life for people living with and beyond cancer, defining cancer as a long term condition and ensuring it is managed as such across health and social care. This will be achieved through ensuring all elements of the Recovery Package are commissioned, including Health Needs Assessments (HNAs), completion of treatment summaries and completion of holistic cancer care reviews in the community.
- **Stratified follow-up –** Ensure stratified follow-up pathways are in place to appropriately see patients, with a focus on breast and prostate. This will be achieved through the implementing primary care-led follow-up for stable prostate cancer patients.
- **Safety netting-** To explore the viability of the call/ recall systems at scale across SW London, as a cost effective way of reducing variability and risk.
- **After Care-** Rehabilitation/ after care pathway improvements to reduce inequity and variation – mental health, rehabilitation-erectile dysfunction, continence, lymphoedema, lifestyle intervention and exercise.
- **Mental health-** Development of a service that is adapted from the Cancer Psychological model, that includes pathways in from primary care and community services would address substantial unmet need and address the current issue of variation.
- **Improving data quality of Practice Cancer Registers -** A key part of this work would be, to ensure the reliability of the local data going forward with recommendations for best practice with the introduction of SNOMED coding.

4. Patient Experience

SWL will continue improve the patient's experience through their cancer journey. This includes online access to results, patient's digital needs and access to a CNS or Keyworker.

5. **High Quality Modern Services**

SWL will work with partners to improve the current cancer provisions across the NHS in SWL. This includes NHSE Radiotherapy service review, Cancer Drug Fund and Workforce and recruitment.

6. **Commissioning, Provision and Accountability**

SWL will continue to hold cancer services to account and ensure accurate recording of information. This includes the cancer Dashboard and CQC inspections of cancer services. We will also support the correct commissioning of activity particularly in relation to diagnostic services with our CCGs to ensure that there is capacity in the system to deliver our outcomes.

5. Mental Health

We will work with the South London Mental Health and Community Partnership during 2019-2020 on the following identified priorities:

- Complex Care Packages
- Acute Care Pathway

We will look to re-invest money released from the review of complex care packages into community mental health services, to reduce the reliance on inpatient mental health beds and improve the crisis pathway.

The SWL Mental Health Network is driving forward delivery of the Mental Health Forward View in SWL. The group has identified some priority areas of focus for 2019/20 which are set out below:

5.1. Community, acute and crisis care

- Increase access to high quality mental health services that are integrated with physical health care. This will include continued roll out of IAPT-long term condition models and increase in access rate to 22% of the prevalent population
- Ensure community mental health services have sufficient capacity to meet demand, taking forward local findings from the Demand and Capacity report completed in 18/19
- Implementing services to support people with serious mental illness to access physical healthcare services to reduce the mortality gap
- Continue work to achieve zero inappropriate out of area placements in 18/19, ensuring people are receiving high quality care, closer to home
- Continue work on crisis services to provide alternative to A&E
- Ensure all acute hospitals have psychiatric liaison services compliant with Core 24 criteria
- Work as part of London system on improving the section 136 pathway, ensuring Health Based Places of Safety are compliant with new standards

5.2. Perinatal Mental Health

- Continue roll out of the specialist community perinatal mental health team, to meet Royal College of Psychiatry guidelines and ensuring that care and services are joined up effectively
- Evaluate the specialist service to show the impact it is having on outcomes for women, and for the wider health and care system
- Embed a high-quality system-wide training programme with other parts of the system to ensure lower level perinatal mental health needs are treated effectively in universal services

5.3. Children and Young People's Mental Health

- Continue to deliver priorities in the Child and Adolescent Mental Health Services (CAMHS) Collaborative Plan
- Champion children and young people's mental health as a shared health promotion and prevention objective, with an initial focus on self-harm (see Children and Young People's section for more information)

5.4. Individual Placements

- SWL CCGs are committed to working as a system to look at individual placements
- To ensure patients are in the most appropriate placement to meet their needs and enable them to live as independently as possible
- To ensure packages of care are focused on outcomes and discharge goals
- Drive better value for money through working at scale, to enable investment to develop appropriate placements
- Improve outcomes, length of stay, and appropriate placements

6. Planned Care

SWL expects to transform the approach to Planned Care and Long Term Conditions through a phased transformation programme which aims to:

- Embed and promote health and wellbeing and empowers patients to take control of their health through self-care, self-management and shared decision making
- Shifting care out of hospital, integrating and bringing it closer to patients through the speciality working groups
- Workforce development across the system through education and up skilling
- Development of primary care to manage demand, variation and capacity whilst improving patient care

The areas of focus will be MSK, ENT and Ophthalmology and, utilising the work undertaken by our SWL Clinical Senate, we will collaborate to look at planned care on an SWL-wide basis. Specific programmes agreed to date include:

- Rollout of the national first contact practitioner competency framework for MSK in all settings of care including primary care and single points of access; piloting physio FCPs in practices in Wandsworth, Richmond and Kingston; implementation of consistent

pathway documentation for major presenting MSK conditions; considering the case for consolidation of SPA services in the medium term

- Implementation of a single ENT intermediate care service, for which a proposal in response to specification is currently under development by the SWL acute Providers for implementation commencing Q4 18/19
- Delivery of consistent out of hospital enhanced optometry pathways and referral refinement schemes covering glaucoma, cataracts and minor eye conditions; participation in the national ophthalmology high impact interventions
- Delivery of expanded provision of diabetes structured patient education, work to reduce practice variation in the management of diabetes within treatment standards and piloting a new approach to self-care (dependent on test bed bid outcome)

SWL are collaborating with other London STPs/ HCPs as part of the Choosing Wisely London work, to ensure that unwarranted variation in care is reduced. As part of this collaboration joint clinical thresholds will be updated to align with other HCPs. This will ensure that SWL patients will be assessed against the same criteria regardless of where they receive their care (within London).

7. Maternity

The SWL Maternity Network evolved into the SWL Local Maternity System (LMS) from April 2017, in line with expectations from NHS England for LMSs to be established across each STP footprint. The SWL LMS is implementing the submitted delivery plan in line with the Better Births national maternity review recommendations.

Below are the agreed key priorities and deliverables included in the recently submitted delivery plan:

Personalisation and Choice:

- The Maternity Choice and Personalisation Pioneer was funded for another year until the end of March 2019. This funding will allow for a local evaluation to take place. The evaluation will end in November and the expectation is that recommendations will drive the future direction of choice and personalisation in maternity care locally
- Further roll out of *My Maternity Journey in South West London* has continued in 2018/19. SWL is currently working in collaboration with SQW, an independent organisation commissioned by NHS England to evaluate the delivery of Maternity Pioneers. Surveys of women and midwives will be administered in August and September 2018. A summary report will be written by SQW at the end of September 2018. This will be shared with local stakeholders. A final evaluation report will be written at the end of March 2019
- Funding was received from NHS England to employ a Midwife to work with Trusts to the roll out of Choice Conversations training and support in further roll out of *My Maternity Journey in South West London*
- A SWL Choice Conversation training package has been developed and is being rolled out. Trusts have identified 'Choice Champions' to roll out of Choice Conversations They will also ensure that all midwives have received training
- SWL has worked closely with London Clinical Networks to redevelop the maternity page on My Health London website. This was launched on 6 August 2018. Publicity materials have been developed and distributed to GP practices and antenatal clinics across SWL. A postnatal postcode mapping tool has been developed in collaboration with London

Trusts and London Clinical Networks. This is to ensure that women are discharged to the right Trust for care after they have given birth in a hospital of their choice
- A scoping paper for Single Point of Access is to be developed and discussed at the November 2018 LMS meeting

Continuity of Carer

- Workshops have been held locally to discuss and understand current position and plans for continuity of carer across SWL
- All Trusts are developing plans for continuity of carer and trajectory to meet 2018/19 ambition of 20% of women being booked on a Continuity pathway
- SWL has the aspiration to achieve ambition of 50% of women being booked on a continuity pathway by 2021. It has been agreed that there will be a system wide piece of work that will need to be completed that will be focused on: workforce development, financial planning for cost benefits, exploration of available estate space and data/ IT access, which will inform year on year trajectories
- We will commit to the system wide review of the annual national maternity survey to assist in the continual development and improvement of maternity services positively impacting on women's experience
- The LMS has agreed that maternity transformation funding made available from NHS England be used to support the delivery of continuity of carer
- Trusts will receive funding to project manage locally identified initiatives. This will ensure continuity of carer throughout the pathway (initially with a focus on antenatal and postnatal care), contributing to better clinical outcomes and improved patient experience
- Continuity of Carer will have a strong emphasis on promoting midwifery led care and normality of birth for low risk pregnancies
- SWL LMS are committed to the collaborative development of local estates and workforce planning to identify risk, issues and opportunities to support the successful implementation of the Continuity of Carer model SWL

Improving safety of maternity services

- SWL LMS will collectively strive to make a significant reduction in the rates of stillbirths, neonatal and maternal deaths and the number of brain injuries occurring during or soon after birth, in line with the national "halve it" ambition by 2025 and a 50% reduction by 2025
- There are a number of policy drivers that will contribute to achieving this outcome which includes ATAIN (Avoiding Term Admissions in Neonatal units), the CNST (Clinical Negligence Scheme for Trusts) and the Saving Babies Lives Care Bundle, which includes a target to reduce the number of women who smoke during pregnancy and at the time of delivery. We want all Providers to continue to improve on their rapid referral processes between professionals and across partner organisations to ensure women and babies have access to specialist care when they need it as close to home as possible
- Providers will be supported to collect data on the quality and outcomes of their service routinely across the system – we will develop a SWL maternity dashboard allowing the LMS to measure local performance against others aligning with the priorities of the Better Births review
- All Trusts will successfully collect and submit data to the National Maternity Services Data Set (MSDS) as specified in the V2.0 release within the set deadlines to allow for the continual improvement of maternity service delivery
- SWL maternity Providers will improve learning from incidences by embedding the use of the Perinatal Mortality Tool across the system, continue to deliver maternity and neonatal safety events and also strengthen the working relationships and multi-disciplinary working across Local Authorities – including Public Health commissioned services (Health Visiting,

School Nursing and Family Nurse Partnership), primary and secondary care services and third sector organisations
- The provision of SWL maternity and neonatal care will continue to meet the clinical quality standards for all women and their babies, including maintaining safe midwifery and obstetric staffing levels
- Continue to improve multidisciplinary working across primary, secondary, acute and social care including Family Nurse Partnership to increase awareness, access and provision of immunisations for pregnant women (Pertussis - whopping cough and Influenza) and new born babies (BCG)

Improving access to and quality of postnatal care and perinatal mental health services

- SWL is working across Providers to bring consistency to the quality of postnatal care. NHS England is due to publish a guidance for LMSs on improving postnatal care services. This will support the assessment of SWL's postnatal service delivery and identifying key areas for improvement
- We are committed to the transformation of our maternity services and that it will be supported by our volunteer patient representative groups, Maternity Voices Partnerships, feeding back on women's experience of maternity services in SWL

8. Learning Disabilities

The SWL Transforming Care Programme (TCP) will continue to progress our published plan realising the aims of Transforming Care. The Programme is focused on:

- Working with patients and their families to reduce the number of people living in a learning disability or mental health institution by transferring patients into a community setting
- Ensuring that staff are trained in positive behavioral support (PBS) so that staff caring for people with learning disabilities and/or autism, with behavior's that challenge, can assess, prevent and respond to incidents of challenging behaviour
- Improving SWL crisis management support to provide patients with a place to stay during crisis, where they can be supported by expert staff, in a safe environment, with the aim to support the patient to move back into the community
- Working with Health Education England to develop a workforce plan so that we have the right staff, with the right skills, to meet the needs of people with learning disabilities now and in the future
- Using the information gained from our housing/accommodation needs analysis, to develop a housing plan to support current and future accommodation needs of people with learning disabilities and/or autism, with behaviour that challenges

The TCP has also taken on responsibility for helping to coordinate the Learning Disability Mortality Review across SWL, ensuring local areas undertake reviews in a timely manner and that lessons learnt are acted on and shared effectively.

9. Children and young people

SWL have made a commitment to champion the emotional wellbeing of children and young people (CYP). As part of this ambition we have embarked on a program of work over the next three years where CYP in SWL will not attend hospitals or end up in high cost placements as a

response to mental health crisis. Our ambition will be to co-produce with CYP, parents and professionals a tireless emotional wellbeing service.

- **Early intervention services** to build emotional resilience delivered using a whole school approach. We will work with schools and our Providers to develop this whole school approach
- **Targeted interventions** for those children who are at risk and are vulnerable such those children with mild to moderate mental health conditions, looked after children, BME, those at the edge of care and those who are in contact with the criminal justice system. We will continue to commission services for these groups and where appropriate strengthen the pathways with other parts of the health, social care and education system
- **Specialist services** for those children who have moderate to severe emotional wellbeing conditions and those at the greatest risk of harm. Our ambition is to improve waiting times not only for assessment but access to evidence based treatment and support. Over the next year we are looking to work with our Providers to redesign the pathways focusing on improving the range of services available for children with eating disorders using existing resources, reviewing the crisis pathway and making sure that those children at the great need have access to assessment and risk minimization plans supported by wrap around community care to prevent hospital admission and high cost placements
- **Inpatient settings** - we will work with NHSE and the South London Partnership in the development of their new models of care to ensure that the money saved from expensive inpatient settings can be invested into community specialist services. We will work with colleagues in social care and education and our CAMHS Providers to ensure that where appropriate we put in place community options instead of resorting to expensive out of borough placements for those children with complex mental health conditions and SEND

In order to achieve this there are a number of enablers:

- The first will be the development of a **directory of services** that paints a picture of health and social care support for children young people. This directory of service will offer 24/7 information, advice and self-care strategies
- **Providing support for parents-** we know that parental mental health, trauma, domestic violence can contribute to CYP developing mental health conditions. We will work with local authority colleagues to develop peer parenting programmes that are evidence based. We will also use IAPT interventions where our CAMHS teams will be expected to provide group support for parents with anxiety and depression and generic support about how to support CYP with exam stress. This will require a step change in the delivery of some of our targeted and specialist pathways. Where parents are identified to have parental mental health we will work with adult mental health services to develop cohesive pathways
- **Improving Access-** There is a lot of variation in the single point of access, the current model in some boroughs is described as a vetting and screening service that aims to use thresholds to exclude children who do not require specialist services. Our aim will

be to reframe the function of the single point of access so that it focuses on the broader emotional wellbeing of children. We would like to increase the capacity and capability of the single point of access so that it is able to offer non-medical as well as evidence based medical interventions and support for children and young people.

- We would also like to work with our Providers to understand the capacity and demand of our existing service and identify opportunities to redesign pathways and reduce wait so that we can improve access not only to assessment but also treatment services across SWL. We will begin to report in shadow form on the 4 week referral to treatment target which will be mandated following the trailblazer pilots
- **Developing the workforce-** we will continue to work with the Trust and HEE to harness the development of the workforce. We will continue to support the expansion of Children and Wellbeing Practitioners in all of our boroughs. We will work with local authority and education colleagues to train a range of staff so that they are equipped to provide basic emotional wellbeing support to CYP. We will deliver this using making every contact count methodology. Where appropriate we will introduce the school links programmes to ensure that there is better working relationships between our specialist mental health services and schools and GPs. We will support our Providers to recruit a range of professionals to increase the capacity and capability of the workforce who are able to support Children and young people with their emotional health
- **Improving Quality through Evaluation-** We will harmonise the use of paired measurements across the system so that all of our Providers in SWL collect the same paired outcome measures. For our resilience programme we will use evidence based school surveys to measure our pre and post intervention strategies. We strongly believe that evaluation is critical in improving the quality of care for CYP. We will work with all of our Providers to collect data that informs evaluation. During 2019/20 we will commission an academic centre whose role will be to support evaluation across the system

10. Continuing Healthcare and Personal Health Budgets

Continuing Healthcare (CHC)
Building on the joint working for 2018/19, we will focus on the following:

- Developing and aligning CHC policies and processes across SWL
- Implement a SWL improvement plan to support gaps identified in the NHS England Continuing Healthcare Maturity Framework
- Implement CHC high cost placement project with a focus on implementing contract efficiencies to get better value and better outcomes for patients and their carers

Personal Health Budgets (PHBs)
SWL will be building on the offer of PHBs to individuals that are eligible for children and adult NHS CHC. The 2019/20 PHB programme will focus on aligning policies and processes across SWL CCGs. We will also seek to expand the PHB offer to service user groups such as wheelchair users, people with learning disability and mental health.

End of Life Care (EoLC)
Following consultation with stakeholders, a work programme has been developed and agreed by SWL HCP to ensure that we deliver the following outcomes in SWL:

- A reduction in LAS activity for EoLC patients

- A reduction in number of admissions for patients on an ACP in the last three months of life
- SWL CCGs will also achieve the IAF requirements for 2018/19 of increase in people dying in preferred place of death and decrease in admissions in last three months of life

The work programme includes four key areas:

- Clinical Service Improvement and sharing of practice and links to QIPP
- Enhancing the use of CMC and supporting digitalisation in the Care Homes
- Raising the profile of death, dying and planning for the End of Life amongst professionals and the public and developing compassionate communities
- Training, education and development in EoLC (as a sub-stream of the wider HCP TD work stream)

The programme will deliver this through:

- Increased identification of individuals on an end of life pathway (in the last 12 months of life) – extending work in the management of MDTs, providing increased support in care homes, working with CHC teams and hospices
- Increased awareness in the population of the importance of end of life care planning; increase in people registering with MyCMC, increased numbers supporting community asset/volunteering
- Increased number of patients with an Advanced Care Plan shared on CMC
- More effective use of 111, statutory and voluntary services to prevent unnecessary admission

11. Integrated Care Partnerships

Locally in SWL, CCGs have been developing new models of care to suit the emerging health and care systems that they are developing. We have examples of Multi Community Providers (MCP) and emerging integrated care systems such as Sutton Health and Care. At a broader SWL HCP level we are building on the work of these new care models and setting out ambitions to integrate care and transform services. In the coming months we are running a number of events that will bring NHS, LA and Voluntary sector together with other stakeholders to collaborate in addressing the challenges we face and to look at what an Integrated Care Partnership would mean for us in SWL.

We are proposing to bring our system together to define the collaboration model that is right for SWL and to collectively steer each of the individual organisations through the development of an integrated care system. As leaders in SWL (CEO level) we want to:

- Build trusting relationships
- Define our common purpose and a set of shared strategic goals for the partnership
- Work through new ways of collaboratively working across our organisational boundaries and how we will deal with any conflict that may arise
- Developing a collective narrative on what we are trying to do together
- Build an understanding of each other's perspectives and requirements
- Define what systems leadership is and what this means
- Have time to think and innovate together

12. NHS Rightcare and Choosing Wisely

The STP will be taking forward work in the following areas in 2019-20 as NHS Rightcare priorities:

- Musculo-skeletal, specifically work on the back pain pathway, ensuring adherence to NICE and other best practice guidance, including the London Choosing Wisely back pain management policy
- CVD prevention, focusing on identification and effective management of patients with hypertension, atrial fibrillation and familial hypercholesterolaemia
- Improved management of people with respiratory disease including asthma (in adults and children) COPD and pneumonia

In each of these areas we expect reductions in either or both of elective and non-elective admissions and day cases, through investment in community primary care and prevention activities. As we develop our business cases we will discuss in more detail the likely impact of this work on our levels of contracted activity.

13. Local Priorities

13.1. Croydon

Croydon context

<table>
<tr><td>Strategic context</td><td>Our overall strategic aim is to keep people well, and ensure people are supported in the home and in the community rather than hospital wherever appropriate, through the following key strategic strands.

▪ Whole system, whole population approach by working in an alliance partnership to support people in the borough who are over 65. Over the next five years we will build on this approach extending the scope of the Alliance to the whole population.

▪ The greatest impact on health comes from the wider determinants of health, from housing to education, income to employment. As a partnership, we need to tackle these wider determinants of health challenges together. This is supported by the Council looking to take a more proactive approach – working with residents and communities to stop issues becoming problems; working with partners to make sure services are meeting the needs of residents in a joined up way.

▪ A locality approach to keep people well and out of hospital. There are many health inequalities across our borough and we will focus our efforts to do what we can to address them. We will make sure local people have access to services that are closer to home, accessible and responsive to their individual needs

▪ Connecting people with their neighbours and communities will help local people stay fit and healthy for longer. Social prescribing is a way to support people to use all of the resources within their community. We will work with the strong voluntary sector in our borough to connect local people to be part of broader support networks so that local people can take back control of their own well-being.</td></tr>
<tr><td>Financial context</td><td>For 2019/20, the CCG intends to be in compliance with NHS Business Rules of a 1% recurrent surplus; as a step towards this goal we will deliver a £1.2m surplus in 2018/19 after delivering £27.6m (5%) QIPP savings. As at M4 of 2018/19, whilst the CCG is forecasting delivery there is risk to the delivery of the QIPP programme.

The planned surplus in 2019/20 is £5.2m underpinned by a £15m QIPP programme. Any slippage to the planned delivery of recurrent savings in 2018/19 will impact on the exit run rate into 2019/20 and put additional pressure on the QIPP challenge.

We intend to agree a joint control total with Croydon Health Services NHS Trust.</td></tr>
<tr><td>Procurement or Re-Procurement</td><td>Recently published NHS plans enable organisations to work together through STPs to develop system wide plans that reconcile and explain how Providers and commissioners will collaborate to improve services and manage their collective budgets.

Croydon has a 10 year alliance agreement across both health and social care which is intended to support the system wide working and the establishment of an integrated care system (ICS).
The CCG will consider its procurement plan in the future that supports and accelerates the NHS policy shift and aligns where possible with council plans for interrelated services.

The CCG and Council are developing a joint Market Position Statement (MPS) aimed at both existing and potential Providers of adult care and all aged disabilities services. The MPS will contain some market opportunities for partners, which will aim to help identify what the future demand for care and support might look like. Underpinning our Commissioning Intentions is the belief that all Providers have a responsibility to ensure that resources are maximised to harness resilience at an individual and community level as well as encourage mutual support to deliver against a local commissioning priority to help people be as independent as possible.</td></tr>
<tr><td>Enablers</td><td>As One Croydon develops the Croydon Transformation Plan we are developing our plans for IT, Estates and the Workforce. Together we will build on the current plans and refresh them to ensure we have a strong infrastructure to deliver our plans.

<u>Workforce</u>
A health and care system wide workforce team will be established to
▪ Support the development of multi skilled professionals to work in new models of care
▪ develop a recruitment and retention strategy, working with the Communications and engagement teams to support a campaign to attract staff to Croydon</td></tr>
</table>

Information Technology

IT infrastructure improvements to provide a high capacity digital platform for new applications and new ways of working across the primary care , acute and social care health economy to improve transparency and interoperability; e.g.,

- Roll out of the health and social care network (SCN) across the GP estate in Croydon
- Roll out of new higher capacity devices to improve workforce productivity

Delivering new applications that will provide enhanced patient care and support productivity and workforce development; e.g.,

- Provision of improved access to patient information wherever it is captured

Estates

Continued focus on investment in new primary care and out of hospital in new capacity and new facilities to meet the needs of an expanding Croydon population; e.g.,

- Live projects in East Croydon, New Addington and Coulsdon
- Pipeline of projects in other Croydon networks

Croydon summary

**** Potential opportunities for improved joint commissioning**

Through an ambitious programme of

Through working together with the diverse

Through using our resources wisely

We will transform healthcare to help people

Croydon LDU will deliver….

Croydon LDU will deliver….	Impact
Urgent & Emergency care (UEC) ▪ Integrated UTC through the implementation of the CUCA governance model, which will enable, flexibility to meet surges in demand, and a single point of access for patients ▪ Provision of acute frailty service to ED of 70 hours a week ▪ Extended AEC to 12hrs / 7 days per week by September 2019 (business case is due by end of December 2018) ▪ Supporting pathway redesign to facilitate delivery of outcomes aligned with the CUCA (Croydon Urgent Care Alliance) contract and the ambition to extend the contract with CUCA/CHS (e.g., GP Hub bookable appointments; improve streaming and redirection) ▪ Establish new AEDB governance structure (A&E Delivery Board) with five new groups (i.e., Emergency Care Board, Demand Management, System & Flow, Mental Health in ED, and Out of Hospital) to support operational delivery alongside a shift to undertaking more transformation activities to improve performance through pathway redesign at CUH ▪ Deliver and sustain the 95% A&E 4 hour standard ▪ Data analysis to understand the health inequalities across communities and to consequently develop a robust strategic plan to address them ▪ Street Homelessness – effective prevention to reduce Emergency admissions** ▪ Substance misuse – reduce and prevent SM patients in ED** ▪ DTOCS – improving discharge, releasing both acute and mental health beds** ▪ Prevention and early help** ▪ Care for vulnerable people**	Shift from reactive to proactive care; shift of activity from acute (appropriate urgent care attendances) to community, primary care (e.g., more booked GP hub appointments) and self-care. Reduced demand on ambulances.
Primary care ▪ Delivery of primary care initiatives to support reductions in acute activity, and improvements in quality and patient experience ▪ Efficiency through joint working of all key stakeholder Provider organisations	Redistribution of workload across general practice and primary care; improved rates of job satisfaction; improved rates of staff retention and staff attrition

					▪ Review Enhanced access delivery (by recommissioning a streamlined service – a single Provider) to improve patient access and experience ▪ A full review of all 14 Locally Commissioned Services (LCS), and Practice Development and Delivery Scheme (PDDS) is taking place with changes being developed: o Locally Commissioned Services aligned to 8 clinical strategic priorities of Planned Care (Cardiology, Respiratory, Ophthalmology, T&O, Gynaecology, Dermatology, Diabetes, and Gastro) o Revised Practice Development and Delivery Scheme will streamline care planning ▪ Development of **Working at Scale** plans across General Practice: o Development of network plans 0 to 2 years – working at scale plans to deliver a population health / patient need, which will include a review and revision of the current set of CCG network groupings with the aim of basing them on population / patient need o Integrated Model of Care to include, for example mental health, secondary care, pharmacists, etc. o Workforce development to deploy skilled and specialist nurses where they are needed most to maximise high quality patient care o Infrastructure: ensuring the necessary infrastructure is in place including the role of the Croydon GP Collaborative. o MDT development to co-ordinate the planning and streamlining of the treatment of patients ▪ Reducing health inequalities through the implementation of working at scale and other primary care initiatives ▪ Focus on localities** ▪ Enhanced primary care services** ▪ Population health work** ▪ Pharmaceutical needs** ▪ Reducing health inequalities** ▪ Health checks, LD checks**	
					Mental health and Learning disability ▪ Implementing the 5 year forward view through new models of care for Mental Health, starting with a transformation review of community services which will require flexing resources between existing community teams and voluntary sector: o Connecting communities – information, social prescribing directory of services to galvanise communities; recruitment of Personal Independent Co-ordinators to support the aims** o Enhanced Primary care – Improved telephone advice, primary care mental health support workers (recruited by the end of March 2019); tackle stigma of mental health care; recruitment and retention** o Community mental health hubs created and strategically located to provide a wide range of services provided at hubs, linked to Integrated Care networks, as part of the prevention and avoidance agenda** ▪ Reducing Delayed Transfers of Care, and Long Stays through the Multi Agency Discharge event (MADE project) and ongoing review ▪ Improved Crisis care pathway to be designed by the CCG in partnership with the Local Authority, CUH and SLAM, to reduce MH patients in ED** ▪ Achievement of the national access rate target for IAPT (Talking Therapies) ▪ Compliance with the CCGs public equality duties through the rigor of the Joint Impact Assessment process for all services ▪ CAMHS transformation plan refresh and development ▪ Improve access to Mental Health treatment for CYP achieved through setting an activity target in each contract and a requirement for improved monthly data collection and verification process ▪ Joint contracts between the Council and CCG for open access counselling from April 2019	Reduced number of Mental Health related attends in A&E; Reduced OBDs for MH patients; reduced ALOS for MH patients Increased Learning Disabilities demand (through lowering of age group of patient cohort)

					▪ Development of local care crisis service / building for people with complex needs, so that people stay in the community, including services for challenging behaviour ▪ Market development to stimulate new Providers in Croydon regarding accommodation and support for people with complex needs / Learning Disabilities / Autism, in partnership with Croydon Council and SW London transforming care. ▪ Proposal of an additional post in the Community Learning Disability Team for primary care liaison to support delivery on Annual Health checks and Health Action plans (to support GPs with LD work) ▪ Integrated housing - work with housing to develop housing support options e.g. The Shared Lives Scheme, develop Crisis Planning** ▪ Related substance misuse services** ▪ Joint commissioning of the voluntary sector**	
					Planned care ▪ Manage and support delivery of Planned Care/LTC CCG constitution requirements and operating plan targets; e.g., RTT, Cancer ▪ Explore and prioritise Rightcare/IAF opportunities that support improvements in quality outcomes and efficiencies. ▪ Support demand management initiatives across Primary and secondary care. ▪ Develop new models of care across a range of planned care and long term conditions, namely; Cardiology, Respiratory, Ophthalmology and T&O. This will including reviewing benchmarking data, demand management and quality outcomes information to inform priorities and future models of care. ▪ New models of care will inform future commissioning and contracting arrangements across a range of services ▪ Implement new models of care/pathways agreed in 2018-19 for ENT, Gastro, Gynaecology, MSK, Dermatology, Anticoagulation and Diabetes and weight management. ▪ We will work with partners to explore Repatriation opportunities across a range of specialities thereby providing more care in Croydon** ▪ Develop self-care and self-management initiatives across planned care/LTC for Croydon people**	Reduction in hospital based Outpatient first and follow-up attendances and procedures. Repatriation of outpatient activity to primary care and community care. Reduction in elective and non-elective activity.
					Children and young people ▪ CHS Integrated Paediatric Centre (IPC) model including short stay provision to reduce emergency admissions. ▪ Other interventions to reduce emergency admissions ▪ Transform the community services model ▪ Review and update community service specifications ▪ Quality improvements in pathways for long term conditions ▪ Sexual health and substance misuse (Council commissioned; however these need to form part of a joint strategy)** ▪ Commission Joint contracts between the Council and CCG for open access counselling from April 2019** ▪ Early help strategy** ▪ Children's hub** ▪ Children's workforce (e.g., health visitors, school nurses)** ▪ Cherry Orchard disabilities hub** ▪ Safeguarding** ▪ Emotional health, including self-harm** ▪ Healthy eating and obesity**	Reduced activity A&E attendances and emergency admissions
					Out of Hospital ▪ Joint commissioning strategy for care home beds between the Local Authority and the CCG to provide more preventative services** ▪ Expand and roll out social prescribing, Voluntary groups and community based groups as part of Local Voluntary Partnerships programme**	Shift from reactive to proactive care, which will deliver a shift of activity from acute to community, primary care and self-care.

					▪ Workforce development and education programme for care home staff to increase the skill level in the market** ▪ Reconfigured & coordinated specialist support – the Complex Care Support Team ▪ Continued implementation of the Integrated Community Networks (ICNs) and the LIFE (Living Independently for Everyone) team ▪ Reducing inequalities: by transforming services to move activity into the community and away from the acute, we will improve access and allow services to be more responsive to the needs of their local community ▪ Expand Otago exercise programme offer, transform Integrated Falls Service to include community bone health nurses for community falls clinics, expand Age UK home advice and modification service ▪ Wheelchairs service to be part of integrated equipment service model provided by the Local Authority (in-house by CES)** ▪ Awareness campaigns for both falls risks and end of life care community engagement ▪ Workforce development and education programme for care home staff to increase the skill level in the market ▪ Reconfigured & coordinated specialist support – the Complex Care Support Team ▪ Continued implementation of the Integrated Community Networks (ICNs) and the LIFE (Living Independently for Everyone) team ▪ Rollout of the Red bag scheme ▪ Dementia work** ▪ Joint commissioning of the voluntary sector** ▪ Council commissioning of respite care**	Reduce non-elective admissions, reduce A&E attendances, reduce acute average length of stay; reduce pressures on General Practice.
					Medicines Optimisation *The following should be read in conjunction with the SWL Medicines Management Commissioning Intentions* Increased integrated pharmacy services/pathway across Croydon, which will require a review of all sectors' contribution to Medicines Optimisation, and commissioning changes to current schemes as follows: ▪ Review of the Minor Ailments Scheme**;** formal notice will be served by end of September 2018. A new national Digital Minor Illness Referral Service is due to be launched in 2019/20, Croydon will be part of the London-wide pilot starting in Q3/4 2018/19 that will inform the service model. ▪ The Do Not Dispense scheme is being replaced in 18/19; the Bath and North East Somerset (BaNES) waste reduction scheme will be piloted in 18/19 and if successful this will be rolled outed in 2019/20. ▪ Domiciliary Medicines Review Service will be retained as there is a significant number of community pharmacists that have adopted and continue to provide the service; however, we are researching a viable alternative service as an addition to the DMR for those pharmacies who have not been able to participate in the existing DMR service. ▪ Current Care Homes transformation work will review service provision to support Medicines Optimisation in care homes; the business case will be completed by March 2019** ▪ SW London changes to the model of pharmacist support to the individual funding request process have been proposed. Croydon's Medicines Optimisation team is supporting a six month pilot of the new model in 2018/19. ▪ Proposed single SWL Individual Funding Request panel will reduce variations in decision making across the SW London CCGs ▪ Polypharmacy: safe and efficient use of medicines for older people**	Redistribution of medicines related activity across GP, primary care, pharmacy and hospital services. Positive impact will be the development of community pharmacists, following the pharmacy review. Fewer GP attends for minor ailments; fewer unplanned hospital and UCC attendances.

13.2. Sutton

Sutton context

Strategic context	Sutton LDU is seeking to develop with local partners an integrated care system through the Local Transformation Board. The key activities underpinning this work are: 1) Developing and agreeing the vision of integration, the mission and outcomes to be achieved. 2) Determining the governance for system accountability to the Sutton Health and Wellbeing Board 3) Agreeing LTB ownership of the London Borough of Sutton Outcome Based Commissioning Reviews and the NHS recovery programmes (Sutton CCG and ESH) 4) Agreeing the delivery vehicle of the Sutton Health and Care plan is through the Sutton Health and Care models and Provider Alliance. 5) Making more visible the integral role of the voluntary sector in delivering the Sutton Health and Care Plan and the proactive model of care Development of an out of hospital strategy with our partners is a key enabler to support our strategic context.
Financial context	The national picture is reflected in the situation in Sutton and across South West London with expected growth in population and demand for new treatments and therapies projected to significantly outstrip any growth in funding. The underlying deficit on a ' do nothing ' basis for the LTB is around £40m to £45m based on 2018/19 plans and forecast (excluding the LA gap which is being determined). The CCG is in formal financial recovery. This represents a significant challenge and in order to deliver the change required to meet this sustainability gap, Providers of services will need to deliver significant service redesign on top of the already challenging financial position they face. Furthermore, key system partners such as Local Authorities continue to face significant financial and sustainability challenges, as do many of their suppliers for example the care market. Therefore, it is vital that partners in the public sector work together to achieve the change we need to make for our residents.
Procurement or Re-Procurement	Notice to discontinue CCG funding of vision screening services for children, transferring commissioning responsibility to Public Health, the responsible Commissioner. Notice to redirect additional resources put into the acute palliative care team during 2018/19 to community based palliative care in line with the EoLC strategy for 2019/20 Notice to withdraw funding for the 8a nurse commissioned to support the DMO to take the health lead role in respect of the SEND assessment and reporting process. Funding is being withdrawn as the trust has not been able to make an appointment. Therefore, the CCG will withdraw the fund to enable appointment of a Designated Clinical Officer (DCO) to act as support to the DMO function, the DCO will be based within the CCG.

Sutton summary

						Impact
Through involvement of patients and carers	Through working in partnership with stakeholders	Through effective integration with social care and the voluntary sector	Through making best use of our people, buildings and digital	Sutton LDU will deliver….	**Urgent & Emergency care (UEC)** Our commissioning will focus on extending further the Sutton Health and Care integrated care transformation programme through the development and implementation of the proactive model of care enabled through structured multi-disciplinary working. The model aims to reach people who are at risk of hospital admission and provides case management to enable patients to remain at home. This scheme compliments the Sutton Health and care reactive model and seeks to minimise reliance on reactive services. The A&E Delivery Board continues to drive implementation of four work programmes which together drive delivery of the 10 high impact changes of urgent and emergency care: 1) Extend ambulatory care pathways and ways of working to reduce reliance on hospital admissions using home first as the main principle working with Sutton Health and care at home services 2) Finalise the review of discharge processes removing non value added steps from the process with the aim of reducing length of stay by 0.5 days per patient and achieving a 27% reduction in the proportion of >21 day LoS ('super-stranded') patients. 3) Driving forward capacity and demand management across the system including understanding available capacity in primary and community based services to support acute delivery during periods of surge and winter. It is expected that the trust's capacity and demand management tool will provide a good understanding of what is required in relation to beds and staffing to enable delivery during the winter similarly Commissioners are seeking to support the Trust and wider system to realise the benefit of reducing length of stay by 0.5 days for all patients in particular the impact on the trust's bed stock and ability to release cash. 4) Implementation of a real time tracking system to improve understanding of flow and enable solution focused prompt action to be taken to address issues impacting on performance. Commissioners will seek to make more visible implementation of the 10 High Impact Changes to secure sustainable improvement in performance.	1) Reduce the percentage of unplanned admissions 2) Reduce length of stay from 2018/19 baselines 3) Achieve the 4 hour access target 4) Improve patient experience of urgent and emergency care services 5) Achieve reduction in stranded patients 6) Achieve reduction in delayed transfers of care 7) Achieve UEC QIPP target

					Commissioners are seeking the Trust's full engagement in the development of the integrated urgent care services (previously 111) it is expected that this will be supported through active engagement and implementation of the 7 pillars of urgent and emergency care.	
					Primary care Achieving a resilient and sustainable primary care workforce and service is a priority for the CCG and therefore we will seek to continue implementation of the General Practice 5 year forward view through extending programmes aimed at achieving primary care at scale. During 2018/19 a business case will be developed which will provide priority programmes to mainstream at scale and will seek out new opportunities. During 2019/20 primary care will be supported to consider contracting forms that best support at scale working. Year 2 of structured multi-disciplinary working as part of the Sutton Health and Care Proactive model will be embedded into practice with the clear aim of reducing reliance on reactive services. Primary care will forge greater links with the community and voluntary sector to support patients to remain independent (within their capacity) and live well at home. Reducing variation in primary care will continue to be a focus covering three main themes: 1) Improving the quality of primary care across the borough to secure the best outcomes for patients. This includes driving forward practice visits focusing on what the evidence tells us about quality of services, this process aims to understand variances between practices and take opportunities to share good practice. Working in partnership with the borough's public health team disease areas where Sutton is an outlier compared to statistical neighbours will be identified as areas for focus. 2) Reducing variation on spend with particular focus on demand management, primary care will seek to understand the drivers for increasing referrals in targeted practices and will support practices to utilise advice and guidance, available primary care pathways and protocols to support referrals such as the Map of Medicines. Implement peer reviews of referrals. 3) Enhance primary care capacity to take an active role in supporting out of hospital services with particular focus on the proactive model of care	1)Deliver primary care at scale 2)Deliver proactive co-ordinated care in the community 3) Reduce variation in care, treatment and outcomes 4) Contribute to the delivery of UEC and planned care QIPP

					Mental health and Learning disability Mental Health: 1) Review the effectiveness of core 24 services ensuring the service is accessible and delivering the benefits expected. Implement proactive case management approach with high intensity users experiencing mental illness making best use of community mental health teams as key members of multi-disciplinary teams in primary care. 2) Implement the revised process for assessing health input to section 117 patients to ensure transparent and fair assessment of health needs. 3) Improve transition of young people to adult services as a key contractual requirement 4) Implement SWL Alliance priorities for mental health taking into account the CCG's financial positions and the need to ensure delivery of the mental health investment standard. Learning Disabilities: 1) Continue to progress the rolling programme of Community Treatment Reviews (CTR), ensuring patients are cared for by enhanced community services wherever possible and are admitted to hospital type settings of care on an exceptional basis. The CTR process maintains a focus on getting patients back into the community, with family and support networks, as soon as possible after any hospital admission. 2) Ensure robust systems are in place to support the implementation of personal health budgets to ensure service users are supported to commission safe personalised services	1) Improve achievement of the access standard for people experiencing acute mental illness 2) Reduce reliance on reactive mental health services through MDT working and case management 3) Improve access to enhanced community services to reduce risk of readmission
					Planned care Sutton CCG's Planned Care programme is part of a wider SWL HCP programme that is looking at how we can deliver transformational change for our patients, to deliver the right care, in the right place, at the right time. Our focus is to ensure we have high quality services available for our patients, close to home and in the most appropriate setting. We aim to do this through the redesign of pathways to deliver services in the community if they: • Are acceptable to patients • Promote choice and improve access • Are of equal or improved quality compared to existing hospital provision • Are cost effective and provide value for money	1) Contribute to the delivery of planned care QIPP 2) Reduce waiting times 3) Provide services in convenient locations for patients

We are aiming to transform outpatient services by looking at opportunities to avoid unnecessary hospital appointments for patients, we hope to expand the range of services which deliver community and specialist planned care

- Providing services in convenient locations, close to where people live
- Keeping waiting times low so that patients do not have to wait long in pain or discomfort
- Improved referral management to ensure appropriate planned care is delivered in accordance with best practice

The CCG's priorities for planned care for 2019/20 build on the current planned care programme and include:

- Optimisation of referrals – ensuring full compliance with the existing clinical guidelines and pathways (e.g. MSK, Gynaecology, Diabetes, COPD and Asthma); and continuation of Advice and Guidance to improve communication between primary and secondary care clinicians
- Reducing unnecessary outpatient appointments - introducing straight to test pathways where clinically appropriate and more telephone and virtual clinics to communicate patient results and reduce the number of face-to-face follow ups
- Continue implementation of the Effective Commissioning Initiative (ECI), with version v3.0 of the ECI Policy expected to be implemented from January 2019 (subject to SWL CCG Committees in Common sign-off) with continued use of prior approval; v3.0 will reaffirm that the SWL CCGs do not routinely commission any complementary therapies, including acupuncture; a small number of new procedures are expected to be included potentially including photodynamic therapy
- Better management of patient flows – to understand the gaps in local provision resulting in patients having to go out-of-area for planned care services which could be provided locally, including for diagnostic investigations as well as treatment
- Ongoing implementation of 'Out of Hospital' projects to deliver services in the community where possible, building on the success of the Community MSK service e.g. an intermediate ENT service, a minor eye conditions service and using teledermoscopy to diagnose minor dermatology conditions in the community
- Reviewing planned care activity by setting (e.g. day case surgery and outpatient procedures) together with Epsom and St. Helier to ensure that activity is being undertaken in the optimal setting and that any local tariffs are set at an appropriate rate

					• The CCG potentially working with other SWL CCGs will review the pathway for stable angina including the use of invasive angiography • The CCG will aim to commission services to deliver low waiting times, for referral to treatment, for cancer standards and for diagnostics, in line with NHS planning guidance requirements.	
					Children and young people There are five priority areas for focus during 2019/20 1) Sutton CCG is seeking to improve services for children with mental health problems through achieving early adopter status of the Green Paper – Transforming Children and Young People Mental Health Provision. We will work with SWL Alliance to apply to achieve early adopter status to build on the work we have commenced with Sutton schools and to expedite achievement in the reduction of waiting times to CAMHs services. 2) Mainstream / amend the neuro development pathway in line with recommendations received from the piloting of services during 2018/19 3) Implement findings of the review of the DMO function in line with the written statement of action for children with SEND 4) Transition children's community services to Sutton Health and Care Provider Alliance with the aim of participating in a wider review of children's services to reduce fragmentation of services and improve effectiveness and value. 5) Implement robust panel processes for funding applications to support care packages including the quality of information received from Providers feeding into the decision-making process. Providers are required to support the review of packages.	1) Reduce incidence of self harm 2) Reduce waiting times to CAMHs 3) Meet statutory requirements of health as detailed in the Children's and Families Act. 4) Improve management and review of care packages
					Integrated care In addition to Sutton's Health and Care Programmes the CCG is seeking to work with partners to deliver: 1) Improved end of life care (EOLC) supporting patients to pass away in their preferred place of death. This will require partnership working with palliative care teams, local hospice, local authority, voluntary sector partners, primary and community services, care homes and the ambulance service. Commissioners are seeking to redirect hospital based palliative care services to care in the community. It is expected that provision of an EOLC service in the community will support reduction in emergency	1) Deliver Improvement in patients dying in their preferred place 2) Reduce unplanned admissions for people at the end of life 3) Achieve QIPP target for EoLC and CHC

					admissions and support effective implementation of co-ordinate my care – care plans. 2) Redevelopment of continuing health care commissioning and services to improve management processes including working with partners to ensure availability of effective brokerages services. 3) Extend further Sutton Health and Care to support integration across community services with the aim of shifting focus from acute to community based care supported through the development of an outcomes based out of hospital strategy.	

13.3. Kingston

Kingston CCG

Strategic context	As an overriding principle behind our Commissioning Intentions, Kingston CCG will work with partners, to co-design and implement a financially and clinically sustainable health and care system. Our borough based local health and care plan (LHCP) will be published by March 2019. The LHCP will identify the health and care needs across the local system and detail the transformation Our priorities for this work in 2018-19 will be: • Delivering the transformation priorities identified in the Local Health and Care plans • Implementation of new models of care across care settings • To take a system wide approach to our collective financial challenges • Local implementation of SWL wide initiatives and service changes

Kingston CCG

						Impact
Through involvement of patients and	**Through working in partnership with**	**Through effective integration with**	**Through making best use of our**	**Kingston & Richmond LDU will**	**Urgent & Emergency care (UEC)** This work will focus on the management of people who require urgent or emergency treatment to prevent admissions to hospital where possible, when an admission cannot be prevented to facilitate discharge and reduce their length of stay we will: **1. Maximise the number of people utilising Ambulatory Emergency Care (AEC) Pathways by** • Commissioning an AEC model of care at Kingston Hospital and across the out of Hospital pathways in Kingston. We will Agree a timescale and implementation plan to increase the type and amount of ambulatory activity seen in 19/20 • Reviewing the pathways that can be delivered in a different setting e.g. o Commission a community DVT service o Expand the community IV antibiotic services across Kingston	Reduction in emergency admissions specifically the short stay admissions and for those conditions that can be delivered as ambulatory care and in different care settings

					Work with partners to take forward the work programme agreed through the A&E Delivery Board that focuses on Home first, Discharge to Assess and the Frailty model subject to the pilot evaluations e.g. o Commission an integrated therapy service o Commission a crisis team at the 'front door' • Because of the changes effected by the ambulatory and frailty models we will review and commission the emergency pathway through UTC, CDU, AAU, PAU and inpatient beds. • Review the attendances and admissions for children and young people into A&E and agree a work programme to deliver alternative settings of care.	Timely and supported discharge from hospital Reduction in Excess bed days Reduction/streamlining of activity across the urgent care pathway
					Primary care Kingston CCG has a clear set of plans supporting delivery of primary care at scale and this work continues through 2019-20. These plans include • Organising community pharmacy into locality areas that match the Kingston health and social care localities creating opportunities for workforce transformation across the local primary and community systems. • Continue extended primary care access in 2019-20. The CCG is looking to commission an integrated UTC/extended access/OOH/111 service model (borough based) in 2019 as part of the SWL IUC procurement. This will simplify access to general practice in and out of hours, reduce duplication of service offers and therefore cost and provide resilience to the local primary care systems. We will also o bring the locally commissioned services into the local contract known as Kingston Medical Services (KMS). o implement the findings of the KMS review task and finish group. o Implement a new quality and reporting framework.	Reduction in A&E/UTC attendances

					Mental health Our focus will be to prevent mental health illness and promote emotional wellbeing across the populations. We will work with partners to improve the mental health and wellbeing of people living with or vulnerable to mental health problems through the delivery of timely and accessible high quality care and treatment this will be aligned with the locality model across each borough. Specifically, we will • Commission IAPT services to meet the NHSE improved access rate and expand the pathways to deliver tailored IAPT services for Long Term Physical Health conditions • Work with secondary and primary care to ensure that people diagnosed with a Serious Mental Illness receive annual physical health checks and any associated follow up • Review the Crisis support pathways across the borough and implement a model of integrated Mental health for Kingston which will provide o A Common Assessment Framework across secondary and primary care o Clearer access to services: such as single point of referral. o Support timely step up and step down within mental health pathways • Review psychiatric liaison and primary care models to understand the impact of those service models on the wider health system and future commissioning needs • Continue to identify people with dementia and commission pathways that support patients and their families • Develop with the South West London CCG's a methodology to measure the impact of mental health services on the wider health economy • Undertake a review of existing service provision for diagnosing and treating adult with Autism Spectrum Disorder (ASD) to ensure this is fit for purpose and adequately meets demand within the local population.	Better care and support for people with psychological and mental health problems Reduction in unnecessary emergency attendances to ED Improved outcomes for people in crisis Improved access to community mental health services Improved quality of care for SMI Improved quality of care for PLD

					People with a Learning Disability The CCG will work with partners in SWL to deliver the national plan "Building the Right Support" locally. We will work with partners to reduce health inequalities for people with a learning disability and support life style choices. Our areas of transformation will focus on: • Working with partners to review and implement the all age learning disability strategy "making life Journeys" (2017) • Increasing annual health checks for people with learning disabilities	
					Planned care The CCG is committed to work with local partners across South West London to deliver effective and efficient elective pathways across the whole system. Specifically, we will, transform the way in which out-patients are delivered embracing innovative modalities and reducing unnecessary face-to-face contacts in secondary care. We will commission end to end integrated pathways across different care settings. The areas of planned care transformation are: • Implement new pathways in Cardiology, Gastroenterology, Gynaecology, Urology and Respiratory • Implementation of heart failure pathway and management in the community • Development of anticoagulation services within the community. • Build on the MSK work during 2018-19 to implement the expanded SPT and alternative care. pathways to include a review of physiotherapy services across Kingston • The redesign of pathways will lead to a review of existing GPWSI and intermediate community services.	Reduction in hospital based Outpatient first and follow-up attendances through a different delivery model Repatriation of outpatient activity to primary/community care Reduction in elective activity
					Children and young people The CCG is committed to working in partnership with local authority children services and education to take a whole system approach to the commissioning of services for children and young people in line with national policy and guidance, inspection frameworks and	

					statutory duties. The focus will be on keeping children and young people well and promoting emotional resilience. • We will commission services that provide pre-and post-diagnostic support for those families with children and young people with Autistic Spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). • Use the outputs from the under-fives needs analysis to inform the commissioning of a CAMHS Early Intervention service for under 5's. The Early Intervention and Prevention services aim is to support parents in the care of their children and foster good attachment and healthy development for children under five, encouraging them in a more positive and healthy trajectory. • Commission assessment and positive behaviour support plans and programmes for those families with children and young people who need support to address challenging behaviours. • Commission additional community paediatric support to ensure local follow-up of children and young people who have experienced sexual abuse. • Review the attendances and admissions for children and young people into A&E and agree a work programme to deliver alternative settings of care.	Better after care and support for young people who experience mental health problems Improved access to community services Reduction in wait times Improved outcomes for CYP in crisis Reduction in emergency attendances through building resilience
					Integrated care The CCG remains committed to working in partnership with the local authorities and Providers including the voluntary sector to deliver integrated care through borough wide locality models for all patient groups. A foundation of this work will be the Locality and MDT working to support people to live independently and prevent admission to hospital through pro-active and preventative care planning and management. We will build on the existing locality working that has begun, **We will:** • Commission the implementation of an integrated person centred model of health and care to deliver care at home and closer to home through Kingston Co-ordinated Care.	Delivery of new models of care for people with complex care needs

					• The commissioning of an integrated model of care for Kingston people will include the commissioning of community health services. • Deliver a home-based model for End of Life Care in Kingston. • Design and deliver a model for the prevention early intervention and management of falls and fractures. • Review the capacity and capability within the community to support self-management promoting health, independence and access to a range of non-clinical services as an alternative to formal care. • Improve the care model for the most vulnerable people in our communities, specifically those in care homes (in line with enhanced health for care homes) and those people within the last year of life to avoid unnecessary admissions. • Work in a holistic way to bring together the work in physical and mental health arenas to deliver seamless services wherever people access them.	Improved resilience in community services Reduced number of deaths in hospital Reduction in NEL admissions Reduction in ED attendances

13.4. Richmond

Richmond CCG

Strategic context	As an overriding principle behind our Commissioning Intentions, Richmond CCGs will work with partners, to co-design and implement a financially and clinically sustainable health and care system. Our borough based local health and care plan (LHCP) will be published by March 2019. The LHCP will identify the health and care needs across the local system and detail the transformation Our priorities for this work in 2018-19 will be: • Delivering the transformation priorities identified in the Local Health and Care plans • Implementation of new models of care across care settings • To take a system wide approach to our collective financial challenges • Local implementation of SWL wide initiatives and service changes Richmond CCG has significant patient flows into North West London – we will work more closely with the NWL CCG's and Providers in the delivery and alignment of services and pathways that impact the local population.

Richmond CCG summary

						Impact
Through involvement of patients	Through working in partnership	Through effective integration with	Through making best use of our	Kingston & Richmond LDU will	**Urgent & Emergency care (UEC)** This work will focus on the management of people who require urgent or emergency treatment to prevent admissions to hospital where possible, when an admission cannot be prevented to facilitate discharge and reduce their length of stay we will: 1. Maximise the number of people utilising Ambulatory Emergency Care (AEC) Pathways by • Commissioning an AEC model of care at Kingston Hospital and across the out of Hospital pathways in Richmond We will Agree a timescale and implementation plan to increase the type and amount of ambulatory activity seen in 19/20 • Reviewing the pathways that can be delivered in a different setting e.g. o Commission a community DVT service o Expand the community IV antibiotic services across Richmond	Reduction in emergency admissions specifically the short stay admissions and for those conditions that can be delivered as ambulatory care and in different care settings

					Work with partners to take forward the work programme agreed through the A&E Delivery Board that focuses on Home first, Discharge to Assess and the Frailty model subject to the pilot evaluations e.g. o Commission an integrated therapy service o Commission a crisis team at the 'front door' • Because of the changes effected by the ambulatory and frailty models we will review and commission the emergency pathway through UTC, CDU, AAU, PAU and inpatient beds. • Review the attendances and admissions for children and young people into A&E and agree a work programme to deliver alternative settings of care.	Timely and supported discharge from hospital Reduction in Excess bed days Reduction/streamlining of activity across the urgent care pathway
					Primary care Richmond CCG has a clear set of plans supporting delivery of primary care at scale and this work continues through 2019-20. These plans include • Organising community pharmacy into locality areas that match the Richmond health and social care localities creating opportunities for workforce transformation across the local primary and community systems. • Continue extended primary care access will continue in 2019-20. The CCG is looking to commission an integrated UTC/extended access/OOH/111 service model (borough based) in 2019 as part of the South West London IUC procurement. This will simplify access to general practice in and out of hours, reduce duplication of service offers and therefore cost and provide resilience to the local primary care systems. • Implementing the findings from the Locally Commissioned Services review and implement a new quality and reporting framework	Reduction in A&E/UTC attendances
					Mental health Our focus will be to prevent mental health illness and promote emotional wellbeing across the populations. We will work with partners to improve the mental health and wellbeing of people living with or vulnerable to mental health problems through the delivery of timely and accessible high quality care and treatment this will be aligned with the locality model across each borough.	

					Specifically, we will
					• Commission IAPT services to meet the NHSE improved access rate and expand the pathways to deliver tailored IAPT services for Long Term Physical Health conditions
					• Work with secondary and primary care to ensure that people diagnosed with a Serious Mental Illness receive annual physical health checks and any associated follow up
					• Review the Crisis support pathways across the borough and implement a model of integrated Mental health for Richmond which will provide
					  o A Common Assessment framework across secondary and primary care
					  o Clearer access to services: such as single point of referral.
					  o Support timely step up and step down within mental health pathways
					• Review psychiatric liaison and primary care models to understand the impact of those service models on the wider health system and future commissioning needs
					• Continue to identify people with dementia and commission pathways that support patients and their families
					• Develop with the South West London CCG's a methodology to measure the impact of mental health services on the wider health economy.
					• Undertake a review of existing service provisions for diagnosing and treating adults with Autism Spectrum Disorder (ASD) to ensure this is fit for purpose and adequately meets demand within the local population.
					
					People with a Learning Disability
					The CCG will work with partners in SWL to deliver the national plan "Building the Right Support"
					Locally. We will work with partners to reduce health inequalities for people with a learning disability
					and support life style choices. Our areas of transformation will focus on:
					• Working with partners to review and implement the all age learning disability strategy "making life Journeys" (2017)
					• Increasing annual health checks for people with learning disabilities
					• implement the recommendations from the review of current provision of specialist health services for people with learning disabilities
						Better care and support for people with psychological and mental health problems
						
						Reduction in unnecessary emergency attendances to ED
						
						Improved outcomes for people in crisis
						
						Improved access to community mental health services
						
						Improved quality of care for SMI
						
						Improved quality of care for PLD

					Planned care The CCG is committed to work with local partners across South West London to deliver effective and efficient elective pathways across the whole system. Specifically, we will, transform the way in which out-patients are delivered embracing innovative modalities and reducing unnecessary face-to-face contacts in secondary care. We will commission end to end integrated pathways across different care settings. The areas of planned care transformation are: • Implement new pathways in Cardiology, Gastroenterology, Gynaecology, Urology and Respiratory • Implementation of heart failure pathway and management in the community • Development of anticoagulation services within the community • Carry out a review of the tissue viability and lymphedema service • Evaluate the Primary Eye Care pilot with a view to roll-out across Richmond • Repatriation of Type 2 diabetic care from secondary care to community and intermediate care services • Build on the MSK work during 2018-19 to implement the expanded SPT and alternative care pathways to include a review of physiotherapy services • The redesign of pathways will lead to a review of existing GPWSI and intermediate community services.	Reduction in hospital based Outpatient first and follow-up attendances through a different delivery model Repatriation of outpatient activity to primary/community care Reduction in elective activity
					Children and young people The CCG is committed to working in partnership with local authority children services and education to take a whole system approach to the commissioning of services for children and young people in line with national policy and guidance, inspection frameworks and statutory duties. The focus will be on keeping children and young people well and promoting emotional resilience. • We will commission services that provide pre-and post-diagnostic support for those families with children and young people with Autistic Spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). • Use the outputs from the under-fives needs analysis to inform the commissioning of a CAMHS Early Intervention service for under 5's. The Early Intervention and Prevention services aim is to support parents in the	Better after care and support for young people who experience mental health problems

					care of their children and foster good attachment and healthy development for children under five, encouraging them in a more positive and healthy trajectory. • Commission assessment and positive behaviour support plans and programmes for those families with children and young people who need support to address challenging behaviours • Commission additional community paediatric support to ensure local follow-up of children and young people who have experienced sexual abuse • Implement the preferred option for the provision of paediatric speech and language therapy services in Richmond • Review the attendances and admissions for children and young people into A&E and agree a work programme to deliver alternative settings of care.	Improved access to community services Reduction in wait times Improved outcomes for CYP in crisis Reduction in emergency attendances through building resilience
					Integrated care The CCG remains committed to working in partnership with the local authorities and Providers including the voluntary sector to deliver integrated care through borough wide locality models for all patient groups. A foundation of this work will the Locality and MDT working to support people to live independently and prevent admission to hospital through pro-active and preventative care planning and management. We will build on the existing locality working through the OBC contract. **We will:** • Commission the implementation of an integrated person centred model of health and care to deliver care at home and closer to home through the Richmond locality model. • Deliver a home-based model for End of Life Care in Richmond • Design and deliver a model for the prevention early intervention and management of falls and fractures • Review the capacity and capability within the community to support self-management promoting health, independence and access to a range of non-clinical services as an alternative to formal care. • Improve the care model for the most vulnerable people in our communities, specifically those in care homes (in line with enhanced health for care homes) and those people within the last year of life to avoid unnecessary admissions.	Delivery of new models of care for people with complex care needs Improved resilience in community services Reduced number of deaths in hospital Reduction in NEL admissions

					• Work in a holistic way to bring together the work in physical and mental health arenas to deliver seamless services wherever people access them.	Reduction in ED attendances

13.5. Merton and Wandsworth

Wandsworth summary

<table>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Impact</td></tr>
<tr><td>Through involvement of patients and carers</td><td>Through working in partnership with stakeholders</td><td>Through effective integration with social care and the voluntary sector</td><td>Through making best use of our people, buildings and digital opportunities</td><td>Merton & Wandsworth LDU will deliver….</td><td>Urgent & Emergency care (UEC)

To deliver and sustain the proposed transformational changes for 2019/20, the CCG plans to work and collaborate with system partners through local A&E Delivery boards, and urgent care groups to ensure plans are robust as well as to ensure any impact of the change is mutually beneficial.
• The CCG will look to deliver the national Urgent Treatment Centre (UTC) principles at Queen Mary's Hospital Minor Injury Unit from April 2019. This aim of this provide a more consistent urgent care facility offer for our patients. This work will standardisation local urgent care facilities to reduce confusion and ensure patients receive the right care, at the right time, first time round
• The CCG will look to review the GP provision at St George's Hospital, resulting in the development of a commissioning model that will support the delivery of national Urgent Treatment Centre (UTC) standards as well as aligning with the London streaming model.
• The CCG is planning to review and reconfigure our GP Out of Hours provision to align with local primary care access strategy.
• To deliver an Older People's Liaison Service (OPALs) from St George's Hospital emergency department. The purpose of this will be to facilitate and support the early identification of frail and complex patients, initiating a geriatric assessment.
• To CCG is planning the review the commissioning arrangements for the single point of contact service, which forms part of the Integrated Urgent care contract. This is to ensure there is a streamlined pathway for patients and healthcare professionals wishing to access local community services; avoiding service duplication and providing value for money
• The CCG plans to work with London Ambulance Service to update and standardise local Appropriate Care Pathways (ACPs) to improve utilisation of these pathways by ambulance staff. This will result in more patients being conveyed to an alternative healthcare setting, reducing attendances at local acute hospitals.</td><td>Reductions in rates of:
- A&E attends
- Short stay admissions
- LAS conveyances</td></tr>
</table>

					Primary care Transforming Primary Care is both a national and local priority, however there are some key challenges involved in delivering this: • Workforce: Inability to recruit to key staff groups including GPs and practice nurses, significant number of staff coming up to retirement age. • Financial: Funding hasn't kept pace with demand and rising costs of provision. • Demand: Patient expectations, increasing frailty and complexity, shift of care from acute. • Infrastructure: Practices operating out of poor estate, fragmentation in IT systems and limited investment. Our Primary Care Commissioning Intentions for 2019 20 cover 6 key areas: 1. **Delivering high quality Primary Care:** commissioning a range of pieces of work, which alongside day to day contract monitoring, will ensure that high quality Primary Care, which improves outcomes and reduces health inequalities, is delivered across the whole of the Borough. ➢ This includes ongoing development of the Practice support team in each Borough and embedding a structured approach to prevention through the identification and management of long term conditions. 2. **Developing Primary Care at scale:** supporting practices to work together collaboratively (where it makes sense to do so) to become more sustainable and resilient in the face of current challenges, this includes: ➢ Consideration of alternative models of service provision to enable delivery of equitable enhanced primary care to the whole of the population. ➢ Consideration of scaling up back office functions and utilising collective purchasing power to deliver efficiencies. ➢ Supporting practices to address fundamental challenges associated with working at scale e.g. governance, HR, I.T. and data sharing. Drawing on experience and learning from elsewhere when possible. 3. **Workforce:** Development of a Primary Care workforce which has the resilience and capacity to meet future need, as well as being able to deliver under existing pressures, this includes:	Improved access to primary care Associated reduction in A&E attends Reduction in emergency admissions

- Bringing together programmes that are ongoing across SWL and wider to ensure that both opportunity and learning is maximised locally.
- Focus on workforce recruitment and retention as well as facilitating wellbeing and morale across the workforce.
- Enhancing skill mix – using at scale ways of working to pilot the introduction of Clinical Pharmacists, Medical Assistants, social prescribing and care navigators, as well as training existing staff to work in different ways.

4. **Improving Access to Primary Care:** Exploring alternative models of access which enable practices to meet the urgent needs of patients, alongside delivering continuity of care.
    - This will give consideration to improving front end access as well as reviewing the interface and overlap between existing 8-8 Access, 111 and Out of Hours contracts.
    - Ensuring that practices are empowered to maximise the benefits of their clinical system, whilst embracing new and innovative technologies in a way which takes into account the differing needs of patients and ensures equity of access.

5. **Social Prescribing:** Scaling up of existing models of social prescribing in each Borough in order to support demand management in Primary Care. This will include:
    - Developing a single point of contact which acts as a connecting platform for non-clinical support.
    - Embedding the social prescribing model across Primary Care in each Borough.
    - Exploring opportunities for commissioning the Community and Voluntary Sector, in a way which ensures that it is sustainable and that funding follows activity where required.

6. **Partnership Working:** Continuing to build on new models of care such as the Multispecialty Community Provider in Wandsworth and the Merton Health and Care Together Programme, to ensure Primary Care services are fully integrated into these programmes of work, that communication channels between services are improved and that patients receive holistic care which is joined up between agencies.

					Mental health and Learning disability Develop and implement plans for local delivery (see below) • Collaborate with MH Provider on inpatient physical health support & performance through MH contract • Desktop data analysis of MH A&E attendances for 17/18 & align with CSU report to identify improvement areas • Collaborate with STP acute services review to align SMI priority including influence to ensure reasonable adjustments • Explore potential to commission one-on-one support for people with SMI accessing physical healthcare. Implement SWL perinatal service following successful transformation bid. Implement and monitor effectiveness of IPS (enhanced employment advice) service with SWLSTG. Wandsworth MH CRG Work Programme (themes of Wellbeing & Prevention; Quality and specialized and cross cutting issues) includes: • Ensuring there is appropriate consideration of the requirements of the Mental Health Investment Standard (MHIS). • Primary Care Plus service commissioned in the Wandle locality with roll out to all localities planned for autumn 2018. • Pilot Active Wellbeing service providing tailored physical exercise programmes for those with SMI – funding agreed to March 2020. • BME inequalities work stream, improving pathways & interventions for those in MH Services with domestic violence issues. Three year contracts agreed in 2017/18 for Surviving to Thriving Project (incl. Community Champions), Family Network for Care (Faith Network), Canerows Ward visiting & Peer Be-friending. Also non-recurrent projects for Muslim Women's workshops and Carers pathway. • Talk Wandsworth / IAPT contract in place. Including digital options (Steps 2+) Develop incentive targets to increase access for LTC and other key targeted groups (BME communities; older adults; isolated young men). Also contractual mechanisms in place to ensure that increase access against national trajectory targets. During 17/18 also agreed to commission additional face-to-face digital capacity.	Improvement in IAPT access and treatment rates Reduction in A&E attends and emergency admissions, particularly for LTC cohort

					• Three year contracts in place for Well Family Project (Family Action) working alongside GPs and Big White Wall providing a digital community platform (Step 1). • Projects jointly funded with LA (LA led procurements) include Adult MH Reablement project (Together Yourway), MH general Advocacy (Rethink) & Rehab services (Hestia) Delivery on MH and LD Placement QIPP to reduce 18/19 placement cohort by £375K. Links to South London Partnership, seeking to review targeted high cost placements seeking appropriate step down & repatriation– part of SWLSTG contract negotiation. Learning Disability SWL TCP work-streams – Personal Behaviour Support Provider training roll out and development of Intensive Support Unit (based in Sutton)	
					Planned care Merton and Wandsworth CCGs and SGH have established a joint planned care transformation programme. The programme is looking to deliver large scale change and new models of care in planned care at SGH, predominantly focusing on outpatient transformation. Broadly, this can be categorised into three themes: 1) The role of primary care, which includes; education and training, enhanced primary care and referral management programme. 2) Delivering intermediate/community services as alternatives to secondary care. 3) Transforming the model of outpatient delivery at SGH – i.e. pre-appointment diagnostics, virtual clinics and open access for follow-up appointments, change in skill mix and broadening of clinical assessment and triage services. Specific Examples of this work include: Large-scale outpatient transformation • The CCGs intend to work with SGH to jointly deliver large-scale transformational change in the delivery of outpatient services at the trust. The aim will be to achieve mutual QIPP and CIP benefit.	Reduction in: - GP referrals - 1st OPA - Follow ups - Electives

- Building on the work undertaken in 2018/19, we will collaboratively undertake large-scale roll out of virtual consultations/video clinics/open access follow ups at SGH to significantly transform modes of delivery and reduce unnecessary face-to-face appointments. This will be rolled out at scale, with appropriate phasing in specific areas where appropriate. It will also include a focus on efficiency and streamlining the pre-operative assessment pathway.
- The CCGs will work with SGH to identify up to 8 additional specialities to participate workflow redesign to ensure that appropriate diagnostics are requested prior to first outpatient attendances, building on the success of the gastro CAS project in 2018/19.

Dermatology

- Extension of the scope of the tele-dermatology service at SGH from 2019/20, to secure wider roll out amongst GP practices, increase in clinical scope, and improved uptake.
- Building on the development work scheduled for the remainder of 2018/19, commission a sustainable intermediate tier 3 dermatology service with SGH from April 2019, providing a wider range of skill mix, e.g. specialist nurses and allied health professionals (including nurse prescriber), in accessible service locations.

MSK

- The CCGs will work with Providers to implement and embed the Musculoskeletal Core Capabilities Framework
- The CCGs will review the pilot of the First Contact Practitioner in Wandsworth to consider if this model should be applied more broadly.
- The Wandsworth SPoA will be fully embedded and operational during 2019/20, building on the roll-out that is scheduled for 2018/19. This will include a fully mobilised self-management offer, as well as streamlined acute physiotherapy provision and a streamlining of MICAS/MCAS services.
- During 2019/20 the CCGs will review the Merton MSK single point of access with a view to confirming the model and undertaking a procurement exercise in time for a service to be mobilised by April 2020.

Diagnostics

- Following the mobilisation of services in 2018/19, the AQP model will be fully optimised and embedded, with increased uptake and streamlining of pathways between Providers.

Diabetes

- Alignment and potential expansion of Tier 2 and 3 services currently delivered in Wandsworth and Merton LDU.
- Remodel the existing community service to offer additional Diabetes Nurse Specialists (DNS) capacity working within GP Practices at a locality/network level.

Cardiology/Haematology

- Existing GP Practice Local Incentive Schemes (LIS) for anti-coagulation and blood pressure management will be updated annually in order to improve access, quality and integrated working in primary care.
- The focus will be on improved case-finding, prevention and risk management in the community, proactive support in primary care, and improved secondary prevention in the community to reduce hospital attendances and admissions.
- Heart Failure: We will review the pathway that patients with heart failure receive, including self-help, primary, community and acute services, to ensure that people have access to evidence-based care with optimal outcomes."

Gastroenterology

- Full roll out of gastro CAS project, and expansion to wider digestive health services from April 2019. Primary care will also be encouraged to order investigations ahead of the provisional first outpatient attendance to enable outpatient appointments to be more efficient and appropriately reduce unnecessary direct face-to-face attendances.
- Develop an integrated service between the existing gastroenterology (medicine and surgery) and Hepatology specialities.

Urology/Gynaecology

- Re-establish the St. George's Hospital and Teaching NHS Trust's (SGH) Uro/Gynae service to local Wandsworth patients.
- Extend the existing one-stop-shop service located at Cricket Green Medical Practice across the Merton and Wandsworth geography, and as part of this deliver improved IVF advice and support to patients which complements the SWL ECI Policy.

Ophthalmology

- Procure a community ophthalmology service for minor eye conditions, cataract and glaucoma, to commence from April 2019.
- Establish a single point of access for all outpatient referrals.

IVF

- The CCG is currently reviewing options for IVF provision and will undertake a procurement/AQP exercise to secure ongoing provision from April 2019.

Podiatry

- During 2018/19, the CCG will be undertaking a procurement for all community and AQP podiatry activity, with a new Provider to be in place by Q3 2019/20.

Cancer

- Improve screening rates in primary care (through tackling non – responders) in Cervical and Bowel Screening. This has been funded by RMP in 2018/19.
- Transition to new HPV Testing requirements and discontinue with cytology testing, resulting in a transitional increase in the number of colposcopies performed in acute.
- Rollout of Diagnostic and Screening FIT (Faecal Immuno-chemical Test).
- Continue with Cthesigns App and Website to improve compliance with TCST Suspected Cancer Pathways.
- Design and rollout Straight to Test Pathways for Suspected Upper GI Cancer and Suspected Lower GI Cancer. (RMP are currently supporting the implementation).
- Design and rollout Straight to Test Pathways for Suspected Pancreatic Cancer, Suspected Liver Cancer, Suspected Gall Bladder, Suspected Endometrial Cancer and Suspected Sarcoma.
- Establish the Surgery School Service (currently funded by Macmillan until December 2018).
- Extend and further embed the LWBC including provision of Discharge Summaries, completion of treatment summaries, completion of Holistic Cancer Care Reviews, Stratified Follow – up for prostate cancer and Safety Netting. (Being Led by STP and a 5 Year bid is being submitted to Macmillan).
- Continuing to provide Move More Service (currently funded by Macmillan until September 2019).
- Provision of a service to provide medium risk management of developing cancer.
- Development of a proposal to deliver a Cancer and Psychological Support (CaPS) that is both integrated with other services and primary care facing. This service will ensure that mental wellbeing is supported alongside the physical effects of cancer.

					Initial pilot was supported by Macmillan. Currently SGH funded until 31 March 2019.	
					Children and young people **Reviews** • Review operating model of Looked after Children's Service and implement changes as required • Completion of the Open Book Exercise with SGH Finance and Contracts team and agreement of any required changes **Re-provision/procurement** • Continue discussions regarding the Re-Provision of the Children and Families Haemoglobinopathy service into SGH Hb Service • Implement framework for Providers on WCCG Children's Continuing Care **Redesign/development** • Development of the ASD SGH Service to ensure post diagnostic 6 week review. Work with LA to develop a post ASD Diagnostic provision • Implementation of findings of Linden Lodge clinical support services review • Roll-out SGH Paediatric outreach (Together) Clinics • Implementation of London Asthma Quality Standards **CAMHS** • Secure funding for Mental Health Trailblazer, including training for new MH Leads in all schools, four Mental Health Support Teams across Wandsworth (supporting schools in the following Clusters: Wandsworth Town, Roehampton, Battersea and Tooting) and a new four week from referral to treatment • Increase capacity and build new capability for a broader range of treatment options within the Wandsworth Access Service, partly mirroring new services in and around schools, that will support Wandsworth young people referred to Access, but who do not attend school in Wandsworth (or authority with a trailblazer taking place). • Issue new contracts and grant agreements to existing LTP services, clarifying and updating KIPs, standardising reporting and monitoring arrangements. • Complete scoping exercise regarding possible therapeutic provision for children who exhibit harmful sexual behaviour, hosted at Nightingale Special Needs School, with a pilot programme due to start in the May 2018.	Improvement in access to Assessment and Diagnosis pathways for CAMHS Reduction in A&E attends and short stay admissions for CYP Reduction in A&E and admissions for self harm

					• Co-production project to be delivered between August 2018 and November 2018 by Participation People, capturing young people's views about CAMHS Services and creating a young person friendly version of the Local Transformation Plan (LTP) Refresh. This consultation programme will also support a refreshed and redesigned CAMHS Co-Production programme, which will be led by the MH Trust from December 2018. • Following the BAME CAMHS MH Conference our local voluntary sector umbrella organisation, Wandsworth Community Empowerment Network (WCEN), are working with the Mental Health Trust to develop plans for a pilot programme to train youth leaders in delivering interventions with a therapeutic component that also support vulnerable young people to explore issues of identity, culture, social skills, communication and self-efficacy. We have identified underspend to utilise to support this pilot that may continue later, as part of our trailblazer programme. • Enhanced data analyst arrangement, which will ensure performance data is captured and reported more systematically to the quarterly CAMHS Partnership, including the new data from MH in Schools Trailblazer. • Participation People will complete the mapping exercise and young person friendly promotional material (leaflet and electronic format) of LTP services, services within the block contract with the Mental Health Trust and associated services led by partner organisations, such as the Local Authority, Schools and Voluntary Sector Organisations, to go to schools in September 2018. It may be necessary to re-produce this document in other formats. • Reviews need to take place of pilot CAMHS services for vulnerable young people, such as those embedded within the Youth Offending Team and Children's Social Care. These will help to identify learning from the initial rollout of these services and what future fine tuning may be of value in making these services more effective. • Accident and Emergency CAMHS Liaison and Care (and wider Crisis Care Pathway) will be updated (in collaboration with Merton CCG), which may include new psychiatrist input, increased hours and availability of CAMHS Crisis staff at St George's hospital and new training support from CAMHS for Adult Mental Health A & E Crisis Teams, who will continue to respond to some referrals out of hours. • Learning Disability CAMHS services will be reviewed and may be updated, to include an enhanced LD nurse provision and independent behaviour analyst provision to support families where a child has complex health needs and 'severe challenging behaviour'.	

					Integrated care • In line with home first principles, intermediate care services in Wandsworth will be refocussed on delivering more integrated rehabilitation in people's homes and the number of intermediate care beds in the community will be reduced to support the increased care provided in people's homes. • As Integrated Locality Teams and support to those with frailty and/or those at the end of their life improves during 2018/19, there will be a need for greater emphasis on information sharing, particular in relation to sharing/ making use of CMC records and other care plans to understand patients' care needs and wishes and what support there is for them in the community in 2019/20. The use of the CMC record in Care homes will have a particular focus. • Further work is taking place in 2018/19 to look at what opportunities there may be for improved pathways, from ED, short stay wards as well as long stays wards at St George's to help reduce admissions/length of stay which we expect will have an impact in 2019/20. • Drive for increased multi-disciplinary holistic geriatric assessments for those with multiple long term conditions and complex needs as per NICE guidance. • This is planned to reduce the need for multiple single specialty outpatient appointments. • This service will include falls prevention and include a greater emphasis on training and will replace the existing falls prevention and bone health service. • Working with Neurology services to see what scope there is for reducing the burden on the acute services by a process of redesign and re-provision of care in the community. • Work to improve uptake of rehabilitation programmes (cardiac, pulmonary, falls prevention), which should contribute to reduce further readmissions. • Work to improve the integration of the voluntary sector in to pathways of care particularly for people with dementia, at risk of falling, and who have had a stroke. • Work to improve discharge processes and bed utilisation in neurorehabilitation in Merton and Wandsworth and working with S W London STP to deliver changes	Reduction in emergency admissions, A&E attendances and LAS call outs and conveyances

Merton Summary

Through involvement of patients and carers	Through working in partnership with stakeholders	Through effective integration with social care and the voluntary sector	Through making best use of our people, buildings and digital	Merton & Wandsworth LDU will deliver….		Impact
					Urgent & Emergency care (UEC) • The CCG will look to review the GP provision at St George's Hospital, resulting in the development of a commissioning model that will support the delivery of national Urgent Treatment Centre (UTC) standards as well as aligning with the London streaming model. This will support SGH compliance in delivering national/local standards, as well as optimising and improving primary care redirection for our patients • The CCG is planning to review and reconfigure our GP Out of Hours provision to align with local primary care access strategy. This work will aim to future proof the GP Out of Hours service, ensuring there is a seamless 24/7 primary care offer for our patients; avoiding any duplication of provision, and ensuring value for money • To deliver an Older People's Liaison Service (OPALs) from St George's Hospital emergency department. The purpose of this will be to facilitate and support the early identification of frail and complex patients, initiating a geriatric assessment. This will result in patients being discharge home sooner, hasten their recovery, and prevent any worsening of their condition • To work with St Helier Hospital to deliver a robust rapid assessment streaming model at the front door that will is optimally redirect Merton patients back to their local GP (when appropriate). This is to support patient education as well as ensure patients are seen the most appropriate clinician, in the right place, first time • The CCG will support St Helier Hospital to deliver a process model for their Ambulatory Emergency Care service, and ensuring it is compliant to national/local AEC standards (i.e. 14hours a day, 7 days a week). This will ensure emergency patients are seen, treated, and discharged from hospital in the same day, advoiding an overnight stay (where appropriate) • To CCG is planning the review the commissioning arrangements for the single point of contact service, which forms part of the Integrated Urgent care contract. This is ensure there is a streamlined pathway for patients and healthcare professionals wishing to access local community services; avoiding service duplication and providing value for money	Reductions in: - A&E attends - Short stay admissions - LAS conveyances

					• The CCG plans to work with London Ambulance Service to update and standardise local Appropriate Care Pathways (ACPs) to improve utilisation of these pathways by ambulance staff. This will result in more patients being conveyed to an alternative healthcare setting, reducing attendances at local acute hospitals.	
					Primary care Transforming Primary Care is both a national and local priority, however there are some key challenges involved in delivering this: • Workforce: Inability to recruit to key staff groups including GPs and practice nurses, significant number of staff coming up to retirement age. • Financial: Funding hasn't kept pace with demand and rising costs of provision. • Demand: Patient expectations, increasing frailty and complexity, shift of care from acute. • Infrastructure: Practices operating out of poor estate, fragmentation in IT systems and limited investment. Our Primary Care Commissioning Intentions for 2019 20 cover 6 key areas: 7. **Delivering high quality Primary Care:** commissioning a range of pieces of work, which alongside day to day contract monitoring, will ensure that high quality Primary Care, which improves outcomes and reduces health inequalities, is delivered across the whole of the Borough. ➢ This includes ongoing development of the Practice support team in each Borough and embedding a structured approach to prevention through the identification and management of long term conditions. 8. **Developing Primary Care at scale:** supporting practices to work together collaboratively (where it makes sense to do so) to become more sustainable and resilient in the face of current challenges, this includes: ➢ Consideration of alternative models of service provision to enable delivery of equitable enhanced primary care to the whole of the population. ➢ Consideration of scaling up back office functions and utilising collective purchasing power to deliver efficiencies.	Improved access to primary care Associated reduction in A&E attends Reduction in emergency admissions

- Supporting practices to address fundamental challenges associated with working at scale e.g. governance, HR, I.T. and data sharing. Drawing on experience and learning from elsewhere when possible.

9. **Workforce:** Development of a Primary Care workforce which has the resilience and capacity to meet future need, as well as being able to deliver under existing pressures, this includes:
   - Bringing together programmes that are ongoing across SWL and wider to ensure that both opportunity and learning is maximised locally.
   - Focus on workforce recruitment and retention as well as facilitating wellbeing and morale across the workforce.
   - Enhancing skill mix – using at scale ways of working to pilot the introduction of Clinical Pharmacists, Medical Assistants, social prescribing and care navigators, as well as training existing staff to work in different ways.

10. **Improving Access to Primary Care:** Exploring alternative models of access which enable practices to meet the urgent needs of patients, alongside delivering continuity of care.
    - This will give consideration to improving front end access as well as reviewing the interface and overlap between existing 8-8 Access, 111 and Out of Hours contracts.
    - Ensuring that practices are empowered to maximise the benefits of their clinical system, whilst embracing new and innovative technologies in a way which takes into account the differing needs of patients and ensures equity of access.

11. **Social Prescribing:** Scaling up of existing models of social prescribing in each Borough in order to support demand management in Primary Care. This will include:
    - Developing a single point of contact which acts as a connecting platform for non-clinical support.
    - Embedding the social prescribing model across Primary Care in each Borough.
    - Exploring opportunities for commissioning the Community and Voluntary Sector, in a way which ensures that it is sustainable and that funding follows activity where required.

					12. **Partnership Working:** Continuing to build on new models of care such as the Multispecialty Community Provider in Wandsworth and the Merton Health and Care Together Programme, to ensure Primary Care services are fully integrated into these programmes of work, that communication channels between services are improved and that patients receive holistic care which is joined up between agencies.	

					Mental health and Learning disability
					
					Merton Mental Health Programme Delivery Board Work Programme include:
					• Ensuring there is appropriate consideration of the requirements of the Mental Health Investment Standard (MHIS).
					• Establishing a primary mental health care service in Merton incorporating
					    • Mental wellbeing service with a focus on enabling the social inclusion of people with mental illness
					    • An expanded Improving Access to Psychological Therapies (IAPT) service with a focus in long term conditions (respiratory and cardiac disease, and diabetes).
					    • A primary care service aimed at supporting the physical and mental health wellbeing people with severe and complex mental illness in a primary care setting, working alongside primary care professionals
					
					• Contract with South West London and St George's Mental Health NHS Trust (SWLStG)
					    • Review efficacy of crisis cafés with a view to confirming continued funding
					    • Implement agreed recommendations from a review of the broader urgent care pathway (psychiatric liaison service, psychiatric decision unit, crisis cafes, street triage services to ensure it is appropriate to local need)
					    • Implement agreed recommendations from a review of the Merton Step Down service
					    • Implement agreed recommendations from reviews of community mental health services, with particular focus on
					        • The Merton Home Treatment Team, and meeting the Five Year Forward View for Mental Health (FYFVMH) mandate for the service
					        • The Merton Early Intervention in Psychosis service, and meeting the FYFVMH mandate for this service
						Improvement in IAPT access and treatment rates
						Reduction in A&E attends and emergency admissions for LTC cohort

					• The output from the jointly commissioned Demand and Capacity Review of community services provided by SWLStG.
					• Adult Mental Health Placements
					  • Continue drive to improve the efficiency of mental health placement commissioning in Merton.
					  • Embed the governance underpinning funding decisions and review of client progress
					  • Identify a sub-set of service users for review and rapid move on
					    • Within this context, work with NHS England to develop innovative and sustainable care packages for a number of service users from the Transforming Care cohort
					  • Work with the South London Partnership, and NHSE Specialised Commissioning to manage the step down and repatriation of patients in secure settings (including those from the Transforming Care Programme cohort).	

					Planned care Large-scale outpatient transformation • The CCGs intend to work with SGH to jointly deliver large-scale transformational change in the delivery of outpatient services at the trust. The aim will be to achieve mutual QIPP and CIP benefit. • Building on the work undertaken in 2018/19, we will collaboratively undertake large-scale roll out of virtual consultations/video clinics/open access follow ups at SGH to significantly transform modes of delivery and reduce unnecessary face-to-face appointments. This will be rolled out at scale, with appropriate phasing in specific areas where appropriate. It will also include a focus on efficiency and streamlining the pre-operative assessment pathway. • The CCGs will work with SGH to identify up to 8 additional specialities to participate workflow redesign to ensure that appropriate diagnostics are requested prior to first outpatient attendances, building on the success of the gastro CAS project in 2018/19. • The CCGs will participate in transformational work programmes being led by other CCGs at neighbouring trusts including Epsom and St Helier, Chelsea and Westminster and Kingston Hospital, to fully realise benefits for Wandsworth and Merton patients.	Reduction in: - GP referrals - 1st OPA - Follow ups - Electives

					Dermatology • Extension of the scope of the tele-dermatology service at SGH from 2019/20, to secure wider roll out amongst GP practices, increase in clinical scope, and improved uptake. • Building on the development work scheduled for the remainder of 2018/19, commission a sustainable intermediate tier 3 dermatology service with SGH from April 2019, providing a wider range of skill mix, e.g. specialist nurses and allied health professionals (including nurse prescriber), in accessible service locations. ENT • Commission locality based intermediate ENT services from the SWL Trusts, to diagnose and treat a range of ENT conditions, and also manage relevant follow-up activity before discharge back to the patient's own GP. The service will provide patients with timely access to diagnostics and treatment, providing a 'one-stop' service where appropriate. MSK • The CCGs will work with Providers to implement and embed the Musculoskeletal Core Capabilities Framework • The Wandsworth SPoA will be fully embedded and operational during 2019/20, building on the roll-out that is scheduled for 2018/19. This will include a fully mobilised self-management offer, as well as streamlined acute physiotherapy provision and a streamlining of MICAS/MCAS services. • During 2019/20 the CCGs will review the Merton MSK single point of access with a view to confirming the model and undertaking a procurement exercise in time for a service to be mobilised by April 2020. Diagnostics • Following the mobilisation of services in 2018/19, the AQP model will be fully optimised and embedded, with increased uptake and streamlining of pathways between Providers. Diabetes • Alignment and potential expansion of Tier 2 and 3 services currently delivered in Wandsworth and Merton LDU. • Remodel the existing community service to offer additional Diabetes Nurse Specialists (DNS) capacity working within GP Practices at a locality/network level.	

Cardiology/Haematology

- Existing GP Practice Local Incentive Schemes (LIS) for anti-coagulation and blood pressure management will be updated annually in order to improve access, quality and integrated working in primary care.
- The focus will be on improved case-finding, prevention and risk management in the community, proactive support in primary care, and improved secondary prevention in the community to reduce hospital attendances and admissions.
- Heart Failure: We will review the pathway that patients with heart failure receive, including self-help, primary, community and acute services, to ensure that people have access to evidence-based care with optimal outcomes."

Gastroenterology

- Full roll out of gastro CAS project, and expansion to wider digestive health services from April 2019. Primary care will also be encouraged to order investigations ahead of the provisional first outpatient attendance to enable outpatient appointments to be more efficient and appropriately reduce unnecessary direct face-to-face attendances.
- Develop an integrated service between the existing gastroenterology (medicine and surgery) and Hepatology specialities.

Urology/Gynaecology

- Re-establish the St. George's Hospital and Teaching NHS Trust's (SGH) Uro/Gynae service to local Wandsworth patients.
- Extend the existing one-stop-shop service located at Cricket Green Medical Practice across the Merton and Wandsworth geography, and as part of this deliver improved IVF advice and support to patients which complements the SWL ECI Policy.

Ophthalmology

- Procure a community ophthalmology service for minor eye conditions, cataract and glaucoma, to commence from April 2019.
- Establish a single point of access for all outpatient referrals.

IVF

- The CCG is currently reviewing options for IVF provision and will undertake a procurement/AQP exercise to secure ongoing provision from April 2019.

Podiatry

- During 2018/19, the CCG will be undertaking a procurement for all community and AQP podiatry activity, with a new Provider to be in place by Q3 2019/20.

Cancer

- Improve screening rates in primary care (through tackling non – responders) in Cervical and Bowel Screening. This has been funded by RMP in 2018/19.
- Transition to new HPV Testing requirements and discontinue with cytology testing, resulting in a transitional increase in the number of colposcopies performed in acute.
- Rollout of Diagnostic and Screening FIT (Faecal Immuno-chemical Test).
- Continue with Cthesigns App and Website to improve compliance with TCST Suspected Cancer Pathways.
- Design and rollout Straight to Test Pathways for Suspected Upper GI Cancer and Suspected Lower GI Cancer. (RMP are currently supporting the implementation).
- Design and rollout Straight to Test Pathways for Suspected Pancreatic Cancer, Suspected Liver Cancer, Suspected Gall Bladder, Suspected Endometrial Cancer and Suspected Sarcoma.
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Children and young people

Service developments from April 2019:

- CLCH - Merton paediatric enuresis/encopresis/continence care pathway. There is a commissioning gap for these services in Merton, and a joint commissioning proposal is being developed between the CCG and the Local Authority/Public Health. Negotiations are underway and should be completed and signed off by February 2019. Where a contract variation is agreed with CLCH for some of this activity, the contract variation could be in place by December 2018.
- Health provision to Perseid school. This has been commissioned from CLCH and South West London and St Georges' Mental Health NHS Trust. The School has indicated that there is a shortfall in provision as the school roll has grown. This will be taken forward by the children's integrated commissioning team which will also develop timescales.
- Merton neurodevelopmental pathway- an improved pathway for children's neurodevelopmental pathway is to be commissioned, and this is likely to be in partnership with one or more SWL CCGs. The short term improvements from April 2019 have largely been agreed, however further negotiation and planning is underway focusing on in-year (2018) preparation for the new pathway, and parent support for ADHD/ASD. This has delivered a QIPP value of £63,000 to be realised in 2019/2020.
- CAMHS transformation programme (LTP and introduction of iThrive) – the commissioning plans are within the LTP programme and are expected to build on and improve services. From 2019 there will need to be a focus on sustainability (NHSE has confirmed that transformation funding will continue beyond the end of the programme so sustainability will be about services and quality)
- Counselling service for children and young people – these services were developed as an LTP pilot project and is now being formally procured. Contract award is expected in January 2019 for implementation from April 2019.
- Respite provision for children and young people in Merton. The CCG's contract with Cedar Lodge ends on 31 December 2018 and services are provided to two people, one of whom is an adult (nearly 20). Alternative provision will need to be identified from January 2019.
- Epsom & St Helier Community Paediatrics service - Merton is committed to working with Epsom and St Helier NHS Trust to develop a case for funding for community

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Improvement in access to Assessment and Diagnosis pathways for CAMHS

Reduction in A&E attends and short stay admissions for CYP

Reduction in A&E and admissions for self harm

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					Paediatrics from 2019/20 onwards. This will be in the context of defining and delivering best value for children and families in Merton • Continued investment in Vision Screening service in collaborative commissioning arrangement with London Borough of Merton • NSPCC contract for CSA/CSE service for children and young people. This service is contracted on a collaborative basis between the 6 SWL CCGs with each CCG contracting directly with the NSPCC. Merton's contract with the NSPCC expires in March 2018, and a decision on the commissioning plan from 2019 is in development. • Children's complex care - Epsom and St Helier Children's Community Nursing Team. The pathway requires additional capacity to deliver improvement and a Children's Complex Case Manager Role for Merton and Wandsworth is being developed. • Youth Offending Team CAMHS provision. The CCG currently commissions a Tier 2 CAMHS practitioner for the statutory core service 0.5 WTE. The statutory provision should offer the opportunity of Tier 3 level interventions in the YOT setting, but currently CYP who require this are referred to CAMHS which is not a suitable setting for CYP on the edge of anti-social behaviour/criminal justice system. The CCG also funds the Liaison and Diversion programme but this is a separate programme within the YOT. The requirement from April 2019 is for the CCG to commission Tier 3 CAMHS interventions for young people in the youth justice system within the YOT setting (or alternative suitable settings).	
					Integrated care • In line with home first principles, the intermediate care services in Merton will be refocussed on delivering more rehabilitation in people's homes and the number of intermediate care beds in the community will reduce. Within this we are expected a more integrated offer across health and social care. • As Integrated Locality Teams and support to those with frailty and/or those at the end of their life improves during 2018/19, there will be a need for greater emphasis on information sharing, particular in relation to sharing/ making use of CMC records and other care plans to understand patients' care needs and wishes and what support there is for them in the community in 2019/20. • Further work is taking place in 2018/19 to look at what opportunities there may be for improved pathways, from ED, short stay wards as well as long stays wards at St	Reduction in emergency admissions, A&E attends and LAS conveyances

					George's in an integrated way to help reduce admissions/length of stay which we expect will have an impact in 2019/20. • Drive for increased multi-disciplinary holistic geriatric assessments for those with multiple long term conditions and complex needs as per NICE guidance. This may reduce the need for multiple outpatient appointments. • Working with the Neurology to see what scope there is for reducing the burden on the acute services by providing more in the community, particularly in relation to use of inpatient beds at RNH and Wolfson/QMH. • Work to improve uptake of cardiac and pulmonary rehabilitation programmes which should contribute to reduce further readmissions as well as improving uptake of falls prevention classes and improved pathways.	

14. Contracting Intentions

Introduction

A key message of the 2019/20 Contracting Intentions is that the SWL CCGs want to work more collaboratively with Providers as key system partners to enable greater collective responsibility for the quality, performance and financial sustainability of the SWL health and care system. Central to achieving this ambition will be agreeing a contractual form that both enables and supports the journey that we are embarking on over the coming years towards increased system alignment and greater integration of provision.

This document both complements and augments the SWL Commissioning Intentions by outlining:

- the overriding objectives that CCGs feel should drive the approach and the enablers that CCGs feel would best optimise their delivery
- the blended approach to the contract model that CCGs wish to develop further with Providers over the coming months
- the technical aspects of potential contractual changes that need to be specified and offers some further Provider-specific commentary

Whilst the Contracting Intentions relate to all contracts held by SWL CCGs, the opportunity to discuss and negotiate certain elements may be specific to acute and mental health contracts that expire on 31st March 2019 and are subject to yearly re-negotiation. In relation to other contracts, the Contracting Intentions offers a framework for discussing how existing contractual approaches could be modified to meet the needs of a fast evolving system wide landscape.

Part 1- Strategic Contracting Approach

Why do we need to contract differently?

The direction of travel within the NHS is moving away from cost and volume / PbR based currencies towards a population based commissioning approach, which encompasses both large geographies and patient populations, and is driven by an objective to deliver more integrated and sustainable forms of care that span organisational boundaries. The shape and form that this may take for SWL, as both a health and care system and a collection of sub-systems, will be the subject of discussion and collaboration over the coming years.

There is a clear imperative that we need to contract differently in order to enable that journey to progress effectively and the approach taken will be under-pinned by the desire for CCGs to work more collaboratively with Providers as key system partners to enable greater collective system ownership and responsibility. In order to better enable that, we need to contract differently for the following reasons:

- **Quality Considerations-** Improving quality for our patients is something that should be at the forefront of all of our considerations and financially challenging circumstances should not hinder that consideration. Failings in quality cost the wider system time, money and lost productivity. A ‘must do’ of the contractual approach is to ensure that a consistent approach is taken to quality improvement across SWL
- **Performance Improvement-** Commissioners and Providers have a duty to meet Constitutional Standards thresholds. Meeting such standards is best facilitated through

having performance improvement discussions at a system level, in addition to CCGs continuing to engage in supportive performance improvement dialogue locally. A 'must do' of any contractual approach is to ensure that Constitutional Standards are met

- **Financial Sustainability-** The contractual approach must be driven by achieving system sustainability, which will require more evolved thinking in terms of key system partners working in the best interests of the wider system. A 'must do' of the new landscape is to ensure that an aggregate System Control Total is met
- **System Integration**- The new landscape within the NHS reflects that collaboration, rather than competition, is seen as a more effective lever to secure desired outcomes and that such outcomes are viewed through a system wide, rather than local, lens. Such collaboration between acute, community, independent sector, mental health, primary care and social care Providers will a contracting approach that is underpinned by a broader perspective that seeks to better enable a more integrated approach to system planning and delivery. A 'must do' of the contractual approach is to further enable the development of population based health management capabilities

On a more applied level, the objectives that we want to achieve across the different areas of provision are:

- **Elective-** Improvements in the productivity of elective care has a positive impact on the financial sustainability of the wider health care system. Productivity does not just include Providers delivering the full quantum of agreed elective activity but also includes aligning system capacity with system demand. SWL CCGs wish to engage with Providers to build upon progress that has already been made in 2018/19 in relation to taking a system-approach to managing elective capacity and demand. The objective is for CCGs to collectively support Providers to deliver the full spectrum of elective provision that they have been commissioned to provide within an agreed system wide framework
- **Non-Elective Admissions-** Further increases in non-elective admissions is neither sustainable nor desirable for Providers nor CCGs. The objective is to stabilise demand
- **A&E-** As with non-elective admissions, increases in A&E attendances is not sustainable. The objective is to ensure that patients whom have a genuine need for urgent or emergency care receive that care in the right setting in order to avert further increases in A&E attendances
- **Outpatient Care-** NHS England have signalled that they consider the current model of outpatient provision to be 'obsolete' and this may lead to changes in the national tariff that may have an adverse impact on Providers, which will further necessitate the development of new models of care. CCGs intend to collaborate with Providers to agree the over-riding principles to govern outpatient redesign during the remainder of 2018/19. The objective is to work with Providers to re-design outpatient services and to reduce face to face attendances
- **Diagnostics**- Changes to clinical pathways and screening programmes will impact on the level of demand for diagnostic procedures, which will require careful planning between CCGs and Providers in order to best shape both capacity and routes of access. This consideration is particularly pertinent to SWL's vision of achieving world-class cancer outcomes for our local population, which will be enabled in part by ensuring that there are appropriate levels of diagnostic capacity and direct access routes for GPs to request key investigative tests for suspected cancer. The objective is to engage in system-wide planning to not only better align capacity with demand but also to open up direct access routes to primary care where appropriate

- **Mental Health-** Improving crisis management, avoiding admissions and facilitating more effective discharge are key areas of focus for improving mental health provision within SWL. The objective is to reduce delayed transfers of care and Long Stays, as well as ensuring that existing investments are developed to operate as effectively and efficiently as possible, which will be critical to ensuring that bed occupancy is be lowered
- **Community Services-** Supporting patients to better manage their health conditions positively impacts on every part of the health service but the biggest opportunity to reduce avoidable hospital uses relates emergency care and non-elective admissions. The objective is to better align community provision with the over-riding objectives of stabilising A&E and non-elective activity
- **Maternity-** The evolution from a maternity partnership to the SWL Local Maternity System necessitates a more consistent and system wide approach to be taken to planning. The objective is to improve patient experience (through personalisation and choice, as well as continuity of carer), as well as quality and safety through a more robust approach to system wide planning
- **Ambulance-** London Ambulance Service has experienced considerable pressures from growth in demand over the last few years, which impacts on the wider system. The objective is to work with LAS and key system partners to better manage demand, reduce conveyances and to improve ambulance handover times

The Contractual Approach

In order to satisfy the 'must dos' and to achieve the aforementioned objectives, CCGs would like to engage in dialogue with Providers about the following enablers:

- **Elective Delivery Enabler-** CCGs want to work with Providers to ensure that they deliver the elective activity that has been agreed with Commissioners. Whilst this approach would involve a Payment by Results approach, CCGs would like to develop a contracting mechanism that delivers the following:

    - *System Based Capacity and Demand Model-* Building upon what has been initially achieved within 2018/19 in relation to the Joint Referral Unit, CCGs want to work with Providers in order to better align fluctuation in capacity and demand in order to ensure that the system delivers the commissioned level of elective activity, whilst achieving Constitutional Standards and without increasing the Patient Tracking List. The approach would work towards developing a near-real time model of capacity and demand across the system and nurture the development of a more structured framework to repatriate activity between Providers.
      Whilst the model is aimed predominately at system efficiencies, CCGs wish to negotiate mechanisms with Providers that ensure a more collaborative approach is taken to making additional capacity available as part of developing a SWL Elective Capacity Plan

    - *Activity with Clinical Thresholds-* Significant collaboration has been undertaken over the last few years with regards to the *Effective Commissioning Initiative* and we wish to build upon that, both in terms of what procedures are best aligned to Prior Approval and IFR mechanisms, as well as reviewing Service Specifications to ensure that there is synergy across SWL. CCGs also wish to undertake a more

system-wide approach to benchmarking elective procedures in order to inform system-wide discussions to better understand variance

- **Activity Stabilisation Enabler-** The focus will be on working with Providers to agree a Fixed Payment or Variable Payment (e.g. Minimum Income Guarantee with Marginal Rate or a Cost-Plus model) contracting mechanism, which could cover:

    - *Unscheduled Care-* This option could cover either Type 1 activity or both Type 1 and Type 2 activity

    - *Non-Elective Admissions-* This option would involve looking how best a Fixed or Variable payment mechanism could be developed to stabilise demand. The initial presumption of CCGs is that such an approach can only work effectively if it is negotiated and agreed across all CCGs and Providers. Whilst the payment mechanism needs to be agreed and aligned, further alignment is required across all contracts in relation to collective incentives and penalties in order to ensure that all Providers contribution to the stabilisation of non-elective demand

- **Activity Reduction Enabler-** This enabler focusses on how CCGs and Providers can best collaborate to reduce activity through either reducing demand (e.g. internal and / or external) or supporting re-provision within a different setting of care (e.g. developing Integrated Care Pathways that enable primary care, community care and intermediary services to be better empowered to deliver greater elements of the overall pathway). Options may include:

    - *Demand Reduction Incentive-* Through working with Providers, CCGs would like to identify further areas where activity could be repatriated to a different setting or where CCGs could support Providers to delivery efficiencies through improved and streamlined models of care

    - *Pathway Management Incentive-* Supporting Providers to play a pivotal role in managing the whole pathway. Whilst this may ultimately lead to an activity reduction at the Provider in Outpatients and some elements of Diagnostics, a Gain Share approach would be taken to incentive Providers to provide the clinical leadership of the pathway

    - *Virtual Treatment Incentive-* Commissioners recognise that existing payment mechanisms for non-face to face attendances may not provide the incentive required for Providers to consider how such interventions could be a viable option when considering new models of care. Commissioners would like to work with Providers to consider how new currencies could be developed that go beyond using the telephone as the medium for care through looking at what other technical options may provide an enhanced experience. Alongside that, Commissioners want to work with Providers in order to design Quality Standards that outline the key considerations that should be satisfied in relation to the clinical quality, treatment outcomes and patient experience elements of non-face to face appointments. Such an incentive is very much aligned to the national view that current outpatient models are 'obsolete'

- **Cost Reduction Enabler-** Building upon the effectiveness of the gain share arrangements that are in place for High Cost Drugs, Commissioners would like to work with Providers in order to look at a broader spectrum of areas where a collective approach across the system could result in cost reductions. Options to explore regarding the enabler could both be within or outside of the contract, such as estates or pathology networks. CCGs would like to offer their support to help develop a system-wide approach to collective cost reduction initiatives through better supporting and enabling Trusts to work together

The effectiveness of the contractual approach will be dependent on the relationship working between CCGs and Providers, a genuine commitment to work towards system wide objectives and a more open and transparent way of doing business. In order to support such an approach, CCGs may wish to negotiate the following elements to support the delivery of the contracting approach:

- **System Collaboration Agreement-** Where a system wide approach is being taken to a particular area, a System Collaboration Agreement would allow all partners to agree the mutual expectations of other organisations and outline the agreed set of values that should define how CCGs and Providers will work collaboratively

- **Open Book Accounting-** In so far as it may be relevant to any variable contracting mechanisms (especially a Cost-Plus contracting model), CCGs would wish to agree in advance requirements relating to a transparent approach to open book accounting

- **Integration Activities Agreement-** Where a system wide approach is being taken to a particular area, an Integration Activities Agreement would outline the agreed set of activities that would need to be completed by Providers in order to enable any new approaches or models

Priorities

The strategic contracting intentions demonstrate an appetite and drive for a more collaborative and system-wide approach to contracting. In order to shape the engagement that we hope to undertake over the coming months, it would be pertinent to outline the three priorities that CCGs would like to successfully negotiate with Providers:

1.) **Unscheduled Care-**
    A&E: Fixed or Variable contracting mechanism that is a departure from cost and volume.
    Non-Elective: Fixed or Variable contracting mechanism that is agreed with all Providers.

2.) **Elective-** Developing the *SWL System Based Elective Capacity and Demand Model* that is underpinned by agreeing reasonable elective activity plans that reflect the impact of version 3.0 of the SWL Effective Commissioning Initiative policy and the national NHSE *Evidence-Based Interventions programme.*

3.) **Outpatients-** In the remainder of 2018/19 each LDU will work with Providers to agree the priority pathways and specialties for outpatient transformation and deliver current year schemes. For 2019/20, the Health and Care Partnership will lead work via the clinical senate

to agree the long term shift in model of care required in order to meet demand within available resources; and the principles which should govern outpatient redesign including the appropriate use of remote appointments, advice and guidance, virtual clinics and follow-ups and hot clinics, superseding current obsolete outpatient models. LDUs will then implement these principles in local systems. It is expected that contractual approaches will incentivise active participation in transformation work and delivery of new models in year.

Part 2- Strategic Planning Intentions

SWL CCGs recognise the importance of effective planning, which is why planning has commenced early this year as part of the SWL Acute Planning Framework. As part of that approach, a SWL Planning Forum will be convened with Providers in order to agree alignment on planning approaches and to ensure that this is a consistent approach to engagement regarding planning issues. The emphasis will be looking at agreeing system-wide activity plans through taking a collaborative approach.

CCGs hope that SWL acute Trusts recognise the importance of planning collectively as a system, which involves agreeing a single approach to planning. The most pressing intention to signal to Trusts is that CCGs will be planning on the basis of 'Month 6 x 2', which will form the core element of baseline calculations before relevant adjustments are applied. In addition, it is also anticipated that a greater synergy amongst CCGs in relation to planning will allow increased capacity to actively engage with Trusts to secure alignment in a more cohesive and expedient way than previous years.

Part 3- Contracting Intentions

3.1 Tariff / Currency / Pricing Developments

Delays to the commencement of the statutory consultation on the proposal National Tariff for 2019/20 have been factored into the approach for the planning round. It is proposed that the draft tariff, once released, will be used as a 'planning tariff', whereby adjustments will be subsequently made to offers and counter offers.

As CCGs are focussed on engaging with Trusts to enter into payment mechanisms that move away from cost and volume, CCGs will not be undertaking any Local Price Reviews.

3.2 Counting and Coding

Providers are reminded of the 30th September 2018 deadline for submitting any proposed changes to Counting and Coding that are proposed to take effect from 1st April 2019 (Service Condition 28.8). For any such proposal to be valid, the following criteria must be satisfied:

- A description of the proposed nature of the change should be provided.
- The rationale for the proposal should be provided that makes it explicitly clear as to why the proposed change is technically correct under NHS Data Dictionary definitions and national guidance on clinical coding.
- The estimate of the impact on the type and mix of the activity recorded.
- The estimate of the impact, based upon current prices, on payments between Parties.

Any such proposal received after that date or any such proposals that do not meet the aforementioned criteria received before the 30th September 2018 will not be considered for commencement from 1st April 2019.

3.3 Approach to Service Development Proposals

South West London CCGs would very much see Local Transformation Boards as the forum with which Providers should engage early on with Commissioners regarding any service proposals or changes. The presumption is that any Provider Proposal should demonstrate an overwhelming quality and efficiency gain to the SWL system in order for discussions process. Any proposals that exceed locally determined thresholds would require approval through the SWL Contract Delivery Group and would only be considered if there is such from the local LTB.

3.4 CQUIN

CCGs are planning on the basis that national guidance will mandate both a national and local element of CQUIN, whereby CCGs are planning on the basis that between 1% and 1.5% will be for the local element.

As part of the 2018/19 acute CQUIN, CCGs signalled the intention of allocating 0.25% of the 2019/20 CQUIN to a transformation scheme that would attract an additional 0.25% Local Incentive Scheme Further guidance will be circulated in October in order to define the process for agreeing schemes with Providers, which are underpinned by the presumption of commencement in April 2019.

Subject to the publication of guidance, CCGs would like to discuss with Providers how the remaining element could be aligned to the delivery of local Health and Care Plans, active engagement within the Health and Care Partnership to deliver key STP objectives and to incentivise system wide collaboration.

3.5 Quality Standards and Performance Indicators

SWL CCGs intend to review and standardise a number of performance key performance indicators and quality standards across contracts, which are mostly housed within Schedule 2G of contracts. The standardisation exercise would focus on core elements that are common to all contracts and not specific to the nuance of service provision at individual Providers. The purpose of the exercise is to ensure that local performance and quality considerations are monitored consistently and uniformly across SWL Providers. The scope of the review is not intended to materially increase the number of indicators but to ensure consistency in the most streamlined way possible.

3.6 Performance

CCGs will work with their hosted Providers in order to jointly agree performance trajectories or 2019/20 by the end of January 2019. Whilst guidance will be forthcoming in due course that outlines the national 2019/20 ambition, the core trajectories are unlikely to change materially and, as such, CCGs wish to commence that work with Providers over the coming months.

3.7 NHS England's Evidence Based Interventions Consultation

The NHSE Consultation on Evidence Based Interventions closed on 28th September 2018. If the scheme is enacted as proposed, there are a number of contractual implications that may arise:

- Statutory guidance for CCGs will be issued under Section 14Z8 of the NHS Act 2006. This will place a statutory duty on CCG's to discharge the requirements of the national scheme as specified by NHS England, which will leave limited scope for local interpretation or a nuanced approach.
- The National Tariff will be changed, whereby procedures that have no Prior Approval in place will attract zero payment. This would make it unlawful for CCGs to pay for this activity, even in exceptional circumstances.
- There is no indication of what IT solution will be deployed to manage the process, with the implication for the procedures that are part of the national scheme that they will be managed through a separate system to BlueTeq.

3.8 Data and Reporting Requirements

(This section follows a common form of words for all acute contracts managed by NEL CSU)

Commissioners expect that the following items will be included within 'Schedule 6 – Contract Management, Reporting and Information Requirements: Part A – Reporting Requirements' or the equivalent section of the Contract Documentation when this is released. The below list is not an exhaustive list but includes the items subject to the largest changes for Providers that Commissioner are expecting:

- Commissioners expect that the processes being discussed under the principles of Business Intelligence for London will begin to be applied during the 2019/20 Contract Period. This will include some alignment of Provider submissions and standardisation of reporting where possible to required templates and specifications. The expectation is where possible to align the following datasets as a minimum:
    - Non-SUS (SLAM) Aggregate Data
    - Non-SUS (SLAM) Patient Level Data
    - Non-SUS Referrals Data

  The formats of these datasets is also expected to be included with the Contract Documentation. Ideally these format specifications will be included within the NEL Commissioning Support Unit CDT documentation which will also help address many of the other items included within these Commissioning Intentions.

- Commissioners expect that all data submissions where possible will be via a common Non-SUS Submission Portal submission standard. Currently this is the NHS Digital Data Landing Portal. This is in line with new information NHS Digital has released that advises wherever possible to avoid submissions of bulk patient identifiable data via NHS.Net systems.

- Commissioners expect that via the NEL Commissioning Support Unit CDT that will form part of the Contract Documentation that this will identify which fields being submitted by the Provider may contain patient identifiable data. It will then be the Providers responsibility to ensure that all submissions of data are consistent and that no submissions occur with patient identifiable data in fields outside of those highlighted in the CDT document. Where this occurs Commissioners with the assistance of NEL Commissioning Support Unit will be flagging this as an Information Governance breach as Data Services for Commissioners Regional Offices will only be pseudonymising,

anonymising and restricting data flows on fields identified as containing patient identifiable data going forward. The responsibility for resolving these breaches with NHS Digital and the Information Commissioner's Office will then sit with the Provider to undertake.

- Commissioners expect that when full monitoring of the National Contract measure around General Practitioner electronic referrals to First Outpatient Appointments commences on 1 October 2018 that additional datasets will be required to monitor exclusions from these measures. As no National dataset is available Commissioners will only accept exclusions reporting for these measures in a format and specification as outlined by NEL Commissioning Support Unit. These will include two submission elements for the following:
    - E-Referral Contract Penalty Exemption Report – Pathway Level Dataset
    - E-Referral Contract Penalty Exemption Report – Patient Level Dataset

- Commissioners expect that all submissions of data to SUS will be completed as net change submissions in the Message Exchange for Social Care and Health (MESH) mechanism as other submission types such as bulk submissions result in sub-optimal performance of SUS. In addition, the other submission mechanism of Electronic Data Transfer (EDT) file transfer mechanism will no longer be supported by SUS+ from 1 June 2019 onwards.

- As the Commissioner and Provider landscape is rapidly changing Commissioners expect that during the Contract Period report definitions and specifications may change either in year or within the second year of the Contract assuming when the planning, costing and National Contract documentation is published that a two-year tariff and Contract remains in place. Therefore, it is expected that all parties will work collaboratively to discuss, change and implement alterations to reporting requirements during the Contract Period. This will be undertaken with Contract Variations; however, Commissioners expect that changes to reporting may be agreed in writing (likely via emails) with formal Contract documentation and Local Variations being applied retrospectively so as not to hold up changes to the provision of data or reporting to ensure that Contract documentation is not a blocker to the rapid changes being undertaken across the Health Economy.

Monthly Activity Return (MAR) Data
(SWL specific)

The approach from Regulators in 2018/19 has seen an increased focus on seeking assurance from both CCGs and Trusts regarding managing external demand (as evidenced through referral data), ensuring that the Patient Tracking List (PTL) does not increase and in ensuring that agreed elective activity is delivered.

It has become apparent in 2018/19 that Trusts have interpreted the requirements around MAR data in different ways, which has created complexity when triangulating with local referral data and trying to map that across the specialty level PTL data. As such, SWL CCGs would like to work with SWL Trusts in order to develop a system wide interpretation of national MAR guidance (which has not been updated since 2013). Subsequent modelling would need to be undertaken in order to inform whether the benefit gained from all Trusts recording MAR in the same way outweighs the

3.9 Contract Notice Period Harmonisation

There is not currently a standard notice period within acute contracts within South West London. Notice is hereby given that from 2019/20 the Commissioner Notice Period and the Provider Notice Period contained within the Particulars will be 6 months. For avoidance of doubt, this section

relates to the following Trusts: Croydon Health Services, Epsom and St. Helier NHS Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospital NHS Foundation Trusts, South West London and St. George's Mental Health NHS Trust and The Royal Marsden NHS Foundation Trust.

3.10 Specialised Commissioning

Over the next contract term there will be closer alignment and collaboration between NHSE London Specialised Commissioning, STPs and CCGs. This will become more apparent to Providers both in contract discussions and the associated management processes (e.g. monthly meetings where organisational resources can be better utilised / released). As the processes and procedures are developed Providers will be engaged in localised discussions, this approach is intended to be both collaborative and transparent for all the key stakeholders.

Part 4- Medicines Optimisation Intentions

Outlining Commissioning Intentions relating to medicines, devices and other items which are issued on prescription for 2019/20

(Applicable to all healthcare professionals and support staff)

Agreed by SWL Medicines Optimisation Group: 27 September 2018

This section sets out the expectations of the lead CCG commissioner, on behalf of itself and associate commissioners for 2019/20 with regards to medicines, devices and any other items which are (to be) issued on a prescription or used at the interface with primary care. It is applicable to all healthcare professionals and support staff.

1. Providers must adhere to the following documents which are included in the existing contract and are reviewed and agreed by the SWL Medicines Optimisation Group (which has representation from all SWL Acute Trusts, community services Providers and CCGs) on an annual basis:
   - "SWL Interface Prescribing Policy" and associated appendices and
   - "Commissioning Principles for PbR (payment by results) excluded drugs and devices" and associated appendix

   See www.swlmcg.nhs.uk for 2017/19 version. We intend to review these documents for 2019/20, also including the information set out below.

2. The Provider is expected to continue work on implementing the recommendations from the Carter report and where there is overlap link their Hospital Pharmacy Transformation Programme (HPTP) with the SWL Medicines Optimisation Programme in order to achieve a joined up programme to optimise the use of Medicines across SWL (ref: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)

3. The Provider is expected to continue work with SWL commissioners to support implementation of the SWL Medicines Optimisation Programme, and update local formularies and guidelines as appropriate, in order to drive optimal value and outcomes for medicines. This programme currently includes the following workstreams which are likely to be refined further over time in consultation with the SWL Medicines Optimisation Group:

- **Optimising secondary care drug pathways** which are evidence based, cost effective, safe and of high quality and meet the QIPP (quality, innovation, productivity and prevention) agenda in the context of the local health economy.
- **DROP-list / deprescribing drugs review:** Stopping or switching medicines or products which are considered to be a low priority, poor value for money or where safer alternatives exist
- **Reduction of pharmaceutical waste** – general and in care homes
- **New models of care and formulary review** including wound care, oral nutritional supplements, stoma and incontinence
- **Promoting self care and prevention**
- **Other transformation approaches**

Interface

4. Providers are expected to put active systems in place to ensure that the SWL Interface Prescribing Policy, SWL Commissioning Principles for PbR Excluded Drugs/Devices and outputs as a result of the SWL Medicines Optimisation Programme, are adhered to by all clinicians and other healthcare staff. This would include measures to ensure that the policy, pathways and guidelines are brought to the attention of new staff and that breaches are followed up as a matter of urgency within clinically appropriate timescales.

5. Patients should normally be discharged from hospital with a minimum supply for 14 days using original packs as appropriate. The arrangements for patients requiring adherence support, including patients requiring multi-compartment compliance aids as stated in the 2017/19 Interface Prescribing Policy are subject to change pending the recommendations from the SWL multi-compartment compliance aid working group.

6. Providers should have in place, introduce or strengthen governance arrangements for the managed entry of devices which are issued on prescription in a similar way as medicines, using a process which is similar to Drug and Therapeutics Committees (see item 7 below). This requirement is applicable for devices used by all healthcare professionals including clinicians, nurses, physiotherapists, dieticians and other allied health professionals who prescribe, issue or recommend devices for NHS patients.

7. Providers should ensure they have a Drugs and Therapeutics Committee (or equivalent) in place to co-ordinate use of medicines, devices, dressings, appliances, enteral feeds and glucose monitoring strips and any other items that are issued on prescription in a similar way as medicines. The Drugs and Therapeutics Committee (or equivalent) should develop an up-to-date formulary (or equivalent) with the involvement of GPs and their host CCG pharmacists, acknowledging the primary care impact of such decisions (where applicable). Provider prescribing and recommendations should be from the Provider's formulary (or equivalent) and Providers should ensure that prescribers do not seek to avoid restrictions by asking GPs to prescribe non-formulary items.

8. Providers should normally update formularies on their website in a timely manner, i.e. within 1 month of any decision.

9. SWL CCGs welcome the intention of SWL Trusts to develop a joint formulary and would like to engage and link in with this process.

10. As per current contractual agreement, Providers should only supply oral nutritional supplements (ONS) on discharge if accompanied by a nutritional management plan including MUST score. For clarification, Providers should ensure that all patients discharged and supplied with ONS have:
    - been properly assessed as needing ONS on discharge
    - clear communication sent to the GP and relevant healthcare professional(s) including the information below, and, whether any further supplies are needed once hospital supply runs out:
        - Anthropomorphic measurements (weight, BMI and MUST score)
        - Goals of ONS treatment and dietetic intervention
        - Dietetic treatment summary including education provided to the patient/carer
        - Assessment of SWL ONS prescribing criteria for the ONS to continue in primary care
        - Underlying cause(s) of compromised nutritional status and support provided
    - a review and monitoring plan including targets, review dates and responsibilities (e.g. action required by the GP, referral to community dietetics).
    - Where possible, the ONS should be changed to the most cost-effective product for primary care on discharge. The letter should inform the patient that their ONS prescription may be changed following discharge to primary care in line with primary care prescribing guidelines. Refer to the SWL Adult ONS Guidelines for further information on appropriate ONS prescribing on secondary care discharge http://www.swlmcg.nhs.uk/Clinical/Pages/Oral-Nutritional-Supplements.aspx

11. Providers are expected to continue to support the CCGs/CSU with updates of existing and development of new shared care prescribing guidelines, and transfer of care documents in a timely manner in order to secure participation in any such agreements and ensure implementation across their organisation. The approach and presentation of shared care prescribing guidelines are likely to be subject to review by the SWL Medicines Optimisation Group.

12. Providers should ensure that patients are issued with a biologic alert card when treated with a biologic medicine and emphasise to patients the importance of showing this card when accessing healthcare services.

Horizon scanning

13. In view of annual (and in-year) updates and adjustments to the “NHSE Manual for Prescribed Specialist Services” and NHS England’s PbR excluded drug list, we intend to vary CCG commissioned PbR excluded drugs and associated services accordingly. CCG commissioned drugs will be listed in the SWL CCG Commissioned PbR excluded drug list for 2019/20, which will be published on www.swlmcg.nhs.uk and included in 2019/20 Provider contracts.

14. It is the responsibility of Providers to inform commissioners of any cost pressures anticipated in the forthcoming financial year including those relating to NICE technology appraisals within prioritisation round timescales. Trusts need to alert these pressures by 15 November 2018. We would expect the Provider to horizon scan implications of NICE approved drugs / technologies, those in development and other developments and set out financial and service implications and the pathway they are proposing to use. New excluded drugs and devices will not be funded in-year unless approved by NICE or previously identified and planned for within the prioritisation round.

Better Procurement, Better Care, Better Value

15. Providers are expected to work with commissioners and London Procurement Partnership in a timely manner to agree and implement a strategy on the procurement of insulin pumps and continuous glucose monitors (CGM) for 2019/20 in line with intentions set out in the DoH Better Procurement, Better Care, Better Value Strategy. The new LPP framework for insulin pumps and CGMs will inform this strategy.

16. SWL CCGs intend to review the existing commissioning policy for insulin pumps and develop a commissioning policy for CGM devices, when prices are known as part of the work set out under item 15.

17. With the increasing number of biosimilar versions for biologic drugs, there is significant scope to reduce the cost per patient, which will help address the increasing number of patients requiring biologic agents. SWL CCGs expect that the Provider:
    - will use biosimilar versions for all new patients as appropriate (e.g. licensed indications only) requiring that particular treatment within 3 months of launch of the biosimilar or from when supply of the biosimilar is available.
    - in line with NICE guidance, starts treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose) unless an order of preference is stated by the NICE TA or has been agreed locally (ref: final appraisal determination document "Rheumatoid arthritis - adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, abatacept and tocilizumab – review; http://www.nice.org.uk/guidance/indevelopment/gid-tag313)
    - ensures patients are informed at the time of starting a biologic treatment that they may be switched to an alternative version if a more cost-effective version of the same or drug becomes available.
    - jointly with commissioners, explores opportunities to further increase quality and cost-effectiveness of using biologic/ biosimilar drugs
    - Implement any benefit share arrangements agreed with commissioners
    - reports charges for drug costs and any agreed benefit share separately on SLAM and SLAM-PLD as specified in the "SWL Commissioning Principles for PbR excluded drugs and devices" and the information schedule

18. Any value added services offered with any medicines, devices, dressings, appliances, enteral feeds and glucose monitoring strips and any other items that are issued on prescription, in a similar way as medicines, should go through Trust governance processes and should not be the sole determining factor on which basis one product is chosen over another. Any such decisions should involve commissioners if prescribing is to be continued in primary care or if the cost of the product is charged to commissioners as a PbR exclusion.

19. From 1 April 2019, SWL CCGs will only reimburse the price of Infliximab biosimilar, rituximab biosimilar and etanercept biosimilar (50mg and 25mg) regardless of the brand used, unless the CCG has approved the continued use of the original brand for individual patients through the agreed local or IFR process.

20. It is anticipated that commissioners will only reimburse the cost of other biosimilars (which are yet to become available), 1 year following an agreed programme of changeover from the original to the biosimilar version, unless mitigating circumstances outside of the Provider's control have been agreed in advance with the host commissioner and where the CCG has approved the continued use of the original brand for individual patients through the agreed local or IFR process.

21. The Provider will work with commissioners to implement agreed recommendations as part of the SWL Medicines Optimisation workstream on "Secondary Care drug pathways" for rheumatology, gastroenterology and dermatology in a timely manner.

Medicines excluded from National Tariff

22. Providers are normally expected to supply any new medicine which is excluded from tariff and available for homecare delivery through a homecare /outsourced Provider within 3 months of Drug and Therapeutic Committee (or equivalent) acceptance where this is in the best interest of patients and the overall health economy.

Other

23. SWL CCGs will consider the implications of the *Bayer PLC and Novartis versus North East England CCGs* ruling (https://www.judiciary.uk/wp-content/uploads/2018/09/bayer-and-novartis-v-nhs-darlington-ccg-judgment.pdf) with SWL Providers and Ophthalmologists and allow the use of Bevacizumab (Avastin®) in a formulation suitable for ophthalmic administration as an option for wet-AMD where clinically appropriate, along with licensed and NICE approved (Aflibercept and Ranibizumab) drugs, in its commissioning arrangements. This is subject to expected national guidance from NHS England, Department of Health and Social Care (DHSC) or Medicines and Healthcare products Regulatory Agency (MHRA) that supersedes previous guidance from the Secretary of State issued in 2015 and which supports use of unlicensed drugs where licensed alternatives are available for reasons other than "special clinical need".

24. Providers are reminded to submit any business cases, business proposals and service developments relating to medicines, devices and other items used at the interface or issued on discharge with significant financial or service implications via the established contracting process. Although it is encouraged that any proposals relating to medicines are shared with the lead pharmacist of the host commissioner and the SWL Medicines Optimisation Group for consultation as appropriate, the contractual process will have to be used before any proposals can be considered and agreed.

25. Providers are expected to provide assurances through the SWL Medicines Optimisation Group that recommendations of Regional Medicines Optimisation Committees are implemented in their respective organisations, in consultation with commissioners, as appropriate.