

**NHS Waltham Forest Clinical Commissioning Group**  
**Commissioning Strategic Plan**

**2014/15-2019/20**

**December 2013**

Draft 2.2

## TABLE OF CONTENTS

<b>SECTION ONE FOREWORD</b> .....	<b>6</b>
<b>SECTION TWO EXECUTIVE SUMMARY</b> .....	<b>8</b>
<b>SECTION THREE INTRODUCTION</b> .....	<b>15</b>
<b>SECTION FOUR NATIONAL AND LOCAL CONTEXT</b> .....	<b>16</b>
National Context.....	16
Key Planning Milestones.....	16
Strategic Planning .....	17
Collaborative Vision and Objectives.....	17
Local Outcomes Data .....	19
What the data tells us .....	19
Indicators where WFCCG is significantly worse than the England value:.....	19
Indicators showing clear deteriorating trend: .....	19
Indicators where WFCCG is significantly better than the England value: .....	19
Indicators showing clear improving trend: .....	20
Indicators showing no major change:.....	20
What the Joint Strategic Needs Assessment tells us .....	20
Section Nine describes in further detail what the latest 2011 Census data tells us and the most significant demographic health issues for the CCG. ....	21
Provider landscape .....	21
Waltham Forest Overview of Providers .....	21
GP Localities .....	22
<b>SECTION FIVE OUR VISION, VALUES AND STRATEGIC GOALS</b> .....	<b>23</b>
Strategic Goals .....	23
<b>SECTION SIX CCG STRATEGIC PRIORITIES</b> .....	<b>24</b>
1. Integrated Care and Care Management.....	24
2. Integrated Commissioning .....	24
3. Community Health Services .....	24
4. Urgent Care and Ambulatory Care .....	24
5. GP Provider Networks .....	25
<b>SECTION SEVEN CLINICAL PRIORITIES</b> .....	<b>26</b>
Clinical Priorities .....	26
Clinical Service Improvement.....	28

Mental Health .....	28
Children and Young People.....	28
Cancer.....	28
<b>SECTION EIGHT COMMISSIONING FOR QUALITY .....</b>	<b>30</b>
Delivery of NHS Outcomes Framework.....	30
Quality Assurance Processes .....	31
Francis Report .....	31
Winterbourne View Hospital Review .....	31
Compassion in Practice.....	31
Quality incentives CQUIN .....	31
Promoting quality in Primary care.....	32
Safeguarding Children and Vulnerable Adults.....	32
Care Quality Commission Inspection.....	33
<b>SECTION NINE CASE FOR CHANGE .....</b>	<b>34</b>
Population.....	34
Population Projection.....	34
Deprivation .....	34
Areas where Waltham Forest compares poorly or well against England.....	34
Issues affecting children and families .....	35
Adults: Smoking, substance misuse, alcohol and obesity .....	35
Infectious Disease .....	35
Long Term Conditions .....	35
Life Expectancy .....	36
Life Expectancy in Waltham Forest, 2011 Census Data.....	37
<b>SECTION TEN OUR APPROACH .....</b>	<b>38</b>
Integrated Governance.....	38
Board Assurance Framework.....	38
Clinical Quality Assurance .....	38
Information Governance.....	38
Risk Management .....	39
Communication.....	39
Community Participation .....	39
Equality and Diversity .....	40
Public Engagement.....	41

Member Engagement.....	41
How we currently communicate with members .....	41
How members currently communicate with the CCG.....	42
<b>SECTION ELEVEN FINANCIAL STRATEGY.....</b>	<b>43</b>
Financial Context.....	43
Financial Strategy.....	43
Projected CCG Allocation .....	44
Financial allocations.....	45
Financial planning assumptions.....	45
<b>SECTION TWELVE QIPP SCHEMES 2014/15.....</b>	<b>46</b>
<b>SECTION THIRTEEN OPPORTUNITIES AND AREAS FOR SERVICE REDESIGN .....</b>	<b>47</b>
The Integrated Care Programme.....	47
Case management:.....	47
Rapid response: .....	47
Self-Care:.....	48
Integrated Care Pioneers Programme:.....	48
Urgent Care Pathway .....	48
Ambulatory Care.....	49
Mental Health.....	49
Improving Service Delivery in Mental Health .....	50
Substance misuse .....	50
Autism .....	50
Learning Difficulties.....	51
Children and Young People.....	51
Integrated care.....	52
Improving care closer to home.....	52
Children and Families Bill .....	52
Child and Adolescent Mental Health Services (CAMHS).....	52
Childhood Immunisations and Vitamins.....	53
Future Priorities .....	53
GP Provider Networks .....	53
End of Life Care.....	54
Improving End of Life Care Planning .....	54
Commissioning for the Future .....	55

Education.....	55
Dementia .....	55
Early Identification.....	55
Improving Post diagnostic Care .....	56
Patient Care Planning.....	56
Education.....	56
Dementia and End-of-Life Care .....	56
Cancer.....	57
Tuberculosis.....	58
Optimising Outpatient Referrals.....	58
Asthma Pledge .....	58
Colonoscopy and Sigmoidoscopy.....	59
Reducing Pathology and Radiology Tests .....	59
Neurology .....	60
Bariatric Surgery.....	60
<b>SECTION FOURTEEN SUPPORTING IMPLEMENTATION OF THE STRATEGY .....</b>	<b>61</b>
Information and Communications and Technology (ICT) .....	61
Primary Care Strategy .....	62
Primary Care Provider Networks .....	62
Integrated Care.....	62
Supporting quality improvements in primary care.....	62
Maximising the role of information management technology .....	62
Estates .....	63
Organisational Development .....	63
Community Engagement.....	63
Procurement.....	64
<b>SECTION FIFTEEN SUSTAINABLE COMMISSIONING .....</b>	<b>65</b>

## SECTION ONE FOREWORD

As Chair and as Accountable Officer we are pleased to present NHS Waltham Forest Clinical Commissioning Group's (CCG) Commissioning Strategic Plan (CSP) for the next five years (2014/5 – 2019/20). The CSP establishes our priorities for addressing the significant health challenges within the borough and how we intend to make this happen.

Over the past year we have seen unprecedented changes in the planning, buying and managing of local health services across England. As the new commissioning system matures, it will shape how we organise services to improve health outcomes and reduce health inequalities across Waltham Forest. Through close working with partners and the public, we have identified what local people need from us as commissioners and the obstacles we need to overcome in order to deliver safe, effective and high quality services.

One of the aims of the NHS reforms was to bring solid clinical leadership to local commissioning and the CCG is arranged so that every GP in Waltham Forest can take part in decisions that affect their patients. As an evolving organisation, we have the opportunity to look at ways in which to bring together health care professionals from across the borough in a way that will really benefit patients. During the timeframe of the CSP we will prioritise integrated care and integrated commissioning, work with stakeholders to redesign community nursing services and ambulatory and urgent care pathways, focus on mental health and children and young people's services and develop GP provider networks to provide a wide range of services. Our ambition is for patients to have an excellent experience through receiving high quality care delivered close to home.

We will also continue to support our member practices to make better use of data to encourage best practice, reduce performance variation and increase the quality of primary care locally. The CCG has a strong focus on safety and quality across all of the services we commission and, in addition to regular and robust monitoring, we gather information from a variety of sources including audits, reviews and incident reporting, to build a clear picture of the standards of care in Waltham Forest.

In addition, we hold regular discussions with providers, patients and local people. The Francis report made it clear that a culture of candour is critical in making sure health services deliver excellent standards of patient experience and care. We are committed to keeping the patient voice at the heart of our work, but we know that good collaborative relationships do not build themselves. Our CSP outlines how we intend to engage with our community, including looking at ways for local people to influence our range of commissioning activities and establishing stronger relationships with other local partners in the health care economy.

Working with our partners is central to developing local approaches to commissioning in a way which will give patients a seamless health and social care experience. Integrated care is one of the projects we will manage using the CSP, building upon existing work to look at the complete physical, mental and social health needs of individuals. Our plans aim to address these needs in a coordinated way, to make sure people receive the care they need in the best possible place and time.

We know local hospital attendance is high and our CSP confirms our ambition to make sure that people only receive treatment in hospital when it is best for them to do so. We will continue to work closely with our partners to keep emergency services working well for those who need them, but will also make sure that people know what options are available to them outside of hospital.

Finally, we recognise that the resources available for funding new approaches to commissioning, represents a significant challenge for us. In a borough experiencing significant health inequalities, we must ensure the decisions we make are efficient and value for money. We must also think about how we can innovate and make the improvements that are needed using the reserves that we have, so that we can deliver both effective changes for patients and achieve financial balance.

Waltham Forest is a vibrant, diverse and exciting place with the potential for a very bright future, if we continue to work together to innovate, explore and develop the possibilities that the new commissioning landscape can offer us.

We look forward to the challenges ahead, knowing that there are also great opportunities for making positive and lasting changes to the health of local people in the borough.

*Dr Anwar Khan*

*Chair, NHS Waltham Forest Clinical Commissioning Group*

*Mr Terry Huff*

*Accountable Officer, NHS Waltham Forest Clinical Commissioning Group*

## SECTION TWO EXECUTIVE SUMMARY

### Introduction

Waltham Forest Clinical Commissioning Group's (CCG) Strategic Commissioning Plan is a comprehensive plan to describe what healthcare services will be commissioned over a five year period to ensure local residents have access to the best possible health and health care services that deliver the best outcomes. The strategic plan describes the CCG's undertaking to ensure continual improvement in the quality of health services, prevent illness and promote health, drive greater efficiency and productivity in services and look for innovative solutions to ensure the very best healthcare is available to patients.

Latest planning guidance sets out a number of key principles and aspirations including five year strategic plans and integration between health and social care across the widest scope of services with alignment of planning processing with local authorities. In collaboration with neighbouring CCGs in North East London we have developed a set of collective objectives to deliver a shared vision over the next five years. We are working to develop a joint commissioning strategic plan with shared objectives across a wider footprint to work holistically and maximise our resources in order to get the best value from commissioned services.

This is our local CSP which will support delivery of the shared plan and builds upon the excellent progress made in delivering successor strategies developed in partnership with member practices, stakeholders and the public and reflects the CCG's current direction of travel and local priorities set out in the 2013/4 Operating Plan

### National and Local Context

In December 2013, NHS England published a framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care for all, now and for future generations. NHSE's vision and purpose is based on the premise of high quality care for all, now and for future generation. The ambition is for everyone to have greater control over their health and wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

Everyone Counts: Planning for Patients 2014/15 to 2018/19 describes NHS England's ambition for the years ahead and signals a shift to separating commissioning and provision of services based on different populations' needs, and different pathways. The guidance also sets out the steps that commissioners need to take in order to achieve the ambitions identified. The CCG will be required to develop a five year strategic plan) for 2014/15 to 2018/9) over a wider CCG footprint and a two year operating plan (for 2014/15 to 2015/16).

### Vision, Values and Strategic Goals

#### VISION

To put patients at the centre of everything that we do by using their experience to shape care pathways, improve service delivery and ensure value for money.

<b>VALUES</b>	<ul style="list-style-type: none"> <li>• We will act with integrity, treating everyone with respect and equity</li> <li>• We will actively listen to enable everyone to maximise their potential and fully contribute to the organisation</li> <li>• We will work in close participation with our partners across health and social care</li> </ul>
<b>STRATEGIC GOALS</b>	<ul style="list-style-type: none"> <li>• To improve the health outcomes of our local population</li> <li>• To deliver high quality services through effective commissioning</li> <li>• To balance our books financially by delivery of our QIPP (Quality, Innovation, Productivity and Prevention) programmes which identify areas where services can be redesigned to improve care and be more cost-effective</li> <li>• To establish collaborative commissioning arrangements with a focus on Barts Health (which includes Whipps Cross University Hospital)</li> <li>• To deliver effective patient and public engagement in line with the NHS constitution</li> <li>• To maximise clinical engagement with GPs in our three localities and other health professionals from hospital and community services and Public Health, through effective engagement and development</li> <li>• To improve patient satisfaction of GP and GP out of hours services</li> </ul>

### The CCG Priorities

Our priorities and key programmes for delivering change are clinically led and based on national and local health data and intelligence. These priorities will underpin the initiatives and plans set out in our CSP. The seven top priorities for the CCG are:

**Integrated Care and Care Management** which is a key transformational change programme for Waltham Forest. The local health and social economy is entering the second year of embedding integrated care to help people with the highest need. The CCG and local authority have joined with health and social care partners across East London to build a model of integrated care that looks at the whole person i.e. physical and mental health and social care needs. We will expand this programme to include rapid response, case management and self care.

**Integrated Commissioning** with the local authority to make best use of the Better Care Funding which will be spent locally on health and care to enable closer integration to improve outcomes for people with care and support needs.

**Community Health Services** which is a priority for the CCG's procurement pipeline. We are developing new service specifications for community nursing that will support the delivery of the integrated care programme.

**Urgent Care and Ambulatory Care** services are being re-designed and we will set out how the ambulatory care service fits as part of the urgent care strategy for Waltham Forest, focusing in particular on the inter-relationships and inter-dependencies that it has with the integrated care programme and the Whipps Cross Urgent and Emergency Care Centre.

**The Development of GP Provider Networks** to 'scale up' primary care to enable it to meet the challenges it faces in delivering a wider range of co-ordinated services, that are closer to patients.

### Clinical Priorities

Our clinical priorities are supported by the Waltham Forest Health and Wellbeing Board. The first three areas are also our local priority measures to attract the Quality Premium payment.

1. Care for Older People
2. Mental health
3. Diabetes as part of long term condition management
4. Child and Maternity Care
5. Cancer

### Clinical Service Improvement

**Mental Health** – as a clinical priority we will work with the GP membership to ensure better mental health services and improved access over the next few years with a focus on integrated care, managing more mental health conditions within primary care, developing payment by results and better pathways of care.

**Children and Young People** - improving the health of children and young people within Waltham Forest is a clinical priority for the CCG. Around a quarter of the Waltham Forest population is under 20 years old. Evidence suggests that prioritising the health needs of early childhood provides opportunities to add years to life expectancy and reduce inequalities.

### Commissioning for Quality

The overall objective is to shape the quality of services to better meet the needs of the people in Waltham Forest, whilst ensuring services are subject to the rigorous checks and balances expected from contracted services. When we talk about quality we mean patient safety, effectiveness of care and patient experience. Assuring these three elements of quality for patients will be central to our work with providers in secondary and primary care.

Quality is assured through a wide range of metrics, indicators, dashboards, information and intelligence gathered nationally, regionally and locally. A priority will be the development of a timely and comprehensive quality assurance system to prevent, identify and respond to quality failures, taking on board the recommendations of the Francis Report. The CCG will link to the local Quality Surveillance Group (London region) to share information and intelligence and receive assurance through its Performance and Quality Committee and Governing Body.

We will work with all of our providers to ensure that the patient remains at the centre and that a culture of openness, transparency and candour is promoted throughout the system.

The CCG continues to work with providers to ensure that the CQUIN schemes both in the current and future contracts are delivering quality services.

The CCG is committed to working with our practices, both individually and through the locality arrangements, to promote quality in primary care and support improvements.

In response to the guidance set out in the Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013<sup>1</sup> WFCCG takes a cross generational approach to safeguarding children, young people and adults. This is delivered through a single integrated team that provides strategic leadership for safeguarding children, looked after children and vulnerable adults across the Waltham Forest health economy.

Overarching development areas for the future are as follows:

1. Develop the WFCCG Safeguarding strategy to reflect new strategic priorities and in particular to respond to the changes in legislation, statutory guidance, health service structures and partnership priorities.
2. Support health providers undergoing restructuring to ensure that safeguarding arrangements are maintained through transitions, particularly those around transferring Community Services.
3. Improve the quality monitoring of care homes and how the care of these most vulnerable adults is assured.
4. Implement and monitor the effectiveness of the newly developed Looked After Children Care Pathway Strategy.
5. Lead on the implementation and evaluation of the composite action plan in response to the CQC report October 2013 for Review of Safeguarding Children and Looked After Children Services.

### Case for Change

The 2011 census records a population of 259,742 persons living in the borough in over 96,861 households. The borough has a similar age structure to London as a whole with a larger percentage of children and people aged 20-39 than the England and Wales average. The 2011 Census data show that Waltham Forest's BAME (Black Asian and Minority Ethnic) population is 123,450. This is the 13th highest across the London boroughs and the 8th highest when expressed as a percentage of total population (47.8%).

Deprivation has increased with high numbers of children in poverty. Waltham Forest compares well to other boroughs across England on initiating breast-feeding, low rates of women smoking in pregnancy, higher numbers of adults eating healthier food, and lower numbers of road injuries and deaths

The Joint Strategic Needs Assessment (JSNA) 12/13 is being refreshed and this together with the latest analysis from the Census has informed our commissioning plan.

---

<sup>1</sup> Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013

## Our Approach

NHS Waltham Forest Clinical Commissioning Group (WFCCG) has put in place robust governance arrangements in order to support our Membership organisation. These are demonstrated through WFCCG's Constitution, Standards of Business Conduct, active management of our conflicts of interest, and clinical quality assurance arrangements through our approach to clinical procurements.

The CSP describes our approach to communicating with our Members, and our key objective in improving communication in this area. Good communication can support the CCG's governance function and how good governance can strengthen the CCG's communication function. Community participation is central to our approach as a CCG and we have established a new community participation group: the CCG Reference Group. This group will help provide the structure by which the local community can influence every stage of the commissioning cycle.

## Financial Strategy

We understand the importance of strong and sound financial planning and management and the need to plan effectively to ensure that the CCG can deliver its statutory responsibilities for commissioning services. We have used the latest assumptions from Everyone Counts: Planning for Patients along with local assumptions to model our financial plans within which our QIPP savings target is embedded, achievement of our QIPP savings is imperative if we are to secure a sustainable future for our health economy.

The overall purpose of the medium term financial strategy (MTFS) is to underpin the delivery of the CCG's strategy by establishing a robust, flexible and sustainable financial environment within which to operate. The strategy will enable the local system to develop as necessary within the context of the current and projected economic and political climate providing a financial framework for collaborative working.

The CCG allocation in 2013 is £296.9 million inclusive of a £6.8million running cost budget.

The following table shows how we expect our allocation to change over the life of this plan based on the latest available planning guidance issued to CCG's.

Projected CCG Allocation	2013/14 £M	2014/15 £M	2015/16 £M
Opening Baseline	304.3	293.4	296.2
Growth	6.8	5.7	5.5
Non Recurrent Income	3.6		
Specialised Commissioning	(17.8)		
NHSE Transformation Fund		(2.9)	2.9
RCA Reduction from 2015/16			(0,7)
Integrated Transformation Fund			(8.9)
Closing Baseline	296.9	296.2	295.0

## QIPP

As in previous years we need to make significant efficiency savings and these will be made through clinically led changes which reduce inefficiency and duplication of services and form

the basis of our Quality, Innovation, Productivity and Prevention (QIPP) plans. We are planning for a gross value of QIPP schemes for 2014/15 totals £18m. Our current plans have been summarised by work stream in the following table:

<b>Draft 2014/15 QIPP Plan</b>	<b>2014/15 £M</b>
Full Year Impact of 2013/14 Programme	TBC
Integrated Care	1.2
Urgent Care Schemes	3.6
Planned Care Schemes	0.9
Productivity Schemes	9.3
Operating Costs and Other Schemes	0.1
Unidentified Schemes	3.2
<b>Total Draft QIPP Plan</b>	<b>18.3</b>

### Opportunities and Areas for Service Design

The key areas of focus in the CCG's future work programme include bariatric surgery, ambulatory care urgent care, end of life care, cancer, TB, optimising out patient referrals, asthma, colonoscopy and sigmoidoscopy, reducing pathology and radiology tests, improving mental health delivery

### Supporting implementation of the Strategy

We will be investing in Primary Care as an area that will facilitate ICT as an enabler for service redesign and transformation across the healthcare community. The main objective is to shift focus from ICT support and operations model to innovation and development

In 2014/15 we will work with NHS England to refresh our Primary Care Strategy in light of the new commissioning arrangements which commenced in April 2013 and our two most significant transformation programmes being taken forward next year, namely Integrated Care and the establishment of GP Networks.

The organisation's Organisation Development plan is an enabler for the delivery of our commissioning strategic priorities. The plan provides a diagnosis of the organisation development needs and high level summary of organisational development interventions to address skills and competence gaps in the organisation.

Another key enabler is community participation which strengthens relationships with our local partners and provides the structure by which the local community can influence every stage of the commissioning cycle. We are already engaging with the public in the development of this strategy.

The CCG has a Clinical Procurement Strategic policy developed to ensure that we follow good practice processes when procuring clinical services and ensuring that procurements achieve value for money. Within this strategic framework we have developed a procurement pipeline which could offer opportunities to use market forces to achieve savings.

We support the commitment of the NHS to be a leading sustainable and low carbon organisation and to meet the government's target of an 80% reduction in carbon emissions by 2050. We will work towards supporting this goal for example through minimising wastage, working with GP localities, our partners and providers to lower the impact of the carbon footprint and encourage staff to participate in improving environmental sustainability.

## SECTION THREE INTRODUCTION

NHS Commissioners are required to have clear and credible strategic commissioning plans that best meet the needs of their local population within the resources available to them. These must then be actively managed to ensure the plans deliver safe and high quality care for patients and the public.

Waltham Forest Clinical Commissioning Group's (CCG) Strategic Commissioning Plan is a comprehensive plan to describe what healthcare services will be commissioned over a five year period to ensure local residents have access to the best possible health and health care services that deliver the best outcomes. The strategic plan describes the CCG's undertaking to ensure continual improvement in the quality of health services, prevent illness and promote health, drive greater efficiency and productivity in services and look for innovative solutions to ensure the very best healthcare is available to patients.

NHS England's (NHSE) Call to Action<sup>2</sup> forecasts a financial gap of £30 billion by 2020/21 and the affordability challenges in 2014/15 and 2015/6 are real and urgent. The prospect of resources being outstripped by demand, driven largely by an ageing population and an increasing prevalence of chronic diseases presents a significant challenge to the way we currently commission care from providers. Section Nine sets out the detailed case for change based on the latest 2011 Census data.

We cannot meet future challenges alone and we recognise the importance of prevention and co-ordinated pathways of care and it is clear that we have to work with stakeholders and partners to deliver effective change.

Latest planning guidance sets out a number of key principles and aspirations including five year strategic plans and integration between health and social care across the widest scope of services with alignment of planning processing with local authorities. In collaboration with neighbouring CCGs in North East London we have developed a set of collective objectives to deliver a shared vision over the next five years. We are working to develop a joint commissioning strategic plan with shared objectives across a wider footprint to work holistically and maximise our resources in order to get the best value from commissioned services.

This is our local CSP which will support delivery of the shared plan and builds upon the excellent progress made in delivering successor strategies developed in partnership with member practices, stakeholders and the public and reflects the CCG's current direction of travel and local priorities set out in the 2013/4 Operating Plan, the major transformational programmes and enablers for change, financial plans and the planning processes for 2014/15 and beyond.

---

<sup>2</sup> NHS England's Call to Action

## SECTION FOUR NATIONAL AND LOCAL CONTEXT

### National Context

In December 2013, NHS England published a bold framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care for all, now and for future generations.

NHSE's vision and purpose is based on the premise of high quality care for all, now and for future generation. The ambition is for everyone to have greater control over their health and wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

Everyone Counts: Planning for Patients 2014/15 to 2018/19<sup>3</sup> describes NHS England's ambition for the years ahead and its ongoing commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge. It also signals a shift to separating commissioning and provision of services based on different populations' needs, and different pathways.

The guidance also sets out the steps that NHSE expect commissioners to take in order to achieve the ambitions identified. The CCG will be required to develop a five year strategic plan) for 2014/15 to 2018/9) over a wider CCG footprint and a two year operating plan (for 2014/15 to 2015/16).

### Key Planning Milestones

Milestone	Timescale
First submission of (2 year Operating) plans	14 February 2014
Better Care funding planning template submitted	15 February 2014
Provider contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	4 April 2014
Submission of final 5 year strategic plan <ul style="list-style-type: none"> <li>Years 1 &amp; 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014</li> </ul>	20 June 2014

Key points are to progress the development of five year plans and engage local people in this work. In addition to strengthen local partnerships to be able make use of the Better Care Funding (previously referred to as the Integration Transformation Fund) and to identify

<sup>3</sup> Everyone Counts: Planning for Patients 2014/15 to 2018/19, NHSE England 20 December 2013

things that will make the greatest difference to patients locally. In December NHSE will issue its planning guidance.

Planning will be linked to A Call to Action. Data, views and information generated by the Call to Action consultation exercise needs to be used by CCGs and NHSE to develop plans. Specialised commissioning and NHSE Primary Care commissioning intentions have been released and the rest of the information will follow in January 2014.

## Strategic Planning

The CCG is accountable for developing a Strategic, Operational and Financial plan. To enable wider and more strategic health economy planning CCGs have been invited to consider how planning across a broader footprint will help address the strategic challenges within local health and care economies across London and develop five year strategic plans. We will work collaboratively with local CCGs in Newham, Tower Hamlets, as working relationships have been established in the current working arrangements and it makes sense to cluster with CCGs that in the main commission services from the same providers.

The three CCGs in this planning unit all have deprived populations with all in the top quartile for deprivation nationally. There are significant health inequalities within the health economy and variation between CCGs in terms of outcomes and investment and this will be reflected in the local plans that each CCG develops to deliver the overall strategy locally. We will ensure that the strategies align in a holistic way and maximise the value for money from the planning resources and support at our disposal.

The local area faces a financial challenge over the next decade with no above inflation growth predicted but growing demand and an expanding and ageing population. Whilst all CCGs face a challenging financial position, this varies with Waltham Forest CCG facing the largest financial gap to close. CCGs will work collaboratively to find innovative and realistic ways to close the forecast gap.

Two years will need to be mapped out in the form of detailed operating plans and there is a clear need and willingness for us to work closely with providers and social care, as planning processes will be aligned.

## Collaborative Vision and Objectives

The CCGs across the inner North East London planning unit have developed a shared vision:

*“In five years time health and care services across the health economy will put patients in control of their health and wellbeing, be comprehensive and coordinated, and be of the highest quality and easy to access. This is with the aim of unlocking greater health benefits for the population living in the local area so that they live longer and healthier lives”.*

The CCGs will implement shared agreed objectives to deliver the vision which are as follows:

1. Develop Primary Care Services - Improving primary care services to help meet the need of additional patients treated out of hospital.
2. Integrate Care - Further develop an integrated care model to support residents throughout all stages of their lives.

3. Develop Links across Services including Specialised Services - Improve patient pathways and ensure services across primary care, secondary care, and specialised services are designed around the patient.
4. Improve the Quality of Services - Improve the quality of services for the local population, working with partners across all care settings. This will include addressing the recommendations set out in the Frances report.
5. Improve the Experience & Empowerment of Patients - Improve the experience patients have from the care received from local providers. Where possible, empowering patients, building the personalisation agenda, and promoting health.
6. Meeting and then Exceeding Performance Standards - Ensuring that national performance standards are met and then exceeded. This includes A&E, cancer, and referral to treatment waiting times.
7. Secure Financial Balance - The Strategic plan will be structured, using QIPP (Quality, Improvement, Productivity & Prevention), CIP (Cost Improvement Plans) and risk share, to ensure delivery of a sustainable financial health economy for commissioners and providers over the period. We will use an outcome based commissioning approach.

We will measure our success through a variety of means including the following measures:

1. The NHS Constitution, and Mandate, requirements and measures
2. Outcome Measures including those in the NHS Outcome Framework
3. Other Quality Measures such as:
  - Reduce emergency admissions and improve the A&E admission ratio
  - Improve Patient Experience
  - Financial balance for all organisations
  - Increase in healthy life expectancy for all ,especially those with LTCs
  - Developing outcome based commissioning measures

The delivery mechanisms and supporting structures include:

1. Seven day working - Working together across health and social care to roll out 7 day working, enabling the improvement in access to primary care and improving the quality of services. This will help facilitate the reduction in A&E attendances and admissions to secondary care required across the health economy.
2. Workforce - Working with London Education and Training Boards to ensure the local workforce is trained with skills that meet the needs of the local health economy.
3. Information, data quality and IT - The CCGs will work to increase information sharing where possible, implement IT as an enabler for change, and work collaboratively to improve data quality to help inform commissioning decisions.
4. Technology - The CCGs will work together to engage telehealth and technology fully and work with partner CCGs, local authorities NHS England, providers and patients.

The three CCGs will work collaboratively with commissioners across the health economy. Where possible the CCGs will assist the development of providers and the provider landscape, and use effective patient engagement.

## Local Outcomes Data

In 2013/4 the CCG commissioned a Resource Pack that provides an analysis of key programmes in healthcare, focusing on outcome activity, expenditure, quality and performance. The aim of the document was to bring together health intelligence and health economic evaluation in one report within practical groupings to help inform the commissioning process for future years. Where spend and outcome is benchmarked to be less than optimum compared to England it helps us focus our efforts and identify priority areas for redesign and efficiency savings and provide the necessary evidence to write business cases to minimise variation in these key areas.

In addition to including outcomes for patients with specific conditions, the report also highlights poor results for the patient experience and patient reported outcomes which allow us to review how this can be improved to ensure that care is of good quality and with good patient feedback that is cost effective.

In addition NHSE commissioned a WELC (Waltham Forest and East London & City) and Waltham Forest specific data packs. These outcome indicators are based on the Better Care, Better Value Indicators from the NHS Institute for Innovation and Improvement<sup>4</sup> and are a valuable tool for the CCG to identify potential areas for improvement in efficiency. These indicators have been used locally to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care.

## What the data tells us

The data available has informed our commissioning plans. Key highlights include the following:

### Indicators where WFCCG is significantly worse than the England value:

- C1.1 (female) Potential years of life lost from causes amenable to healthcare
- C2.6 Unplanned hospitalisation: chronic ambulatory care sensitive conditions
- C2.7 Unplanned hospitalisation: asthma, diabetes and epilepsy in under 19s
- C3.1 Emergency admissions that should not require hospital admission
- C4.1i Patient experience of GP services
- C4.1ii Patient experience of GP out of hours services

### Indicators showing clear deteriorating trend:

- Under 75 cardiovascular mortality
- Under 75 respiratory mortality
- Under 75 liver disease mortality
- Emergency admissions due to liver disease
- Cancer mortality (male)
- Breastfeeding prevalence (11% deterioration)
- Emergency admission for children with lower respiratory tract infections (LRTI)
- Patient experience of GP Out of Hours services
- MRSA (1 case since last period)

### Indicators where WFCCG is significantly better than the England value:

- Potential years of life lost from causes amenable to healthcare (male)
- Emergency admissions due to liver disease

---

<sup>4</sup> Better Care, Better Value Indicators from the NHS Institute for Innovation and Improvement

- Emergency admission for children with LRTI

#### Indicators showing clear improving trend:

- Antenatal assessments at 12&6weeks (11% improvement)
- Potential years of life lost from causes amenable to healthcare (male)
- Cancer mortality – female
- Dementia diagnosis rate
- Emergency admission for acute conditions that do not require hospitalisation
- C.Diff (improvement in trajectory since August)

#### Indicators showing no major change:

- People feeling supported to manage their long term condition
- Unplanned emergency admissions for ambulatory care conditions
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Admission to stroke unit within 4hours of arrival
- Patient experience of GP services

### What the Joint Strategic Needs Assessment tells us

There are 258,000 people living in Waltham Forest. It is a relatively young population, 26% are under 20 years old. It is also a growing population with high birth rates and the number of adults aged 50-62 years is expected to increase rapidly with significant increases in those aged over 80 years. 48% of the population are from minority ethnic groups

The Joint Strategic Needs Assessment highlights:

- **Increasing deprivation:** Waltham Forest is the 15th most deprived Local Authority in England. The IMD is a measure of relative deprivation. Waltham Forest has experienced an increase in absolute deprivation too, based on increased numbers claiming benefits and increased applications for social housing.
- A **growing child population** and a **growing elderly** population. – this is still the case
- Continuing **poor outcomes** and higher than national death rates in under 75 year olds for heart disease and cancer.
- A high rate of **infant mortality** and of **teenage pregnancy**.
- **Smoking and obesity** are serious problems that impact on the health outcomes of the population. Smoking rates are reducing but obesity is increasing, particularly amongst children.
- There is significant **variation in life expectancy** in the borough with a difference of 7.1 years for men between the wealthiest and poorest parts of the borough and 5.5 years for women.
- High **rates of admission** for problems related to mental health and alcohol.
- The main **causes of death** are cancer, cardiovascular disease and lung disease with higher than average death rates for heart disease and cancer.
- **Tuberculosis (TB)** and **HIV** are the two communicable diseases of greatest concern. There are increasing numbers of cases of TB in the borough
- Almost 50% of the estimated numbers of **cases of diabetes are undiagnosed**
- High **prevalence of mental health** disorders.
- High rates of **unplanned hospitalisations** for asthma for people under 18 years.
- **High emergency admissions** for chronic conditions.

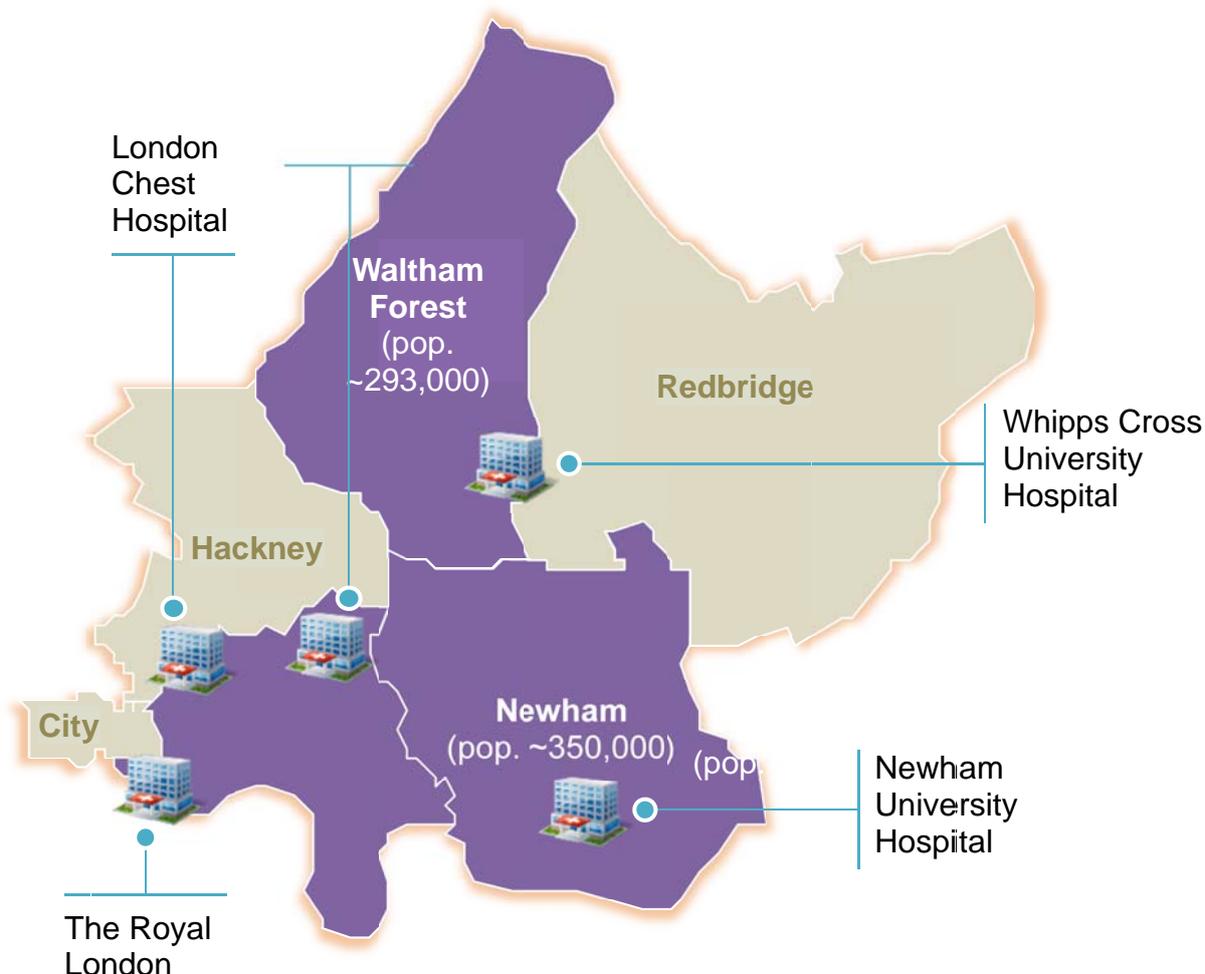
Section Nine describes in further detail what the latest 2011 Census data tells us and the most significant demographic health issues for the CCG.

### Provider landscape

The North and East London provider landscape is characterised by a wide mix of organisational types, ranging from very large specialist teaching hospitals, specialist hospitals and integrated care organisations through to smaller acute units, there is also a significant private provider market in the area. The nature of healthcare in London means that there are good levels of competition within the sector. Information is included below that covers all of north and east London to show the full context from the wider provider landscape.

In East London both the major acute providers are facing significant financial and service challenges and are working on plans to deliver the sustainable high quality services necessary. Once these have been agreed with the National Trust Development Agency (NTDA) a trajectory for progression will be set.

### Waltham Forest Overview of Providers



The table below describes in more detail the services provided.

NORTH EAST LONDON			Service provision			
Status	Trust	Inpatient beds	Specialist Services	Acute	Community	Mental Health
NHS Trust	BARTS AND THE LONDON NHS TRUST	2012		X	X	
	NEWHAM UNIVERSITY HOSPITAL NHS TRUST			X		
	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST			X		
Foundation Trust	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	410		X	X	
NHS Trust	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	1030	X	X		
Foundation Trust	EAST LONDON NHS FOUNDATION TRUST	721				X
Foundation Trust	NORTH EAST LONDON NHS FOUNDATION TRUST	420			X	X

## GP Localities

We have implemented an ambitious, innovative programme to develop commissioning clinical localities to bring non-acute commissioning closer to our community and consolidate partnerships with the locality authority.

The localities comprise of geographically based groups of GP practices that hold and manage commissioning funds for the area population and have real purchasing power through the delegation of hospital and community health service budgets. The four key aims of the localities are:

1. Commission out of hospital care (contracts will be devolved to localities).
2. Deliver efficiency, quality and other targets.
3. Improve quality in primary care.
4. To care manage patients.

The localities will also work together to assess patient health and social care needs, and through the locality consortia, deliver improved health outcomes, improve quality in primary care and influence health care redesign to inform the CCG's commissioning plans and activities.

## SECTION FIVE OUR VISION, VALUES AND STRATEGIC GOALS

Our vision and values have been given a renewed focus by membership practices and CCG staff to create a strong sense of purpose and direction. Our vision is the organisation's statement of intent and by defining our values shapes the direction of our strategic planning which underpins all that we do. Our commissioning strategy articulates how we are going to get there.

Our vision is:

*“To put patients at the centre of everything that we do by using their experience to shape care pathways, improve service delivery and ensure value for money.”*

Our values are:

1. We will act with integrity, treating everyone with respect and equity
2. We will actively listen to enable everyone to maximise their potential and fully contribute to the organisation
3. We will work in close participation with our partners across health and social care

### Strategic Goals

As a result of a process of partner, patient and public engagement and analysis of population data, we have identified our strategic objectives:

1. To improve the health outcomes of our local population.
2. To deliver high quality services through effective commissioning
3. To balance our books financially by delivery of our QIPP (Quality, Innovation, Productivity and Prevention) programmes which identify areas where services can be redesigned to improve care and be more cost-effective.
4. To establish collaborative commissioning arrangements with a focus on Barts Health (which includes Whipps Cross University Hospital).
5. To deliver effective patient and public engagement in line with the NHS constitution.
6. To maximise clinical engagement with GPs in our three localities and other health professionals from hospital and community services and Public Health, through effective engagement and development.

In response to the NHS outcome indicators showing that Waltham Forest patient experience of GP services and Out of Hours GP services is significantly worse than the national average, we wish to address this by including improving the patient experience as an additional strategic objective.

## SECTION SIX CCG STRATEGIC PRIORITIES

The CCG's priorities and key programmes for delivering change are described in this section. They are clinically led and based on national and local health data and intelligence (see section three) and form an ambitious work programme for the organisation and support delivery of our strategic objectives. Further detail on these schemes and other areas is contained in section thirteen.

### 1. Integrated Care and Care Management

Integrated care is a key transformational change programme for Waltham Forest. The local health and social economy is entering the second year of embedding integrated care to help people with the highest need. The London Borough of Waltham Forest and the Waltham Forest Clinical Commissioning Group have come together with their health and social care partners across East London to build a model of integrated care that looks at the whole person – their physical health, mental health and social care needs.

### 2. Integrated Commissioning

The £3.8 billion Better Care Funding was announced in the June 2013 spending review to be spent locally on health and care to enable closer integration to improve outcomes for people with care and support needs. It is a joint fund and not a transfer to social care and brings together NHS and local government resources which are already committed to existing core activity. This fund which equates to approximately £3 million for the CCG is designed to improve services and deliver value for money and the expectation is that there will be shared programmes that deliver better outcomes for individuals.

The CCG will prioritise work with the local authority to agree how the money is spent, to satisfy local needs and the conditions attached to the grant e.g. ensuring seven day working to support hospital discharge and relieve pressure on urgent and emergency care. Some policy decisions around this are still being finalised by Ministers but there will be two year allocations for 2014/15 and 2015/6 to enable our joint planning.

### 3. Community Health Services

Over the next year we will be developing service specifications for community nursing that will redesign the service to enable us to achieve our ambitious integrated care programme. We will be undertaking significant stakeholder engagement to re-specify the service and will go out to market in 2015/16 to procure a provider to deliver the redesigned specification.

We are also reviewing all our Community Specialist services and will undertake a full procurement exercise in 2015/6.

### 4. Urgent Care and Ambulatory Care

At a strategic level we will set out how the ambulatory care service fits as part of the urgent care strategy for Waltham Forest, focusing in particular on the inter-relationships and inter-dependencies that it has with the integrated care programme and the Whipps Cross Urgent and Emergency Care Centre.

We intend to develop a clear specification for the service working with our primary care, secondary care, community care and social care services to achieve this. Using the new specifications we will drive a greater case mix in patients being seen by the service focusing on conditions that most commonly have a zero or one day length of stay admission.

## **5. GP Provider Networks**

Our ambition is that all people living in Waltham Forest with long term conditions or suffering episodes of ill health or injury should receive care that is consistent no matter where they live, integrated across multi-disciplinary teams, with a more preventative approach to treatment and care. We are committed to supporting the development of GP provider networks which are geographically based groups of GP practices working together as providers to deliver a wider range of integrated multi-disciplinary team services.

## SECTION SEVEN CLINICAL PRIORITIES

### Clinical Priorities

Our Communications and Community Engagement Strategy describes how the CCG works with our stakeholders and we started to put this into practice during the development of the Operating Plan 2013/14. This process was also fully informed by the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWBS).

The JHWBS developed seven themes to drive delivery of the 'good life' by improving health and wellbeing and reducing health inequalities in Waltham Forest:

1. A good start in life for children
2. Building skills and resilience for young people, along with strong educational achievement
3. Good employment and work opportunities
4. A thriving retirement
5. Prevention opportunities across the life course
6. A sustainable environment that enables residents to take control of their health and lives and embeds opportunities for preventing health and social problems
7. Safeguarding the wellbeing of all children, young people and vulnerable adults in Waltham Forest

Following the recommendations of the Marmot Review of Health Inequalities in England, the JHWBS adopts a life course perspective, with an increased priority on prevention to address the increasing number of sick people with a poor quality of life, using expensive acute and social care services and leading to an unaffordable health and social care system.

These priorities are in alignment with the CCG's five clinical priorities that form the core of the CCG's transformational commissioning to improve health outcomes. These are described in Table 1 below.

**Table 1**

Health Outcome Improvement Area	Outcome Improvement
1. Care for Older People	<ul style="list-style-type: none"> <li>• To reduce avoidable hospital admissions by 20% for people at high risk of admission</li> <li>• To increase dementia diagnosis</li> <li>• To maximise rehabilitation and re-ablement</li> </ul>
2. Mental health	<ul style="list-style-type: none"> <li>• To increase IAPT access to 8.5 of the eligible population and develop more focus on integration of physical health and mental health to broaden the range of treatments for local people with co-morbid long term conditions</li> <li>• To commission high quality integrated care for acute mental health services with a stronger focus on managing seriously mental ill people out of hospital and reduce the number of beds needed to ensure recovery</li> <li>• To maximise the benefits of community service</li> </ul>

Health Outcome Improvement Area	Outcome Improvement
	for all people requiring mental health services, young and old. This will include consulting on a new strategy for adults for working age and CAMHs <ul style="list-style-type: none"> <li>• Addressing physical health through positive wellbeing schemes including piloting with at least 10 GP practices how physical health checks can be improved and delivered in primary care</li> </ul>
3. Diabetes as part of long term condition management	<ul style="list-style-type: none"> <li>• Improve the management of diabetes through outcome measures and through implementing the Year of Care programme</li> <li>• To empower all patients in the management of their care, through structured care planning and good, accessible patient education</li> </ul>
4. Child and Maternity Care	<ul style="list-style-type: none"> <li>• Work with all partners to ensure the “best start in life for children” through implementation of the healthy child programme</li> <li>• To see that all children born with a disability access the equipment they need</li> <li>• To reduce avoidable admissions for children</li> <li>• Provide 1:1 care in labour, meeting women’s choices and empowering them as new parents</li> </ul>
5. Cancer	<ul style="list-style-type: none"> <li>• To have a cancer awareness project running in every practice to maximise early detection</li> <li>• To manage end of life care so that more people can die outside of hospital</li> </ul>

NHS England (NHSE) has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. As a part of the 2013/14 Operating Plan, NHSE has set a ‘Quality Premium’ that incorporates four national measures and three local measures.

We will be eligible for a ‘reward’ payment for an improvement in achievement against these seven measures.

The CCG has developed three local priority measures to measure achievement of its plans in 2013/14. These have been chosen in collaboration with the Waltham Forest Health and Wellbeing Board and NHS England and will be used alongside existing national indicators to assess the CCG’s performance and delivery of these indicators will attract a Quality Premium Payment if the performance indicators are achieved:

1. **Care for Older People:** reduce the number of emergency admissions for urinary tract infections by 15% of the 2012/13 level. The elderly and people with long-term conditions are more likely to be admitted to hospital and local analysis has shown that a significant proportion of admissions are for potentially preventable conditions, including urinary tract infections. Through the integrated care programme Waltham Forest CCG aims to better support older people and proactively identify the issues that may result in a hospital admission.

The CCG is also mindful of its wider responsibilities and the partnerships that will be required 2014 and beyond. We will work with the London Borough of Waltham Forest to share public health resource effectively and support the development of a joint health and well being strategy through the Health and Wellbeing Board as the strategic point for area planning. We will ensure close working together to ensure strategic alignment on joint commissioning of services.

2. **Mental Health:** improving the management of patients with serious mental health conditions by increasing referrals to weight management services to 50%. People with mental health conditions are much more likely to suffer physical health problems. The aim of this target is not just to identify weight management issues in seriously mental ill patients and scope out how GPs can refer to services that support people with mental health conditions to achieve healthy lifestyles and improve health outcomes.
3. **Diabetes:** raise the proportion of people who receive all recommended care processes for diabetes to the national average. Diabetes is a significant long term condition in Waltham Forest both in terms of prevalence and associated outcomes. The modelled prevalence of diabetes for England and for Waltham Forest in 2012 is 8.2 (16,657 patients), and 7.3% respectively. It is predicted that by 2030, Waltham Forest and national prevalence will go up to 11.1% and 8.8% (22,548) respectively.

Waltham Forest will adopt the 'Year of Care' approach, ensuring patients receive personalised care planning, and drive up quality through primary care networks, encouraging practice to work together share best practice.

## Clinical Service Improvement

### Mental Health

During 2013/4 the CCG worked with its partners to publish and consult on a strategy for adults of working age called "Better Mental Health which builds on other mental health strategies including Autism, Dementia and CAMHs (Child and Adolescent Mental Health Services) all of which have been shaped and influenced by the JNSA. The CCG will work with the GP membership to focus on better primary care and mental health access over the next few years with a focus on integrated care, managing more mental health conditions within primary care, developing payment by results and better pathways of care.

### Children and Young People

Improving the health of Children and Young within Waltham Forest is a priority for the CCG, around a quarter of the Waltham Forest population is under 20 years old. Our priorities are chosen across the spectrum of care for children including developing pathways to reduce inappropriate acute and scheduled care through the enhancement of care closer to home; and improving integrated care for children by improving partnership working with community services and the local authority.

### Cancer

We are committed to improving cancer care through early diagnosis and are signed up to the National Cancer Early Diagnosis Primary Care Engagement Pilot to help support primary care to drive up quality and improving cancer outcomes. Plans that will be delivered as part of the pilot include:

- A dedicated facilitator for Waltham Forest practices who will act as a single point of contact for early diagnosis issues

- Joining up of local cancer activities to ensure that there is consistency and a stream lined approach to primary care engagement on early diagnosis
- Support to nurses and non-clinical staff to engage with early diagnosis and ensuring there are appropriate safety netting procedures in place
- Driving up quality through an overall reduction in the variation of GP two week wait referrals to secondary care and conversion to cancer ratios across the CCG
- Contribution to reducing emergency admissions
- Improving patient experience and clinical outcomes.

## SECTION EIGHT COMMISSIONING FOR QUALITY

Our objective is to shape the quality of services to better meet the needs of the people in Waltham Forest, whilst ensuring services are subject to the rigorous checks and balances expected from contracted services. When we talk about quality we mean patient safety, effectiveness of care and patient experience. Assuring these three elements of quality for patients will be central to our work with providers in secondary and primary care.

NHS WFCCG Commissioning Intentions for 2014/15 and approach to commissioning Quality standards in 2016/17 will supplement the NHS Outcomes Framework and include the local delivery of national outcome goals. The government is consulting on refreshing the Mandate to NHS England for 2014 to 2015. WFCCG will ensure that the main proposed changes to the Mandate are reflected in our core priorities.

### Delivery of NHS Outcomes Framework

This national framework sets out 5 domains within which the NHS aims to achieve improvements. Each domain has a number of outcome indicators, which have been linked to the CCG's outcomes; a summary of the domains is shown in the table below:

#### NHS Outcomes Framework 2013/14

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long term conditions</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill health or following injury</b>
<b>Domain 4</b>	<b>Ensuring that people have a positive experience of care</b>
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>

WFCCG monitors the safety and quality of the services that we commission through regular review at joint monthly meetings with Barts Health NHS Trust and North East London Mental Health Trust. We review information from quality accounts, audits, external reviews, serious incidents, patient feedback, the Friends and Family Test (FFT) and complaints. We undertake Quality Assurance Visits and Peer Reviews with the hospitals this gives us the opportunity to meet with patients and staff and see exactly how services are being delivered. In addition we have specified quality requirements in the contract with each trust, including Commissioning for Quality and Innovation (CQUIN) schemes for 2013/15. These requirements are also reviewed regularly at the meetings.

## Quality Assurance Processes

In addition to the contractual and operating performance related standards, there has been an ongoing focus on ensuring that providers of services to WFCCG communities are delivering quality services. Quality is assured through a wide range of metrics, indicators, dashboards, information and intelligence gathered nationally, regionally and locally. A priority will be the development of a timely and comprehensive quality assurance system to prevent, identify and respond to quality failures, taking on board the recommendations of the Francis Report. The CCG will link to the local Quality Surveillance Group (London region) to share information and intelligence and receive assurance through its Performance and Quality Committee and Governing Body.

## Francis Report

The CCG will work with all of our providers to ensure that the patient remains at the centre and that a culture of openness, transparency and candour is promoted throughout the system. We accept responsibility and accountability for implementation of the recommendations made by Robert Francis QC following the Mid-Staffordshire Inquiry. We have developed a cross system action plan to ensure required changes are implemented and embedded as the common practice and culture within our provider and commissioner organisations.

## Winterbourne View Hospital Review

In the light of 'Transforming Care: A National response to Winterbourne View Hospital', the aim will be to ensure a dramatic reduction in hospital placements for people with learning disabilities, mental health conditions, challenging behaviour or autism in NHS funded care. The CCG is implementing a care pathway for people with learning disabilities, which includes pre-admission and discharge planning, risk assessment and use of a 'Patient Passport'.

Waltham Forest Local Authority completed a self-assessment stock take in July 2013. The purpose of the stock take was to enable local areas to assess their progress and for that to be shared nationally. The completion of the stock take helped establish what needed to be expedited and provided a firm basis for each local development plan. The CCG will work with local government colleagues and contribute to the stock take to develop a comprehensive picture of local progress. The stock take also enabled local areas identify what help and assistance they required from the Winterbourne View Joint Improvement Programme and helped identify where resources can best be targeted.

## Compassion in Practice

We embrace the six fundamental values outlined in Compassion in Practice the national vision and strategy for nurses, midwives and care staff:

**6Cs** - Care, Compassion, Competence, Communication, Courage, and Commitment. We will strive for the best care for all patients and people we support. We want to ensure that patients receive quality care as well as quality of treatment in services we commission.

## Quality incentives CQUIN

The CCG continues to work with providers to ensure that the CQUIN schemes both in the current and future contracts are delivering quality services. CQUIN continues to allow providers to earn up to 2.5% of their annual contract outturn with one fifth available for achievement of national improvement goals as follows:

- Friends and Family Test – where commissioners will be empowered to incentivise high performing providers
- Improvement against the NHS Safety Thermometer, particularly pressure sores
- Improving dementia and delirium care
- Improving diagnosis in mental health

The providers' performance will also be reviewed to ensure that they have met the pre-requirement criteria for CQUIN in order to be eligible for future schemes:

### Promoting quality in Primary care

The CCG is committed to working with our practices, both individually and through the locality arrangements, to promote quality in primary care and support improvements; ways in which we will do this include the following:

- Using data, and sharing information across practices and localities
- Having an open culture of peer review, constructive challenge and shared learning; specifically through the locality arrangements
- Implementing interventions which have the most beneficial impact on health outcomes and patient experience, including best practice pathways common across all our practices
- Developing services at a local level, and developing the ability to tackle variation in provision through inter practice referral systems
- Work to improve primary care access
- Promoting patient safety in primary care; and we will assess the feasibility of introducing a primary care 'never events' process
- Working with practices on managing demand, activity, and budgets
- Working with practices on medicines optimisation.

We will work alongside NHS England (London region) who commission primary care and have been developing frameworks for quality improvement. Once the frameworks are in place we will be working with the information supplied, including any primary care dashboards, to promote quality and improvement with our practices.

### Safeguarding Children and Vulnerable Adults

WFCCG is statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes specific responsibilities for looked after children and for supporting the Child Death Overview process.

In response to the guidance set out in the Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013<sup>5</sup> WFCCG takes a cross generational approach to safeguarding children, young people and adults. This is delivered through a single integrated team that provides strategic leadership for safeguarding children, looked after children and vulnerable adults across the Waltham Forest health economy. The roles provide leadership, quality assurance, training, supervision and specialist clinical advice on safeguarding to the CCG and the provider organisations.

---

<sup>5</sup> Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013

WFCCG is currently developing a single safeguarding strategy for 2014 to 2015 to enable cross generational working across WFCCG. The Safeguarding team will present progress against the strategy work plan to the Performance and Quality Committee on a Quarterly basis. WFCCG has a high level of commitment to safeguarding children and adults and is an active member of the Local Safeguarding Children Board and the Safeguarding Adult Board.

### Care Quality Commission Inspection

WFCCG were the first CCG to be inspected under the Care Quality Commission (CQC) new inspection framework for review of children looked after and safeguarding. The CQC report noted that we fulfilled our statutory duty and had good leadership and governance arrangements in place. WFCCG will lead on managing the composite action plan to ensure health care agencies implement the recommendations set out in the CQC report.

Overarching development areas for 2014-2015 are:

1. Develop the WFCCG Safeguarding strategy to reflect new strategic priorities and in particular to respond to the changes in legislation, statutory guidance, health service structures and partnership priorities.
2. Support health providers undergoing restructuring to ensure that safeguarding arrangements are maintained through transitions, particularly those around transferring Community Services.
3. Improve the quality monitoring of care homes and how the care of these most vulnerable adults is assured.
4. Implement and monitor the effectiveness of the newly developed Looked After Children Care Pathway Strategy.
5. Lead on the implementation and evaluation of the composite action plan in response to the CQC report October 2013 for Review of Safeguarding Children and Looked After Children Services.

## SECTION NINE CASE FOR CHANGE

In order for us to commission services that will support delivery of our vision it is essential that we understand our population and their health needs. This intelligence will ensure that our strategic objectives and programmes are focused on where the greatest health gain can be made. This section describes the key characteristics of the local population and their health needs.

### Population

- The 2011 census records a population of 259,742 persons living in the borough in over 96,861 households.
- The borough has a similar age structure to London as a whole with a larger percentage of children and people aged 20-39 than the England and Wales average.
- The 2011 Census data show that Waltham Forest's BAME (Black Asian and Minority Ethnic) population is 123,450. This is the 13th highest across the London boroughs and the 8th highest when expressed as a percentage of total population (47.8%)

### Population Projection

- Population projections based on the 2011 Census for the year 2021 suggest notable increases, specifically there will be around 13,156 more children (0-14 years), 2,086 fewer people aged in the range of 16-23 years and 2,410 more people above the current state pension age (over 65s) living in Waltham Forest by 2021.
- Overall increase in population between 2011 and 2021 is projected to be around 32,614, 12.6% increase

### Deprivation

- Deprivation has increased in Waltham Forest, both relatively (i.e. compared to other boroughs) and absolutely. There are increased numbers of families and individuals in receipt of benefits and applying for social housing (comparing 2009 to 2011 population databases for the borough).

### Areas where Waltham Forest compares poorly or well against England

- Compared to England, Waltham Forest has high numbers of children in poverty (estimated at 16,800 children); 23.5% of year 6 children are obese; there are high numbers of statutory homeless, poorer GCSE attainment, higher levels of violent crime and high numbers of long term unemployed.
- Waltham Forest compares well to other boroughs across England on initiating breast-feeding, low rates of women smoking in pregnancy, higher numbers of adults eating healthier food, and lower numbers of road injuries and deaths<sup>6</sup>.

---

<sup>6</sup> These figures are taken from the 2013 Waltham Forest Health Profile. The source data varies by year.

## Issues affecting children and families

- Infant mortality rates are high compared to England (2009-11).
- Immunisations are high but do not meet the WHO target in some cases, for example 2<sup>nd</sup> MMR which currently stands at 85.6% at aged 5 compared to a WHO target of 95% coverage
- Waltham Forest is estimated to have the second highest rate/1000 of congenital and genetic birth disorders in London.
- Despite a large reduction in teenage pregnancy rates over the last few years they remain high.

## Adults: Smoking, substance misuse, alcohol and obesity

- Waltham Forest has high rates of hospital admission for alcohol and the trend is upwards, with admissions for men significantly higher than London and England.
- About 20% of Waltham Forest residents have been identified as risk drinkers.
- Waltham Forest has high numbers of drug users with Hepatitis C virus, with over 50% of IV drug users injecting in 2012 HCV positive.
- Around 21% of the population smoke. Smoking attributable hospital admissions are amongst the highest in the country. Use of stop smoking services is declining.
- Around 9% of the adult population is obese, below the level for England.

## Infectious Disease

- The number of cases of TB is high and rising, currently at 50 cases per 100,000 compared to a London wide rate of 44 cases per 100,000. Diagnosis in A&E indicates that TB is being diagnosed at a late stage. This is an important and urgent local issue.
- Young people are those most likely to be affected by a sexually transmitted disease, in particular Chlamydia and gonorrhoea (16 – 24 year olds). Waltham Forest ranked 15<sup>th</sup> highest out of all local authorities for rates of sexually transmitted infections in 2012.
- HIV is more predominant in the over 25 age group. 802 people accessed services for HIV locally in 2011. A high number of people are not diagnosed early with HIV (47% of diagnoses made in 2011). This delayed access to treatment leads to lower life expectancy, the potential for more serious illness during the course of the illness and a higher need for health and social care services.

## Long Term Conditions

- Diabetes remains a significant problem for the community, with QOF recording 5.9% of the population in total. This is considered an under recording of the true prevalence, with over 6,500 further people in the borough estimated to be undiagnosed.

- The estimated number of all deaths attributable to diabetes for those aged 20 – 79 in Waltham Forest is 14.6%, similar to other boroughs in outer and inner north east London but much higher than in England<sup>7</sup>.
- The incidence of all cancers has risen in the years 2008-10. Cancer mortality is higher in the borough than England. There is poor 5- year survival which is probably due to poor awareness of signs and symptoms amongst segments of the local population.
- Prostate cancer incidence is much higher than London as a whole and England (2010), but lung, bowel and breast cancer are either lower than London or similar. Uptake of screening is in line with London rates, although similarly to the rest of London, lower than national targets.
- The association between deprivation and prevalence of coronary heart disease in London remains strong, with Waltham Forest having a higher prevalence of CHD at all ages, comparable to other boroughs with high IMD scores (high relative deprivation).
- GP registers (2011-12) record 2.08% of the population as having CHD. This is estimated to be about 35% of the true rate (estimated at 6.03%).
- Cardiovascular disease remains the biggest killer of those aged 75 and under, and there are significantly higher rates in the poorer wards compared to more affluent areas.
- The increase in older black and minority ethnic populations in the borough is important to plan for because these groups are more at risk of CVD.
- The 2010/11 SMI register for Waltham Forest showed 2,813 people with schizophrenia, bipolar disorder and other psychoses registered with GPs. This amounts to a prevalence of 1%, higher than national and ONEL prevalence; and is expected to be even higher as some patients currently treated at NELFT are not known to the primary care system.
- BME groups and older people in Waltham Forest experienced significantly higher standardised emergency admission rates (198.5) for severe mental illness compared to their White counterparts – 103.1 /1000 in 2009/10 and 2010/11.

## Life Expectancy

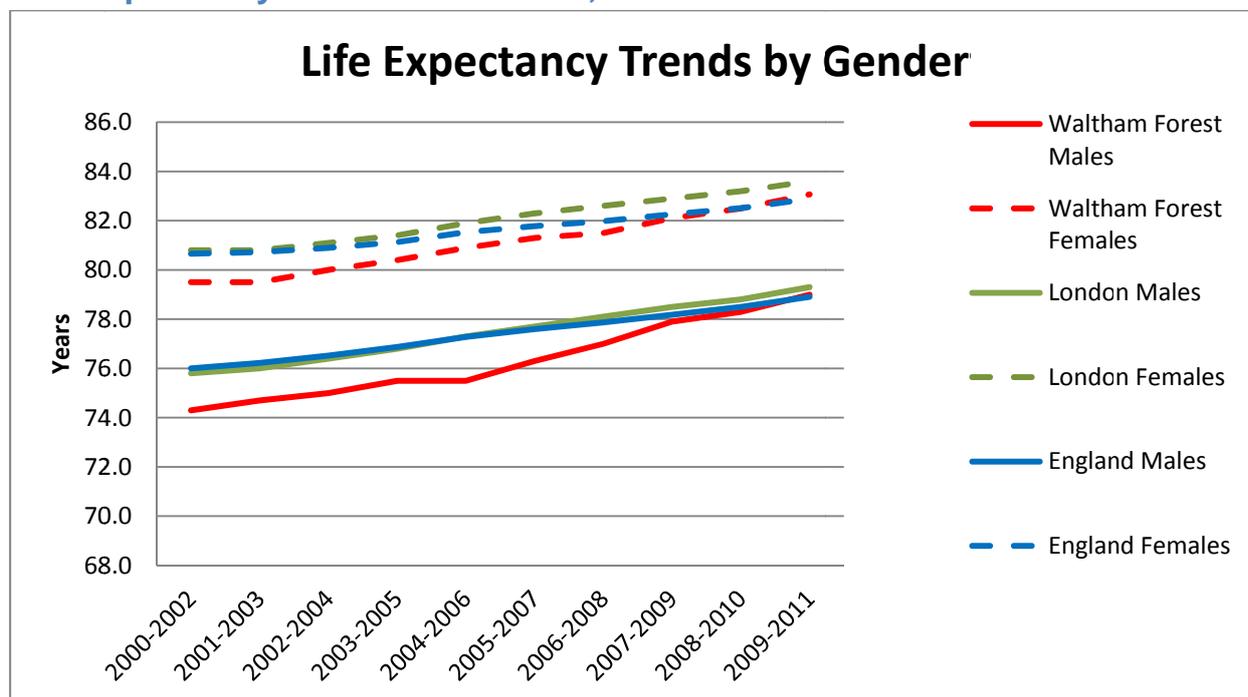
- Life expectancy across the whole borough looks much improved compared to 2001 but underlying reasons for this are not yet fully understood. There has been a significant increase in population and it may simply be that the mortality rates have stayed the same but are applied to a larger denominator
- All- cause mortality rates have fallen in last 10 years. There continues to be a reduction in the number of people dying from stroke or heart disease. The SMR<sup>8</sup> for Waltham

<sup>7</sup> Statistics from this point are taken from the London Needs Assessment Toolkit on the Public Health England website accessed October 2013. Statistics are refreshed at varying intervals – all data quoted is the most recent made available.

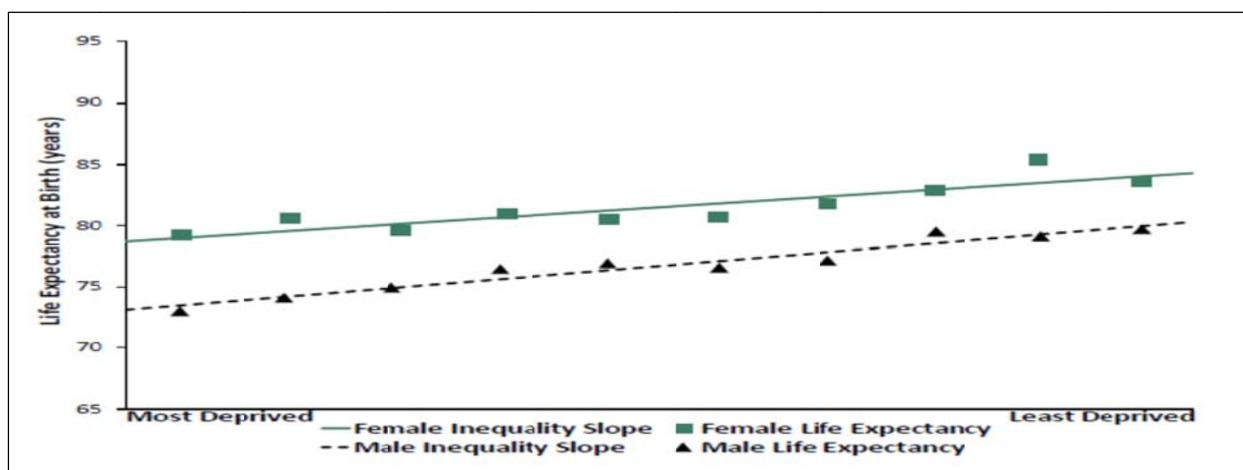
<sup>8</sup> SMR – similarly to the Standardised Admission Ratio the Standardised Mortality Ratio compares Waltham Forest with England, by comparing observed with expected deaths.

Forest is 100.32 – higher than for London, lower than outer north east London – but the rate for Lea Bridge ward is much higher, at 170.33 (2006-2010).

### Life Expectancy in Waltham Forest, 2011 Census Data



### Slope index of health inequality in Waltham Forest 2013



The lines on this chart represent the Slope Index of inequality, which is a modelled estimate of the range in life expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 7.1 years for males and 5.5 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area. *Source: Local Health Profiles 2013 Public Health England*

## SECTION TEN OUR APPROACH

### Integrated Governance

NHS Waltham Forest Clinical Commissioning Group (WFCCG) has put in place robust governance arrangements in order to support our Membership organisation. These are demonstrated through WFCCG's Constitution, Standards of Business Conduct, active management of our conflicts of interest, and clinical quality assurance arrangements through our approach to clinical procurements.

Our Governing Body has overall responsibility for delivery of our key objectives and is supported through a meeting structure that underpins all the necessary statutory and good practice governance disciplines. These in turn ensure effective decision making when commissioning the services for which we are responsible. A range of policies and procedures are being developed to provide information, guidance and direction to ensure such decisions are made within a safe and secure environment for both our staff and our local population.

### Board Assurance Framework

The Board Assurance Framework assists the Governing Body in considering the risk to the achievement of our corporate objectives, how those risks can be mitigated and what controls and assurances are in place. The WFCCG assurance framework will remain under review 2013-15

### Clinical Quality Assurance

Clinical quality assurance is provided through a number of channels. These include the WFCCG clinically led Quality and Performance Committee and the Clinical Quality Review meetings (CQRM) with our key providers. This proactive assurance approach helps to ensure that safety and clinical quality is at the heart of our business. This includes working with Waltham Forest Local Authority on safeguarding our children and vulnerable adults and ensuring effective continuing health care in for example, our care homes.

To ensure that we are delivering good value for money in the services we commission for our local population we have a range of financial controls in place. These are described in our Standing Orders, Prime Financial policies and Scheme of reservation and delegation which are included in the CCGs Constitution. Our clinically led Finance and QIPP sub-committee provide financial oversight and management of our QIPP programmes.

### Information Governance

Performance against our Information Governance (IG) responsibilities is recorded through the Health and Social Care Information Centre (HSCIC) IG toolkit against which we are required to make an annual return. Key elements to the IG tool kit include our arrangements for the management of personal confidential data and the data sharing arrangements that we have in place with our commissioned providers. The effectiveness of these arrangements is overseen by our Caldicott Guardian. Our Senior Information Risk Officer (SIRO) is responsible for ensuring robust systems and processes are in place and for the

management of IG and information security risks. Both our Caldicott Guardian and SIRO provide assurances to the Governing Body for their respective areas.

## Risk Management

WFCCG is developing a Risk Management and Assurance Strategy that will draw on existing policy, good practice from elsewhere in the region and nationally, and the advice and expertise of Internal Audit. The risk management strategy will be reviewed annually by the Performance and Quality Committee and/or the Audit Committee on behalf of the Governing Body. The strategy will then be subject to annual approval by the Governing Body.

## Communication

In the 'Member Engagement' section we have described our approach to communicating with our Members, and our key objective in improving communication in this area. In this section we will describe how good communication can support the CCG's governance function; and how good governance can strengthen the CCG's communication function.

In our Communications Strategy we have committed to pursuing a number of objectives, and following a number of principles as we pursue those objectives.

Two of our objectives are:

1. We want to ensure that all our communications vehicles are regularly updated, so our stakeholders are always up-to-date on what is happening at the CCG.
2. We plan to fulfil our statutory communications responsibilities.

Ensuring communications vehicles are up-to-date will support the CCG's governance function in that stakeholders will always be directed to the current versions of governance products.

Fulfilling our statutory communications responsibilities will support the CCG's governance function in that it will mean we are compliant in key areas, like our consultation processes and response to Freedom of Information requests.

Two of the principles we have described in our Communications Strategy are:

1. There will be a clear sign-off process for all communications.
2. There will be mechanisms for feedback, review and evaluation; and communications will evolve to reflect that feedback.

Both these principles show the work of good governance strengthening our communication function.

## Community Participation

In the 'Public Engagement' section we have described how community participation is central to our approach as a CCG. This is reflected in the CCG's governance in the following three ways.

### 1. CCG Reference Group

The CCG is currently recruiting to a new community participation group: the CCG Reference Group. This group will help provide the structure by which the local community can influence every stage of the commissioning cycle.

The CCG Reference Group fits into the CCG's meetings structure in that the meeting reports into the Performance and Quality Committee. As such, issues raised in the CCG Reference Group will be escalated to a Subcommittee of the Board, and from there issues can be escalated to the Board at the discretion of the Performance and Quality Committee.

## 2. Monitoring Patient Choice and Feedback

In our Community Participation Strategy we committed to monitoring patient choice and feedback.

All information the CCG receives on Patient Choice and Feedback will be kept track of in a tracker that will go to the Performance and Quality Committee every month.

This Committee will then make decisions on any action that needs to be taken:

- to convert insights about patient choice into plans and decision-making; and
- to respond to any quality issues that have been identified, including safety issues.

Implementation of this tracker is a priority in the action plan we have created to deliver the Community Participation Strategy, with an implementation date of March 2014.

## 3. Learning from Complaints

In our Community Participation Strategy we committed to learning from complaints.

We want to learn from the complaints we receive. A list of all complaints we receive and how we have dealt with them will be considered by our Governing Body every three months at our meeting which is open to the public to attend. In addition, our Deputy Chair will regularly review all complaints to identify points made that could influence our commissioning plans. The Chair will raise these issues with our Governing Body to ensure that complaints are taken into account when commissioning services.

Implementation of this process is a priority in the action plan we have created to deliver the Community Participation Strategy, with an implementation date of March 2014.

## Equality and Diversity

Waltham Forest CCG is committed to equality and diversity, and this commitment will be described in our Equality and Diversity Strategy which is currently in development. At the moment we have four equality and diversity objectives. These are:

1. To develop and commission targeted initiatives to address health inequalities amongst protected groups
2. To improve access to services by all groups
3. To implement the Equality Delivery System (EDS) to manage equality performance across all functions
4. To develop an inclusive working culture which values diversity and supports staff to feel confident to challenge any harassment, bullying or perceived victimisation.

Our governance function will work to ensure the action plan created to deliver these objectives will cut across the CCG's work plan, so ensuring equality and diversity is embedded throughout the organisation.

We will also ensure equality and diversity is embedded throughout the organisation by introducing a section on our Governing Body cover sheet to indicate whether the report has been subject to Equality Analysis. We hope this will promote the use of Equality Analysis throughout the organisation.

## Public Engagement

A key aspect of our approach is public engagement, or as we think about it 'community participation'.

We are committed to involving our local community, including patients and the public, in the commissioning decisions we take. The Health and Social Care Act 2012 places considerable importance on people in the local community participating in decisions taken by CCGs. However in Waltham Forest we are committed to involving our community because we believe involving people is essential if we are to spend the money available to us as effectively as possible to improve healthcare.

For us, involving people in our community means more than just consulting; it means listening to the views of the people we serve and taking account of those views in all of the significant decisions we take.

Our Community Participation Strategy 2013-2016 sets out how we intend to involve people in the community in Waltham Forest in the commissioning decisions we take in the next three years. We have a lot to learn and want to work hard to get it right for our patients.

## Member Engagement

Engaging and communicating with our Members is essential to the success of Waltham Forest CCG.

In terms of Member communication, we are mindful that communication is a 'two way street'. It is not just about informing Members of what we are doing, but also about listening to Members and collaborating closely with them to improve the delivery of local health care services and ensure value for money. This will help avoid duplication or gaps in service provision and make sure that we focus on the areas of greatest need.

The key to successful communication will be finding the most effective methods to keep everyone informed and to receive feedback. In our Communications Strategy 2013-2016, we analysed how we currently communicate with our Members; how they currently communicate with us; and what our key objective is for improving communication in this area.

## How we currently communicate with members

Every CCG has a constitution which defines the governance and operation of the CCG. Each of our three localities (Chingford, Walthamstow and Leyton & Leytonstone) has formal monthly meetings led by GPs who are the locally elected Clinical Directors. Each practice sends at least one GP representative to represent their views. From time to time all Waltham Forest practices are invited to meetings to discuss important service changes. The aim is for these formal member meetings to be held at least quarterly.

GP members also receive a regular newsletter by email updating them about the work of the CCG; and the CCG website has a dedicated section for GPs (the GP Centre) which contains important clinical and administrative information. When something urgent needs to be communicated to GP members, this is done via email briefings. There is often a huge amount of information that needs to be communicated to our GP practices and it is important

that we have clear pathways of communication to ensure that important information is prioritised and disseminated in an effective fashion.

### **How members currently communicate with the CCG**

Members link into the CCG via the locality meetings described above.

We want to improve the GP Centre so that it becomes the first point of reference for our GP members. The site will contain guidelines, policies, an events notice board, practice advertisements, referral forms, care pathways and back issues of our member newsletter. The site will also be kept fully up-to-date so that it can be relied upon by our GP members.

## SECTION ELEVEN FINANCIAL STRATEGY

### Financial Context

In July 2010 the government introduced its White Paper for Equity and Excellence: Liberating the NHS which set out the future of the NHS. The fundamental theme of which was to move to Clinical Commissioning. The abolition of Strategic Health Authorities (SHA's) and Primary Care Trusts (PCT's) made way for Clinical Commissioning Groups to commission health services on behalf of the population regulated by NHS England and serviced, in part, by Commissioning Support Units (CSU).

This change happened alongside one of the biggest financial challenges ever faced by the NHS with nationally directed productivity savings amounting to £15 to £20 billion (20%) needing to be generated over the period from 2011/12 to 2014/15. The Quality, Innovation, Productivity and Prevention (QIPP) challenge is the response to this funding gap. Latest data suggests the challenge by 2020/21 is to identify £30 billion in efficiencies including £6.5 billion in London alone.

The achievement of savings is becoming more difficult because easier or transactional, savings have already been made and it is savings as a result of transformation that are now required.

It has been noted nationally that savings plans are needed beyond 2014/15 as NHS organisations are being asked to do more for the same money. The CCG is responding to this challenge by working closely with local partners to develop a sustainable and efficient healthcare service.

We understand the importance of strong and sound financial planning and management and the need to plan effectively to ensure that the CCG can deliver its statutory responsibilities for commissioning services. We have used the latest assumptions from Everyone Counts: Planning for Patients along with local assumptions to model our financial plans within which our QIPP savings target is embedded, achievement of our QIPP savings is imperative if we are to secure a sustainable future for our health economy.

### Financial Strategy

The overall purpose of the medium term financial strategy (MTFS) is to underpin the delivery of the CCG's strategy by establishing a robust, flexible and sustainable financial environment within which to operate. The strategy will enable the local system to develop as necessary within the context of the current and projected economic and political climate providing a financial framework for collaborative working.

The purpose of this financial strategy is as follows:

- to review the resources allocated to NHS WFCCG and promote the fair allocation of resources to meet the health needs of Waltham Forest residents
- Promotes robust financial control along with the implementation and maintenance of strong governance arrangements
- Aims to deliver a sustainable recurrent surplus
- Will meet the statutory requirements of the organisation

- Demonstrates the most appropriate use of resources for the population based on need.

The MTFS will be revisited annually in line with the CCG's operational and strategic planning and will be informed by any emerging NHS planning guidance.

The resource assumptions used in the MTFS are those issued by the NHS England within "Everyone Counts" which was published in December 2012. Overall in the NHS, annual uplifts have reduced in recent years after a prolonged period of substantial real term growth. Public sector finances will continue to be adversely affected as the Government seeks to balance the UK economy.

Technological developments in medical treatments and equipment as well as increases in the elderly population and the numbers with long term conditions are leading to pressures on healthcare budgets.

Legislation such as the Human Rights Act can broaden access to certain interventions or drugs which can also lead to pressure on healthcare budgets.

The modelling for this MTFS begins by taking the CCG's forecast outturn financial position reported for the period April to September 2013 and makes adjustments for any non recurrent income and expenditure. This provides an underlying recurrent financial position at 2013/14 price base which can be the basis for modelling the impact of future planning assumptions.

### Projected CCG Allocation

The CCG allocation in 2013 £296.9 million inclusive of our £6.8 million running cost budget. This includes £3.1 million associated with a share of the carried forward PCT surplus and £0.5 million for a pharmacy LES and both of these allocations are non recurrent. As such, at the time of writing this CSP the underlying CCG allocation is £293.4 million.

The following table shows how we expect our allocation to change over the life of this plan based on the latest available planning guidance issued to CCG's.

<b>Projected CCG Allocation</b>	<b>2013/14 £M</b>	<b>2014/15 £M</b>	<b>2015/16 £M</b>
Opening Baseline	304.3	293.4	296.2
Growth	6.8	5.7	5.5
Non Recurrent Income	3.6		
Specialised Commissioning	(17.8)		
NHSE Transformation Fund		(2.9)	2.9
RCA Reduction from 2015/16			(0,7)
Integrated Transformation Fund			(8.9)
Closing Baseline	296.9	296.2	295.0

We have made no assumption about an allocation adjustment during the two years to reflect any reduction in the CCG's current distance from a "fair shares" target which is currently £26 million, pending confirmation of distance from target (DFT) policy in the operating framework.

### **Financial allocations**

The 2014/15 and 2015/16 income allocated to CCGs and direct commissioning has been published alongside the 2014/15 NHSE planning guidance. The chosen approach to allocation of funding has regard for population on a per capita basis and takes into account both inequalities and the impact of an ageing population on demand for healthcare. For CCGs, NHS England has adopted a revised funding formula recommended by the Advisory Committee on Resource Allocation

The implication of the distribution of resources is a differing level of efficiency challenge in 2014/15 and 2015/16 by commissioner. Over the two years the efficiency challenge for both CCGs and specialised commissioning is similar at approximately 9%, including the provider efficiency deflator.

### **Financial planning assumptions**

Surpluses and deficits accumulated at 31 March 2014 and subsequent years will be carried forward into the following financial years. Commissioners are asked to include proposals for access to historical surpluses, if required, in their plans

The prices within the National Tariff for 2014/15 are generally the 2013/14 prices rolled forward and adjusted for inflation and efficiency. The cost uplift for 2014/15 is 2.5% and the efficiency requirement is 4%, giving an overall adjustment to tariff prices of -1.5%

For emergency admissions, commissioners should budget for all admissions at 100 per cent of the tariff. They should only pay 30 per cent for emergency admissions over the 2008/9 baseline with the 70 per cent to be invested in relevant demand management schemes

## SECTION TWELVE QIPP SCHEMES 2014/15

As in previous years we need to make significant efficiency savings and these will be made through clinically led changes which reduce inefficiency and duplication of services and form the basis of our Quality, Innovation, Productivity and Prevention (QIPP) plans. We are planning for a gross value of QIPP schemes for 2014/15 totals £18m. The QIPP schemes for next year are being developed and are in project initiation and business plan development stages.

The schemes that involve acute providers are developed to identify activity at HRG level so that these can be incorporated into acute contract finance and activity plans. It is anticipated that the QIPP plans will largely mitigate the impact of estimated demographic and non demographic growth in acute and mental health services, rather than reduce the baseline- and this appears a reasonable assumption based on latest trends, especially when specialised services are removed

The CCG has been undertaking initial scoping around QIPP opportunities for 2014/15 and our current plans have been summarised by work stream in the following table:

<b>Draft 2014/15 QIPP Plan</b>	<b>2014/15 £M</b>
Full Year Impact of 2013/14 Programme	TBC
Integrated Care	1.2
Urgent Care Schemes	3.6
Planned Care Schemes	0.9
Productivity Schemes	9.3
Operating Costs and Other Schemes	0.1
Unidentified Schemes	3.2
<b>Total Draft QIPP Plan</b>	<b>18.3</b>

## SECTION THIRTEEN OPPORTUNITIES AND AREAS FOR SERVICE REDESIGN

### The Integrated Care Programme

In Waltham Forest approximately 22% of patients continue to account for 80% of all costs. From speaking with patients and looking at the experiences of local people who have been admitted to hospital, local residents have changing health needs. People are living longer, more have chronic and lifestyle diseases. Hospital is too often used as the answer where coordinated care in the community could lead to improved outcomes.

Waltham Forest has recognised already that coordinating care for people at most risk of admission to hospital helps to improve health outcomes. In 13/14 a number of key initiatives were commenced and refined in the borough including:

- Regular care planning and professional coordination for people at very high risk to ensure coordinated care including alignment of mental health professionals.
- Implementation and full roll out of a Rapid Response team to provide urgent and clinical response in the community or in accident and emergency for people who do not need a hospital admission.
- Psychiatric Liaison and long term condition demonstration projects for people with mental health needs to explore future options to improve mental health care

In 2014/15 and beyond, Waltham Forest CCG plans to extend these initiatives through additional expansion, refinement and improvement of the integrated care model. This includes:

#### Case management:

The current case management model for very high risk patients (top 1% of the population) will be refined to ensure access for all appropriate patients in this group. This will be achieved through working with the community provider to improve throughput and patient review as well as improving the effectiveness of signposting and navigation provided to patients. Specific training to navigators will be provided.

Care planning will be extended to appropriate people in the high risk group (1-3% initially) through investment in clinical care coordinators, specialist consultant input and in support workers. This will focus on people who are elderly and/or have multiple co morbidities to enable care in the community and facilitate a smooth transition to home if a visit to hospital does occur.

#### Rapid response:

Rapid response interface and integration with social care including re-ablement services are key areas for development in 2014/15. In addition there is further opportunity to refine effective and efficient integrated discharge processes from the acute to community care settings. In particular, there will be targeted focus on intravenous therapies provision in the community to ensure quality of care.

### Self-Care:

Improved access and promotion of self-care initiatives are key to the success of integrated care and to improve self-management for people with chronic conditions. Waltham Forest plans to review self-care provision alongside social care in 2014/15.

Moving forward as part of our strategy we will consider how best to include children and young people in the integrated care programme.

### Integrated Care Pioneers Programme:

In May 2013, national partners announced the 'pioneers' programme, inviting local areas to demonstrate the use of ambitious and innovative approaches to deliver person-centred, coordinated care and support. The aim is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes. Following a rigorous process to ensure only the most innovative and committed localities were selected; Waltham Forest was chosen to become a pioneer.

### Urgent Care Pathway

Over 2013/14 we have been working with our partners to identify and address the key issues that have led to very variable performance against the 95% ED waiting time target. As a clinical led commissioning group we want to ensure that we are able to make the most of the opportunities streamline how urgent care services are delivered. We have used the opportunity of significant levels of winter monies funding to identify interventions across the system that ensure that our population has access to the right care delivered in the right place. Our intention is to:

1. Maximise the impact of the implementation of the new 111 non-emergency number
2. Maximise the impact and utilisation of the Emergency and Urgent Care Centre (EUCC)
3. Maximise the new ways of looking after people under integrated care services
4. Maximise the opportunities for managing ambulatory care sensitive conditions

We need to work hard to make sure that health and social care work well together, so that no-one is in a hospital bed, unless that is the only place that they can be cared for.

This year we have set up an urgent care working group which brings all partners together to look at what we need to do to help keep our emergency systems working well. We have embarked on a programme of development so that we know how to make sure that one part of the care system is helping rather than hindering another part.

We know that we have quite a lot to do to make our systems as efficient and safe as they can be. To that end it is our intention to undertake a major piece of work to redesign the urgent care system in Waltham Forest. We think that this will take us at least six months and we will need to work with our partners and the public to be sure that we are proposing the right thing. Following on from that work, we will work with our current providers and the wider market to re-procure the system in time for an April 2015 start.

NHS outcome indicators show that we are significantly worse than the England value for emergency admissions that should not require hospital admission

There are a number of simple initiatives that we will implement in 2014/15 with the Emergency and Urgent Care Centre; in particular we want this service to:

- See more of the simpler urgent conditions

- Always see some groups of people and conditions
- Start to share staff with the Emergency department
- Make sure that ambulances drop people to the emergency and urgent care centre
- Where it is safe, re-direct people to their GP practice for an appointment
- Make sure that people with mental health problems can be seen in the department

Much of this work can already be done by the EUCC and we will be working to make sure that all the right mechanisms are in place to ensure that the EUCC is able to play a full role in the urgent care system for Waltham Forest. In addition changes in the London Ambulance Service (LAS) protocols have been introduced. Patients who can be appropriately treated in a UCC will now be taken direct to these facilities rather than the Emergency Department.

## Ambulatory Care

NHS outcome indicators show that we are significantly worse than the England value for unplanned hospitalisation for people with chronic ambulatory care sensitive conditions.

The CCG commissions an ambulatory care service from Barts Health based at Whipps Cross Hospital. The service sees patients from a defined list of 15 ambulatory care sensitive conditions including:

Acute Mono Arthritis	Low Risk Chest Pain	Low Risk GI Bleed
Acute Urinary Retention	Diabetes	Iron Deficiency Anaemia
Asthma	DVT	Jaundice
Cellulitis	Temporal Arthritis	Atrial Fibrillation

In 2013/14 we commissioned a report to look at the operational and contractual position of the service. This analysis shows that there is significant potential to increase the effectiveness of the services that would lead to high quality care for patients, in terms of fast access to emergency care as well as efficiency savings for the CCG.

At a strategic level we will set out how the ambulatory care service fits as part of the urgent care strategy for Waltham Forest, focusing in particular on the inter-relationships and inter-dependencies that it has with the integrated care programme and the Whipps Cross Urgent and Emergency Care Centre.

We intend to develop a clear specification for the service working with our primary care, secondary care, community care and social care services to achieve this. Using the new specifications we will drive a greater case mix in patients being seen by the service focusing on conditions that most commonly have a zero or one day length of stay admission.

We plan to enhance the telephone consultant level service advice that is available to GPs. This is both a model of best practice and has been reported as the highest priority developmental area of local GPs and also as the potential for admission avoidance.

## Mental Health

During 2013/4 the CCG worked with its partners to publish and consult on a strategy for adults of working age called "Better Mental Health". There were three main reasons for the strategy:

1. People in Waltham Forest have higher levels of severe mental illness than the rest of the country. Almost one in four British adults and one in ten children experience a

diagnosable mental health problem at any given time. This makes mental health problems the largest source of disability.

2. The population and prevalence of mental illness is rising but the financial resource for services is not on a relative basis. The strategy therefore has a primary care and transformational purpose in the medium term.
3. One of the key issues is that mental health problems account for 28% of morbidity, but spending on mental health services is only 13% of total NHS expenditure. This is because a lot of costs from mental health are hidden within acute care through co-morbidity so the strategy starts to address the issue that physical health and mental health has to be seen together.

This strategy builds on other mental health strategies Autism, Dementia and CAMHs all of which have been shaped and influenced by the JNSA.

Having made progress in 2013/4 on setting up a new community eating disorder service, continuing to develop a community based personality disorder service, testing out and piloting improved psychiatric liaison, redesigning and making home treatment for older people better in the borough, developing NICE compliant IAPTs services, developing a suicide and self harm strategy with public health, and undertaking a day care opportunities review with the council, leading to a stronger focus on personal budgets. The CCG now wishes to work with its GP members to focus on better primary care and mental health access over the next few years. This means:

1. A stronger focus on integrated care.
2. A stronger focus on developing primary care networks with the capability and capacity to manage the majority of mental health conditions within primary care. This will include developing IAPTs services for managing mild to moderate depression in line with national guidance.
3. Developing payment by results and better pathways of care to improve understanding of the costs and outcomes of services from the investment made in mental health. Over time, during the life of the CSP, it is expected there will be more choice and contestability of service for mental health in the local area.

## Improving Service Delivery in Mental Health

There are a number of other key areas where the CCG will work with others to prioritise improvement in care pathways or service delivery in relation to Mental Health diagnosis:

### Substance misuse

This is now commissioned by public health medicine function within the local council. Substance misuse conditions are often linked to co-morbidity with mental health users. Dual diagnosis and better management within primary care is therefore essential. Working with the council the CCG will develop a more primary care based treatment approach for alcohol and substance misuse to manage need at the right place and right time.

### Autism

The CCG working with the Local Authority consulted on a new strategy both for adults and children in 2013/4. One of the priority areas from the strategy is the development of an adult Autism Spectrum Disorder (ASD) pathway. A project to implement this pathway was commenced in 2013/14 and it is anticipated the pathway will be operational by the end of 2013/14. Over the next CSP period discussions with local providers will take place on implementing the Autism Strategy.

## Learning Difficulties

The CCG currently works in partnership with NELFT, as the main host provider and the local authority, who via a section 75 agreement is the lead commissioner. During 2014/5 the partnership plans to develop a revised vision via a new LD strategy which will involve consultation with various stakeholders including service users and carers.

## Children and Young People

Improving the health of children and young people within Waltham Forest is a priority for the CCG. Around a quarter of the Waltham Forest population is under 20 years old. There is a lot of evidence to suggest that prioritising the health needs of early childhood provides opportunities to add years to life expectancy and reduce inequalities.

We commission a range of services for children across acute and community care with some services commissioned in conjunction with partners. Services are commissioned for acutely unwell children, disabled children, children with complex needs and for children with long term conditions such as Asthma, Diabetes and Epilepsy.

NHS outcome indicators a deteriorating trend for admission of children with lower respiratory tract infections (LRTI) and we are working on a project to address this during 2014/15.

Some key documents that have influenced the priorities identified by the CCG include the 2013/14 Waltham Forest Joint Strategic Needs Assessment and The Waltham Forest “Joint Best Start in Life Strategy” (BSIL). The BSIL was developed in 2012 as a three year joint Children’s Strategy with the London Borough of Waltham Forest (LBWF). Within this area joint working with the local authority is essential to deliver improved outcomes. Integrated care is key to delivering the children’s agenda. The vision is for integrated care to be delivered across the life span.

During 2013/14 achievements made by the CCG included:

- The development of a Looked After Children (LAC) strategy, improvements in the delivery of health assessments for LAC and the recruitment of a designated nurse for LAC
- The expansion of the Children’s OT services with provision now for patients up to 18 years
- The commissioning of a paediatric continence service
- The development of a Joint Child and Adolescent Mental Health strategy in partnership with LBWF
- Development of the Joint Autism strategy (for adults and children) in partnership with the LBWF detailing the gaps in the children’s diagnostic pathway
- The 1<sup>st</sup> Care Quality Commission (CQC) inspection of a CCG for Safeguarding and Looked After Children using the new approach for inspections, which showed significant improvement in services within Waltham Forest since 2011

The following areas have been identified as priorities for 2014/15 by the CCG. Our priorities are chosen across the spectrum of care for children including developing pathways to reduce inappropriate acute and scheduled care through the enhancement of care closer to home; and improving integrated care for children by improving partnership working with community services and the local authority.

### Integrated care

1. To commission co-ordinator support for the Best Start in Life Pilot. The programme promotes integrated care through a partnership approach supporting maternal and early years. Midwifery staff, health visitors, GPs, Children centre staff, Family Nurse Partnership, and Early Intervention and Prevention service staff work together to achieve best practice in delivering the Healthy Child Programme and improve performance indicators including breastfeeding rates at 6-8 weeks, immunisation uptake, and rates of uptake of child development checks at one and 2 years. The co-ordinator will lead the evaluation of the two current pilots (located around Chingford Hall children's centre in Chingford and Acacia children's centre in Leytonstone) and expansion to other children's centres should the pilot be successful.
2. Develop a pathway for the transition of Young People from CAMHS to adult mental health services with a view to implementation within 2015/16
3. Work to improve children's community services and mental health services where gaps have been identified, this will include reviewing the provision of counselling services within Waltham Forest and working with London Borough of Waltham Forest (LBWF) to address funding deficiencies within the commissioning of Clinical Psychology for the Children's Autism Pathway.

### Improving care closer to home

1. The reduction of asthma related emergency admissions for young people under 19 years old. Waltham Forest rates of emergency admissions for Asthma are greater than National and London averages. The CCG will work to develop new pathways of care that support the provision of care closer to home. Community service provision will be enhanced to support patients with asthma preventing unnecessary hospital admissions. Work will include support by specialist nurses to GP practices.
2. Review of avoidable readmissions in neonates due to Jaundice and feeding issues.
3. Review paediatric ENT pathways with the aim of reducing unnecessary ENT referrals for procedures such as tonsillectomy and grommets. Waltham Forest rates of Elective Tonsillectomy are higher than London and England Averages. Elective Tonsillectomy is a procedure of limited clinical value.
4. Review of the children's orthopaedic pathway to identify potential areas to reduce unnecessary referrals for normal variants and provide care closer to home, with improvements in quality and efficiency

Within the following areas the CCG will work with partners to deliver improvements in health outcomes for children and young people: -

### Children and Families Bill

The CCG will work with the London Borough of Waltham Forest to deliver the requirements of the Children and Families Bill by September 2014. Aspects of this bill include the provision of education, health and care plans for children with complex needs and the delivery of a "local offer" identifying services available to children and families with complex needs. A programme management board has been established by LBWF to lead this work.

### Child and Adolescent Mental Health Services (CAMHS)

The aims of the CAMHS strategy are to improve mental health and well being of all children and young people and keep them well. Improve outcomes for children and young people

with mental health problems through high quality services that are accessible to all. The strategy action plan identified key areas for delivery over the 3 years of the strategy.

CAMHS priorities for 2014/15 include a review of the counselling service within Waltham Forest, to develop a pathway for the transition of young people from CAMHS to Adult services and to work with LBWF to review the Fast Track service for Looked After Children and improve the provision of care for children placed outside the borough. This will lead to improved quality of care for out of borough LAC requiring CAMHS services and a reduction for the CCG in non contractual activity. We are working towards joint contract negotiation and monitoring to help deliver efficiencies within the CAMHS budgets.

### **Childhood Immunisations and Vitamins**

Working with Public Health partners and NHS England to improve immunisation uptake rates and Vitamin D levels in pregnant women and young children. The co-ordinator role within the best start in Life project can support the improvement of immunisations rates which is one of the KPIs within the BSIL project.

### **Future Priorities**

Looking forward from 2015 – 2019 the following areas of work will be included within the CCGs work programme:

- Review of the children's community provision for neurological conditions
- Implementation of the CAMHS transition pathway
- Review of emergency admissions due to unintentional accidents an area where Waltham Forest is an outlier to identify avoidable factors.

### **GP Provider Networks**

Waltham Forest CCG's ambition is that all people living in Waltham Forest with long term conditions or suffering episodes of ill health or injury should receive care that is consistent no matter where they live, integrated across multi-disciplinary teams, with a more preventative approach to treatment and care. The CCG is committed to supporting the development of GP provider networks. These are defined locally as geographically based groupings of GP practices working together as providers of healthcare services.

This decision was agreed by the CCG governing body following presentation of a discussion document, which set out the case for strengthening primary care locally in the context of Waltham Forest's health needs. This is consistent with the growing impetus across London and England to 'scale up' primary care to enable it to meet the challenges it faces in delivering a wider range of co-ordinated services, closer to patients.

The current business model for many GP providers is based upon small organisations, working independently, while the new service delivery role for primary care requires economies of scale and strong connectivity across organisational boundaries. Delivering out of hospital care affordably will require a different model of care based on greater skill mix, more efficient use of staff and estates, as well as lean overheads. By moving more quickly towards a network model will enable general practice to retain their local focus but provide wider range of integrated multi-disciplinary team range of services.

Waltham Forest GPs have worked collaboratively for many years on a locality basis, but primary care networks will be different; their composition more formal, their remit more extensive and their potential impact far greater, with the patient at the centre. The aim is that the development funding allows the networks to secure the support they need to come together within a clear and robust governance framework to deliver services that are safe, of a high quality, at scale and linked to the integration agenda. The vision is that this will also

provide the vehicle for GP practices to consider collectively how they can work together to improve access, convenience and choice for patients, reduce variability in performance between practices, therefore driving up the quality of primary care locally so that a range of our borough outcome measures compare favourably with London and national averages.

Patients should be partners in the care process; they should be at the absolute centre of their own care, and supported to manage their own health, as well as contributing to the design and evaluation of their local health and social care services. Equally important to partnership working, networks must make better use of data to understand and act on local variations in performance.

Through submission of a network business case and completion of a CCG assurance process, the networks will demonstrate that they are in a state of readiness to be able to provide services under a standard NHS contract and when they reach this point they will be in a good position to be able to 'bid' for services in line with the CCG's procurement policy. The number of networks across Waltham Forest will be determined by the GP practices and is yet to be confirmed but it is anticipated that the first wave of networks will be ready to go live for service provision in April 2014.

## End of Life Care

Patients are generally defined as 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent and expected within a few hours or days; and those with advanced, progressive, incurable conditions, general frailty and co-existing conditions. (General Medical Council 2010).

Around half a million people die in England each year, of which almost two thirds are aged over 75. The large majority of deaths follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease, neurological disease or dementia. Most deaths (58%) occur in NHS hospitals, with around 18% occurring at home, 17% in care homes, 4% in hospices and 3% elsewhere. (EOL Strategy 2008).

On average there are 1500 deaths in Waltham Forest each year (61% aged 75+ years). In 2007-09, circulatory diseases accounted for the greatest proportion of deaths (33.2%), followed by cancer (24.5%) and respiratory diseases (COPD & pneumonia) at 11.6%.

The current rate of home deaths in Waltham Forest stands at 16.4% and majority in hospital at 75.2%, which ranks Waltham Forest as having the highest hospital death rate in London (av 63.7%) and England (av 56.7%). However, this figure reduces to 62.4%, when the rate is adjusted to remove deaths at the Margaret Centre, which is Waltham Forest's specialist palliative care provider based at Whipps Cross.

A recent survey on preferences for place of death found 63% of people in London would prefer to die at home and a further 29% would prefer to die in hospice. (National End of Life Care Intelligence Network 2010).

We recognise that we must make a number of changes to enable our patients to achieve their preferred place of death at the same time as ensuring people receive quality care that meets their needs in the right place at the right time. It is with these challenges in mind, Waltham Forest CCG will work closely 2014/15 and beyond on the following objectives:

### Improving End of Life Care Planning

Approximately 1,122 people or 70% of deaths in Waltham Forest would benefit from palliative care each year (Higginson formula). To meet our patient's end-of-life care needs and preferences we recognise they must be able to plan their care and have regular reviews to ensure their needs are met.

In 2014/15 we will work closely with our clinical leads to identify the range of End-of-Life Care planning registers currently in use in Waltham Forest and gauge community and clinical interest from across the healthcare landscape for uniting with a single register. Our aim for 2014/15 is to commission a suitable system that meets the needs of the local health economy.

### **Commissioning for the Future**

In order to support a higher rate of deaths outside hospital, our community services must be robust and responsive to patient needs. In 2013/14, Waltham Forest reviewed all palliative care contracts; and in 2014/15 will conduct an End-of-Life pathway review across the system (acute, community, hospice) to make recommendations for commissioning improved services.

Our End-of-Life clinical leads will use information ensure to palliative care planning is incorporated into the emerging integrated care system, associated rapid response and integrated community teams through active engagement with key strategic and operational delivery forums.

In addition to conducting a pathway review, there is a need to understand how housing conditions in areas of high social deprivation are contributing to the lower home death rate in Waltham Forest. The 2007 Housing Market survey for Waltham Forest found 13% of households were overcrowded and 39% of Local Authority dwellings fell below the 'decent home standard' in 2009 and it is known from qualitative studies in inner London boroughs that relatives find it difficult to look after terminally ill people in poor home conditions. Lack of facilities (bathroom/bedrooms) may contribute to hospital admissions.

### **Education**

Throughout 2014/15 we will work with the London Borough of Waltham Forest and organisations in the third sector identify the education, development and support needs of staff across the health spectrum. A key element of this work will focus on "difficult conversations" and the encouragement of best practice through media and awareness programmes.

### **Dementia**

Dementia is a disease of the brain that is associated with clinical features including impairment of memory, learning, judgement, language and emotions. It is chronic and progressive, rare in people under 60 years of age but increases in older age groups. There are several types of dementia including Alzheimer's disease, vascular, Lewy body, front temporal and Parkinson's dementia.

In the UK over 700,000 people are estimated to have dementia with an expected 38% increase in 15 years. The estimated number of dementia patients in London is 24,859 (2009), which is expected to increase to 65,937 by 2021. In Waltham Forest the estimated number of dementia patients is 1849 (2009). These numbers will be updated via the JSNA refresh. NHS outcome indicators show a clear improving trend in our dementia diagnosis rate and we aim to maintain this trend.

Waltham Forest CCG will continue to work towards the achievement of the following objectives as outlined in the dementia strategy 2010:

#### **Early Identification**

The CCG is currently working with local GPs to identify people with dementia who have not been accurately included on the primary care dementia register (through inaccurate coding). This is through utilisation of a health computer database (Health Analytics) and patient note review.

We are committed to increasing the diagnosis of dementia in patients Waltham Forest and will aim to improve our dementia prevalence rates (expected vs reported) from 51% to 54% in 2013/14 to 57% in 2014/15.

Diagnosing dementia as early as possible enables patients and carers time to access information and plan for the future at the same time as maximising quality of life for patients through early access to treatment and services.

We are looking to improve rates of diagnosis in the acute sector by building more psychiatric expertise. This is an aim of the Older People's team that site in the enhanced psychiatric liaison service at Whipps Cross hospital. A key aspect of their role is increasing dementia diagnosis rates by enhancing clinical skills through training and advisory support.

### **Improving Post diagnostic Care**

Following a dementia pathway mapping exercise led by our clinical lead in 2013/14; in 2014/15 we will review the performance of our current acute and community services, to identify gaps and opportunities to ensure our service best suit local needs. This will include a review of the referral pathway into the NELFT memory service.

Dementia service planning will also be incorporated into the emerging CCG integrated care strategy. For more information please refer to the detail of the Integrated Care programme contained in section six.

We will also work in partnership with the London Borough of Waltham Forest to review the care home services available to dementia patients and identify opportunities for improving our response to the management of behavioural problems and falls and improving the patient care experience through initiatives such as cognitive stimulation.

### **Patient Care Planning**

It is our ambition that all dementia patients have a locally agreed personalised care plan by 2016. We will work with all local partners to ensure the needs of the dementia patient are met through on-going assessment and monitoring. We propose that each dementia patient has a named care coordinator addressing their individual needs.

In 2014/15 we will work with our recently commissioned Dementia Advisors (DAs), who will support this initiative in their role supporting diagnosed patients and their carers to identify appropriate services and develop a plan. Plan will be monitored regularly for the remainder of the patient's condition.

### **Education**

We will continue our commitment to developing the skills clinicians from across the clinical landscape; we have partnered with the UCLP Dementia programme to develop a local dementia training package focused on clinical and general best practice for GPs, acute staff, community nurses and practice staff, which will be rolled out in 2014.

We are also building links with the Alzheimer's society, to rollout the Dementia Friendly Communities Programme for NHS employees in Waltham Forest.

### **Dementia and End-of-Life Care**

Our clinical lead will work jointly with End of Life (EOL) leads to ensure dementia services are incorporated into the EOL care planning review. A key aspect is to enable patients to make choices about their EOL (advanced care plans) as early as possible in the illness and whilst they still have capacity. There then must be the mechanism to ensure patients in the

later stages of their life have these palliative care needs assessed, communicated and managed

## Cancer

Waltham Forest CCG is committed to improving cancer care through early diagnosis and has signed up the National Cancer Early Diagnosis Primary Care Engagement Pilot to help support primary care to drive up quality and improving cancer outcomes. NHS outcome indicators show that although there is an improving trend in cancer mortality for females, there is a clear deteriorating trend in cancer mortality for males.

Plans that will be delivered as part of the pilot include:

- A dedicated facilitator for Waltham Forest practices who will act as a single point of contact for early diagnosis issues
- Joining up of local cancer activities to ensure that there is consistency and a stream lined approach to primary care engagement on early diagnosis
- Support to nurses and non-clinical staff to engage with early diagnosis and ensuring there are appropriate safety netting procedures in place
- Driving up quality through an overall reduction in the variation of GP two week wait referrals to secondary care and conversion to cancer ratios across the CCG and we will make use of practice profiles
- Contribution to reducing emergency admissions.
- Improving patient experience and clinical outcomes.

During Q3 2013/14 NHS England (London Region) will lead on the development of a 5 Year Cancer Strategy for London which builds on the work programme set out in Model of Care, these will include:

- Earlier Detection (ED) and awareness including the introduction of ED pathways
- Reducing Variation on the Treatment Pathway
- Living With and Beyond Cancer programme as set out within the National Cancer Survivorship Initiative (NCSI) including Roll-out of the Cancer Care Review within general practice (see <http://www.ncsi.org.uk/what-we-are-doing/cancer-care-review/>)
- Improving the patient experience
- Chemotherapy services
- Radiotherapy services

The CCG has broadly agreed that the key themes of the pan London strategy align with its own priorities and build on its work to encourage earlier detection of cancer

Lung, Breast and Colorectal cancer pathways are those that are almost entirely CCG commissioned. Improving Outcomes: A strategy for Cancer (2011) suggests that the biggest gains to be had in reducing mortality in the under 75s could be found in Lung and Colorectal cancers and in the over 75s in breast cancer. Waltham Forest CCG Cancer working group is developing a number of work programmes in these priority areas.

The National bowel cancer audit 2013 demonstrated that at both Barts and Whips Cross 82.5 and 83% of patients with colorectal cancer are seen by a clinical nurse specialist which is less than the 90% bench mark nationally. There is also variation across the Barts Health site with regards to access to laparoscopic colorectal surgery and in surgical outcomes. Waltham Forest CCG will use this data to identify actions for improved outcomes.

## Tuberculosis

Public Health Waltham Forest tell us that the number of cases of TB is high and rising, currently at 50 cases per 100,000 compared to a London wide rate of 44 cases per 100,000. This is an important local issue and the CCG will work closely with the Local Authority Public Health team and the Health Protection Agency on TB issues to address this. For example, supporting local targeted programmes, developing local outreach TB services or a pathway to improve screening and early detection in primary care.

## Optimising Outpatient Referrals

Central to our primary care transformation programme is our strategy to optimise outpatient referrals across the out-of-hospital care pathway to deliver better outcomes for patients. This is the means by which we will ensure the most appropriate referrals are seen in secondary care into primary and community settings.

Plans that will be delivered over 2014/2015 include:

- To optimise the use of health intelligence to improve patient care along the care pathway
- Undertake peer review at locality meetings
- Reduce variation in quality of care and service provision within the locality following agreed care pathways
- Further strengthen capacity in primary care to improve the quality of referrals
- Support continuous professional development (CPD)
- Ensure appropriate investigations and tests are being performed prior to referral

During 2013-2014, NHS Waltham Forest has been instrumental in redesigning outpatient pathways and protocols by working in collaboration with secondary, community and primary care, these have included:

- Improving and embedding diagnostic protocols for MRIs
- Undertaking a baseline audit for Rapid Access Chest Pain (RACP) referrals
- Piloting a lower gastroenterological rapid access diagnostic pathway
- Expanding community urology capacity through a GPwSI (GP with Specialist Interests) and improved access to urodynamics
- Improving and embedding early access to cardiac diagnostic investigations through Brain Natriuretic Peptide (BNP)
- Improved clinical management of COPD patients with recording severity of their condition
- Supporting the North East London Abnormal Aortic Aneurysm (AAA) pilot

Optimising outpatient referrals represents a huge challenge for the CCG in 2014/2015. However, there is a commitment to invest in the infrastructure to deliver this objective, i.e. a reward scheme, training and development and health intelligence.

## Asthma Pledge

An integrated approach to the provision of services is fundamental to the delivery of high quality care to adults, young people and children with asthma. The NICE (National Institute for Health and Clinical Excellence) quality standard for asthma requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole asthma care pathway. NICE guidelines recommend everyone with asthma should receive a written action plan from their doctor or asthma nurse. Anyone without an action plan is more than four times more likely to end up in hospital with an attack. By having a plan

in place, it is intended to ensure that people with asthma know what steps they should take when their symptoms get worse.

In 2013 we signed up to the Asthma Pledge demonstrating our commitment to action and have pledged to put the NICE measures including written action plans into practice by 2016.

## Colonoscopy and Sigmoidoscopy

There is a significant QIPP opportunity to improve colorectal cancer survival rates against our Office for National Statistics (ONS) statistical neighbours. Earlier access to endoscopic services could significantly improve patient survival rates.

Waltham Forest CCG intends to commission a 'straight-to-test' endoscopy service, following the recommendation of a pan-London approach for endoscopy services. The purpose of this is to increase the capacity and quality of these services and improve the early detection of colorectal cancer.

In assessing the commissioning context, the case for change is strong. This is highlighted below:

- Improved access to diagnostics leads to 93% confidence level of avoiding late presentations
- 1 year survival rates are among the lowest in London and significantly lower than the England average (64.4% vs. 73.4% England average, 2007-09 cases) and 5 year survival rates are equally lower than England average (40.4% vs. 42.5% England average, 2003-05 cases)<sup>9</sup>
- Follow-ups in secondary care are above the national benchmark
- There is considerable variation in the screening, detection and management of patients in Waltham Forest

Plans to be delivered over 2014/2015 include:

- Commissioning 'Straight-to-test' clinics for improving endoscopies
- Undertaking periodic clinical audits
- Reduction of variation in quality of care and service provision within Waltham Forest following agreed care pathways
- Reduction of follow-ups in secondary care closer to the national benchmark
- Supporting continuous professional development (CPD) in primary care
- Reduction of waiting times to access endoscopy services

## Reducing Pathology and Radiology Tests

We are committed to ensuring the highest quality of diagnostic provision in Waltham Forest by commissioning services that guarantee patient safety and clinical effectiveness to ensure that people have a positive experience of care. To achieve this goal, we will reduce duplication of pathology and radiology tests results through providing primary care with online access to test results which could considerably improve patient outcomes. Increased responsiveness will lead to better communication and proactive follow-up of abnormal test results leading to less errors and adverse events. Also, improved access to pathology and radiology test results will have a profound impact on patients with long-term conditions, in particular, cancer, diabetes, coronary heart disease and chronic kidney disease patients through increasing early detection and management while providing care closer to home.

---

<sup>9</sup> Cancer commissioning toolkit

## Neurology

A high level review of data shows that the number of admissions for all people diagnosed with a primary neurological condition is approximately 10% above national levels. This provides evidence that preventative pathways could be reviewed to see if more can be done to reduce admission levels for those with neurological conditions.

Our intention is to improve our neurology commissioning and secure better care and services for people living with a neurological condition. We have entered into a productive partnership opportunity with NCS, a neurological charity to provide us with specialist commissioning support to help manage long term neurological conditions in a cost effective but high quality way and avoid unnecessary admissions to hospital.

## Bariatric Surgery

From the 1st April 2013 the commissioning of services for morbid and complex obesity was divided between NHS England (Specialised Services) for bariatric surgery and local Clinical Commissioning Groups for non-surgical interventions.

Prior to that date, GPs in Waltham Forest referred patients seeking bariatric surgery through a prior approval process via the Individual Funding Request (IFR) service. NHS England's policy on bariatric surgery differs in several respects: the most significant of these is that patients should only access bariatric surgery once they have been treated for at least two years in a Tier 3 specialist obesity weight management service. Such a service should be led by a professional with a specialist interest in obesity and will include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. National guidance states that commissioning of Tier 3 services is the responsibility of the CCG or the local authority (Public Health).

In common with most CCGs across London, Waltham Forest does not currently commission a Tier 3 service. As a result, the majority of patients who have been referred for bariatric surgery since 1st April have not been eligible for surgical intervention as they have participated in a specialist obesity weight loss programme.

NHS England has been uncompromising in its advice to commissioners and providers on access to bariatric services. However in the last week there has been recognition of the variation of provision of community weight management programmes and that many patients seeking surgery may already have undertaken weight management services equivalent to Tier 3 services. It has agreed to review all patients in London currently on a waiting list for bariatric surgery to identify those that have received an equivalent Tier 3 service and provide clarity for patients as to where they are to be placed on the care pathway. This process is to be piloted with City and Hackney CCG.

The CCG is committed to giving consideration how best to commission Tier 3 bariatric services over the next three years.

## SECTION FOURTEEN SUPPORTING IMPLEMENTATION OF THE STRATEGY

### Information and Communications and Technology (ICT)

Waltham Forest CCG will be investing in Primary Care as an area that will facilitate ICT as an enabler for service redesign and transformation across the healthcare community. The main objective is to shift focus from ICT support and operations model to innovation and development, building on previous year's investments to support the vision of building IT platforms that will give patients control over their information and to provide joined-up information flows across acute, primary, community and social care. Successful investment in these areas will unlock significant gains in future commissioning programmes.

The areas for further investment in 2014/15 are:

- Ensuring Primary Care is supported with adequate, sustainable and appropriate ICT infrastructure (hardware & software + network) to enable the secure exchange of information and continue the deployment of national programmes e.g. Electronic Prescription Services (EPSr2) and Summary Care Record.
- Greater interoperability between GP clinical systems which will allow the sharing of patient data between practices to support direct patient care, and to enable practices to maximise the use of national IT initiatives e.g. Choose and Book and encourage Bart's Health to maximise the development of 'Advice and Guidance' facility on Choose and Book to reduce inappropriate referrals.
- Engage directly with our partner community healthcare organisation(s) e.g. NELFT (for Community Health Services and Mental Health Services) and Social Services to have a common vision for providing better healthcare outcomes for our patients. This will involve working collaboratively to explore and implement solutions that will integrate health and social care across cross organisational boundaries using portal solutions to bring information together e.g. Orion Software.
- Continue to work with Barts Health to facilitate the electronic transfer of all communication including discharge letters, clinic letters, pathology, radiology, cardiology and all other diagnostics results. This will enable GPs to provide streamlined, safer timely services to their patients.
- Support Barts Health and the wider WELC Community in the development of the Health Information Exchange (HIE) that will provide interoperability that will facilitate improved patient experience between primary and secondary care. This will need further investment in interoperability tools such as Healthcare Gateway's Medical Interoperability Gateway (MIG) product.

An IT Task and Finish Group has been established that will provide the governance arrangements to support the delivery of the ICT Enabler Programme and the development of the ICT Strategy. The Group is chaired by the CCG Clinical Director with IT responsibility and has representation from the CCG Executive, GP Clinical Lead, Information Governance and CSU IT support.

The ICT strategy will also be developed with a draft completed by mid-December; the strategy will then undergo a consultation with stakeholders, including membership practices,

patient groups and other Healthcare providers. The Final draft will be submitted to the CCG's governing body for discussion and approval at the January's Board.

### **Primary Care Strategy**

In the autumn of 2012, the Shadow CCG Board agreed the 'Primary Care Strategy', which was developed by Outer North East London cluster. The strategy described the case for change within primary care, and outlined a number of key recommendations and deliverables that were necessary to meet the cluster's aspirations of improving the health of the people living in outer north east London whilst ensuring better value for money.

During 2014/15, Waltham Forest CCG will work with NHS England to refresh this Primary Care Strategy in light of the new commissioning arrangements which commenced April 2013. Namely, the CCG will look to adapt these plans and implement the recommendations for which we have statutory responsibility; we will also work with our partners to develop and influence the plans where responsibility now sits elsewhere in the system, for example with the local authority or NHS England.

As part of this Strategy there are two significant transformation programmes currently being taken forward by the CCG during 2013/14; that is, the establishment of GP Networks and Integrated Care, both of which have more detail provided in other sections of this CSP.

### **Primary Care Provider Networks**

This is a programme of establishing networks of GP practices which will work together reduce variation in provision of primary medical services and share resources in order to provide a structure for 'care outside hospital'.

### **Integrated Care**

Phase 1 of integrated care, which incorporates care co-ordination and rapid response services for our identified very high risk patients, has already been commissioned. The CCG is currently working with NELFT to roll out phase 2 of care co-ordination for our identified high risk patients to receive co-ordinated care across health and social care providers.

Other elements of the Primary Care Strategy, which the CCG will refresh during 201/15 include:

### **Supporting quality improvements in primary care**

Whilst core GP services are commissioned by NHS England, the CCG also has a statutory responsibility to support NHS England to improve the quality of primary care services.

The CCG will work jointly with NHS England and using the General Practice Outcome Standards will compare practice performance across a range of indicators. The CCG will then ensure that practices are supported to share good practice and improve quality through a range of initiatives including partnership/joint working and peer review through a network arrangement. Each network will work with their clinical leads to put primary care improvement plans in place. These plans will support the development and improvement of primary care, and underpin better care in a community setting.

### **Maximising the role of information management technology**

The CCG is in the process of developing its IT strategy; this will provide the vision to enable better sharing of information between providers, when clinically necessary, to support improved, co-ordinated care. The strategy will map key health and social care providers IT infrastructure and systems, as it is imperative that GP practices are able to access accurate and timely health and social care data to support commissioning decisions and integrated care management, improve quality and provide value for money. The strategy will enable the

CCG to move forward with generating business cases or the necessary information for accessing funds to update hardware and software in GP practices in 2014/15.

## Estates

Primary Care Estates is now the responsibility of NHS Property Services and capital development sits with NHS England. However if the CCG's aims of providing a better range of services out of hospital is to be realised then we will need to work with our partners to influence their decisions to ensure that services are delivered in the right location in a safe and fit for purpose building.

## Organisational Development

The organisations Organisation Development plan is an enabler for the delivery of our commissioning strategic priorities. The plan focuses on the development required by the organisations workforce (Governing Body and staff) to deliver this. The plan provides a diagnosis of the organisation development needs and high level summary of organisational development interventions to address skills and competence gaps in the organisation.

The objectives of the organisational development plan are:

- deliver a direct improvement in individual and team performance
- development of a broader overview of our role and our stakeholders
- development of our staff and teams in terms of their skills and career
- improve the effectiveness and capability of the Governing Body
- ensure the Governing Body are equipped with enhanced knowledge and skills to fulfil roles
- embed a single culture and shared purpose throughout the organisation
- ensure we attract and retain the right people with the right skills
- develop new ways of working that meet the need of our patients

## Community Engagement

A key enabler for the CCG is community engagement, or as we think about it 'community participation'. Community participation acts as an enabler for the CCG in two main ways:

1. Strengthening relationships with our local partners; and
2. Providing the structure by which the local community can influence every stage of the commissioning cycle.

This means local people can help to:

- assess needs in our population to determine what and where services need to be provided;
- review existing services to identify gaps and potential improvements;
- decide priorities and identify what we give priority to;
- design services through involvement at the beginning of the development of a service;
- monitor performance against our plans; and
- contribute views on their experiences of our local health services.

We believe that this community participation at every stage of the commissioning cycle strengthens our ability to commission effectively. Involving people is essential if we are to spend the money available to us as effectively as possible to improve healthcare.

## Procurement

The CCG has a Clinical Procurement Strategic Policy which has been produced to ensure that we follow good practice processes when procuring clinical services and ensuring that procurements achieve value for money. Within this strategic framework we have developed a procurement pipeline which could offer opportunities to use market forces to achieve savings, for example the Community Health Services Contract or Community Specialist Services (CSS).

We are reviewing all our contracts to shape a procurement pipeline for the next five years. Each contract was considered against a range of criteria such as strategic fit, clinical risk and value for money.

Prioritisation analysis has provided clarity that procurement is required for Community Specialist Services, Community Health Services and Urgent Care (including Out of Hours, NHS 111, Walk in centre and Urgent Care Centre) This work will be the main focus of the procurement plan for 2013-2015.

However, for completeness and to provide the opportunity to review the full suite of contracts and make recommendations on how these contracts are managed going forward there will be a review of the Mental Health, End of Life/ Continuing Care/Rehab and Other contracts. At this stage it is not predicted these will result in significant procurements during 2013-2015.

We will therefore be:

- Procuring Community Specialist Services
- Undertaking significant stakeholder engagement to re-specify the Community Services, in line with the CCG's ambition regarding integrated care during 2013/14 and procuring these services during 2014/15.
- Redesigning the model for urgent care including Out of Hours, NHS 111 and the Walk In and Urgent Care Centres during 2013/14, for procurement against the new model in 2014/15

## SECTION FIFTEEN SUSTAINABLE COMMISSIONING

The new Sustainable Development Strategy for the Health, Public Health and Social Care System will be launched on 29 January 2014 and will cover the period 2014 to 2020. Building on the Carbon Reduction Strategy the new strategy is not just for the NHS but embraces the whole health, public health and social care system. It will define where we need to be on the path to sustainable health care by 2020 and the measures and targets against which progress will be measured.

The NHS Carbon Reduction Strategy for England (CRS) sets an ambition for the NHS to help drive change towards a low carbon society. The strategy shows the scale of reduction in carbon required for the NHS to meet its legal targets set out in the Climate Change Act and recommends key actions for the NHS to become a leading sustainable and low carbon organisation.

Waltham Forest CCG supports the commitment of the NHS to be a leading sustainable and low carbon organisation and to meet the government's target of an 80% reduction in carbon emissions by 2050. We will work towards supporting this goal for example through minimising wastage, working with GP localities, our partners and providers to lower the impact of the carbon footprint and encourage staff to participate in improving environmental sustainability.

We will work to develop a Governing Body approved sustainable development management plan. We expect our providers to embed the principles of sustainability principles in their service delivery and although the performance metrics are not developed at this stage work is underway nationally and we will include them in our contracts and through the procurement of goods and services.