Wandsworth CCG

Development of the Operating Plan 2015/16

A Response to “The Forward View into Action: Planning for 2015/16”
Our Vision

“Better care and a healthier future for Wandsworth”
Wandsworth Strategic Priorities

• **Doing core business well** – delivering better care and a healthier future for Wandsworth through our clinical leadership, robust commissioning processes and excellent staff, focussed on delivering quality services and improved outcomes for patients.

• **Transforming primary care** – optimising impact and outcomes for patients through delivery of excellent primary care to all people registered with a Wandsworth GP.

• **Commissioning prevention and social care services** – where it will generate an increased health benefit for our population.

• **Reducing health inequalities** – the CCG will commission differentially to address specific population need where it will reduce health inequalities.
Delivery of Priority Initiatives through Commissioning Programmes

- Preventing Ill Health
- Learning Disability
- Primary Care
- Children
- Mental Health
- Older People
- Urgent Care
- Planned Care

Wandsworth Clinical Commissioning Group
WCCG Commissioning Programmes
2015/2016 Executive Summary

Preventing Ill Health
- Community Empowerment
- Voluntary Sector
- Inequalities
- Prevention Initiatives
- Volunteering
- Social Care
- Prevention

Learning Disabilities
- Commissioning Levers and Financing (including Better Care Fund)
- Stakeholder Engagement and Communications
- IT, Medicines Management
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- Stakeholder Engagement and Communications
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Planned Care
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- Urgent Care
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These key enablers support all of the programmes

Wandsworth Clinical Commissioning Group
KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES:

• **Lifestyle** – the prevalence of smoking, being overweight and lack of physical activity is relatively good in Wandsworth, at 16%, 50% and 23% respectively, but there is still an issue with geographical inequalities.

• **Obesity** - relatively good performance against peers but a national concern and local inequalities between schools.

• **Care of Vulnerable families** - particular issues for children including support for children with caring responsibilities and children with disabilities.

• **Transition** - There are approximately 13,200 children aged 0 to 15 in income deprived families - the focus is to ensure a positive parenting experience for children.

Operating Plan Guidance:

• NHS England (NHSE) reiterate support for comprehensive and hard hitting action on prevention. Local Government Association/NHSE will develop and publish proposals for actions that local areas can take to go further and faster in tackling health risks and alcohol, fast food and tobacco.

• CCGs should work with local government to share in quantifiable levels of ambition to reduce health and healthcare inequalities and improve outcome for health and wellbeing.

• NHSE will take action to become the first country to implement at scale a national evidence based diabetes prevention programme.

CCG Work Programme

• New strategic priority, to consider commissioning prevention and social care services where it will generate an increased health benefit for our population.

CCG Work in development

• Embedding Social Workers in a pilot programme in GP Practices for 2015/16 to mainstream early support and prevention as part of an integrated Health and Social Care approach.

• Reducing Health Inequalities – developing targeted programmes in key localities/communities.
KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

- **Increase in population**: by 2020, the number of people with a learning disability in Wandsworth is projected to increase by 10% from an anticipated population of 5,500 in 2012. This may be partly due to the increase in numbers with complex conditions surviving through to transition to adulthood.
- **Health inequalities**: the health status of people with learning disabilities (that have been recorded) show that this group is in poor health compared to the general registered population and dies up to 25 years earlier than the rest of the population.

Operating Plan Guidance:
- Winterbourne View – as a result of recommendations from the Winterbourne View review, CCGs (along with NHSE specialised commissioning and Local Authorities) should work together to make demonstrable progress in improving systems of care and reducing reliance on inpatient care.
- By April 2016 Personal Health Budgets should be an option for people with Learning Disability.

CCG Work Programme
- The CCG Standard Contract 2015/16 will contain provisions requiring all providers of NHS funded services for people with learning disability and/or autism to comply with core standards for admission and discharge.
- Continued focus on ensuring all people with a Learning Disability in a hospital setting are continually reviewed for step down to community, closer to home, facilities.

CCG Work in development
- Implementation of the CCG Review of Learning Disability Commissioned Services: recommendations from interviews with carers, patients/service users, providers, review of national guidance and arrangements for joint commissioning of services with Wandsworth Borough Council.
- Implementation of integrated education, health and care plans (EHC) for 0 - 25 year olds and development of the offer of Personal Health Budgets.
KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

- It is likely that with a more mobile population than the average, there will be relatively more limited opportunities for intervention.
- There will be a requirement for more flexible appointment times and locations.
- Symptom and risk awareness services will also need to be comprehensive and immediate.
- There will also be an increased demand for walk in services, as people may not be registered with a GP practice and patient follow up will be more difficult.

Operating Plan Guidance:

- Ten point plan including developing a workforce plan with target measures to support recruitment and retention and additional investment over 4 years to improve premises and infrastructure.
- CCG Co-commissioning of Primary Care with NHS England – developing greater freedom to take local action to join up services and improve patient outcomes.
- Additional funding available through the Prime Minister’s Challenge Fund to improve access to General Practice.
- Further guidance expected in early 2015 on the development of wider Primary Care (including Dentistry, Community Pharmacy)
- Working with small cohorts, NHS England will develop prototype integrated primary and acute care systems.

CCG Work Programme

- Planning all Care Together (PACT) – enabling GPs to spend more time with their most vulnerable and at risk patients.
- Improving Access to Primary Care – extended opening hours during the evenings and at weekends.

CCG work in development

- Development of the joint commissioning programme with NHS England through 2015/16
- Diagnostic Enhanced Services – an ongoing review to ensure patients across Wandsworth have access to local diagnostic services, which meet their needs and are in line with national guidelines.
KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

- 64,000 children live in Wandsworth. The birth rate is due to increase by 15% by 2018 resulting in increased demand for services.
- Obesity and physical activity – relatively good performance against peers but there are inequalities between schools.
- Improving Mental Health outcomes for children – a focus on improving access times.
- Reducing A&E admissions for 0-5 year olds.
- Reducing minor illness and reducing accidents in children.
- Improving health outcomes for Looked After Children.

Operating Plan Guidance:
- CCGs to continue to work alongside schools and Local Authorities on the integration of Education, Health and Care Plans and extending the offer of Personal Health Budgets.
- CCGs should work with other local commissioners to invest in community child and adolescent mental health services.
- NHS England – a programme of investment to establish community based specialist teams for children and young people with eating disorders.

CCG Work Programme:
- Joint Special Educational Needs project with the Local Authority and Wandsworth schools – developing recommendations on improved joint arrangements.
- Continuing Healthcare review and development of personal health budgets to families.
- Child and Adolescent Mental Health Services (CAMHS) – improved access and a designated team for Eating Disorders across South West London.

CCG work in development:
- Reducing admissions to A&E for non – emergencies for 0-5 year olds – SWL Collaborative Asthma CQUIN.
- Proposed expansion of counselling services to a further 12 primary schools as an early intervention approach to resilience and improved mental health.
MENTAL HEALTH

KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

• Poor mental health directly impacts other health and care needs and is a particular inequality for black ethnic groups.
• Maternal mental health: a recognition of the impact of poor maternal mental health during pregnancy and the first two years of life, on infant mental health and future adolescent and adult mental health
• A note of the relatively high number of people that may have a mental health disorder (48,500 people) and the high cost associated with care.
• The impact on other conditions or areas of life, particularly for black ethnic groups, make this a significant issue.
• The Mental Health Joint Commissioning Plan, 2013-16, includes a specific and detailed Needs Assessment

Operating Plan Guidance:
• Introduction of access and waiting time standards for mental health. In 2015/16 commissioners should develop and agree Service Development Improvement Plans (SDIPs) for implementation of standards through 15/16 and achievement on an ongoing basis from April 2016.
• There is an expectation that CCGs spending on mental health in 2015/16 will increase in real terms and grow by at least as much as the CCGs allocation increase.
• By April 2016, it is expected that 50% of people experiencing a first episode of psychosis will be treated in 2 weeks
• Improving Access for Psychological Therapies (IAPT) waiting times - at least 75% of adults should have their 1st treatment session within six weeks and a minimum of 95% within 18 weeks
• Commissioners to agree SDIPs with providers detailing how providers will ensure adequate and effective levels of liaison psychiatry in acute settings

CCG Work Programme
• Review of IAPT services to improve performance across all target areas.
• Programmes of service development: training of a community network, perinatal psychiatry review, instigation of an acute liaison psychiatric service at St George’s Healthcare NHS Trust.

CCG work in development
• Early intervention in psychosis - proposals linked to SWL Collaborative Plan to address access, waiting times
• Remodelling the Wandsworth IAPT service to ensure that it meets all the new national guidance.
OLDER PEOPLE

KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

- Older Carers: A vulnerable group and potentially isolated group with an increase in numbers.
- Care Homes: An ageing population with complex needs; a necessity to ensure the provision of appropriate, co-ordinated and equitable services are available in the Borough
- Hospital admissions and continuing care: Poor relative performance and increasing costs for continuing care.
- Dementia: A known population, with increasing prevalence. There is a greater programme of awareness and training needed to increase the timely diagnosis of dementia and improve access to appropriate post diagnostic support to live well for longer in the community

Operating Plan Guidance:
- Prototype new models of care including multispecialty community providers, creating smaller viable hospitals and models of enhanced health in care homes.

CCG Work Programme
- Frailty Pathway – development from the Better Care Fund
- Older Adults Mental Health – meeting dementia needs

CCG work in development
- Review/redesign of Older Adults Community Mental Health Teams to encompass the Memory Assessment Service and Behaviour and Communication Support Teams
- Joint Review of step up and step down provision/pathways around acute services
- Building community resilience for older people in the Borough through work with the Voluntary Sector
KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

• With an increasingly mobile population there will be an increased demand for walk in services.
• End of Life Care – supporting advanced care planning to enable people to die at their chosen place of death.

Operating Plan Guidance:
• Making recurrent the money that the NHS has received for winter pressures midway through recent years.
• Commissioners and providers should prioritise the task of how they implement the urgent and emergency care review – Emergency Care Networks should be established by April 2015.
• System Resilience Groups (SRGs) should develop local demand and capacity plans that reflect operational resilience funding at the same level as 2014/15 but funded from baseline allocations.

CCG Work Programme
• SRG focus on performance improvement and whole systems working, SRG schemes extended into 15/16 to support weekend working within SGH and in social care, additional bed capacity in SGH, increased psychiatric liaison support and extended hours in primary care

CCG work in development
• Pathway group developing better ways of working to improve flow through the hospital and support discharge.
• Development of the frailty pathway, and extension of the Better Care Fund services in support of older people, will reduce the number of frail older adults having an admission to hospital that could be avoided and/or enhance discharge for frail older patients to better, more appropriate places of care, including home
• Demand and capacity modelling exercise in place between Trust and commissioners to identify and close any gaps in capacity.
• 111 and Out-of Hours primary care services procurement will support community response and will strengthen 111 capacity through closer involvement as an SRG partner.
PLANNED CARE

KEY JOINT STRATEGIC NEEDS ASSESSMENT MESSAGES

- **Long term conditions** – as people live longer the number and complexity of people with long terms conditions will increase – typical issues will be dementia, neurological conditions, visual deterioration and diabetes.
- **Carers** - a vulnerable and potentially isolated group with increasing numbers. There will be an increased impact on carers who will need routine assessment to ensure their own health is not compromised.
- **The implications of a more ethnically diverse population will have implications for health promotion, awareness programmes and screening.**

Operating Plan Guidance:

- NHS England will complete a review of maternity services, including perinatal mental health by the autumn. This will make recommendations on how best to develop and sustain maternity services for the future in a way that promotes choice without compromising safety.
- Cancer – the need for actions on 3 areas - prevention, swifter access to diagnosis and better treatment identified in the Five Year Forward View will be developed into a Cancer Strategy by autumn 2015.
- CCGs and Local Authorities are expected to draw up plans to identify and support Carers, in particular young Carers and Carers over 85

CCG Work Programme

- Elective pathway re-design
- Focus on carers in the Better Care Fund

CCG work in development

- Joint Procurement with the Local Authority on a single specification of support for Carers: seeking better services and value for money as part of an integrated Health and Social Care approach
- Development of integrated (Tier 3) enhanced diabetes services in the community

Wandsworth Clinical Commissioning Group
Alignment with the Local Health Economy (LHE)

- Wandsworth CCG hosts and is part of the SW London Strategic Planning Group (SPG) and the host for the System Resilience Group around St George’s Healthcare NHS Foundation Trust.

- Wandsworth CCG is committed to delivery of the five year strategy to deliver commissioner and provider sustainability across South West London: WCCG provides clinical and managerial leadership to a number of key workstreams as well as the Senior Responsible Officer for the programme.

- The planning assumptions that underpin the SW London plan are the basis for the WCCG finance and activity plan for 2015/16.

- Wandsworth CCG is working with local commissioners, NHS England and St George’s NHS FT to ensure that demand and capacity modelling is completed in a way that delivers high clinical quality services, key performance indicators and financial sustainability for commissioners and the provider in 2015/16.

- There are no material variances currently in the planning assumptions across the LHE: however, decisions have yet to be made on the options for delivery of the sustainable acute position for 2015/16.

- WCCG will be taking the estates consultation for SW London and St George’s MH NHS Trust to the March Board for decision on the outputs of the consultation. The CCG is aligned with commissioning colleagues and the Trust on the need for consolidated inpatient services, increased community teams and high quality modern facilities for patients requiring acute inpatient MH services.
Other Key Themes (1/2):

**Partnership Working**

- Enhancing the impact of volunteers and lay people including by strengthening support and training, better matching people to opportunities and steps to raise the status of volunteering.

**Creating a new relationship with patients and communities**

- Grants for voluntary and charitable sector - NHSE to publish a grant model agreement.
- Choice - commissioners and providers to work with patient groups to understand delivery and honour entitlement to choice.

**Creating new models of care:**

I. Multispecialty community providers
II. Integrated primary and acute care systems
III. Additional approaches to creating smaller viable hospitals
IV. Models of enhanced health in care homes
Other Key Themes (2/2):

Quality Improvement

• Two new CQUIN national targets: kidney injury care and early treatment of sepsis and a new Quality Premium measure - improved antibiotic prescribing in primary and secondary care.

Enabling Change

• NHS Number – Standard Contract requirement 2015/16 - funding to be withheld if condition not met & electronic coded discharge summaries – legally binding by October 2015

Driving Efficiency

• Continue and accelerate productivity gains through technological advancement and improvements to service delivery.

Workforce Development

• April 2015 introduction of NHS Workforce Race Equality Standard
Performance and Activity Trajectories

- The CCG is required to submit detailed trajectories for a number of performance and activity targets.

- Expectations for performance trajectories prescribed, with an expectation that all targets will be met.

- Activity trajectories must triangulate with QIPP and finance plans.

- Progress will be monitored closely throughout the year through Delivery Group and reported to Board.

- Initial submission made, with final submission due 14th April.
Performance: Overview and Challenges

- Trajectories required for NHS constitution measures, Healthcare Acquired Infections (HCAs), dementia, IAPT and primary care patient survey.
- New indicators to measure IAPT waiting times (expected to be achieved), and a Quality Premium measure on antibiotic prescribing (guidance waited).
- Targets at risk in 15/16:
  - A&E waits
  - 18 weeks
  - IAPT recovery and access
- Expect improved performance in dementia diagnosis rates and continued achievement of cancer wait times.
- Action plans and recovery trajectories are in development for targets not currently being met.
- More intensive focus on performance from Q1 15/16 to ensure that plans are delivered and that providers are actively managed using all appropriate contract levers.
- CRG dashboard will continue to be developed to ensure that clinically-led initiatives support the achievement of targets.
- Expect continued national focus on performance improvement to be reflected through the CCG assurance framework.
Activity: Overview and Challenges

• Trajectories required for number of expected spells in acute activity: A&E attendances, outpatients and admissions

• Projections have taken into account national growth impact, and the impact of all local QIPP schemes

• Most significant planned reductions are in non-elective admissions (including planned reductions through BCF)

• Size of QIPP challenge in 15/16 means that activity trajectories will be more challenging to achieve, and additional QIPP schemes are being identified to provide further contingency.
### Wandsworth CCG Operating Plan 2015/2016 Timeline and Key milestones

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<tr>
<th>Key milestones</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
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**Wandsworth Clinical Commissioning Group**

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