Wandsworth Clinical Commissioning Group (WCCG)

Commissioning Strategy Plan Update
2012/13 - 2014/15

First Working Draft (version 0.5) for Wandsworth CCG Committee meeting on 12th October 2011

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1. Executive Summary

[Add text when paper near completion]

1.1 Vision and strategic goals

1.2 Case for change

1.3 Key priorities

1.4 Opportunities

1.5 Enablers

1.6 Delivery impact
   [patients, finances, local providers]

2. Vision and Strategic Goals

2.1 Vision statement

The principal vision of the emerging Wandsworth Clinical Commissioning Group (WCCG) is to improve the health & well-being of the population of Wandsworth.

There are a number of key enablers which are principally focussed on the successful engagement of local GPs to lead work, in partnership with the Local Authority / Public Health and other key stakeholders, to develop plans to improve outcomes.

In developing this Commissioning Strategy Plan (CSP), we have focussed on the high-level needs of the population, working in partnership with the Local Authority and Public Health to identify how best to address the needs.

WCCG has three geographic localities; Wandle, West Wandsworth and Battersea. Each have developed robust ‘Local Delivery Plans’ with local partners – local solutions to local needs. Where work is delivered on a pan-Wandsworth level, there is ongoing involvement of locality Clinical Leads in ensuring that the views of their locality peers are represented and that actions are tailored to the specific population. This is especially important for long-term conditions with pathways tailored for the population and to the local acute hospital for example.

2.2 Strategic goals

- Help people to live longer and healthier lives, particularly those living in Wandsworth’s most deprived communities
- Support young people to take control of their own health earlier, so they continue to make healthier choices throughout their lives
- Educate people about mental wellbeing, sexual health, drugs, alcohol and obesity. Help prevent and diagnose earlier and improve services.
- Improve access, quality and choice of service provision across all care pathways and in appropriate settings.
- Improve the quality of life of people living with long term and complex health conditions and their carers by improving the quality, range and choice of services and giving them information to better manage their own health.
3. Approach

3.1 Governance

Workshops have been conducted with nominated/elected GP leads and partners to identify the high-level aims. This is both at locality and pan-Wandsworth level. These priorities have been signed off by the Professional Executive Committee (PEC) along with a number of Borough Management Team meetings.

Structured according to the main priorities, each has a dedicated Commissioning and Public Health lead. We are in the process of revising GP leadership to ensure that each priority has a dedicated GP lead to advise and lead on outcome delivery.

As part of our revised approach, each priority has a detailed action plan and highlights summaries will be presented at the bi-monthly CCG Committee.

3.2 Engagement

The White Paper for health has laid out its intentions for clinical commissioning groups around patient involvement. Furthermore, Wandsworth is one of five pathfinders for Patient and Public Involvement (PPI) nationally and the only one within London. The Clinical Commissioning Group’s intention is clear about the need to engage openly and honestly with patients and to find creative ways to engage them in commissioning processes under development.

Building on the significant historical achievements in PPI, and working under the direction of the CCG, we have already engaged with patients through a large workshop to develop a PPI Consortium strategy ensuring that patients are at the heart of everything we commission. This strategy will launch in November 2011 and set in place an implementation plan which will support Commissioning.

We will continue to develop our approaches to support commissioning through the development of involvement and engagement within the patient pathway and to develop further support and links with Practice based patient groups.

The main priorities outlined in the strategic plan were shared at a local forum event attended by over 85 patients who were asked to contribute to them. Patient and public involvement is an on-going process, so we will continue to use opportunities that arise to get the views of our patients on our priorities and direction of travel. As the CSP is a refresh and update plan, we will continue to collect and collate evidence from our involvement activities.

To ensure local communities, including those who are seldom heard, are involved in commissioning, we have given grants to a number of small community organisations to support their efforts to get community voices into commissioning processes. This will include gaining their views on our priorities and strategic direction.

The CCG recognises that we need to build on the successes, partnerships and structures of the past and that for the future new opportunities for involvement and engagement are realised, particularly around patient groups in practices and patient pathways.

In addition to our work with the clinical commissioning group, we will continue:

- to develop the Expert Patients Programme in Wandsworth, which is a key component in self management of long term conditions
- to develop our successful patient communication approach using the Customer relationship management System (CRM)
- support initiatives with the online PPI resource centre tool
• build closer working relationships with Wandsworth LINk, the health and wellbeing partnership and Wandsworth Council.

The Health and Well-Being Board (H&WB) represents all stakeholder interests from across Wandsworth. The agenda for the H&WB is directed by the Joint Strategic Needs Assessment (JSNA). The JSNA sets the priority areas for the NHS, Adults Social Services and Children’s services and directs subsequent commissioning plans. The priorities reflected in the Commissioning Strategic Plan align closely with those reflected to the H&WB. The JSNA has ongoing engagement with stakeholders to continually state priorities and reflect community needs.

Each locality has engaged with its Board, comprising of constituent practices, to sense-check priorities contained within their Locality Delivery Plan. This will become part of a yearly cycle, with quarterly updates on progress discussed at each Board, with a yearly refresh (in line with the overarching CCG CSP refresh).

3.3 Equality & Diversity

Equality and Diversity continues to play a pivotal role in developing the CSP. This year with the new Equalities Act in place, there is a public sector duty requiring statutory authorities to promote equality and the development of the Equality Delivery System in the NHS. Our approach on this is to engage with our Thinking Partners Group which will partner NHS Wandsworth in grading our quality performance and help us identify future outcomes. This ties in closely with the developing work around PPI and the GP consortium. Out Thinking partners Group will continue to meet to support and advise the PCT on its approach to health in Wandsworth and specific projects which need Equality and Diversity input.

4. Case for change

4.1 Population demographics

Wandsworth has around 132,000 dwellings which are home to a population of over 290,000 residents. The age structure of residents is uniquely skewed towards the young, the 20-39 year old age group represents 48% of the population compared to 27% nationally and 36% in Greater London. This is further exemplified by the fact that one person households account for 38% of all households in Wandsworth. Wandsworth has a greater proportion of highly skilled workers than London and fewer lower supervisory and semi-routine workers. Rates of unemployment are generally low compared with London.

Wandsworth is home to a diverse range of communities and 20% of the borough’s population is non-white, compared with 31% in Greater London and 12% nationally.

The largest increase in population by 2030 is projected in the 45-49, 50-54 and 55-59 year old age groups. However, in practice Wandsworth is a borough which experiences high levels of population turnover year on year, and the movement of young adults into the borough is expected to continue. Although actual numbers remain small, the number of people aged 90 or over is projected to increase significantly by 2030, particularly for males. The proportion of households which are couple households (married and cohabiting) is projected to decrease over the next 15 years, whilst the number and proportion of lone parent households is set to increase. On average, there are

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1 2009 Housing Strategy Statistical Appendix
2 2009 Round GLA Demographic Projections (SHLAA)
4 2001 Census, Office for National Statistics
5 2007 Mid-Year Estimates by Ethnic Group (experimental), Office for National Statistics
2.2 people per household in Wandsworth and average household size is projected to decrease to 2.1 persons by 2026. The population of the borough is set to increase to over 330,000 by 2030.

The forthcoming development of Vauxhall/ Nine Elms/ Battersea offers both unprecedented opportunities and challenges for Wandsworth. It is expected to result in 20,000 new jobs, over 10,000 new homes, and 20-30,000 new residents. Issues to be considered will include creating a new community that promotes the health of its residents, providing the health and social care services that are required for the additional population, and maximising the health benefits to the wider community of new employment opportunities.

Health status

Statistically Wandsworth residents are not expected to live as long as their counterparts elsewhere in London. Males are expected to live 76 years and females 81 years, whereas male Londoners as a whole can expect to live 77 years and females 82 years. Across all causes of death and for the deaths in the under 75s, the Standardised Mortality Ratios (SMR) for Wandsworth are in line with the England rates, but worse than the London figures. For some specific conditions (circulatory disease, cancer, and stroke) the SMRs for Wandsworth indicates a higher rate of mortality than in London or England. The level of suicide in Wandsworth is relatively low, with an SMR which is better than for both London and England. (Source: NCHOD 2006-08).

Two targets for under 75 mortality were set out under the White Paper ‘Our Healthier Nation’ which were for circulatory disease and cancer. The circulatory target of 99 (Directly Standardised Rate - DSR) has already been reached with a 2006-8 actual of 89 (DSR). The cancer target of 107 (DSR) has not yet been reached, with a 2006-8 based actual of 126 (DSR).

Attendance rates at hospital are indicative both of the absolute level of need within the community as well as the effectiveness of community-based services in providing treatment without the need for hospital admission. Generally the DSR for outpatients, A&E and emergency admissions in Wandsworth is lower than for London and England (the exception being outpatient attendances, for which Wandsworth has a higher rate than England) Table 1. The DSR for outpatient attendances and admissions for mental health conditions in Wandsworth is higher than for London and England, suggesting that mental well-being remains a key issue for Wandsworth.

Table 1. Hospital Care 2009/10, Directly Standardised Rate per 1000 population.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Wandsworth Rate (Value)</th>
<th>London Rate</th>
<th>England Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Attendances</td>
<td>1145 (379,168)</td>
<td>1181</td>
<td>1047</td>
</tr>
<tr>
<td>Accident and Emergency attendances</td>
<td>314 (114,949)</td>
<td>327</td>
<td>368</td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>66 (20,783)</td>
<td>80</td>
<td>86</td>
</tr>
<tr>
<td>Admissions for alcohol related harm</td>
<td>1489 (3,375)</td>
<td>1490</td>
<td>1582</td>
</tr>
<tr>
<td>Mental Health outpatient attendances</td>
<td>26 (9167)</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Mental Health admissions</td>
<td>2.3 (851)</td>
<td>2.2</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: NHS comparators 2009/10, HES 2008/9, Local Alcohol Profiles England 2008/09

4.2 Quality position

The Wandsworth CCG is committed to improving the quality and efficiency of healthcare services for everyone who uses our services and in the last year we have seen real improvements in healthcare services right across the borough. Overall, performance in 10/11 has been strong, with improvements or sustained performance seen in a

6 2009 Round GLA Demographic Projections (SHLAA)
number of areas. The WCCG has achieved targets set in childhood obesity, diabetic retinopathy (which we failed to achieve in 09/10), smoking cessation and NHS Health Checks. There were improvements in most areas of acute care, with the quality of stroke care, 18 weeks non-admitted, A&E wait times and cancer waits targets all being achieved. We also achieved a strong performance in mental health targets such as CAHMS, crisis resolution and early intervention. Finally, we were successful in achieving our HCAIs targets which were particularly challenging in 2010/11 and there has been an improvement in LAS performance in 10/11 (achieving both elements of Category A calls).

However, we have underperformed at year-end against indicators such as 12 week maternity waits, breastfeeding prevalence, Chlamydia screening, 18 weeks admitted, childhood immunisation, cervical screening and teenage pregnancy. These indicators will continue to be monitored in 2011/12, and improving performance in previously underperforming areas has been identified as a key priority for the CCG. We have detailed action plans in place to improve all of our performance measures which are monitored regularly at our Performance Steering Group (attended by target leads and representatives from each of the locality commissioning groups). In order to further sustain improvements, we have developed a GP engagement plan, which provides funding for each GP practice to identify performance leads to improve performance against a number of key indicators. This ensures that we have engagement in performance improvement from the front-line of primary care.

4.3 Financial position

NHS Wandsworth (NHSW) ended 20010/11 as planned with a surplus of £12.3m. This surplus has been built up over a number of years through sound financial planning. The surplus has been established to protect Wandsworth patients from an anticipated tough financial climate in future years, to ensure investment into patient care for Wandsworth patients is protected. NHSW utilised its 2010/11 growth to fund inflation and after allowing for anticipated increases in activity. After funding existing commitments NHSW was able to invest approximately £5.4m in to specific Commissioning Strategy Plan initiatives and top and high priorities.

NHSW recognised that there were a number of risks, particularly associated with key NHS policy initiatives nationally and locally that could impact on its 2011/12 financial performance. As a result we have made provision to manage many of these risks through making adequate investment in service level agreements and through existing reserves and provisions to manage these pressures in year.

For 2011/12 NHSW is forecasting that it will meet its planned surplus of £12.3m and its current year to date position and most likely scenario planning indicates this can be achieved.

NHSW is experiencing a small under spend in acute commissioning. This is partly due to investing anticipated growth into our SLAs at the beginning of the year, plus significant challenges delivered by the Acute Commissioning Unit (ACU).

Wandsworth has a QIPP target of £7.086m and we are confident that this will be achieved. We have identified new QIPP schemes during the year as there was slippage in existing schemes.

There are some key financial challenges within our position. Our capital programme is reliant on the sale of Putney Land, and we will not have certainty about completion until December 2011. There has been significant re-organisation of finance staff and therefore financial data flows. We are working with colleagues in Cluster to report an accurate financial position and to identify emerging financial risks.
5. **Key Priorities**

5.1 **Key priorities for the health and healthcare of the local population.**

Two priority areas arising from the Joint Strategic Needs Assessment (JSNA) that set the context for the CSP are;

- **There are significant geographic variations in health within Wandsworth.** In general, the more affluent parts of Wandsworth also have the best health outcomes. The gap in life expectancy between the most and least affluent areas in Wandsworth is 7.5 years, with Latchmere being the ward in which residents have the shortest life expectancy. The greatest single cause of variations in life expectancy is coronary heart disease, which accounts for over one year of the life expectancy difference between the most and least affluent areas.

- **Wandsworth has higher than expected rates of premature mortality from circulatory disease and cancer.** Between 2006 and 2008, the standardised mortality rate amongst Wandsworth residents aged under 75 from both cancer and circulatory disease was above both London and national averages, for both males and females. The mortality rate for cancer was a particular concern, with the previous decline in the mortality rate ceasing in 2003, and subsequent years showing a slight upward trend amongst both males and females.

The Borough Management Team has approved 9 commissioning priorities. The first two priorities tackle inequality and premature mortality;

1. **Prevention initiatives**  
   (cancer screening, cancer diagnosis – linked to cancer strategy, health checks, diabetic retinal screening, obesity and physical activity)

2. **QIPP delivery**  
   (QIPP programme, Shifts of care, Estates Utilisation, QMH QIPP programme, Referral Management Centre)

Further priorities forming the basis of the CSP are specific areas of commissioning, and echo the direction from the JSNA.

3. **Sexual Health**

   Wandsworth still has a high teenage pregnancy rate, and there are high rates of sexually transmitted infections. The rate of Chlamydia infection in the population aged 15-24 was 3,053.7 per 100,000 population – above the London average of 2,506.8 and the national average of 2,219.1.

4. **Substance Misuse (drugs and alcohol, smoking cessation)**

   Alcohol-related hospital admissions have risen sharply. Between 2005 and 2009 the rate of alcohol-related hospital admissions amongst Wandsworth residents rose, from 1,260 per 100,000 to 1,719 per 100,000.

5. **Children’s Services (Health visitors and school nurses review, safeguarding children, breastfeeding, childhood immunisations, and childhood obesity).**

   Over one in five children (21.4%) in Year 6 in Wandsworth primary schools in 2009/10 were obese.

6. **Urgent Care/ Older People (Admissions avoidance – community (virtual) ward, intermediate care, same day access to primary care, St George’s Urgent Care Centre, Falls management and bone health, End of life care, Out of hours procurement, Adult Social Services – LCCG Specific Plans)**

   The mortality rate from accidental falls in Wandsworth between 2006 and 2008 was 7.88 per 100,000 population – significantly higher than the rates for Inner London. Over the past five years, there have been rising trends in the number of Wandsworth residents admitted to hospital both for hip fractures and for non-hip fractures.
There is a high rate of excess winter deaths. Between 2005 and 2008 there was a total of 571 excess winter deaths in Wandsworth. The largest numbers of excess winter deaths were due to ischaemic heart disease, flu and pneumonia. Factors that may contribute to this include an uptake of flu immunisation that is below the London and national averages and (at the 2001 census) a higher proportion of people aged over 65 in homes without central heating (18.78%), compared to London and England.

7. **Long term conditions (Cardiovascular disease, stroke, COPD, Diabetes, Asthma – including children, Sickle Cell, Dementia)**

Enabling the over-75s to maintain their independence remains a significant challenge. Of the approximately 30,000 people raged over 65 who are registered with Wandsworth GPs, over 12,000 have a long-term limiting condition, 5,000 were unable to manage at least one mobility activity, and 2,000 required support to live independently.

8. **Mental health (CMHT/crisis services, IAPT)**

There is a high level of mental health needs in Wandsworth. The estimated rate of depressive episodes in Wandsworth is 37.6 per 1,000 population aged 16-74, significantly above the overall rates for London and England. Likewise, the estimated rate of all neurotic disorders in Wandsworth (200.1 per 1,000 population) is significantly higher than the overall rates for London and England.

9. **Borough Specialised Commissioning (Forensic and continuing care patients, General CCG initiatives, LES review, Practice/District Nursing Improved Working, Local health need projects).**

5.2 **Local Commissioning Group (LCG) Priorities**

A number of local priorities have been worked on at a local level within the three Local Commissioning Groups. Local needs identified have been summarised in the table below.

Table: Summary of Local Commissioning Group priorities 2012-13.

<table>
<thead>
<tr>
<th>Wandle LCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Childhood immunisations</td>
</tr>
<tr>
<td>• Maternity and newborn</td>
</tr>
<tr>
<td>• Ready for schools pack</td>
</tr>
<tr>
<td>• Diabetes service redesign</td>
</tr>
<tr>
<td>• Review of Community Heart Failure nurses</td>
</tr>
<tr>
<td>• Community evening urgent care walk-in service</td>
</tr>
<tr>
<td>• Managing Same Day urgent care within Practices</td>
</tr>
<tr>
<td>• Universal primary Care phlebotomy service</td>
</tr>
<tr>
<td>• Demand Management</td>
</tr>
<tr>
<td>• Drug and alcohol misuse</td>
</tr>
<tr>
<td>• TB: To implement the Universal BCG vaccine and increase the uptake of BCG amongst newborns</td>
</tr>
<tr>
<td>• Increase early diagnosis and prevent late diagnosis of HIV</td>
</tr>
<tr>
<td>• Mental Health</td>
</tr>
<tr>
<td>• Estates</td>
</tr>
<tr>
<td>• Practice Packs</td>
</tr>
</tbody>
</table>
### West Wandsworth LCG

- Increase in life expectancy and reducing the life expectancy gaps through healthy lifestyles by reducing smoking prevalence, reducing rates of harmful and hazardous drinking and obesity
- Reduction in immortality from cancer and CVD
- Tackling mental health and substance misuse problems in West Wandsworth
- Supporting young people to take control of their own health earlier, so they make continue to make healthier choices
- Reducing teenage pregnancy
- Support the uptake of cancer screening and stop smoking programmes
- Build on improvements in the increase in uptake of NHS Health Checks that seek to improve cancer and CVD mortality rates.
- Ensuring full utilisation of Queen Mary’s Hospital, improving access, patient experience and quality, productivity and efficiency through redesigned pathways.

### Battersea LCG

- Sexual Health (including teenage pregnancy and HIV)
- Substance misuse (smoking cessation and drugs and alcohol)
- Children’s Services (including breastfeeding, obesity and the Children & Young People’s Plan)
- Urgent Care/Older People
- Long-term conditions (CVD, COPD and sickle cell)
- Mental health
- Prevention initiatives (cancer screening and diagnosis)
- Local projects (ENT, audiology and rectal)

### 5.3 Better Service, Better Value (Case for Change)

In addition to the above, there is some Cluster-wide work to look at the Cluster-wide strategy “Better Service Better Value” [add list of BSBV areas]. NHSW support the work of the BSBV programme and ongoing plans will reflect the recommendations.

### 5.4 Rationale for each priority, linked to the case for change, vision and strategy.

[Leads to add content]

### 5.5 Outline of what success looks like against each priority, including how it will be measured.

[Leads to add content]

### 6. Opportunities (current and new)

#### 6.1 Description of the identified opportunities

[Add brief introduction].
6.1.1 Prevention Initiatives - previously identified as ‘Staying Healthy’ in the previous CSP

The staying healthy pathway captures initiatives that tackle the key causes of mortality and preventable disease. Key lifestyle initiatives are included for smoking and obesity, and include the outreach role of health trainers. Primary care based services include BCG to prevent tuberculosis, cancer screening coverage for breast, cervix and bowel, and the continued roll out of the NHS health check programme for cardio-vascular disease.

In light of the 2012 Olympics in London there will be an increased provision of physical activity services in Wandsworth, underpinned by the development of a Joint Active Wandsworth Strategy between Wandsworth Council and NHS Wandsworth. Smoking quits continue to increase from previous years, and the obesity programme tendering exercise will help ensure the continuation of evidenced-based services across Wandsworth from 2012 - 2015. Obesity services will build upon existing programmes that have already demonstrated positive outcomes, including increases in healthy behaviours, reductions in unhealthy behaviours and improved clinical measurements across the population. Areas of deprivation and communities at high risk of obesity will continue to be prioritised to receive services.

The outreach nature of Health Trainer work is being quantified with 250 people accessing the service in community settings. Targeted health promotion activity has been undertaken to ensure the public are made aware of health risks, disease / condition symptoms, and service provision. Through working directly with primary care the Public Health Department is helping to ensure screening programmes are reaching the required levels of coverage, the programme for breast, cervical and bowel cancer screening all involve working with the practices to identify non-responders and ensure pathways and systems are set up to be most effective. Further facilities have been identified and out of hours services provided, the bowel cancer screening initiative is on hold pending a physical service move. The NHS Health Checks programme continues to the eligible population both in the Primary Care setting and recently in via a community pharmacy pilot programme.

A pilot has been carried out to implement universal BCG vaccination at two Health Visitor Clusters areas in Wandsworth in order to cost universal BCG vaccination for all neonates. In 2011/12, following evaluation, universal BCG will be offered to all babies born to Wandsworth patients.

Staying healthy is a programme that will continue to develop, significant inequality within Wandsworth and poor relative mortality rates require the workstream to gather strength. Initiatives that the Public Health Department would like to see developing in the next few years include;

1. Implement falls prevention and bone health strategy
2. Commissioning of a Community Outreach programme for the NHS Health Checks
3. Implementation of the Joint Active Wandsworth Strategy
4. Undertake an excess winter death needs assessment and develop an action plan
5. Develop Atrial Fibrillation patient screening and treatment optimisation Programme to be implemented by March 2012
6. Add Commissioning and Procurement of an Intensive Lifestyle Intervention Programme to support programme requirements included as part of NHS Health Check Programme. Commissioned Services to begin April 2013.
7. Development and implementation of an action plan for the PH NICE CVD prevention guidelines
6.1.2 QIPP Delivery - previously identified as ‘Supporting Initiatives: demand management and cost saving initiatives’ in the previous CSP

Due to the structural reorganisation that is taking place in the NHS, projects for demand management and cost savings identified in the 2009-14 CSP have been superseded by the QIPP programme. Some of the original projects borne out of the strategic initiatives remain. Some have changed or have a different emphasis. Additional projects have been added in line with current priorities. Quality, Prevention and Productivity are the key drivers.

The Quality, Innovation, Prevention and Productivity (QIPP) for South West London (SWL) was developed by PCT and GP commissioners clinicians to address the clinical and financial challenges facing the sector. The financial no-change baseline for 11/12 would have resulted in a deficit in excess of £7 million for Wandsworth PCT Commissioners after the delivery of statutory requirements.

The QIPP plan for 11/12 (and through to 14/15) focuses on improvements in health care provision and on ill health prevention whilst delivering to close the financial gap in commissioning.

A number of projects have been identified as being able to deliver the £7.1m QIPP savings and these are listed below against the relative strategic initiative. Where further opportunities have been identified these are listed and will be scoped for potential development over the next year.

<table>
<thead>
<tr>
<th>Strategic initiative</th>
<th>Projects contributing to QIPP Cost Savings</th>
<th>Further Opportunities under development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying Healthy Programme</td>
<td>RSH Sexual Health – Combined STI screening for targeted clients. This will include combined Chlamydia and Gonorrhoea screening. Savings due to lower local tariff.</td>
<td>New tariff calculations</td>
</tr>
<tr>
<td></td>
<td>Falls Prevention – Interventions to prevent patients falling and fracturing.</td>
<td>There are a number of medium and small schemes running with the aim of preventing falls and the fractures that occur when this happens. A piece of work will be commissioned to investigate how these different projects can be brought together, expanded and supplemented so that a comprehensive falls programme is developed in conjunction with the Local Authority. Cost savings as a result of fracture avoidance and its associated treatment and care costs will be part of this scoping exercise.</td>
</tr>
<tr>
<td>Delivering the Children and</td>
<td></td>
<td></td>
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<tr>
<td>Young People’s Plan</td>
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<tr>
<td>Maternity</td>
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<tr>
<td>Drugs and Alcohol Harm reduction</td>
<td>Alcohol Admissions Avoidance – case management alcohol dependent adults who are frequent users of A&amp;E services.</td>
<td></td>
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</tbody>
</table>

There is scope to expand this project in a variety of ways eg. to other hospitals in the sector, to other patient groups where alcohol is having a detrimental effect on the management of other long term conditions. A programme of work is being scoped in conjunction with the local authority to determine what investment is required and what effect that investment will have both on the health of patients and on demand of services.

<table>
<thead>
<tr>
<th>Sexual Health</th>
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<tr>
<th>Mental Health Strategy</th>
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<tr>
<th>Drugs and Alcohol Harm reduction</th>
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<th>Urgent Care</th>
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<tr>
<th>Secondary and tertiary care Service redesign</th>
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</table>

| Pelvic Floor Clinic – redesigning current consultant led service to use a nurse consultant. |

| Queen Mary’s - redesign of pathway of care and booking systems, generating clinical efficiencies that will reduce the cost base, in return for increased activity to improve Hospital utilisation with reduced overheads for the Provider per appointment. |

<p>| Opportunities have been identified to renegotiate the community services block contract and introduce a service based tariff. Shadowing work and investigations around IT requirements are underway. |</p>
<table>
<thead>
<tr>
<th>Polysystems and Primary / Community Service Redesign</th>
<th>Long Term Conditions / Disease Management</th>
<th>Demand Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes – Project to shift the management of stable patients into community settings</td>
<td>There is potential to develop a screening service for foot pulse to complement retinal screening. Prevention of foot ulcers and ultimately amputation. Comprehensive foot programmes can result in a reduction in foot amputation rates by 45% to 85%.</td>
<td>GP Referrals – A programme of work is being developed. QIPP savings will be identified as part of that programme.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACU audits - of High Cost Drugs and Devices and procedures of limited clinical value. Challenges are made based on the evidence found through audit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACU Audit - Review of appropriateness of treatment/care packages/ settings for a variety of patients. Challenges are made based on the evidence found through audit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Package of Care Assessment – Ongoing assessment of packages of care or placements to ensure patients are still eligible and that the package is still appropriate. Reviews conducted 3 monthly and 12 monthly.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placement Assessments – Ongoing assessment of appropriateness of placement of mental health and forensic patients.</td>
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<tr>
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<td></td>
<td>Cost savings initiatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicines Management – Use of cost effective medicines. Investment has been made in software.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>London wide initiatives in medicines management. Cost savings generated through centralisation of procurement and patient care.</td>
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</tbody>
</table>
**Dental contract - additional enhanced rate UDAs adjusted down to activity level and paid at standard rate.**

**List Cleansing – removal from list of patients that have stopped living in the area.**

**Decommissioning – a small number of local pilots have been decommissioned**

**Contract renegotiations (Mental Health, Drugs & Alcohol) – Contracts for services renegotiated at a lower value.**

**Contract renegotiations - Community Dentistry**

**Home oxygen - London wide contract renegotiations should result in cost savings.**

The table below [Insert detailed programme plan] shows the individual projects and their planned and actual savings delivery for 2011/12. Where opportunities have been identified and scoped for 12/13 they are shown. Additional savings still need to be scoped through the Falls, Alcohol and Sexual Health programmes and the renegotiation of the community dentistry contract. This will be supplemented by additional schemes as and when they are identified. The result will be a programme to meet Wandsworth’s commitment to QIPP savings for 12/13.

### 6.1.3 Sexual health

[Lead to provide text]

### 6.1.4 Substance Misuse - previously identified as ‘Drugs & Alcohol Harm’ in the previous CSP

[Lead to provide text on smoking]

**Drugs progress 2009-11**

In 2010/11 the DAAT has undertaken a major redesign and procurement of its tier 2 and 3 drug and alcohol treatment services. Informed by a comprehensive stakeholder audit and service review the process was driven by four key objectives:

- Ensure more people can access effective drug and alcohol treatment services with an increased emphasis on recovery
- Improved access to effective treatment for alcohol
- Ensure drug and alcohol services provide the best value for money
- Delivering a significant contribution to the PCT’s QIP savings
- To increase primary care based treatment capacity for drug and alcohol misuse through improved GP access to training and specialist support.
The successful delivery of the redesign process will ensure that the treatment system for drug and alcohol misuse will be able to deliver effective treatment to greater numbers of people within the context of financial constraints.

The DAAT has also led on the procurement of inpatient treatment services for drug and alcohol misuse on behalf of the south west London sector. This procurement was driven by a requirement to maintain current levels of provision but within a context of improved quality and value for money.

The outcome of the procurement process is the award of two contracts.

NHS Wandsworth is currently negotiating with Preferred Providers and will produce a public briefing in late October 2011.

All borough teams including Wandsworth will hold a significant spot purchase budget.

**Alcohol progress 2009-11**

- Wandsworth has integrated a standardised alcohol screening tool into the IAPT assessment in order to identify underlying patterns of alcohol use and improve the outcomes of treatment of co-morbid alcohol misuse and effective disorders.

- We are reducing the alcohol related burden on hospital services through the commissioning of a dedicated alcohol liaison team in St Georges Hospital which is promoting improved identification of alcohol use disorders and more effective treatment.

- Wandsworth has commissioned an intensive case management project to engage with alcohol related attenders at St Georges most of who have co-morbid mental and physical health issues and high levels of unmet social needs.

**Priorities for the future**

- Deliver an effective multi-agency alcohol harm reduction programme with agreed actions identified for each partner and reviewed at quarterly intervals and continue to pilot screening and access to interventions and brief advice in general practice.

- Develop targeted alcohol harm reduction strategies for adults who are at higher risk due to underlying patterns of alcohol misuse and or drug use. This includes adults with long term mental illnesses, offenders, street drinkers and rough sleepers.

- Develop pathways and protocols for improving the prevention, early intervention and treatment of alcoholic liver disease.

- Increase treatment capacity and quality of services for alcohol dependent adults by implementing outcomes of procurement process which commits to increasing the capacity of alcohol treatment services between 2011-2014.

- Increase access to treatment for alcohol use disorders at a primary care level by:
  (a) Expanding the number of GP led alcohol clinics to three in 2012
  (b) Training a GP champion in every practice in the borough
  (c) Working with general practices to develop more ‘localised (practice specific) alcohol harm reduction frameworks and promoting the integration of alcohol screening into existing frameworks such as IAPT
6.1.5 **Children’s Services** - previously identified as ‘Delivering the Children & Young People’s Plan’ in the previous CSP

- **Priorities: Delivering the Children & Young People’s Plan (CYPP)**

1. More children and Young People develop emotional resilience and achieve positive mental health and well-being throughout childhood.
2. More children and Young people physical resilience to enjoy good health in Childhood.
3. More children and young people feel and are safe in the community.
4. More children and young People identified as vulnerable and safe at home and the community.
5. Fewer children experience significant harm and those who do so are enabled to remain safely within their families and communities.
6. More children and Young People achieve good standards and achieve better than expected progress at all stages of their education.
7. More children and young People enjoy and engage with their education.
8. More children and young People develop positive and lawful behaviour.
9. More children and Young People develop confidence and life skills through enjoyable purposeful activities.
10. More children and Young People are active and responsible citizens confidently engaged in influencing and developing their community.
12. More children and Young People are ready to access or sustain employment or further learning.

- **Key Issues – Health Issues**

  o Children make up over 18% of the Wandsworth population, lower than the London average.
  o Children aged 0-14 are one of the age groups predicted to increase the most in Wandsworth; a 7% increase is predicted between 2009-2013, compared to an overall population growth of 2.3%. In 2007, 35.2% of the under 19 population were from black or minority ethnic backgrounds.
  o Year six obesity rates are the 8th highest in the UK.
  o Teenage pregnancy rates in Wandsworth (51.2 per 1,000 females aged 15-17 per year in 2008) are above the London (45.6 in 2007) and England (41.7 in 2008) average.
  o Low rates of breastfeeding (i.e. 71% at 6-8 weeks Drop in the uptake of MMR at 2 years from 87.4%(Q4 2008-09) to 80.6%(Q1 2009-10).

- **CSP Developments to Support the CYPP**

Under Priority 2 of the CYPP one of the key issues is to develop effective preventative approaches to safeguard the health of under 5s with the implementation of a new model for health visiting & further support given to improve breastfeeding and tackle dental disease in 2010. The Health Visitor Review Group is currently reviewing Health Visiting Services across Wandsworth. The Group will be presenting a report to the Wandsworth Management Team and Clinical Commissioning Executive with key recommendations to change the service in November 2011. A draft Wandsworth Breastfeeding Policy is being developed in 2012-13.

Another key area is to implement Your Welcome Accreditation in 6 in Wandsworth this has started and work is in progress in Wandsworth CAMHS.

To support the CYPP the key task under priority 2 is to improve immunisation rates. To achieve this aim a project is being developed to set up a standard call/recall system in Primary Care and immunisation promotion in 2012-15.
Under Priority one of the CYPP there are plans to develop CAMHS training and skills in Universal services in Wandsworth. The Mental Health Lead Training has now been completed in 2011 and the next step in 2012-15, will be to roll out CAMHS training to staff across Wandsworth in universal services. Strengthening Tier 2 CAMHS early intervention mental health services was started in 2010-11. The development of Tier2 Services across Wandsworth with the LA to develop an Advice and Consultation Service will take place during 2012-15.

Under Priority 2 of the CYPP there is a need to increase the number of children aged 2 who complete immunisation for measles, mumps and rubella, improving the mental health of children and adolescents in Wandsworth. Reducing obesity in children, particularly in primary school children in year 6. The plan is to ensure that this is reviewed as part of the Child Health Programme and that this is delivered by the Health Visiting Service in Wandsworth. The Health Visiting Service is currently being reviewed and it is envisaged that there will be major changes in the service in response to the Health Visitor Implementation plan 2011-15.

The achievement of breast-feeding targets remains a challenge and further action will be required to ensure their achievement.

6.1.6 Urgent Care/ Older People

- Urgent Care

We have commissioned CSW to provide an integrated admissions avoidance pathway for patients with chronic and acute conditions. We will monitor progress against KPI’s in the coming year.

Work will then progress to move from a ‘block’ to a ‘payment by activity, then outcomes’ model.

The launch date of a primary care led Urgent Care Centre is on track for April 2013.

- Older People

  - The falls and bone health needs assessment and strategy was completed in 2010. Implementation of the action plan is underway together with partners in CSW and the Council.

  - Additional funding from non-recurrent funds has been found to support projects with the council and Age concern to reduce falls risk factors within private homes.

  - Further work on assessing falls rates in care homes is underway.

  - Implementation of a range of measures to more closely align health (intermediate care) and social care (re-ablement) services promoting independence.

  - Further work is underway on developing a joint needs assessment and joint strategy for reablement and intermediate care in order to inform future commissioning. A summary outline strategy document has been agreed at NHSW and Wandsworth social services management teams. It will be presented at the PEC and health and well being board over the next months. Further detailed work on the strategy will take place with the involvement of a wide range of stakeholders.

  - The Virtual Ward and WHEISP pilots have been integrated to form the ‘Community Ward’. The Community Ward is commissioned as part of transforming Community Services and aims to support people at home through prompt intensive home/community based support via multi-disciplinary team co-ordination and thereby preventing an admission.
**NHS Wandsworth, with the support of the Council, completed a full review of all services for older people with mental health conditions in January 2011. Proposals include unifying the two mental health in older age teams into one, relocating the inpatient beds back onto the Springfield Hospital site on Crocus Ward (from their temporary location in Tolworth Hospital) and launching a new outreach service to support people in their own homes, formalising work with the Council commissioned day services rather than operating a separate day service at Springfield Hospital, Jubilee Day Centre.**

**IAPT (Improving Access to Psychological Therapies)**

Referrals for older adults in to the service are increasing. The service is working with local partners to improve communications and marketing to older adults.

**Intermediate care and reablement – maximising independence and keeping people at home for longer**

- Work is underway on developing a joint needs assessment and joint strategy for reablement and intermediate care in order to inform future commissioning. Intermediate Care and Reablement Services in Wandsworth are provided in a disjointed way with health and social care doing things differently. NHS Wandsworth and Wandsworth Council have identified Intermediate Care and Re-ablement services as a key opportunity for service realignment to ensure that they are being effectively utilised to deliver the best outcomes for patients. The integration of these functions is seen as essential to the transformation of health and social care services to maximising people’s independence.

NHS Wandsworth and Wandsworth Council are committed to investing in a unified “Tier” of integrated **intermediate care and re-ablement functions** that includes the current Intermediate Care Service, STAR (SGH), START (Re-Ablement) service, and the bed based units (Dawes House and Mary Seacole) and recognises the links with day hospital provision and the community ward. This transformational reform of Intermediate Care/ Re-Ablement will provide an overarching approach to care with shared assessments and support planning processes, reviewed eligibility criteria to ensure equity of service provision, and will be more responsive to individual and community needs.

The service will aim to provide support to the physical and psychological needs of individuals, including those with dementia, and recognises the impact of psychological wellbeing on health and recovery outcomes.

A joint commissioning plan will be agreed in 2012 and implemented by 2014.

- Options are being considered for an immediate interim solution for intermediate care beds due to significant issues with the current building, where the beds are located and for the longer term undertaking an assessment of future requirements. Over the next 2 years we will be also be conducting some soft market testing to inform our long term plans.

- Implementation of the falls action plan

- Older adults mental health - Subject to Committee approval implement new model of care for older people with mental health concerns who are resident in Wandsworth. Implicit in the model is a need to provide improved outcomes for older people and their carers and maximise the use of existing resources within a challenging economic climate. The proposed new model will have the following elements: A Single Community Mental Health Team (CMHT) for older people, Centralise Wandsworth Older People’s Mental Health Beds in Wandsworth Borough, Health input to Borough Older People’s Day Services / Intensive Home Treatment Team
Challenging behaviour service - Memory Assessment Service.

There is an expectation that this service redesign will result in efficiency and real cost savings for both the Council’s Adult Social Services Department and NHSW. The level of savings that can be realised is still to be determined through the review processes addressed within this report and still to be undertaken or completed.

The PCT is required under QIPP to release efficiency savings through service redesign. For OAMH services this will be achieved by the reduction in acute beds, which has been clinically driven to date and the replacement of the Jubilee Day Hospital with an integrated model of day care as outlined. At the same time further investment has been agreed for generic Mental Health Crisis Resolution and Home Treatment services; a proportion of which will be used for establishing IHTT services and also enable the development of an older person’s resource within the working age adult Crisis and Home Treatment Team.

Development and implementation of an action plan to deliver the local dementia strategy. The main aims of the strategy are;

1. Early diagnosis and interventions
2. Better care at home or care home
3. Better care in hospital
4. Appropriate use of antipsychotic medication

All are underpinned by improved support for carers

6.1.7 Long Term Conditions - previously identified as ‘Long term conditions/disease management’ in the previous CSP

[Lead to add text]

6.1.8 Mental Health - previously identified as ‘Mental Health Strategy’ in the previous CSP

• Achievements

Major steps have been taken in partnership with the Council and Voluntary sector to empower individuals, families and communities to understand better how to maintain mental wellbeing. These include the production of the Mood Manager DVD, “Books on Prescription”, mental health “First Aid” training and the implementation of the “BUTS” (Bengali, Urdu, Tamil and Somali) project, which targeted information and mental health promotion resources at those communities.

A second important priority of our mental health commissioning strategy has been to focus on enabling primary care and community services to intervene early to signs of mental ill health and better support patients on the road to self-management and recovery. The scope and size of the Psychological Therapy and Wellbeing service (IAPT) has trebled, with over 3,000 patients treated and nearly half in recovery. Over 200 people have been supported back to work and no longer require sick pay or benefits. The recommendations of the review of CMHTs have been implemented, including the restructuring of the CMHTs to improve efficiency and reflect the mental health needs of the Wandsworth population. Important initiatives to support recovery include the implementation of the personalization policy with over 100 mental health service users on self-directed support currently.
A third major workstream aims to reduce health inequalities and improve access to services. Results include completion of the “BUTS” (Bengali, Urdu, Tamil and Somali) project, providing engagement and translated mental health resources targeted at BME communities in Wandsworth and the IAPT roll-out of the co-production model with 9 community and BME organizations. Open access and self-referral systems have also been implemented and adjustments made to services for those with special needs e.g. learning disabilities to enable them to benefit from services.

Finally, a range of initiatives have been directed towards achieving improvements to the acute care pathway and to the quality of care provided on acute inpatient wards. These include the development of single-sex wards, environmental improvements, improved staff development and training and consultant-led multi-disciplinary in-patient teams. These have been accompanied by further WPCT investment in Crisis and Home Treatment and Hospital Discharge support capacity to facilitate a reduction in unnecessary admissions and use of hospital beds.

- **Outstanding Actions**

So far as creating better understanding on maintaining mental wellbeing is concerned, outstanding actions include the publication of an updated Mental Health Promotion Strategy, completion of the suicide prevention audit and programme of mental health First Aid training, expansion of the books on prescription scheme, developing a new mental health promotion strategy for the prison and working with business to improve mental health in the workplace.

Actions that will continue to enable primary care and community services to intervene early and promote self-management and recovery include implementing the outcomes of the further trial of the on-line “Big White Wall” mental wellbeing service, completion of stage 2 of the Co-Creating Health project, improvements to waiting times for the Psychological Therapy and Wellbeing service (IAPT) and extending the service to children and young people. In addition further investment in CRHT remains outstanding for 2012/13 and beyond, which we would expect to lead to further reductions in beds over time as part of the ongoing QIPP programme. Further work needs to occur to secure more streamlined processes for self-directed support and recovery for the majority of service users. Outstanding actions to reduce health inequalities and improve access include the development of a multi-lingual version of the “Mood Manager” DVD and continuing the programme of community mental health development in partnership with the borough’s BME communities and extending IAPT services to Older People and people with learning disabilities.

Finally, it is important that continuing improvements to compliance with CQC standards and patient experience continues to occur on inpatient wards.

- **New Initiatives**

Future plans include the extension of the QIPP programme to older peoples mental health services involving redesign of the acute care pathway to include extension of crisis and intensive home treatment services to people aged 75 and over, following the implementation of a new integrated model of day services with adult social care services and retraction of older peoples beds to the Springfield site. This will be accompanied by a sector-wide review and quantification of the need for older peoples’ beds to achieve a more integrated approach within the SW cluster. Another major QIPP initiative involves the review of forensic and other high cost out of area private sector placements and working in partnership with the SWLSTG Trust to develop further step down accommodation from medium and low secure services on the Springfield Hospital site.

Implementation of the London-wide “Models of Care” programme is also planned, including the further work to redesign the acute care pathway and reduce unnecessary admissions and A&E presentations described above.
and changes to the management and treatment of those with a long-term mental health condition through development of a more integrated approach between primary and secondary care.

6.1.9 Borough Specialised Commissioning

[Leads to add text]

6.2 Previous CSP initiatives

There are a number of other initiatives from the previous CSP (2009-14) which are not picked up in the newly identified Commissioning Priorities. We have provided an update on these initiatives as well as any further actions required.

6.2.1 Polysystems and primary/community service redesign (now Shift of care)

- **Battersea & North Wandsworth (BNW)**

  The GP Led Health Centre (GPLHC) at Clapham Junction opened on 1 April 2010 and it is now offering walk in services and extended hours.

  The refurbishment of Bridge Lane was completed in March 2011 and it is now been used for the delivery of 2 year pilot community based ophthalmology service.

- **West Wandsworth**

  The GP Clinic in the Polysystem hub at QMH was endorsed the proposal to improve the health of and enhance access to services for the population of Roehampton, Putney and surrounding areas by the PCT Board in 2008 and went live in February 2010. The establishment of the service in the area has provided further insight into future opportunities for the integrating the primary and Minor Injury service provision.

  Queen Marys Hospital opened in 2006 and already provide as a wide range of service from modern facilities that are commensurate with the Polysystem model. The service redesign work stream at Queen Marys Hospital which is focusing on service redesign and provision relating to infrastructure and access is being led by NHS Wandsworth and NHS Richmond GP Commissioners. Seventeen rapid diagnostic primary care led pathways and packages are being developed in partnership with acute services. It is anticipated that developed packages would lead to efficient use and release of resources and better patient experience.

  Commissioners have also developed principles that would underpin future commissioning arrangements for QMH in partnership with commissioners, stakeholders and patient representatives.

- **Shift of Care**

  NHS Wandsworth identified eight outpatient specialties to be shifted in 2009/10. Two of the eight shifts of outpatient services pilot community based services went live on 4 April 2011. The Dermatology pilot is delivered by a GP Federation covering Battersea, Central Wandsworth and Balham, Tooting and Furzedown and an ophthalmology pilot is delivered by Moorfields Eye Hospital and went live in April 2011.

  Existing primary care estates (GP practices and St John’s Therapy Centre) are being utilised for the delivery of the shift of care programme. More primary care sites have been identified for the delivery of new community based shift of care services in 2012/13.
The next phase of work, working collaboratively with the GP Federations, will be to look at the redesign of pathways for gynaecology, rheumatology and paediatrics. It is only intended to shift care to primary care where this is clinically appropriate and has real benefits to patients.

- **Information Technology and Communication**

  NHS Wandsworth PCT Board approved the Shared Care Record programme in March 2011 as part of its plans to deliver more effective and efficient community services and shift the care of patients from hospital outpatients to the primary care environment.

  Underpinning the shift of care strategy is the availability of a shared care record to other health professionals; the electronic health records of patients recorded and held on General Practitioner (GP) electronic health records systems.

  The identified opportunities for delivering Polysystems and primary/community service redesign programme between now and 2015 are as follows:

- **GP Federations**

  Building on the shift of care work on Dermatology, we will continue to work with the Battersea, Central Wandsworth and Balham, Tooting and Furzedown (BTF) GP federations and GP Commissioners to take this programme forward through the 2 years pilot period. GP Federations have also indicated that orthopaedics will be delivered in primary care and acute settings in 2012/13.

  We will also continue to work to strengthen the Information Governance, Estate and Information Technology capacities of GP Federations to deliver the shift of care from secondary care services.

- **Partnership working arrangement between secondary and primary care**

  The agreed priorities for service redesign of pathways - Gynaecology, Paediatrics and Rheumatology will be delivered through partnership work between primary and secondary care practitioners. In addition, it is anticipated that the seventeen QMH rapid diagnostic packages designed by acute and primary in 2011/12 will be fully implemented in 2012 and beyond.

  It is anticipated that redesigning the care pathways would create the best experience and setting for the patient as well as supporting the delivery of QIPP in 2012/13.

- **Quality & Outcomes Framework (QOF) - Quality and Productivity indicators**

  The development of primary care led care pathways for community virtual wards, Chronic Obstructive Pulmonary Disease, shoulder, fall management and hypertension under the QOF Quality and Productivity indicators programme in 2011/12 provides real opportunities to improve the management of patients in the primary care setting and avoid inappropriate use of outpatient referrals and avoid emergency admissions.

  We will continue to work with GP commissioners, GP Federations and secondary care services to explore options for managing the over performance of outpatient activity with continued focus on service redesign, developing the GP Referral toolkit and shift of outpatient activity with the highest volumes from secondary care.
Changes to the Polysystems and primary/community service redesign since the last Cluster and PCT CSP:

a) Plans to extend coverage of community ultrasound at 4 sites did not go ahead
b) GP Federations are now focusing on dermatology and orthopaedics

6.2.2 Secondary and tertiary care service redesign - now Better Service Better Value

[Cluster to provide text]

6.2.3 Maternity

The Wandsworth CCG will continue to work with the ACU to improve the quality of maternity clinics. Particular priorities are the maintenance/improvement of community clinics and long term plans to address the challenging workforce and capacity issues in the hospital delivery unit.

6.2.4 End of life

The focus of the end of life care workstream continues to be to increase the numbers of patients being cared for and dying in their preferred place of care, usually in their own home. This means ensuring clinicians in all settings have the knowledge and skills to identify patients who have or will soon have end of life care needs and ensuring that their care is planned, coordinated, of the highest quality and, wherever possible, in line with their wishes and choices.

Work that has been completed includes:

- Roll-out of the Yellow Communication Book: a patient-held record for EOLC patients in the community to improve communication across EOLC providers;
- Roll-out of a Community Care Pathway for care of the dying in the community that provides a standard, good practice approach;
- Integration (as a core service now within the Wandsworth EOLC system) of the successful “Discharge Home” pilot project at St George’s Hospital. This focuses on the discharge home of patients with a short prognosis and coordinated hand-over to community services;
- Development of a “Direction of Travel” strategy document for end of life care across the whole Wandsworth EOLC system that sets out objectives and actions to continue to improve the services available to this group of patients, regardless of their diagnosis;
- Agreement to alter the governance arrangements for EOLC to form both a Strategic Group (to focus on setting, prioritising and steering strategic direction) and a Provider Group to focus on the operational delivery of the strategic direction.

There are a range of core activities for the EOLC system that are on-going and will continue in order to maintain what is working well and, where necessary, improve the quality of EOLC services:
On-going support to GPs to ensure the best care for their EOLC patients through implementation of the GSF tool, systems and education. This work is supported by a GSF Facilitator for Primary Care and through the role of the GP liaison role at Trinity Hospice;

On-going support to Nursing Homes (through the national GSF programme) and development of a package of support to Residential Homes/Extra Care Housing to support them in caring for residents with EOLC needs, including preventing inappropriate hospital admissions and enabling residents who wish to be cared for and to die in their Home to do so;

On-going support to the range of EOLC providers across the whole system in Wandsworth to work together as effectively and seamlessly as possible to provide the highest quality, coordinated care to EOLC patients. It is recognised that it is the relationships and communication between individual practitioners and Provider organisations that ensures issues are identified and discussions facilitated to appropriately develop services and ways of working to effect required changes.

Areas that continue to develop and will continue to require focus are:

- Improvements in identifying EOLC patients within the acute sector to ensure wishes and choices around place of care and death are known, communicated and care pathways planned accordingly across all providers of care;
- Identification of end of life patients with non-cancer diagnosis whose prognosis may be more difficult to predict (eg those with long-term conditions) and those with dementia. These groups of patients must be identified and integrated within the EOLC services available within Wandsworth to ensure they get the best possible standards of care;
- Ensuring that every opportunity is taken and every resource is utilised to prevent inappropriate admissions of EOL patients to hospital, wherever possible. This entails all EOLC providers (both in- and out-of-hours) working together to rapidly respond to changing needs and to ensure patients and their families are appropriately supported. A range of service developments (for example the community wards and a revised OOH specification) will continue to support this focus as well as robust use of existing arrangements.

### 6.3 Action Plans

The following table summarises the action plans for taking forward the priorities.

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<th>Action</th>
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<td>Borough Specialised Commissioning</td>
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6.4 Benefits and impact for all-in-year (11/12) opportunities

- Whether expected benefits are being realised

[Leads to provide content]

- The expected impact of not meeting targets.

Each of our strategic priorities has a number of related indicators which we monitor on a regular basis. Improving performance against process measures and outcomes is a key goal of the CCG, and we have a number of processes in place to ensure that this is delivered. Progress against targets will be monitored on a regular basis and where any variance from trajectory is identified, action will be taken to improve performance. The governance structures of the CCG allow for performance concerns to be escalated to the Wandsworth Management Team and for high-level scrutiny and support to be provided to ensure that issues can be resolved.

SWL Cluster has instituted a regular performance meeting where the Borough team update on performance and finance. This is a requirement for the CCG to receive delegated responsibilities, and so is an important stage of authorisation.

7. Enablers

7.1 Incentives

[Add introductory text]

7.1.1 Mental Health

There are five Mental Health CQUINs as follows:

1. Venous thromboembolism: VTE risk assessment of all adult inpatient admissions
2. Physical Health: linked to chronic disease management and medicines reconciliation within care plans
3. Patient experience: based on responses to questions in community and inpatient surveys
4. Recovery: self-defined recovery goals included within CPA
5. Smoking cessation: number of smokers who set quit dates

The total value of Wandsworth CQUINs is £581,800.

7.1.2 ACU

[Lead to provide content on CQUIN]

7.1.3 Community Services Wandsworth (CSW)

We will continue to drive improvements in health outcomes for patients by building on achievement in previous years. There will be a particular focus on shifting towards indicators that deliver the Quality Innovation Prevention and Productivity (QIPP) and strengthen the interface between primary and community services.
7.1.4 Local Enhanced Services (LES)

Wandsworth Local Enhanced Services have been developed in response to challenges in delivering care closer to home, shift of care and public health interventions. The key priorities are as follows:

- Increase practice productivity by aligning the provision of existing Local Enhanced Services to the delivery of the GP Practice Commissioning Engagement Scheme
- In preparation for transition to commissioning arrangements in April 2013, review of Local Enhanced Services to ensure their effectiveness, value for money and strategic fit
- Incorporate the “Once for London” Pan – London Operating Principles for Primary Care Enhanced Services in future commissioning of LES
- PBC LES 2011/12 will be focusing on falls management and GP referrals that would inform the delivering of QIPP initiatives

7.1.5 Supporting Self Management

Underpinning a number of our strategic goals is the need to increase self management in a number of areas, building on the Co-Creating Health model that has been developed in mental health and also maximising the benefits of the Expert Patient Programme. A Wandsworth-wide supporting self management strategy will be developed which will include patient facing skills training, healthcare professional training as well as possible training for social care professionals.

7.1.6 Promoting Patient Choice

NHSW has selected musculo-skeletal and physiotherapy (head and neck) as part of piloting the roll out of the Any Qualified Provider (AQP) initiative. The aim of the programme is to provide greater choice of a range of accredited providers. Wider engagement will be undertaken as the programme starts to be rolled out to other areas.

7.2 Information

[GP Lead and Cluster to add text]

Accurate and timely information is essential to ensuring that we can develop effective QIPP plans and strategic developments. Good information helps us ensure that the right services are being delivered in the right place, at the right time to achieve the agreed outcomes and to identify service needs and gaps. The Borough informatics services are currently provided by the SWL Cluster Performance and Information team who provide informatics services for the whole of SWL, particularly around acute information and activity. We supplement this with locally held data from primary care (through EMIS web) and with public health intelligence.

The main driver in 2011/12 will be ensuring that the combined informatics service provided by SWL Cluster provides us with the information we need to support our plans. We are supporting the developments of SWL cluster, and key components of the service they plan to provide are:

- Development of an in-house data warehouse for all SWL PCTs to allow common reporting across Cluster
- The implementation of the Sollis reporting tool which will allow:
  - Contract and performance management;
  - Automated invoice validation;
  - Practice Based Commissioning, subject to confirmation and agreement on phasing;
  - Risk stratification, subject to a successful pilot;
  - Clinical dashboard.
This will allow a streamlined, efficient approach to informatics support the Borough. It will be supported by a small in-house data analysis and reporting function within the Borough to ensure local responsiveness.

As well as this large strategic development, further work can be undertaken to encourage more intelligent use of data and improve the understanding of GP commissioners. This includes exploring programmes like QUTE to combine primary care and secondary care data to further improve quality. Furthermore, part of the development of the CCG will include an OD programme to support GPs to utilise the activity data in a meaningful way and take ownership of their own data quality.

The CCG also has an IT strategy designed to support the delivery of our Strategic Plan. We have a clear understanding that shaping our IT will shape our care, and the success of our IT and our clinical care are inseparable. The overarching aim of our strategy is to enable joined up healthcare information to support the integration of patient care. Wandsworth IT services are largely provided by the SWL Cluster, and we are working closely with them to develop workplans which reflect our strategy. In order to maximise the benefit of IT in Wandsworth, a number of workstreams have been identified. These are:

- The roll-out of EMIS web: this will form the backbone of an integrated clinical record.
- Continued implementation of National programme workstreams where required such as the Patient Demographic service, Summary Care Record and GP System of Choice
- Develop the Primary Care IT estate such as the COIN to provide robust and resilient network systems
- Upgrade remote access systems to enable the number of users to be expanded.
- Develop IT to support care pathway integration such as the Shift of Care programme
- Develop patient communication systems such as websites to support PPI
- Develop a sector based IG strategy
- Continue and develop clinical support systems such as ScriptSwitch and the GP referral Toolkit

7.3 Workforce

A number of workforce issues will need to be addressed over the period of the plan. Recruitment to additional health visitors, school nurses and midwives, in particular, remain a challenging area which will need pan-London approaches. In light of the recruitment difficulties it will also be necessary to review skill mix in these areas.

[Insert text on Practice/District Nursing Improved Working].

7.4 Estates

WCCG has a wide estates portfolio with good dispersion around the borough, offering the opportunity to make significant changes to service delivery without the need for significant investment in Estate. The estate consists of one PFI community hospital, one PPP building in Battersea and several purpose built community centres.

We are in the process of developing a short and long term estates strategy that is driven by the commissioning intentions of the Borough and CCG, this is complimented with the existing relationships with St Georges Hospital and Wandsworth Borough Council, and utilising joint working wherever possible.

The key priorities are as follows:

a. Improve the utilisation of all existing buildings, to enable the Commissioning Priorities for Wandsworth Borough, South West London Cluster and support the London Estates Strategy;

b. Dispose of any assets that are no longer required or are not fit for purpose;

c. Work with our GP providers to utilise GP practice sites wherever suitable and possible;

d. Source suitable premises within our existing estate in order to deliver services to the area of need with limited additional enabling works, supporting the Estates Strategy.
A. Improve the utilisation of all existing buildings:

The Strategic Asset Management (SAM) team in South West London Cluster is supporting the process by undertaking a ‘Where Are We Now’ analysis of the estate, which has been developed in conjunction with South West London Health Partnerships. The first stage of this is complete, whereby all existing performance data for the estate, including utilisation, has been captured in conjunction with an analysis each sites accessibility and proximity to the communities they serve. The next stage is to apply this information against the commissioning strategies to identify the necessary investment and disinvestment in the estate.

The SAM team is also compiling all of NHS Wandsworth’s estate information onto a single database, designed specifically to enable the effective management of the estate and ensuring information is readily accessible to assist in strategic decision making and ensuring there is a legacy document that can be passed to future organisations.

An analysis is also underway that is identifying the potential QIPP savings that can be generated by the estate both through the current disposal programme, as well as informing potential rationalisation schemes. Naturally the utilisation of the PFI and LIFT premises will form the corner stone of any strategy, both because of the significant investment the buildings represent, as well as the excellent clinical facilities they provide.

NHS Wandsworth is working with its main provider, St George’s, to optimise the use of the community estate which was demised to it under the TCS programme. It is also working with the Borough and neighbouring PCTs to identify potential synergies where estates costs and overheads can be minimised. This work in turn helps inform the wider Cluster Estates strategy which is looking at similar issues across all five boroughs.

B. Dispose of any assets that are no longer required or are not fit for purpose.

This is supported by the work above and again is underpinned by joint working with St Georges Hospital and Wandsworth Borough Council. NHS Wandsworth has a number of premises in the process of being disposed of which include the Putney Hospital Site, the former headquarters at Wimbledon Bridge House, as well as St Christopher’s Clinic and Barnes Medical records. The disposal programme is going well, and represents the first phase of rationalising the estate. The next phase will begin once the commissioning strategy has been modelled against the existing estate provision and surplus sites have been identified. Another aspect affecting the disposal of assets is the proposed redevelopment of the Vauxhall Nine Elms and Battersea Opportunity Area, which, with its proposed 26,000 inhabitants offers the opportunity to reconsider the estate options in the north of the Borough.

C. Work with our GP providers to utilise GP practice sites wherever suitable and possible.

Our GP practices are located within the heart of our community, and wherever there is a possibility to run additional services from these sites it should be explored. Some GP Practices do have additional space available, and it is important that the right services are reviewed to be located in these premises. These include Long Term Conditions services, and any other service that requires frequent visits to GP services and Specialist nurse services that are delivered in GP Practices currently. Not all shift of care services will be suitable to be delivered in these sites, due to their embedded locations in the community, that may not be accessible to the wider Borough, therefore it is important that appropriate services are selected to be delivered in these sites.

D. Source suitable premises within our existing estate in order to deliver services to the area of need with limited additional enabling works, supporting the Estates Strategy.

The Borough strategy is underpinned by the Hub and Spoke model of delivering services, and hubs have been developed in each of the 4 originally identified areas. St John’s Therapy centre supports Battersea, and Queen Mary’s Hospital supports West Wandsworth. Work is continuing with St Georges Hospital to ensure that this site acts as a community hub, as well as using smaller spoke sites close to the hospital. In Central Wandsworth, a detailed review has been undertaken at Brocklebank Health Centre and this is one of our sites that is centred in the heart of our community, but is limited in available space. This review proposed several options, one of which being a
potential extension in conjunction with a re-organisation of existing space to maximise service delivery on this site. The options being considered are cost effective solutions that recognise the lifespan of the existing building and potential joint project opportunities with the Wandsworth Borough.

Wandsworth Borough is committed to delivering the most flexible and cost effective solution to future commissioning intentions, responding to public need and ensuring that there are flexible options to deliver the service requirements of the future. The Borough has already delivered on all but one of the intentions outlined in the Battersea and North Wandsworth Consultation, and is committed to delivering the last objective.

Estates provision will develop and reflect service change and need by utilising strong joint and partnership working between commissioners and providers.

8. Impact on the system

8.1 Patient impact

[Leads to add text]

8.2 Financial impact

We have used the following financial assumptions in our CSP.

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8.3 Provider impact

[Leads to add content]

9. Sustainable commissioning

[Cluster to provide further text]

The proposed move of the Wandsworth Borough to Council accommodation will support environmental sustainability by substantially reducing the amount of office accommodation used, and by sharing a number of facilities with the Council. The target of a 10% reduction in carbon emissions will be further supported as there will be no staff parking available at our new offices, and therefore staff will be encouraged to use lower-carbon forms of transport to travel to and from work, and to travel to meetings within work time.

10. Implementation

10.1 Milestones

[Leads to add content]

10.2 Ownership

[Leads to add content, e.g. CCG ownership]

10.3 Resourcing

[Leads to add content]

10.4 Risks

[Leads to add content]