

REPORT TO WANDSWORTH CLINICAL COMMISSIONING GROUP

Agenda No. 3.7

Title of Document:	Wandsworth Draft CCG Commissioning Intentions 2013/14
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Summary:	<i>The document provides a first draft of the CCG Commissioning Intentions for 2013/14</i>
Key sections for particular note (paragraph/page), areas of concern etc:	<i>Reference particular sections if appropriate or whole report</i>
Recommendations:	<p>The CCG are asked to:</p> <ul style="list-style-type: none"> • approve the first draft of the intentions; • note that the Commissioning Intentions will be further refined in the autumn in light of any other emerging priorities and national guidance and further consultation.
Committees which have previously agreed the report	None
Future Direction/Transition Arrangements:	Commissioning Intentions owned and signed off by the CCG

<p>Please state below how this document contributes to delivery of the QIPP Plan, Operating Plan or DH Domains of Authorisation:</p> <p>QIPP Plan: Referenced in the document</p> <p>Operating Plan: The document will be amended later in the year to reflect any requirements from the Operating Plan or equivalent for 13/14.</p> <p>Domains of Authorisation:</p> <ul style="list-style-type: none"> • <i>A strong clinical and professional focus which brings real added value</i> • <i>Meaningful engagement with patients, carers and their communities</i> • <i>Clear and credible plans which continue to deliver the QIPP challenge within financial resources in line with national outcome standards and local joint health and wellbeing strategies</i> 	
<p>Clinical Commissioning Executive comments (where appropriate):</p>	
<p>Financial Implications: Details to be inserted</p> <p>Reviewed by:</p>	
<p>Other Implications including Patient and Public Involvement/Legal/Governance/Diversity/Staffing</p> <p><i>Covered in the document</i></p>	
<p>Equality Impact Assessment</p> <ul style="list-style-type: none"> • Has an EIA been carried out? (If not, state reasons) YES/NO: To be undertaken once draft priorities agreed. • Key issues from assessment 	
<p>Information Privacy Issues</p> <p>Has a consideration of privacy impacts been undertaken and controlled for? Yes</p> <p>No issues identified</p> <ul style="list-style-type: none"> • Key issues from assessment 	
<p>Other Issues</p> <ul style="list-style-type: none"> • How will this support patient self-management (education)? Yes/No Part of LTC programme referred to • Have implications for Carers been considered? Yes/No (brief details to be included) • Has third sector contracting been considered? Yes/No (brief details to be included) 	

Draft Wandsworth CCG Commissioning Intentions 2013/14

1. Introduction: The Vision and underpinning values for Wandsworth CCG

Underpinning the Wandsworth CCG Commissioning Intentions is the Wandsworth CCG vision for Wandsworth and its operating principles which are encapsulated in the phrase “**better care and a healthier future for Wandsworth**” and the principles outlined below. The vision will be achieved specifically by being:

Patient focused:

Our first responsibility is to our patients, their carers and to the people and communities of Wandsworth. We will involve and engage them in designing services, support them to co-produce systems of care and empower them to look after their own health and help others to do the same.

Outcomes driven:

We will measure our success by the improvements we are able to secure in the health of local people and the range and quality of services provided. We will commission services based on evidence of need, clinical effectiveness, patient experience, and in response to defined local and national strategic priorities, and that address inequalities.

Principled:

We are part of the NHS and will ensure that we uphold its principles and values as reflected in the NHS Constitution. We will demonstrate honesty and integrity in all of our work. We will be thoughtful and transparent in our decision-making and governance. We will be responsible stewards of public money, ensuring that we make adequate provision for adverse times.

Collaborative:

We are responsible to our fellow Members, the Practices of Wandsworth. As members we will co-operate to ensure that local services are delivered to the highest standards and that we collectively commission services of high quality, the best value possible and which are responsive to patients' needs. We will work collaboratively with partner organisations to ensure that care is co-ordinated and patient-centred.

Progressive & Professional:

We are responsible to our employees, and will support individuals and teams to experiment and succeed, to learn and develop. We will treat people with respect and value diversity. We will enable people to fulfil their responsibilities to their families. We will encourage innovation and experiment with new ways of working, learning from our experiences and celebrating successes.

2. The Key Drivers

2.1 The Joint Strategic Needs Assessment (JSNA)

A detailed JSNA was prepared and finalised in 2011. However, the JSNA is an evolving piece of work to constantly assess need and is refreshed on a continual basis as new information becomes available. Key messages from the JSNA are that there are:

- Significant geographical variations in ill-health
- Significantly high rates of Teenage conceptions
- Winter deaths are significantly higher than expected
- Hospital admissions for falls have increased
- Chlamydia diagnoses rates are higher than London
- Significant under 75 mortality for cancer and cardiovascular disease
- Alcohol related hospital admissions have increased
- A fifth of all year 6 children are obese
- Assessing personal needs and assistance for carers
- Maintaining independence for older people
- High wellbeing and mental health needs

The following areas have seen slight improvement since 2010:

- Winter deaths;
- Significant under 75 deaths for cardiovascular disease and cancer;
- Assessing personal needs and assistance for carers.

As a result of the recently refreshed JSNA and an extensive consultation on the priorities a number of areas have been highlighted for further consideration as the JSNA is reviewed.

- Violence against women and girls
- Neurological conditions
- Somali community (Somali Community Advancement Organisation)
- Disabled groups (Wandsworth Independent Living Forum)
- Deaf and hard of hearing (Deaf Access Group)
- Visually impaired (Thomas Pocklington Trust)
- Dementia
- Learning disabilities and settled accommodation
- Housing and homelessness
- Riots and young people engagement

To support progress on the JSNA priorities the Health and Wellbeing Board has agreed three cross-cutting priorities, which form the core of the Joint Health and Wellbeing Strategy. These are:

- to promote resilience, focussing on more deprived communities. This approach will initially be piloted in Roehampton;

- To achieve high level, integrated support for prevention programmes, in the first instance focussing on alcohol misuse;
- advance the integration of health and social care.

2.2 Better Services Better Value and Commissioning of Acute Services

Doctors, from hospitals and general practices, alongside patient representatives, have been leading five clinical working groups to look at the patient journey and models of care in the following areas:

- Planned care
- End of life care
- Urgent, unscheduled and emergency care
- Maternity and newborn care
- Children's services
- Long-term conditions

The NHS in South West London faces a challenging future: the population is changing, there is increasing demand for healthcare, an ageing population, locally a rising birth rate, people living longer, unhealthy lifestyle choices, long term conditions increasing and higher expectations. There are also health inequalities across the patch and a need to make sure services address variation in need. The NHS needs to change to reflect modernisations in medicine, technology and drug costs. There are also workforce pressures and a need for increasing specialism in clinical roles within the NHS and a shortage of trained staff with not enough senior doctors available round the clock in some of our most vital services.

As well as the clinical challenges, the financial challenges for health services are great over the coming years and we need to become more efficient whilst improving the care we provide. South West London's four main providers will have to deliver £370 million savings each year by 2016/17, a reduction of around 24% in their costs.

A further driver is that of improving safety and clinical quality across South West London, with the aim of improving health outcomes for patients within the available resources. To do this we need to start by looking at ways to improve the quality and safety of care across South West London.

In the view of these factors no change is not an option and some of the possible early solutions suggested by clinicians and discussed by the public as part of the review included:

- Having more urgent care centres, providing urgent medical advice in cases that are not life-threatening linked to A&E departments;
- Improving urgent care in the community;
- Improving care for very sick children by locating longer-stay hospital beds in specialist children's units in fewer hospitals;
- Increasing the number of operations that are done as day surgery;
- Having a small number of inpatient planned surgery units;
- Better treatment in the community for people with long term conditions;

- Improving maternity care by making sure senior doctors are present on labour wards 24 hours a day, seven days a week, including exploring the option of achieving this by consolidating maternity units on three sites;
- Considering having more senior doctors at fewer A&Es.

The next phase of work involves looking at a very broad range of options for the future that are location specific, and making an initial assessment as to which of these options will be financially viable and achievable in the time we have available. At the same time, the clinicians leading the review have been engaging with local people and stakeholders to get their views on some broad 'criteria' that decision makers should take account of when assessing these options for service change and exploring which of these criteria are most important to them and why.

If any of the short-listed options include proposals for significant service change across south west London, the NHS would of course formally consult with the public on options for change in the autumn of 2012.

Other important issues for acute commissioning

Other issue for 2013/14 include:

- the consolidation and further development of CCG hosting arrangements in SWL;
- working to support Trust to achieve FT status before April 2014;
- the changes that started in 12/13 for London Integrated Cancer Services will further extend in 13/14 with pathway commissioning for 4 common cancers (lung, gynaecology, breast, upper GI), further consolidation of rare and specialist cancer services and continued overall emphasis on consistent, high quality cancer services across London.

Changes to urgent care and maternity care are covered under the relevant sections below

(3) CCG Overall Priority Areas

This section details some of the broader Borough wide priorities for 2013/14 and more local detail is provided under the Local Commissioning Group sections.

3.1 Long Term Conditions

In the context of Better Services Better Value, an important priority for Wandsworth CCG is to 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.

This will be delivered by developing work programmes through Long Term Condition (LTC) clinical reference groups and ensuring integration of Health and Social for these patients. Areas of focus include Diabetes, COPD, CVD, Sickle Cell, Falls Services, Older People and Dementia. The principles of the redeveloped pathways are:

- Prevention
- Self-management
- Early intervention
- Community based settings of care
- A&E avoidance
- Supporting primary care
- Risk Stratification
- Integrated Care
- Personalised care planning
- Health and Social Care Integration

Wandsworth CCG intend to create pathways that meet the principles above using the available resources more efficiently and through integrated primary, community and secondary care teams. The re-engineered pathways will be delivered across GP Practices, Community services, and Hospitals and will be based around tiers of care with clear management protocols and referral criteria between the tiers, to ensure patients are receiving the right care in the right location at the right time.

3.2 Working with Carers

The CCG will continue to fund Crossroads South Thames to deliver respite services to adult carers in Wandsworth. Services may be extended to also provide respite breaks for young carers.

We will explore the development of a Carer Support Locally Enhanced Service for GP practices to ensure that carers are better identified, and receiving appropriate care and support from primary care

The CCG will also work closely with carers where major service changes are planned, including where there are proposed shifts to more community based care to ensure that carers are not adversely affected by these changes.

3.3 Urgent Care

In 2013/14 the CCG will do the following:

Reduce short-stay admissions by:

- Monitoring the KPI's of the SGH Urgent Care Centre. This includes a review of the one-year pilot of GPs placed in the UCC on admissions prevention work.
- Evolving the Community Ward so that it is an integral function within CSW to deliver the LTC integration approach.
- Evolving the Single Point of Contact for GPs to access the Community Ward for rapid assessment of a patient at home.

Reduce emergency admissions in LTC in addition to the LTC commissioning intentions above by:

- Committing to the inclusion of specific urgent care CQUINs in the CSW contract to incentivize admissions prevention work.

Reduce A&E attendances in core GP hours by:

- Devolving responsibility to the three LCG's as they are best placed to work with the Member practices to develop creative solutions to reducing attendances based on local population factors.
- Expanding the range of Alternate Care Pathways for London Ambulance Service which initially commenced in 2012/13.

Reduce A&E attendances outside of core hours by:

- Monitoring the new Out of Hours contract which includes the integration of community clinics at evenings and weekends to direct patients to from 111 instead of A&E

Reduce emergency re-admissions within 28-days:

- Developing a rapid assessment and response function as part of the integration project with Wandsworth Borough Council.
- Ensuring all re-ablement initiatives are continually reviewed / evaluated, with recommendations enacted for closer working between services

3.4 QIPP Priorities

To continue to deliver efficiency savings and quality improvements through clinical service redesign. In particular, where there is outcome evidence, to develop or contribute to the development of the three main projects that have been the focus for 12-13

- **Falls and Bone Health**

In March 2012, the emerging Wandsworth Clinical Commissioning Group approved a £700k non-recurrent bid to improve the Falls and Bone Health pathway. The investment was awarded on the basis that by implementing the prevention initiatives, the overall health economy will realise savings of £1.2 million. If the savings are realised, this will be re-invested into the Falls and Bone Health pathway to recurrently fund the following initiatives in 2013-14.

- The Falls Prevention, Management and Bone Health Steering Group will oversee the implementation of Wandsworth CCG's strategic intentions in terms of the commissioning and ongoing monitoring of services for the prevention and treatment of falls and fractures and the maintenance of bone health in older people within Wandsworth.
- Ongoing development of the Falls and Bone Health pathway in Wandsworth

Primary Care:

- Work with general practice to continue to identify patients at risk of a fall and who may be at risk of developing osteoporosis
- Commission community pharmacies to provide an enhanced service focusing on Medicine Use Reviews (MURs) and completing falls risk assessments.

Investing in prevention and early intervention services:

- Increase the number of appropriate referrals into the Integrated Falls and Bone Health Service
- Work with Wandsworth Borough Council and voluntary organizations to further develop falls prevention, management and bone health services in areas of most need.
- Commission diagnostic DEXA scanning facilities for Wandsworth patients.
- Commission an acute care based Fracture Liaison Service to investigate bone density; start drug and other treatments to reduce the risk of a future break; liaise directly with falls services; and monitor and maintain medication adherence.

- **Alcohol**

This will be a Public Health led priority from April 2013, but the CCG will work collaboratively to support the alcohol QIPP programme in areas which fall within its remit. The focus for alcohol related harm in 2013/14 will be to consolidate and build on progress made through the service redesign process and QIPP program in 2012/13. This includes:

- Improving the early identification of alcohol related risk through standardising alcohol screening in 'mainstream' health settings such as primary care, secondary care, sexual health clinics and mental health services.
- Implementing a framework for the early identification of alcoholic liver disease and improving quality of care and treatment outcomes for those with more chronic liver disease.
- Building the primary care base for treating alcohol use disorders both the GP led clinics and within all general practices
- Work with secondary care and community health services to reduce alcohol related admissions including an increased focus on working with primary and community health to manage alcohol use in chronic illness.
- The development of targeted harm reduction responses for hard to reach and difficult to engage drinkers who have a high level of unplanned contact with a range of health and other services. This includes homeless adults and street drinkers.

As much of the funding for 2012/13 initiatives is in principle non recurrent maintenance of gains in 2013/14 will be dependent on the identification of recurrent funding.

- **Sexual Health**

This will be a Public Health led priority from April 2013, but the CCG will work collaboratively to support the sexual health QIPP programme in areas which fall within its remit.

The integration and externalisation strategy for Reproductive and Sexual Health (RSH) and Genito urinary medicine services (GUM) will improve access to specialist services and improve equity across the borough not only for patients but also for professionals wishing to refer patients into services or access advice or training. The model will reduce referrals to acute services and increase capacity for the new service to accept specialist referrals.

The integrated service will have the following components:

- A plurality of services offered on both RSH and GUM sites. A Shared IT system and central telephone contact point;
- Working with Primary Care in each location to ensure all patients have equitable access to GUM and contraceptive care, together with advice and education on sexual health and other services as appropriate
- Working towards each of the RSH/GUM sites providing all key clinical components of level 3 GUM and contraceptive care
- Outreach projects/services linking with local services, including Primary Care to increase access to basic and specialist Sexual Health Care by maximising the workforce capacity and complimenting services offered through Primary Care and pharmacists

To reduce routine screening in secondary care and maximise on expertise, the service will also offer advice support and training to Primary Care and address the needs of minority and hard to reach groups.

The plan takes into account reorganising both the GUM and RSH services to deliver services at the most appropriate sites to maximise resources.

This service delivery model will be developed with existing providers and piloted in 2012 and the learning from the pilot used to develop services for 2013/14.

Services will be developed in General Practice following piloting in 12/13, to offer HIV screening for newly registered patients, to ensure earlier diagnosis of HIV positive patients. Future developments include HIV testing in A&E, together with working with Faith Communities to educate and promote HIV awareness.

Termination of Pregnancy (TOP) services will remain the responsibility of the CCG: Wandsworth currently commissions termination of pregnancy services from three providers, Marie Stopes International (MSI), British Pregnancy Advisory Service (BPAS) and St. Georges Hospital. The service level agreement will be reviewed in line with NHS London best practice across SW London CCGs to improve patient pathways and increase cost effectiveness.

To maintain the downward trajectory in teenage pregnancies in order to achieve a 55% reduction. This will involve continuing to influence the wider commissioning agenda through the young people's contraception and sexual health services action

plan. Actions will include commissioning some new initiatives such as a “txtm8” service to provide access to up to date information for young people and additional activity by school nurses through a public health CQUIN.

The chlamydia screening programme will continue to be commissioned and monitored jointly with Croydon, Richmond & Twickenham and Sutton & Merton.

3.5 End of Life Care

We will create opportunities to work with all providers to deliver an appropriate and continued shift to care closer to home through community based services.

The focus for commissioning End of Life Care in 2013/14 will continue to build on the developments in service provision that have taken place over the last 4+ years towards an integrated, seamless service for patients and carers. The aim of the commissioning process with all end of life care providers will be to continue the reduction in deaths in hospital (through reducing inappropriate hospital admissions for end of life care patients) and increasing the numbers of people who die (through choice) in their usual place of residence (home or nursing/care home).

Commissioning of community nursing services will continue to focus on supporting patients to be cared for and to die at home (where that is their choice). This will include a requirement to provide and evidence proactive support and advice to Care Homes and Extra Care Housing facilities to enable them to care for residents with end of life care needs and avoid inappropriate hospital admissions both in and out of hours.

The Coordinate my Care (CmC) register (provided by the Royal Marsden) will be commissioned by the CCG during 2013/14 following its roll-out during 2012/13 funded by NHSL. In addition, appropriate and effective use of the Coordinate my Care electronic register of end of life care patients will (where appropriate) be specifically included within provider service specs/contracts (including GPs, community nursing, Trinity Hospice) to maximise use of and quality of information held on the register. This will be based on audited evidence and will improve communication and coordination of services for EOLC patients, particularly out of hours.

There is an intention to work with Continuing Care commissioners and current providers to develop and commission a more integrated approach to care provided to end of life care patients from 2013/14. Preliminary work is underway to develop a potential model of care that brings the current various and necessary elements of a whole “package” of care (e.g. 24 hour community nursing, respite care, night sitting, personal care, provision of equipment etc) under a single co-ordinating “umbrella” service. This has the potential to improve quality of care for end of life care patients and their families through the commissioning of appropriately trained, high quality carers at a reasonable cost (e.g. Health Care Assistants) who are, where appropriate, able to provide a flexible range of care to meet the changing needs of this group of patients and support communication and coordination of services. A single “umbrella” service that will commission/arrange the care will support discharge processes and save health professional time (e.g. community nursing time).

The new GP OOH Provider will be carefully monitored from the start of the new arrangements (October 2012) to ensure that the EOLC elements of the service specification are being fully implemented. Any adjustments required to ensure a high quality, good practice approach that supports EOLC patients at home and avoids unnecessary hospital admissions will be addressed with the provider as part of the contract monitoring/commissioning process.

3.6 Children Services

- Review CAMHS services

We will jointly with the Local Authority commission services that provide ease of access to services for both primary and secondary school children and building strong links with GP practices. This will include integrated pathways and single access points to services and clarity of referral criteria for Tier 3 Services.

- Implementation of review of community Paediatrics

The aim is to commission a single pathway for children with complex needs requiring the services of Community and Developmental Paediatrics. Opportunities for integrating children's physiotherapy and children's nursing teams will be realised to achieve more integrated provision and service efficiencies with the potential to reinvest in agreed service development priorities.

- Review of Health Visiting and School Nursing

We will fully implement the outcomes of the reviews of health visiting and school and nursing.

- Children and Young People's Plan and Safeguarding Priorities

Work with the Local Authority on the refresh of these priorities for 2013/14

3.7 Mothers and Newborns

Commissioning of Maternity services will be the responsibility of CCGs. To prevent Maternity from losing its priority status within CCGs, NHS London has recommended the development of local maternity networks. Networks should be sector-based, and aligned to perinatal networks.

Sector funding has been identified to set up the SWL Maternity Network and sub-groups. The remit of the Network encompasses commissioning and service development as well as care pathway redesign and work on clinical quality standards. It is also proposed that this will help to deliver in several QIPP project areas. Wandsworth CCG will be represented on the Network Board by a GP Clinical Lead and a commissioning manager.

Until 2015, the commissioning of Health Visiting will remain the responsibility of the CCGs and the GP Clinical Lead and commissioning manager will also be the leads on this. Priorities for 13/14 will include the following:

- Developing a system for rapid referral to improve early pregnancy booking (12 week booking) target
- Increase the number of community based antenatal booking/follow up clinics (at least one in each locality).
- Increase the number of community antenatal classes in all three localities, to promote good antenatal care, early identification / refer to specialized clinic, healthy diet, exercise, promote breast feeding, immunisation, prevention of postnatal depression (awareness raising), diabetic retinopathy screening,
- Provision of Healthy Vitamins universally to all pregnant women and children up to 4 years of age
- Early identification of substance misuse (drug, smoking, alcohol) at the time of booking and providing appropriate services in antenatal clinics rather than referring.
- Seasonal flu immunisation to be delivered at all the antenatal clinics during the flu season.
- Increasing the number of community based postnatal clinics in all three localities.
- Community based service to deal with mothers with postnatal depression in all three localities.
- Targeted antenatal care for vulnerable women (e.g. teenage pregnancy, domestic violence, etc)
- Telephone support for breast feeding to all mothers immediately after discharge – BF drops immediately after discharge from the hospital.
- All GP Practices / HV clinics and other primary care setting to become BF friendly
- Early GP registration of newborns - Mothers GP calling new moms after discharge and asking them to register their child with a GP
- Appoint dedicated clinical lead who takes responsibility for the commissioning of maternity services.
- Set up a Wandsworth maternity services review group
- Introduction of PbR maternity pathway tariff

3.8 Mental Health

The CCG will take forward the outcome of the SW London benchmarking of services provided by the SW London and St George's Mental Health Trust working collaboratively with neighbouring CCGs to ensure the provision of world class mental health services.

Work with neighbouring CCGs on the review of mental health inpatient services in SW London arising from the Beacon Review.

Implement the findings of a review of the Improving Access to Psychological Services (IAPT) programme and link with other services including Community Mental Health Teams.

The CCG will review the establishment of the agreed model for dementia care in Wandsworth, which includes accessible memory services, integrated day care,

effective crisis and home treatment services and liaison with intermediate and acute care.

3.9 People with Learning Disabilities

The CCG will work closely with the Local Authority to implement actions arising from the 2012/13 self assessment. Priorities will be taken forward around continuing to improve access to services, particularly primary care health checks and embedding processes for regular and robust reviews of clients in out of area placements. The recently redesigned challenging behaviour service will also be reviewed to assess the effectiveness of changes made to the service.

3.10 People with Continuing Care Needs

Ensuring the most appropriate care for patient and that patients continue to receive high quality care. Continuing care covers a number of client groups including older adults, those who are physically disabled, have mental health issues or are nearing end of life, and including care that takes place in a nursing home or in the patient's own home. Actions to be taken forward in 2013/14 include:

- Ensuring effective commissioning of continuing care through the South London Commissioning Support Organisation (SLCSO) and streamlined approaches to commissioning services, realising the potential benefits of sector wide collaboration in the negotiation of care package costs and further enhancement of the workforce through peer review and shared expertise;
- To ensure that patients are reviewed in a timely manner and receive appropriate, high-quality care according to their health needs;
- Ensure a market management programme for care homes and domiciliary care providers is implemented. This will involve reviewing all new and existing high cost provision in both areas;
- Implement through the SLCSO a more structured approach to ensure that providers submit regular and robust quality information which includes patient experience. This will form part of a performance and quality monitoring framework.
- Further develop the third party programme for "Personal health budgets" through the SLCSO to give patients greater control and engagement with their package costs in addition to potentially achieving saving to the Continuing Care budget.

4. Local Commissioning Group Priorities

4.1 Wandle

Obesity

Wandle has the highest prevalence of obesity of all of the localities. By enlisting the support of a clinical project lead working in the locality, alongside patient representatives and service users living in the locality, we aim to raise awareness of the health issues associated with obesity, promote healthier lifestyles and encourage obese patients to access weight management services at a local level. This work will

support the 'prevention, screening, early diagnosis and awareness initiative,' currently being implemented across Wandsworth.

Chronic Obstructive Pulmonary Disease (COPD)

Although Wandle has a low EMIS recorded prevalence of COPD, there are a large number of people living in the area who smoke. This suggests that there may be a high number of people living with undiagnosed COPD or who are at significant risk of developing the condition. By enlisting the support of a clinical project lead working in the locality, alongside patient representatives and service users, we aim to support early diagnosis and identify and promote awareness amongst high risk individuals. This work will support the 'long term conditions initiative' currently being implemented across Wandsworth and fits strategically with the CCG's COPD 'Missing Millions' programme.

Diabetes

There are a high proportion of people living in Wandle who have an increased risk of developing diabetes. Evidence has demonstrated that early diagnosis of diabetes can reduce complications in later life. By enlisting the support of a clinical project lead working in the locality, alongside patient representatives and service users living in the locality, we aim to promote awareness, support early diagnosis and encourage adherence to treatment at a local level. The ethnographic profile of at risk groups in Wandle suggests synergy of this priority with our intention to improve our communication with ethnic minorities and seldom heard groups and in addition, this work will support the 'long term conditions initiative,' currently being implemented across Wandsworth.

A&E Attendances

Wandle has the highest rate of A&E attendances in Wandsworth per 1000 population. Increasing access to out of hours GP services has had limited effect on reducing attendances over the last two years. By enlisting the support of the Wandle Patient Consultative group and a clinical project lead we aim to identify reasons for this and develop and implement an action plan to address the issues identified at a local level. This work will support the 'urgent care initiative' currently being implemented across Wandsworth.

Health Promotion for Ethnic Minorities and Seldom Heard Groups

There are a large number of ethnic minority communities and seldom heard groups living in the Wandle area. Some groups have reported that they have limited knowledge of local health services. By enlisting the support of the Wandle Patient Consultative group and a clinical project lead, we aim to engage with these communities, identifying gaps in knowledge and improving communication about local health services as necessary. This work will support the 'prevention, screening, early diagnosis and awareness initiative,' currently being implemented across Wandsworth and fits strategically with all the priorities identified above.

4.2 Battersea

Alcohol

Self-harm from the abuse of alcohol within Battersea is placing an increasing burden on public health and the health economy. Therefore a targeted prevention, early intervention and treatment strategy will reduce the cost burden on the NHS. Working in consultation with the BLCG Patient Core Group and support from a nominated clinical champion BLCG is developing a number of initiatives to improve rates of engagement with treatment naïve and hard to reach groups including street drinkers, non English speakers and rough sleepers. This work will directly reduce the numbers of alcohol related admissions to hospital and support the 'urgent care initiative' currently being implemented across Wandsworth and link with WCCG's Long Term Conditions, Mental Health and Cancer/CVD priorities.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is significantly undiagnosed in Battersea and it is estimated that 67% of people with COPD in Wandsworth have not been identified. Battersea has one of the highest predicted prevalence of undiagnosed COPD (the COPD 'Missing Millions' programme) and therefore will work with a clinical champion to focus on improving the prevention, early detection and screening of undiagnosed patients with COPD, the quality of care, self management of the condition and improved tertiary prevention (e.g. increase access to pulmonary rehabilitation). As part of the Long Term Conditions framework, this initiative will link directly with helping to prevent Accident and Emergency attendance/emergency admissions, and BLCG and WCCG's Smoking Cessation priority.

Smoking Cessation

More than half of the difference in health inequality is attributable to smoking. Smoking is the single biggest cause of the 7 year difference in life expectancy between residents living in different wards in Battersea. In consultation with the Battersea Patient Core Group and with clinical support, BLCG will target smoking cessation support at 'at risk' groups including those on disease registered and out lined in smoking cessation LES. These preventative actions will directly support the Battersea COPD priority.

Obesity

The prevalence of obesity in Battersea is higher than the borough averages for both Reception (4-5 years) and Year 6 (10-11 years) children. For 2011/12, reception and year 6 coverage and prevalence is 89% coverage for both reception and year 6 and prevalence of obesity 11.7% for reception and 21.93% for year 6. There is variation by ward with Latchmere and Queenstown having the highest proportions of obese children in these age groups which may be related to the high levels of deprivation in some Battersea wards. Raising awareness of local weight management services and the short and long term health issues of obesity in children will reduce the likelihood that obesity will follow through into adulthood. Battersea LCG will ensure that these

initiatives will support the 'prevention, screening, early diagnosis and awareness initiative,' currently being implemented across Wandsworth.

Sexual Health

Teenage Pregnancy

Battersea has significantly higher rates of teenage pregnancy than the rest of the borough (75/1000 vs. 61/1000). Battersea will allocate clinical project support to help promote knowledge and skills around sexual health within the young population of Battersea and provide better access to and use of effective contraception. Improved outcomes for teenage parents (postnatal check; uptake of contraception including LARC; emergency contraception) and their children (e.g. six month check; immunisation programme) will form part of the initiatives whilst ensuring the objectives of BLCG are in line with and complementary to the multi-agency Teenage Pregnancy and Sexual Health Steering Group objectives.

HIV

The prevalence of diagnosed HIV in Wandsworth is 4.91 per 1,000 aged 15-59 years. The ward prevalence varies widely with the highest wards predominantly in the Battersea locality. Working in consultation with the Patient Core Group, BLCG will nominate a Clinical Champion to lead on reducing the late diagnosis and undiagnosed HIV patients. This work will support the 'Long Term Conditions Initiative' currently being implemented across Wandsworth.

Cancer / CVD

Cancer screening is one of the gaps identified in Battersea Commissioning Plan for High Quality Clinical Outcome as per CQC and national NHS targets i.e. Cervical Smear Screening, Breast Cancer Screening. BLCG will work in consultation with its Patient Core Group, to work towards meeting the national targets for breast, bowel and cervical cancer screening programmes by raising the screening rate in all 3 programmes by 5% over the next year. Working with a clinical champion, BLCG will increase the understanding of the importance of participating in cancer screening and the increase of NHS Health Checks programmes amongst the Battersea population. This is in line with BLCG's Smoking Cessation priority and will support the 'prevention, screening, early diagnosis and awareness initiative,' currently being implemented across Wandsworth.

Mental Health

Common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time. Many individuals do not seek treatment and common mental health disorders often go unrecognised. With guidance from its Patient Core Group, BLCG will work with a Clinical Champion to raise awareness of Mental Health services available and reduce health inequalities within Battersea and Wandsworth.

4.3. West Wandsworth

CVD

Roehampton and West Hill also have higher CVD rates when compared to the national average. Locality clinicians will work alongside public health, local authority, patient representatives and service users living in the area to support the health education of adults, children and young people. The Locality will continue to support the uptake NHS Vascular Health Checks. This work will support the 'prevention, screening, early diagnosis and awareness initiative,' currently being implemented across Wandsworth.

Smoking Cessation

Smoking prevalence is above 25% in more than 50% of West Wandsworth practices. Admissions for Cancer in the period 2005-2008 were higher than the PCT average, particularly in the practices located in high deprivation areas. Locality clinicians will further support the smoking cessation programme to educate and promote reduction of smoking in the local population. The locality will also work alongside multiple organisations such as public health, local authority and patient representatives and service users living in the locality to tackle smoking prevention. This work will support the 'long term conditions initiative' currently being implemented across Wandsworth. Linked to this, the locality is working with Public Health and Paul's Cancer Support Centre to raise awareness amongst members of the public of the signs and symptoms of lung cancer - this is being achieved through a team of Cancer Champions who are specially trained volunteer members of the public.

Obesity

The highest reception age obesity levels are in West Putney (11.0%). However Thamesfield and East Putney have similar prevalence at 10.4% and 9.7% respectively. Except for Thamesfield all wards in West Wandsworth show that one in five years 6 (aged 10-11) children may be obese. The Locality clinicians support the need to reduce adult and childhood obesity. Working alongside public health, local authority and patient representatives and service users living in the locality we will raise awareness of the health issues associated with obesity, promote healthier lifestyles and encourage obese patients to access weight management services. This supports the 'prevention, screening, early diagnosis and awareness initiative,' being implemented across Wandsworth.

Mental Health Services

Work needs to take place to prevent high rates of admission to mental health services and improve the health and wellbeing of the local population. The West Wandsworth clinicians will work alongside the mental health trust to Improve Access to Psychological Therapies (IAPT). The locality will also work alongside multiple agencies such as public health, local authority, voluntary organisation and patient representatives and service users living in the locality to promote positive mental health and reduce health inequalities across the local population. This work will

support the work Mental Health agenda currently being implemented across Wandsworth.

Teenage Sexual Health

Wandsworth has had a teenage pregnancy strategy since 1st April 2001, with a target of achieving a 55% reduction on the 1998 baseline (71.1 conceptions per 1,000 girls aged 15-17). In the wards of Roehampton, West Hill and West Putney experience high rates of under 18 conceptions (per 1000 population. A clinical project lead will help promote clinicians knowledge and skills around sexual health within the young and better access to and use of effective contraception. This supports Wandsworth Teenage Pregnancy and Sexual Health objectives.

Alcohol / Drugs prevention in children and young people

Roehampton is estimated to have one of the highest numbers of problem drug users in the borough. There are high numbers of ambulance calls out for alcohol related problems are around Putney town centre, Roehampton and West Hill. Locality clinicians will work alongside drug and alcohol services, public health, local authority and patient representatives and service users living in the locality to reduce the numbers of drug and alcohol related admissions to hospital and support the 'urgent care initiative' currently being implemented across Wandsworth and link with WCCG's Long Term Conditions, Mental Health and Cancer/CVD priorities.

5. Enablers

• Patient and Public engagement strategy

The CCG will continue its commitment to ensuring patients and the public are at the heart of everything we do. Our vision and principles for PPI are outlined in our PPI Strategy: we will involve the people and communities of Wandsworth in our decision making and priority setting. We recognise that patients, carers and service users have valuable expertise and insight which we will use to inform service redesign and commissioning decisions. We will strive to empower communities to develop sustainable approaches to health improvement and promotion.

The PPI Clinical reference Group, chaired by the Board Lay Member for PPI, will take the lead role in ensuring we achieve our vision and objectives, and that we have a comprehensive action plan in place. We anticipate activities in 12/13 will be focussed on the following work areas:

- Ensuring CCG staff effectively engage with the public and local communities
- Developing PPI at Locality level
- Developing new modes of engagement (including through technology)
- Ensuring engagement in pathways redesign and service changes
- Ensuring involvement in strategy and priorities
- Engaging hard to reach groups and vulnerable communities
- Reducing inequalities through greater involvement
- Promoting and supporting self-care and self-management

- Developing effective partnerships with HealthWatch
- Working with partners (e.g. community and voluntary groups) to ensure active engagement of patients and carers in their own care
- Considering approaches to co-production
- **Collaboration with other CCGs and Agencies**

The CCG will work in a collaborative and proactive way with other CCGs and agencies including the Local Authority, Public Health and the National Commissioning Board. The CCG will ensure that robust service agreements and performance monitoring arrangements are in place for support services including the South London CSO and the Joint Commissioning Unit.

CGG collaboration will include arrangements for strategic mental health commissioning with Kinston CCG and for the commissioning of acute service from St George's Healthcare with neighbouring CCGs.

- **Estates Strategy**

From 2013 the a Department of Health owned property company will own and manage PCT estate that is not transferred to NHS providers, together with surplus SHA and arm's length bodies' estate and Secretary of State for Health owned 'retained estate'. An ambitious estates strategy is currently being implemented in Wandsworth prior to transfer of responsibilities and the benefits of this will be fully realised in 2013/14 enabling further shifts in care from secondary to primary care including long term conditions, specified outpatient services and mental health services in fully developed primary hubs in each locality, and by improving the primary care estate.

- **AQP**

Wandsworth have chose to move forward with MSK Services (neck and back pain) in 12/13 and are currently in the procurement phase, with contracts expected to be in place for 1st October 2012. The second AQP service chosen is Podiatry and contracts are expected to be in place by the end of March 2013, with procurement for this service to commence in October 2012.

CCGs will be required by October 2012, for 2013/14 CCGs, to have chosen further AQP services to commission. Choices will need to be based on needs & priorities, scope for improving quality and patient feedback, sustainability, clinical risk and continuity, scope for patient choice and control.

- IT

(To follow)

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