

## **Haringey CCG Commissioning Intentions for 2017-19**

### **What are commissioning intentions?**

Commissioning intentions are usually developed every year. They describe the changes and improvements to healthcare that the CCG wants to make for the year ahead and what we expect to commission (or 'buy') to achieve these changes. The CCG's commissioning intentions are shared widely with providers and stakeholders and are then developed into a commissioning strategy plan for the year ahead.

This document is a short summary of the commissioning intentions of Haringey CCG for the next two years: April 2017 – March 2019. This is because we have been asked to agree two year contracts with our providers in line with NHS planning guidance. Please note that it does not contain our full list of commissioning intentions which are more technical and detailed and were shared with provider organisations at the end of September 2016.

Plans are aligned with the CCG's local 5 year strategy and, where appropriate, aligned with partner CCGs across North Central London.

### **General Contracting Principles for NHS Trusts**

CCGs believe that the current contract form used with NHS providers such as hospitals and mental health trusts does not support the local and regional health system sustainability. Working with other CCGs in North Central London, the CCG is considering contract forms that reward providers where unnecessary costs are removed.

A set of principles have been established across North Central London which outline how the organisations will work together to achieve this:

- Partner organisations will work together for the benefit of local people;
- We will involve local people in our design, planning and decision-making;
- Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
- We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates.

### **Value Based Commissioning**

#### **Diabetes and Older People with Frailty**

Commissioners and providers have agreed to work together to monitor new ways of paying for services for people with diabetes in Haringey and Islington and for over 75s in

Haringey. Providers will work together through shared governance arrangements to support improved services for local people.

## **Community Services and the Better Care Fund**

### **Community Gastroenterology**

Medefer currently provide a triage service for gastroenterology referrals. The efficacy of this service will be reviewed with potential for de-commissioning. Gastroenterology is highlighted as an area of high spend and the CCG plans to redesign services in this area.

### **Community Cardiology**

Haringey CCG plans to review the cardiology one-stop diagnostic service. Learning from the review may lead to changes to the pathway.

### **Community Urology**

Procurement of the community service is underway and a new provider will be in place by April 2017.

### **Community Ophthalmology**

Haringey community ophthalmology services will be tendered in December 2016.

### **Community ENT**

The community services contract for delivery of the local service will end in 2017. A tender process will be initiated in January 2017. The ENT service will accept referrals for: see and treat rhinology, otology (non-audiology), ear micro suction service, laryngology, and any other ENT condition triaged and deemed appropriate for the service.

### **Whittington Dietetics**

The prescribing dietician service will move from Whittington Health to Haringey CCG.

### **Better Care Fund and Integrated Care Services:**

There are a number of initiatives contributing to integrated care in Haringey that have been implemented on a trial basis, or are under review as part of the Better Care Fund programme. The following services will be evaluated in 2016-17, with a decision on continued funding, re-modelling or re-procurement taken in spring 2017:

- Reablement
- Self-Management Support
- Integrated Community Therapies Team
- Falls - Strength and Balance
- MDT teleconferences
- Locality Teams

We are also looking into alternative ways of supporting community wellbeing, including social prescribing, which will build on previous work under the neighbourhoods connect service.

## **Unplanned Care**

### **Rapid Response**

The rapid response service will be expanded in 2016-17. It will be evaluated in early 2017 and the findings will be used to inform future changes. The service evaluation will also inform how Haringey CCG can work closely with partners in Islington to create a model that works across the both boroughs to best support local hospitals.

### **Stroke Services**

Haringey is working with other CCGs in North Central London to review the way stroke services are working. In particular we will work to ensure appropriate capacity is available at all stages of the pathway. We will also look at how stroke rehabilitation services take place, with a view to more people being supported at home, 7 days a week.

### **Discharge to assess**

CCGs across North Central London are working together to allow people to be discharged home from hospital as soon as the person is medically fit. Arrangements will be put in place so further assessments take place outside of the hospital as part of a multi-disciplinary team assessment.

### **Paediatrics Unplanned Admissions**

The CCG is working with North Middlesex Hospital to ensure that children who attend the Urgent Care Centre and A&E are seen by a Consultant Paediatrician and are only admitted to hospital where this is necessary.

### **London Ambulance Service (LAS) Frequent Callers. Identification of LAS Frequent Caller patients and assessment of patients' needs to enable management in primary and community where appropriate.**

Enfield and Haringey CCGs will review the needs of people who frequently call for an ambulance. Support and appropriate care will be put in place for people to reduce the amount of ambulance calls received.

### **GP See & Direct Pilot**

A new pathway will be introduced where a senior practitioner at the front of A&E will direct people to the Urgent Care Centre or specific parts of A&E. Current overlaps between parts of the See and Direct and the See and Treat services will be removed.

## **Children and Young People (CYP)**

### **Asthma Care**

The CCG, together with the local authority, primary care, and secondary care will have a specific focus on asthma care within the borough. This will use, as its starting point, the self-assessments on management of asthma that have been carried out by Whittington Health, North Middlesex Hospital and community services. It will review ways of improving

Published 30 September 2016

management of asthma in the short-term within schools, children's centres, GP Practices and Trusts. It will also develop a longer term strategic plan for management of the asthma pathway.

### **Children's Community Services**

Haringey CCG will review children's community nursing and wider children's community services. We will do this as a joint undertaking with the North Middlesex Hospital and Whittington Health, with the involvement of Islington CCG.

### **Children's Community Services (allergy)**

Haringey CCG will work with providers to review the community allergy clinics, and if necessary, changes may be made in response to the findings of this review.

### **London Paediatric acute and critical care standards**

Providers are required to implement London wide paediatric acute and critical care standards.

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

It is envisaged that Haringey CCG will be taking on the lead commissioner role for all Haringey CAMHS including local authority commissioned services. A review of all specifications will be undertaken to support this change. Work will be done with other north central London CCGs to develop a wider approach to areas including perinatal, crisis and eating disorder services.

### **Transition**

The CCG is requiring all providers to implement the NICE quality standards for transition to adult services.

### **Child Safe House Model**

Work is underway to look at whether a child safe house will be developed in conjunction with other CCGs in north central London.

### **Transforming Care for People with Learning Disability (Winterbourne View).**

The CCG plans a number of actions to reduce the amount of time people with a learning disability need to spend in hospital. The actions include:

- Identifying and supporting people most of risk of being admitted to hospital
- Ensuring the provision of emergency respite care with Challenging Behaviour capacity
- Working with others in north central London to establish a Positive Behaviour Support 'School of Excellence'. This will support best practice with services for people with a learning disability.

## **Planned Care**

### **Musculoskeletal (MSK) community, MSK acute, Rheumatology, Orthopaedics (surgery), Pain services, diagnostics**

A wide-ranging review will be undertaken on the provision of community MSK services including pain management; rheumatology and physiotherapy with the trauma and orthopaedics service. It is expected this will lead to a new model of care for MSK services across community and secondary care for Haringey and Islington residents. Haringey's Any Qualified Provider (AQP) services will be maintained whilst service transformation work is underway.

### **Prostate Specific Antigen (PSA) Monitoring Local Enhanced Service**

CCGs across North Central London are working together to agree a new pathway for people with stable prostate cancer.

### **Rightcare**

Haringey is working in a number of areas to make improvements where data suggests care could be delivered differently with better quality or more efficiently. These areas include:

- Cancer elective and day case admissions;
- Gastrointestinal elective and day case admissions;
- Endocrine, nutritional & metabolic elective and day case admissions;
- Endocrine non-elective admissions;
- Neurology elective and day case admissions;
- Trauma and injuries elective and day case admissions;
- Chronic Kidney Disease elective and day case admissions;
- Circulation non-elective admissions.
- MSK elective and day case admissions

### **Community Dermatology**

The CCG plans to make more dermatology appointments available in the community, reducing the number of people who need to go to hospital.

### **Complex Care Case Management**

Clinicians in GP practices will work across primary care, secondary care and pharmacies to ensure that people with complex care needs are supported in the most cost effective way.

### **Circulation**

A new pathway for stroke and hypertension patients is being completed in conjunction with support from the British Heart Foundation

### **Methotrexate**

Arrangements are being put in place to allow stable patients taking Methotrexate to be supported by general practice rather than needing to attend a hospital appointment.

### **Care Homes**

The CCG is planning to work with local care home staff around fitting and looking after catheters. This will mean fewer people need to attend a hospital for catheter care.

### **Domiciliary non-invasive ventilation (NIV)**

People who require non-invasive ventilation will be able to access equipment at North Middlesex Hospital, removing the need for people to be admitted to Barts Hospital as well.

### **Alive Cor**

The CCG is exploring the use of new technology, called Alive Cor, to support GPs to undertake more diagnostics in the community to identify when people need to go to hospital for an echocardiogram (ECG), and when this is not necessary.

### **Bowel Surgery**

A new pathway is being put in place so that post-surgery education will be completed in the community rather than in a hospital. This will mean patients can return home quicker after their operation.

### **Virtual Pain Clinic**

A new pathway is being put in place for people with high intensity pain, which will mean more people can be supported by their GP without needing to attend hospital.

### **Direct Access Diagnostics**

CCGs in North Central London will continue to commission In-Health to provide direct access diagnostics.

### **Learning Disability**

#### **All Learning Disability Services**

CCGs and councils across North Central London are working together to develop and implement a 3-year plan. This plan will ensure people with learning disabilities and/or autism, who also have mental health conditions or behaviours viewed as challenging, receive equal access to high quality, appropriate and timely services across the health and care system. This will happen through making sure people get early intervention, are supported to avoid crises, and increasing people's choice and control by using personal health budgets and personal budgets. This will enable more people to live in the community, and reduce the need for hospital admissions.

### **Mental Health**

#### **Specialist community care / crisis care**

CCGs across North Central London will work together to review and change, where needed, a range of pathways, including care for people who are in a crisis, care for people

who have acute mental health needs, and care for people in residential and community rehabilitation.

### **Primary Care Mental Health and Early Intervention/Prevention**

Haringey CCG, together with other CCGs in North Central London, plans to make improvements to primary care mental health services, and create new early intervention / prevention services provided by the NHS in partnership with the voluntary sector. The aims of this work are:

- 1) To ensure people have a more consistent experience in primary care. This will be done by improving awareness, assessment, treatment and support in primary care.
- 2) Improve prevention, early intervention, sign-posting and recovery. This aims to build on the strengths in the community and voluntary sector.
- 3) Reduce referrals to secondary care services where this is not the best service, ensuring people who need access can be seen quickly
- 4) To improve how services work together, particularly where people with long term conditions
- 5) To improve pathways so it is clearer when patients need to be seen in secondary care, and when they can be supported in primary care with extra support.
- 6) To improve the physical health care of people with mental health problems by making it easier for services to work together

### **Community Eating Disorders**

The Community Eating Disorder service will be reviewed, and the findings will be used to inform future changes.

### **Primary Care**

#### **Primary Care Access**

The CCG has commissioned the local federation of GPs to ensure everyone has easier and more convenient access to GP services. This will include making appointments available at evenings and weekends in a number of hubs across Haringey.