

# Haringey CCG Commissioning Intentions for 2016-17

## What are commissioning intentions?

Commissioning intentions are 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 year April 2016 – March 2017. Please note that it does not contain our full list of commissioning intentions which are more technical and detailed and shared with provider organisations at the end of September every year.

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 All Trusts

General contracting principles for 2016/17 will include:

- Application of the 2016/17 NHS Standard Contract
- Contracting Models
- Quality, Safety and Performance Standards
- Contract Reporting and Information Requirements
- Activity and Finance Principles
- Productivity, Efficiency and Maximisation of Value

## **Quality, Safety and Performance Standards**

As a principle, Trusts will be expected to comply with all national quality, safety and service performance standards, including Serious Incidents, Infection Control and Safeguarding. Providers must adopt any new and recommended standards of best practice and evidence-based working, including the principles and outcomes of the Francis Report, Keogh Review, Berwick Report and the Winterbourne Review.

## **Prescribing**

Haringey CCG aims to support effective medicines optimisation, helping people to get the most out of their medicines.

The medicines optimisation commissioning intentions and QIPP plans for 2016/17 build on existing work to drive improvements in quality and efficiency through effective medicines use. These include:

- Reduction in the handling charges applied for certain groups of Payment by Results (PbR) exclusion drugs at certain Trusts.

- Monitoring of outpatient pharmacy waiting times and reporting back to the CCG on average waiting times and the percentage of patients that had to wait one hour or more for their prescription to be dispensed.
- Along with other NCL commissioners, the CCG will review the treatment of wet acute macular degeneration (AMD) with a view to delivering the most cost effective treatment options for patients.
- NHS provider Trusts that provide medicines through the homecare route should adhere to all national policy or guidance published as a result of the Hackett Report, including the Royal Pharmaceutical Society's Professional Standards for Homecare Services.
- The five NCL CCGs intend to work with providers to rationalise insulin pumps, improving patient experience, quality and efficiencies across the health economy.
- Providers will be expected to prescribe and supply in a manner that minimises the potential for waste.

### **Value Based Commissioning**

Haringey CCG is working with other CCGs in north central London (NCL) to put outcomes at the heart of how we commission services. Value based commissioning will allow us to drive improvements in outcomes that matter to patients and support their independence. Putting outcomes at the heart of our commissioning involves changing how we contract and pay for services. It involves asking our providers to formally work together to deliver significant and measurable improvements over a five year period. We have started to use this approach for older people with frailty and for people with diabetes. A provider assurance process has been undertaken and we are now working with our appointed Lead Provider to finalise contracts and establish integrated clinical networks for the care of these patients.

Haringey is committed to taking a co-ordinated approach to this within NCL and will, from September, be considering other areas where a value based commissioning approach might be applied. Potential service areas being considered include MSK, children's services, people with psychosis and neurological conditions.

### **Community Services**

The Children's Community Nursing Service is under review in 2015/16 as part of the Facing the Future Together for Child Health Project in Haringey (see more detailed section on this on page 5. This review will result in the CCG commissioning Children's Community Nursing Services that meet the standards outlined in Facing the Future Together.

The current contracts held with Whittington Health and North Middlesex Hospital for community services are on a block payment basis. Work started in 2015 to disaggregate the different service lines and develop supporting activity plans. This is essential in order to support the ongoing payment for these services and to demonstrate value for money which commissioners are duty bound to ensure for patients.

### **Unplanned Care**

#### **Urgent Care Centres (UCC)**

Haringey CCG will continue to align service delivery models with best practice, improving patient experience and understanding of the urgent care system. This will include the implementation of the recently published UCC Commissioning Standards and enhanced

patient communication. Payment and monitoring mechanisms for UCC will be subject to evaluation, review and emerging guidance.

### **A&E**

The CCG will be seeking continued development of A&E pathways, ensuring adults, children and frail elderly patients are treated in the most appropriate setting for their needs. This will include short-stay emergency admission pathways to ensure that people are treated in the most appropriate setting for their needs; and building on Urgent Care pathways and further expansion of Ambulatory Emergency Care (AEC), which may include improvements as recommended by the AEC network.

Haringey CCG will look to expand Virtual Ward / Hospital at Home models within the context of expanded AEC provision at all Trusts.

### **Admission Avoidance**

The CCG's admission avoidance approach will be strengthened by the further development of the Rapid Response Team and the creation and development of Locality Teams (more details contained within the Better Care Fund section).

### **NHS 111 and GP Out-of-Hours**

The CCG continues to work in collaboration with the 5 NCL CCGs on the procurement of an integrated NHS 111 and GP Out-of-Hours service. The new service will go live in October 2016.

The new service model has been developed as part of the national drive for more integrated models of urgent care that are more responsive to patients' needs. It is being developed in line with national guidance and together with a wide range of stakeholders, including clinical leads, members of the public and commissioners from across north central London.

### **Urgent and Emergency Care Network**

Haringey CCG is working in collaboration with the 5 NCL CCGs to develop an Urgent and Emergency Care Network which will provide strategic oversight of urgent and emergency care across the whole of north central London. The aim of the network is to connect all urgent and emergency care services together so that the system works in a cohesive way. This will improve resilience and consistent service delivery over 7 days a week.

### **Integrated Discharge**

The CCG will look to work with all strategic partners to streamline processes and reduce organisational barriers between agencies involved with patient discharge. This may include facilitating the development of an Integrated Discharge Team, hosted by a single organisation, with an appropriate mix of nursing, therapy and social care expertise.

Haringey CCG will consider the commissioning arrangements necessary to deliver a full 7 day pharmacy, phlebotomy and therapy service within acute trusts. This is with a view to improving flow and facilitating discharge at weekends.

### **Improving Healthy Life Expectancy**

#### **Obesity Alliance**

Through our commissioning, we will work closely with and encourage our providers to have a focus on reducing obesity as part of their health improvement function. As part of our commitment to the Haringey Obesity Alliance, we will ensure that people have easy access to the support they need.

### **Long Term Conditions Management**

The CCG and Haringey Public Health Team are developing a joint strategy for improving healthy life expectancy. The CCG will be focusing on cancer services and will, between September 2015 and April 2016, be benchmarking services within our acute providers using NICE guidelines. The CCG will be exploring options for developing services for people with Chronic Kidney Disease.

### **Intermediate Care**

During 2016-17, the CCG and Council will work together to start implementing the recommendations of the Intermediate Care Review.

### **Diabetes**

Haringey CCG has evaluated the Intermediate Diabetic Service (IDS) changes supporting the increased activity shift from secondary to community care. The collaborative work with Islington CCG on Value Based Commissioning (VBC) has continued and a contractual model for delivering a Diabetes Integrated Practice Unit (IPU) across the two CCGs has been developed for implementation in 2015/16. The CCG will be considering the potential to enhance the management of Type 2 Diabetes within primary care.

We will also implement self-management support for Haringey residents, which will include:

- Self-management support for people with diabetes
- Web based structured education for Type 2 Diabetes
- Booklets and DVDs about managing Diabetes available in Turkish, Somali and Bengali

We will continue to roll-out a programme of education for primary care professionals on the management of Type 2 Diabetes.

### **Respiratory**

Haringey CCG will review the existing community specialist respiratory nursing service with a view to maximising evidence-based interventions and reducing avoidable hospital admissions. The CCG will be considering the potential to enhance the management of respiratory conditions within primary care.

The CCG will expect to increase the number of patients with COPD undertaking Pulmonary Rehabilitation following diagnosis across Haringey.

### **Home Oxygen Review Service**

Haringey CCG will consider commissioning a Home Oxygen Review Service in order to ensure that patients with a clinical need for home oxygen receive appropriate, safe and cost effective therapy on a sustainable basis.

### **Cardiology**

Haringey CCG will seek to fully implement the newly agreed Cardiac Rehabilitation pathway in line with NICE guidance, with a view to increasing the number of patients with heart failure undertaking cardiac rehabilitation.

Haringey CCG will look to ensure providers fully deliver the newly agreed Heart Failure pathway and deliver improvements in quality in line with the NICE quality standards.

Haringey CCG will be considering the potential to enhance the management of heart failure within primary care.

### **Cardiac Rehabilitation**

During 2014/15 the CCG worked with local providers to implement a cardiac rehabilitation programme in line with the British Association for Cardiovascular Prevention and Rehabilitation Standards and NICE Commissioning Guide for Cardiac Rehabilitation Services. We will look to reduce variation in treatment between our main acute providers and maximise the effective transition of patients across the programme. We will explore the scope to shift activity from the acute to community clinics. Where nationally required, the cardiac rehab post discharge tariff will apply in line with the 2016/17 National Tariff Payment System.

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

#### **Facing the Future Together for Child Health**

Haringey CCG will develop a programme of work in collaboration with our key providers of paediatrics and child health. This programme will set out both the timeline and actions required to address the gaps identified in our baseline assessment of requirements needed to deliver the standards set out by the Royal College of Paediatrics and Child Health.

Payment mechanisms are to be confirmed. This will include but may not be limited to:

- Working closely with primary care to improve access and care for children and young people out of hospital
- Exploring the potential to develop primary care paediatric multi-disciplinary hubs across the borough
- Considering the learning from the 'Paediatric Learning Together Pilot' and how this might impact upon the way paediatric outpatient care is commissioned in the future
- Implementing jointly agreed pathways for common conditions seen in A&E – viral infections, asthma, abdominal pain, allergy
- Improving the self-management prescribed for the above pathways and common LTCs
- Undertaking full review of the Children's Community Nursing Service with a view to re-commissioning the service in alignment with acute and community paediatric teams
- Considering the potential to develop virtual ward / hospital at home services for children and young people. This will be considered in the context of the Children's Community Nursing Service review.

#### **Paediatric Diabetes**

Haringey CCG will work collaboratively with CCGs across NCL to develop a paediatric diabetes model which significantly improves clinical outcomes for children and young people (CYP) in the borough. This will include reviewing network arrangements and existing models. The CCG will review Paediatric Diabetes Care to ensure clinical outcomes are optimised. We will consider the improvements required to transitional care provision for CYP with both Type 1 and Type 2 diabetes. Haringey CCG will seek to agree and monitor more closely the standards required by each provider Trust delivering the paediatric diabetes Best Practice Tariff (BPT).

#### **Paediatric Allergy and Asthma**

The CCG will ensure the community paediatric allergy service is fully operational in 2016/17 with on-going review of impact and benefits. We will look to explore enhancing the scope of this service to include paediatric asthma to ensure outcomes for children are maximised.

#### **Specialist Therapies**

Haringey CCG, working closely with the Council, intends to review, and where necessary update, service models and pathways for specialist therapies in partnership with the Trust.

### **Continuing Care and Community Nursing**

Haringey CCG intends to review and explore the potential need for redesigning children's continuing care, community nursing and palliative care services in light of SEND reforms and the ongoing development of personal health budgets. This will potentially impact paediatric community nursing, life force and the community matron post.

### **Pathways**

#### **Musculo-Skeletal Services (MSK)**

Since January 2013 Haringey CCG has commissioned physiotherapy for neck and back pain via the Any Qualified Provider (AQP) route. The existing AQP contracts are due to end in January 2016. Haringey CCG intends to extend these contracts until April 2017. From September, Haringey CCG [together with Islington CCG] will be undertaking an options appraisal to consider the quality and value for money offered by the MSK service overall and to consider whether there are grounds to undertake a full procurement of the MSK service.

In 2015/16 and early 2016/17 Haringey CCG intends to develop a Value Based Commissioning (VBC) model for MSK services in order to develop an integrated pathway, across the primary, community and acute sectors. This model may be developed in collaboration with neighbouring CCGs.

#### **Gynaecology**

In 14/15 Haringey CCG reviewed clinical pathways to ensure patients are managed according to NICE's clinical standards. A one-stop community gynaecology service was procured jointly with Islington CCG to provide an easily accessible, high quality service for routine patients. To date the service has met its planned activity targets. For 2016/17 Haringey CCG anticipates a 50% shift of acute routine gynaecology activity to the community gynaecology service, partly through the expansion of the service and also its function in supporting primary care with the management of patients.

#### **Early Pregnancy and Acute Gynaecology**

Haringey CCG has reviewed the Early Pregnancy and Acute Gynaecology pathway to ensure the delivery of a high quality and cost effective service across acute providers. The clinical pathway was redesigned as part of a local drive to reduce the number of self-referrals and to ensure patients are treated at the most suitable location. Haringey CCG will evaluate the delivery of the service and work with providers to ensure that local objectives are being achieved. For Maternity, the evaluation will include ensuring that those women who remain pregnant after being seen within the Early Pregnancy Assessment Unit (EPAU) are referred directly into maternity services rather than via their GPs. This will ensure that the patient is able to transition effectively from one service to another and to ensure that maternity pathway payment is made appropriately to the provider.

#### **AQP Termination of Pregnancy (ToP)**

Contracts with existing qualified providers of ToP services will be extended under a contract waiver. This is in line with Monitor AQP guidance, for one year until 31st March 2017, while future commissioning options are considered. If a provider, other than one currently qualified, expresses an interest in providing ToP services in 2016-17, Haringey CCG will work with Barnet, Enfield and Islington CCGs to run a new round of Any Qualified Provider (AQP) accreditation. Any new providers who qualify through this process will be able to mobilise services for one year from 1st April 2016.

#### **Urology**

Haringey CCG will evaluate the local urological pathways in line with national clinical guidelines. The community urology pathway will be reviewed and consideration will be given to strategies that aid the transit of acute activity to community settings, which are convenient

for our local population. Haringey CCG will specifically look at streamlining the community urology pathway so that patients requiring diagnostic tests are rapidly routed to the most appropriate location. Haringey CCG will continue to look at expanding the scope of service provision in the community.

### **Gastroenterology**

Haringey CCG has redesigned six clinical pathways and aims to implement services which will improve patient care and reduce avoidable gastroenterology acute activity. We will continue to review the scope to commission a direct listing for colonoscopy procedures, a GP advisory service, referral management service and a community gastroenterology service for specialist conditions. Payment mechanisms are subject to review with a view to local pricing. Through these various schemes, a reduction in routine gastroenterology activity is anticipated for 2016/17.

### **Ear Nose & Throat (ENT)**

Haringey CCG continues to clarify and improve the ENT pathway so that patients can self-care, or can be managed locally either by the GP or within a community setting. This will happen primarily through developing better ways of communicating with and educating GPs on the management of ENT conditions and appropriate referral points. The community service started to accept referrals for children in April 2015 and will continue to do so.

This will reduce the number of ENT outpatient appointments (adults and children) in secondary care providers and will increase the number of ENT referrals seen in the community service.

### **Dermatology**

Haringey CCG continues to appraise the whole care pathway for dermatology. Collaborative work has happened across all 5 NCL CCGs looking at developing a common service specification and pricing model, as indicated in our 2015/16 intentions. This work is ongoing.

The CCG is now considering the use of teledermatology and the possibility of piloting this technology in 16/17 so that a more local evidence based case can be made if there is to be widespread adoption. The CCG is also keen to build on the existing GP and GPSI dermatology skills and expertise in the borough.

The pilot and capacity building work would expect to reduce dermatology / 2 week wait referrals to secondary care providers.

### **Diagnostics**

The CCG is looking at increasing the use of technology to support the direct access diagnostic pathways so that reports are fed back directly into GP practice referral systems. This is in addition to ongoing work to improve image exchange between providers and make more efficient use of community diagnostic services in general.

Haringey CCG is also developing a direct access colonoscopy pathway. This means that patients who meet the criteria will be able to have faster, direct access to testing.

### **Ophthalmology**

Haringey CCG continues to engage local optometrists in the delivery of community ophthalmology services, whilst also focusing on supporting and educating GPs to manage and triage ophthalmological conditions appropriately. The community ophthalmology service will be extended for a further two years.

### **Procedures of Limited Clinical Effectiveness – PoLCE**

Haringey CCG is continuing to develop an improved and updated PoLCE policy along with the other CCGs in north central London. The PoLCE process will be streamlined and standardised as much as possible to improve communication and the sharing of relevant information between the PoLCE triage service, NCL CSU and Haringey CCG.

### **Maternity**

A London-wide service specification has been developed by the Maternity Strategic Clinical Network during 2015-16 to improve the maternity pathway for pregnant women. In 16/17 Trusts will be expected to work with Haringey CCG and other CCGs in the sector through the maternity network to ensure that the clinical pathways for pregnant women are appropriate, meet best practice guidelines and offer value for money.

### **Mental Health**

Haringey CCG's commissioning intentions for mental health are informed by the Haringey Mental Health Framework and include:

- Parity of esteem for mental health
- Compliance with the Mental Health Crisis Concordat
- The principles of enablement
- Improved integration between health and social care
- Personalisation and choice

### **New Models of Care**

Haringey CCG will be developing models of shared care that support enablement and improve physical health for people with mental health needs. This will ensure that people with mental health needs receive treatment in the appropriate setting and have access to a range of support that meets holistic needs. As part of this approach, our intention is to:

1. Develop a directory of services for GPs organised around mental health pathways in the context of the overall review of information and advice.
2. Agree standards of communication and referral thresholds between primary and secondary care in relation to mental and physical health. Within this, we will take the learning from the Value Based Commissioning pilot in Camden and Islington.
3. Align the above to a programme of development for primary care and secondary care practitioners as necessary.
4. Consider primary care locality models that support shared care objectives and enable more people to be supported in less restrictive settings.
5. Work with our Local Authority partners to implement improved pathways for accommodation, employment, meaningful activity and social networks.
6. This will entail reviewing a range of voluntary sector provision to ensure that this resource supports the enablement approach, including:
  - Reviewing continued investment into the alcohol and CAB primary care hubs with a view to ensuring that best practice identified is incorporated into generic advice and information services.
  - Reviewing health funded service user engagement, mental health advocacy and activities services to ensure alignment with council investment and provision and that these services form a clear part of the mental health pathway.
7. A programme of comparative visits is taking place during 2015/16 to identify best practice, opportunities for improvement and resource implications across Barnet,

Enfield and Haringey. The findings from these visits and any follow up actions will inform jointly owned business cases for developments in 2016/17.

8. Haringey CCG will also seek to improve pathways for Psychiatric Intensive Care (PICU), locked rehabilitation services and Attention Deficit / Hyperactivity Disorder (ADHD) diagnosis. Our aim is to ensure that patients receive these services in a timely manner and that arrangements are in place for effective after care as needed.
9. Haringey CCG intends to commission to implement new national standards in relation to waits for mental health services.

### **Improving Pathways**

Haringey CCG will seek to improve pathways for Psychiatric Intensive Care (PICU), locked rehabilitation services, autism and Attention Deficit / Hyperactivity Disorder (ADHD) diagnosis. The aim is to ensure that patients receive these services in a timely manner and that arrangements are in place for effective after care as needed.

### **Recovery Houses**

Along with Barnet and Enfield CCGs, Haringey CCG is undertaking a review of recovery houses, ensuring that the recovery house resource is used to support the enablement pathway for people with mental health needs. Haringey CCG is working with service users, Barnet & Enfield Mental Health Trust (BEHMHT) and other stakeholders to understand current demand for the recovery houses and how they are being used in order to develop options that support improved outcomes for service users. These options will be implemented in 2016/17.

### **Dementia**

In 2015/16, we re-established a local dementia steering group and have developed locally agreed objectives and action plans. These include actions to ensure improvements in the quality of care for people with dementia in primary care, acute care, mental health services, care homes and in the community. By April 16, we will review progress against these plans and roll forward outstanding actions for delivery. As part of this, we will ensure that service developments for frail elderly people are responsive to the needs of those with dementia.

### **Stroke**

In 2015/16, Haringey CCG, jointly with the council, is undertaking a mapping of social support services for people who have had a stroke and their carers. In 2016/17, Haringey CCG intends to review and recommission its stroke transfer beds provided by the Homerton University Hospital Trust and non-stroke rehab provided by the Whittington Hospital Trust taking account of the findings of the 2015/16 mapping exercise with a view to ensuring an improved pathway for patients and a change towards enhanced supported discharge.

NCL CCGs expect all providers to adhere to the National Acute Stroke Standards.

### **Autism**

Haringey CCG will collaborate with Haringey Council and other CCGs as appropriate to develop an action plan that responds to the Autism Strategy and findings from the Autism SAF 2014. This will inform the development of an improved autism care pathway.

### **Personal health budgets**

Haringey CCG's intention is to extend the offer of a personal health budget to individuals with long term conditions in order to improve their health outcomes as part of integrated packages of care. In 2015/16, we are undertaking work to:

- Consider which care groups will come into scope and at which stage.
- Explore options for integrating PHBs with personal budgets.
- Plan the development of systems which will allow roll out.

By March 2016 we will have a plan for a phased roll out and implementation will begin in April 2016.

### **Learning disabilities (LD)**

Haringey CCG is reviewing and updating the Section75 agreement between the CCG and Council and agreeing a new service delivery model to respond to the needs of people with complex needs. This is in response to the Winterbourne View Concordat and findings of the LD Self-assessment Framework. Haringey CCG will be implementing the outcome of this work in 2016/17.

### **Perinatal Mental Health Services across North Central London**

During 2015-16 the CCG, in conjunction with other CCGs in the sector, has scoped the mental health services currently available for women during the perinatal period (from conception to a year following the birth of the baby). This scoping exercise has taken place against NICE and commissioning guidance published in 2014, which demonstrates that for most women living in North Central London (with the exception of those who have their babies at the Whittington), specialist services are not available. A strategy to outline a future model for services has been developed in conjunction with providers across the health economy. During 2014-15 LETB funding for Barnet, Enfield and Haringey has enabled clinicians to access education and training in perinatal mental health, which has improved their ability to detect, manage and make appropriate referrals when perinatal mental illness occurs. This programme has continued in 2015-16 and is available to practitioners across NCL. The CCGs are currently awaiting funding allocations for perinatal mental health in relation to "*Future in mind*" (DH 2015). Promoting, protecting and improving our children and young people's mental health and wellbeing.

During 2016-17 the CCGs intend to commission specialist community perinatal mental health services as recommended within best practice guidance. By April 2016 a preferred model of care will have been developed in conjunction with local providers and a service specification developed. In preparation, providers of maternity services will have identified obstetric and midwifery leads for perinatal mental health that have time identified within their workplan to undertake this work. The maternity pathway tariff includes additional funding for women with mental health needs.

The Maternity Network will establish an implementation group which will include commissioners and providers from maternity, adult and children's mental health, primary and community care services to oversee the programme of work. The group will be accountable to the CCGs through the Maternity Network Board.

### **CAMHS**

In February 2015 Haringey CCG initiated a full-scale review of CAMHS in collaboration with Haringey Council. Engagement has been undertaken with a broad range of stakeholders including children and young people, parents, statutory and non-statutory providers, schools, GPs, social care and community and acute health services. Our intentions are to implement the recommendations of this review, which will form part of our local CAMHS transformation plan as required by NHS England.

### **Primary Care**

In October 2015 the CCGs in North Central London will take on level 2 co-commissioning; working with NHS England to jointly commission general practice. Greater collaboration will enable us coordinate local priorities across the whole health system. A joint commissioning committee will be established in October to support this, which will also consider issues such as moves and mergers of practices and premises concerns.

The strategic objectives for Primary Care across north central London have been refreshed in 2014-15. These priorities support the goals of *Transforming Primary Care in London: A Strategic Commissioning Framework* and *Five Year Forward View*. They will focus on improving access to appointments, making care more coordinated around the patient and ensuring that primary care is working proactively to prevent ill health.

Particular initiatives in 2016-17 will include:

- GPs in Haringey will come together for the first time in a pan-Haringey federation at the end of 2015. This structure will enable them to work together to provide extended hours services in hub locations, so that patients across the whole of Haringey can have additional access to GP appointments including on Saturdays.
- A stroke prevention local incentive scheme has been developed which will support practices to identify patients most at risk of stroke and to take preventative action. As this programme is embedded, it is the intention to extend this scheme to manage other long term conditions, such as respiratory problems.
- We propose to pilot a scheme to extend the work of general practice into local care homes. The goal is to work proactively to maintain health, prevent unnecessary admissions to hospital and to help patients and their families make informed decisions about the end of life.
- We will also be looking at how care can be coordinated around the patient. Multi-disciplinary team (MDT) meetings will continue to discuss patients most at risk of admission and the MDT locality teams pilot will be extended where multi-professional teams are located and work together to provide care centred around the patient.
- Haringey CCG will work with NHS England to support the development of additional primary care provision, including a new practice in Tottenham Hale. Additional planning work will ensure that additional premises are planned where there is significant regeneration and population increase.
- In the last year Haringey CCG has enabled practices to view, with consent, the records of patients from other practices. This has meant that patients can be seen by another GP in hub locations. The programme has also been extended so that community clinicians, such as district nurses, and A&E staff can view records with patients consent which enables better continuity of care. This will be continued into the new financial year, with Haringey CCG also collaborating on a pilot for GPs to view hospital records in their local practice.
- In 2015 the CCG has initiated a new community education provider network (CEPN) for Haringey. This supports multi-professional learning which is linked in with the commissioning priorities in Haringey and is based on the workforce needs of the local area. Work will also occur to increase the number of Primary Care nurses in Haringey including facilitating a programme of student placements and mentoring support.

### **Community Services and Better Care Fund (BCF)**

#### **Better Care Fund**

Better Care Fund services are expected to continue in 2016/17, dependent on the results of any service reviews or evaluation. The future budget and targets for the Better Care Fund (BCF) have not been confirmed by NHS England beyond April 2016. Haringey CCG and the London Borough of Haringey (LBH) are committed to continuing the integration of health and social care, but some aspects, processes and direction may change in light of national announcements. The current work within the BCF will be built on and will also be incorporated into the development of Value Based Commissioning.

### **Locality Teams and MDT Working**

Locality Teams will form part of a new model of prevention and proactive care coordination in Haringey. Utilising risk stratification tools to identify those GP registered patients most at risk of an unplanned hospital admission, multi-disciplinary locality teams with health and social care specialism's will provide care and support at or close to home. A person centred, holistic approach will promote self-care and management of long term conditions; provide continuity through easy access to named Care Coordinators seven days a week; engagement with GPs and secondary care where necessary; and facilitating community and neighbourhood solutions and opportunities to maximise health and wellbeing.

Locality Teams will make use of Multi-Disciplinary Team (MDT) teleconferences which are a weekly meeting involving representatives from primary, secondary, community, mental health and social care. The meeting is currently designed to discuss Haringey's most vulnerable patients (aged over 65) who are at risk of frequent A&E attendances or hospital admission.

### **Lymphedema Service**

The lymphedema service in Haringey is operated by Whittington Health and delivered via a community clinic at Lordship Lane. The service provides advice, treatment and support for patients with lymphedema/chronic oedema of any body part. There are currently 105 patients undergoing treatment and a further 70 on the waiting list. Epidemiological data indicates that there should be about 360 patients requiring treatment in Haringey, which suggests there is significant unmet need. The BCF provides additional funding to increase the wte of the band 6 lymphedema nurse from 0.5 to 1, and create a 0.5 wte post for a Healthcare Assistant (HCA) to enable patients with leaking legs to be treated. This will enable an additional 200 patients with lymphedema/chronic oedema to be treated. This service is expected to continue in 2016/17 dependent on the results of any service reviews or evaluation.

### **Rapid Response**

Following a review of the pilot in November 2014, Haringey CCG funded additional nursing capacity so that the service could meet increasing referral rates. Haringey CCG will continue to work together with the providers involved in the rapid response service to develop the service. This will include developing links with the MDT and Locality teams as well as the community therapy teams in order to create a seamless handover from Rapid Response to intermediate care services.

The Rapid Response scheme provides:

- Access to non-clinical home support
- Faster access to community health services
- Faster access to Social Care support.

The aims are:

- avoiding attendances at hospital which lead to an admission,
- turning around patients before a short admission at 4 hours,
- returning home earlier those patients admitted to a short stay area before the stay reaches 2 days.

### **Overnight, 24/7 District Nursing (including Catheter Care for ambulatory patients)**

The overnight district nursing service started in November 2013 and was developed by adding additional capacity to the pre-existing district nursing service (operated by Whittington Health) so that it could continue to provide a service overnight (10pm and 8am). The service addresses urgent problems such as blocked urinary catheters and issues with

enteral feeding. It is also a vital component for End of Life Care, allowing people to die, with access to pain relief, in their own homes. Before November 2013 patients did not have access to a district nurse service during the night, which meant they were dependent on emergency services if an urgent issue arose between 10pm and 8am.

Whittington Health and Haringey CCG will continue to work together to improve links with NHS 111, GP Out of Hours and the community palliative care service. We will also work with local GPs and patients to increase awareness of the overnight service with a view to reducing dependence on hospital and ambulance services, particularly amongst older people with frailty.

### **Dementia Day Service**

Haringey Council is currently consulting on the future of dementia day centres: The Grange and The Haynes, with proposals made around the provision of 'day opportunities' for people with dementia. Day opportunities will include linkage to a broader range of community services that can contribute to the health and social care of people with dementia. The BCF currently contributes to the budget for day centres but is not the whole budget for these services. The BCF will continue to support 'day opportunities' for people with dementia, subject to the result of local consultation, in 2016/17.

### **Recovery College**

Clarendon Recovery College offers social, educational and work opportunities for people who are recovering from severe and enduring mental illness. It promotes sustained recovery, independence and social inclusion through a variety of group and individual activities. This service is expected to continue in 2016/17 dependent on the results of any service reviews or evaluation.

### **Falls Service**

A strength and balance exercise programme to prevent falls in older people has been funded from the Public Health budget in 2014/15. There are no funds in the Public Health budget to continue this project in 2015/16. It is proposed that the current service is expanded in scope and funded through the Better Care Fund in 2015/16.

The proposed Community-Based Falls Prevention Service will form part of Haringey's model of integrated care in the community. It will link into the locality team projects, providing access to an evidence-based community falls prevention service. The service will provide a multifactorial intervention consisting of muscle strengthening and balance training, home hazard assessment and review of medications including psychotropic drugs.

### **Reablement**

Haringey Council's reablement service provides health and social care expertise to help people learn or re-learn the skills necessary to self-manage in their own homes. It was set up in 2012 as a pilot and now forms part of the mainstream pathway for people in need of social care support on discharge from hospital. It aims to reduce dependency on health or social care in the long-term, and to prevent or delay future admission to hospital or long-term residential care. The service is provided for a defined maximum period of six weeks.

The service consists of two teams: a reablement team (made up of reablement officers); and a multidisciplinary assessment team (made up of reablement officers, social workers, therapists (occupational therapists and physios) and rehabilitation assistants). Members of the same team are also used to support the rapid response service

### **Step Down**

Step down refers to temporary, non-acute step-down placements made for patients who have received hospital treatment but cannot be discharged due to a delayed transfer of care. This could be because they are:

- Awaiting a decision on a social care package (e.g. a move to institutional care);
- Needing time to consider how longer term care needs are met
- Awaiting social care intervention (e.g. deep clean or re-fitting of their home to make it safe for them to return); or
- Decision making on longer term care needs may not be appropriate to make in an acute setting and further assessment of need is required
- Safeguarding issues prevent patients returning home

The intention is for the budget to be used flexibly to fund health or social-care related step-down placements when the need arises.

As part of this, Haringey CCG will be jointly reviewing the Handyperson Service to ensure it supports the overall aims of Haringey CCG and Council in supporting early discharge and preventing admissions.

### **Home From Hospital**

The Home from Hospital service will recruit, train and support workers to provide a home accompaniment and visiting service to a minimum of 120 Haringey residents who are over 50 years old and on discharge from A&E and Whittington and North Middlesex Hospital inpatient beds, subject to referral criteria being met.

Residents' needs will be assessed by the service provider and a service personalised to fit those needs will be provided. This could include:

- Assistance with essential food shopping
- Ensuring residents feel safe and well with access to amenities – heating, lighting, hot water
- Topping up gas/electricity and assisting to pay bills
- Time-limited companionship and confidence building through friendly and motivational conversation with trained volunteers (in person or via a telephone call)
- Provision of information and links and referrals (where appropriate and with consent) to community initiatives and services.

### **Neighbourhoods Connect**

Neighbourhoods Connect is a community based service which started in December 2013. It is focused on improving outcomes relating to health and wellbeing and community participation in Haringey residents. The service will have a particular focus on adult population groups who are at increased risk of social isolation. There is one service for each GP collaborative network.

### **Information Advice and Guidance**

The information, advice and guidance service will provide comprehensive, quality assured information, advice and guidance to people who live or work in Haringey in relation to health and social care services. The aims of the service are to:

- deliver a universal, comprehensive and quality assured information, advice and guidance offer to improve the capacity of all residents in Haringey to manage independently and to access the right support at the right time, within an early help and prevention framework
- build the capacity of individuals to manage their own information, advice and guidance needs and resolve similar issues themselves in the future
- build peer and community support around information, advice and guidance through community led initiatives

- manage a brokerage service to match volunteers with potential placement opportunities and maintain the Family Information and Voluntary Sector Service Directories

### **Palliative Care and End of Life**

2016/17 is expected to be a period in which a 7 day service is consolidated and a formal partnership arrangement is put in place between end of life care providers. The extended service is expected to result in an increase in specialist palliative care provision and advanced care planning for 200 clients. Clients referred to palliative care services are 30% less likely to require non-elective admission in last 30 days of life (Purdy et al 2013).

This service is expected to continue in 2016/17 dependent on the results of any service reviews or evaluation. NMUH is the lead provider of palliative care services across Haringey and is accountable for the community palliative care service.

### **Supported Self-Management (General and Diabetes)**

Evidence shows that programmes based on the Stanford Chronic Disease Self-Management (CDSM) model such as the UK's Expert Patients Programme (EPP) reduce the utilisation of healthcare services and are cost effective. A key element of the BCF is to focus on supporting people with long term health conditions, particularly those over the age of 65. Many of them have more than one long term condition making a programme such as EPP a useful addition to usual care which, over time can lead to a reduction in health care utilisation, including acute admissions. Around 70-80 per cent of people with long-term conditions can be supported to manage their own condition (Department of Health 2005).

### **Social Care 7 Day Working**

Haringey CCG and Haringey Council are working together to deliver seven day working to support patients being discharged, and to prevent unnecessary admissions, at weekends. This forms a part of the Workforce Development project which is part of the Better Care Fund (BCF) Scheme 4 – Integration Enablers. Seven day working to support hospital discharge is a national condition within the BCF.

### **Transforming Care (Winterbourne)**

All local commissioners (Local Authority and/or CCG) are expected to secure community based support for people with learning disabilities and/or autism in the wake of the Winterbourne View scandal (Winterbourne View Time for Change, 2014, NHS England).

Haringey will be reviewing the response still needed for Winterbourne over 2015/16 before deciding on plans for 2016/17.

### **Care Act Implementation**

The Care Act (2014) recognises and reflects the indispensable contribution carers make to the provision of care and support. The Care Act also increases carers' access to service provision and redefines their eligibility for support. Haringey is currently agreeing a programme of support for carers which will be reviewed and evaluated to inform further plans for 2016/17.

### **Public Health**

#### **Sexual Health - HIV Testing Pathway**

In keeping with Department of Health (DH) and Public Health England (PHE) guidance, (see below), Haringey Council's Public Health Team is recommending that Whittington Health and North Middlesex University Hospital Trust refresh and develop a new HIV Testing pathway in A&E and other priority medical settings. Evidence from both PHE and the National Institute for Health and Care Excellence (NICE) recommends action on increasing comprehensive HIV testing in acute settings as a means of reducing levels of late diagnosis

in the local populations. 49% of HIV in Haringey was diagnosed late between 2009-11, with Haringey ranked in 5th place for late diagnosis of HIV in London.

### **Integrated health improvement service**

Haringey Council's Public Health Team intends to commission an integrated health improvement service. This will bring together existing services including stop smoking, community NHS health checks, weight management and health trainers into one integrated service. Haringey's Public Health Team will work with Haringey CCG to ensure that there are clear referral pathways into the new service.

### **Maternity Services**

Maternity services are key in supporting Haringey Council to implement the universal evidence-based pregnancy to age five Healthy Child Programme (HCP). In order to fulfil the mandated elements of the HCP, we require maternity services to notify the health visiting service of bookings to enable health visitors to contact families in preparation for the health visiting antenatal contact.

### **Obesity & Weight Management Pathway for Adults**

Public Health is proposing to work together with Haringey CCG to develop a robust pathway for adults, together with Whittington Health, North Middlesex University Hospital NHS Trust and GPs. This will ensure that those commissioning lifestyle weight management services are aware of, and planning services for:

- the number of adults who are overweight or obese locally, including any variations in rates between different groups;
- the effect of the local environment and the wider determinants of health on the prevention and management of obesity;
- the local obesity pathway and the role of lifestyle weight management services in the local strategic approach to the prevention and management of obesity;
- the range of lifestyle weight management programmes that could be commissioned locally;
- and continuing professional development or training opportunities on weight management.

NICE guidance (May 2014) makes recommendations on the provision of effective multi-component lifestyle weight management services for adults who are overweight or obese (aged 18 and over). It covers weight management programmes, courses, clubs or groups that aim to change someone's behaviour to reduce their energy intake and encourage them to be physically active. The aim is to help meet a range of public health goals. These include helping reduce the risk of the main diseases associated with obesity, for example: coronary heart disease, stroke, hypertension, osteoarthritis, type 2 diabetes and various cancers (endometrial, breast, kidney and colon). The impact of developing a new and robust Obesity & Weight Management Pathway for Adults in Haringey will also influence the commissioning of related services, such as Cardiac and Stroke rehabilitation, Diabetes services (both primary and secondary prevention); and Alcohol services.

<http://www.nice.org.uk/guidance/ph53/chapter/1-recommendations>