



City of Westminster

# Health Policy & Scrutiny Urgency Sub-Committee

<b>Date:</b>	29 June 2017
<b>Classification:</b>	General Release
<b>Title:</b>	<b>IMPROVING HEALTH AND CARE TOGETHER IN WESTMINSTER</b>
<b>Report of:</b>	Jules Martin, Managing Director, Central London CCG Louise Proctor, Managing Director, West London CCG
<b>Cabinet Member Portfolio</b>	Adults & Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Building Homes and Celebrating Neighbourhoods
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## 1. Executive Summary

- 1.1 This report provides an opportunity to reflect on the history of joint working across health & social care in Westminster and to gain the Committee's input to how this is starting to be developed and strengthened going into the future. It also:
  - Provides an overview of priorities for the CCGs
  - Provides an update on CCG planning – with a particular focus on the draft Primary Care Strategies developed by the CCGs and which are now the subject of consultation
  - Updates the Committee on planned service changes for information.
- 1.2 The Committee is invited to provide feedback on the above items.

## **2. Key Matters for the Committee's Consideration**

- 2.1 The Adults, Health & Public Protection Policy & Scrutiny Sub-Committee is invited to consider the attached presentations and the information contained in this report, provide feedback and to discuss with members of the CCG leadership teams.

## **3. Background**

- 3.1. The CCGs and Local Authority have a history of joint working across health and care in Westminster.
- 3.2 The attached overview presentation entitled "Improving Health and Care Together in Westminster" sets out in high level terms some of the priorities the local CCGs are working to deliver, as well as how the North West London Sustainability and Transformation Plan (or "STP") both aligns with our own local plans (namely the Westminster Health and Wellbeing Strategy) and how the STP is being delivered. The City Council is represented in the governance arrangements for the STP.
- 3.3 The local NHS is continuing to work with the Health and Wellbeing Board and with officers at the Council to strengthen and renew our joint working together. This is focussed on our joint work commissioning services for children and young people, and through the work we currently undertake together via our Better Care Fund plan.
- 3.4 The remainder of this report provides details of plans and priorities in community health services, led through our joint transformation working with Central London Community Healthcare (CLCH) and the other attachment to this document is Central London CCG's draft primary care strategy.

## **4. Transforming Community Services and our joint transformation programme working with CLCH**

- 4.1 Central London Community Healthcare (CLCH) is the current main provider of Community Services for Central London CCG, West London CCG and Hammersmith and Fulham CCG. Its services cover the Westminster area. Central London CCG is the lead commissioner for the CLCH contract. In the early autumn, as part of the NHS commissioning process, Central London CCG wrote to Central London Community Healthcare to describe its contracting intentions for the next two years, in line with NHS England Planning Guidance.

- 4.2 Across all providers the CCGs are working to ensure:

- Delivery of the North West London STP between now and 2020/2021, delivering on the national policy context and in particular the Five Year Forward View
- Moves to support and enable a transition towards Accountable Care Partnerships (ACPs) and the delivery of whole systems working. Accountable Care Partnerships are groups of commissioners and providers of health and care coming together for the benefit of local

residents. The intention is that, as these are created, they will provide greater flexibility for different service providers to work together on areas which make sense for their local populations. The CCGs continue to discuss this concept with the City Council and through the STP and the development of the local primary care strategy the Council is fully involved in this process.

- As the detailed plans and milestones relating to the STP, ACP and more local plans (including primary care strategies) fully crystallise, it is our expectation that current contracts will be amended where this is required.

4.2.1 These drivers come together with our own local requirements to improve cost and care. The CCGs are looking to ensure that care is provided in the right place, at the right time and by the right people. Increasingly this is leading us to shift settings of care away from hospital settings and into the community. STP modelling estimates that up to 30% of patients in hospital do not need to be there, and accordingly one of the CCG top priorities is to develop the local market for community based care.

The joint transformation of CLCH services has encompassed the following elements so far:

#### **4.3 Intermediate Care**

CLCH has been providing bed based intermediate care services as part of a continuum of community services that support the delivery of intermediate care. This year improvements are being made to the local provision of intermediate care (IC) beds in order to meet the current and emerging needs of our population. This is part of the ongoing transformation work we have undertaken with clinicians, hospital and community healthcare service providers, adult social care and independent care providers. Specifically, therapy input in Farm Lane has been changed (the therapy team has been decommissioned), as patients can now access a seven day service from Athlone House.

#### **4.4 Podiatry**

The Podiatry service has been reviewed. The service was struggling to see those with more serious medical and clinical needs and waiting times had grown over time. As a consequence, groups of clinicians have reviewed the service and the CCGs have asked the Trust to prioritise people with high medical or podiatric need. Those with low medical and/or low podiatric service needs are no longer receiving specialist podiatric services. The patient cohort is being reviewed over the next six months and the CCGs are meeting with patients to discuss alternative provision further.

#### **4.5 Nutrition & Dietetics**

Central London, West London and Hammersmith & Fulham CCGs are decommissioning the Tier 2 Weight Management Service, which is part of the nutrition and dietetics service provided by CLCH. The decision to decommission Tier 2 Weight Management was made in light of the fact that:

- Since 1 April 2013, Public Health (PH) has had the statutory commissioning responsibility for commissioning a Tier 2 weight management service. The Tri-Borough Public Health team are currently commissioning Health Trainers, the Healthy Heart Programme and an Exercise Referral Scheme, as part of their weight management service.
- The review of nutrition and dietetics services found that the weight management service within the CLCH dietetics and nutrition service was a duplication of the above service. CLCH and the CCGs are working together to ensure that there is a smooth transition for all patients who are recipients of the current Tier 2 service.

## **5. Strengthening Primary Care**

- 5.1 Primary care is improving in Westminster, including through seven-day access, out-of-hospital services, improvements in estates and more use of digital tools and technologies. Developing primary care has direct whole-population health benefits.
- 5.2 Improved primary care underpins each of the Sustainability and Transformation Plan's delivery areas – radically upgrading prevention and wellbeing, eliminating unwarranted variation and improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs, and providing safe, high-quality, and sustainable acute services.
- 5.3 Primary care also has a wider role in improving all people's experiences of care, by leading co-ordination of services and organising care in a way that suits those who receive it, including continuity, more options for physical access, or the greater use of digital technology.
- 5.4 The expectations on primary care are very clear – and these are set out in CCG plans, the Sustainability and Transformation Plan, the Strategic Commissioning Framework for London, the GP Forward View and the Five Year Forward View. These all reflect what patients are saying they want from primary care. The CCG's own engagement reinforces these messages as well as giving local nuances. Delivering on these expectations will improve care and experiences within and beyond primary care. At the same time, the CCG will support the improvement and consolidation of primary care so that it can act as the foundation to the transformation of the rest of the health and care system.
- 5.5 As the attached primary care strategy sets out, the CCGs are working to support practices to create Primary Care Homes (or PCHs). Primary Care Homes encourage practices to work together in new and more flexible ways for the benefit of patients locally. There are over 100 of these PCH arrangements in place across the country and in Westminster we are seeking to learn from these experiences elsewhere and to apply this learning locally. For us, they represent a natural extension of the existing village and locality structure: increasing the scale at which practices collaborate with each other and drawing in other out-of-hospital care services.
- 5.6 The CCGs are working with all local health providers in this work, including the local Federations (who represent primary care as providers), the local authority and health care trusts.
- 5.7 Our ambition is for the maximum coverage of positive change. At the same time, the CCGs are embracing the principle of groups of practices having the freedom to design their own forms of collaboration and service initiatives. The CCGs' roles at this point are to enable, rather than to implement, change. This is likely to mean a mixed economy of initiatives and collaborations, as well as varied rates of progress as groups of practices experiment and expand their initiatives in different ways. However, the CCGs will also use commissioning levers to incentivise positive change and to expedite the integration of services in the community.
- 5.8 As local providers lead the development of the local Primary Care Homes, the CCGs will undertake the work required to provide the financial and contractual basis to move to broader accountable care.

## **6. Choosing Wisely – improving the way we prescribe**

- 6.1 NHS North West London Collaboration of CCGs is proposing that we improve the way we prescribe across the North West London area by i) advising GPs to ask patients whether they would be willing to purchase certain medicines or products that can be purchased without a prescription, rather than having them prescribed, and ii) advising GPs not to routinely prescribe certain other medicines and products that can be purchased without a prescription (the GPs we have consulted to date could not think of any good reasons for prescribing these; we are currently engaging a much larger number of GPs and will edit the list if good reasons for prescribing a product are identified). We are also proposing that we reduce waste and improve safety across North West London by asking patients to manage their own repeat prescriptions rather than delegating the power to request their repeat prescriptions to a community pharmacy. Evidence from elsewhere, notably Luton, indicates that there is more over-ordering of repeat medicines (i.e. more doses requested than should be needed) when community pharmacies, rather than patients themselves, request repeat prescriptions from general practices. Patients will be able to request their repeat prescription using a number of channels: online, using a smartphone or using a written repeat prescription request. Patients who cannot use any of these channels and do not have a carer who can would be exempted; their pharmacy would still be able to request repeat prescriptions on their behalf. The CCGs have already begun engaging with GPs, pharmacists, opticians, patients, carers, MPs, councillors, and the wider public about these proposals. As part of our engagement process it is very important to us that we take into account the views of our partners in the councils. The CCGs will be conducting a full Equalities Impact Assessment (EIA) before any decision is taken for these proposals to come into force. As context for these proposals, the eight CCGs in the North West London Collaboration need to collectively save nearly £135 million (around 5% of our annual expenditure) in the financial year 2017/18 in order to balance our budgets. The NHS in North West London is looking at opportunities to be more efficient where we know we can do so without negatively impacting residents' health and essential NHS services.

## **7. EXTENDED ACCESS TO PRIMARY CARE SERVICES IN WEST LONDON**

- 7.1 Within West London, there has been a recent increase in investment into primary care and an Extended Hours Access service has been commissioned which has resulted in the development of 2 extended hours GP hubs (one in the north and one in the south of the borough). Both hubs are open evenings and weekends which should absorb a significant amount of activity for patients registered and/or resident in our patch (it is on this basis that the new services have been commissioned). The new service includes a minimum of 1 urgent walk-in appointment per hour (which may be increased if there are available slots for walk-in patients on the day – allowing further flexibility). Given the increased capacity available within the extended hours hubs (and in West, Central and Brent CCGs) and spokes in West London CCG, the proposal is to allow the existing walk-in centre contract at Half Penny Steps to naturally expire at 30 September 2017, with no further re-commissioning of the service planned.
- 7.2 West London CCG have engaged over 1700 patients who access Half Penny Steps to seek their feedback on the potential changes. Healthwatch, West London's Patient User Group and Patient and Public Engagement Committee have inputted into the Communication and Engagement Plan. Patients will be redirected to the local services that operate 7 days per week.

## **8. CONSULTATION**

- 8.1. The CCGs have appropriate engagement mechanisms in place to ensure clinical and patient views are heard and taken on board. As such, patients are involved across the commissioning cycle to provide an independent and critical voice.
- 8.2. The CCGs also have effective approaches to member engagement with regular forums and meetings with practices and a regular Board to Board with the Federations.
- 8.3. Each transformation programme or strategy is coproduced with clinicians and with patients. In particular, the CLCH Transformation Programme team has discussed plans and transformation progress at the User Panel with Service User Representatives and held Patient Workshops to discuss plans. There were also Patient Representatives invited to the Transformation Workshops, where the models for service changes were discussed and designed. The team followed up with relevant stakeholders where required to ensure their involvement in plans. This includes engagement with affected providers and GPs who may have not been able to attend relevant workshops and service re-design steering groups. The CCGs will continue to work in collaboration with practice staff, patients as these service changes are implemented.

## **9. EQUALITY IMPLICATIONS**

- 9.1. There is no impact on equality and Equality and Health Inequality Impact Assessments have been developed or are in development to ensure any risks are mitigated.

## **10. LEGAL IMPLICATIONS**

- 10.1. There are no legal implications to consider.

<p><b>If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author: Emma Playford, <a href="mailto:emma.playford@nhs.net">emma.playford@nhs.net</a></b></p>
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## **APPENDICES:**

- Improving Health and Care Together in Westminster
- Central London CCG's draft Primary Care Strategy