

South West London Commissioning Intentions 2016/17

Draft v0.3

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South West London Collaborative Commissioning

Commissioning intentions 2016/17

1. Introduction

South West London Collaborative Commissioning is made up of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups. The six south west London CCGs together with NHS England (who commission specialist and primary care services in south west London) are working together under the umbrella name of South West London Collaborative Commissioning to implement a five year strategy for the local NHS in south west London.

The NHS faces a number of challenges in the years ahead and the CCGs are working together to deliver a long term plan to overcome these challenges and to improve the quality of care in south west London (SWL). Although the South West London system is not currently failing operationally, it is under increasing strain with signs of deterioration in quality and performance. None of the four acute Trusts is currently meeting all of the London Quality Standards, and the financial situation is becoming more pressing.

The commissioning intentions described in this document are based on the strategic vision outlined in the CCGs' Five Year Strategy (published in June 2014), refreshed to reflect the progress of the Clinical Design Groups against delivering the strategy. The overarching vision set out in the strategy is that:

“ People in south west London can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable. ”

This document provides the context for constructive engagement with providers and partners, with a view to achieving the shared goal of improved patient outcomes and service improvement within the fixed resources available, building on the work already undertaken in 2015/16.

We have aligned our commissioning intentions to the clinical areas of the five year strategy:

- Urgent and Emergency Care
- Cancer
- Mental Health
- Maternity Care
- Children and Young People
- Integrated, Out of Hospital and Community Based Care
- Transforming Primary Care
- Planned Care

As a programme we are mapping the interdependencies and commonalities between each of the workstreams to ensure that any overlap is managed, and also consider when Clinical Design Groups (CDGs) should work together to deliver against an area of work, for example Children and Young People working together with Mental Health to make improvements to child and adolescent mental health services.

The commissioning intentions around Transforming Primary Care have been excluded from this document as they are being taken forward through the NHS England (London Region) Strategic

Commissioning Framework for Primary Care, although we have included an update on work to date and the priorities for the next 12 months. Planned care has also been excluded from this document, as this workstream is being progressed in partnership with the Acute Provider Collaborative.

We have also included three of the key enablers for system change:

- IM&T and interoperability
- Workforce
- Estates

In 2015/16 a number of south west London Collaborative Commissioning CQUINs were agreed in provider contracts. Where a multi-year commitment was made, CCGs will work with providers to review 2015/16 progress and agree plans for 2016/17.

At the end of this document, we have included a summarised version of the commissioning intentions for ease of reference.

2. Urgent and Emergency Care

The Vision for Urgent and Emergency Care

In south west London, we believe that the urgent and emergency system service model needs to be transformed by the end of 2018/19 so people are:

- Supported to manage their conditions in their own homes through improved self-care and shared decision making
- Aware of the different parts of the urgent care system and when and where to access the care they need
- Provided with improved access to a well-connected and clearly defined urgent care system including Urgent Care Centres (UCCs), primary care, GP out of hours, 111, social care, London Ambulance Service, and other health professionals such as pharmacists and dentists
- Diagnosed, treated and able to go home on the same day through wide-scale implementation of Ambulatory Emergency Care Services as part of our work to improve the overall urgent and emergency care pathway
- Treated in high quality and safe emergency departments that meet the recommended levels of senior staffing and access to specialist equipment, as per London Quality Standards (LQS) with pathways designed to improve patient flow; meaning patients who access urgent or emergency care are not caught in bottlenecks as they move between services
- Supported with their health and social care needs in the community, enabled through Better Care Fund schemes, such as community nursing, reablement and rehabilitation services and investment in social workers
- Able to access emergency departments that deliver high quality specialist care; this will be achieved by implementing the recommendations in the Keogh report (to be published in 2014) and taking into account any national guidance on standards for urgent and emergency care services and consistency in the naming of such services
- Able to access alternative forms of high quality urgent care services which meet LQS and other nominated best practice standards, to alleviate pressure on hospital emergency departments and expedite diagnosis and treatment
- Given access to seven-day services in hospitals, complemented by seven-day services in primary care and the community to enable timely discharge
- Able to benefit from strengthened links between urgent and emergency care services and mental health psychiatric liaison services

Progress in last 12 months

A peer review has been undertaken across all of the acute sites in south west London to benchmark services against the London Quality Standards (LQS) that relate to Urgent and Emergency Care and establish the change needed in order to achieve them.

South west London-wide principles for Ambulatory Emergency Care (AEC) have been developed and agreed to encourage providers to achieve a 20% - 30% conversion rate of non-elective admissions to AEC episodes.

An Urgent and Emergency Care Network has been established which is chaired by a clinician and includes representatives of all five of the System Resilience Groups and urgent and emergency care providers in south west London.

Priorities for next 12 months

Within the next 12 months the tariff for AEC will need to be set up, and this may also lead to the implementation of a shadow tariff to establish the impact. Providers will also need to start reporting AEC activity to feed in to this analysis.

The Urgent and Emergency Care Network will need to determine the Keogh designation of services according to the London-wide Facility Specification that is currently under development. They will also need to explore what needs to be put in place to enable NHS 111 becoming the 'front door' for urgent care, for example data sharing. A trajectory for organisations to work towards meeting the full range of LQS will be negotiated to facilitate achievement.

It will be crucial, over the next 12 months, for the Urgent and Emergency Care Network to work closely with the Clinical Design Groups working on Out of Hospital and Primary Care to strengthen the urgent care services provided by community and primary care organisations.

Commissioning intention 1: Acute providers to agree a trajectory to meet the full range of LQS

Commissioning intention 2: Ambulatory Emergency Care(AEC) – introduction of new tariff to support significant increases in AEC activity (trajectory of desired increase to be agreed with providers)

Commissioning intention 3: Providers to comply with UEC services designation process and contribute to the new SWL UEC Network

3. Cancer

The Vision for Cancer

South west London cancer services will focus on prevention of disease, early diagnosis and patient experience of treatment with an emphasis on patient choice and care provision in the community during active treatment, recovery, and, where necessary, the end of life phase. Every patient will be treated as an individual and offered the full support of the healthcare professionals involved.

Progress in last 12 months

Most of the service design elements of cancer care are driven at a national and pan-London level, and the Clinical design group has met to discuss the south west London implications of this work. National and pan-London groups are well represented on the CDG.

Priorities for next 12 months

During the next 12 months we will be working to articulate the vision in terms of the differences in the way services are provided and the way patients feel about the support and treatment they receive. This includes detailed work looking at two priority areas:

- Early diagnosis
- Living with and beyond cancer

The CCGs within south west London will work together to understand the current local provision, and the work already underway to deliver the national and pan-London service changes. We will develop a set of principles and standards across south west London that we will ensure are delivered through CCG design work, and ensure that common enablers such as IT, workforce and estates are addressed.

Commissioning intention 4: Delivery of the Transforming Cancer Services pan-London commissioning intentions

4. Mental Health

The Vision for Mental Health

The five year strategy outlines that people who need to use mental health services in south west London will, by the end of 2018/19, experience:

- Patients being at the forefront of developing and shaping the way services are delivered
- Action being taken to address inequalities in mental health services and improvements made, which reflect the needs of BME communities, the socially disadvantaged and vulnerable groups
- Better support being provided to Carers and more work being done to ensure their views are taken into consideration and they are treated like partners during the care planning process of a family member
- Community mental health services that reflect what patients want and are in a wider range of locations
- Services focus on evidence based recovery models with a greater emphasis placed on peer-led interventions
- Community pharmacist patients and GPs working collaboratively to improve the management of psychotropic medication
- Resources provided to facilitate the use of personalised budgets and a greater emphasis placed on delivering services that have successful recovery outcomes and patient experience.
- The effective management of physical health care, particularly with people that have severe and enduring mental illness to improve the disparity in mortality rates.
- Improved crisis services that are based on the recommendations set out in the crisis concordat

- Developing services that take into account the recommendations set by the Schizophrenia Commission

Progress in last 12 months

There has been a great deal of work at CCG level on making improvements to mental health services, and the Clinical Design Group has met to discuss these developments in line with the five year strategy. The Clinical Design Group has identified the following priority areas:

- Parity of esteem
- Service development
- Commissioning and contracting mechanisms
- Establishing baseline capacity, capability and demand activity

Between September and December 2014, the CCGs led a consultation on reconfiguring the estate of SWLSG's trust. The sale of some of the Springfield site enables the redevelopment of all the state to meet required standards and regulations and provide the best environment for patient care and recovery. As part of the process there will be a reduction in the number of beds associated with an extension of community and name based care. The Joint HOSC approved the proposals and will reconvene this autumn to review the plans in the light of progress to date.

Priorities for next 12 months

During the next 12 months we will be working to articulate the vision in terms of the differences in the way services are provided and the way patients feel about the support and treatment they receive. We will work closely with service users and their carers to identify those areas that matter the most to them, and identify opportunities for improvement at a south west London and CCG basis. The interfaces with other workstreams within the programme will be explored, particularly around perinatal mental health, child and adolescent mental health services, wellbeing through and beyond cancer treatment and older people, and we will also work to strengthen the working relationships between key agencies including housing, policing, education and physical health.

The CCGs within south west London to understand the current local provision, and the work already underway improve mental health services. We will develop a set of principles and standards across south west London that we will ensure are delivered through CCG design work, and ensure that common enablers such as IT, workforce and estates are addressed.

Our work over the next 12 months will result in a number of commissioning intentions to be taken forward in 2017/18. We will also consider how mental health support will feature within emerging new models of care.

5. Maternity Care

The vision for Maternity Care set out in the five year strategy was that by the end of 2018/19 south west London maternity services would be designed in a way that:

- Prepares women and families for pregnancy and becoming parents through education and up to date evidence based information
- Provides care to women as individuals, with a focus on their needs and preferences
- Invests in improving continuity of care and carer, with a strong emphasis on midwifery led care for normal pregnancy and birth
- Provides care which meets the London quality standards for women with more complex needs, where obstetric care will be provided in our hospitals, with enhanced on site

presence of consultant obstetricians and dedicated obstetric anaesthetists, supported by a range of emergency services, should they be needed

- Values and takes on board feedback from women we look after and their families in order to drive continuous improvement in the quality of care

Progress in last 12 months

A peer review of the capacity and environment of care within the four SWL hospital based maternity units has been completed. This will inform consideration and planning of future commissioning and provision and models of maternity services for SW London.

The South West London Maternity Network (SWLMN) dashboard has been refined and there has been improvement to reported data against agreed definitions by all four units although this is yet to be completed. SWLCC has agreed to use the SWLMN dashboard as its local Clinical Commissioning Group (CCG) performance monitoring tool as it includes outcome measures as well as process measures. This will simplify the number of different dashboards that local maternity services have to populate at the present time and enable better comparison between dashboard parameters. The comparative dashboard metrics for publication on the network website have been agreed.

A specification for maternity services in SWL is in development that will support future commissioning and contract monitoring of maternity services. This should be ready for use by end of quarter two of 2015/16.

The SWLMN have worked collaboratively to agree protocols and pathways for:

- Screening, diagnosis and management of a morbidly adherent placenta (Placenta Accreta, Placenta Increta and Placenta Percreta). St George Hospital NHS Foundation Trust is now the agreed referral centre of expertise in managing this condition and the team there is supporting training of other colleagues across SWL to develop wider expertise.
- Management of Outpatient Induction of Labour using Propess®. This aims to reduce pressure on acute unit antenatal and labour beds.
- Implementing the Enhanced Recovery Programme following planned caesarean section. This will reduce average length of stay for post-operative women and babies on postnatal wards.

In addition through the maternity network:

- Facilitated two events hosted to enable networking with colleagues across SWL, to highlight current priorities for maternity services, and to share learning from the work that the Network is involved in.
- Piloted “*Whose Shoes*” across South West London to improve understanding of women and families experience of maternity services. This tool will be implemented across Greater London during 2015/16.
- Undertook a review of 2013 serious incidents that identified the three most common categories as unexpected admission to NICU, major postpartum haemorrhage and unexpected neonatal deaths. A specific task and finish group has been set up to explore this area in more detail to ensure consistency of reporting and shared learning opportunities.

Successful funding bids from Health Education South London for two projects:

- Implementation of Growth Assessment Protocol (GAP) training during 2015/16 as one method to screen for potential stillbirths.
- Scoping of roles and grading of maternity support workers. - completed. Outcome is being used through the four heads of midwifery to improve consistency of use of MSW staff.

Priorities for next 12 months

- Completion of any outstanding priorities from 14/15 such as full implementation of midwifery LQS and 114 hours of consultant obstetric presence on acute labour wards across all SWL providers. We will be working across commissioners to enforce standards not met including minimum midwifery ratio and consultant midwives.
- Completion and implementation of the specification for maternity services in SW London including agreement of the standard model specification for midwifery led units and their admission criteria.
- Develop and implement a standard maternity contract that includes the minimum and common set of data relating to maternity service user experience across the whole maternity pathway as well as the contents of the specification for maternity services commissioned by SWL.
- Analyse and improve understanding of what is a good outcome from a woman's perspective.
- Pilot new models where women receive care from no more than two midwives.
- Develop and pilot cross boundary models of care to improve continuity of care and carer for women in SWL.
- Develop model of single point of entry to all SWL maternity services.
- Providing training in the use of GAP and GROW techniques to the SWL Trusts. Increase the proportion of women receiving midwifery led care and birth in non-obstetric settings.
- Scoping the capacity and scope of community based midwifery services in SWL.
- Scoping of current and future estate requirements and availability relating to out of hospital maternity care.
- Review of the current case mix across maternity providers in SWL.
- Reviewing the Maternity Support Worker (MSW) workforce with a view to developing a consistent approach to job descriptions, training and competency assessments, and personal development.
- Achieve greater involvement of SWL mothers and fathers in the Network. Direct participation in work ensures we develop the type and quality of service that women and families need.
- Undertake SWL wide review of maternal medicine services including recommendations on future care of women with complex needs.
- Out of hospital pathways for maternity care agreed and signed off by providers, local authorities and commissioners.
- Further explore the opportunities for different commissioning models including outcome based commissioning and alternative contracting models.

Commissioning intention 5: Implementation of the new specification for maternity services

Commissioning intention 6: Meet the trajectory to achieve Obstetric Standards of the LQS by 2018/19 – provide a minimum of 130 hours of consultant obstetric presence on acute labour wards by 1st April 2017

Commissioning intention 7: Meet the trajectory to achieve Settings of Care Standards of the LQS by 2018/19 – provide for 20% of births to be Midwifery-led setting of care by 1st April 2017 and 3% of births to be home-births by 1st April 2017

6. Children and Young People

The Vision for Children and Young People

The five year strategy set out the vision for the Children and Young People workstream, which is that by the end of 2018/19 we believe that children, young people and their families in south west London should experience care that:

- Promotes and educates them about good health and the prevention of ill health which in turn will encourage healthier life in adulthood
- Minimises disruption to children and their families and carers by providing enhanced community services
- Will ensure that we link our plans into schools and education services across south west London to gain as much momentum as possible to change outcomes
- Helps avoid unnecessary hospital admissions for children by providing better services in primary and community care
- Is of the highest quality and delivered by suitably qualified and experienced clinicians and nurses
- Promotes and supports a smooth transition for young people between child and adolescent mental health services (CAMHS) and adult mental health services
- Improves the identification of children with mental health problems and access to CAMHS , as well as ensuring more children and young people recover from episodes of mental illness
- Provides an anticipation of the same life expectancy and the same quality of life, regardless of where in south west London they come from

Progress in last 12 months

Over the last 12 months The South West London Children and Young People's Network has been established, as per the five year strategic plan, and this has been meeting for six months. The Network is a collaboration of commissioners, professionals and service users from the different sectors of care across south west London (health, public health, education, social care and third-sector). It consists of a Board and five workstreams based on patient segmentation.

The aim of the Network is to be an enabler for experts to share information from across south west London, and thus to help to co-design service improvement. It has strong links with the London Children's Strategic Clinical Network, with representation from them on the Network Board.

Progress of the Network over the last six months includes:

1. Work to incorporate the new London Strategic Clinical Network Asthma Standards for children and young people:
 - A training session for 49 primary healthcare professionals on Asthma management in children and young people
 - Design of a survey to be sent to all SWL GP practices to audit management against the Asthma standards, and to identify training needs – to be circulated in September 2015
 - Development of a register of all SWL children and young people Asthma leads
 - Discussion about the new Croydon Children's Asthma service and its initial outcomes
2. Discussion of the outcomes of the LQS peer review.
3. Collaboration with the Paediatric team in south east London, to utilise (with local modification) their acute guidelines for primary healthcare professionals.
4. Work to develop a SWL Children's Surgical Network as a pilot for London has commenced.
5. Acute site visits in July 2015 to map the local acute pathways for CYP; undertake qualitative interviews with service users; and collate data on patient segmentation. This work has been undertaken to identify if a group of patients could be potentially managed in an alternative non-hospital model of service delivery. This could form the basis for discussion of different

- model options for non-hospital acute service delivery.
6. Discussions regarding the design of a pilot SWL hub for the care of children who have alleged sexual assault – a new group has formed to work to design some potential options for this service which will be presented to commissioners.

The Children and Young People Implementation Group, which is the delivery arm of the Network, agreed to focus on three key priorities during 15/16 which were:

- Asthma
- Mental Health
- Unscheduled care in OOH setting

Priorities for next 12 months

- Implementation of new system-wide Asthma standards across SWL, with supportive up-to-date, standardised training for primary healthcare professionals.
- Establishment of a pilot SWL children's surgical network.
- Exploration of non-hospital models of acute service delivery by the review of models currently in use both within SWL, London and further afield. (This work should be closely aligned to the parallel work of the London Children's SCN). Using the information gathered from the acute-site survey, the relevance of these models for SWL can be considered.
- Increased clarity of management of common childhood ailments and clarity of referral pathways for primary healthcare professionals – through the implementation of shared guidelines and the introduction of the MiDOS directory of children's surgical services.
- Development of potential models for a SWL pilot hub for the care of children who have alleged sexual assault.
- Development of stronger links with service-users to ensure that service-delivery is patient/family-focussed. This can be done through further inclusion within the Network, and through strengthening links with existing local service-user groups.

It is expected that providers are represented at both the Network and the Implementation Group by senior members of staff, Clinical Directors or above. This will be monitored on a quarterly basis.

Commissioning intention 8: All providers will meet the new London Asthma Standards for Children and Young People (2015)

Commissioning intention 9: By the end of 2016/17 every acute provider will meet the acute CAMHS LQS 21 – single access for children and adolescent health (CAMHS) (or adult mental health services with paediatric competencies for children over 12 years old). Referrals to be available 24 hours a day, 7 days a week with a maximum response time of 30 minutes. Psychiatric assessment to take place within 12 hours of call

Commissioning intention 10: Establish and pilot a Children's Surgical Network across SWL which meets the standards of the new London SCN Children's Surgical Guidelines (2015)

7. Integrated, Out of Hospital and Community Based Care

The Vision for Integrated, Out of Hospital and Community Based Care

In south west London we believe that by the end of 2018/19 people should experience Out of Hospital Care that:

- Helps people to self-manage their condition and helps understand how, when and who to access care from when their condition deteriorates. This means that preventative advice is given by their care coordinator and they can access structured education.
- Helps to keep people with one or multiple long term conditions (LTCs) and complex needs stable. This means that patients at risk have been identified and assigned a care coordinator who intervenes when appropriate. Helps people who are at risk of losing their independence to access services which increase their ability to live independently and improve quality of life. When they are at risk, their GP or practice nurse is able to signpost them to a care navigator (or equivalent) to help to access services.
- Allows people to get timely and high quality access to care when they are ill, delivered in the community where appropriate. Improved signposting to services will ensure people know when and where to access the right services. Allows professionals to be familiar with the patient's circumstances, to support their preferences, and to provide continuity where agreed, while including them in making choices about their care through a care which is reviewed each time there is contact with their care coordinator.
- Supports people who are in hospital to be discharged back home as soon as they no longer require hospital care, with appropriate plans in place for care to continue at home. People will know how they will be looked after when they leave hospital and their care coordinator or primary care team will contact them when they are discharged.
- People who are discharged from hospital with the right level of support delivered at home or in the community to prevent readmission and promote independence. This means they receive appropriate rehabilitation therapy whether at home or in the community, professionals will provide regular care until they are independent again. Where they suffer from mental health issues, a mental health support worker will assess their needs and plan further mental health care for them. They will also be actively connected up with voluntary sector services where these can help them to become more independent and enjoy life.
- Supports and provides education to both family and carers to ensure their health and well-being needs are met, and includes support to maintain finances and staying in work, where relevant.
- Helps people requiring end of their life care to be supported to receive their care and to die in their preferred place. People who are identified as being at the end of their lives are registered on Coordinate My Care which will hold information about their preference of care and place of death and prevent unnecessary admissions to hospital.

Progress in last 12 months

It is recognised that there is a need for consistent outcomes across SWL, irrespective of how services are commissioned and with which providers. During 2014/15 an Out-of-Hospital Framework has been developed setting out overarching Principles for community based integrated care, in line with national and local strategic direction.

The objectives of this framework are:

- To define aligned outcome focused Principles for Adult Community Services.
- Improving, sustainability, quality, equality and access for out of hospital care, especially for older adults with more complex needs.
- To enable commissioners to use the document locally as a guide to meet the needs of their

- local population.
- To address the financial case for change and the workforce gap.

Priorities for next 12 months

Crisis response has been identified as the next immediate priority. The CCGs are collectively exploring options for improving existing provision in time for Winter 2015/16, consistent with the Principles. These plans will be developed to run with full year effect in 2016/17.

Analysis of the impact of existing and new schemes and sharing of best practice will continue, in order to improve effectiveness and best use of resources. Services are asked to provide data on activity and outcomes.

Commissioning intention 11: Apply the agreed Integrated, Out of Hospital and Community Based care Principles Framework for adult community services across the system

Commissioning intention 12: The Crisis Response initiative, due for implementation in Winter 2015/16, will be developed and run with full year effect for 2016/17

8. Transforming Primary Care

The Vision for Transforming Primary Care

Patients make use of primary care services in a number of settings, including general practice, community services, mental health services, primary care based urgent care services and wider care delivered in the community such as dental, ophthalmic and community pharmacy services. In SWL we are working to achieve a service model for primary care that supports operating in an integrated manner, to deliver 24/7 care to those who need it. The coordination and alignment of primary care with out of hospital services is pivotal to supporting the delivery of quality driven urgent and emergency care.

The success of the five year strategy for primary care services will be on the basis of the development of federations /practice networks that deliver the London wide Strategic Commissioning Framework incorporating the 17 primary care specifications across:

- Accessible care i.e. providing a personalised, responsive, timely and accessible service.
- Coordinated care i.e. providing patient-centred coordinated care for patients with long term conditions or complex needs and GP patient continuity.
- Proactive care i.e. supporting and improving the health and wellbeing of the population, self-care, health literacy and keeping people healthy.

In turn, this will be enabled by:

- Technology-enabled services that support interoperability with different parts of the health and social care system.
- Planning and development of an appropriately skilled and well developed primary care workforce.
- Delivery of primary care from 'fit for purpose' estates/premises with regard to safety, quality, and suitability.

Joint commissioning enables the improved model of primary care and this is being delivered by a SWL Joint Committee which came into operation as of April 2015 (the opportunity to move to delegated commissioning as of April 2016 is currently being considered). Prior to this, responsibility for primary care commissioning rested with NHSE.

Progress in last 12 months

- GP federations and networks are now in place across SW London; some are more established than others but there has been progress across all six CCGs in the last 12 months in their scale and set up. Work is progressing to implement the primary care specifications especially around access, with all CCGs supporting extended access to varying degrees.
- The SWL Primary Care Capital and Estates Forum has been set up and met and its role and remit will be to consider appropriate investment and support to ensure strategic development of primary care.
- In addition, the SWL Primary Care IM&T Forum is in place and due to report in September 2015 on commissioning objectives and levers that can be used to support providers in implementing record sharing systems and processes that meet the aims of SWL primary care transformation.
- The Emerging Leaders programme is up and running and supporting leadership development re: transforming primary care, integration and out of hospital care in South West London. For example primary care provider clinical leaders (involved in leading local practice networks or federations) are being supported to network, share knowledge and skills and develop greater insights and understanding around models of care and integration to support transformation.

Priorities for next 12 months

The priorities for the next 12 months to be taken forward through the work of the Joint Committee and the working groups that have been established to support it include commissioning intentions associated with:

- Implementation plan for the Strategic Commissioning Framework primary care specifications of Accessible, Coordinated and Proactive care.
- Application of the Primary Care Infrastructure Fund (investment programme to accelerate improvements in GP premises and infrastructure such as Information Technology).
- At scale primary care provider development (e.g. GP federations and networks).
- Roll out of Patient Online (designed to support GP practices to offer and promote online services to patients, including access to records, online appointment booking and online repeat prescriptions).

The remit of the Joint Committee also includes:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts).
- newly designed enhanced services
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF).

Commissioning intentions focussing on delivery against these areas will be developed in preparation for 2017/18.

9. IM&T and interoperability

The Vision for IM&T and Interoperability

The following vision and mission statements have been discussed and approved by the SW London IM&T Strategy Board:

Vision: Integrated health and social care excellence enabled through technology, information, intelligence and insight.

Mission: Enabling high quality, timely and efficient health and care across settings through integrated, shared clinical records and, where required, care plans, appropriately accessible to the individual and at the point of care.

Key points encapsulated by these statements include:

- Improving the quality of health and social care services
- Ensuring timely provision of information
- Enabling a channel shift to the individual to promote self-care through greater access to their clinical information
- Maximising value for money and minimising costs through improving the efficiency of healthcare services
- Recognition that healthcare services are provided across different care settings
- Integrating information from disparate systems
- Sharing information appropriately, and therefore securely, across care settings
- Sharing information requires collaboration
- Clinical records and care plans are required within and across care settings
- The patient has a right for appropriate and secure access to their clinical information
- Appropriate access (i.e. adhering to information governance and data protection requirements) to patient information is required at the point of care, wherever that may be

It is crucial that transformation plans are informed by robust data from providers around their activity and patient flows. Commissioners expect Trusts to ensure contractual information requirements are met in full with particular regard to data accuracy and completeness.

Progress in last 12 months

In the last 12 months, SWLCC has:

- Mapped the IM&T requirements of the five year strategic plan and undertaken a baselining evaluation of existing clinical information systems in SWL through interviews with all provider organisations, local authorities and CCGs. This highlighted significant gaps in data sharing across SWL and recommended that the health economy in SWL collaborate to overcome these.
- Established buy-in from all providers, CCGs and local authorities to co-design a joint SWL IM&T Strategy via a Strategy Board with delegated responsibility for producing the strategy, and Primary Care and Provider Fora contributing to its development. These groups have highlighted the need to focus on clinical interoperability as a priority in year one.
- Engaged with existing suppliers of integration solutions in SWL to better understand their offerings and the potential for connecting clinical systems together using existing integration engines.
- It is anticipated that business case development and any required procurement will be

completed by the end of 2015/16, with an intention to rapidly implement data sharing according to two priority use cases in collaboration with providers.

- The strategy will also highlight specific 'ways of working' in support of the implementation of the strategy. These are reflected in the commissioning intentions below.

Priorities for next 12 months

Over the next 12 months, SWL CCGs aim to refresh the governance of the existing SWL IM&T groups to enable them to take on an ongoing implementation role. Pending the completion of the strategy and the options within it, it is intended that CCGs will contribute to further resourcing a SWL-wide programme office for IM&T to support this implementation alongside existing CCG, provider and local authority teams.

Implementation will consist of:

- Establishing or augmenting ways of working that support the delivery of the strategy
- Continuing the contracting, and deployment or extension of any software solutions required to deliver the strategy

Commissioning intention 13: Providers to reach Level 4 of the NHS e-Referral Service Maturity Model by the end of 2016/17. This will be supported by CCG activities to promote ERS utilisation in primary care

Commissioning intention 14: The co-development and introduction of a shared information governance model between health and care providers in SWL, to support sharing of clinical information between organisational boundaries in support of direct patient care

Commissioning intention 15: Providers to work with commissioners to agree incentives to make progressive improvement in the timeliness, accuracy and completeness of data in patient records in support of specific use cases agreed within the SWL IM&T Strategy

10. Workforce

The workforce workstream is taking the models of care from our clinical design groups and mapping the workforce implications of implementation across south west London. It will work closely with Health Education South London (HESL) to understand the workforce constraints and enablers in implementation of the five year forward view and are engaged with the ten point plan to implement the new deal for building the General Practice Workforce. This work builds on a mapping exercise completed by the SWL commissioning Collaborative and supported by HESL in 2014 which identified significant gaps and the SWL Commissioning Collaborative transforming out of hospital care plans for shifting care into the community.

Priorities for next 12 months

The priority will be to work closely with other workstreams across the programme to ensure that the workforce impact of planned change is understood, articulated and addressed. To facilitate this, we will map the workforce initiatives planned or underway across a range of organisations including HESL, the trusts working together in the acute and community provider collaborations, emerging GP federations and cross reference these with the developing commissioning intentions of the six CCGs.

11. Estates

The Vision for Capital and Estates is to deliver a SWL local estate strategy that aligns to local CCG commissioning intentions to extract maximum value from NHS resources and reduce waste.

Source: Capital and estate forum terms of reference

Progress in last 12 months

Mapping of estates costs at SWL acute trusts to 2025 to determine:

- Maintenance backlog for each trust
- Cost of improvements necessary to reach 21st century standards
- Revenue implications of capital costs

Priorities for next 12 months

Aims:

- Development of the SWL local estate strategy
- Rationalise estate in south west London
- Maximise use of facilities
- Deliver value for money
- Enhance patients' experiences

These aims support those set out in the Five Year Forward View.

South West London Collaborative Commissioning – Commissioning Intentions 2016/17 Summary

Work stream	Commissioning Intentions
Urgent and Emergency Care	<ol style="list-style-type: none"> 1. Commissioning intention 1: Acute providers to meet the full range of LQS by the end of 2016/17 (sanctions to be considered) 2. Commissioning intention 2: Ambulatory Emergency Care(AEC) – introduction of new tariff to support significant increases in AEC activity (trajectory of desired increase to be agreed with providers) 3. Commissioning intention 3: Providers to comply with UEC services designation process and contribute to the new SWL UEC Network
Cancer	<ol style="list-style-type: none"> 4. Delivery of the Transforming Cancer Services pan-London commissioning intentions
Maternity Care	<ol style="list-style-type: none"> 5. Implementation of the new specification for maternity services 6. Meet the trajectory to achieve Obstetric Standards of the LQS by 2018/19 – provide a minimum of 130 hours of consultant obstetric presence on acute labour wards by 1st April 2017 7. Meet the trajectory to achieve Settings of Care Standards of the LQS by 2018/19 – provide for 20% of births to be Midwifery-led setting of care by 1st April 2017 and 3% of births to be home-births by 1st April 2017
Children and Young People	<ol style="list-style-type: none"> 8. All providers will meet the new London Asthma Standards for Children and Young People (2015) 9. By the end of 2016/17 every acute provider will meet the acute CAMHS LQS 21 – single access for children and adolescent health (CAMHS) (or adult mental health services with paediatric competencies for children over 12 years old). Referrals to be available 24 hours a day, 7 days a week with a maximum response time of 30 minutes. Psychiatric assessment to take place within 12 hours of call 10. Establish and pilot a Children’s Surgical Network across SWL which meets the standards of the new London SCN Children’s Surgical Guidelines (2015)
Integrated, Out of Hospital and Community Based Care	<ol style="list-style-type: none"> 11. Apply the agreed Integrated, Out of Hospital and Community Based Care Principles Framework for adult community services across the system 12. The Crisis Response initiative, due for implementation in winter 2015/16, will be developed and run with full year effect for 2016/17
IM&T and interoperability	<ol style="list-style-type: none"> 13. Providers to reach Level 4 of the NHS e-Referral Service Maturity Model by the end of 2016/17. This will be supported by CCG activities to promote ERS utilisation in primary care 14. The co-development and introduction of a shared information governance model between health and care providers in SWL, to support sharing of clinical information between organisational boundaries in support of direct patient care 15. Providers to work with commissioners to agree incentives to make progressive improvement in the timeliness, accuracy and completeness of data in patient records in support of specific use cases agreed within the SWL IM&T Strategy