

**NHS**

**Central London  
Clinical Commissioning Group**



Shaping a  
healthier  
future

## Summary of progress under Shaping a healthier future

February 2015  
[www.centrallondonccg.nhs.uk](http://www.centrallondonccg.nhs.uk)

NHS Central London CCG covers the majority of the London Borough of Westminster

## Shaping a Healthier Future (SaHF) will transform services for 2 million people across North West London

### Why the system needs to change

- We have a growing and ageing population with more long-term conditions
- One in four patients find it difficult to see a GP when they need to and many end up in A&E
- We have more A&E departments per person than other parts of the country
- There are too few specialists in hospitals to provide high-quality round-the-clock care
- We are working from inadequate NHS facilities
- We are working within an increasingly tight budget

### North West London's five year plan

- Design a system which better supports patients and gives them more control and input over their own care
- Prevent people from dying prematurely
- Enhance quality of life for people with long-term conditions
- Help people to recover from episodes of ill health or following injury
- Ensure that people have a positive experience of care
- Treat and care for people in a safe environment and protecting them from avoidable harm

### Five year plan to date

2012-2014

- Consultation and decision making



2014 - 2019

- Year 1 of implementation

### Mental health and wellbeing



#### Improving mental and physical health through integrated services.

- Transformation of services to be responsive to patients needs and easy to access and navigate.
- Care provision as close to home as possible, with GPs at the heart of care, where and when it is needed.
- Improves the lives of users and cares, promoting recovery and delivering excellent health and social care outcomes, including employment, housing and education.

### Whole systems integrated care



#### Coordinating care across commissioning bodies and providers

- People will be empowered to direct their care and support and to receive the care they need in their homes or local community.
- GPs will be at the centre of organising and coordinating people's care.
- Our systems and processes will enable and not hinder the provision of integrated care.

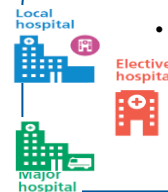
### Primary and community care



#### Transforming out-of-hospital services and improving access to GPs

- Provides more local input into primary care commissioning; improves access to GPs whilst being able to move money around the health economy more quickly.
- Puts the right support in place to nurture and grow GP networks so they are able to deliver sustainability in the long term.
- Develops a primary care estates strategy that takes into account hub and GP estate requirements and support implementation of plans to deliver the required estates changes of need.

### Hospital reconfiguration



- Delivers a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes. The concentration of acute hospital services will allow us to develop centres of excellence which are able to achieve higher clinical standards and provide a more economic approach to the delivery of care.

Central London CCG covers the majority of Westminster, a densely populated and vibrant Central London borough, with a daytime population three times the size of the resident population.



## Population demographics

- The age profile in Westminster is common to other inner city areas in that it has a very large working age population and smaller proportions of children in particular (the smallest in London).
- The proportion of the total population aged 65+ is similar to London, but not as large as England.
- Four in 10 (38%) of the population is from Black, Asian and minority ethnic (BAME) groups.
- Westminster has a smaller Black population and Asian population than the London average, but the largest proportion nationally from the 'Arab' group (e.g. Middle East & North Africa) and the 14th highest from 'Mixed' groups.
- There are significant differences within and between electoral wards as a result of varied levels of social and economic deprivation. For example, men living in the least deprived areas are expected to live 16.9 years longer than their counterparts in the most deprived areas. Pockets of deprivation are particularly focused in the northwest of the borough, Church St, and parts of Pimlico. Over a third of children under 16 (35%) live in poverty according to official definitions, which is higher than London and England.



## Overview



**208,000**  
Local resident patient population



**£249m**  
2014/15 health commissioning budget  
**£7m** invested in community and integrated services

## Care provision



- Imperial College Healthcare NHS Trust** and **Chelsea & Westminster NHS Foundation Trust** are the main providers of acute and specialist care. However patients do use hospitals outside NW London due to proximity.
- Central London Community Healthcare NHS Trust (CLCH)** provides community nursing and therapies.
- Central and North West London NHS Foundation Trust** provides mental health services.
- 35 **GP** practices
- 62 **dental** practices
- 94 **pharmacies**
- 17 **care homes**

## Health challenges



- The principal cause of premature (<75) death in Westminster is cancer, followed by cardiovascular disease (which includes heart disease and stroke). A significant number of people also die from Chronic Obstructive Pulmonary Disease (COPD).
- Children in Westminster attend A&E and other urgent care much more frequently than is typical for London or England.
- In 2012, Westminster had the 7th highest reported acute Sexually Transmitted Infections (STI) rate in England.
- Westminster also has one of the highest rates of homelessness and rough sleeping in the country; this vulnerable population increases the prevalence of drug and alcohol-related conditions, as well as significantly increasing the need for mental health services.

## Central London CCG has invested £7m<sup>1</sup> in 13/14 and 14/15 on increasing the number of community services and joining up health and social care.

### Whole systems integrated care



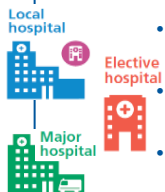
- **Central London's Village Working** project brings together a multi-disciplinary team (MDT) that includes community nursing, mental health services, voluntary services and social services to look after patients at very local levels. Service investments in this year included introducing environmental housing officers and pharmacists to the MDT. This model is the fore-runner to our emerging model for Whole System Integrated Care.
- **Wellwatch** supports patients with long-term conditions (LTCs) to stay well through health promotion and health education. The scheme has created 3,693 care plans to help chronically ill patients, and is on target to deliver approximately another 2,000 this year.
- **Connecting Care for Children:** Integrated clinics, bringing together primary and secondary care for children, have been set up in primary care hubs. These provide an alternative to going to hospital for children's health services, in locations that are closer to people's homes. There are now four hubs and so far 52 patients have benefited.

### Mental health and wellbeing



- **The Primary Care Plus Mental Health** service is now operational across Central London, supporting patients with non-urgent mental health conditions to access the support services they need in community settings as an alternative to secondary care.
- **Improving Access to Psychological Therapies (IAPT):** Central London CCG is working to achieve its 15% access target for patients in need of psychological therapies. Significant investment has been made in secondary care, primary care, and the voluntary sector to ensure that people with mild anxiety and depression can access services to keep them well.
- North West London was the 2<sup>nd</sup> area nationally to have its action plan approved for the ground-breaking **Mental Health Crisis Care Concordat**, ensuring better, joined up, care for people experiencing mental health crisis.
- Central London will be contributing to the development of a mental health and wellbeing strategy across North West London. This will involve partnership working across health and social care and other partners.

### Community Out of Hospital services



- **Cardiology & Respiratory:** The contract for a new, integrated cardiology and respiratory community service in was awarded in February 2015, and the new service will commence in April 2015.
- **Musculoskeletal & Ophthalmology:** Musculoskeletal and ophthalmology services will be procured in 2015/16.
- **Gynaecology & urology:** A joint gynaecology/uro-gynaecology service and a urology service will be procured in 2015/16.
- **Expert patient programme:** Investment continues in the expansion of the programme which empowers patients by providing training in areas such as coping with depression and planning for the future.
- **Urgent Care Centres:** A national review of the urgent care system and the role of Urgent Care Centres within it is underway. We will make changes to ensure that primary care services, urgent care centres are used appropriately to peoples' needs and cost-effectively.

### Primary care transformation (including OOH hubs)



- **Prime Ministers Challenge Fund (PMCF):** 35 practices are taking part in PMCF, which supports practices in providing patients with more convenient access to primary care through investment in key services.
- **Extended access to GPs:** Four practices provide walk-in clinics with same-day GP and nurse appointments on weekends for eight hours. Two practices offer appointments from 8am-4pm, and two from 10am-6pm.
- **Efficient appointments:** 19 practices provide phone consultations, 17 practices offer online appointment booking and 21 practices offer longer appointments where needed. Building on the learning from the Skype consultation pilot in 2014, more practices will be offering online access.
- **Improved estates:** The CCG is investing in the buildings and space needed to bring more services out of hospital in to locations that are closer to patients' homes.

### Additional one off investments

**New primary IT system: support costs of implementing** SystemOne as the single IT platform for all of Central London's GP practices. Local providers will be able to see a wider range of data meaning that patient care will be more efficient as data is shared more easily and effectively.

**Prime Ministers Challenge Fund (PMCF):** all 35 GP practices in Central London are taking part to help improve access to primary care for patients who need urgent or convenient care, as well as enhancing the continuity of care for those patients who need it to stay well for longer. .

1. Note: Additional expenditure on 'out of hospital' services and infrastructure, spent since the start of SaHF. This is expenditure on primary and community care services, provided outside of acute, intended to reduce demand on the acute sector, i.e. to reduce non-elective or elective admissions, in-hospital outpatient appointments, and A&E attendances. Also includes investment in supporting infrastructure. Project costs are excluded.

## Whole systems integrated care

- **Whole Systems Integrated Care:** Central London is investing in a new model of care that always keeps the patient at the centre, to support all patients over 75, and all adult patients with one or more long-term conditions (LTCs). This is set to be rolled out from April. The service will have key functions around care planning and care navigation, and will be delivered by a network of providers working together in new ways.
- **Triborough\* Integrated Community Independence Service (CIS).** This new service will be provided by health and social care services working together, seven days a week, to provide **rapid response** services to help patients avoid hospital admissions, **in-reach** services to bring people home sooner from hospital admissions, **rehabilitation and reablement** services to help people return to independent living as soon as possible.
- Increase investment in **neuro-rehabilitation community support** and bed based intermediate care in the community to support recovery and return to independence.
- **Extend Personal Health Budgets** to adults with long-term conditions to give people more choice and control over how they are supported.
- Working with public health team to develop supportive and resilient neighbourhoods and communities across Tri-borough, reducing demand for health and social care services and improving individual outcomes, e.g. Community Champions

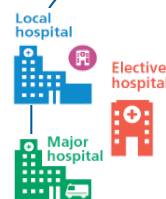
\* Central London, West London, and Hammersmith and Fulham CCGs with Westminster City Council, RB Kensington and Chelsea, and LB Hammersmith and Fulham

## Mental health and wellbeing



- **Increasing investment to increase the size and scope of the Primary Care Plus mental health service,** to enable more people to receive mental health services in primary care, complemented by new services being provided by GPs.
- **Continued support for Improving Access to Psychological Therapies (IAPT):** Central London CCG is working to achieve its 15 per cent access target for patients in need of psychological therapies. This is an essential part of increasing access to therapies like Cognitive Behavioural Therapy (CBT) so that more people can stay well and e.g. return employment.
- From April 2015 we will ensure there is a **Child and Adolescent Mental Health Services (CAMHS)** professional available 24 hours to respond to crisis.
- Working with our local mental health trust, we will be improving access to **urgent mental health services** through changing the pathway and interfaces between services. This is likely to include implementing a single point of access and reconfiguring teams to deliver a service which is able to respond to the needs to patients in crisis.

## Community Out of Hospital services



- **Increasing Outpatient and elective services in the community:** we will be replacing our existing musculoskeletal services, expanding the scope to include pain management and rheumatology. We will be also re-commissioning our community gynaecology to include urogynaecology. We will also be commissioning new ophthalmology and urology services in 2015/16. These services will provide c.20,000 appointments in the community instead of hospital.
- **Community transport services:** we are reviewing, with input from patients, the benefits of investing in improving community transport services, especially for those with mobility or social isolation issues.
- **Additional investment in homelessness services:** the CCG is currently working on a number of initiatives related to improving our homeless population's experience of healthcare, keeping them well and reducing demand on healthcare services. This will include continuing to invest in Hepatitis C clinics, and improving care planning, GP input nursing input into existing services.
- **Integrated Home Care services:** the CCG and the local council are working together to specify a new **home care service model** and pathway, with a focus on regaining independence following a stay in hospital.

## Primary care including hubs



- We will be investing in a **wide range of out of hospital services**, to be delivered through GP practices, as well as enhancing weekend and evening appointments for all residents across Central London.
- **Improving primary care and access to it -** the CCG will make primary care more convenient and easier to access for patients by extending the opening hours of a number of local GP practices to twelve hours per day on weekdays, and twelve hours at weekends.
- Our review of the urgent care system is indicating that urgent care services need to be more closely aligned to primary care services. We will make changes to ensure that primary care services, urgent care centres are used appropriately to peoples' needs and cost-effectively.
- We will continue to invest in the **development our GP network and member practices**, equipping them with the skills and capacity to work together to deliver services at scale.