

Welcome to our commissioning plans for 2017-19

Each year Tower Hamlets CCG develops our commissioning plans that set out what we hope to achieve over the next two years to address local health challenges and ensure local people have access to high quality health services.

We need to start thinking now about what we want to do so we can make sure we are in a good position to help make Tower Hamlets a healthier place to live.

In this pack you will find information on our local health priorities for 2017-19 that include:

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Each section explains the key challenges that we currently face, what our plans are to help address these challenges and what we want to achieve. We have also included information about our “enablers”, or the non-clinical areas that help us achieve our goals, such as the effective and efficient use of buildings and IT systems.

We’re keen to hear from local people and get their views on our draft plans. Involving patients is always central to the work we do, if you would like to get involved, or would like to know more about the work we do, please visit our website, www.towerhamletsccg.nhs.uk

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Children and Young People: Maternity and under-5s

Current challenges

- Feedback on quality of care is mostly positive however mothers-to-be have mixed experiences of care during pregnancy and labour – there have been examples of a lack of compassionate care highlighted by the Maternity Services Liaison Committee representing local users of maternity services
- There are difficulties across London recruiting and retaining enough midwives which makes it hard to achieve the recommended ratio of midwives to births
- Too many non-complex births are taking place at the Royal London Hospital labour ward which is putting pressure on the ward while other birthing options for women are under used
- Paper-based records are still used making it more difficult to ensure a woman's care can be better integrated between providers – this also makes it difficult to collect feedback for improving the maternity services we commission
- The pathway from postnatal to health visitor and other early years services is not always clear, improving this transition and better integrating early years services can improve outcomes for children and their families

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- We will focus more on earlier intervention for babies, young children and their families, as we think this can help avoid more serious health conditions later on – e.g. by offering diabetes management advice to diabetic women before they become pregnant, as this could help avoid complications during pregnancy and after birth
- We will provide better, more joined-up mental health services for women to help during pregnancy, postnatally and beyond
- We want to improve the transition of care after birth, from maternity services to the health visitor and GP, and to ensure that important health information is shared appropriately – we will work with our partners to improve these services and will continue the pilot to

provide pre-conception advice for women with diabetes who wish to get pregnant

- Feedback from local mums tells us that we could do more to help during miscarriage whether very early on or later in pregnancy, which can be a very distressing experience for some – to do this we will improve the transition from midwifery-led care to health visiting

Barriers

- Perception among women and their families that hospital is the safest place for births
- Tackling the wider issues affecting health for the early years of life and families, such as housing and environmental pollution
- Difficulties evaluating what works due to the time taken to see the results of interventions during the antenatal stage or in the first months of life

What we want to achieve

- Increased uptake of midwife-led births to reduce the pressure on the labour ward and reduce the numbers of women in labour who have to be diverted to other hospitals
- Improved maternal, baby and family experience across the maternity, post-birth and early year services, improving health and wellbeing outcomes for pre-school children
- Reviewing how services are provided across the borough, in particular how midwives, health visitors and other early years professionals train and work together
- Ideas are developed with our health and care partners, including the London Borough of Tower Hamlets, Royal London Hospital and local GPs – we plan to do this over the next few months and will ask for feedback from local people as part of this process

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Children and Young People: Complex Care

Current challenges

- There is a high number of children and young people with complex and continuing health care needs which results in a large number of secondary care referrals that could be managed by GPs or in the community
- There are high levels of A&E attendances and emergency admissions for children with complex needs
- More support is needed for patients and their families to help manage their conditions more effectively
- Early intervention and prevention can improve health and wellbeing outcomes for children and young people – by improving universal and early intervention services and looking at the wider determinants of health, such as housing and spaces to play, we may be able reduce the risk of more complex health problems for some children
- There are often multiple pathways for some conditions and they are not always joined up – e.g. accessing autism services can take a long time and referrals can be made in a number of ways

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- Focus on earlier intervention and prevention, by developing a joint commissioning strategy with the local authority to improve outcomes for children, young people and their families as part of an integrated model of health and care, including mental health
- Evaluate, and if evidence supports it, extend the community paediatric ward and rapid access clinic pilots for patients with very high levels of need
- Support increased take up of Personal Health Budgets for young people with a continuing healthcare need
- Review and streamline the pathway for children on the autistic spectrum (including ADHD)
- Continue implementing the Special Educational Needs and Disability (SEND) reforms

Barriers

- Tackling the wider issues affecting the health of children and their families, such as housing and environmental pollution
- Difficulties in evaluating what works, due to the time taken to see the results of interventions during the first few years of school through to early adulthood
- Developing sustainable care pathways with appropriate and secure data sharing between providers

What we want to achieve

- Improved experience of care for children and their families
- Effective integrated care plans
- Reduced attendances to hospital and improved quality of life
- Earlier identification and improved management of autism and other long-term conditions in the community
- Longer-term reduction in health inequalities
- Increase the range of paediatric conditions supported by primary care and in the community



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Adults: Primary Care

In April 2015, the CCG took on responsibility alongside NHS England for buying and managing primary care services in Tower Hamlets. We have been working closely with GP practices, patients, and partners to develop a long-term plan for primary care in the borough.

Current challenges

- 86% of GP practice staff told us things needed to change if we were to meet future demand (CCG GP Survey, October 2015)
- We know that patients have difficulties accessing services and that services are not consistent across the borough – e.g. extended opening hours
- Increased demands and expectations on primary care services, as well as population growth, have led to significant pressure on GPs and practice staff
- Recruitment in primary care (particularly for GPs) is a major issue in Tower Hamlets
- The current model for delivering primary care is not sustainable for our GP practices – we need to take the burden off GPs and develop a model that involves a wider primary care team that provides quick and easy access when patients need it and continuity for those needing more complex care

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- **General practice resilience:** We plan to extend our Quality Improvement Programme to all practices across the borough that wish to participate – this means practices will get fast, practical help with day-to-day issues whilst we work with stakeholders and the wider community to develop a new way of working that will be sustainable in the future
- **Finance and contracting:** Currently, GP practices in the UK receive unequal funding which can put financial strain on the way they run – we will review the way GP practices are funded and consider how we can redistribute this more fairly, while ensuring

no funding is lost in Tower Hamlets. We will continue to ensure all GP practices equally deliver good quality services across the borough and that we share their achievements. We will be creative about working with some practices to test new ideas

- **Provider development:** Our local practices are part of a partnership called the GP Care Group and are organised in groups of practices that we call ‘networks’ – we will work with them to find out how they can best operate as networks
- **Extended access:** We will look at how extended hours for GP practices works to make sure that people are able to access care when they need it most – this will include reviewing all practices people can go to when their GP is not available

Barriers

- Difficulties with GP recruitment and retention
- Having the right buildings and IT systems to support growing demands

What we want to achieve

- Consistent and streamlined access to GP services across Tower Hamlets
- Patients know what services that are available to them and how to access them
- More services being available in the community
- People are supported to manage their health and are able to self-care when appropriate
- Wider range of healthcare professionals working in primary care
- Primary care services working together to improve access and support community providers to offer services that are currently carried out in hospital

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Adults: Urgent Care

Current challenges

- Patients are unsure about what service to use when they have an urgent health need
- Increased pressure on the health and care system, due to patients not using the right service at the right time, leads to longer waiting times and poor access to services

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- We will bring together the urgent care centre and A&E at the Royal London Hospital to open the urgent care centre 24 hours a day, seven days a week – this will ensure patients can access a variety of services in one location for assessment, treatment and onward referral
- As most of the problems people come to the urgent care centre seeking help for are better managed by a primary care clinician, primary care staff, such as GPs and pharmacists, will work at the 24/7 urgent care centre – these teams also have more knowledge about other services outside the hospital
- We will support people to self-care through patient education programmes and by making best use of online technology, such as directory apps and websites, that can offer support and advice

Barriers

- IT systems will need to be ready to support joined up working
- Ensuring all patients and local residents are aware of the services available
- Time and support will be needed for patients to use the system effectively

What we want to achieve

- Patients have increased choice and information about where to go to receive the right type of care at the right time
- Improved access to primary care services
- The right number of staff with the right skills working at the 24/7 combined urgent and emergency care centre at the Royal London Hospital
- Better quality services that deliver improved patient experience
- Improved 111 service to offer greater access and a better service for patients
- Ongoing monitoring and evaluation of services to ensure quality care is delivered
- Providers and systems working well together to provide patients with joined-up care



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Adults: Acute Transformation

Current challenges

- The current model for getting specialist advice can be a long process – if you need specialist advice, your GP refers you to the hospital's outpatient departments, you then wait for a scheduled appointment with a consultant and might eventually be discharged back to your GP with a letter about how to manage your condition
- A high number of people are referred to outpatients or for specialist tests which can result in long waiting times and it is not always possible to get the care you need when you need it
- Some patients do not attend their outpatient appointments, which means clinical time and health resources are sometimes wasted

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- We want to give patients more choice for getting specialist advice so fewer people have to wait for an outpatient appointment
- We are aiming to reduce the number of physical outpatient appointments needed by providing more advice directly via GPs or through clinics in the community
- We want to offer patients the choice of a follow-up appointment by telephone or other technology if it is suitable for their condition
- We want to improve the way specialist hospital consultants, GPs and other health professionals work together and remove the barriers created by the separate organisations and systems involved
- We want to ensure people get the right tests when they need them, so we do not waste patients' time on tests that may not be accurate or required – as part of this, we want to provide GPs with direct access to most effective tests

Barriers

- Clinicians may be hesitant to change how their appointments operate
- Some people may not be comfortable or trust alternatives to face-to-face appointments
- Local GPs may not have enough time during their patients' appointments to provide the extra advice that could avoid an outpatient referral

What we want to achieve

- Over the next five years, we want to provide the equivalent of 180,000 face-to-face outpatient appointments via alternative routes, and reduce unnecessary tests going to hospital labs by 20%
- GPs have greater access to specialist expertise
- Providers will have more capacity by offering appointments by telephone, Skype and through other modern technology
- Alternative options for appointments for some patients, such as telephone, Skype or other modern technology, could help improve access to care and reduce waiting times



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Complex Adults: Personalisation

Current challenges

- A lack of choice, control and flexibility of services available means that people are unable to achieve the outcomes that are important to them and their families
- A lack of time to coordinate care plans
- Providing individual solutions to people

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- Providing support that is planned and where services work together focusing on people's needs
- Integrated budgets between health and social care and support centred around the individual and the outcomes they want to achieve
- Greater use of peer support and community and voluntary sector services

Barriers

- The culture change needed for professionals and the public to work in a more integrated way
- Lack of information for patients on personal health budgets
- The systems we currently use need to be more joined up

What we want to achieve

- By 2018 we want 3,024 to have a person-centred care plan in place
- Of those 3024 people, we want 605 to have a Personal Health Budget or an Integrated Personal Budget by March 2018
- Improved satisfaction and health outcomes for patients
- Less reliance on hospital services
- Personalisation of care meets the requirements of the Care Act, the Transforming Care agenda for people with learning disabilities and requirements of the Special Educational Needs Disability (SEND) reform
- Patients feel empowered to take an active role in making decisions about the care they receive



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Complex Adults: Long-term Conditions

Current challenges

- Care is sometimes not joined up and it can be difficult for patients to navigate between services
- Other determinants of health (poor housing, education, isolation etc.) are not always sufficiently supported
- Physical and mental wellbeing needs are not always met
- Patients' need more support to help them better manage their conditions

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- Social prescribing provides a way in which health and social care professionals can direct people who do not need medical care to alternative services to support their health and wellbeing
- Self-management services within the community support patients to understand and manage their condition and maintain their health and emotional wellbeing
- Support in general practice for people with long-term conditions and associated anxiety and depression to improve their overall physical and mental wellbeing
- Patient-centred, outcome-focused long-term condition management in general practice

Barriers

- Low level of take-up of services by patients
- A lack of understanding and information about services people can access
- Stigma associated with using mental health services

What we want to achieve

- People use the right services at the right time, freeing up capacity in other services
- Patient's knowledge, skills and confidence in managing their condition is improved
- Improvement in health outcomes with health and wellbeing maintained for as long as possible
- Patients are given options and information on how to access other services to support positive health outcomes and emotional wellbeing (e.g. housing advice etc.)
- GPs have the right tools to better support people with long-term conditions to self-manage



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Complex Adults: Cancer and End of Life Care

Current challenges

- Cancer outcomes in Tower Hamlets are among the worst in England – the one-year survival rate for adults diagnosed with cancer is also below the national average
- There are currently more than 3,000 people on Tower Hamlets GP registers living with and beyond cancer
- Outcomes and coordination of care for patients living with and beyond cancer needs improvement
- More deaths occur in hospital (59%) compared to the national average (47%) and the number of people with a palliative care need identified by Tower Hamlets GPs is higher than the national average
- Compared to national average, bereaved carers in Tower Hamlets are less likely to rate the care given to their relatives during the last months of life as high quality
- The current system in place for 24/7 end of life care and patient access to drugs is not consistent across the borough

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- Cancer care that patient centred, co-ordinated with seamless delivery and quality is standardised across the borough
- Continuation of cancer care reviews in primary care for newly-diagnosed patients to identify their support needs and link them with appropriate services
- Closer working with partners such as public health, neighbouring CCGs and local hospital trust to implement prevention and screening to help ensure earlier diagnosis
- Early identification of patients who are reaching the end of their life, and provision of 24/7 care to those patients

- Engage service users in the development and improvement of end of life services through the local surveys
- Staff development through continued provision of end of life care training to health and social care professionals
- Work with local communities to empower them to provide care and support to people at the end of life

Barriers

- Capacity of services patients are referred into – e.g. a lack of consistent 24-hour provision of end of life care and patient access to drugs
- Lack of communication between the many services involved in care delivery
- Low take-up of services by patients – e.g. screening uptake in Tower Hamlets is lower than the national target

What we want to achieve

- Our cancer patients are better supported to manage their quality of life
- Our end of life patients are supported to have a peaceful and dignified death in their place of choice
- Patients can maintain their health and wellbeing for as long as possible
- Patients are given the support they need for better health outcomes and wellbeing
- Patients experience more seamless and coordinated care



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Complex Adults: Learning Disabilities and Autism

Current challenges

- The health outcomes of people with learning disabilities and autism are significantly worse than most people
- On average people with learning disabilities die at a much younger age
- Poor health is made worse if they have challenging behaviours as this can limit them accessing the right services
- Mental health is not always treated equally as physical health
- Trouble identifying health issues for people with learning disabilities or autism
- Patients with learning disabilities or autism can find it difficult to tell you what they are feeling and may not receive the right support at the time causing unnecessary stress or crises in their lives

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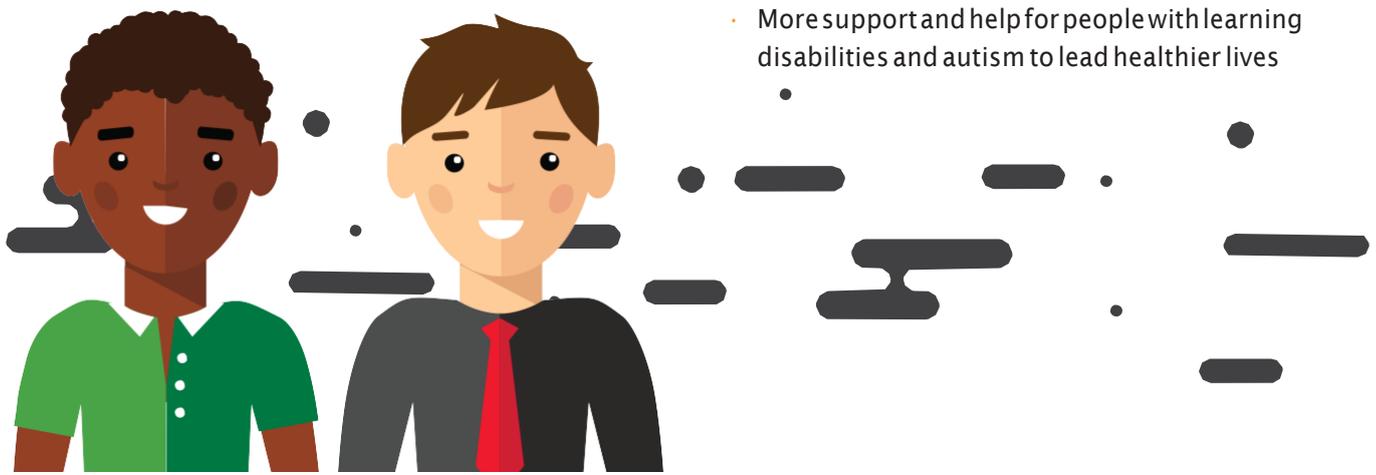
- Review the challenging behaviour pathway and develop 24/7 crisis prevention and support
- Review autism and learning disability pathways in partnership with the Local Authority
- Implement the NHS Quality Checker Scheme pilot to review reasonable adjustments
- Annual Health Checks and Health Action Plans with a focus on 14-18 year olds
- Review the usage and effectiveness of 'hospital passports'

Barriers

- A lack of time to coordinate plans
- Accessibility issues in primary and secondary care services could make it harder for people with learning disabilities or autism to receive the right support
- Current information systems make it difficult to identify people currently accessing services who have a learning disabilities
- Limited expertise in workforce in working with people with challenging behaviours

What we want to achieve

- More time to coordinate plans across providers
- Reduction in time spent in hospitals for people with learning disabilities and long-term conditions
- Reduction in premature deaths and incidences of avoidable harm for people with learning disabilities
- Reduction in health inequalities by improving access to primary care services and improved outcomes from planned procedures
- Reduction in admission to hospital of people with learning disabilities for Ambulatory Care Sensitive Condition (ACSC)
- Mental health is given an equal focus as physical health for patients with learning disabilities
- A more joined up outcomes-based approach to reduce mortality gap and improve health outcomes
- Improved access for people with learning disabilities and autism
- More support and help for people with learning disabilities and autism to lead healthier lives



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Mental Health: A focus on mental health, dementia, crisis and the Five Year Forward View

Current challenges

- Services for patients in mental health crisis, particularly A&E, need to be strengthened to better support patients
- On average, people with mental health needs die at a younger age
- There is an inequality between physical health and mental health where they are not given equal focus
- Lack of uptake and information for psychological therapies
- Poor employment outcomes for patients

Commissioning plans 2017-19

- Initiatives to strengthen the crisis pathways for those in mental health crisis
- Initiatives to improve the physical health of people with serious mental illness
- Developing the primary care mental health model to integrate physical and mental health, initiatives include risk reduction, maintaining the focus on diagnosing dementia, participation in the Dementia Friendly GP practices pilot and targeted work with practices with care home responsibilities
- Review and strengthening of talking therapies pathways and information available to patients
- Development of early intervention in psychosis services and the development of a suicide prevention plan across health and social care
- Better understand where people with dementia prefer to spend their last years of life
- Providing timely diagnosis and excellent care to people with dementia in both specialist and non-specialist care settings

- To transform post-diagnostic support to ensure we are fully compliant with good practice - innovative projects include post-diagnostic information pack with the Alzheimer's Society as part of an annual information prescription

Barriers

- Workforce capacity and training
- Developing sustainable care pathways with appropriate and secure data sharing between providers
- Cultural shift in treating mental health as equal to physical health
- Stigma associated with mental health

What we want to achieve

- Reduce premature mortality rates
- Increase access and take-up of talking therapies and improved recovery
- Improve access to and sustainability of employment
- Improve access to treatment standards
- Ensuring timely and equitable diagnosis for dementia and ensuring they have the right care and support following diagnosis
- Ensure people living with dementia are able to die with dignity in their place of choice
- More effective primary and secondary pathways
- Reduce waiting times for services
- Improve availability of education and training programmes for staff

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Enablers: Contract, incentives and payment reforms

Current challenges

- Services are currently contracted individually and use different payment models
- Development and delivery of a collaborative working model across the whole of the borough will need high levels of trust, strong leadership and positive working relationships, as well as engagement from the community and public
- The system is under increasing financial pressure
- The way we contract and pay for services now is not joined up and is not able to respond to problems that arise
- To deliver real improvements in health and wellbeing we need a way of working that incentivises preventive joined up care

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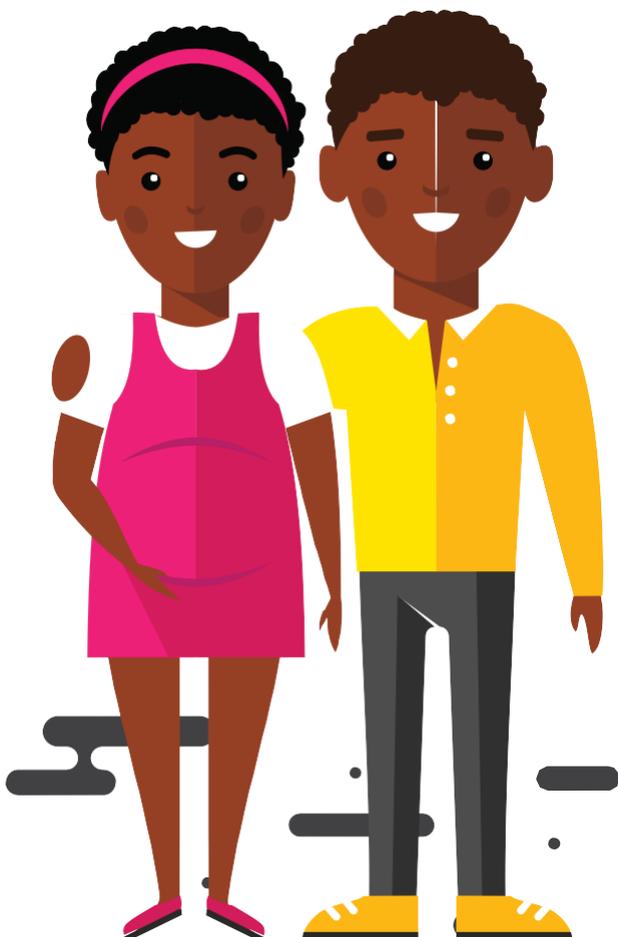
- Our aim is to develop a care system that brings together providers to offer a more joined-up service and collective responsibility to deliver better, more preventative care
- We are developing options to change provider contracts in a way that encourages everyone to work together – e.g. the Tower Hamlets Together partnership could be paid through a “capitated budget” which means a provider group is given a fixed amount of money and decides how to best use this to care for the population it needs to provide services to

Barriers

- Possible challenges to providers and a complex process
- Cultural and organisational change

What we want to achieve

- Providers deliver care to a defined set of outcomes and are incentivised with an extra payment if they achieve these – as Tower Hamlets Together works to develop these plans, we will need provider input from clinical, managerial and financial experts from across the health and care system
- Providers are engaged in shaping the future form on an integrated local system



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Enablers: IT and Informatics

Current challenges

- Challenges with existing IT infrastructure that is not fit for purpose
- Linking up IT systems and ways of working among providers
- Mobilising the workforce to use new IT systems
- Maximising the value of linked data sets to improve planning and delivery of services

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- Get the basics right across the whole system, including maximising the use of the existing IT infrastructure and software
- Maximise the use of and join up current IT systems, both in terms of technical delivery and training and enabling staff
- Combining data from across the system to support joined-up delivery of care for individual patients – this will improve care delivery for residents and will also provide us with more detailed information to help improve services
- Opening up access to patient electronic records and enabling better flow of information about services and patients experience

Barriers

- Getting patients and partners to sign information governance agreements
- Ensuring there is cultural change to use new systems and be compliant
- Limited capacity of providers to deliver technical IT developments

What we want to achieve

- Provide the information needed to enable organisations to work in partnership to commission, contract and deliver services efficiently and safely
- Maximise the use of existing IT infrastructure and software in the borough
- Progressing the effective, secure sharing of care records and data
- Enabling patient access to their records
- Access to high quality analysed data to inform plans and delivery of services to ensure better outcomes for all with services built around the needs of local people



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Enablers: Estates

Current challenges

- Increasing expectations of quality, location and size of buildings
- Ensure we have the right number of buildings and staff to meet the estimated growth in population
- Ongoing pressure to find funding and resources for new and larger primary care buildings and services
- New ways of working may require buildings to be used in different ways

Commissioning plans 2017-19

- To develop a local estates strategy with partners, to support continued delivery of accessible and integrated health and social care services
- £9million capital investment programme to create additional clinical capacity
- Investing in two fit-for-purpose, modern health centre premises at Suttons Wharf and Wellington Way
- Continue to apply for local development funding from the local authority to support investment in buildings and health services

Barriers

- Finding the funding and resources for new and larger primary care buildings and services
- Making a strong case for health in local development funding against priorities such as housing, transport and education
- Finding appropriate land and buildings to develop

What we want to achieve

- Improve three existing not-fit-for-purpose primary care buildings
- Expanding capacity in 11 GP practice buildings
- Creating capacity for 8,000 new GP appointment slots
- Investment in buildings and resources to ensure services are able to keep up with increases in population and give us the capacity to deliver new models of care

