‘Commissioning safe healthcare in partnership with the community’

Havering Clinical Commissioning Group Prospectus 2013-14
This prospectus explains what Havering Clinical Commissioning Group (CCG) is. It explains who we are, what we do and how we plan to improve the health of the residents of Havering.

Our CCG is a membership organisation made up of all the GP practices across the borough and we commission, or ‘buy’, safe, high quality health services – mainly hospital, community and mental health services - for the local population. Working together with our partners our purpose is to improve the health of our population.

CCGs are part of the recent NHS reforms, but we started work in earnest last year because we knew that the sooner we started to take responsibility for local health services, the sooner we could begin to improve things for our patients.

We have the largest older population in London and this means we will have a particular, though not exclusive, focus on services that can help keep older people healthier and independent for longer and help them avoid hospital admissions wherever possible. This puts a real strain on our services and resources, but we won’t let this compromise the quality of care that our patients receive. Earlier identification of dementia is also a key priority for the CCG.

We see our patients every day so we know what they want and need, what works and what doesn’t and which services we need to improve or replace. We can also talk directly with clinicians in our hospitals, where making real improvement is a key priority for us.

The CCG Governing Body is elected by our GP members, and our seven clinical directors sit alongside a senior nurse, lay members, senior NHS managers, and a secondary care consultant.

In April this year we went through a series of rigorous tests by government inspectors and are now fully authorised to progress our plans – which you can read about in full inside this document.

All of our GPs are dedicated to improving the health of the people of Havering despite the tough challenges which we face locally with limited resources at our disposal.

That’s why we are determined to work ever more closely with our partners – the council, our hospitals, community services providers, voluntary sector and our patients, to tackle things together and to make real difference to people’s health.

Dr Atul Aggarwal
Chair, Havering Clinical Commissioning Group
Havering CCG is led by the CCG Chair and six clinical directors. Clinical directors have responsibility for a cluster (or group) of GP practices each, and for one or more areas of clinical expertise. This way of organising responsibilities helps to provide expertise to all CCG member practices.

Our Chair and clinical directors are:

- **Dr Atul Aggarwal**  
  Chair
- **Dr Jitendra Kakad**  
  Vice Chair, lead for Finance
- **Dr Gurdev Saini**  
  Lead for frail elderly and liaison with the local authority
- **Dr Alex Tran**  
  Lead for unplanned care
- **Dr Maurice Sanomi**  
  Lead for mental health
- **Dr Ashok Deshpande**  
  Lead for services and children’s services
- **Dr Muhammad Rahman**  
  Lead for planned care

We have also identified a number of clinical leads, who work on other high priority areas, such as diabetes, learning disabilities, children’s services and maternity services.

**Borough team:**

Our CCG borough team provides managerial and administrative support to the Chair and clinical directors, working directly with practices and local partners and stakeholders to deliver our priorities. The team consists of 15 permanent roles, including:

- Chief operating officer
- Senior leads for planning and integration, primary care improvement and change projects
- Practice improvement leads
- Designated nurse for children’s safeguarding
- Administrative and project support staff

**CCG governance**

Our CCG membership has delegated decision making to a governing body made up of the Chair and clinical directors as well as:

- **Conor Burke**  
  Chief officer
- **Alan Steward**  
  Chief operating officer
- **Martin Sheldon**  
  Chief finance officer
- **Kash Pandya**  
  Lay member – Governance
- **Richard Coleman**  
  Lay member – PPI (Vice Chair)
- **Jacqui Himbury**  
  Nurse director
- **Tan Vandal**  
  Secondary care consultant

**Locality structure**

Our member practices are organised into six clusters, or localities, which consist of between five and ten practices and are geographically close to each other.

Each cluster is led by a clinical director and supported by a practice improvement lead. This cluster/locality structure is an important way for practices to compare their activity, finance and performance data, which helps to drive primary care improvement within their practice.
Our vision was developed with and approved by local stakeholders in 2012, including the Health and Wellbeing Board ( HWB ), the local authority, patients and the public.

“We are committed to improving health outcomes for the Havering population through commissioning safe and best value healthcare in partnership with the community.”

“We aim to develop, improve the quality and shape of all health care services. We will seek to achieve this by striving to commission affordable, safe, innovative health care for the population of the London Borough of Havering. Services will be flexible to the changing and emerging needs of the population, as we understand them, within the limitations of the resources available.”

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Our Priorities
The following five priorities were agreed with our local authority partners and patient groups in December 2012:

1. Commission safe, sustainable, high quality health services for the local population - improving the quality of service and ensuring the safety of acute hospital, primary care, community, mental health and specialist services.

2. Enable people to stay healthy - taking action to reduce the need for healthcare and to optimise the health of the local population through joint work with HWB partners and services to ensure total care for our population.

3. Integrate care for the benefit of the population in conjunction with our partner organisations - enabling improvements in care provided to individuals resulting in a better experience and improved outcomes.

4. Ensure investment in the right capacity of our providers in order to achieve better quality, more innovation, deliver the right productivity, and increase prevention of ill-health – ensuring that we commission high quality services that are also productive. Productivity measures will be set to improve outcomes and patient experience.

5. Redesign urgent and emergency care services, in conjunction with our partner organisations - ensuring patients and the public have access to convenient, high quality, timely and cost effective urgent and emergency care services and know how to access these services appropriately and effectively.
Havering has a population of 237,000. The population has increased by 6% since 2001, and is predicted to rise by a further 20,000 residents (8%) by 2021.

Twenty four per cent of the population is aged under 20 years old and nearly 18% is over 65. These younger and older age groups are projected to increase in relative size in the future, creating large populations of children and elderly people.

People in the borough identify themselves as being mainly (89%) white (and 84% white British): The largest non-white groups are Asian or Asian British (5%) and black and black British (4%). Of all births in Havering in 2011, 22% were to mothers born outside the UK.

About a quarter of Havering’s population say they have a long term illness or disability.

We know there is a strong connection between poverty (deprivation) and poor health, for a number of reasons including poor diet/nutrition, and unhealthy living and working conditions. In the Indices of Deprivation 2010, Havering was ranked number 177 out of 326 local authorities in England (just below half way down), which is higher than some neighbouring boroughs. There are, however, pockets of acute deprivation in Heaton, Gooshays, South Hornchurch and Romford wards.

In-depth assessment of Havering’s health needs

Havering’s Joint Strategic Needs Assessment (JSNA), carried out by the public health team at the local council, gives an in-depth assessment of the health characteristics of our population. It also makes recommendations about the key challenges to be addressed by health and social care commissioners. The JSNA includes a lot of data and information which is the foundation for agreeing local commissioning priorities that will improve outcomes and reduce inequalities. The JSNA can be viewed in full at: http://www.haveringdata.net/research/jsna.htm

Havering’s JSNA identifies ten key topics, based upon the most pressing health needs of our residents.

- Dementia
- Obesity
- Cardiovascular disease
- Cancer
- Smoking
- Breastfeeding
- Domestic violence
- Keeping people out of hospital
- Vulnerable children and young people
- Supporting vulnerable adults and older people
Our CCG works with a range of partners to plan, commission and deliver local health services.

CCGs
We work very closely with our colleagues in Barking and Dagenham and Redbridge CCGs as we share a main acute hospital provider in Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), and a community services provider in North East London Foundation Trust (NELFT). We also face many common issues and challenges. Working together like this means we are also able to make better use of our resources and share a single management team in addition to our local borough team.

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
BHRUT is our major acute hospital provider, with hospitals in Romford (Queen's) and Ilford (King George). We and our CCG neighbours are heavily involved in work to improve services and patient experience at BHRUT. Our new maternity plan is already improving safety and quality for local women and we continue to work together to improve A&E and other services.

North East London Foundation Trust (NELFT)
NELFT provides mental health and community services for people living in Barking and Dagenham, Havering and Redbridge.

Healthwatch
Healthwatch England is the independent consumer champion for health and social care in England. Local Healthwatch organisations work with CCGs to make sure they hear what patients say and take it into account.

Havering Council
Local councils are now in charge of public health services such as sexual health, stopping smoking, screening, immunisations and many more. Our council partners are also key to our integrated care work – where social workers, community nurses, GPs and hospital doctors work as a team to cut through red tape, avoid unnecessary hospital admissions and benefit patients.

NHS England
Formerly known as the National Commissioning Board, NHS England has taken over much of the work of the old primary care trusts. They commission GP services as well as pharmacy and optometry services (primary care). They work on behalf, but independently, of the Department of Health. NHS England also handles patient complaints about GP practices.

Health and Wellbeing Board (HWB)
Health and wellbeing boards are a way in which leaders from the health and care system work together to improve the health and wellbeing of local people. The board members collaborate to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined-up way. Members include a councillor, a CCG representative, local Healthwatch member and council directors for both adults and children services as well as the public health director.
Havering CCG is committed to engaging with local people, patients, carers and the community and we set out how we will do this in our communications and engagement strategy. In 2012, we set up the Havering CCG Patient Engagement Forum, made up of local community members and attended by CCG staff and clinical directors. The Forum meets every two months bi-monthly and has been involved in commenting on CCG plans and strategies.

We consulted with local people and other stakeholders on proposals to redevelop the St George’s Hospital site in Hornchurch (from 17 February to 12 May 2013). The consultation was publicised to a wide range of stakeholders, including through networks such as Healthwatch and the Council for Voluntary Services (CVS). Two public drop-in sessions were organised in Hornchurch Library and Romford Central Library and were advertised and covered editorially in the local media. These sessions attracted over 150 local people, who were able to discuss the proposals with staff and clinical directors from the CCG. A public meeting was held on 1 May 2013, attended by 70 people.

We are keen to work closely with the voluntary sector, and we are working in partnership with the CVS to develop a Health and Wellbeing Forum.

The CCG receives regular reports on the complaints and complaints handling at the main providers of hospital, mental health and community services and we discuss the issues with them at monthly meetings. We will publish a report twice a year with information about complaints concerning the services we commission.
The Health and Social Care Act 2012 has radically reformed the NHS in England. CCGs such as ours have replaced the now abolished primary care trusts and strategic health authorities and control around 60% of the local NHS budget. CCGs are responsible for directly commissioning the majority of local health services for the population.

So, basically, most of the local health services you use are now the responsibility of a group of local GPs, along with other clinicians and experts, called a CCG and elected by their colleagues to do the job on their behalf.

Public health services – things like sexual health and encouraging people to stop smoking - are now under the direct control of local councils and many of the Department of Health’s former responsibilities have been transferred to NHS England. NHS England will hold CCGs to account for improving the health of people in their areas.

The role of the regulator called Monitor has been expanded to include the job of guarding against ‘anti competitive’ practices. Most services will eventually be put out to tender to any qualified provider – whether NHS, private or from the voluntary sector.

Healthwatch England is now the independent consumer champion for health and social care in England. Local Healthwatch organisations work with CCGs and other partners to make sure they hear what patients say and take it into account.

The NHS Trust Development Authority (NHS TDA) provides leadership, support and development for NHS trusts as they move towards foundation trust status and independence from government control.
Commissioning means specifying, buying and monitoring the right health services for our local population. Previously, under the old PCTs, NHS managers would have decided which services were needed, but as GP commissioners, working together in a clinical commissioning group (CCG), we are better placed to do this because we are closer to the ‘coal face’ and know what our patients need. Every single GP practice in England – 8,000 of them – is part of a CCG. This ‘clinically led’ commissioning is a very different way of doing things, but we believe it will be better for patients.

CCGs commission the majority of health services, including emergency care, most hospital care, maternity services, and community and mental health services. CCGs don’t commission primary care services (including GP services, dentists, opticians and pharmacists) and some specialist hospital services. In 2013/14 the 211 CCGs across England are responsible for a budget of £65billion, around 60 per cent of the total NHS budget.

The government is clear that any qualified provider can now bid to ‘sell’ us their services when we go out to tender, except for things like A&E and emergency ambulance services. Our CCG is clear that we will look to commission the very best services we can, regardless of whether the provider is the NHS, a private company or from the voluntary sector. Our priority is, and always will be, the safety and quality of the services we commission.
We have developed local priorities for health and wellbeing in 2013/14, which will help either to improve the quality and safety of patient care or to fill the financial gap projected for next year, or do both. Each workstream and project has a clinical director lead, senior officer lead and a project manager.

**Planned care**
We are working closely with our GPs to make sure that referrals to hospital are made only when necessary and when no alternative exists within a local GP practice or a community setting.

Reducing the number of first outpatient attendances and follow-up attendances in secondary care is crucial for ensuring patients are assessed and treated in the most effective setting and for reducing the cost of secondary care.

Other planned care priorities include reducing the need for repeating tests when a patient transfers from GP to hospital care, and making sure that procedures with limited clinical value are restricted.

**Urgent care**
We want to improve the way that urgent care is provided for local people. Overall there has been an increase in the number of visits to the different urgent care services, including A&E, over the last few years, but there has been no corresponding improvement in patient satisfaction or health outcomes.

At the moment people can access urgent care in a number of different places such as A&E, urgent care centres or walk-in centres. Many people using these services would actually be better off being treated by their GP, who will have their medical records and will be able to provide ongoing care if needed.

**Integrated care**
Local health and social care services are working together in new ways under a system called ‘integrated case management’. We have worked with people with long term conditions to look at redesigning community services, so we can support them to stay longer and more independently in their homes. We will do this either by keeping them out of hospital in the first place or by helping them safely and more quickly to return home after a hospital stay.

The success of this work will be measured partly by counting the numbers of people going into hospital but also by seeing if the patients’ experiences and outcomes improve. Early indications show that admissions are already falling and we expect them to continue falling as this work progresses.

**Mental health**
There are clear links between mental health and other health and social care issues, sometimes creating isolation and loss of independence for people. Our local population has a high number of these risk factors, so it is a priority for us to improve mental health and wellbeing for local people. A key priority for us and our partners is the early identification of dementia. We have established a dementia partnership board and we are recruiting a project manager to take forward a range of dementia projects.
Maternity
The rising birth rate in Havering means there is an increasing demand for maternity services. Services need to respond to the growing diversity of the population and growing levels of deprivation in some areas of the borough. Increased choice of maternity services for women and families, and above all, a stronger patient safety record for mothers and newborns is one of our central priorities. We have already seen improvements to maternity services following a period of intense development work between GPs and our hospitals.

Children’s services
A healthy start in life has a big impact on people’s longer term health and wellbeing. This means children and young people need the best support to be as healthy as possible. Our population has a large and growing proportion of babies, children and young people.

Havering has a growing 0-19 population and the services we commission need to be right for our changing population. We are working closely with the London Borough of Havering to ensure a coordinated and, where appropriate, joint approach to children’s commissioning.

Frail elderly care
Havering has the largest older population of any London borough. This places a huge demand on health services but we are determined this will not compromise the quality of care for older people. We have consulted on proposals to redevelop the St George’s Hospital site into a centre of excellence for older people and are looking to progress plans for the site as appropriate.

We are working on a number of other projects relating to elderly care – for example, on nursing homes, rehabilitation and end of life care. The increasing pressure on social care services for older people as well as health services means much of our work in this area is carried out through close partnership working with the local council.
We take our responsibilities for commissioning high quality and safe care seriously. A key challenge across not only ours, but our fellow CCGs in Barking and Dagenham and Redbridge is to improve the quality and patient experience of acute hospital care and primary care. We want to address the variation that exists across the patch; where excellent care is being provided locally alongside services that have been identified as having poor performance or failing.

Information from a range of sources is regularly used to identify service areas where quality and outcomes are not meeting best practice. All issues are picked up and addressed with service providers through formal monitoring arrangements.

We review all relevant information on a regular basis, with reports to our governing body at each meeting. In addition we have separate quality and safeguarding committees, where we focus on the work we need to do to ensure that providers deliver quality services and that patients are kept safe. Recent media stories on Winterbourne and other care homes only highlight the severe problems that can happen when there is weak oversight.
Havering CCG is allocated funding from NHS England. This funding includes separate amounts for the commissioning of services and the running costs of the CCG. In 2013/14 the total level of planned funding is £310m.

The CCG has to save 1% of that funding - £3.1m. This is good practice, just in case there are major unexpected costs. We can carry this forward to the next financial year and can then use the money to help implement our plans to transform local services.

Our 2013/14 plan includes estimated spend of £307m, which we are planning to spend as follows:

### Havering CCG Budget £m

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>181.3</td>
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<tr>
<td>Non Core Primary Care</td>
<td>35.1</td>
</tr>
<tr>
<td>Prescribing</td>
<td>32.8</td>
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<tr>
<td>Mental Health</td>
<td>35.1</td>
</tr>
<tr>
<td>Continuing Care and Community Services</td>
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</tr>
<tr>
<td>CCG Running Costs</td>
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</tr>
<tr>
<td>Learning Difficulties</td>
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<tr>
<td>Other Costs</td>
<td>2.9</td>
</tr>
<tr>
<td>Other Healthcare Purchased</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>£310.0</td>
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</tbody>
</table>
### Vision

“We are committed to improving health outcomes through commissioning safe and best value healthcare in partnership with the community”

Chairs of Havering CCG and Health & Wellbeing Boards, 2012

### Strategic Goals
- Commissioning for safety and quality
- Enabling people to stay healthy
- Integrating care with our partner organisations
- Investing for Quality, Innovation, Productivity and Prevention
- Redesigning Urgent & Emergency Care Services

### Emergency and Integrated Care
- Improve A&E services at BHRUT and delivery of their A&E Improvement Plan
- Deliver the acute reconfiguration programme
- Deliver improved urgent care performance through NHS 111, redesign of Urgent Care Centre, Integrated Case Management and a specialist community intervention team
- Implement priorities set out in the Integrated Care Strategy
- Improve independence for the frail elderly at home, including falls prevention and reablement

### Mental Health and Learning Disabilities
- Improve uptake in health checks for people with learning disabilities
- Improve Access to Psychological Therapies and personality disorder services
- Improvements to CAMHS provision
- Through the Dementia Partnership Board, implement the National Dementia Strategy and local schemes
- Work with Havering local authority to implement recommendations from Winterbourne report

### Quality Assurance
- Quality and Safeguarding frameworks
- Quarterly deep dive reports
- Monthly performance/assurance reviews
- Quality and Safety Committee

### Corporate objectives*
- Maintain a strong grip on commissioning
- Improve quality of care at BHRUT
- Ongoing development of the CCG, including authorisation
- Improve outcomes for Havering’s population through partnership working

### National priorities
- Reduce avoidable emergency admissions
- Reduce years of life lost
- Prevent Healthcare Associated Infections (MRSA and C. Difficile)
- Roll out the Friends and Family Test

### Planned Care
- Pathway development for a number of planned care specialties reducing growth in hospital referrals and subsequent treatments
- Implement the Procedures of Limited Clinical Value policy and process review
- Implement recommendations from discharge performance improvement plan
We will deliver efficiency savings by managing elective growth and reducing follow-ups

### Challenges
- Quality and performance issues at BHRUT
- Ensuring a sustainable financial position through long term financial plan
- Acute Reconfiguration and out of hospital development
- Delivering £11m QIPP savings

### Effective Partnerships
- With Health and Wellbeing Board partners
- Integrated Care Coalition
- Patient Engagement Reference Forum
- Havering Voluntary Sector Conversation

### Local priorities for Havering
- Increase the proportion of people who feel supported to manage their own condition
- Reduce the prevalence of cardiovascular disease (CVD) through primary prevention
- Improve patient experience of GP services

### Women and Children’s services
- Implement the recommendations from system-wide maternity services review
- Continue to play a central role in the Multi-Agency Safeguarding Hub and the Troubled Families project
- Ensure Looked After Children receive dental and health checks
- Provide short breaks for carers of disabled children
- Commission therapies for children, e.g. SALT
- We will use the Friends and Family Test as a measure for improved maternity services

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We will deliver efficiency savings by managing elective growth and reducing follow-ups
A&E  Accident and emergency departments assess and treat people with serious injuries and those in need of emergency treatment.

Clinical Commissioning Group  is the term given to a form of commissioning that is clinically led by a group of GPs.

CO  Chief Officer of a CCG.

CSU  Commissioning support unit, an organisation to provide services to CCGs.

Elective care  is pre-arranged, non-emergency care that includes planned operations.

Health and Social Care Bill  Proposals for a Health Bill were included in the Queen’s Speech for the first Parliamentary session of the coalition Government.

Health and Social Care Act  2012 legislation passed form the above bill and amendments

HWB Health and Wellbeing Board  Local authorities have established a HWB that will lead on improving the strategic co-ordination of commissioning across NHS, social care and related children’s and public health services.

LA  local authority

LTC  long-term condition

NHS Operating Framework  is a document issued by the Department of Health annually in December giving the planning and priorities for the year ahead.

NICE  National Institute for Health and Clinical Excellence

Non-elective  refers to a patient who is admitted to hospital but not in a planned way from a waiting list, for example the patient would be admitted as an emergency.

PCT Primary Care Trusts  were responsible for the planning and paying for health care services in its area.

PRG or PPG Patient Reference Groups, or Patient Participation Groups  bring together a group of registered patients of a GP practice with the aim of involving them in decisions about the range and quality of services provided.

Primary Care Services  are services provided by GP practices, dental practices, community pharmacies and high street optometrists.

Secondary care  is defined as a service provided by medical specialists who generally do not have first contact with patients. Secondary care is usually delivered in hospitals or clinics.

Triage  is a process used to assess symptoms and severity of illness or injury.

WIC  walk in centre

Adapted from a glossary compiled by Jan Harrison for the CCG Authorisation Training work-stream.
To find out more about us, please contact us using the details below or visit our website at:
www.haveringccg.nhs.uk

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