



Hounslow



Commissioning Strategy Plan 2008-13

Making Hounslow Healthier



Table of Contents

1.	CHAIR/CHIEF EXECUTIVE’S FOREWORD	1
2.	VISION	4
2.1.	CORE VALUES	5
2.2.	THE BOROUGH OF HOUNSLOW	5
2.3.	HEALTH CHALLENGES	5
2.4.	STRATEGIC GOALS	7
2.5.	IMPROVED INEQUALITIES AND LIFE EXPECTANCY	8
2.6.	STRATEGIC ALIGNMENT WITH NATIONAL AND REGIONAL PLANS	10
2.7.	STRATEGIC FIT WITH HEALTHCARE FOR LONDON PROGRAMME	10
2.8.	HOW WE PRIORITISED OUR STRATEGIC INITIATIVES	11
2.9.	FINANCIAL SUMMARY	11
2.10.	INVESTMENT PLAN WITHIN THIS CSP	13
2.11.	INVEST TO SAVE SCHEMES	14
3.	CONTEXT	16
3.1.	POPULATION DEMOGRAPHICS	16
3.2.	THE CHARACTERISATIONS OF THE LOCAL POPULATION	19
3.3.	POPULATION HEALTH NEEDS	21
3.4.	INCIDENTS AND PREVALENCE OF DISEASE	22
3.5.	CONCLUSIONS	24
3.6.	INSIGHTS FROM PATIENTS, PUBLIC, CLINICIANS AND LOCAL PARTNERS	24
3.7.	STAKEHOLDER ENGAGEMENT	26
3.8.	PERFORMANCE AGAINST EXISTING TARGETS AND PRIORITIES	27
3.9.	PROVIDER LANDSCAPE	29
3.10.	FINANCIAL SITUATION	33
3.11.	ACTIVITY COMMISSIONED	36
4.	STRATEGY	38
4.1.	OVERVIEW	38
4.2.	PURPOSE, GOALS, ENABLERS AND STRATEGIC SERVICE PRIORITIES	38
4.3.	STRATEGIC FIT WITH HEALTHCARE FOR LONDON PROGRAMME	40
4.4.	STRATEGIC SERVICE PRIORITIES AND INITIATIVES	40
4.5.	STRATEGIC INITIATIVES AND OUTCOMES	41
4.6.	STRATEGIC INITIATIVE –THE DEVELOPMENT OF PRIMARY CARE	42
4.7.	STRATEGIC INITIATIVE – THE DEVELOPMENT OF MAJOR TRAUMA SERVICES	59
4.8.	STRATEGIC INITIATIVE- THE MATERNITY AND CHILDREN’S SERVICES PROGRAMME	60
4.9.	STRATEGIC INITIATIVE- IMPROVE VASCULAR HEALTH	65
4.10.	STRATEGIC INITIATIVE – TACKLING OBESITY	70
4.11.	NWL PCT COLLABORATION	73
4.12.	OVERALL IMPACT	73
5.	DELIVERY	75
5.1.	PAST DELIVERY PERFORMANCE	75
5.2.	CONTRACT AND PERFORMANCE MANAGEMENT	76
5.3.	DEVELOPING CAPACITY AND CAPABILITY	77
5.4.	FUTURE PERFORMANCE	78
5.5.	RISK MANAGEMENT	81
5.6.	ORGANISATIONAL REQUIREMENTS AND ENABLERS	84
6.	DECLARATION OF BOARD APPROVAL	85

1. Chair/Chief Executive's Foreword

NHS Hounslow serves a diverse population of 259,600 with life expectancy and health deprivation that is significantly worse than the London average and distinctly different from most of the other populations in North West London. The dynamics of its population in terms of growth, demographic makeup and transience have resulted in a larger resident population than anticipated from the 2001 census and more ethnic diversity.

In the next five years the local population is expected to become older and even more ethnically diverse with a higher proportion being from Black and Minority Ethnic groups. Therefore, the demand and complexity of healthcare requirements will significantly increase particularly as the prevalence of vascular disease is expected to increase with associated impact on a range of services.

The PCT has not managed its finances satisfactorily for a number of years and a significant legacy debt position remains (however by the end of 2008/09 the PCT will have repaid £3.75m of debt reducing its historic debt to £17.6m). To enable the scheduled £8.8m debt repayment in 2009/10 will require delivery of a savings or disinvestment programme of £9.4m. The pace and breadth of improvement in the health outcomes of the Hounslow population is limited by the requirement to service the historic debt. This restricts the organisation's ability to invest in any significant Healthcare for London or health improvement initiatives for the local population in at least the next two years.

Recognising the health needs of the population, the PCT has set itself the following four goals:

- **Reduce Health Inequalities and Support Health Improvement**
 - the outcome measures discussed below will be used to frame and prioritise our public health and commissioning activities to achieve this goal.
- **Improve Health and Well Being of Children, Young People and Young Mothers**
 - improving health outcomes through health promotion and prevention focusing on all the key health needs as well as specific issues relating to low birth weight, maternal health, infant mortality, and sexual health.
- **Improve Individual Experience of Efficient, Effective High Quality Services**
 - promoting equity of access to healthcare services, and implementing enhanced care pathways, procurement and contracting arrangements to achieve best value for money, and improved outcomes and quality.
- **Improve Access to Primary Care Services**
 - including out of hours services, home and community support and care, and promoting good oral health

In order to deliver these goals the PCT recognises that it has to:

- Develop real and deep engagement with primary and community care in order to transform the quality, outcomes and consistency of out of hospital services across Hounslow.
- Work with health and social care partners to effect desirable change in integrating services across Hounslow and the wider North West London sector in order to deliver truly patient/client centric services.
- Engage with the public to develop a range of out of hospital services that meets their needs – largely decentralised but without destabilising related services.
- Use market development, contract mechanisms and performance management to ensure value for money and appropriate high quality services are delivered for Hounslow residents, in order to address health inequalities within Hounslow and in relation to other PCTs
- Localise of out of hospital services where possible, centralise specialist services where necessary in order to improve clinical outcomes and deliver on the Healthcare for London programme and Next Stages Review.

Establish appropriate unscheduled care services for Hounslow that will ensure timely access to the right care at the right time, reducing the reliance on A&E for non-emergency healthcare.

Focus on proven interventions that target the greatest areas of health need, such that long term conditions are managed more effectively and self care is encouraged.

Maintaining sound finances and ensuring value for money.

This document outlines how each of the strategic initiatives is supported by programmes of work to ensure delivery of goals and improvement in the eight locally selected world class commissioning outcome metrics. These outcomes have been selected based on local health needs priorities.

The PCT already has a successful record in tendering primary care services and is well advanced in planning for the development of an urgent care centre. Working with partners across London and within the North West London sector, Hounslow engages actively in specialist commissioning, sector based collaborative commissioning and most recently working with other PCTs to consider the configuration of acute service across the sector. Practice Based Commissioning is the essential lever in ensuring the real and deep engagement of our clinicians in the service development and redesign that will realise and sustain the delivery of the strategic initiatives.

It is clear that strengthening the capability and capacity of primary and community care in Hounslow is the key to delivering our stated goals. Whilst this will require some additional investment, we will seek to ensure best value from our existing resources and assets to support this development. The Equitable Access Programme and further committed funding for establishing a GP-led health centre, will address the capacity gaps in Hounslow over the next five years.

In addition, NHS Hounslow has also set the pace as an innovator of the 'polyclinic' concept. In addition to winning design awards, the Heart of Hounslow is a new facility that provides

coterminous services for health (primary and mental), therapies, social and educational services. Future plans will consider how to integrate services on this site and utilise the existing GP led health centres, as a component of the hub and spoke model in primary care to deliver integrated out of hospital services within the community.

The PCT is committed to the establishment of a thriving Autonomous Provider Organisation by the 31st March 2009. It is expected that there will be agreement to bring together, as a management alliance, the provider arms of Hounslow and Richmond and Twickenham PCTs.

As the PCT tackles the issues it faces with respect to high utilisation of hospital services in both elective and urgent care there will be an inevitable impact on the current providers of these services. The major service and financial impact will be on the West Middlesex University Hospital(WMUH). The WMUH site has a range of modern, fit for purpose buildings provided under PFI and the PCT supports the ongoing use of this site to provide local services. There is, however, growing recognition that the service provision and financial viability across the North West London sector needs to be urgently reviewed. The PCT's ambition is to retain high quality, affordable services locally which may require repatriation of work currently undertaken outside of the borough.

This commissioning strategy is set in the context of realism and deliverability. Until the repayment of historic debt is achieved, the organisation will have to concentrate its efforts on the short and medium term horizon and on proven 'invest to save' initiatives. This plan identifies funded initiatives but the PCT is clear that should any additional investment become available, there are clear investment opportunities to further enhance or accelerate the delivery of the goals outlined above.

We are confident that the plans laid out in this document meet the immediate health needs of Hounslow and over time these will bring about significant improvement in health outcomes for the local population as NHS Hounslow evolves into a World Class Commissioner. The initiatives are grounded, realistic, affordable and deliverable. They are based on a deep and detailed analysis of health needs and an understanding of the key gaps, inequalities and variations in local health services. Having been developed in close cooperation with partners, providers and local residents they have the broad consensus and widespread support which provides the ownership and commitment to sustain delivery.

2. Vision

To improve the health and well being of the population of Hounslow to a level equal to or better than that of comparable areas in the UK, whilst reducing the inequalities that exist within our Borough

NHS Hounslow has an ambitious vision and plan to better deliver services and resources that respond to individual needs within the context of their family and local community and deliver increased life expectancy for all.

This vision is straightforward and clear – that Hounslow will be a place where all our population have the opportunity to live better and live longer, with access to high quality health services.

As we evolve into a World Class Commissioner through the development of a richer and more effective set of levers for change, we will increasingly become an ‘investor’ in the health of the local population – a commissioner that has an increasingly broad relationship with the individuals that make up the population of Hounslow and that is increasingly confident about its ability to change behaviours, encourage lifestyle changes, reduce the burden of illness and enable people to benefit from longer and higher quality life.

By 2013 local people will

- 1. Have improved lifestyles and wellbeing;**
- 2. Live longer and experience reduced health gaps;**
- 3. Experience safe and integrated services;**
- 4. Have access to the latest and most effective prevention and health treatments; and**
- 5. Receive personalised and caring services.**

We will drive forward this vision to achieve rapid and ambitious improvement and, through our strong partnerships, influence and help improve the social and economic factors that affect the lives of people who live in the borough. The NHS is not the sole beneficiary of a healthier population and we will increasingly use a broader ‘coalition’ for better health that recognises the benefits of health to employers, local communities, families, carers and, of course, the individuals themselves.

The ways in which we have engaged clinicians, partners, public and carers is set out in Section 3.7.

These stakeholders have shaped our vision and plans and also worked with us to define the way in which we should seek to behave – our core values. The six values which underpin our vision are listed below.

2.1. Core Values

As we evolve into a World Class Commissioner, we will:

- ***Be Locally accountable*** – involving local public, patients and partners in decision making and governance arrangements
- ***Respect and Develop People*** – valuing diversity and equality, and the contribution of staff, the public and partners to the development of the NHS
- ***Be responsible and sustainable*** – delivering services responsibly and taking account of environmental issues and sustainability
- ***Be Committed to Quality and Accessibility*** – ensuring that there is equitable access to consistently high quality services across the Borough
- ***Achieve together*** – working with local partners in the public, private and voluntary sectors to provide the right services at the right time, in the right place by the right people to deliver the right outcomes
- ***Improving lives*** – putting improvement in health and wellbeing and the life expectancy of the community at the heart of everything NHS Hounslow does.

2.2. The Borough of Hounslow

Hounslow is one of London's largest Boroughs, covering 23 square miles and stretching from Heathrow Airport in the west to Chiswick in the east. It is an area of contrasts and diversity. 35% of its residents are from an ethnic minority and there is a mixture of town and country, modern housing estates, quiet suburbs, green belt villages and cosmopolitan districts.

Heathrow, as a major international gateway, is an extremely important factor in the Borough. A considerable proportion of residents are employed at the airport and in related industries. Hounslow is also a key industrial and business location, with concentrations of businesses along the A4/M4 corridor including many multinational companies. There are also related environmental concerns such as pressure on road networks. Other key economic growth areas include the business parks at Chiswick Park and at Bedfont Lakes Technopark. Redevelopment is taking place in Hounslow and Feltham town centres.

2.3. Health Challenges

The people of Hounslow face exceptional challenges to their health and wellbeing. These challenges are associated with a number of factors including the diversity of the population, relatively low income compared to the rest of London, and the relatively transitory nature of the population along with a rapid increase in population numbers.

Key health features of Hounslow's population:

- The Hounslow resident has a life expectancy of about one year less than the average Londoner, and he and she have the shortest life spans in North West London by far. More importantly the improvement in life expectancy has been more gradual than in other London boroughs.

- Birth rates have been rising steadily from 15 per 1000 women aged 15-49 in 2002 to 17.3 per 1000 in 2005. It is likely that the number of births will continue to rise but not as steeply as in recent years.
- The teenage pregnancy rate in Hounslow has fluctuated over recent years. During 2005 the rate was 43.2 per 1000 girls aged between 15 to 17, which is below the London average of 44.6 per 1000, but this is still behind the local target of 34.5 per 1000.
- Generally, Hounslow has a lower infant mortality rate than the average for London. However, the rate in 2003-2005 (5.7 infant deaths per 1,000 live births) was an increase on the preceding three-year period, which meant that it was one of the highest rates in London explained partly by a major influx of international migrants
- The prevalence of cigarette smoking among people aged 16 and over is estimated at 29% and the percentage of people who are ex-smokers is 35%
- There are higher prevalence rates of hypertension and non-insulin dependent diabetes in Hounslow compared to London and England. Prevalence rates of diabetes are highest in the Indian ethnic group, which is also the population group projected to experience the largest growth in size (10%).
- The prevalence of diabetes, hypertension, and CHD, are all expected to rise in Hounslow due to an increase in the number of people of middle age 40-59) and the predicted rise in the prevalence of obesity, HD/hypertension/diabetes.

Circulatory diseases are the dominant cause of premature death in Hounslow and the demographic shifts that are anticipated over the next few years coupled with the impact of lifestyle 'diseases' such as obesity will increasingly result in this being the main threat to life expectancy.

The Hounslow population are heavily reliant on unscheduled care services with an over-reliance on Accident and Emergency for primary and non-emergency presentations. This is an indication of lack of capacity and capability in primary, community and social care to manage patients with long term or complex conditions, the elderly and infants¹.

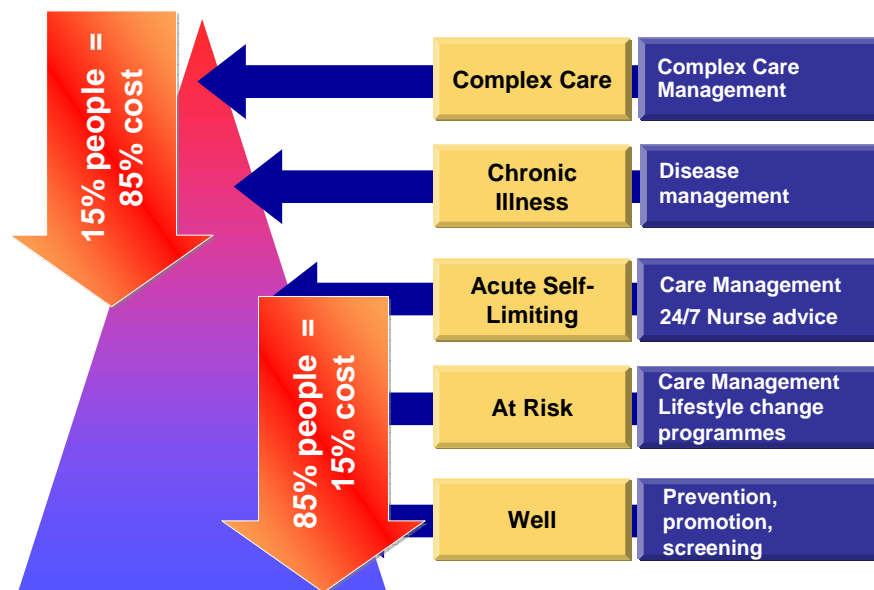
There is also a strong indication that some communities are confused about the range of choices for urgent care and or they prefer to use a hospital setting to have their primary care needs met. Patient education and raising awareness of primary care options is an essential commissioning lever for reducing inappropriate emergency admissions within the overall approach to demand management in this area.

Analysis also shows that referral rates from primary care are generally high across almost all specialties compared to NHS and international benchmarks. There are a wide range of reasons why this may be the case but it does signal an over reliance on hospital care and a lack of confidence and capacity to use primary care to address 'avoidable' admissions.

¹ Hounslow's GP registered population in March 2008 shows that there are over 13,000 patients aged over 75 years. Analysis shows that they are twice as likely to be admitted to hospital for less than three days than any other age group. Children account for over 14% of all A&E attendances in Hounslow.

The population of the PCT and the health risks they face can be displayed diagrammatically using the figure below.

The Pyramid of Need



The pyramid also shows how different populations benefit from different types of treatment:

- Relatively large numbers of well people at the base of the pyramid require education to maintain their health status
- Few severely ill people consume proportionally more resources because they have complex care needs at the peak of the pyramid and they require active case management
- Those in the middle of the pyramid with a disease need active management of that disease to prevent them rising to high levels
- Below this level, people have a range of risk factors that indicate a high probability that they will acquire a long term disease if these are not addressed (high cholesterol, obesity, smoking etc.). These people need care management services to ensure they do not move up the pyramid.

2.4. Strategic Goals

The local demographics and health needs of the population are the key drivers for our strategic plans and goals. In developing our Strategic Goals we have also considered local and national future plans and our current context including:

- Information relating to **local health needs** and **existing performance in key measures** has also been used to frame our vision and goals

- **Public, patient, partner and clinical** feedback has been fundamental to our planning process and insights from all our stakeholders are summarised in section 3.6.
- As part of the National Health Service, and NHS London, we need to ensure that we play our part in delivering **regional** and **national objectives, plans and targets** which are summarised in Section 3.8 in particular, The priorities identified in *Better Health, Better Healthcare* (2008) (following consultation on the proposals in *Healthcare for London: Consulting the Capital*, November 2007) have guided the development of our plans. Our first goal is based on the first two of the six key Healthcare for London themes.
- Through a process of **engagement with internal and external stakeholders** we developed four key Strategic Goals to support delivery of our vision and which are consistent with our core values.

These Strategic Goals are summarised below, and further detailed in section 4.2.

- **Reduce Health Inequalities and support Health Improvement**
- **Improve Health and Well Being of Children, Young People and Young Mothers**
- **Improve Individual Experience of Efficient and Effective High Quality Services**
- **Improve Access to Primary Care Services.**

These four Strategic Goals will be underpinned by a new relationship between the NHS and the public through increasing engagement and enablement, and initiatives with a focus on prevention.

2.5. Improved Inequalities and Life Expectancy

We have two key outcomes that are supported by the Strategic Goals and intrinsic to our vision and values. These are:

- **Health Inequalities** – working in partnership to address deprivation and reduce inequalities including the related issues of deprivation (employment; health and disability; education, skills and training; barriers to housing and services; living environment, and crime) and Equality and Diversity.
- **Life Expectancy at Birth** - an increase in life expectancy and a decrease in the gaps between Hounslow and national averages, and between areas in the borough itself.

Our ambition is to increase life expectancy in Hounslow. Improving male mortality rates from 785 per 100,000 to 718 per 100,000 in 2010/11. Also to improve female mortality rates going from 560 per 100,000 in 2007/08 to 538 per 100,000 in 2010/11.

In our commitment to improving life expectancy we will invest in capacity and capability in public health intelligence and modelling to inform the development of future services.

Other Outcome Measures

Life Expectancy and Health Inequalities are two national outcomes measures that will be used to compare national performance.

Locally NHS Hounslow has selected eight additional outcome measures against

which to prioritise its service delivery. These are detailed below:

Mandatory	Life Expectancy at Birth
	Health inequalities
National	Teenage Conception Rates
	%of women offered breast screening
	Rate of smoking quitters
	Unadjusted hypertension prevalence
	% of patients with COPD
	Obesity among primary school children
	% of stroke admissions seen by a physiotherapist within 72 hours
	% of infants breastfeeding at 6 weeks

The process and criteria used for selecting these Prioritised Outcomes are further detailed at Section 2.7.

2.6. Strategic Alignment with National and Regional Plans

Fully consistent with the Healthcare for London NHS, Hounslow will also be focusing on the quality of outcomes and this is a theme across our Vision, Values and Strategic Goals. In developing our Strategic Plan and the goals contained within it, we have taken account of the regional and national context, including:

- The NHS Plan (2000).
- NHS Improvement Plan (2004).
- Our Health, Our Care, Our Say' (2006).
- Standards for Better Health (updated in 2006).
- Health Reform in England (December 2005).
- Commissioning Framework for Health and Well Being (December 2007).
- World Class Commissioning (December 2007).
- High Quality Care for All (June 2008).
- Delivering Care Closer to Home (July 2008).
- Healthcare for London (2007)

2.7. Strategic Fit with Healthcare for London Programme

There is strong alignment between NHS Hounslow's strategy, the Healthcare for London programme and the NWL Collaborative Commissioning Intentions.

The underlying themes within these programmes of work remain:

- **Reducing health inequalities** – focusing on the main causes of death within Hounslow, and service gaps such as for community maternity and health visiting services, improving access to primary care, specifically for community based mental health services.
- **Health improvement and well being** – focusing on obesity in children and adults to address underlying drivers of diabetes, hypertension and cardio vascular disease, as well as improving access to sexual health services.
- **Regionalisation of relevant services** – working with North West London PCTs to regionalise services such as stroke, trauma and paediatrics.
- **Localisation of relevant services** – developing outpatient and specialist clinics in healthcare centres, establishing static breast screening services based in Hounslow, developing primary care mental health services, developing community midwifery services, implementing a comprehensive community chlamydia screening and sexual health services.
- **Quality** - Our ambition is to maintain high quality local health services within the borough
- **Personalisation of services** – implementation of “Keeping it Personal - the clinical case for change” in primary care. Extensively using market segmentation and social marketing techniques to refine the services and points of access to the NHS for patients.
- **Integrated and connected services** – developing the hub and spoke model of generalist and specialist clinical centres, through actual and virtual networks of clinical teams.

2.8. How We Prioritised our Strategic Initiatives

Development of our Strategic Initiatives has stemmed from our understanding of our local health economy, the over reliance on hospital based care, the predominant health needs and the variability of primary care, all resulting in an unstable financial economy.

The prioritisation of the strategic initiatives initially stemmed from the continued development of initiatives from the 2008/9 CSP, informed by the WCC health outcomes and Healthcare for London. Engagement with local stakeholders, including the public was largely focused in 2007 through our 2008/9 CSP stakeholder events and throughout the Healthcare for London consultation. There has not been any further public consultation in the development of the 2009/10 CSP.

The prioritisation of the WCC health outcomes was based on the requirement to, over time, bring about significant improvement in health outcomes for the local population, whilst focusing our initiatives on the immediate health needs of Hounslow. They were agreed through a process of PEC and Public Health team review and Board engagement, prior to Board approval. The choice was informed by the Hounslow Health Atlas and a benchmarking exercise using the WCC performance metrics.

The development of the CSP initiatives flowed from matching the WCC agreed outcomes to the PCT goals and linking in a review of our existing initiatives from the 2008/9 CSP. This refresh of our existing initiatives focused the Board's attention on to primary and community care and an understanding that a key component to the stabilizing of the health economy is the requirement to improve the capacity and capability of primary care both as providers and as commissioners. Therefore our underpinning initiatives and work programmes focus on improving primary care capacity.

The Strategic Initiatives in turn were built up from the underpinning initiatives and work programmes, informed by the WCC competencies, the need to engage the public, and the imperative to develop primary care capacity.

The strategic initiatives in this CSP form whole system service redesign and are fully costed. There are significant elements of commissioning that do not form part of the strategic initiatives but are key service deliverables in NHS Hounslow. In the main these are service areas like mental health, children's services, and sexual health, with ongoing contracts with providers. Change management plans are in place in part for these services. A key work programme for 09/10 is to understand activity and outcomes of these services and they will be a key focus for PbC.

2.9. Financial Summary

The revenue overview can be seen in the table below. The historic debt repayment profile the PCT has agreed with NHS London means that we must plan a slower timetable than we would have wished to deliver several of our strategic intentions.

Financial Summary

Summary Source and Application of Funds				
	2009/10	2010/11	2011/12	2012/13
Item	£m	£m	£m	£m
<u>Source of Funds</u>				
Growth Allocation	20.1	21.2	17.0	18.0
Non recurrent income	<u>-9.9</u>	<u>-9.0</u>	<u>3.4</u>	<u>7.6</u>
Net Income	10.2	12.2	20.4	25.6
<u>Application of Funds</u>				
Inflation	8.9	9.8	10.0	10.5
Activity growth	8.0	6.7	4.1	4.5
Investments	2.7	2.4	2.0	4.0
Savings	-5.7	-3.0	-2.6	-0.5
Levy @ 1%	<u>-3.7</u>	<u>-3.7</u>	<u>0.0</u>	<u>0.0</u>
Net Expenditure	10.2	12.2	13.5	18.5
Surplus + Deficit -	0.0	0.0	6.9	7.1

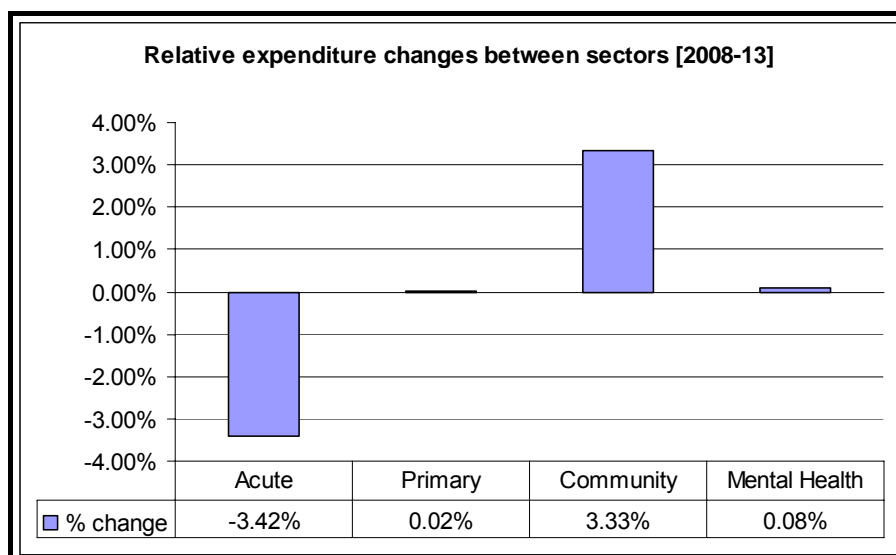
Further work needs to be done on the Capital requirements supporting the CSP, although it is assumed that the PCT Capital Resource limit will be the source of funds for all the initiatives contained within this CSP.

Due to the legacy debt repayment requirements of £8.8m for the next two financial years the initiatives the PCT is planning to deliver are mainly invest to save schemes that aim to deliver both an improved patient service and a financial benefit by shifting treatments from an acute to a primary setting of care. This will inevitably lead to an increase in services in Primary and Community care and a reduction in services within the acute sector.

The Model does show a demonstrable shift in the commissioning of services settings of care over the five year period of the CSP. This outlines financial investment or disinvestment and shows an increase in investment for Primary and Community services with a substantial decrease in investment for the Secondary care sector. The PCT is expecting a commensurate reduction in capacity to be seen in the acute sector and will expect the contracts between the PCT and the Acute sector to reflect this in 2009-10 and beyond. This is consistent with the strategic direction outlined within this CSP. These schemes are summarised below.

The table and graph below maps the planned shift in activity between settings of care from 2007/08 to 2012/13

Sector	2007/08	2012/13	Increase
	£m	£m	%
Acute	152	177	16%
Primary	72	90	25%
Community	38	60	58%
Mental Health	<u>39</u>	<u>49</u>	<u>26%</u>
total	301	376	25%



Note: Polyclinic spend is classified as 'community' not 'primary'

This rebalancing programme across the health system is primarily due to the impact of the various PCT initiatives summarised in the table below.

Summary of Settings of Care - Shift of Acute Activity to Primary Care / Community / Polyclinic		2009/10 £m	2010/11 £m	2011/12 £m	2012/13 £m	Total £m
Initiative	Setting of Care in model					
Carepathway	Community model	1,086	1,262	1,298	1,321	4,967
Urgent Care	Other	1,270	3,836	3,928	4,023	13,057
Hospital @ Home	ISTC	1,559	1,476	1,476	1,476	5,988
Acute MH Service	Other MH	815	815	815	815	3,260
Polyclinic Diagnostics	Polyclinic	155	173	199	229	756
Totals		4,885	7,563	7,716	7,864	28,028

Note: The above table summarises the value of the acute activity reduction, which is not the same as the cost of providing the alternate / new service care-pathway. [See investments table]

This primarily affects our local acute provider, West Middlesex University Hospital and the PCT is currently working through the potential financial impact with the Trust.

2.10. Investment Plan within this CSP

Due to the legacy debt repayment requirements of £8.8m for the next two financial years, the initiatives the PCT is planning to deliver are mainly 'invest to save' schemes that aim to deliver both an improved patient service and a financial benefit from shifting treatments from an acute to a primary setting of care. This will inevitably lead to an increase in services in Primary and Community care and a reduction in services within the acute sector.

A number of key initiatives have been prioritised within available baseline funding; a large number of initiatives have been prioritised within invest to save scenarios, and a minimal number of initiatives have been prioritised within new or growth funding. In addition a number of initiatives have been prioritised within a category of new funding, which is what the PCT would do if additional funding was available, for example through any proposed sector loan scheme under the NHSL Medium Term Financial Strategy. Each of the strategic objectives outlined within the CSP are shown in the above categories.

2.11. Invest to Save Schemes

The PCT is expecting a commensurate reduction in capacity to be seen in the Acute sector and will expect the contracts between the PCT and the Acute sector to reflect this in 2009-10 and beyond. These schemes are summarised below:

Invest to Save Schemes

Initiative		2009/10 £m	2010/11 £m	2011/12 £m	2012/13 £m	Total £m
Urgent care centre	Recurrent Investment	1,447	3,550	3,585	3,671	12,253
	Savings	<u>1,270</u>	<u>3,836</u>	<u>3,928</u>	<u>4,023</u>	<u>13,057</u>
	Net impact	177 -	286 -	343 -	351 -	804
Hospital @ Home & Rapid Response	Investment	1,317	1,349	1,381	1,414	5,461
	Savings	<u>1,559</u>	<u>1,476</u>	<u>1,476</u>	<u>1,476</u>	<u>5,988</u>
	Net impact	- 242 -	128 -	95 -	62 -	527
Carepathway Redesign	Investment	791	910	936	953	3,589
	Savings	<u>1,086</u>	<u>1,262</u>	<u>1,298</u>	<u>1,321</u>	<u>4,967</u>
	Net impact	- 295 -	352 -	362 -	368 -	1,378
Acute [A&E] MH service	Investment	341	341	341	341	1,364
	Savings	<u>815</u>	<u>815</u>	<u>815</u>	<u>815</u>	<u>3,260</u>
	Net impact	- 474 -	474 -	474 -	474 -	1,896
Summary	Investment	3,896	6,150	6,243	6,379	22,668
	Savings	<u>4,730</u>	<u>7,390</u>	<u>7,517</u>	<u>7,635</u>	<u>27,272</u>
	Net impact	- 834 -	1,240 -	1,275 -	1,256 -	4,605

The following key investments have also been prioritised and are to be funded from other cost saving measures

Investments

Initiative		2009/10 £m	2010/11 £m	2011/12 £m	2012/13 £m	Total £m
Maternity	Recurrent investment	700	700	700	700	2,800
Cardiovascular service	Recurrent investment	700	700	700	700	2,800
OD development	Recurrent investment	500	500	500	500	2,000
Gp Lead Health Centre	Recurrent investment	500	500	1,000	1,000	1,000
Obesity	Recurrent investment	<u>250</u>	<u>250</u>	<u>250</u>	<u>250</u>	<u>1,000</u>
Total		2,650	2,650	3,150	3,150	9,600

The following table outlines ambitions should the PCT secure additional funding. This is split into Priority 1 (essential) and Priority 2 (desirable).

Ambitions for the future/Investments to be made after securing new funding

Healthcare for London - Unfunded investment Ambitions	2009/10 £m	2010/11 £m	2011/12 £m	2012/13 £m	Total £m
<u>Priority 1</u>					
Polyclinic Development	1,500	1,250	1,500	1,600	5,850
Stroke	200	350	450	600	1,600
Trauma	200	350	450	600	1,600
Maternity Acute	400	500	550	600	2,050
Maternity Community	300	350	500	600	1,750
Accelerate Primary Care Strategic work/PBC	500	500	500	500	2,000
Accelerate Capacity and Capability investment	250	250	250	250	1,000
	3,350	3,550	4,200	4,750	15,850
Borrowing	- 3,350	- 3,550	-	-	10,500
Available growth (debt cleared)			- 8,800	- 8,800	17,600
Borrowing repayment			3,350	3,550	10,500
Surplus	-	-	- 1,250	- 500	1,750
<u>Priority 2</u>					
Mental Health	250	500	750	1,000	2,500
Health Improvement and Well Being/ Prevention					-
Self care	150	250	275	300	975
Long term conditions	250	500	1,000	1,500	3,250
Screening	250	500	1,000	1,500	3,250
Rehabilitation/Intermediate Care (incl Falls)	500	1,000	1,500	2,000	5,000
Commissioning Hub	450	550	650	750	2,400
Provider Arm	500	600	700	800	2,600
	2,350	3,900	5,875	7,850	19,975
Note - 2011-12 sees Debt cleared and Borrowing repayments start					

The legacy debt repayments make the above Healthcare for London key investments unaffordable ambitions until at least 2011/12. It is anticipated that the PCT will have the opportunity to bid for [above] investments over the next two years to help deliver the Healthcare for London priorities; this is not reflected within the model.

3. Context

3.1. Population Demographics

Population and Projections

The 2001 Census found there to be 212,300 people living in Hounslow. The local population has been increasing rapidly in the past few years and this trend is likely to continue. Hounslow is a gateway into London. It's relatively lower cost of housing, and the availability of local manual jobs compared to neighbouring areas supports the situation where there is a high flux in the local population with movement into and out of the borough.

As a result of this transitory population Hounslow has a high GP registered population of 259,622 in March 2008 of which over 15% live outside the borough mainly in Richmond and Twickenham (6%) and Ealing (5%). Consequently Hounslow is a net provider of healthcare services for those outside its Borough and who travel into the Borough to access services

The numbers of housing developments in recent years has also resulted in increased demand on health services. For example, from April 2007 to March 2008 the GP registered list size increased by almost 14,000 (more than a 5.5% increase in one year). This was in direct correlation with wards that have had new housing developments. The number of partially completed housing developments approved planning applications and the availability of vacant land means that there is potentially a sustained high rate of growth in Hounslow.

The overall population is projected to rise by over 4.5% between 2008 and 2012, with the greater increase amongst females. In the figure below it can be seen that the greatest increase will be in the 5 to 14 year old age band as the cohort of children born in recent years will mature. Across every age band there is an increase but there is a distinct divide between the population growth of those less than 14 years and those more than 35 years.

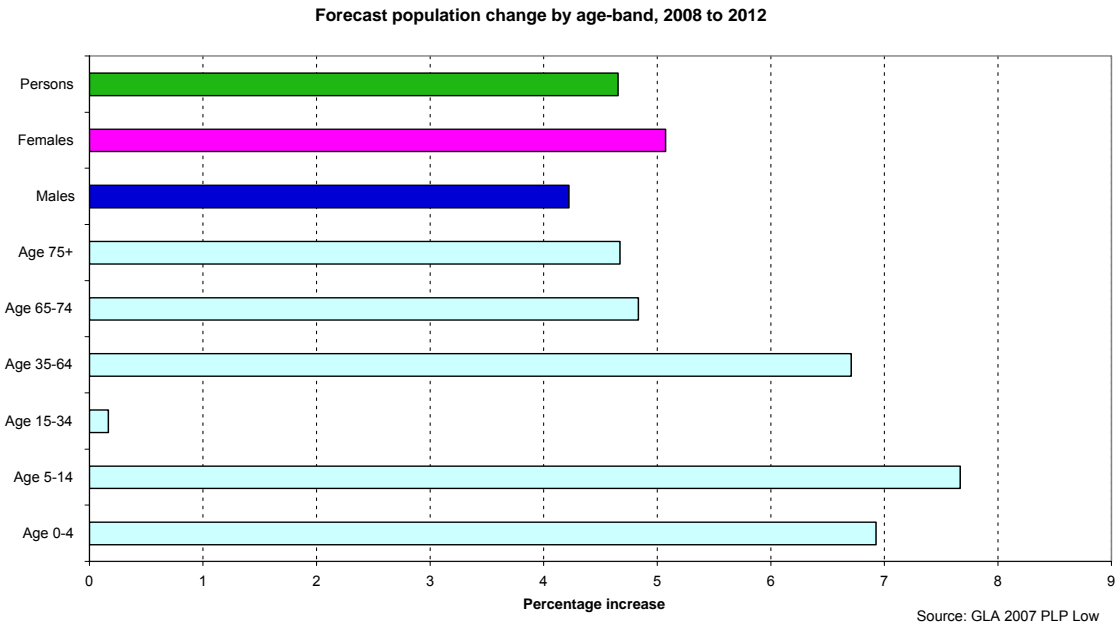


Figure 1. Graph illustrating the projected changes in the local population up to 2012/13 based on 2007 GLA projections.

Hounslow is in the top four London boroughs where there is a significant divergence between the resident population estimates produced by the Office of National Statistics (ONS) and that of the Greater London Authority (GLA). The other boroughs lie in East London, which also have similar socio-economic deprivation, health inequalities, high proportions of ethnic minorities as well as new residential and commercial property developments in line with Hounslow.

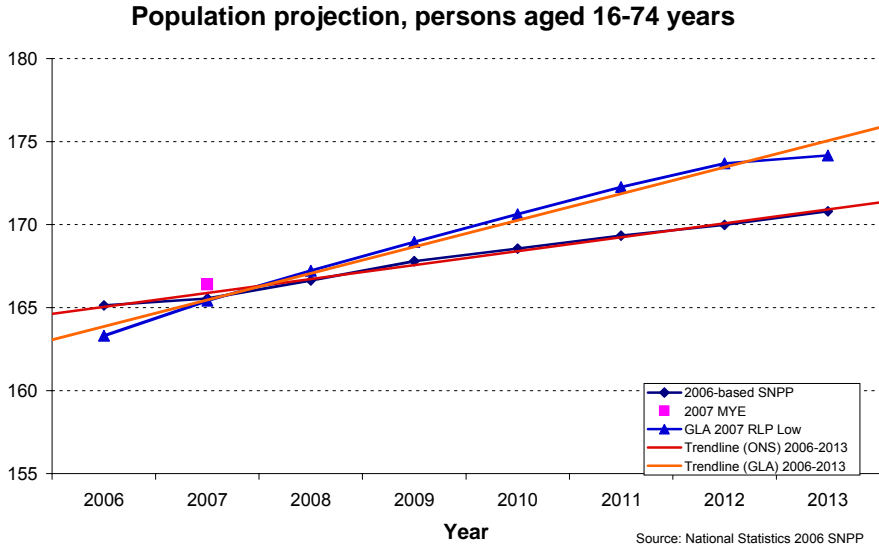
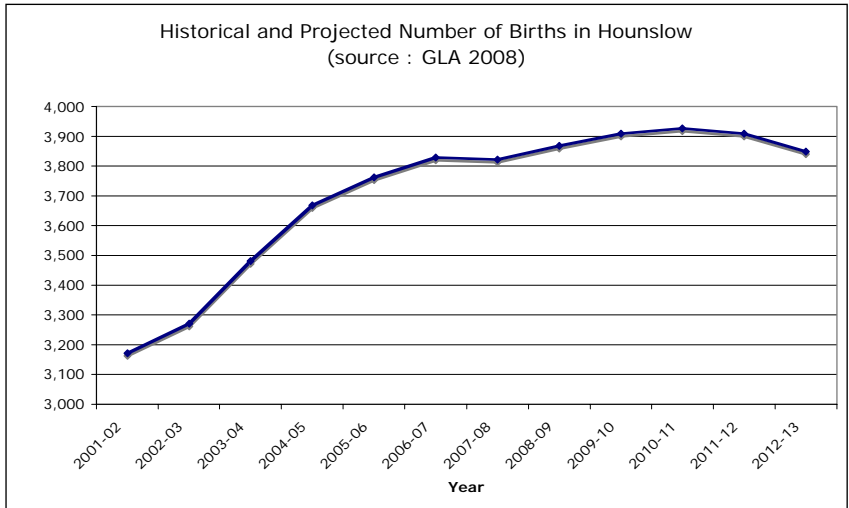


Figure 2. Graph illustrating the differences between adult population projections for Hounslow from the GLA and the ONS for the period of this strategy.

In 2007 the ONS conceded a 2% resident population increase for Hounslow (as a result of international migration) which equates to just over 4,000 residents. Although, the PCT's budgetary allocations are based on the ONS figures, it is the GLA estimates that are used in this strategy as these better reflect the dynamics of the Hounslow population. In figure 2 the significance of this difference is illustrated for future years.

As illustrated below, birth rates in Hounslow have increased by 22% since 2001. Although that level of growth is not expected in future years, the number of births is projected to peak at 3,930 in 2010/11.

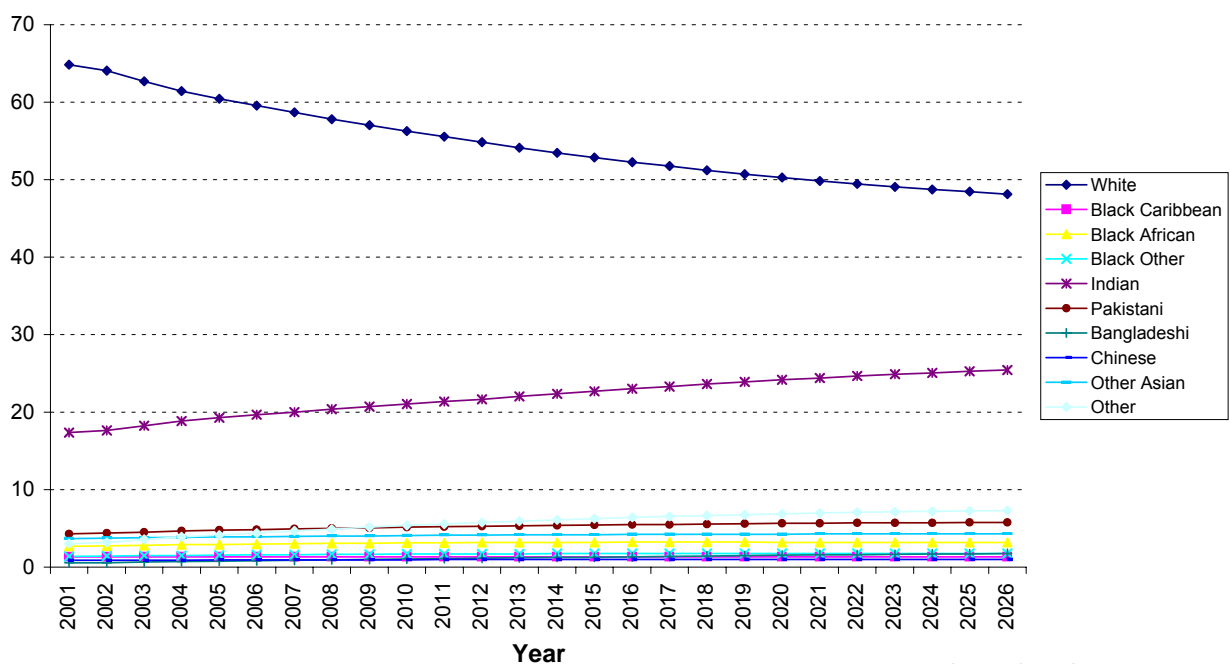
Figure 3 Graph illustrating the historical and projected number of births in Hounslow based on Greater London Authority 2008 figures.



Ethnicity

Hounslow has a higher proportion of minority ethnic groups compared to the London and national position. For example, mid 2005 estimates show that Hounslow had 25.9% Indian population compared to the London median of 8.8%, whilst the white population in Hounslow was 62.7% compared to a London position of 71.3%. The ethnic profile of the population in Hounslow is projected to change significantly, with a reduction in the white category and an increase in people from an Asian ethnic group, and a 20% increase in people from the "other" ethnic group. The latter is likely to comprise of people of mixed ethnic origin and small numbers of Chinese residents. Among the Asian population, the largest rise is in people of Indian ethnic origin with an increase of about 5000 over the next five years.

Ethnic Group Population Projections



Source: GLA EGPP 2007 PLP Low

Figure 3. Graph illustrating the projected change in ethnic profile of the Hounslow population

Socio-Economic status

Overall, the residents of Hounslow exhibit a health and socio-economic status that is significantly below London and national averages and there is considerable variability in the social and economic composition of Hounslow. As figure 4 shows Hounslow exhibits a situation out of sync with the rest of London with far less of its population at the two extreme ends of deprivation, and the greatest difference being in the IMD range of 10 to 35 (where 10 is least deprived and 35 is most deprived).

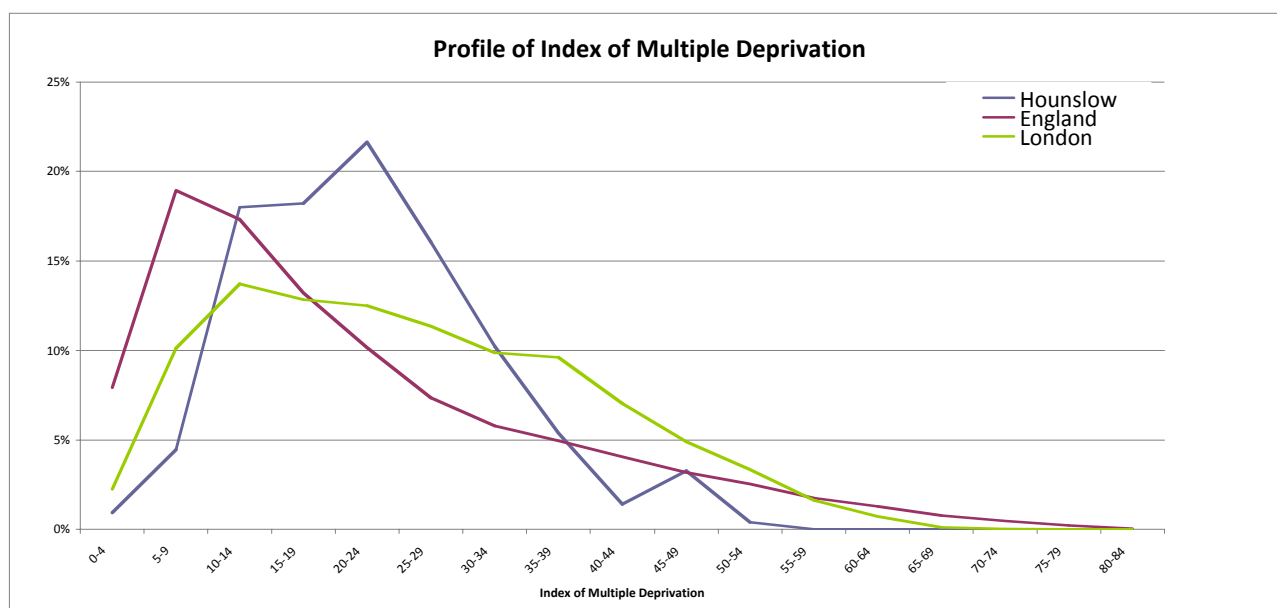


Figure 4. Profile of the proportion of the resident populations in each banding of the Index of Multiple Deprivation. The profiles for London and England are shown for comparison.

Compared to England, Hounslow has a slightly higher population in employment (63% versus 60%), more people in higher professional groups, and fewer people in routine occupations or registered long term unemployed. The good employment rates hide the position that Hounslow residents earn 5% less than the London average² and mainly in semi-skilled and unskilled jobs. There are no known studies predicting changes in the socio-economic status of Hounslow’s population. However, the types of local employment are such that a downturn in the economy would have rapid impact and slower recovery than other areas. The PCT will be working with local strategic partners during 2009 to model the impact of the economic downturn in terms of employment, housing and the knock on effects on health and well being.

3.2. The Characterisations of the Local Population

The Borough is split into five districts each displaying distinct characteristics and healthcare needs:³

² ONS annual survey of hours and earnings – resident analysis 2007.

³ The PCT has actively led the epidemiological and analytical elements of the Joint Strategic Needs Assessment (JSNA). NHS Hounslow and its partners are working towards a more refined and comprehensive JSNA by March 2009. A unique level of detailed analysis of health need and burden is underway called the “Hounslow Atlas” project. Data mining, market segmentation and analysis techniques have been employed to provide a refined focus to support targeted social marketing and service change. Partnerships have been initiated with universities to transfer skills and knowledge on operational research and health economics. The objective is to establish a comprehensive data warehouse bringing in information from a diverse range of sources. To perform patient level analysis, to develop statistical models of pathways and interventions, and produce predictive modelling tools of how the system will change both operationally and economically with various interventions and identify bottlenecks and constraints.

Chiswick: the smallest of the areas. A higher proportion aged 65 and over, many of them living on their own, often without ready access to family and community networks. Life expectancy is high and premature death rates are markedly below average for the borough. Unemployment is low.

Isleworth & Brentford: a mixed area, this district has experienced the largest growth in residential and commercial property developments. Around a quarter of the residents are in the BME group, including a long-established Caribbean community. Premature death rates are high for cancers but about the borough average for other causes. Unemployment is average for the borough.

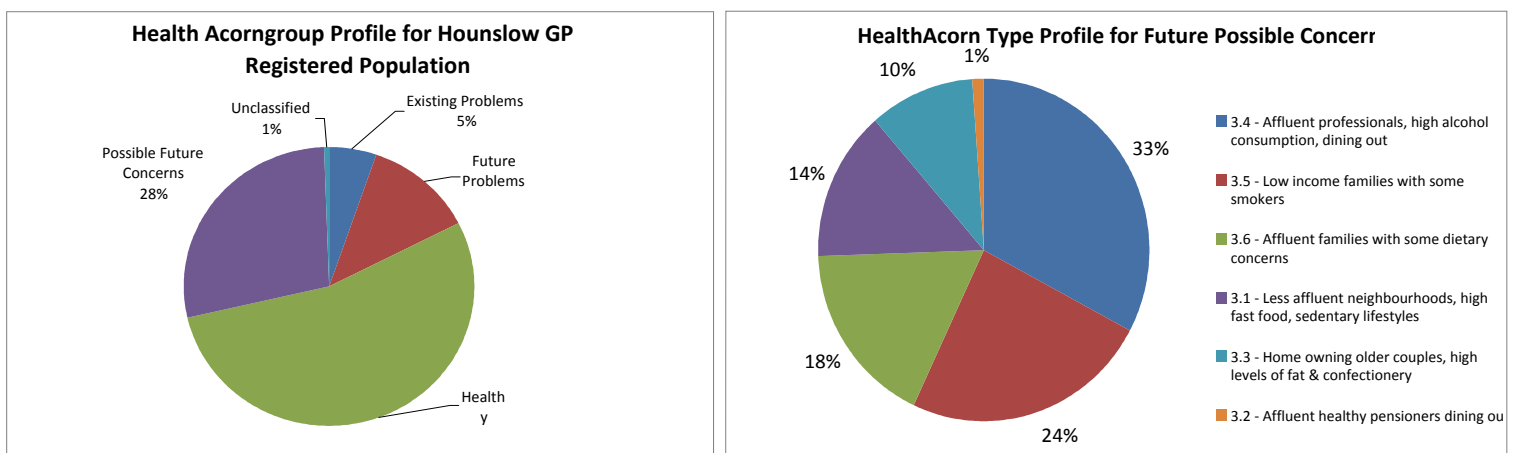
Central Hounslow: There is a large Asian population in most wards - in 2001, the proportion was 41% overall. Life expectancy for both men and women varies by as much as 7 years between wards. Premature deaths from respiratory disease, coronary heart disease and stroke are all higher than borough averages. Unemployment is low.

Heston & Cranford: pockets of poor housing and low incomes. BME communities are in the majority (63% in 2001) which are primarily Asians from the Indian Sub-continent. Somalis are the other main ethnic group. It has the highest proportion of under-20s in the borough. There are variations in life expectancy. Premature deaths from stroke are the highest in the borough. Unemployment is also highest of the five areas.

Feltham & Bedfont: the largest population, it has the highest proportion of people aged 65 and over and the lowest percentage of BME residents. Proximity to Heathrow means unemployment is low, although most jobs are relatively poorly paid. The locality is far from affluent and parts are significantly deprived. Premature death rates are generally about or a little above average for the borough, but high for cancers.

The pie chart below outlines the characteristics of the population using the Acorn categories. Compared to the national average the Hounslow GP registered population has a disproportionately higher representation in the following ACORN categories - Educated Urbanites, Secure Families, Aspiring Singles and Prosperous Professionals.

Figure 5. Charts illustrating the different Health Acorn categories of the Hounslow GP registered population. The right hand chart provides a further breakdown of the population categorised as having future possible concerns, where the drivers for the two main categories are alcohol consumption and smoking.



Effect of Heathrow Airport on the Hounslow population

Due to the significant road and air traffic pollution in the Borough, environmental issues feature heavily in relation to health in Hounslow. It is also clear that noise pollution can have a detrimental effect on health through community annoyance, sleep disturbance, and potential effects on cognitive functions in children. There are also demonstrated links with high blood pressure, coronary heart disease and mental health problems, including anxiety and depression. Noise maps of Heathrow airport⁴ show that Hounslow has potentially the largest number of residents in the noisiest parts of the map than any other neighbouring borough. Furthermore, long term exposure to nitrogen dioxide is thought to affect lung function and enhance the responses to allergens in sensitive individuals.

3.3. Population Health Needs

The lack of stability in the population presents particular challenges for health services in a number of ways:

- **Late presentation diseases** – resulting in more complex cases being referred to the acute sector
- **Poor communication with patients** - resulting in difficulties in establishing effective health improvement strategies, fragmentation of care within complex care pathways, managing patients with long term conditions, medication compliance or ensuring that follow up immunisation is provided
- **Accessibility** – There is a cohort of patients unfamiliar with healthcare systems in the UK and in London – resulting in a lack of understanding of health access points and an over reliance on A&E as a gateway into the NHS and primary care services.

The diverse range of socioeconomic status is clearly exhibited in the mortality rates and the life expectancy of the Hounslow population which is distinctly different from its neighbours and also that of the London average. This demonstrates the complexity of needs and health inequalities that exist within the population and between Hounslow and healthier populations. Figure 6 shows the all age all cause mortality for males and females in Hounslow; in both cases, but particularly in female mortality, the Hounslow position is significantly worse than the London or National position

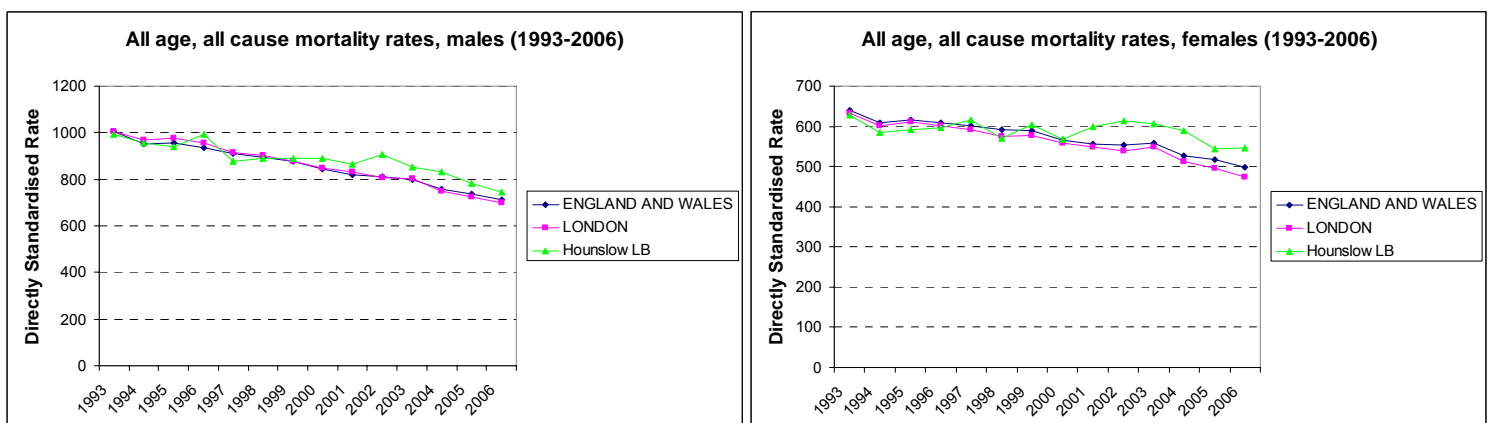


Figure 6. Graphs showing comparison of all age all cause mortality in Hounslow, against England and Wales and London.

⁴ See : <http://www.defra.gov.uk/environment/noise/mapping/transportation/aviation/index.htm>

Life expectancy at birth (2001-2005 pooled data)

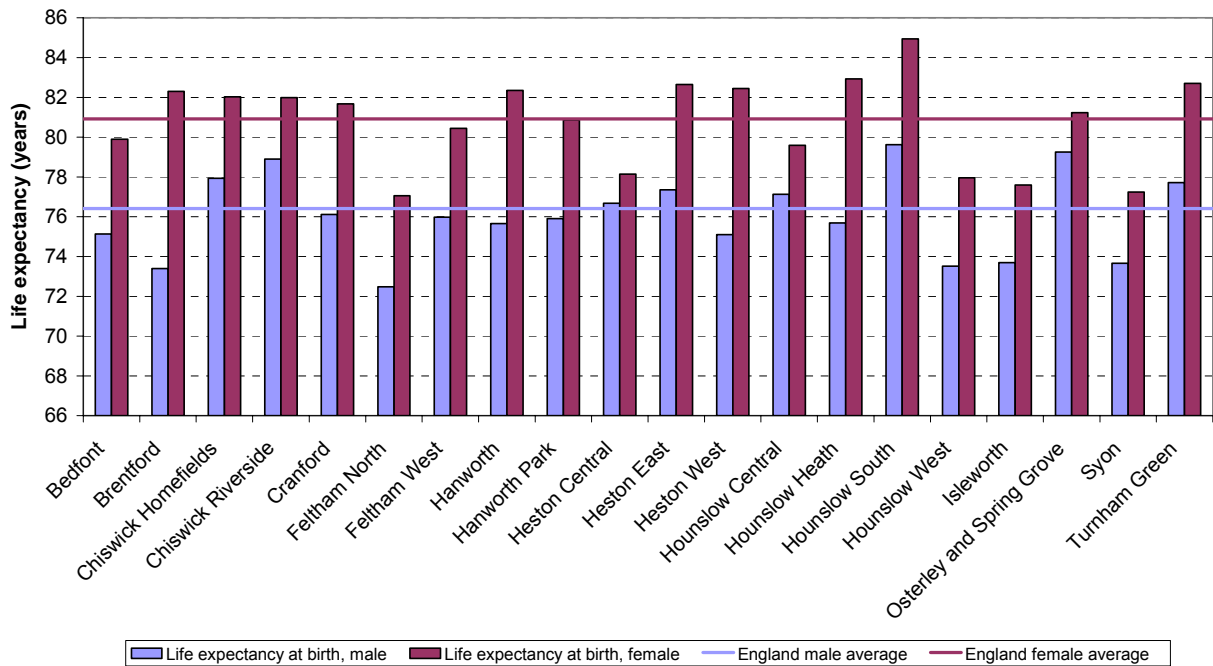


Figure 7. Life expectancy at birth by ward for males and females compared to the England average. Male and female life expectancy in Hounslow is some two years less than the England average. There is also high variability across the borough.

3.4. Incidents and Prevalence of Disease

Estimates of current prevalence level of diseases come from Quality and Outcome Framework (QOF) registers. In Hounslow there is a significant discrepancy between the level of reported prevalence rates according to QOF and the expected rates calculated using a number of public health models. This raises the question as to whether there is sufficient proactive case finding by primary care within Hounslow, and adequate management of cases specifically long term conditions⁵. This is illustrated in the graph overleaf

⁵ As a result of this analysis GP practices in Hounslow have been provided information and analysis that will show their reported position on prevalence rates and their expected position on a practice by practice basis.

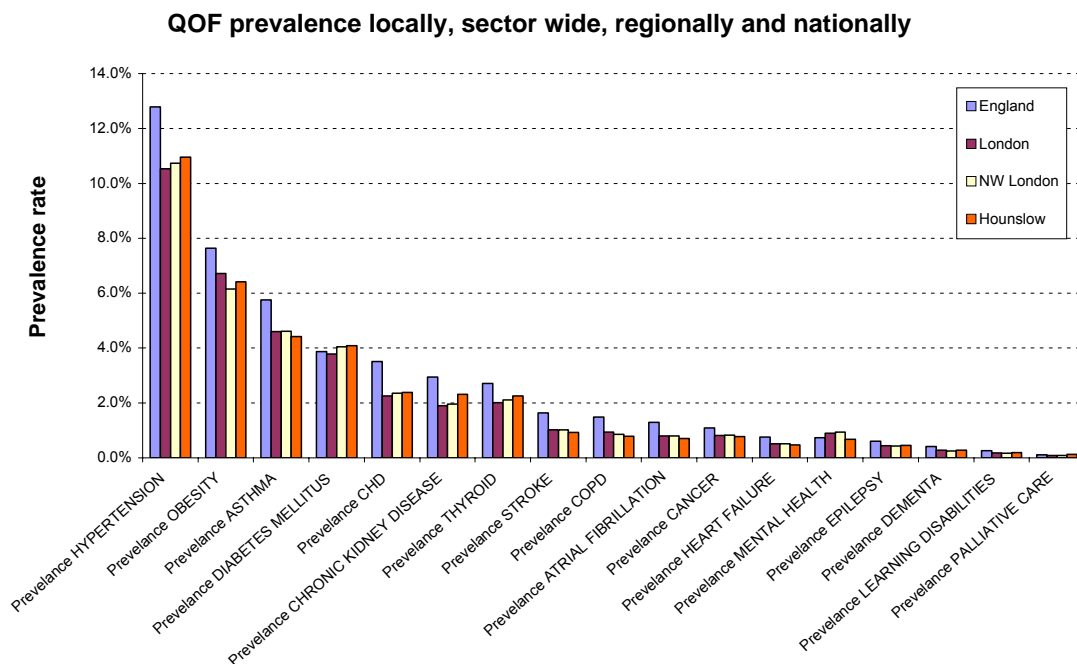


Figure 8. Graph illustrating quality and outcomes framework (QOF) reported prevalence rates for various disease groups.

The benchmarking of the Hounslow reported prevalence rates with national, regional and local groups shows that there is a higher level of Diabetes and Palliative Care prevalence in Hounslow than reported elsewhere. By looking at the graphs in figures 8 and 9 below, there is a potential situation with Hypertension, where if the expected prevalence level is achieved there is a high likelihood that Hounslow would have one of the highest rates in the country.

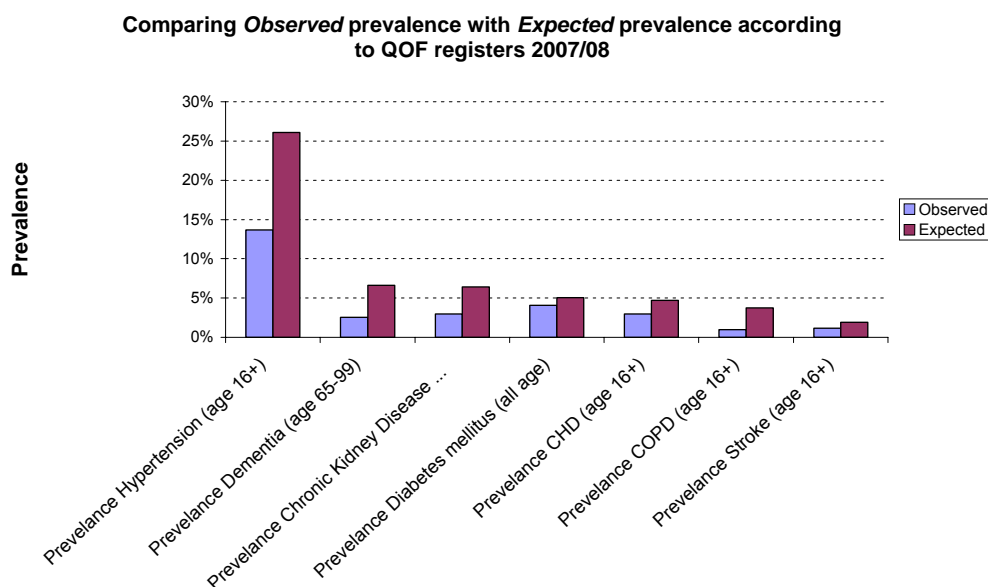


Figure 9. Graph illustrating the reported and expected prevalence rates for a range of disease areas where specific models exists, and based on the Hounslow GP register of March 2008.

3.5. Conclusions

The demographic make up of Hounslow particularly in respect to age and ethnicity will bring about a distinct shift in demand for health services than that traditionally provided, with an increasing demand for specialties supporting vascular diseases, including diabetes.

The prevalence of diabetes, hypertension, and CHD, are all expected to rise in Hounslow due to an increase in the number of people of middle age (40-59) and the predicted rise in the prevalence of obesity. Some of this rise could be mitigated by appropriate preventive interventions in primary care, mainly for hypertension and CHD. The growth in the Indian ethnic group suggests a further escalation in the prevalence of diabetes, coupled with higher utilisation rates by these patients of eye, renal, and foot care services.

There is strong alignment of this CSP with the Hounslow JSNA. It has identified the future health, care and wellbeing needs of Hounslow populations which formed the baseline to inform the Commissioning Strategy Plan. The JSNA highlighted areas of particular need and included a comprehensive list of recommendations for further action. The three main health related priorities emerged from the JSNA were :

- **Improve quality of care** : The Primary & Community Service Strategy with the goals of restructuring services and developing primary healthcare workforce will be an opportunity to plan services that are responsive to population needs with a focus on improving quality of care through improving access, improving patient experience, increase patient choice and support integrated health care provision.
- **Increase Choice and Control** : Strategy for Unscheduled Care Services will offer a rapid response service that is more personalised to patient needs. Will also improve management and outcome and tackle poor performance. The strategy has plans to increase awareness of conditions, to promote prevention in the community.
- **Improve health and wellbeing** : The Health and Wellbeing Programme with its component of promoting self care, vascular checks and the healthy weight programme will achieve health improvement through early detection and prevention. It will also encourage healthy life styles, improve management of vascular diseases and increase life expectancy and tackle health inequalities.

3.6. Insights from Patients, Public, Clinicians and Local Partners

Hounslow expects to benefit from the fact that its residents have repeatedly shown a higher than average degree of interest in consultations and questionnaires. For example, response rates for Hounslow have been amongst the highest in each of the following cases:

- Healthcare for London consultations (where Hounslow was the only PCT to hold two events)
- Healthcare for London telephone surveys (where Hounslow responses were in excess of the required level)
- GP patient surveys (where Hounslow is consistently in the top for 4 response rates)
- Equitable access consultation forums and on-line questionnaires (where five open events were held and on-line and off-line questionnaires achieved over 300 responses)

- Patient advice and liaison services calls and enquiries (where Hounslow has the highest rates of enquiries in North West London and a rich multi year dataset have been used in developing trend analysis)
- In developing its strategies and work plans the PCT has engaged a number of established and ad-hoc local forums⁶ where there have been opportunities to share the issues and seek involvement in identifying the gaps and obstacles in health care services in Hounslow.

Specific insights fall into the following main themes:

- **Access to primary and community care** – where patients have identified the difficulty in calling and making appointments, or who have had difficulty in registering with a GP practice and a lack of understanding of their rights to change GP.
- **Access to maternity and early years services** – where patients have been unable to register with the maternity unit of their first choice, or who have not had adequate levels of antenatal and postnatal services.
- **Cost of services not covered by NHS contracts** – having a large transient population with less history and knowledge of the NHS, the issue of what is and is not supported by the NHS services is a common issue.

The issue of the polyclinic and the perceived threat to the future of local GP services has received considerable attention in the local press driven by the recent BMA campaign. The situation in Hounslow is that the majority of the GP registered population already access a wide range of primary care services through its eight health centres. Furthermore, six GP practices have been merged under one contract where they are seeking to reduce the number of sites from which they operate.

In developing the work plans outlined in this document, NHS Hounslow has also engaged with a diverse range of representatives from its local health and social care economy, including independent sector suppliers. This has been achieved through dedicated workshops looking at overarching themes (in terms of setting priorities), specific service areas (such as unscheduled care), and disease pathways such as for CHD, or established programme or project groups.

In summary these insights again show that:

- There is a lack of capacity and capability in primary and community care services with a disproportionate over reliance on acute services. This is supported by the review of the world class commissioning metrics packs, which illustrated a distinct pattern of over investment in acute services and an underinvestment in primary and community care services
- There is a systemic failure in the links within and between primary and community care and even more between each of these service providers and acute care
- Where social services are integrated with health services (particularly in children's services) service delivery is good. The transition years between children's and adult learning disabilities services are poor. Common robust performance management frameworks between these two sectors could further improve services

⁶ This includes the health overview and scrutiny committee, local politicians, local older peoples forums, patients on expert patient programmes, LINKS and its predecessor Public Patient Involvement Forum.

- Awareness of locally available NHS services (amongst both patients and healthcare professionals), alternatives to A&E, as well as health improvement services is limited.
- Expectations in terms of the quality and accessibility of primary care are limited, with an apparent high degree of complacency by patients in some areas.
- There are distinct inequalities across the borough as to how patients access and utilise NHS services including uptake on screening programmes, referral rates to outpatients' clinics, A&E attendances in and out of hours.

3.7. Stakeholder Engagement

Stakeholder engagement is a core commissioning function of the PCT at the heart of service improvement around experiences and expectations, system redesign and health improvement through directly influencing individual lifestyles and unhealthy behaviours.

This is an area of strength within the PCT and our approach is set out in NHS Hounslow's Communication and Patient and Public Involvement Strategy. As such there are a number of stakeholder engagements that pre-date the work on the commissioning strategy plan but which have shaped the content and prioritisation of the initiatives outlined in this document. These include a range of engagements such as:

- Recent consultations by the PCT, local council or local providers on child and adolescent mental health, maternity services, GP practice relocations, primary care strategy, organisational reconfigurations as well as joint adult care group commissioning strategies
- Analysis of five years' data from both the PCT's and the West Middlesex University Hospital's PALS service, identifying the key issues of concern to the local residents
- Analysis of previous Picker patient surveys
- Analysis of national patient surveys
- Analysis of survey results produced to support the Healthcare for London review
- Equitable access consultation on primary care developments and services.
- Consultation on the Joint Strategic Needs Assessment
- Consultation on the community plan
- Service specific workshops engaging representatives from across the whole health economy. For example, the unscheduled care strategy was informed by running an event with representation from PbC leads, GPs, GP practice managers, community pharmacists, A&E consultants, community services leads, acute sector operational managers, social services, London Ambulance Service, patients and carers, as well as commissioners.

To date a series of workshops have been provided giving an introduction to the aims of the Commissioning Strategy Plan, the Collaborative Commissioning Initiatives and the Healthcare for London review. Presentations have been given to a number of stakeholder forums, these include:

- PCT management staff
- The PCT's patient and public involvement forum
- The PCT's Professional Executive Committee

- The local area partnership, which includes representatives from the London Borough of Hounslow, healthcare provider organisations, the third sector and other stakeholders.

As implementation and refinement of the strategy progresses a comprehensive stakeholder engagement programme (as outlined in NHS Hounslow's communications and stakeholder strategy) will be implemented, with a particular focus on establishing focus groups to guide the future direction of service provision.

3.8. Performance Against Existing Targets and Priorities

Annual Healthcheck 2007/2008

NHS Hounslow was given a fair rating on the quality of services domain of the Healthcare Commission's Annual Healthcheck 2007/2008, which included a rating of "Partly Met" for Existing national targets and "Weak" for new National Targets.

Vital Signs 2008/2009

NHS Hounslow is anticipating an overall rating of red for Q2 Vital Signs risk rating by NHS London. This is "anticipated" because some of the data are not yet finally available and therefore subject to change between now and the publication of the risk rating by NHS London. A cautionary approach has been taken in assessing each of the indicators.

At the end of 2008/09, NHS Hounslow is expecting to perform ahead of trajectory on the majority of its targets. This commissioning strategy plan sets out the goals to address these and detailed implementation plans are being developed and implemented. The areas of concern are:

- MRSA Infections
- 18 Week RTT: currently NHS Hounslow performance is ahead of the trajectories, and is working closely with providers to maintain this position
- Waiting times for diagnostic tests: there is significant pressure at WMUH on waiting lists for MRI and non-obstetric ultrasounds. NHS Hounslow has commissioned independent activity at Heart of Hounslow and at the WMUH to clear the backlogs.
- Implementation of stroke strategy: Data collection issues at Q1 have been addressed with most trusts.
- Smoking quitters: NHS Hounslow has consistently achieved the annual target, and has been highlighted across London as an example of good practice in achieving the smoking quitter target. However, as in previous years, performance at Q2 is off trajectory.
- Immunisations: Data quality and recording issues have been identified.

- Breastfeeding at 6-8 weeks: This is currently a data coverage indicator. At Q2, performance was 45%, which is better than Q1 (38%). However, this is still well behind the target of 85%.
- Dental Services Access: There are London wide issues relating to the baseline for this target and the definition of the indicator being used to measure performance.
- Chlamydia screening: A revised trajectory is being used internally to monitor this and the programme is on this trajectory. However, the majority of the target has to be achieved in the second half of the year.
- Teenage Pregnancy: NHS Hounslow has supported the changes in leadership and responsibility for this target within the London Borough of Hounslow, where it is now within the remit of Children's Services, and the recruitment of a new Public Health manager.
- Total time in A&E: Four hours or less – a number of reviews of A&E performance have taken place at WMUH and initiatives have been commissioned to aid achievement of the target, including primary care presence and an acute mental health service to A&E. Improvement in performance has been seen over recent months. The health economy is now achieving the 98% target for the year to date.
- Outpatients waiting longer than the 13 week standard –administrative incidents at WMUH and Imperial have resulted in a small number of breaches this year. Processes will be put in place to prevent reoccurrence of these issues.
- Inpatients waiting longer than the 26 week standard - an isolated incident at Ashford & St Peters trust accounted for 2 breaches so far this year.
- Category A calls meeting the 8 minute standard – NHS Hounslow are working with Richmond & Twickenham PCT as the lead commissioner for the London Ambulance Service
- Enhancing the capacity of crisis resolution/home treatment services into A&E and to work with adults.

Other Reviews

Recent reviews by the Healthcare Commission include:

- Urgent & Emergency Care Review: NHS Hounslow achieved a rating of “fair performing” on this review, which focused on Out of Hours GP services, A&E, Urgent care centres and Ambulance services.

3.9. Provider landscape

<p>Primary care - GPs, prison healthcare, dentistry, and optometry, pharmacy and APO</p>	<p>57 GP practices, of which 36 are GMS, 15 are PMS, and 6 are on one APMS contract. 3 new APMS practices will be commissioned from April 2009 under the Equitable Access Programme through competitive tender.</p>	<p>Primary care is the key area of focus for the PCT. The quality of and access to primary healthcare provision is variable. Despite the significant recruitment of GPs in 2002-03 through the PCT's salaried professionals scheme the PCT is still assessed as under doctored and is receiving national funding to commission 3 new GP practices (24,000 patients) under the equitable access programme.</p> <p>The PCT has and will continue to invest significantly in estate to enable improved primary care, in 2006 moving 6 practices into a purpose-built health centre in Feltham and moving 3 into the new LIFT Heart of Hounslow health centre in 2007. In 2009 one of the Equitable Access practices will be based at HoH, one at Feltham Centre for Health and the third one at new premises to be identified in Brentford.</p> <p>Following competitive tender a 6 practice APMS contract started in July 2008.</p> <p>The PCT intends to develop general practice both as a provider of care and as an enabler of practice based commissioning with a renewed focus on strengthening clinical leadership and organisational development for the practice team including significantly, practice nursing</p> <p>The current monitoring system in place for QoF will be strengthened and other performance data will be added so that the PCT has rigorous performance management in place with results published on the new and improved PCT website.</p> <p>Strengthening general practice is a priority in order to improve satisfaction with primary care access to reduce premature mortality particularly from vascular disease and also to help reduce unscheduled care pressure on local hospitals.</p>

	<p>Prison Healthcare</p> <p>Prison Health Services are commissioned for Feltham Young Offenders Institution from Serco for primary care, WLMHT, CNWMHT for substance misuse and independent contractor for dental and optical services.</p>	<p>The PCT has commissioned a comprehensive range of health services for inmates at the Feltham Young Offenders Institute.</p> <p>A health needs assessment is underway and during 2009/10 it is expected that the PCT will tender all the services at the prison as a single block.</p>
	<p>Dentistry</p> <p>There are 42 general dental practices of which 29 are GDS and 13 PDS contracts.</p>	<p>Growth allocation in 2009/2010 will be used for targeted improvement in dental access and it is intended to commission a new dental practice to serve the Chiswick area where patients report access problems.</p> <p>The PCT is pleased to be a unique national oral health pilot and will use the pilot, which focuses on applying fluoride varnish to children's teeth, as an opportunity to promote the importance of dental visits for all.</p>
	<p>Pharmacy</p> <p>There are 54 community pharmacies-35 are independent and 19 large chains and there is participation in enhanced services such as supervised consumption of methadone and minor ailments schemes.</p>	<p>Community pharmacy already play a key role in promoting self care, better management of medicines to reduce risk, encourage concordance and reduce waste, prevention of A&E attendance, and prevention of bed based care. There is capacity, capability and willingness to expand the breadth and depth of these services and community pharmacy is expected to be a key player in the development of primary care</p>
	<p>Optometry</p> <p>There are 41 ophthalmic contracts funded by the Department of Health.</p>	<p>Optometry is largely funded through non-discretionary funding streams so does not form part of this CSP. However, the role that optometrists can play in disease prevention and their role in integrated care pathways for specific diseases such as diabetes is recognised</p>

Community and intermediate services	The Autonomous Provider Organisation (APO) is establishing itself as a separate entity and is working towards forming a provider management alliance with Richmond & Twickenham APO from April 2009. NHS London will assess this alliance in February 2009.	<p>Performance Management arrangements under the APO contract will be strengthened to ensure that the APO achieves key performance indicators and is line with other PCT commissioning and contractual regimes.</p> <p>Community services are seen as a key element in addressing the care outside of hospital agenda. However previous financial restrictions have led to this service being poorly resourced in comparison to other areas and the PCT is looking to address this through targeted investment in schemes that reduce need for hospital admission and speed discharge. Recruitment to the expanding community nursing workforce is an identified challenge in this regard.</p>
Mental health	8 NHS Providers (excludes GP Counselling, Continuing Care, local authority joint commissioning, voluntary sector)	<p>The main provider of mental health for Hounslow residents is the West London Mental Health Trust. There are acknowledged deficiencies in the services provided and a service review is planned.</p> <p>There will be strengthened performance management in view of provider difficulty in achieving key targets such as Crisis Resolution and early intervention in psychosis.</p>

<p>Acute Secondary and Tertiary Care and specialist commissioning</p>	<p>25 NHS Providers (excluding LAS, HEMS and Specialist Services Consortium)</p>	<p>West Middlesex University Hospital NHS Trust (WMUH) is within Hounslow and provides less than 50% of the PCT's secondary health care (on an expenditure basis). The other two main providers are Imperial College Healthcare Trust, to the East, and Ashford and St Peter's NHS Trust, to the West of the PCT.</p> <p>Hounslow patients attend many other London and Surrey acute trusts in smaller numbers and the West of greater London has abundant capacity in most specialties. This is being augmented by the introduction of centrally procured Independent Sector capacity which will operate out of Heart of Hounslow and other sites from 2008/9. Under the In-Health contract ultra-sound, MRI and other diagnostics are going to be used to help WMUH maintain the 18 week standard and will also be made available in due course for GP direct access referrals. In addition, there will be a local contract with 4 Ways to provide ultra-sound and other diagnostic services.</p> <p>The PCT will actively participate in sector wide reviews of acute capacity across NW London as it wishes to ensure the future of local services at the WMUH site. However these need to be off high quality and be affordable.</p> <p>The PCT participates in commissioning consortia coordinated by the London Specialised Commissioning Group to the approx value of £9m pa.</p> <p>The PCT must ensure that following the thread within this plan of transferring appropriate Secondary care into the Community and Primary care that WMUH continues to be a viable provider of Secondary care services both clinically and financially.</p>

3.10. Financial Situation

Historical Financial Performance

The PCT has been unable to deliver a balanced budget since its inception. This has led to a considerable historical deficit needing to be repaid over the period 2008-09 and 2010-11. The PCT is planning a break even financial performance in 2008-09 even after repaying the first £3.7m of the debt repayment.

The PCT is to lose £8.8m worth of Revenue Resource Limit for each of the next two financial years to repay the financial debt.

The primary reason for the deficits over recent years has been the level of acute commissioning spending exceeding budgets. The key theme within this CSP is therefore a rebalancing of the health system through a reduction in avoidable and inappropriate acute activity (and associated higher cost) through delivering services in alternative settings or assertive demand management strategies (such as disease management).

Financial Planning

The PCT has used the DH and NHSL templates to predict the future costs of services for the next five years based on the extrapolated costs seen in 2008-09.

Current Situation

The PCT is planning a break even financial performance in 2008-09 even after repaying the first £3.7m of the debt repayment.

To enable the £8.8m repayment in 2009/10 will require delivering a savings / disinvestment programme of £9.4m (this figure assumes the 3.7m levy contained within the expenditure section of the model is not returned, if it is (as likely) then this figure reduces to £5.7m). Either way, this clearly restricts the organisations ability to invest in any significant Healthcare for London / health improvement initiatives for the local population.

This financial situation for the period of this CSP is best illustrated in the summary Source & Application of funds statement overleaf.

Summary Source and Application of Funds				
Item	2009/10 £m	2010/11 £m	2011/12 £m	2012/13 £m
<u>Source of Funds</u>				
Growth Allocation	20.1	21.2	17.0	18.0
Non recurrent income	<u>-9.9</u>	<u>-9.0</u>	<u>3.4</u>	<u>7.6</u>
Net Income	10.2	12.2	20.4	25.6
<u>Application of Funds</u>				
Inflation	8.9	9.8	10.0	10.5
Activity growth	8.0	6.7	4.1	4.5
Investments	2.7	2.4	2.0	4.0
Savings	-5.7	-3.0	-2.6	-0.5
Levy @ 1%	<u>-3.7</u>	<u>-3.7</u>	<u>0.0</u>	<u>0.0</u>
Net Expenditure	10.2	12.2	13.5	18.5
Surplus + Deficit -	0.0	0.0	6.9	7.1

To deliver a balanced revenue position whilst repaying historical debt will require a challenging savings programme, this is summarised below;

Savings - Setting of Care	2008/09 £000's	2009/10 £000's	2010/11 £000's
Secondary Care	4,250	2,795	1,340
Primary Care	2,000	1,500	1,050
Provider	700	250	250
Corporate	550	1,261	4,110
1% levy funding		3,650	
Total Savings	7,500	9,456	6,750

For 2009/10 onwards the specific savings initiatives are at this stage indicative and will be finalised during the budget setting process.

Financial Risks & Opportunities

Within the Financial plans a contingency of ½ of 1% of Turnover is retained to deal with in –year financial risks. [as per guidance] However there are a number of potential financial risks whose potential value that could exceed this contingency, should any of these materialise the impact would be to increase the savings requirements over the next two years, in particular the PCT has considered the following;

Key Financial Risks

- Treasury DOH funding growth being reduced by 2%+ from 2009/10 onwards
- Performance or population driven acute activity growth rates exceeding those forecast within the model
- Delivery of full savings requirements.

By contrast there are potential financial opportunities not reflected in the Finance template, these are:

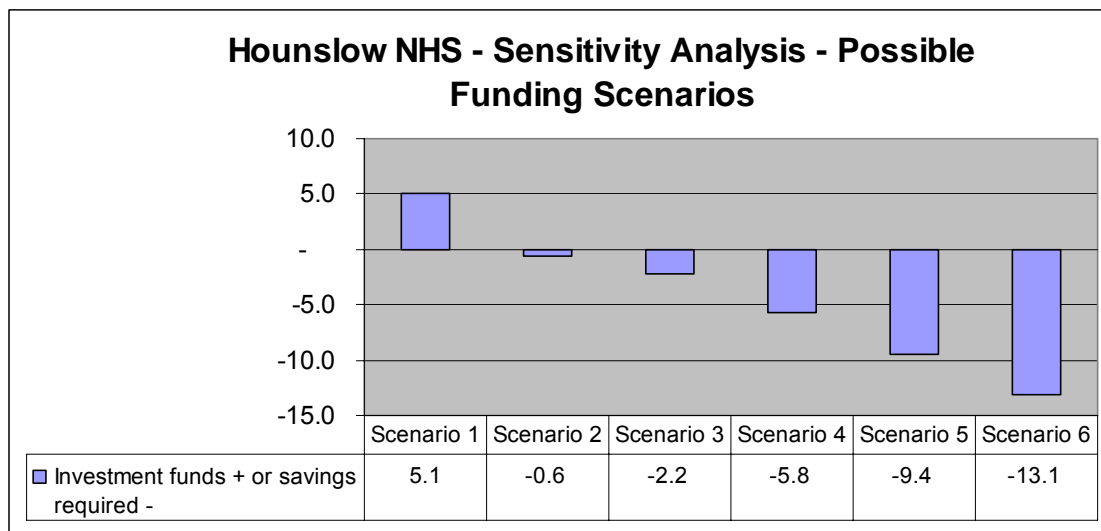
Financial Opportunities

- Key initiatives, such as Care-pathway re-design have the potential to deliver financial benefits in excess of those planned
- Investment opportunities, relating to healthcare for London initiatives could provide an additional source of funding for the PCT
- Further Collaborative Working with neighbouring PCT's on jointly funded / commissioned services has the potential to reduce costs or increase benefits.

Income Sensitivity Analysis

The recent London SHA guidance has created uncertainty regarding PCT funding and a number of alternative scenarios are now possible. The impact of these in financial terms is highlighted below in terms of the impact on investment / savings requirements.

Essentially the funding scenarios currently outlined [scenario's 3 to 5 below] by London SHA will determine the level of the required savings / disinvestment programme for the next 2 years. NB The financial planning within this CSP assumes scenario 5 i.e. a 1% reduction in RRL.



Key

- Scenario 1 Deferred debt repayment + borrowing for key WCC investments.
- Scenario 2 No debt repayment
- Scenario 3 5.8% growth + 1%
- Scenario 4 5.8% growth & no income deduction
- Scenario 5 5.8% growth & a 1% income deduction
- Scenario 6 5.8% growth & a 2% income deduction

The PCT has modelled what investment it would make in service improvement if additional funding was available. This has been prioritised in line with health needs and within the strategic initiatives outlined within this document.

3.11. Activity Commissioned

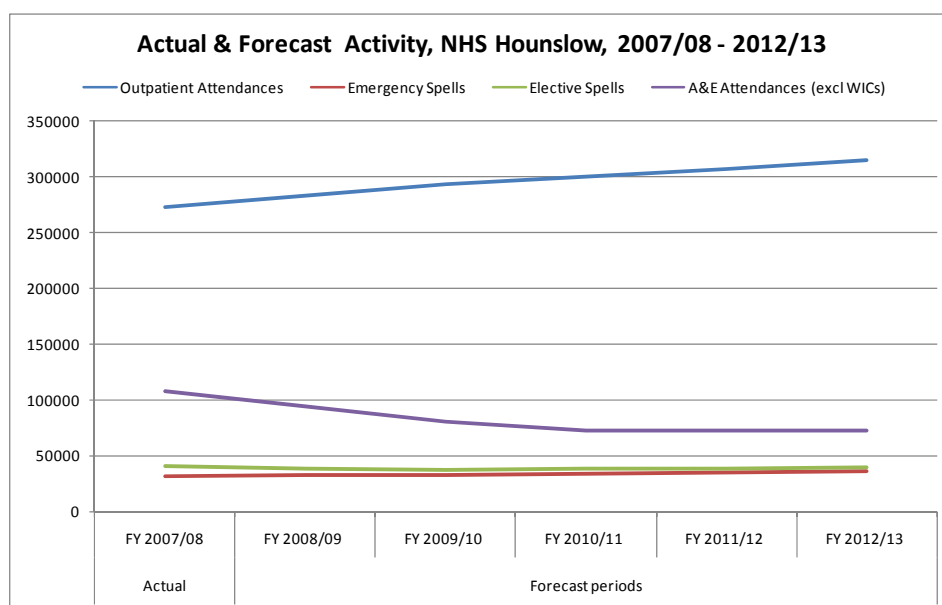
Current Situation

NHS Hounslow has commissioned activity for 2008/09 based on the outturn at the end of 2007/08 with appropriate growth rates. To date there is significant over-performance against the SLA plans at many of our acute provider trusts. The table below shows the variance at month six against the activity and finance plans in six of NHS Hounslow's main providers. Over-performance against the activity plan being greater than over-performance against the finance plan implies that it is the lower cost activity which has greater over-performance.

Acute Provider Trust	Activity Variance at Month 6 2008/09	Finance Variance at Month 6 2008/09
West Middlesex university Hospital	9%	5%
Imperial College Hospitals	51%	12%
Ashford & St Peters Hospitals	8%	14%
Ealing Hospital	2%	5%
Chelsea & Westminster Hospital	3%	5%
Royal Brompton Hospital	34%	15%

Source: SLA Performance Reports from Acute Providers

NHS Hounslow plans to commission activity over the forthcoming years that is appropriate for the population (see Context), enables patient choice and gives timely treatment of high quality. This will include moving activity from the acute sector into the primary care/polyclinic setting.



Key Assumptions

- 2007/08 – data are sourced from Dr Foster
- 2008/09 – data from Dr Foster to month 4 have been forecast to a full year total
- 2009/10 – the trend between 2007/08 and 2008/09 has been continued
- 2010/11 onwards – growth estimates as per NHS London guidance for CSP have been applied. These have been verified with comparison to GLA/Public health population projections to ensure consistency.

4. Strategy

4.1. Overview

The strategic vision of the PCT is to ensure an improvement in health outcomes and address health inequalities. In real terms and given our financial circumstances, what this will mean for the next two years, is a limited focus on very tangible benefits.

In the future, the Hounslow resident will be more likely to receive the bulk of his or her health and well being requirements within a local polyclinic network or GP led health centre. Networks will include multiple GP practices and offer a number of community based services such as therapies, diagnostics, specialist clinics, integrated sexual health services and minor procedures. The underlying theme within this CSP is the transfer of appropriate Secondary care services into Primary and Community Care. To do this the PCT has identified and is committed to a significant development programme of work in the PCT Community.

Their hospital stay for planned care will in most cases be within a healthcare facility that they have chosen because it is accessible and has the reputation for high quality care, safety and outcomes and is centred on their needs and lifestyles.

Access to emergency care is through one single point of contact that coordinates the most appropriate pathway, ensures a rapid response, addresses the needs of the patient, and instils confidence in the patient and carer in the effectiveness of the service. Most importantly, it ensures an integrated step down process after the event.

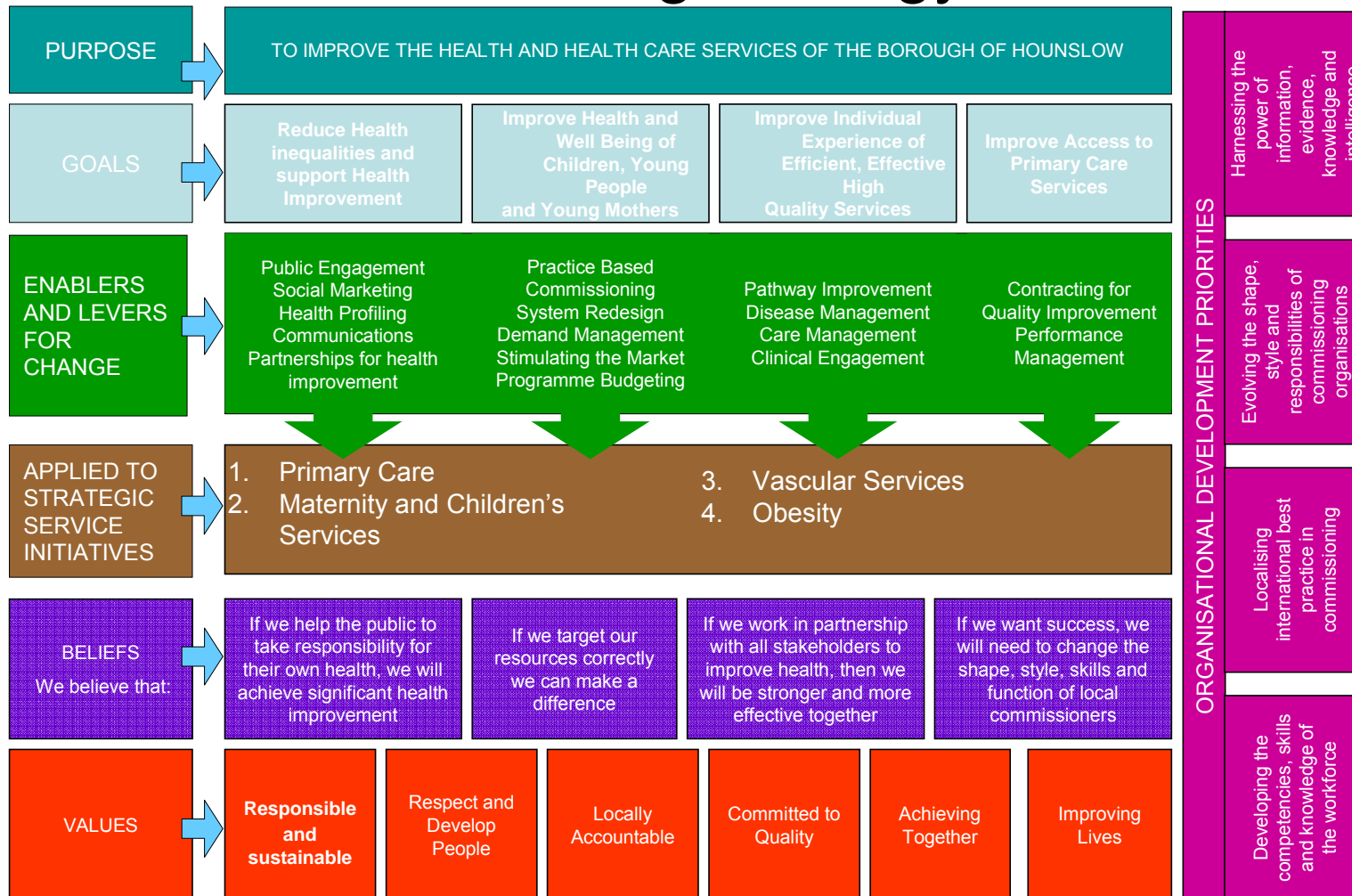
There will be consistency of clinical practice, quality of care and services across London and the neighbouring counties, irrespective of boundaries. These will ensure that the specific healthcare needs of Hounslow residents are met, and wherever possible systematic solutions are offered that meet the demand and integrate best practice, clinical need and economies of scale.

4.2. Purpose, Goals, Enablers and Strategic Service Priorities

The diagram on the following page summarises the CSP and the relationship between the overall purpose of NHS Hounslow, its goals, the enabling commissioning levers and the strategic service priorities. It also identifies the key organisational development priorities and programmes required to develop commissioners so that they can achieve 'World Class' standards:

- Developing the skills, competencies and knowledge of the workforce
- Localising international best practice in commissioning techniques
- Evolving the shape, style and responsibilities of local commissioning organisations
- Harnessing the power of information, evidence, knowledge and intelligence.

Commissioning Strategy Plan



4.3. Strategic Fit with Healthcare for London Programme

There is strong alignment between NHS Hounslow's strategy and the Healthcare for London programme. The underlying themes within both programmes of work remain:

- **Reducing health inequalities** – focusing on the main causes of death within Hounslow, and service gaps such as for community maternity and health visiting services, improving access to primary care, specifically for community based mental health services.
- **Health improvement and well being** – focusing on obesity in children and adults to address underlying drivers of diabetes, hypertension and cardio vascular disease, as well as improving access to sexual health services.
- **Regionalisation of relevant services** – working with North West London PCTs to regionalise services such as stroke, trauma and paediatrics.
- **Localisation of relevant services** – developing outpatient and specialist clinics in healthcare centres, establishing static breast screening services based in Hounslow, developing primary care mental health services, developing community midwifery services, implementing a comprehensive community chlamydia screening and sexual health services.
- Our ambition is to maintain **high quality local health services** within the borough
- **Personalisation of services** – implementation of “Keeping it Personal - the clinical case for change” in primary care. Extensively using market segmentation and social marketing techniques to refine the services and points of access to the NHS for patients.
- **Development of integration and connected services** – developing the ‘hub and spoke’ model of generalist and specialist clinical centres, through actual and virtual networks of clinical teams.

4.4. Strategic Service Priorities and Initiatives

Within this overall approach and in parallel with the development of World Class Commissioning competencies and the enabling levers for change, the core of this strategic plan is set within strategic service priorities and the action plans that will deliver tangible health improvements and outcomes.

Our initiatives focus on:

- Improving Primary Care and community services
- Improving Vascular Services
- Improving Maternity services
- Reducing obesity

4.5. Strategic Initiatives and Outcomes

In developing our goals and prioritising our outcomes and initiatives, we have assessed how far we are on track to achieve our PCT targets and the work we have undertaken in specific services over the last eighteen months.

We have also reviewed our performance on a series of broader success criteria:

- **Health outcome measures**
- **Programme budgets.**
- **Health investment plans**
- **Provider landscape, performance and activity.**

The Board agreed the final prioritised outcomes:

Measure
Life Expectancy at Birth
Health inequalities
Teenage Conception Rates
%of women offered breast screening
Rate of smoking quitters
Unadjusted hypertension prevalence
% of patients with COPD
Obesity among primary school children
% of stroke admissions seen by a physiotherapist within 72 hours
% of infants breastfeeding at 6 weeks

To support achievement of improved outcomes against these measures, we have developed outcome based Commissioning Plans.

Associated with each of the four goals, we have defined Critical Success Measures. These are detailed in the table below:

Strategic Goal	Critical Success Factor
Reduce Health Inequalities and Support Health Improvement	Life Expectancy At Birth
	Health inequalities
	Rate of smoking Quitters
	% of patients with COPD in GP registered population
	Obesity amongst primary school aged children in year 6
	% of stroke admissions seen by a physio within 72 hours
	% of infants breast fed at 6 weeks

Strategic Goal	Critical Success Factor
Improve health and well being of children, young people and young mothers	% of infants breast fed at 6 weeks
	Obesity amongst primary school aged children in year 6
	Rate of smoking quitters
	Teenage conception rates
Improve individual experience of efficient, effective high quality services	% of women offered screening for breast cancer
	Unadjusted hypertension prevalence
	% of stroke admissions seen by a physio within 72 hours
	Patient experience measures
	Patient Complaint Trends
	Increasing targeting by investment
Improve access to primary care	% of practices offering extended hours
	No of WTE GPs per 100 population
	Polyclinic development

4.6. Strategic Initiative –The Development of Primary Care

The Current Position

Developing a primary and community care strategy is a significant priority for the PCT. Primary and community care services provide most of the health service contacts in Hounslow and robust primary and community care services need to underpin all other service development.

There are a number of strengths around primary and community services in Hounslow. A number of innovative community services have been put in place. This includes:

- Contracting for three equitable access practices in place from April 09
- Practice premises moves / improvements
- Work to extend GP hours
- Development of a primary care service at the front end of A&E (part of our “Improve primary care services” initiative)
- Intermediate care improvement programme
- Developing our commissioning capability of community services, including contracting from an independent sector service for hospital at home services delivering services from May 09

Our starting point in developing the strategy is to look at capacity and capability in primary care and how this can be maximised to support the delivery of the best care to

patients and the public, “the right care in the right place at the right time for the person”

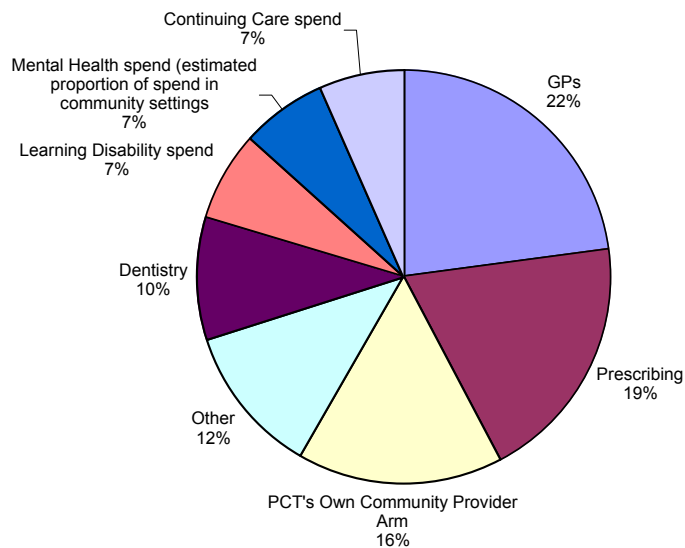
Background/Service Location

Hounslow has a GP registered population in excess of 259,000 of which 15% live outside the borough (as of March 2008). Thirty five percent (£118m in 2008/09) of NHS Hounslow’s resources are spent on primary and community care services. That figure rises to £148m (43% of income in 2008/09) when community based mental health spend is included.

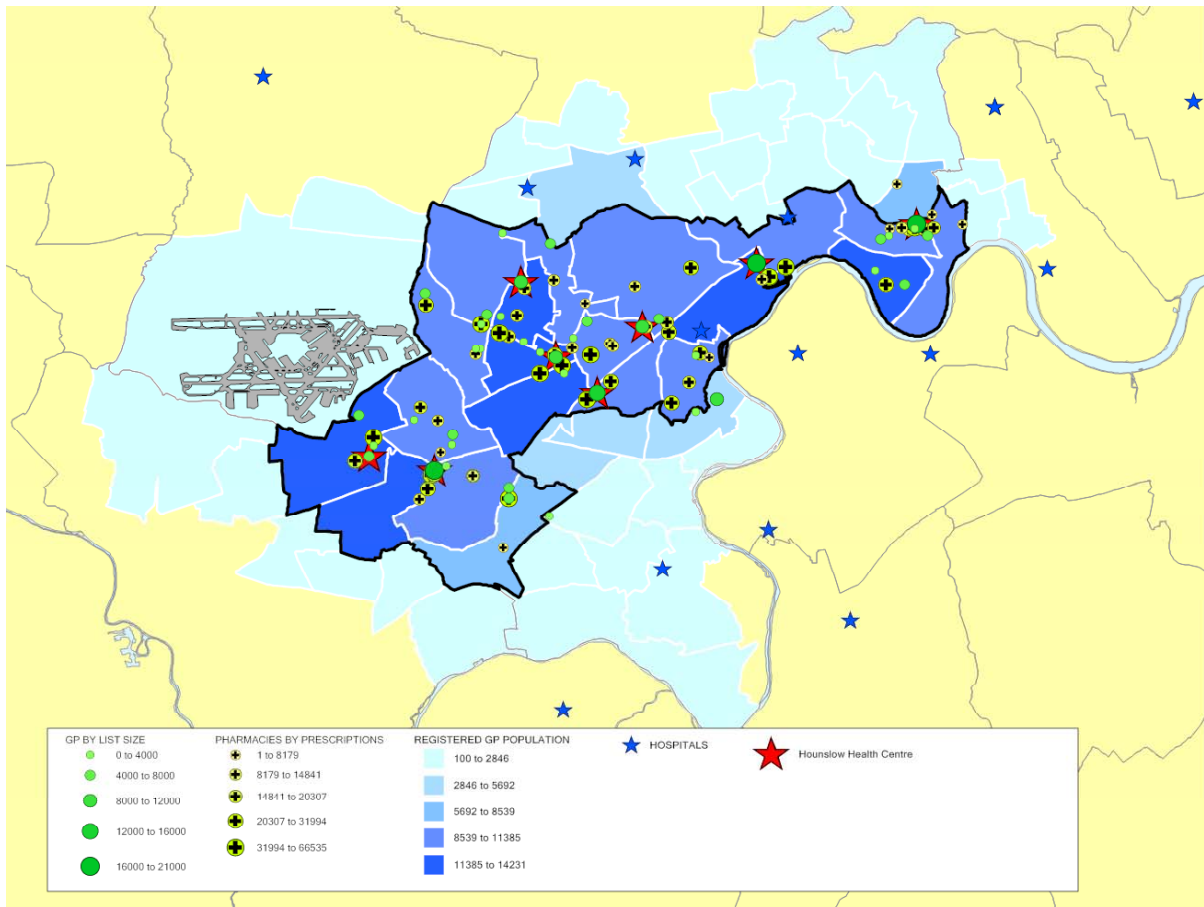
A breakdown of the proportion of spend is given in the pie chart below. It is estimated that 80% of all patient contact with the NHS is in the community. The existing provision of primary and community care services in Hounslow are outlined below.

Pie chart illustrating the proportion of spend on different primary and Community Care Services.

Proportion of Expenditure on Primary and Community Care Services (£148m in 2008/09)



The map below illustrates the distribution of services and patients across Hounslow. The black boundary is that of the PCT, and the ward boundaries are defined in white. The colour coding defines the number of Hounslow GP registered population, and in particular shows the spill over into neighbouring boroughs where there are at least 100 registered patients in the shaded ward. The red stars show the localities of the health centres, and the blue stars show the localities of acute (including mental health) facilities in the London region. The size of the green bubbles represents the GP list size in each locality. The circles with crosses show the sites of community pharmacies and their size represents the number of prescriptions dispensed in a six month period. Heathrow airport is shown as a reference point to the West of the borough.



Map illustrating the supply and demand on GP and community pharmacy services within and around Hounslow.

The Case for Change

There are five broad areas that mean the current position is not sustainable within Hounslow:

- **Issues and variation in access**
- **Issues and variation in quality**
- **Issues and variation in premises**
- **Population changes**
- **The current and future workforce.**

Issues and Variation in Access

There is considerable variation in geographic and other access to primary and community services in Hounslow. Opening hours for general practice vary threefold across the borough. One impact of current opening hours may be reflected in the increasing use of A&E for minors Monday to Friday.

Patient surveys show a higher level of dissatisfaction with access. Hounslow scores worse on the following measures:

- Patients being put off from attending their GP because of inconvenient opening times (Picker survey 2008, Access survey Improvement Foundation 2008)
- Dissatisfaction with telephone access and advanced booking
- A greater level of dissatisfaction with opening hours among people from non-white communities in Hounslow (compared either with London, UK or white communities in Hounslow).

Broader Access Issues

Discussions with communities in Hounslow have highlighted a range of other access issues. The Picker survey results that showed respondents in Hounslow feel:

- They are not always treated with sufficient respect or dignity
- They are not listened to carefully
- The reason for their visit was not satisfactorily dealt with, although this has significantly statistically improved for the 2008 survey compared with the 2007 survey

Issues highlighted by community groups in discussions so far concern:

- Language availability and cultural sensitivity in general practice
- Easy access to a female GP
- The availability of information.

Variation in Quality

It is acknowledged that primary and community care services within Hounslow do not have sufficient capacity and capability to adequately manage the needs of the local community.

Variation in Disease Identification

A number of QOF disease registers are lower than anticipated for the Hounslow population. Later identification of problems can lead to worse outcomes, greater requirements for secondary care and continuation of existing inequalities.

Lack of Integration and Complexity of Existing Service

There are some very innovative approaches to providing care, for example through the community matrons and rapid response team. A recent review of community adult nursing services have, however, highlighted the number of different teams, lack of clarity about objectives and lack of integration between them. Integration of services, and in particular community nursing services, is very variable across the localities. Community nursing services could operate more effectively if they were better integrated. There is some additional evidence of issues around working practices, productivity and potential for increased capacity in a number of community services. Some services work out of shared buildings but have not developed ways of integrating.

Increased Reliance on Secondary Care

Variation in primary and community care services may be leading to an increased reliance on secondary care. This is demonstrated in the exceptionally high acute referral rates across a range of specialties and the increasing number of A&E attendances (particularly for paediatrics) and corresponding short stay admissions.

This provides us with an opportunity for reviewing the care provided and strengthening primary and community care models and pathways to provide a greater level of care in community settings.

Urgent Care

Minor attendances at A&E continue to increase.

Emergency Admissions

The NHS comparators web-site shows that there are opportunities for savings on admissions for 19 ambulatory conditions. Emergency admissions for asthma and diabetes are better than London (NHS DMIT data) but admissions for heart failure, COPD and paediatric asthma (emergency admissions per 1,000 1-18) are lower than the top 25% performing PCTs. For paediatric asthma there may be particular issues given that a far higher proportion of admissions take place through A&E.

Population Changes

- **Population increases** – Population increases in Hounslow have been detailed above and these will be reflected as we plan services in the future.
- **A younger, mobile population** – Traditional models of general practice may not be suitable to meet the needs of this population. There are also a high proportion of refugees and “irregular” migrants in Hounslow who do not / cannot access

traditional general practice and require a different form of service.

The Current and Future Workforce

Access to practice nurses is extremely variable throughout Hounslow. This may reinforce current levels of inequality. The National Primary Care Research and Development Centre found that the GP characteristics associated with improvement in deprived areas on two interventions (screening and immunisation) were increases in the number of practice nurses per 10,000 population (resulting in the area studied from financial incentives offered to GPs) and decreases in the number of GPs over 65. (NPRDC Exec summary 29).

Change Initiatives

Key Principles are:

- **Choice** – including how services are received. Looking at our community and making commissioning decisions based on community feedback
- **Quality** – and particularly clarity about standards and achievement in primary care to address variation.
- **Safety** – in particular safeguarding vulnerable groups.
- **Equality** - (this is a particular issue for Hounslow) filling the gaps that have been identified and “navigating” people into the right care, particularly communities that have experienced difficulties in accessing / using services in the past including ensuring that access to language support enables people to make choices about services and where possible access services through a single point of contact.
- **Sensitivity to different needs** – ensuring that individual needs are met in the way that is best for the person and that services and resources reflect the needs of the different Hounslow communities and localities.
- **Integration** – working in partnership with the local authority and the third sector and ensuring that technology supports the delivery of integrated services by providing rapid communications and information. We also want to minimise the number of “hand-offs” patients experience.
- **Affordability** - and levelling up not levelling down.

Primary Care Strategy – Four Programmes for Action

Building on the Primary Care Objectives approved by the Board in 2008 and on the benchmarking work carried out, the PCT has agreed four programmes for action on primary care.

Programme One - Performance Management of Primary Care

The key performance metrics have been finalised and will be communicated to every practice in February 09. A plan of practice visits has been agreed. These practice visits will review progress against the agreed performance metrics. Those practices not achieving will have a remedial action plan agreed with the PCT and will be expected to achieve this by June 09. All other practices will be expected to achieve 50% by June 09. An element of this remedial action plan will be a review of the number of clinical hours (with particular regard to nursing hours) available against the list size and weighting.

Programme Two – Secondary Care Referrals

Whilst there is much debate and conflicting evidence regarding the underlying reasons for high rates of referral to secondary care, there is clearly a case to answer for Hounslow primary care as our referral rate is such an extreme outlier in NW London. Programme Two is divided into two elements.

Part A - A programme of practice visits currently underway will bring to the practice's attention their referral rate by speciality, matched against their prescribing patterns and the difference between their reported and expected disease prevalence. The primary care plan for the ongoing management of this practice by practice will be subject to a Practice based Commissioning GP Forum event planned for March 09, one of a series of such events.

Part B - An outside organisation will be commissioned by April 09 to turn the RMC into a fully functioning CAS, through which all referrals will be processed and incomplete, or inappropriate or those not following the agreed care pathways and clinical guidelines will be returned to the referring practice. Those appropriate for intermediate care will be referred onwards. The process with regard to Choose and Book needs to be incorporated, as our referral rate through C&B is currently at 30%. A tender process will flow from this, for the ongoing management and delivery of the CAS by an outside provider. The impact of both part of this programme will need to be mapped month on month through secondary care SUS data. Part A and Part B of this programme need to work together with programme 3.

Programme 3 – Primary Care Organisational Development

An outside organisation will be commissioned to put together a development programme for primary care focussing on Practice Based Commissioning. The service specification for this will need to address the capacity and capability requirements of primary care to manage a wholesale return of referrals, to deliver the improvements required of the performance management of primary care, and to ensure that general practice CPD requirements are met for revalidation and MRCGP. The existing work carried out by the PCT clinical leaders, GP appraisers and QOF assessors and the primary care tutor will need to be included into this programme, as they will be the team taking the work forward after the organisation has left. Consideration will need to be given to a PCT wide review of clinical hours in general practice and a recruitment and retention strategy for general practice. The PCT estates strategy will also need to be taken into consideration in the OD programme. Programme 3 will feed into Programme 4.

Programme 4 - Hub and Spoke Development

Hub and Spoke development, to be known as a “polysystem” development, managing the primary care market has been agreed by the Board and EDT as programme four of the primary care development plan for 2009-2010. This is in line with our polyclinic development. The development of networked hubs and spokes will be not only about a physical infrastructure developed by strategic use of capital in 2009 and beyond, using the revised estates strategy and the updated primary care premises conditions survey, but also about a clinical expertise infrastructure. Current clinical leadership in Hounslow will be supplemented through this work.

A Model of Primary and Community Care

The change we have discussed is based on a hub and spoke polysystem model of primary care market management linked to polyclinic development. The criteria to identify hubs and spokes are:

<p>THE SPOKES</p>	<ul style="list-style-type: none"> • Services that are appropriate for that community e.g. community pharmacy, as well as general practice • The voluntary / third sector • Core services (core practice specification being developed) • Extended hours
<p>THE HUB</p>	<ul style="list-style-type: none"> • existing specialism already existing at the practice • Base for collaborative working for the locally driven management of patients with long term conditions, referrals and development of PbC • in the top group of practices in the performance metrics • a premises that is fit to be updated if not already in good condition and can provide space for outreach and training services • Locality sensitive – outside 15/20 minutes walk to existing or another planned hub • Have a list size of 6000 – 10,000
<p>THE POLYCLINIC</p>	<ul style="list-style-type: none"> • GP services • Community Dental services • Phlebotomy • Physiotherapy • Wheelchair services • Rehabilitation services • Adult mental health counselling services • Child and adolescent mental health services • Children's services, such as health visiting and audiology • Sexual health and family planning services • Community clinical haematology clinics for sickle cell and thalassaemia • Ophthalmology outpatient clinics • Diabetes Intermediate Care Service, providing a one stop shop • Musculoskeletal Services • Dermatology community clinics through a GP with special interests • Anticoagulant – hospital outreach clinics • Health education and prevention • Diagnostics, including breast screening • Outpatient services

Examples of change initiatives from 2007/8 and 2008/9 upon which we can build this step change include:

- Completed successful tender for six PCT run GP practices which was the largest GP procurement outside the DH and transitioned staff to the new independent sector provider
- Two practice based commissioning consortia, Brentford, Chiswick and Isleworth, BCI (17 practices) and Hounslow, Heston and Feltham, H2F (31 practices). 48 out of 57 practices involved with one of the two PBC consortia within the borough.
- Redeveloped pathology services and transitioned the service to a new independent sector provider working across acute and primary care
- Increased the number of consultation rooms in community pharmacy
- Reduced the number of GP practices in sub standard premises
- Reduced assignments of patients to general practice by tackling registration problems
- Implemented a primary care stream in A&E
- Successful application to Healthcare for London to develop Heart of Hounslow Centre for Health as one of five early implementer polyclinics in London.

Expected Health Outcomes, Quality and Safety Benefits

In the shorter term:

- Improvement in access (as measured by opening hours, geographic access and patient satisfaction surveys)
- Improved management of disease (as measured by improvement in HBAC1 7.5 & below)
- Better support for people with urgent care needs (as measured by attendances at WMUH A&E)
- Shifts to provide more care closer to home (as measured by reductions in local hospital outpatients, transfer of activity to polyclinics, implementation of agreed protocols and better utilisation of existing community services/premises).

In the longer term:

- An improvement in health status (morbidity, effective treatment)
- Reduction in inequalities (morbidity, use of emergency services)
- Reduction in variability of general practice across Hounslow (improvement in scorecard)
- Transfer of greater amount of care closer to home (reductions in acute hospital care, increase in care in more local settings).

Unscheduled Care

The rising number of unscheduled care attendances at WMUH Accident and Emergency and subsequent short stay admissions are a cause for concern across the Hounslow health economy.

- The recent Health Care Commission report on Urgent and Unscheduled Care in Hounslow highlighted public dissatisfaction with the ability to access urgent medical support out of hours, and to make GP appointments.
- There are a number of Ambulatory Care Sensitive conditions (i.e. those which have been deemed treatable at home or in primary care, rather than in a hospital setting) which provide a significant opportunity to shift care from hospital to the community include: Diabetes; Dehydration and Gastritis; Cellulites; Congestive Heart Failure; COPD; Asthma. Hounslow is one of five London Boroughs with a significantly above average standardised admission ratio for Ambulatory Care Sensitive Conditions.
- Analysis of short stay emergency admissions shows that the conversion rate for admission over all attendances is 16% which is good, however, WMUH presently has a high level (33%) of emergency spells with a length of stay below 1 day. This compares with a national average of 25% and an upper quartile of 22%.

The PCT continues to test the feasibility, benefits and options for the commissioning of an Urgent Care Centre and associate community services. Hounslow's vision of an improved Urgent Care System is shown and described below.

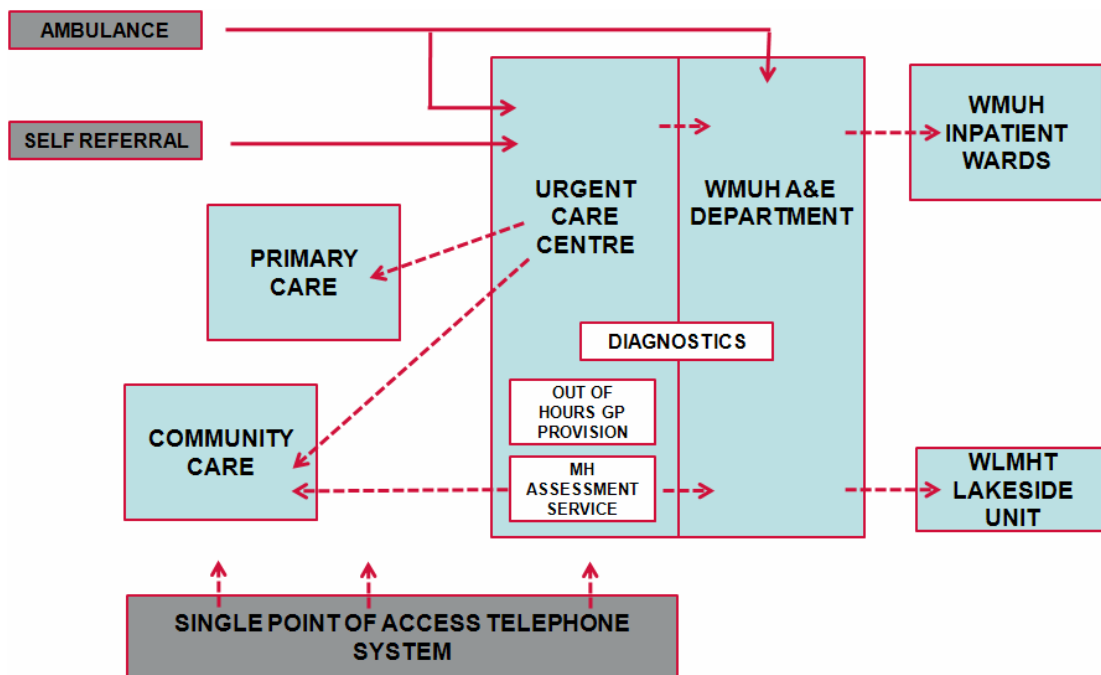


Diagram illustrating the urgent care system.

The Urgent Care System change programme is a multi agency transformation with implications for PCT, WMUH, LBH, GPs and the public. These bodies have been and will be further consulted at the appropriate times.

As part of the Urgent Care System NHS Hounslow will address the limited provision for unscheduled care in the community. This programme is focused on implementing services outside of hospital that will augment acute unscheduled services. NHS Hounslow has developed a service model that will build on current district nursing and community matron provision and integrate the rapid response service. The overall aim here is to develop an integrated "Hospital at Home" service that enables patients to receive care in their own homes whenever possible.

The new service addresses Unscheduled Care Health Care Commissioning audit findings in the "effectiveness and integration" category.

The new service is in line with Healthcare for London key themes of:

- Health improvement and wellbeing, especially for the elderly
- Localisation of relevant services, by moving treatment from an acute setting to home
- Personalisation of services
- Development of integration and connected services, by introducing direct referral by LAS to the Rapid Response community service, avoiding a patient transfer to A&E.

The service is designed to:

- Reduce the high level of complex elderly admissions into WMUH
- Reduce the 1,700 emergency readmissions in < 14 days at WMUH
- Provide alternative care at home by a rapid response nursing service and expanded community rehabilitation service linked to Radiate
- Provide access to step up / step down intermediate care beds.

The commissioning of Hospital at Home has begun with a pilot Rapid Response service which started on the 2nd June 2008. This pilot has begun in the East of the Borough, covering Brentford, Chiswick and Isleworth.

The service is to be rolled out into the West of the Borough in time to meet the increase in demand that occurs over the winter period 2008/9. Also, the urgent care side of the PCT Provider Arm is to be reconfigured so as to fully implement the Hospital at Home model as depicted overleaf.

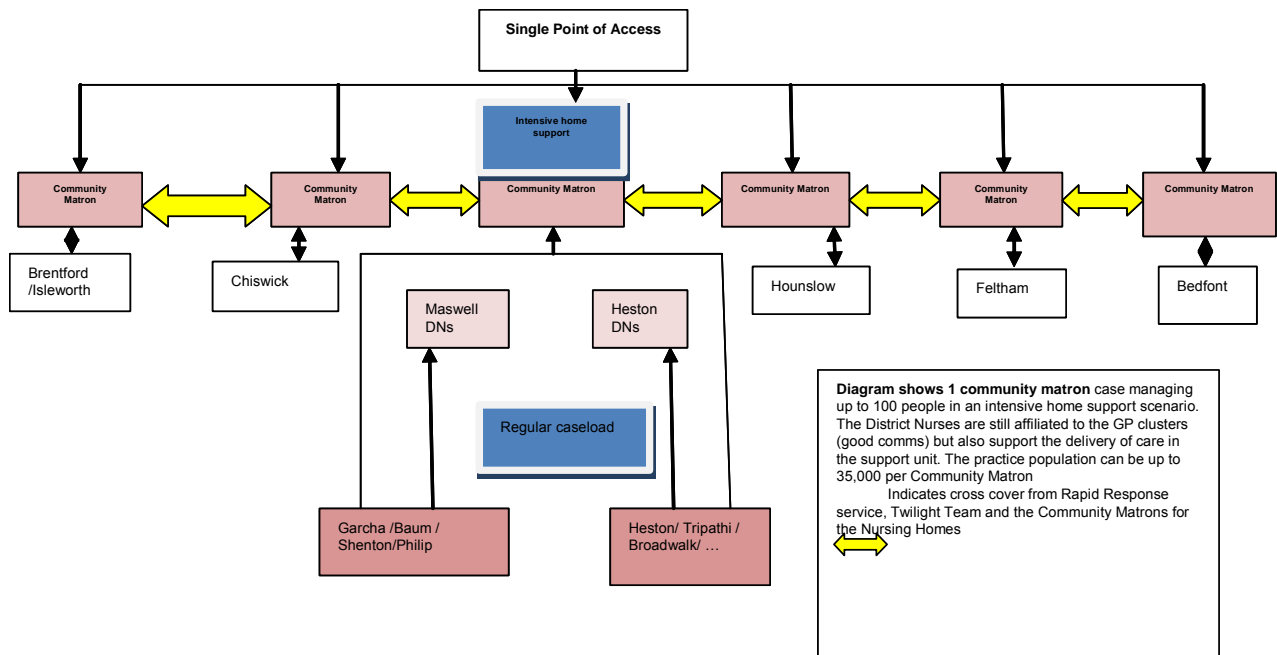


Diagram illustrating the hospital at home service.

This is a funded development based on an “Invest to save” business case. Delivery of the service in line with the business case is critical.

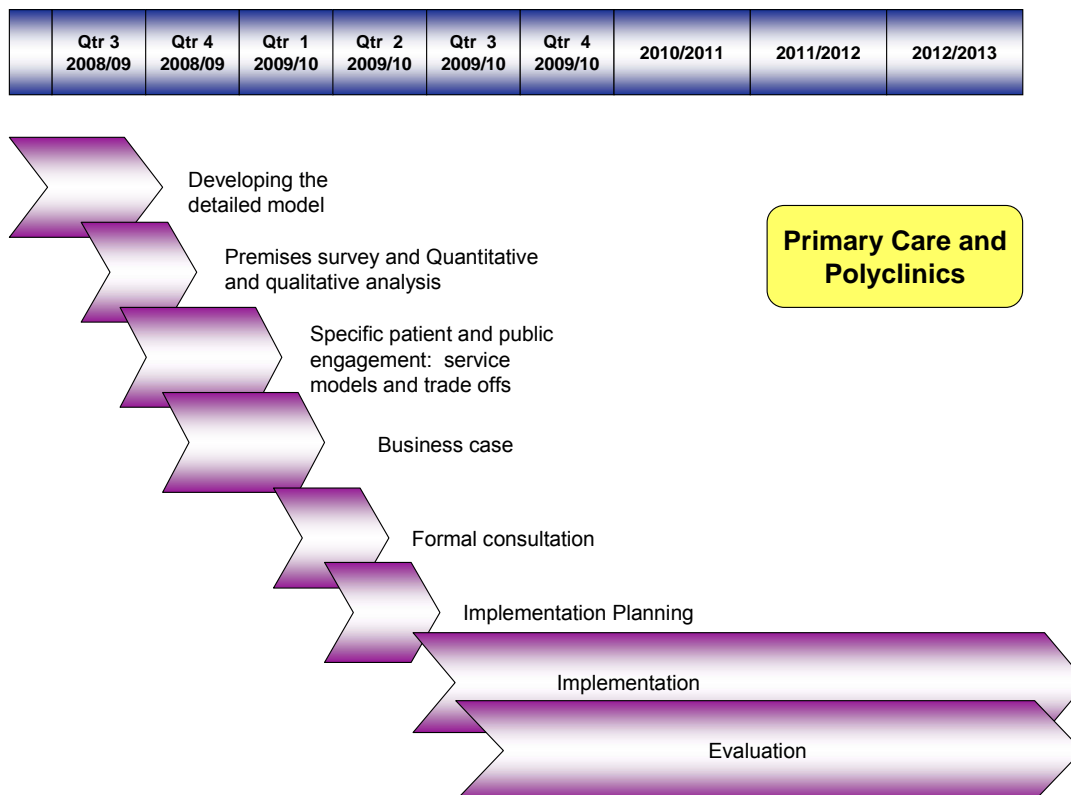
The PCT is planning to implement some of the plans through increases in productivity however, implementing the vast majority of future plans are subject to the PCT securing additional funding which is not within the CSP submission. These are essentially for expanding the breadth and depth of services through the hub at the Heart of Hounslow, and include:

- **Diagnostics** – through engagement of the independent sector diagnostics contracts such as for ultrasound, DEXA, plain x-ray and low risk endoscopy procedures.
- **Breast screening** – to address the low take of screening in Hounslow by providing a site for a static unit based in a health facility
- Expansion of **Outpatient services** including:
 - Oral Surgery
 - Rheumatology
 - Cardiac clinic
 - Sexual health service to improve access & screening uptake e.g. Chlamydia and reduce teenage pregnancies
 - Antenatal and postnatal midwifery services

How and When the Vision will be Realised

The model will evolve over time. We will not be implementing a static model but one that

evolves in the light of experience, learning elsewhere, patient and public feedback and technological developments. PBC clusters are key in implementing the strategy, involving and cascading work through to their members. Partnerships, including with patients and the public, will also be fundamental to successful implementation. As part of the development of the strategy proposals and direction are being tested with patient and public groups. We anticipate that an initial implementation plan will be developed concurrently with the formal consultation process. As stated in the first section, some early actions are already taking place.



Timetable

Developing the model detail	November – December 2008
Additional quantitative and qualitative analysis (including patient and public experience)	November – December 2008
Patient & public involvement – service models & trade-offs	January 2009
Formal consultation	End March 2009
Final implementation plan	End April 2009
Start implementation plan	May 2009

Investment in Primary and Community Services

Key investments within Primary care and Community services to support the above goals are summarised below:

- **Equitable Access** - Commissioning an increase in GP capacity of 24,000 patients per year is currently underway; including extended opening hours & patient walk in service at the Polyclinic practice. When these services are running at full capacity, probably by 2010/11, this will represent a recurrent investment of £3.4m per year of DOH equitable access funds with an addition of £1m - £1.2m of PCT funding
- **Care Pathway Re-design** – There is a planned investment of £3.5m over the next 4 years in demand management/service redesign schemes shifting the setting of care from Acute to primary, this investment is anticipated to yield £5m of saved acute costs to be re-invested in further strengthening Primary care services. We will improve working with through care pathway redesign for long term conditions management, including severe and enduring mental health needs, stroke rehabilitation and end of life care.
- **Rapid Response / Hospital @ Home Service** – The PCT is planning to commission the provision of this service from an ISTC provider from 2009/10. This £1.3m per annum service investment is primarily aimed at enabling patients with long term conditions to better manage their condition at home or within a community setting. It is anticipated that this scheme will yield acute admissions savings of £1.5m per annum.
- **Urgent Care Centre** - An estimated £3.5m+ per annum is to be invested in providing this service that will primarily allow patients to avoid unnecessary A&E attendances and short stay hospital admissions. It is estimated that this investment will yield at least £3.8m of annual savings from acute activity avoided.
- **Provider Arm Services** - Key Investment in these services to ensure they have the capability to deliver an improved quality and extended range of community services include £.3m to establish arms length status, £.3m recurrent increase in training and development budgets & £1m in supporting the delivery of new care pathways.
- **Hub and Spoke** - A key part of developing primary and community services is the development of a hub and spoke network of service provision. A key hub will be the Heart of Hounslow as an effective and responsive main hub for community based specialist services linked to a network of other smaller healthcare facilities
- **Performance Management** - NHS Hounslow will provide clear guidance on expectations of providers and will publish the data on which we assess achievement of these expectations on our website and encourage patients to view it. We will agree action plans to improve performance both from good to excellent and for providers below expectation. Coupled with additional benchmarking data to enable peer review and clinical audit we will improve the quality and use of information year on year both within the PCT and also the joint needs analysis with the Local Authority
- **Out of Hours** - GP out of hours services will be tendered in 2009 as part of the Urgent Care Centre proposals. In planning for this tender the PCT will take a whole systems approach. The tender will include a specification for a new

- telephone assessment, triaging and signposting service. To compliment this we will develop the signposting potential of community pharmacy
- **Prison Health tender** - The PCT currently commissions health services at Feltham Young Offenders Institute from a variety of providers. These are variable in quality and despite making significant improvements both the PCT and Prison Authorities recognise that services would be better commissioned as a single suite under a lead provider. A Health Needs assessment from which a service specification will be derived is underway and it is planned that a tendering process will start in early 2009/10 with a new provider of integrated services being in place before the end of the financial year.
 - **Development of Primary and Community Workforce** - The PCT recognises the unique position of general practice and will develop this not only as a provider of primary care but also as an enabler of practice based commissioning. Clinical leadership to develop the hub and spoke model of primary health care will be secured together with the development and implementation of an organisational development plan to support this. The development of nursing skills is also seen as critical. In addition, the procurement of data validation and peer review of referrals with active case management in primary care and case finders/case managers at practice level using Dr Foster data will support the service redesign to improve patient pathways. Other measures, more specifically targeted at access will include a training programme for reception staff. NHS Hounslow recognises the critical role of reception in enabling access to primary healthcare.

Stakeholder Engagement

The vision for PBC is that it is used as a key enabler for commissioning by putting clinicians at the heart of the commissioning process in NHS Hounslow. We will ensure that PBC consortia are engaged, resourced and empowered to deliver the system reform agenda across the local health economy; commissioning cost and clinically effective services closer to people's homes and promoting the health and wellbeing of the local population.

The PCT will work with PBC consortia to ensure that clinical leadership is at the heart of development, focusing on high quality services and better outcomes. In addition we will develop a clinical Board of primary and secondary care clinicians that will replace the PCT Clinical Reference Group and bring together under one clinical strategy group called the Cardiovascular and Diabetes Strategy Group an integrated service redesign programme structure that integrates Diabetes, Stroke, CHD and Hypertension within the local health economy focusing on the predominant causes of premature death in Hounslow.

PCT support for PBC development is being reviewed and increased to ensure appropriate levels of management support, information and finance reporting as well as support for pathway redesign and service development planning. The PBC governance framework has been revised as part of the preparation for World Class Commissioning assurance process.

New services have been established through PBC across both consortia, including dermatology GPwSI-led community clinics, musculoskeletal physiotherapy triage and treatment service, integrated diabetes intermediate care, ophthalmology scheme in late stages of development with local optometrists and consultant ophthalmologist. NHS

Hounslow will continue to support consortia in developing and delivery of commissioning intentions. Current plans include increased involvement with contract development and monitoring for acute and community services, ENT and mental health. We intend to continue working on the foundation of PBC with increased effort to develop commissioning intentions which translate into service re-design.

Equality Impact Assessment

As the programme develops a detailed equality impact assessment will be carried out, and more specifically a health impact assessment of the proposed programme will be carried out for the primary care strategy . The hub and spoke developments and the selection of services for each area will be based on detailed needs analysis that will incorporate existing and future demand for out of hospital services.

The areas identified for further consideration prior to business case are:

- Ensure consultation reaches the diverse communities
- Ensure that equal access to services is provided for the unregistered populations
- Recognise the wide range of providers available including the voluntary sector.

The undertaking of an EQIA prior to business case is identified in the project timeline. In accordance with the PCT policy, a business case will not be considered if an EQIA and details of adjustments are not evidenced. EQIAs will continue to be undertaken at key gateways along the project implementation timeline including looking at 'Pattern Analysis' on outcomes of the initiatives to see if positive impacts on equality groups are being realised.

Market Management and Procurement

Implementation of this initiative radically transforms the healthcare landscape across Hounslow with a significant shift in activity from acute settings of care to polyclinic and community settings. This has implications for the provision of services from acute and local hospitals as is considered in section xx. The current market includes APMS GP practices as well as more traditional providers of primary care. PBC groups could be well placed to consider bidding for services that will be developed as part of this initiative. The PCT will be using a number of market management and procurement tools including:

- “Any willing provider approach” for a list of specified elective services
- Full procurement e.g. Urgent Care Centre and one or more GP led health centres
- Full procurement along new pathways of care
- Carve out of existing or new services for a particular intervention e.g. vascular

risk assessments

- Delegation of local enhanced services budgets to practice based commissioning clusters or practices to support the shift of services from clinic based settings e.g. initiating insulin for diabetic patients.

The PCT has identified that there is a unique opportunity to combine this investment with the Clinicenta contract to target our investment to meet the Unscheduled Care agenda. We intend to procure services which augment the Hospital at Home model on the basis that Clinicenta must provide integrated delivery with the PCT Provider Arm. We have worked with Clinicenta to agree the principle that services procured via them will augment and not duplicate or destabilise locally provided services.

Risks

Key: O = likelihood of Occurrence (1 – 5); C = most likely Consequence (1-5); R = overall risk Rating (O x C) with 25 as the highest risk score

Risk	O	C	R	Actions taken or planned to reduce the risk
Difficulties implementing the strategy due to lack of stakeholder engagement with local outcomes	4	4	16	Robust Stakeholder Communications and community engagement strategy with pre-consultation phase, Clinical leadership & ownership from PEC & PBC Executive Locality engagement plans
Patient flows do not change as predicted resulting in capacity & financial pressures within the health economy	4	4	16	Robust scenario & financial modelling Pathways designed with users to ensure acceptability Phased approach linked with ongoing strategic review of changing provider landscape
Scarcity of new skills / competencies required from clinical workforce to deliver new models of care	3	4	12	Encourage plurality of providers Develop links with educational institutions to inform workforce planning

4.7. Strategic Initiative – The Development of Major Trauma Services

NHS Hounslow will fully participate in and support the Healthcare for London Trauma programme. Our strategy is to follow this lead and implement in 2010.

As WMUH is committed to following a modified Local Hospital model, it is unlikely to be designated a major acute trauma centre. Hence a reduction in activity and cost is anticipated, to be replaced by a matching increase elsewhere. Capacity and capability to provide improved rehabilitation services of all types, including trauma and stroke is described above.

This work stream is a key component of the Health Care for London Strategy and hence that of NHS Hounslow. At present without additional financial support there are no funds

available for this programme in 2009/10 or 2010/11. The PCT faces a choice to secure additional funding or delay the implementation of the work stream.

4.8. Strategic Initiative- The Maternity and Children's Services Programme

Context – The Case for Change

- **Recent independent enquiry into maternity services and new policy guidance from DH mean that ensuring safe and high quality maternity services remain a high priority**
- **Birth rates in Hounslow are increasing with a disproportionate increase in babies born to mothers with factors indicative of socio-economic deprivation**
- **Need to ensure local improvements support North West London Collaborative work and implementation of the pan London Core Offer**

The Government has set out its vision for maternity care in Maternity Matters (2007) stating its commitment to ensure that by the end of 2009 all women should have choice around the type of care they receive, together with improved access to services and continuity of midwifery care and support. The recently-published policy guidance on NHS maternity care, Towards Better Births (2008) demonstrated the scale of improvement needed across many providers of maternity care and recommended actions for NHS providers to achieve. Across London the provision of maternity care faces major challenges over the next decade to achieve these improvements. The birth rate is expected to rise significantly by 2015. Moreover, case complexity is increasing because of increasing maternal age, obesity and immigration.

The London Strategy for Health 2007 supports the introduction of new ways of working and redesign of roles needed to deliver maternity services fit for London in the 21st century. To deliver this vision in London, Healthcare for London has launched a Maternity Services Improvement Programme that is overseen by the Maternity Services Improvement Board. There is a close alignment between this forum and the North West London Maternity Project. Improving Maternity Services is a key initiative within the North West London Collaborative Commissioning Intentions. Locally there has been considerable focus on maternity services provided by NHS Hounslow's main acute trust provider West Middlesex University Hospital.

The population of Hounslow is expanding. In 2006 there were 3828 live births in Hounslow which equates to a general fertility rate of 76.9 per 1,000 compared to a general fertility rate for London of 65.8 and for England of 60.8.

This is reflected in 2006 by outcomes with Hounslow having an infant death rate of 4.9 per 1,000 in comparison to the national rate of 5.0; and a higher percentage of low birth weight babies than the London or national average.

Approach

- **To focus in the short term on securing safety and quality of care for maternity services provided by West Middlesex University Hospital Trust and within community settings**
- **To participate in sector level developments relating to choice and capacity**
- **To participate in HfL developments relating to implementing the London Core Offer**

Due to the reasons outlined in the context, this initiative will be progressed incrementally. The local focus in the short to medium term will be on securing safety and quality of care with initiatives relating to choice and addressing capacity issues being taken forward at sector level with the North West London Sector Maternity Group focusing on implementing the London Core Offer. NHS Hounslow, as host commissioner for WMUH, has developed a service specification which adopts the London Core Offer for maternity and includes improvement targets against the 2007 Healthcare Commission Review of Maternity Services. This will be an integral component of the 2009/10 contract with WMUH.

Investment and development in children and maternity services has begun in 2008/09 with the opening of a birthing centre at West Middlesex University Hospital and implementation of reconfigured 0-19 Children's Health services. Women who experience difficulties with their pregnancy are able to directly access Early Pregnancy Unit day provision to avoid unscheduled and inappropriate attendances at A&E.

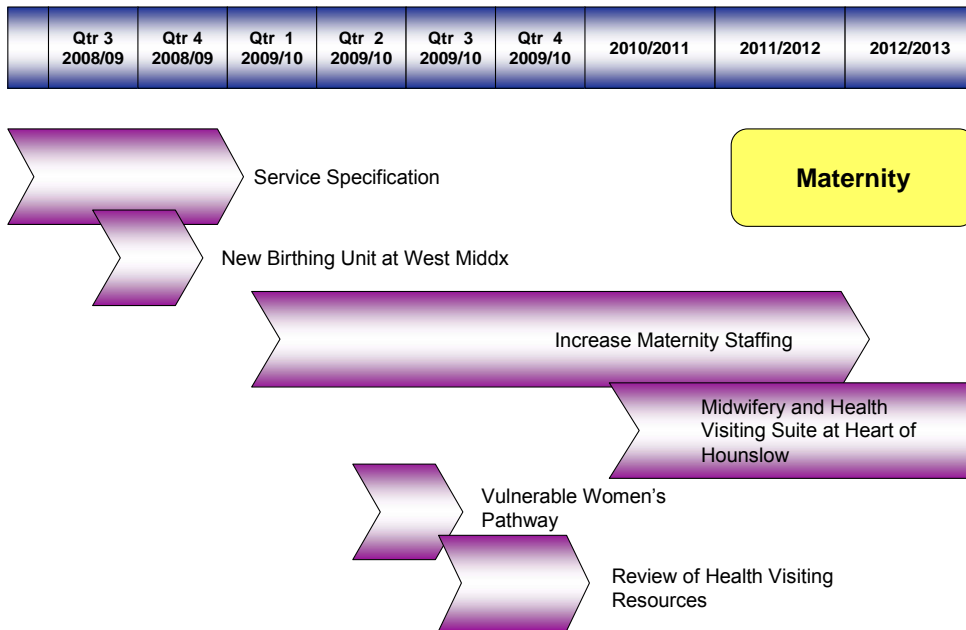
The Heart of Hounslow Polyclinic will become a main alternative site to local district hospitals to enable greater access to antenatal and postnatal care. It is envisaged that this child and maternity suite will include joint midwifery and health visiting clinics to support an integrated pathway, early identification of needs and guarantee a smooth transition between antenatal and postnatal care. Access to sexual and reproductive health will also be available at Heart of Hounslow as part of the polyclinic model.

Building on these achievements the following work is progressing, which builds on a 2009/10 CQUIN for WMUH achieving "good performing" in the next CQC maternity services review. (an improvement from "fair performing" rating in 2007/8

- Offering Choice in antenatal, labour and post natal care, with a focus on the opening of a new birthing unit at WMUH in January 2009.
- Increasing midwifery staffing at WMUH to achieve a ratio of 34 births per midwife from a current position of 38 births per midwife by march 2010.
- Substantial investment in developing an integrated community midwifery service model to enable a better skill mix, targeted to areas with higher deprivation and be delivered in partnership with primary care and children's centres with the aim of engaging service users in a timely manner and enabling early identification of risk . The midwifery and health visiting suite at Heart of Hounslow will provide a hub for antenatal and post natal care reflecting this model and will be opened in quarter 3 2009/10.
- A planned reduction in late bookings, non delivery related acute attendances and emergency A&E attendances for pregnant women and children under one.

- A reduction in infant mortality; childhood obesity; maternal and perinatal mental health to reduce overall health inequalities through the more effective use of health promotion and social marketing
- A developing Maternity Services Liaison Committee focused on communications monitoring and improvement with an emphasis on outcomes for ethnic minorities
- The development of vulnerable women’s pathway with the intention to launch and disseminate across local partnership networks
- Accreditation of UNICEF for a baby-friendly initiative with unit ceasing to supply formula milk except in special circumstances
- Review of health visiting resource to reflect changing birth rates and levels of deprivation to reduce the potential for further health inequalities
- Implementation of NICE postnatal guidelines (2006) which set out evidence-based advice for healthcare professionals to provide to new parents.
- Offering pre-conception advice and support; in NHS Hounslow this is concentrated on the reduction of teenage pregnancies

Progress towards these objectives is regularly monitored by the joint Maternity Services Review Group and the Maternity Services Liaison Committee. Clinical audit and review following implementation of new models will be used to evaluate effectiveness.



Impact on Activity and Finance

The investment associated with this initiative has already been made within the current financial year.

NHS Hounslow will invest a further £700k of funding that has been ring fenced for maternity improvements in 2009/10 over and above expenditure on provision charged at

tariff by acute providers. This investment will continue into 2010/11 in line with the recommendations from a local workforce review. It will be divided into improving provision into antenatal support, labour and intra partum care, and postnatal support and child health services.

Stakeholder Engagement

Key Stakeholders in the development of this initiative are represented in the Maternity Services Liaison Committee. Active involvement of this stakeholder group is made up of the National Childbirth Trust, General practitioners, midwives, obstetricians and PCT commissioning leads and will continue to be important to the success of this initiative. Stakeholder engagement will continue to be through this group primarily, although dialogue with wider stakeholders has supported the development of this plan to date.

Equality Impact Assessment

The undertaking of a EQIA prior to business case is identified in the project timeline. In accordance with the PCT policy a business case will not be considered if an EQIA and details of adjustments are not evidenced. EQIAs will continue to be undertaken at key gateways along the project implementation timeline including looking at 'Pattern Analysis' on outcomes of the initiatives to see if positive impacts on equality groups are being realised.

Risk

Key: O=Likelihood of occurrence, (0-5) C= Most likely consequence (0-5) and R= Overall Risk (max 25)

Risk	O	C	R	Action taken or planned to reduce risk
Competing demands continue to reduce GP involvement in planned pathway changes for high risk women	3	4	12	Stakeholder engagement plan with clinical leadership. Improved links to Children's Centre
Increasing birth rate and complexity of care places unmanageable stress on capacity	4	4	16	Participate in NW London initiative. Work closely with local providers to maintain capacity and quality.

Market Management

Provider capacity is limited at present. As capacity increases incrementally new provider relationships will be formed; particularly in relation to cross sector and specialist services. These will be fully explored within the context of the North West London

Maternity Project Group as part of the North West London Collaborative Commissioning Intentions for maternity care.

4.9. Strategic initiative- Improve Vascular Health

At present with our local health economy we have three separate strategy groups working on diabetes, stroke and CHD respectively. These three strategy groups are to be unified to form a Cardiovascular Strategic Alliance. Our aim is to raise awareness across the local health economy of the holistic approach that is required for the effective management of cardiovascular disease and diabetes.

Vascular disease is the main cause of death and disability in England. It accounts for 38% of deaths and costs the economy an estimated £25.8 billion each year and yet almost all vascular disease is preventable.

For example diabetes is preventable in two thirds of people at high risk. Cardiovascular diseases (CVDs) are the most common cause of death in patients with diabetes accounting for up to 67% of all deaths in this group. Diabetes also accounts for over 20% of deaths from ischaemic heart disease and 13% of deaths from stroke. Over the next few years the rate of diabetes is predicted to increase by 20%.

Healthcare for London makes a strong case for investing in vascular disease primary prevention and tackling vascular disease will be key to achieving the national 2010 health inequalities target relating to life expectancy. In particular, reducing smoking levels & increasing the use of statins are two key interventions that - as part of a comprehensive programme including physical activity and weight management - can rapidly reduce the number of early deaths in disadvantaged groups.

Modelling by the London Health Observatory suggests that prevention of CVD through smoking cessation and increasing coverage of antihypertensives and statin therapy will have the most significant impact on improving life expectancy. Statins are estimated to be very cost effective at between £4,000 and £8,000 per QALY. Recent NICE guidance has recommended that statin therapy is part of the management strategy for the primary prevention of CVD for adults who have a 20% or greater 10 year risk of developing CVD. CVD is the leading cause of death in Hounslow and CVD rates are highest in the most deprived neighbourhoods. As illustrated in figure 10 Hounslow has higher rates of hypertension than London and very high rates of diabetes compared to London and nationally.

There are variations across practices in Hounslow in the extent to which patients with these chronic diseases are receiving effective treatments, and all of these health issues have a more significant impact in the more deprived neighbourhoods and disproportionately affect black and minority ethnic and non-UK born populations. This initiative will help to deliver the Healthcare for London key themes of reducing health inequalities and improving health and wellbeing.

Approach

To introduce a phased programme of vascular risk assessments that:

- Ensures all individuals currently identified as being at risk of vascular disease (including from hypertension, diabetes, obesity and CHD) are invited for a vascular risk assessment (Procedure 1)
- Ensures that all people aged between 40 and 74 are offered vascular risk assessments (Procedure 2)
- Encourages awareness within high risk populations (including self assessment and opportunistic screening) (Procedure 3)

- Ensures that a structured response to identified risks is available
- Ensures phasing focuses early implementers within the geographical areas of highest risk of vascular disease

Procedure One – Patients on Existing At Risk Registers

To offer all of those on existing vascular risk registers (to include hypertension, obesity and CHD registers) a comprehensive vascular risk assessment. It is anticipated that in the first instance procedure one will be commissioned from the GP practice holding the At Risk Register and responsible for the ongoing care of the patient. The procedure will be commissioned in line with an agreed specification including quality standards and accreditation linked closely to the quality of care provided for patients on the disease registers. This ensures that a structured response to identified risks is available and the phasing focuses early implementers within the geographical areas of highest risk of vascular disease.

Procedure Two – Population based Screening

To offer all people between the ages of 40 and 74 a comprehensive vascular risk assessment. To ensure appropriate coverage it will be necessary to commission this service both for patients already registered with a GP practice and for those not registered with a practice. NHS Hounslow plans to undertake specific, locality-based work with local communities to ensure that any service commissioned achieves optimal coverage both for the registered and unregistered populations. The specification for the programme will include ensuring that the individual is linked into primary medical services to ensure ongoing care and treatment.

Procedure Three – Encourage Awareness within High Risk Populations

To undertake appropriate social marketing to increase awareness of vascular health issues within high risk populations, including consideration of implementing self assessment tools. Initial market research will be commissioned, including focus groups and the gathering of intelligence from appropriate community forums and partners, to establish a planned programme of awareness raising.

Structured Response

Clearly there will be a range of options available dependent upon the outcome of the risk assessment. In summary the menu of interventions could include the following:

No risk factors identified	General health advice; Encourage use of sports/physical activity facilities
Smoker	Encourage involvement in Stop Smoking Programme
Overweight	General health advice Exercise on prescription in collaboration with London Borough of Hounslow
Obese (BMI greater than 30)	Structured weight management programme followed by exercise on prescription
Impaired glucose tolerance	Intensive Lifestyle Intervention Programme followed by step-down health management
Pharmacological interventions	Ensuring each patient is on the optimal drug treatment including use of statins, anti-hypertensives and anti-platelets

Stop Smoking Service

NHS Hounslow has recently re-established a stop smoking service using a “hub and spoke” model consisting of a core team of specialist advisors and a number of Level 2 community advisors based in pharmacies, GP practices and in the community. The service provides one-to-one, drop-in and group sessions to support smokers to quit. NRT and other pharmacotherapy are available. People will be signposted to the Hounslow service with appropriate follow up from the referrer to monitor both attendance and success and to offer support as appropriate.

Weight Management – Physical Activity

NHS Hounslow is working in partnership with the London Borough of Hounslow to encourage community sport and physical activity. People attending the programmes will be made aware of the facilities available. In addition the existing Exercise on Referral Scheme will be expanded to ensure capacity within the service to receive that those people identified at risk are supported to access the schemes available.

Weight Management – Structured Programme

People with a higher risk (BMI over 30) will be encouraged to access an evidence-based structured weight management programme (ie. HOOPS – The Hounslow Overweight & Obesity Prevention Service). The specification for the programme will be developed in consultation with local people to ensure that it is appropriate to their needs and lifestyles.

Intensive Lifestyle Programme

People with impaired glucose tolerance will be encouraged to access our existing evidence-based structured lifestyle programme including one to one support over a four month period covering diet, exercise and behaviour modification. The service is to be expanded to ensure it has capacity to meet the demands of additional referrals.

Induction and Expert Patient Programme

Integral to the Vascular Risk Assessment Programme is that all newly diagnosed patients (within 3 months of diagnosis) with one of the vascular diseases, which include diabetes, stroke, kidney disease and hypertension will receive an initial 'formal' induction and will then graduate on to our Expert Patient Programme.

The programme will enable patients with these condition to have an understanding of the condition they have been diagnosed, how it will effect them and importantly, how to practice self care management to improve their quality of life.

The programme will focus on a 'managed' lifestyle with an emphasis on managing their medication; nutrition; exercise; stress management and the self care management of long term conditions.

Success criteria: Many newly diagnosed patients with long term conditions, have none or little understanding of the changes that will happen to them and the need to manage these to ensure they are providing optimum self care to prevent deterioration of their condition; becoming an emergency admission or mis-managing their medication, creating unnecessary additional treatment, whether via their GP or hospital admission. These all have cost implications for both the PCT and patient.

Self care management for long term conditions is already provided by the Community Pharmacy team and the Patient Education programme, Expert Patient, together with the Xpert Diabetes programme. But these do not target newly diagnosed long term vascular patients. Expansion of these existing services with an integrated programme of induction will be targeting the patients who do not take advantage of self referral.

The benefits of such a programme is limitless, particularly in terms of cost savings; healthier patients; achieving targets and giving the long term agenda an innovative approach to an area which is lacking in prevention and pro-activity.

Long term conditions are *not* decreasing, but *increasing* and the long term objective will be to aim to turn the pressure round, so that the patients receives supported intervention at the beginning of their diagnosis, not when they have already been 'induced' to depend on their

health services, when they can do so much of own their care by the induction of good self management tools.

Stroke awareness

We will work in a co-ordinated way with key partners to raise public awareness of the major warning signs of and symptoms of stroke, as well as encouraging healthy lifestyles (especially those aimed at tobacco use, healthy diet to prevent overweight and obesity, with accompanying hypertension, hypercholesterolemia and glucose impairment, and increasing regular physical activity). This includes raising awareness of health professionals through continuing education.

Implementation

Implementation of the initiative is at an early stage of development with consideration of the most appropriate model for implementation taking place with key stakeholders. To support debate a schematic implementation model has been produced. This will be refined and agreed within the timescales for the project commencement. The model assumes that procedures one and two will be introduced concurrently and rolled out from the most high risk practice based commissioning cluster to the most low risk cluster over a four year period. However, there are issues of achievability arising from variation in the capacity of GP practices that need to be fully assessed, as well as resolving any incompatibilities between a goal of tackling inequalities and saving lives overall.

Stroke services will be re organised to provide a 'Hub and Spoke' model of service for the provision of specialist acute stroke services for Hounslow residents. An acute stroke service – including the provision of thrombolytic treatment will be available on a 24 hour, seven days a week basis in order to get the most benefit in terms of health outcome.

This requires the 'designation' of Specialist Acute Stroke Unit for our population via a formal designation process. This will ensure that Hounslow residents have access to high quality acute stroke care, which is compliant with evidence-based and consensus-based national standards. It is likely that other PCT's within North West London will be putting forward similar proposals for their stroke services, making this a prime 'candidate' for the Collaborative Commissioning Initiative arm of the commissioning strategy planning process.

The model will run as follows:

- Call to LAS which identifies a potential stroke patient
- Ambulance is dispatched staffed by paramedics trained in identifying stroke patients, to transport the patient to the Specialist Acute Stroke Service
- Immediately on arrival clinical assessment establishes the diagnosis of stroke
- The patient requires immediate brain imaging to distinguish between intracranial haemorrhage and cerebral ischemia and to identify diagnosis other than stroke
- Thrombolytic therapy is given if the diagnosis is established.

Once the patient has received thrombolytic therapy at the Specialist Acute Stroke Unit/ (Tier 1/Hub) and stabilised for transfer to a 'local' step down Tier 2 Stroke Service/Spoke, where rehabilitation will commence immediately.

It is uncertain at this stage how many Specialist Acute Stroke Units/ (Tier 1/Hub) there would be in London, but potentially there would be between 5 and 7, one of which is likely to be Hammersmith Hospitals NHS Trust. It is also unclear at this stage how many Tier 2/Spoke

stroke units there would be, but potentially there could be 15. At this stage it is not clear whether the existing service at West Middlesex University Hospital would qualify as a Tier 2 service.

Rehabilitation after stroke - Rehabilitation is most cost effective when it is started very early after stroke onset. This service will be provided in line with national guidance for stroke services, which is due out in the autumn.

Impact

The projected impact of this initiative against (a) our outcome measures with a particular focus on CVD mortality rates, diabetes controlled blood sugar and number of lives saved and (b) activity shifts has not been modelled at this stage.

Stakeholder Engagement

A Vascular Strategic Alliance has been established as an overarching programme board to oversee the development of all service improvements related to vascular disease. With oversight of working groups focusing on Diabetes, CHD and Stroke. Each group has representation from clinical providers from acute and primary care, PEC, social services as well as commissioners of services and patient representatives. The strategic alliance is managed by the Public Health directorate. A stakeholder engagement strategy will be designed for the initiative.

Equality Impact Assessment

An initial Equality Impact Assessment has been undertaken on the initiative. The EQIA was undertaken by a group including the Head of Strategic Commissioning (lead), initiative sponsor manager and community representatives and users. The areas identified for further consideration prior to business case are

- Ensure the screening is offered to all sections of the community e.g. homeless, those not registered with a GP, housebound
- Ensure communication issues are addressed both when accessing services and making health promoting material available
- Ensure interventions are culturally appropriate (particularly exercise and diet)
- Consider reducing the age range for ethnic groups known to be at risk at earlier ages

The undertaking of a further EQIA prior to business case is identified in the project timeline. In accordance with the PCT policy a business case will not be considered if an EQIA and details of adjustments are not evidenced. EQIAs will continue to be undertaken at key gateways along the project implementation timeline including looking at „Pattern Analysis“ on outcomes of the initiatives to see if positive impacts on equality groups are being realised.

Market Management and Procurement

Procurement decisions will be required for each element of the overall initiative. These decision points will be incorporated into the overall implementation timetable as it is established. There are potentially a range of providers within the market who would be interested in providing elements of the care pathway. These include independent contractors, third sector organisations, the private sector and the PCT's provider arm.

Risks

Key: O = likelihood of Occurrence (1 – 5); C = most likely Consequence (1-5); R = overall risk Rating (O x C) with 25 as the highest risk score

Risk	O	C	R	Actions taken or planned to reduce the risk
Complexity of programme delays planned implementation dates	4	4	16	Detailed project management arrangements Recruitment to programme management lead / team
Difficulties implementing the strategy due to lack of stakeholder engagement	4	4	16	Robust Stakeholder Engagement Plan Detailed pre-consultation phase Clinical leadership and ownership from PEC and PBC Executive
Scheme does not deliver anticipated improvements due to poor uptake for assessments and follow up interventions	3	4	12	Social marketing and market research to ensure most appropriate pathways commissioned Ongoing evaluation and review
Unsuccessful tendering for the provision of services within timescales	4	4	16	Robust and detailed project plans Provider engagement sessions

4.10. Strategic Initiative – Tackling Obesity

Context - The Case for Change

In England alone, nearly a quarter of men and women are now obese. The trends for children are even more worrying. Almost a fifth of 2 to 5 year-olds are obese, while a further 14 per cent are overweight. On current trends nearly 60 per cent of the UK population will be obese by 2050. That is almost two out of three in the population defined as severely overweight.

Nationally, the Department of Health has the ambition is that by 2020 we will not only have reversed the trend in rising obesity and overweight among children but also reduced it back to the 2000 levels.

Our aim is to make sure that individuals and families have access to the opportunities they want and the information they need in order to make healthy choices and exercise greater control over their health and their lives.

And as well as ensuring people have healthy options we must ensure that all of us have access to the information and evidence we need to adopt healthier lifestyles. The recent National Obesity Strategy toolkit estimates that the costs to the NHS in Hounslow of diseases related to overweight and obesity in 2007 was £60.8 million and by 2015 this is projected to increase to £67.5 million.

In addition, of the children measured, Hounslow had an average of 22.9% (national rate 22.8%) with Reception Year and 32.3% (national rate 31.1%) in Year 6 children who were classified as being either overweight or obese.

In the adult population it is estimated that there are 37,071 people (21.6%) with a BMI > 30kg/m² and 57,387 (33.5%) with an excessive waist measurement.

To provide a more specific example, the NICE guidance for obesity (Dec 2006) includes a cost calculator which estimates some of the additional health costs of obesity (BMI > 30kg/m²) in Hounslow to be:

- An additional £590,969 in prescription costs/year
- An additional 97,371 GP contacts, costing an additional £1,752,672 /year

Initiative description

This programme aims to support the national Change 4 life movement and halt the increase in the proportion of Hounslow's population who are overweight or obese. This requires strong leadership by NHS Hounslow working in conjunction with a wide variety of engaged and active partners and stakeholders within the statutory and community sector.

The programme covers four areas:

1. Promote healthy growth and healthy weight in children
2. Promote healthier food choices
3. Develop access and involvement in physical activity
4. Create incentives for better health

The 2008 Hounslow Obesity conference identified the need for strong local leadership from the NHS as a vital first step in addressing this problem. In addition to building capacity to provide leadership in the local health economy, elements of the programme include:

- Health Walks – Starting April 2009, aims to get 500 people regularly participating in physical activity through Health walks programme
- Women and girls project – Starting January 2009 - aims to increase physical activity participation in 1400 women and girls
- Family Weight Management Programme – Starting January 2009, will provide support to 200 persons per year through 12 week family healthy weight programmes
- Exercise referral expansion– from April 2009 – provide increased capacity for 200 additional persons per year within the exercise referral scheme.
- Pharmacy weight management project – Starting October 2009 - will provide support to 200 persons per year through 6 month community pharmacy weight management programmes
- Healthy Weight: Training – Started October 2008 - 25% of PCT workforce and 250 persons from community organisations trained to a minimum of level 1 by 2014.
- Development of the Hounslow Overweight & Obesity Prevention Service (HOOPS).
- Weight management group for children and families – to provide support to 200 persons per year through 12 week family healthy weight programmes.

We will build on these achievements and

- continue ongoing implementation of the National Childhood Measurement Programme – Reception and Year 6 and associated activities – including the development of a focused weight management group for children and families.
- create greater health promotional capacity within both the existing 0-16 service and the wider community with the introduction of a Specialist Health Promotion Practitioner post

Impact

Trajectory for reception year 2009/10 (DH issued guidance in Feb. '08 on target	2010/11 (DH issued guidance in Feb. '08 on target
--	--

setting, requiring an increase of less than 0.5%, no increase, or a reduction in obesity, for each PCT) (with % completeness, which should be at least 85%)		setting, requiring an increase of less than 0.5%, no increase, or a reduction in obesity, for each PCT) (with % completeness, which should be at least 85%)	
Percentage of children in Reception with height and weight recorded who are obese.	12%		12%
Percentage of children in Reception with height and weight recorded.	90%		90%

Trajectory for year 6 2009/10 (DH issued guidance in Feb. '08 on target setting, requiring an increase of less than 0.5%, no increase, or a reduction in obesity, for each PCT) (with % completeness, which should be at least 85%)		2010/11 (DH issued guidance in Feb. '08 on target setting, requiring an increase of less than 0.5%, no increase, or a reduction in obesity, for each PCT) (with % completeness, which should be at least 85%)	
Percentage of children in Year 6 with height and weight recorded who are obese.	23%		23%
Percentage of children in Year 6 with height and weight recorded.	90%		90%

Impact on Finance

Total Planned Spend (Recurrent)	Total Planned Spend (Non-Recurrent)	Net Change in Spend (Recurrent)	Net Change in Spend (Non-Recurrent)
£250k		£250k	

The government foresight report identifies that even if highly successful, there would be a considerable time lag (20-30 years) before the benefits of population reduction in BMI were seen in terms of chronic disease levels and NHS costs.

The recent National Obesity Strategy toolkit identifies that cost-benefit analyses for obesity interventions are "extremely difficult to calculate" and concludes that it is not possible to do so with any degree of accuracy. However using the NICE cost calculator it is evident that a 10% reduction in those who are obese (3,707) to a BMI less than 25kg/m², would bring a potential saving of £234,634/year for Hounslow based purely on GP contacts and prescribing alone. The actual saving of this would be significantly higher as the existing and projected costs of elevated BMI in Hounslow indicate.

Stakeholder Engagement

A Stakeholder Conference held in July 2008 included representatives from the London Borough of Hounslow, community groups, patient groups, nurses, GPs, education, leisure and via the established Obesity Strategy Group formulated the strategy outlined in this document.

4.11. NWL PCT Collaboration

The NWL PCTs are collaborating on a number of initiatives, these include

- Performance improvement – learning from best practice across PCTs
- Commissioning consistently with ICH
- Medium Term Financial Strategy outcomes

Collaborative Commissioning Group and London Specialist Commissioning Group

The PCT is signed up to the a shared vision of commissioning across all eight NWL PCTs where there is significantly greater value in commissioning collectively rather than commissioning individually. The Collaborative Commissioning Group is the group overseeing this five year commissioning strategy at supra PCT level.

The PCT will receive and will support the London Specialist Commissioning paper proposals at the meeting in December 2008.

JCPCT

The PCT Board has delegated authority to the JCPCT across London. It is early days but the PCT is committed to JCPCT success.

Strategic Review of Acute Services

The NWL PCTs provider landscape is predicted to change significantly over the next five years in line with PCT commissioning decisions if services are to remain high quality, clinically viable, sustainable and affordable. A number of national and local drivers for change will influence the shape of service provision in the future. These include the following:

- World Class Commissioning
- Patient Choice
- Darzi Next Stage Review / A Framework for Action
- Variability in performance and clinical quality across providers
- UK's first Academic Health Science Centre (AHSC) established in NWL
- The NHS Performance regime
- Plurality of providers
- PbR – HRG 4

It has been recognised, that local service review initiatives, coupled with the HFL programme (stroke, trauma, unscheduled care, polyclinics and the local hospital project in particular) and external drivers requires an urgent piece of work to ensure that provider services are fit for purpose for the future. The PCT and WMUH are engaged in this price of work.

4.12. Overall Impact

The high level impacts expected as a result of this commissioning strategy plan are:

1. improvement in cardiovascular status
2. reduction in A&E attendances
3. reduction in outpatient referrals
4. decrease in percentage of obese children
5. stroke morbidity and mortality rates improved
6. greater proportion of services provided in community settings

The final column in the summary table in section 2 outlines the overall impacts of the CSP strategic initiatives on improving WCC health outcomes.

5. Delivery

5.1. Past delivery performance

In 2007 NHS Hounslow set a very ambitious programme of change that was aimed to deliver a shift of £21m over a 5 year period away from the acute sector, towards primary and community care. This was driven by a number of factors, most notably:

- The need to pay off historic debt over a two year period.
- Implementation of a series of recommendations of the North West London Clinical Reference Group to bring Hounslow in line with the sector, most notably in respect to unscheduled care in particular for short stay admissions and procedures of low clinical value.
- Developing a very comprehensive range of out of hospital services to manage long term conditions.

The first year of the programme has had mixed successes. Whilst a concerted effort on the financial position of the PCT has brought about significant improvements in its cost savings, the five year plan was predicated on a break even position at the end of 2007/08. Unfortunately, this was not achieved and thus some of the required investments in enabling projects could not be carried out.

Financial performance remains a key focus of NHS Hounslow, and as a consequence longer term planning is difficult to achieve without a stable and sustainable financial position. The commissioning strategy plan consisted of four main themes, and some of the metrics are outlined below.

1. **Unscheduled care:**

- **A&E minor attendances** – there is no statistically significant change in the level of A&E minor attendances. The aim was to reduce these attendances. However, the PCT's interventions have at least managed to control the expected growth of over 5%.
- **Short stay admissions** – targeted specialities have experienced an increase in summer 2008, this is partly driven by Cardiology and A&E admissions.

2. **Planned care:**

- **First outpatient attendances on targeted specialities** – overall there has been a step change in the reduction of first outpatient attendances. The most significant improvement was for GUM services where attendances have dropped by 50% from April 2008, this is due to the dehosting of GUM services rather than any change initiative. However, Dermatology, Ophthalmology and Trauma & Orthopaedics are specialities that have each experienced a reduction in activity as part of a series of pathway redesigns and service improvements.
- **Follow up outpatient attendances on targeted specialities** – there is no statistically significant change in the number of follow up outpatient attendances. However, in the case of Trauma and Orthopaedics and Dermatology there is a step reduction in follow-up attendances.

3. **Maternity services:**

- This initiative is focused on supporting the local provider of maternity services, and developing capacity and capability in community maternity services. To date no new investment has been made to change the situation due to financial constraints.

4. **Capacity and capability:**

- **Procedures of low clinical value** – there has been no impact on the level of activity for procedures of low clinical value. However, the monthly run rate on these procedures had been erratic, and since April 2008 (from where protocols were put in place within the SLA contract with key providers) there is a clear stability around 250 procedures a month.
- **Financial balance** – a more detailed explanation is provided earlier in Section 3.

NHS Hounslow continues to have a limited level of capacity and capability to bring about ambitious major change on the scale that is required to deliver a major debt repayment programme, implement the full range of the Healthcare for London programme and improve health outcomes to the required level. Thus its focus is on incremental change on projects and programmes that can provide a return on investment in the short to medium term. There is little change in the programme contents proposed a year ago, however the pace and ambition of change is significantly reduced.

5.2. **Contract and Performance Management**

As the PCT moves to a wholly commissioning organisation within World Class Commissioning, contract and performance management become a key component of how the PCT ensures clearly defined, high quality and value services are delivered from Providers.

During the latter part of 2008-09, and in preparation for 2009-10, the PCT will review its contracting function to ensure the contracts agreed for 2009-10 reflect the needs to the population of Hounslow. In the shorter term this will be based on a mixture of current commissioning intentions and Health Needs Assessment

Over time the PCT will move to Health Needs based assessment focusing over time on quality outcomes within national contract models. This will be for Acute, Specialist and Non Acute Providers, Provider arm, Primary Care providers and independent market entrants.

On the path to developing World Class Commissioning, the PCT will engage Primary Care clinicians through PBC in determining the type, range and nature of services to be commissioned within the wide range of contracts available.

Of particular interest are our three large Acute Trust contracts (West Middlesex, Ashford St Peters and Imperial), Provider APO and Mental Health.

Within the contracting function the contracts and relationships with the three main acute providers remain key.

The contracts will be based on the national model and will be heavily influenced by the London, CCI, NWL commissioning intentions and the NWL Clinical Reference Group recommendations. The PCT will supplement this framework knowledge by engaging local

clinicians in determining commissioning intentions. The contracts with the three main providers will be more onerous than in 2008-09 with an emphasis on quality and outcomes as well as value for money. The impact of the initiatives outlined within this CSP is shown elsewhere but point here is the PCT is already working with the three providers to work through the activity and funding issues that arise from the transfer of care from an acute to a Primary and Community care setting.

With the advent of the Autonomous Provider Arm (APO) initiative the PCT is committed to working with the APO in developing a robust contract for the delivery of Community services. The PCT will learn from other commissioners in terms of developing the contract and agreeing the key performance indicators to ensure the needs of Hounslow residents are met.

Mental health services are commissioned by a joint team across the London Borough of Hounslow and NHS Hounslow. A number of programme budgeting reviews and analysis of world class commissioning metrics indicate that whilst mental health spend in Hounslow is in line with the rest of the country, it is disproportionately focused on acute mental health to the disadvantage of capacity and breadth of services within primary care settings. As a consequence the impact of mental health patients on the rest of the acute sector is high, most notably within A&E and also in relation to patients who experience excess lengths of inpatient stay.

During 2009-10 the PCT will review programme budgeting returns, health needs assessment and current contracts to determine whether or not the PCT is being provided with the right type and nature/range of services for patients and for those services, whether the PCT is receiving the highest quality and best value of services.

During the latter part of 2008-09 the PCT will review the performance framework to ensure all Providers are delivering the quality Health outcomes outlined and the value demanded when we spend public funding within World Class Commissioning.

Specifically the PCT, as a commissioning organisation will ensure this through agreed performance metrics.

5.3. Developing Capacity and Capability

There are a number of factors that influence the successful management of patient services:

- Clinicians leading change
- Clinicians and managers working together
- Building trust and developing good working relationships
- Team working and a sensible division of labour
- Focusing on patients with co-morbidity
- Engaging patients in design of services
- Shared information
- Shared resources
- Systematic application

NHS Hounslow has identified a number of capability and capacity gaps that impede addressing the above factors. The gaps are outlined in the organisational development plan. In part it explains the

limited progress of NHS Hounslow to implement its ambitious change programmes. The gaps and issues fall into two categories:

1. Lack of leadership and prioritisation both managerial and clinical.
2. Poor systems, processes and working environments.

The objectives outlined in the organisational development plan are as follows:

1. Building culture, capacity and capability for improvement in the organisation
2. Enhance clinical engagement to deliver improved health outcomes
3. Strengthening primary and community care
4. Increasing patient, public and staff engagement
5. Improve financial robustness and performance delivery

They are summarised in the following break down structure, under the two themes of:

Developing effective leadership – this is a combination of having internal systems and processes in place and the overall disciplines to ensure delivery of change in particular by applying a programme management framework. It also involves enhancing clinical engagement and ownership across PbC and the wider health economy, along the lines outlined in sections 4.8.1, 4.8.2 and 4.8.3 below.

Improving effectiveness and efficiency – In order to deliver on the change agenda there need to be a wide range of standard working practices across a range of commissioning functions. The working environment is a key influence on the organisational culture which needs to be addressed; moving out of the existing cramped and substandard accommodation would support this. There are several tools and techniques available to the PCT that have to be embedded or followed through such as the Dr Fosters and in-house systems for contract monitoring, or Share point and ACT to improve workflow and efficiency. There are advanced analytical tools that would support commissioners to implement a more targeted approach to service redesign and financial recovery. Delivery of the initiatives will be crucial to PCT success and a full programme management function will be developed outlining actions, responsibility, investment, timelines, risks and escalation policy.

5.4. Future Performance

By its nature this commissioning strategy plan provides a framework for the whole organisation's change agenda. There is an existing governance framework within the PCT that will monitor the phases of the commissioning strategy plan from differing perspectives as part of its routine work, namely: Finance and Delivery Committee, Health Performance Committee, Integrated Governance Committee, the Capital Strategy that have executive, non-executive and clinical membership. These all report up to the PCT board. In addition the PEC and PbC groups have active involvement and engagement in monitoring aspects of this commissioning strategy.

A number of respective programme/project boards have been established that oversee the direction and process of delivery for each initiative, such as for unscheduled care and the development of primary and community care services. These groups have clinical membership as well as involvement of key external stakeholders. They would report up to the commissioning strategy programme board using a monthly highlight reporting system.

The existing executive directors will take overall responsibility for:

1. Initiation, sponsorship and sign-off of project business cases

2. Project organisation and plans
3. Monitoring and control of progress
4. Benefits realisation
5. Problem referral, risk and issue management
6. Formal closure
7. Post-project review


This group will then provide a detailed quarterly review of the progress on the commissioning strategy plan and present it to the PCT board. This will give an overall view of progress and delivery on milestones. There is an established commissioning strategy plan balanced scorecard that displays planned trajectories, current position on performance as well as a do nothing position. This is also refreshed on a monthly basis. An extensive annual review has been carried out to highlight the progress on activity shifts, and it is proposed that an annual strategy health check and reassessment is performed.

It is critical that the diverse range of stakeholders particularly patients and stakeholders have a clear understanding and engagement in the change programme. Where appropriate, focus groups will be established that will guide and challenge the change programme on a regular basis. Progress on the strategy will be communicated on a regular basis to a wider audience of stakeholders on a six monthly basis.

Milestones

Based on the programme of work outlined in this document and the associated investments a number of key deliverables and service implementations are identified in the chart below. The milestones represent a period when then change has been facilitated and the service is in routine operation as far as existing funding streams allow.

Strategic Initiative	Initiative	2009/10				2010/11				2011/12				2012/13			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>Develop real and deep engagement with primary and community care</i>																	
	PBC																
	Provider Arm APO																
	Hub and Spoke																
<i>Use Market development, contract mechanisms and performance management to ensure value for money and high quality services are delivered to Hounslow residents</i>																	
	Performance Improvement																
	Market Management/contract and performance management																
	Urgent Care tender																
	Equitable Access Tender																
	Prison Health																
<i>Working with partners to effect desirable change – largely centralisation / ensuring critical mass</i>																	
	Enhanced PCT capacity and capability																
	Healthcare for London - Polyclinics																
	Stroke																
	Trauma																
	Maternity																
	Urgent Care																
	NWL PCTs																
<i>Engaging the Public in developing a wider range of services as alternatives to hospital – largely decentralisation without destabilising related services (includes the initiatives outlined elsewhere)</i>																	
	CCG/CSG																
	JCPCT																
	Strategic Review of Services																
	Vascular Strategy																
	Obesity Strategy																
	Hospital at Home																

 Key milestone, majority of programme deliverables in place.

5.5. Risk management

The risks identified in this section have been developed and reviewed with full participation of the board.

Lack of capacity and capability of primary and community care to deliver efficient, high quality services in the required timescales	4 (high)	4 (high)	<ul style="list-style-type: none"> o Capacity and capability of primary care to take up increased and diversified role in patient care o New management for GP practices o Having robust SLAs and contract monitoring mechanisms in place o Offer incentives o Greater use of Community pharmacists o Further investment in capacity and training using funds released from acute care
Lack of capacity and capability of practice based commissioning to commission appropriate services	4 (high)	3 (medium)	<ul style="list-style-type: none"> o Capacity and capability of primary care to take up increased and diversified role in patient care o Engagement of practice based commissioning clusters in delivering change agenda o Offering incentives o Involve GPs in SLA negotiations o Further investment in capacity and training using funds released from acute care.

<p>Lack of capacity and capability in the commissioning arm of the PCT to project manage the change initiatives, achieve stated benefits within the required timescales.</p>	4 (high)	4 (high)	<ul style="list-style-type: none"> o Robust programme management framework developed and implemented o Robust contract management systems o Commissioning support services o Outsourcing o Further investment in capacity and training using funds released from acute care.
<p>Diverse priorities across the local health economy and within the PCT</p>	3 (medium)	5 (very high)	<ul style="list-style-type: none"> o Clear and comprehensive strategy and programme plan developed in agreement with stakeholders o Clearly articulating where the PCT will withhold support for service developments in the acute sector if not aligned to strategic plans o More challenging discussions with providers o Clarity and agreement with London Borough of Hounslow about what are PCT core business functions o Continue to support clinician to clinician relationships
<p>Attitudes of patients and the public preferring to use hospitals</p> <ul style="list-style-type: none"> o Attitudes of patients towards using primary care services as opposed to acute services, resulting in patients still preferring to go to hospital even when there are alternatives 	3 (medium)	4 (high)	<ul style="list-style-type: none"> o Stakeholder engagement programme to ensure widespread ownership of the commissioning strategy plan o Communications programme integrated with health improvement initiatives o One stop telephone number for accessing services o Development of health centres closer to home with a portfolio of services o Sustaining and growing the good elements of general practice o Improve ease of access

<p>Historic reputation and inability to sustain momentum when delivering change – internal factors</p> <ul style="list-style-type: none"> ○ Historic reputation or credibility of the PCT to deliver change ○ Historic reputation or creditability of the PCT to achieve financial balance ○ Delaying shifting activities from secondary to primary care ○ Sustaining the momentum of change management and organisational development 	3 (medium)	4 (high)	<ul style="list-style-type: none"> ○ Focus on initial quick wins ○ Benefits realisation plan development ○ Clear project plans with adequate resourcing ○ Strong communications and stakeholder engagement programme ○ Further investment in capacity and training in programme and project management using funds released from acute commissioned activity
<p>Affordability and activity forecasting</p> <ul style="list-style-type: none"> ○ Limited affordability of the shift of activity to primary care, excessive start-up costs ○ Over-expansion of local capacity, overestimating demand 	4 (high)	3 (medium)	<ul style="list-style-type: none"> ○ Re-think/review independent sector provision ○ Create headroom to make quick wins ○ Identify where infrastructure can support plans without major additional costs ○ Quick movement Secondary to Primary Care to release £s ○ Implementation of a benefits realisation framework ○ Detailed business modelling and quantitative business risk analysis ○ Extensive use of pilots ○ Flexibility in contractual agreements with providers in terms of business risk sharing
<p>Slow momentum when delivering change – external factors</p> <ul style="list-style-type: none"> ○ Poor centralised workforce planning across London ○ Lack of momentum within the sector when a coordinated systematic approach is required ○ Lack of adequate workforce and suppliers. 	3 (medium)	4 (high)	<ul style="list-style-type: none"> ○ Maintaining momentum where the PCT is leading when compared to peer organisations ○ Keep communicating with the SHA, the sector and other central organisations ○ Proactively feed back on the progress to date and the obstacles to progress ○ Redesign roles and responsibilities.
<p>Risk of destabilising the health economy</p> <ul style="list-style-type: none"> ○ Local acute provider heavily reliant on providing non-elective activity. ○ Provider arm small and slow to respond to increased competition. 	4 (high)	3 (medium)	<ul style="list-style-type: none"> ○ Close integration and involvement of local providers in service redesign Encouragement and support for local providers to tender for new service provision.

5.6. Organisational Requirements and Enablers

The organisational requirements and enablers are already outlined in section 4.8 of this document. NHS Hounslow has identified several key gaps in capability and capacity that limit the pace and effectiveness of the organisation to bring about substantive change. Without robust systems in place progress will remain to be slow. NHS Hounslow has embarked on a comprehensive programme of organisational development, under the heading of Step Change, that incorporates the following elements:

- Move to a new unified HQ building to allow all commissioning staff to be located centrally and allow for easier communication and collaboration between teams
- Introduction of new business support tools to help NHS Hounslow use its data in a more intelligent way to facilitate more targeted and strategic commissioning
- A programme of training and workshops to ensure all teams are working towards World Class Commissioning goals and competencies

6. Declaration of Board Approval

The initiatives identified in this document have been discussed and selected with the direct involvement of the PCT board, the PEC, PbC clusters and other senior managers as well as a number of external stakeholders.

This document outlines the key priorities for the PCT over the next 5 years and the board fully supports both the funded initiatives as well as the ambitions. It is recognised that at each key stage of this commissioning strategy there will be consultation and engagement with relevant stakeholders.

The board looks forward to seeing the benefits and outcomes of this strategy and a step improvement in health inequalities within Hounslow.

Addendum to the NHS Hounslow Commissioning Strategy Plan

The following pages outline more specifically the objectives, plans and trajectories for improving performance on World Class Commissioning outcomes metrics chosen by NHS Hounslow. In addition further detail is given on the outline plans for the development of the polysystem development of primary and community services in Hounslow.

Action Plans for World Class Commissioning Outcome Metrics

World Class Commissioning Outcome Metric : Percentage of stroke admissions seen by a physiotherapist within 72 hours

Current Position

- Current performance amongst worst in London, at 49% compared to London median of 74%
- Stroke deaths within 30 days amongst highest in London at 31618 per 100,000 compared to London median of 21227.
- Expected stroke prevalence rate in Hounslow is 2%, reported level is 1%.
- Number of deaths in hospital of Hounslow population is amongst the poorest in England.
- Survival after stroke is poor.
- Non-achievement of related targets due to capacity of stroke unit
- Application to NHS London to develop a local stroke unit

Trajectory for Improvement in Percentage of stroke admissions seen by a physiotherapist within 72 hours to reach London median performance

2007/08 (baseline)	49%
2008/09	54%
2009/10	59%
2010/11	65%
2011/12	70%
2012/13	74%

Objective/Aim

Improve performance on target to achieve the London median of 74%.

This outcome metric is a good indicator of the capacity and quality of referral pathways for stroke rehabilitation services and is a basis for monitoring the wider stroke strategy within the Healthcare for London programme.

The NHS Hounslow strategy is to meet/exceed the national targets and improve patients outcomes (including reducing mortality) by adopting the following specific objectives:

- Fully support and participate in the Stroke programme of Healthcare for London.
- Work with WMUH to develop a stroke care improvement plan to turnaround the poor performance, and meet the stroke targets in 2008/9.
- Perform more detailed modeling of the impacts to activity and finance.
- Funding: The CSP states clearly that the Stroke strategy is Priority One, and the intention is to fund the investment required out of £3.35m which is to be borrowed for funding of all Healthcare for London initiatives.
- Develop needs assessment for Stroke rehabilitation, both bed based and home based. A review has been initiated (November 2008) and is to conclude in January 2009.
- Neuro Rehab: address the shortage of highly specialised neuro-rehabilitation centres and the capacity must be increased to meet demand. The following centres can provide the services:
 - Northwick Park Regional Rehabilitation Unit for complex physical. (Not accessed locally by older people.)
 - The National Hospital for Neurology and Neuro surgery, Queen Square,(North Central)
 - The Royal Hospital for Neurodisability, Putney (South West)
- Access to specialized neuro-rehab will be addressed by reviewing and redesigning the referral pathway, including address the point in the overall stroke pathway that a referral is made to the specialized commissioning consortia provider group at the Hammersmith and Fulham PCT.
- Work in partnership with the London Borough of Hounslow in the recruitment of a Community Stroke Coordinator, to work across organisational and professional boundaries to develop community-based stroke services.
- Develop plans for increasing Stroke awareness/prevention in the community.
- Work with the Local authority to develop support services for carers of stroke patients

Action Plan

Data Quality

WMUH are performing detailed work to improve both accuracy of recording of Stroke cases, and in measuring the Vital Sign measures. An external consultant from Healthworks is assisting in this process.

Management of Service Delivery

NHS Hounslow has implemented a Cardiovascular Strategic Alliance chaired by a lead GP and managed by the Public Health Directorate. This alliance has representation from across the local health and social care community, providing overarching programme management and strategic direction for a number of working groups covering vascular diseases such as Coronary Heart Disease, Diabetes and Stroke.

NHS Hounslow has appointed a Director to be responsible for HfL initiatives including Stroke.

WMUH have formed a Stroke Improvement Project team, which has a specific action plan.

Service delivery will be maintained by formal monthly review of WMUH actions plan progress, by regular reporting and by a standing item at the contract monitoring meeting.

Stroke will also be considered as an inclusion in the C-QUIN Quality Improvement incentive scheme in the 2009 -10 contract.

Action/Initiatives/ New Services Commissioned in 2009/10

NHS Hounslow will support the HfL initiative for Stroke: Subject to the HfL Stroke designation services, specific actions are to:-

- Commission Hyper-acute Stroke services from Imperial, including thrombolysis care however see risks.
- Support and encourage WMUH to meet the current stroke targets in Jan-Mar 2009. See details below.
- Support WMUH to upgrade their services to "Stroke Unit" standard in month 1-6 2009-10.
- Review and specify improved and expanded stroke rehabilitation services, so that patients receive comprehensive stroke rehab soon after the most acute phase is passed. This is subject to additional funding requirements.
- Model activity forecasts, and include in contract baselines. Approx 3% growth in Stroke cases per year is expected, based upon a baseline of 300.

The WMUH plans to improve Stroke Services are as follows: These actions are to be complete by 31st March 2009

Data collection

- Establish systems and process to collect, validate and submit data.

Direct admission to stroke unit

- A&E direct admission protocol and operational policy to be agreed with Stroke team and site manager.
- Agree process for transferring stroke patients to Stroke unit who have not been directly admitted.

Expand acute stroke bed base

- Agree bed number based on activity and anticipated LOS.
- Therapy business case to Execs.
- Consult with staff on proposal and change in bed base.
- Agree case mix for remaining beds.
- Change therapy allocations.
- New Consultant to commence employment (locum).
- Start direct admission to the Stroke Unit.

Rehab/discharge protocols

- Discuss and agree with commissioners the way forward with slow and specialist rehab to ensure turnover.

Risks to Delivery with Mitigating Actions Planned

1. The initial results from HfL designation process are that WMUH can qualify for "SU" status, but failed the "TIA" status. Unless addressed locally by WMUH, this will require NHS Hounslow to change the pathway and commission elsewhere.
Mitigation: NHS Hounslow will work with sector Stoke Network and HfL to address.
2. The initial results from HfL designation process give a very poor coverage of HACU in the NW London area. Although Imperial is expected to receive HACU status, this inadequately covers the whole of the Hounslow area.

Mitigation: NHS Hounslow will work with sector Stroke Network and HfL to address.

3. There is a shortage of specialist Neuro rehabilitation services in the Hounslow regions, resulting in some long acute stays awaiting appropriate placement.

Mitigation: NHS Hounslow will continue to work with Specialised Commissioning to address.

4. Insufficient funds to improve Stroke services.

Mitigation: NHS Hounslow will continue to address with NHSL

World Class Commissioning Outcome Metric : Proportion of women aged 53-64 offered screening for breast cancer

Current Position
<ul style="list-style-type: none"> • Current level 67.3%, national median 76.3%. • Breast cancer mortality rates one of highest in London at 31.02 compared to London median of 27.67 per 100,000. • Breast cancer incidence amongst lowest in London at 92.2 compared to London median of 104.6 per 100,000. • Poor take up of screening (30% do not attend appointments) and site locations of mobile units, lack of privacy and appropriate settings for mobile screening units. 13% of all cancer inpatient activity for breast cancer, highest cause of premature deaths in females in Hounslow <ul style="list-style-type: none"> • Above indicate late detection and poor survival rates.

Trajectory for Improvement in Proportion of women aged 53-64 offered screening for breast cancer	
2007/08 (baseline)	60%
2008/09	63%
2009/10	66%
2010/11	70%
2011/12	73%
2012/13	76%

Objective/Aim
<p>To improve uptake of breast screening service within Hounslow to achieve coverage target of the London median of 76% (i.e. above the minimum standard of 70%).</p> <p>To improve access to breast screening service by commissioning a static breast screening service at Heart of Hounslow Centre for Health, and to accommodate the additional workload associated with the age extension. The services from the HoH continued to be provided by the West of London Breast Screening Service (WOLBSS).</p> <p>To continue awareness raising work in Hounslow, more intensified programme planned in Quarter 3 of 2008/09 (in particular with black and ethnic minority groups).</p> <p>To provide Hounslow GPs with quarterly uptake data by practice.</p>

Action to Improve Performance
<p>Data Quality</p> <p>The Data Collection was an issue identified by the QA Audit in March 2008. Escalation of non compliance to be agreed by the Host PCT for the 09-10 contract specifications.</p>
<p>Management of Service Delivery</p>

Breast screening for eligible women (50-70yrs) in Hounslow is commissioned from the West of London Breast Screening Service (WoLBSS), which is part of the Imperial College Healthcare NHS Trust. WoLBSS also provides breast screening for Kensington & Chelsea, Hammersmith and Fulham, Ealing, and Hillingdon PCTs. WoLBSS is based at Charing Cross Hospital and also provides screening from three mobile screening units, as well as a new static unit at St Mary's Hospital

Hounslow women are screened in a mobile unit at various locations within Hounslow e.g. West Middlesex Hospital (WMUH) Car park, Feltham Airsparks car park. The screening for 2008/2009 is planned to commence from 26th Dec 2008 until end of June 2009 at WMUH, Heart of Hounslow Centre for Health and at the Feltham location. Total 600 women are planned for screening.

The Static Breast screening unit at Heart of Hounslow should be ready for last quarter of 2009/10 subject to sufficient capital allocations from NHSL and will add to the capacity to deal with the extra workload arising from the age extension and women with disabilities.

The contract is monitored quarterly by WoLBSS Commissioning Consortium chaired by the Director of Commissioning, Ealing PCT and performance is monitored against the contract including activity and quality of service provided

Action/Initiatives/ New Services Commissioned in 2009/10

Various initiatives have been taken to increase the uptakes at Hounslow and to address the age extension targets to be implemented fully by the end of 2012:

1. Heart of Hounslow (HoH) static unit: NHS Hounslow Board has approved proposals for commissioning a static unit at HOH, a capital grant has been agreed in principle (subject to sufficient allocations from NHSL) for development and investment in this year. Architects have been appointed to draw up feasibility project plan for the development of clinical space at the HoH. The time scale for presenting the plans and costs is June 2009 through the governance process for decision making. Builders will be appointed following that. Breast Screening Static Unit specifications and patient flow requirements will be included in the above feasibility plan and will be given high priority, aim to be completed for 2009. The static unit will improve the quality and accessibility of the service and provide additional capacity.
2. The service will be designed to incorporate the requirements including age extension and moving over to digital imaging machine in the future. The unit will be developed to ensure breast screening services are delivered in a women friendly environment with a view to improve take up of services and reduce DNA rates.
3. Training: Health promotional training amongst the health service providers and various community groups has been planned to encourage eligible women to come forward for screening and to promote Breast screening
4. Increase awareness amongst women: Promotional packs with various leaflets about breast screening facts are being sent out with the invitation letters. Other promotional items like trolley coins with WoLBSS contact details are being proposed for future.
5. WoLBSS web site: WoLBSS has just launched their new interactive website with in depth information about breast screening. The information comes in different languages. The new site allows women to change the appointment online.
6. DNA and differed appointments Follow Up letters: WoLBSS are going to send a second open appointment letter to all the women who DNA to give them a second opportunity to come back for a screen.
7. Public Health Project Manager for Screening Appointed : a project manager for screening services will be appointed to lead all work related to the breast screening service. A particular

focus will be on the coordination of outreach health education activities with hard to reach or poorly responding communities (to invitations to attend screening).

8. Review of service : a public health consultant has been engaged to review the current service including the service specification in order to assess the efficacy and efficiency of the breast service for the Hounslow population. Best practice learning will be brought in from other PCTs that have managed to successfully turnaround their performance on this metric.

Risks to Delivery with Mitigating Actions Planned

- Delay in the setting up of the static unit may result in not having enough capacity to deal with the extra work load – Robust project coordination required with the West London Estate to complete the building work within the agreed timetable.
- Lack of staffing levels to deal with the workload – WoLBSS is to review the staffing levels based on ONS population figures
- Lack of staff with required level of skills mix – WOLBSS to train appropriate level of staff.

World Class Commissioning Outcome Metric : Rate of smoking quitters per 100,000 population aged 16 and over

Current Position

- Annual target achieved, however not on a consistent basis throughout the year.
- Same segment of population that smoke also likely to have high alcohol consumption and lead sedentary lifestyles leading to other long term illnesses and poor health.

Trajectory Rate of smoking quitters per 100,000 population aged 16 and over

2007/08 (baseline)	1852
2008/09	1832
2009/10	1835
2010/11	1755

Objective/Aim

- To achieve a year on year improvement in smoking quitters.
- To continue the extensive smoking cessation programme that is already in place.
- To involve hard-to-reach communities, including manual workers and difficult target area: in-patients, pregnant women, mental health patients, routine and manual workers, minority ethnic groups, schools, workplaces and prisons.
- To agree targets for inclusion in contract with both West Middlesex University Hospital and Clinical Provided Services for number of referrals to Stop Smoking Service.
- To establish multi-agency Tobacco Alliance for the Hounslow local health economy.
- To develop a robust tobacco control strategy for Hounslow local health economy.

Action to Improve Performance

Data Quality

Data quality improved now that new North 51 Stop Smoking Service computerised database is in place.

Management of Service Delivery

Service provided and managed by Clinical Provided Services.

Actions

- Stop Smoking Service to increase efforts to train level 1 and 2 community advisors to deliver one to one programmes to increase the number of referrals and quitters into the service.

- Stop Smoking Service to continue its efforts to target the harder to reach and BME smokers by marketing and promotion at health and religious events across the PCT area, increasing the range of drop-in and group clinics in Primary Care and settings
- Stop Smoking Service to make a concerted effort to increase referrals more consistently across the year. This will involve gaining commitment from the wider health community and partners to increase referrals into the Service for conversion to quitters to meet targets.
- Stop Smoking Service to review social marketing existing initiatives to ensure that they remain effective.

GPs and Primary Care:

Maximise referrals by better coordination with primary and community services. Continue to offer LES payment of £5 for GP referred contacts to the Stop Smoking Service (SSS)

Dental Services:

Work with commissioners to engage all dental services. At present only 7 practices referring into SSS.

Pharmacists:

Continue to support and encourage commitment to the Stop Smoking initiative run by Community Pharmacists and other community advisers offering 1:2:1 support to individuals.

Other Services:

SSS to continue to work closely with WMUH, FYOI, WLMHT and other providers. Referrals Targets for SLA with WMUH and Provider Services for 2009-10 set. Stretch target linked to C-QUIN to be finalised.

Marketing:

SSS to Increase promotional materials and work with PCT and borough communications leads more effectively.

SSS to work with Coupon Post a private marketing company to inform the public about the service.

SSS ongoing work to chase previous contacts to the service to who are continuing to smoke.

SSS to work with public health intelligence team to carry out market segmentation, and targeted case finding of most likely smokers.

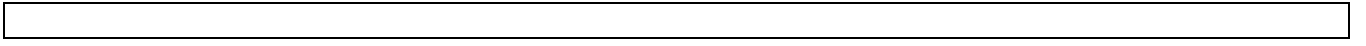
Risks to Delivery with Mitigating Actions Planned

Risk:

- The service requires an increase in referrals from the wider health community for conversion to quitters to meet targets

Mitigation:

- Stop Smoking Service to gain commitment from the wider health community and partners to increase referrals into the Service for conversion to quitters to meet targets.



World Class Commissioning Outcome Metric : Teenage conception rates per 1000 females aged 15 to 17

Current Position	
<ul style="list-style-type: none"> Conception rate per 1000 females aged 15 to 17 is at 43.9, where the target is 38.6. 	

Trajectory for Improvement in Teenage conception rates per 1000 females aged 15 to 17	
2007/08 (baseline)	46.70
2008/09	38.57
2009/10	24.85
2010/11	24.69

Objective/Aim
<ul style="list-style-type: none"> To reduce the number of teenage pregnancies by improving access to young people friendly sexual health services. To ensure, via robust performance management by the Public Health Lead and the PCT Health Performance Committee, that Teenage Pregnancy Partnership Board works more effectively to deliver the agreed action plans. To ensure that activity data is more effectively shared across the PCT and the Borough's Teenage Pregnancy Team

<u>Action to Improve Performance</u>
<p>Data Quality</p> <ul style="list-style-type: none"> Improved – Birth notification and antenatal referrals are now shared between PCT and the Borough's Teenage Pregnancy Team as of January 2008. Work underway to obtain 2007 data to build up more up to date data set for the borough. Teenage Pregnancy Team and Connexions work together on database for young parents and young parents to be. Greater understanding of what services are in contact with those young people and what referrals are required. Need to engage more agencies that have data that is relevant to the needs of the Teenage Pregnancy Team. <u>Barriers:</u> Sharing of data between agencies still not routinely actioned or agreed. Not all services have computerised record keeping and therefore does not enable easy sharing of data.
Management of Service Delivery

Service delivery overseen by Teenage Pregnancy Co-ordinator and Teenage Pregnancy Partnership Board.

A full range of high quality services are offered, however still limited by venues:

- Full range of STI services available via WMUH Sexual Health Clinic.
- Full range of contraception services via Community Sexual Health Clinics.
- School and Youth service settings have limited services available.
- Appropriateness of venues need to be explored in line with Best Practice guidance (You're Welcome)

Action

- Development of 'timely' dataset
- Engage relevant agencies and agree data sharing protocols and arrangements
- Implementation of sexual health strategy and roll out of young people's community sexual health services
- Promotion work supporting re-branding of local young people's community sexual health services
- Assess working group membership and performance after a year in existence.
- Stronger link between Teenage Pregnancy Partnership Board and Looked After Children Health Group
- Working with Public Health Intelligence to carry out segmentation and predictive modelling to identify higher risk groups for future teenage pregnancies to inform focus on schools and localities.

Risks to Delivery with Mitigating Actions Planned

Risk: No trained school nurses in post to support the work, relying on support from a small public health team.

Mitigation: Management of Teenage Pregnancy Team now under remit of London Borough of Hounslow Children's Services directorate (formerly Adult Social Care directorate). New Teenage Pregnancy Co-ordinator to work more closely with of London Borough of Hounslow Healthy Schools Co-ordinator and PCT 0-19 years Service.

World Class Commissioning Outcome Metric : Obesity among primary school age children in year 6

Current Position	
<ul style="list-style-type: none"> • Obesity prevalence reception in reception classes is 13% • Obesity prevalence in year 6 classes is 23% • 89% primary school children are screened • Programme budget spend on healthy individuals one of the lowest nationally 	

Trajectory for Improvement in Obesity among primary school age children in year 6	
2009/10	23%
2010/11	23%

Objective/Aim
<p>HEALTHY WEIGHT MANAGEMENT PROGRAMME</p> <p><u>Overall Aim:</u> To support the national Change 4 life movement and halt the increase in the proportion of Hounslow’s population who are overweight or obese. This will require strong leadership by NHS Hounslow working in conjunction with a wide variety of engaged and active partners and stakeholders within the statutory and community sector.</p> <p><u>Objectives:</u></p> <ul style="list-style-type: none"> • To continue ongoing implementation of the National Childhood Measurement Programme – Reception and Year 6 and associated activities – including the development of a focused weight management group for children and families. • To maintain the level of over 90% of eligible children being measured. • To ensure a timely return of information to families about the results of measurements and weight management in general. • To develop the Hounslow Overweight & Obesity Prevention Service (HOOPS) programme as outlined in the commissioning strategy plan. • To create greater health promotional capacity within both the existing 0-16 service and the wider community with the introduction of a Specialist Health Promotion Practitioner post

<u>Action to Improve Performance</u>
<p>Data Quality</p> <p>Data recording has been good locally with over 92% measurement coverage for both reception year R and year 6.</p>
<p>Management of Service Delivery</p>

Hounslow Overweight & Obesity Prevention Service to be managed by Joint PCT/LA Obesity Service Manager

Action/Initiatives/ New Services Commissioned in 2009/10

- Additional £250k - Development of the Hounslow Overweight & Obesity Prevention Service (HOOPS).
- Weight management group for children and families – to provide support to 200 persons per year through 12 week family healthy weight programmes.
- Launch of Hounslow Obesity Strategy
- Pharmacy Weight Management Project
- Expansion of Exercise Referral – increased capacity for 200 additional persons per year with the exercise referral scheme
- Women and girls project – to increase physical activity participation in 1400 women and girls.
- Health walks - To get 500 people regularly participating in physical activity through Health Walks Programme
- Healthy Weight Training - 25% of PCT workforce and 250 persons from community organisations trained to a minimum of level 1 by 2014.

World Class Commissioning Outcome Metric : Percentage of infants breastfeeding at 6-8 weeks

Current Position				
<ul style="list-style-type: none"> At Q4 2008/09 performance was at 54% where the target was 85%. Lack of capacity in health visiting services due to increased demand and growth in number of births. <ul style="list-style-type: none"> Data recording and reporting problems. <p>Position in 2007/08 indicates a high prevalence amongst women aged 20 to 35.</p>				
Age of Mother	Not at all Breast fed	Partially Breast fed	Totally Breast fed	Total
<20 years	64(6.7%)	10(1.4%)	23(1.7%)	97
20-35 years	752(78.3%)	577(80.3%)	1085(78%)	2414
>35 years	145(15.1%)	132(18.4%)	268(19.5%)	545
Total	961	719	1376	3056
Data indicates significantly low prevalence amongst Asian women, which is counterintuitive due to the cultural norms of this ethnic group.				

Trajectory for Improvement in Percentage of infants breastfeeding at 6-8 weeks	
2009/10	57.1%
2010/11	63.6%

Objective/Aim	
1.	To improve data coverage of breast feeding status at 6-8 weeks
2.	To improve breast feeding prevalence at 6-8 weeks

Action to Improve Performance	
Data Quality	
<ol style="list-style-type: none"> Advising completion by practices of the breast feeding status box on the Red Book form GP notification via Red Book form submitted to Rio to be improved by monitoring returns by GP practice by regular 'breast feeding/missing 6-8 reviews management reports' and following up low return rates or practices batching forms Advising practices they can scan in the Red Book form and email on NHS net Investigation of whether failure to attend is an issue for 6-8 week checks 	
Management of Service Delivery	
<p>General promotion of breast feeding:</p> <ol style="list-style-type: none"> NHS Hounslow breast feeding policy to be ratified Promotion of breast feeding to form part of development of women's health facilities and Health Zone within Heart of Hounslow Centre for Health Polyclinic development Exploration of further opportunities for joint working between community midwives, health visitors and NCT at Heart of Hounslow to be explored <p>Timely and specific advice as early as possible to new mothers:</p>	

4. WMUH's community midwives to be commissioned to issue discharge summaries to that wavering breast feeders can be followed up
5. 0 -16 service children's service to be commissioned to continue work with NCT to provide breast feeding groups
6. All new mums to be given appointment for breast feeding group by community midwives
7. Health visitors to carry out timely new birth visits so that timely education and encouragement about breast feeding is given

Risks to Delivery with Mitigating Actions Planned

Risk of new birth visits carried too late to give timely advice on breast screening.
Mitigation is to make commissioning expectations clear and to monitor closely. To address gaps in health visiting capacity for Hounslow.

World Class Commissioning Outcome Metric : All-age all-cause mortality

Current Position

- Life expectancy at birth in Hounslow is 81.2 years compared to average for London of 82.4 years.
- Three main reasons for premature death between 2003 and 2007 in Hounslow are :
 - Diseases of circulatory system (36%) where coronary heart disease is the highest
 - Neoplasm (26%) where breast cancer is the highest
 - Diseases of the respiratory system (15%) where COPD is the highest
- Current rates for both males and females is ahead of target

For males

- 2004-06 3yr pooled rate = 785.25
- 2005-07 3yr pooled rate = 753.31

For females :

- 2004-06 3yr pooled rate = 559.63
- 2005-07 3yr pooled rate = 531.72

Trajectory for Improvement in All-age all-cause mortality per 100,000

2008/09	Males : 762.00, Females : 559.00
2009/10	Males : 735.00, Females : 546.00
2010/11	Males : 718.00, Females : 538.00

Objective/Aim

The commissioning strategy plan addresses the underlying and direct main causes of premature death in Hounslow and some of the key areas of focus are on the vascular screening programme and the breast screening programmes. The selection of World Class Commissioning metrics closely correlate with and are subsets of the main causes of death. The current rates of mortality in Hounslow indicate that performance is better than expected.

The metrics address the key drivers :

- Early years : breast feeding at 6-8 weeks, obesity amongst children in year 6
- Women's health : breast cancer, teenage conceptions and particularly COPD prevalence
- Main causes of death : prevalence of hypertension, stroke patients accessing physiotherapy care, rate of smoking quitters

World Class Commissioning Outcome Metric : Unadjusted Hypertension prevalence

Current Position

- Significant under ascertainment.
- Hounslow reported prevalence is 14%, expected prevalence should be 26%

Trajectory for Improvement in Unadjusted Hypertension prevalence

2008/09	14%
2009/10	15%
2010/11	16%
2011/12	17%
2012/13	18%

Objective/Aim

To increase the reported prevalence rate less than half way between that reported in 2008/09 and that expected through public health models.

This would indicate better management of patients with higher risk of vascular diseases.

This objective would be achieved through :

- Raising awareness amongst primary around the level of under ascertainment.
- Implementing a case finding programme using segmentation and profiling tools to identify patients on GP lists whose lifestyle patterns may contribute to hypertension.
- Roll out of the vascular risk assessment programme both through primary care and also via community based roadshows.

World Class Commissioning Outcome Metric : Percentage of patients with COPD in a GP registered population

Current Position
<ul style="list-style-type: none"> • Significant under ascertainment. <ul style="list-style-type: none"> • Hounslow reported prevalence is 1.1%, expected prevalence should be 3.8%

Trajectory for Improvement in Unadjusted Hypertension prevalence	
2008/09	1.1
2009/10	1.32
2010/11	1.53
2011/12	1.75
2012/13	2.18

Objective/Aim
<p>To increase the reported prevalence rate less than half way between that reported in 2008/09 and that expected through public health models.</p> <p>This would indicate better management of patients with higher risk of respiratory diseases.</p> <p>This objective would be achieved through :</p> <ul style="list-style-type: none"> • Raising awareness amongst primary around the level of under ascertainment. • Implementing a case finding programme using segmentation and profiling tools to identify patients on GP lists whose lifestyle patterns may contribute to hypertension. • Roll out of the healthy lifestyles both through primary care and also via community based roadshows.

Future Plans for Development of Polyclinic System in Hounslow

The plans outlined in this document and in the main Commissioning Strategy Plan are in full conformance with the Healthcare for London strategy for Polyclinics and the development of primary and community care. As an early implementer of a polyclinic NHS Hounslow's short term focus is on establishing the Heart of Hounslow Center for Health as a fully functional polyclinic with a wide portfolio of services (including minor surgery) that meet the Healthcare for London specifications for a Polyclinic. Details of this programme are outlined in the main Commissioning Strategy Plan document.

However, NHS Hounslow has outline plans for developing other existing or future facilities within the borough that will increase the physical capacity, quality of clinical space and portfolio of services provided within the community. It is recognised that this will be subject to:

- Detailed consultation with key stakeholders including clinical personnel and patients.
- Analysis of the need and future projected demand for services in specific localities.
- Analysis of the financial viability and value for money for the investments.
- Availability of additional resources from NHS London for the development of facilities.
- Close integration of a network of primary and community care providers as well as specialist services across the borough.
- Development of specialisms at particular locations where there is a significant demand and ready supply of providers.

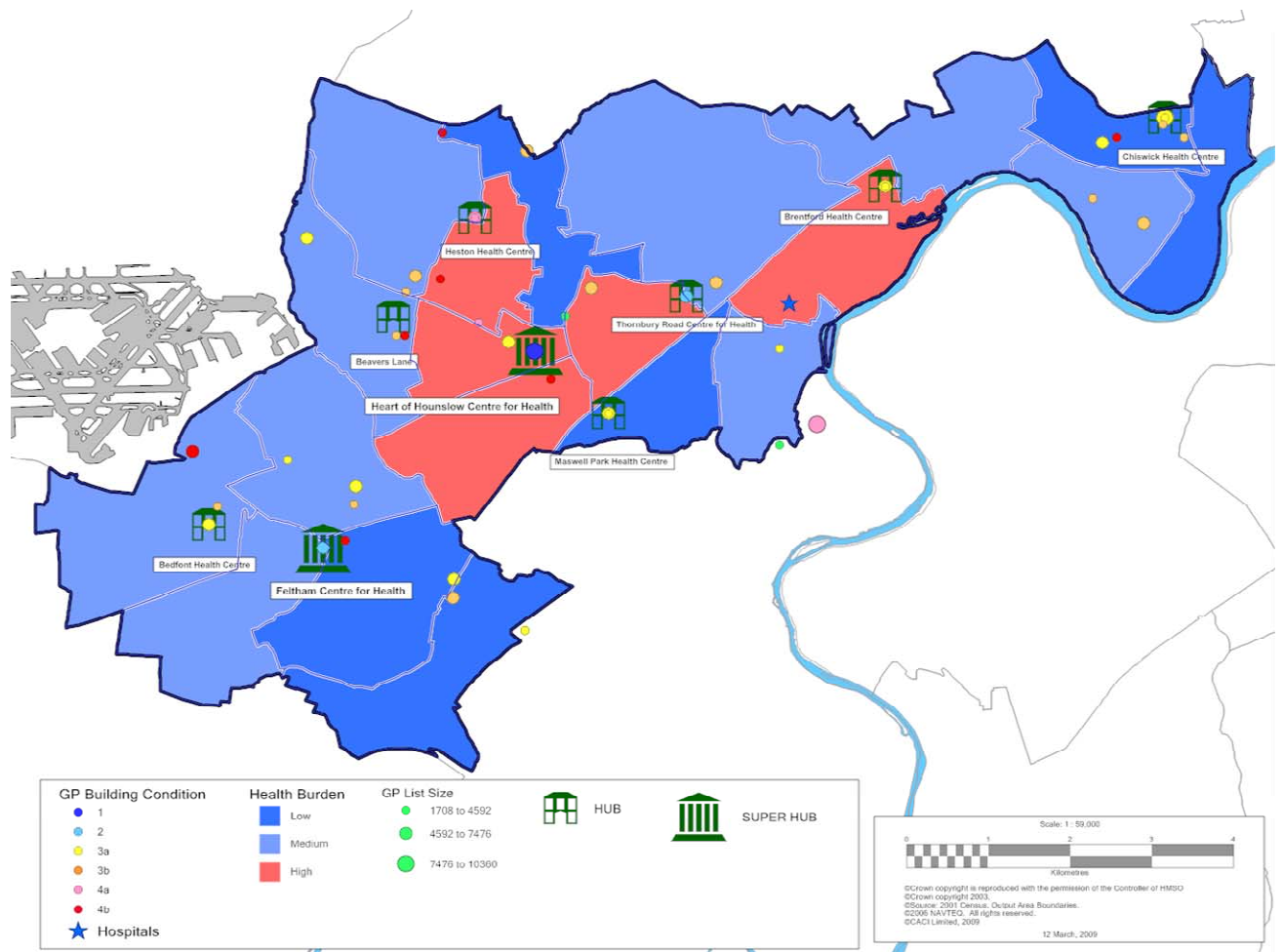
NHS Hounslow has a number of existing health centres and has underway an extensive programme of review and analysis for each site over the period 2009/10 in order to determine:

- Where the greater burden on health services exists within the borough.
- How effectively the existing facilities are being used and the true financial impact of the existing estate condition on the delivery of healthcare. For example, in most of its facilities it faces considerable overcrowding and lack of space for future expansion of services. This work will explore how adapting existing space and arrangements on the scheduling and use of space could improve capacity.
- What services need to be located where using existing patient level data on services such as Primary care, phlebotomy, long term conditions, community mental health, community services, specialist services, prevalence rates, population projections, travel times and accessibility of individual sites.
- Review of the condition of buildings owned or managed by the PCT as well as GPs to inform what buildings represent value for money for future development or bring up to conformance with statutory requirements.
- Discussion and engagement with GPs on an individual, locality, practice based commissioning and borough wide basis on future development plans for the polysystem.
- Review with other partners such as the London Borough of Hounslow and other local organisations providing care and sheltered housing services within the borough to establish joint approaches to the development of estates and integrated services.
- Exploring opportunities with neighbouring PCTs for joint developments, particularly in cases where there are significant numbers of patients accessing healthcare across PCT boundaries.

Using analysis of the health burden at a ward level and incorporating information on the condition of its estates the PCT has developed a prioritised list of future areas of focus. The sequence of development plans for its existing sites include :

- Shorter term : Heart of Hounslow, Feltham, Beavers Lane, Isleworth
- Medium term : Heston, Bedfont, Brentford
- Longer term : Chiswick, Maswell Park

The map below illustrates the sites for the network of healthcare facilities in Hounslow, where a super hub would be a polyclinic. The ward level shading illustrates the degree of burden on the health service that residents in these wards are incurring, as a proxy to the level of demand. Locations of GP practices are also illustrated by the bubbles which represent list sizes and the colour shows the building condition where 1 is very good, and 4b is substandard.



The initial analysis leaves NHS Hounslow with buildings in three categories :

1. Those in the right place in terms of accessibility and transport links, in a good condition and sufficient capacity to accommodate more services.
2. Those in the right place in terms of accessibility and transport links, in a poor and/or overcrowded condition with no capacity to accommodate more services without further development.
3. Those in potentially in a wrong place, where relocation is required because either the site can not be developed sufficiently or that by relocating the centre will be more accessible to a wider range of the local population.

It is proposed that GP facilities will be categorised in a similar manner as part of the review of their role in the network of primary and community services. The plans outlined below do not include the potential development of GP practice sites that have the potential for expansion of services, those plans will develop during 2009/10.

Short Term – Starting in 2009/10

Heart of Hounslow Centre for Health and Feltham Centre for Health. They are based in the centre and the West of the borough. The development programme for Heart of Hounslow is at an advanced stage, and the next focus is on Feltham as a new additional GP practice will be located at that site. Feltham offers a very good transport hub, and there is a distinct need of the local population for COPD management as well as sexual health services, and these could be some of the specialisms of this polyclinic. Development of Feltham as a polyclinic will be underway from the later part of 2009/10.

Beavers Lane is a long standing project in Hounslow, where a new GP led health centre would be established and the facility would also become the main offices of a provider managing six GP practices within Hounslow. Agreement has been finally reached, and this leased site is potentially under development during the later part of 2009/10 for occupation in 2010/11. In addition to GP services this site may be the base for community services as well as specialist sexual health services.

Isleworth Centre for Health is a building owned by the London Borough of Hounslow which houses a GP practice with a list size of over 3000 and a number of community children's services. The council have served notice that they wish the PCT to vacate the building and a number of short term options are being explored. One key factor is the proximity of this health centre to West Middlesex University Hospital, and future plans for an Urgent Care Centre on that site.

Medium Term – Starting in 2010/11

Heston Health Centre : Initial analysis shows that by relocating the Heston Health Centre in the North of the borough to a more accessible site there is the potential to co-locate a larger number of services, including GP practices within the area. Its proximity to the Heart of Hounslow would mean that this centre will predominantly remain as a large GP led health centre accommodating practices with a combined list size of in excess of 15,000 depending on its location. Options are being explored as to the collocation with council services or of the exchange of facilities in the area.

Bedfont Health Centre : this building is in very poor condition and is in close proximity to Feltham Centre for Health and it is not expected to develop it beyond a GP led health centre. It houses one GP practice and a number of community services. There is the potential to collocate another GP practice nearby in very poor accommodation giving a combined list size of over 8,000. Options are being explored around combined developments with public and private sector partners in the area as well as searching for alternative sites.

Brentford Health Centre : this site has undergone recent development of some of its clinical space, however there is significantly more demand for space to increase specialist clinical services.

Longer Term – Starting in 2011/12

Chiswick Health Centre is a large facility housing a number of GP practices with a combined list size of in excess of 20,000. A variety of community, specialist and mental health services are provided out of the building. There is considerable lack of capacity of clinical space. Due to its location and potential size. Early investigations show that the building would have to be a major redevelopment project. Analysis shows that other locations within the area would be more accessible to a larger population. Therefore, there is potential for developing the centre into a Polyclinic subject to it being in the right location, and sufficient funding to follow through the project. This centre would sit as the potential third polyclinic in Hounslow, however there needs to be close coordination with developments in Ealing and Hammersmith and Fulham PCTs.

Maswell Park Health Centre is a popular GP led facility that accommodates a number of practices with a combined list size in excess of 12,000. It also accommodates community services as minor surgery as well. It is very cramped accommodation. Its proximity to the Heart of Hounslow means that it is unlikely to develop beyond a GP led health centre. This centre is close to the border with Richmond and Twickenham PCT, almost 25% of the patients registered at this centre live in the borough of Richmond. There is a potential opportunity to locate this facility at a polyclinic that Richmond and Twickenham PCT are considering to develop.

Impact on Estates and Community Care Revenue Costs

As the development of primary and community care services progress and facilities are expanded, the overall estates costs for will significantly increase. At the moment the PCT has a relatively low cost base due to the limited amount of clinical space and the poor quality of what currently exists. The cost base is dominated by the two health centres at Feltham and Heart of Hounslow.

Due to the financial position of NHS Hounslow, it will have to carry out a rigorous value for money review for each and every development considering the health and economic impact of each scheme as well as the strategic fit within the wider Commissioning Strategy Plan. There have to be tangible demonstrable financial and health outcomes benefits in the reduction of demand for acute services as this investment is carried out for primary and community care.