

REPORT TO:	HEALTH & WELLBEING BOARD (CROYDON) 12 June 2013
AGENDA ITEM:	7
SUBJECT:	Croydon CCG Prevention, Self Care and Shared Decision Making (PSS) Strategy
BOARD SPONSOR:	Dr Agnelo Fernandes, Assistant Clinical Chair, NHS Croydon Clinical Commissioning Group

CORPORATE PRIORITY/POLICY CONTEXT:

This strategy has been developed to align with Croydon Health and Wellbeing Board's 'Joint Health and Wellbeing Strategy 2013-18' and support achievement of the latter's three goals, impacting on all six of its improvement areas.

Prevention is one of Croydon CCG's 9 key priority areas for, as outlined in the CCG Integrated Strategic Operating Plan 2013 /14 and delivery of the PSS strategy is linked with other CCG strategies, particularly Primary and Community and Urgent Care.

PSS is a priority area for a number of other Croydon organisations and partnership groups including Croydon Council and the Children and Family Partnership. Prevention is a significant component of the DASHH Adult Social Care Commissioning Strategy, CFL Primary Prevention Plan and the work of Public Health Croydon. There are numerous VCS organisations with a preventative aspect to their work.

Implementing this strategy will impact on all five domains of the NHS Outcomes Framework and associated outcomes frameworks ie Public Health, Adult Social Care, Clinical Commissioning Group Outcomes Indicator Set.

FINANCIAL IMPACT:

For the most part, this strategy will be delivered using existing resources and so will incur zero expenditure. It has been proposed that a limited budget of £38,000 be allocated for research, evaluation, engagement and tackling priority areas and that this should be shared jointly between Croydon CCG and Public Health Croydon, Croydon Council.

1. RECOMMENDATIONS

This report recommends that the health and wellbeing board:

- 1.1 Notes Croydon CCG's Prevention, Self Care and Shared Decision Making Strategy
- 1.2 Considers opportunities for integration with other related strategies, programmes and services in Croydon.

2. EXECUTIVE SUMMARY

- 2.1 Prevention, Self Care and Shared Decision Making (PSS) is one of Croydon Clinical Commissioning Group's (CCCG) nine priority areas for 2013/14. A third of ten and eleven year olds measured in 2010/11 were overweight or obese, nearly a third of adults in our poorest communities smoke tobacco and around 1 in 6 patients attending Croydon Urgent Care Centre in 2012/13 were just provided with advice.
- 2.2 The PSS Strategy will guide the way in which CCCG enables residents and patients to take greater responsibility for their health. It has a wide remit including: tackling the common risk factors for many of the main diseases affecting people in Croydon; self care for minor ailments; improving the appropriate use of health and care services; supporting self-management for people diagnosed with long-term conditions; increasing levels of shared decision making between patients and clinicians.
- 2.3 Many of the major diseases affecting patients in Croydon are caused by common risk factors such as high blood pressure and obesity and associated lifestyle behaviours such as poor diet, low levels of physical activity and tobacco and alcohol use. Prevention has been identified by the Kings Fund as a priority area for the new Clinical Commissioning Groups.
- 2.4 Self care has numerous benefits – it prevents disease, slows progression and reduces demand for specialist services. It is estimated that around 18% of GP consultations nationally relate to minor ailments that could be treated by the patient and their family or by pharmacies.
- 2.5 Self-management is a sub-set of self care. For people diagnosed with long term conditions, self- management involves following complex medical regimens and making changes in lifestyle such as losing weight and increasing physical activity.

An increasing number of patients in Croydon are being diagnosed with long term conditions and for them to be supported effectively the borough needs to develop services so that they are in line with national and international models of best practice.

- 2.6 Shared Decision Making is a process in which service providers and users work together to choose test, treatment, management or support packages, based on evidence and the service user's informed preferences. Shared Decision making can be supported through the use of specially designed information resources called Patient Decision Aids (PDAs).
- 2.7 There are a number of drivers for this strategy. Croydon health services are experiencing severe financial constraints due to both national resourcing of the NHS and local savings targets, while demand is increasing.

- 2.8 The numbers of children and older people in the borough are rising, with both groups requiring higher than average levels of care. Our local population is becoming increasingly diverse with an expected BME population of 50% expected by 2025. The use of new technologies such as smart phones and broadband internet is now commonplace, but their utilisation by health services has lagged behind other sectors.
- 2.9 CCCG aims to drive PSS in the borough through: using the commissioning process to embed preventive approaches; enabling self care; systematically developing PSS workforce skills; using targeted communications based on social marketing principles. Given current financial constraints, Croydon CCG aims to implement this strategy within existing activities, services and programmes, so that for the most part there will be no additional budget expenditure.

3. DETAIL

- 3.1 PSS Strategy document here

4. CONSULTATION

- 4.1 The drafting of this strategy involved consultation with members of Croydon CCG, Croydon Council including Public Health Croydon, South London Commissioning Support Unit, Croydon Voluntary Action and Healthwatch Croydon.
- 4.2 Due to the document having been produced during a period of large scale and rapid organisational change for a newly formed organisation, more extensive consultation with patients, service users and residents could have taken place. In order for delivery to be driven by effective PPI, the action plan stipulates that a PSS Patient and Public Involvement plan should be drafted at an early stage of implementation accompanied by extensive patient and public consultation to shape delivery.

5. SERVICE INTEGRATION

- 5.1 As the approach of this strategy is to embed PSS within existing services, it does not involve the commissioning of new services. However, given that PSS is being taken forward by numerous organisations and networks across the borough, Croydon HWB should consider opportunities for integrating the implementation of the strategy with other relevant programmes, partnerships and services in the borough.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 For the most part, this strategy will be delivered using existing resources and so will involve no additional expenditure. However a budget of £38,000 has been recommended for research, consultation and addressing priority areas. It has been proposed that this will be resourced equally between Croydon CCG and Public Health Croydon, Croydon Council

6.2 Risks

6.2.1 The main risk associated with this strategy is that the significant budget reduction being experienced by local authorities and NHS financial constraints result in an inability to resource prevention, self-care and shared decision making related programmes and services.

6.3 Future savings/efficiencies

6.3.1 While preventing disease from occurring in the first place is less costly than treatment, it has to be recognised that prevention is a long term investment. Research carried out into the savings resulting from Croydon's smoking cessation services in 2010 showed that for every £1 that is invested, there are £5 savings for smokers, health services and the local economy.

6.3.2 A significant aspect of self care is the appropriate use of health and care services and Croydon CCG's Primary and Community Strategy suggests a year on year reduction in planned and unplanned hospital activity with a significant proportion of this deriving from prevention, self care and shared decision making.

6.3.3 Involving patients in decisions about their treatments has been shown to reduce hospital activity and associated costs.

6.4 (Approved by: Paul Heynes, Head of Departmental Finance, Adult Services, Housing and Health OR Marella Green, Finance Manager on behalf of Head of Departmental Finance, Adult Services, Housing and Health)

7. LEGAL CONSIDERATIONS

7.1 The Solicitor to the Council comments that the main legal consideration arising from this report is that Croydon CCG commissioners will examine the contracts that they have with providers to assess the feasibility of driving PSS using the contractual framework. However this will only take place with new rather than pre-existing contracts.

7.2 (Approved by: J Harris Baker, head of social care and education law on behalf of the Council Solicitor & Director of Democratic & Legal Services)

8. HUMAN RESOURCES IMPACT

8.1 There are no HR considerations for LBC staff that arise from the recommendations of this report/strategy

8.2 One of the objectives of the strategy is to increase workforce capacity to support PSS and the action plan contains specific points relating to assessing the feasibility and utility of developing PSS CPD across the Croydon health and care workforce.

8.3 (Approved by: Michael Pichamuthu, HR Business Partner, on behalf of the

Director of Workforce, Equality & Community Relations)

9. EQUALITIES IMPACT

9.1 The EIA can be reported on at the meeting following sign off.

10. ENVIRONMENTAL IMPACT

10.1 There is no specific environmental impact arising from this report.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 There is no specific impact on the reduction of crime and disorder arising from this report.

CONTACT OFFICER: Daniel MacIntyre, Health Improvement Principal, Croydon Council

daniel.macintyre@croydon.gov.uk 0208 726 6000 x61849

BACKGROUND DOCUMENTS [*These must be attached for posting online*]