South West London Collaborative Commissioning

Croydon Health & Well-Being Board

SWL collaborative commissioning – process for developing the 5 year strategy

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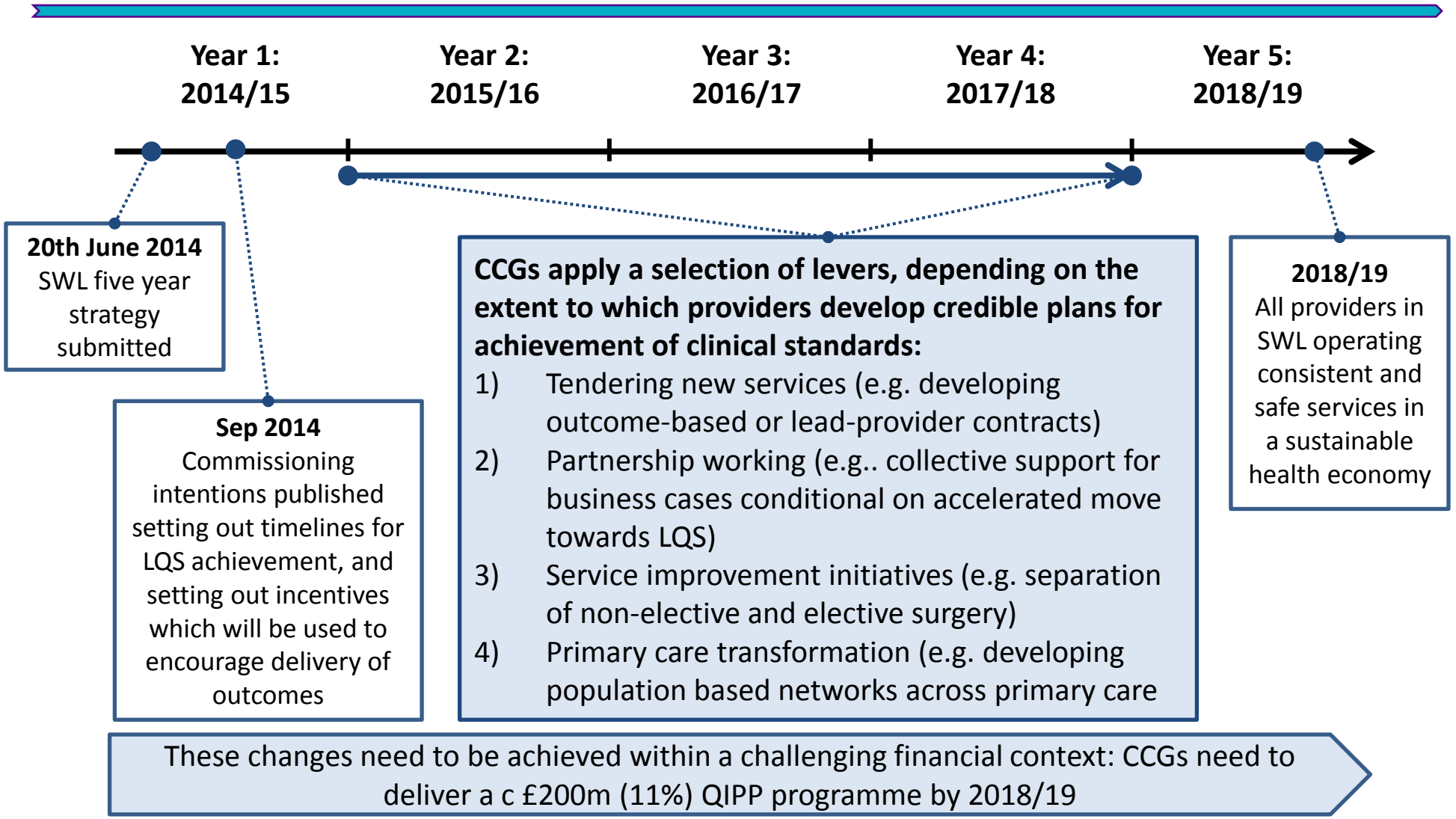
The BSBV case for change remains sound but our approach for addressing it is changing

- CCGs still unanimously support the clinical case for change in SWL and addressing this will be at the heart of our new approach
- The case for change is being refreshed as part of the five year strategy and its scope will be broadened to include mental health and primary care transformation and further development on urgent and emergency care in the light of the national strategy
- Commissioners are committed to delivering seven day working and LQS as soon as possible and believe that all commissioners and providers must take shared responsibility for achieving this
- It is our expectation that these standards cannot be met in full across all SWL acute, community and primary care providers without significant change to the provider landscape
- We will be using commissioning incentives and interventions to drive delivery of the required standards and reduce variations in care
- In developing the response to the case for change we need strong clinical engagement from all our providers; we also recognise the importance of working closely with local authorities, both in their role in relation to public health and social care and as crucial partners who are working with CCGs through their local health and wellbeing boards

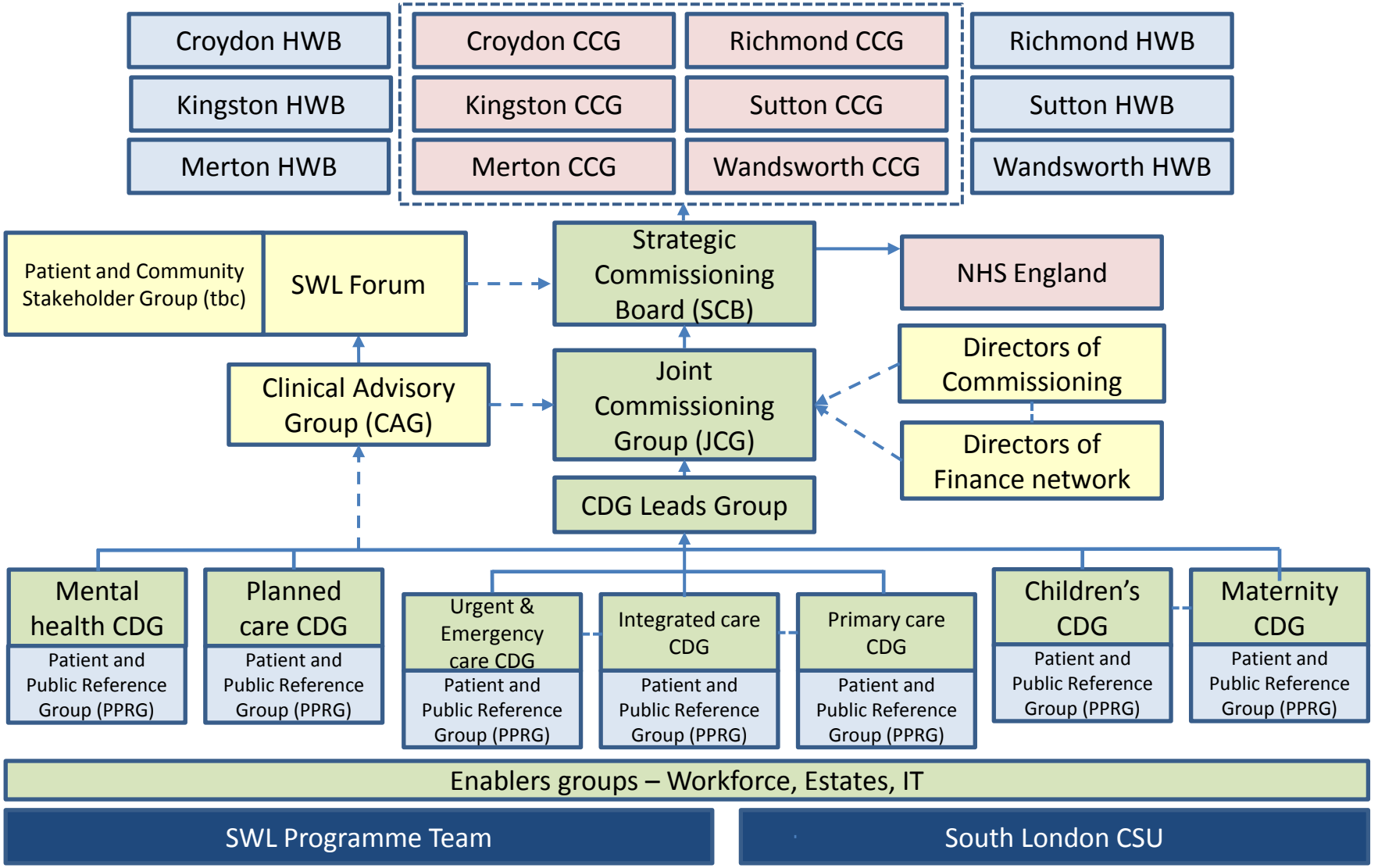
The Vision for the south west London five year strategy

"People in south west London can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable."

Five year strategic timeline – overall approach



Governance for SWL Collaborative Commissioning



Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCGs and NHS England (Direct Commissioning)

'Working together to improve the quality of care in South West London'

FIVE YEAR STRATEGY – HOW WE ARE RESPONDING TO THE CALL TO ACTION

The five year strategic plan

- The case for change for SWL has been refreshed in response to NHS England's *A Call To Action*
- Seven clinical design groups (CDGs) have been formed to lead the process of developing the strategy:
  - Children's
  - Integrated care
  - Maternity
  - Mental health
  - Planned
  - Transforming primary care
  - Urgent and emergency
- Where appropriate, the CDGs are building on clinical models already designed through the work that has taken place under the BSBV programme

The case for change in SWL – two main drivers

Driver 1: We need to **improve quality**

People admitted as emergencies at the weekend are 10% more likely to die compared to on week days

There is variation in the availability of consultant-led services, and vital clinical support services

Providing higher quality and more integrated care out of hospital is a local and national priority
Hospitals are not the most appropriate settings for many patients

- 48% of 2010/11 SWL A&E activity was coded 'minor'
- Patients can develop dependencies in hospitals which can affect their ability to cope post discharge

Driver 2: We need to deliver services that are **financially sustainable**

CCGs are facing a "do nothing" savings target of 12% of expenditure in 2018/19

Local CCGs are required to transfer a minimum of £85m to the Better Care Fund in 2015/16, signalling a transformation in the way care is provided outside of hospital

Acute, mental health and community providers need to make large savings over the next five years, and these challenges will be particularly significant for acute trusts, which face substantial cost pressures in part as a result of shifts of activity to the community

We cannot address these issues without significantly changing how the care we commission is delivered

1. **We cannot meet the London Quality Standards at all of our hospitals**
2. **We cannot deliver on our out of hospital promises without significantly changing how care is provided**

Children's clinical design group – context and clinical priorities

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National / London context

- The London Quality Standards (LQS), based on those set out in Facing the Future, represent the minimum level of quality which clinicians expect in children's care
- Nationally, A&E attendances of children aged up to five are growing faster than any other age group
- Advances in treatment mean that more children are surviving but often with long term health problems

Local context

- In 2009, the CQC found that levels of training among clinicians varied and In some cases, clinicians are not undertaking enough of certain types of work to maintain their specialist paediatric skills
- Only 33% of Urgent Care Centres, and 56% of A&Es have at least one paediatric trained nurse on duty at all times

Existing priorities to be further developed

- Hospitals to achieve the paediatric London Quality Standards by 2018/19
- Development of a range of services for children outside of hospital
- Further development of ambulatory care pathways, based on experience of Sutton and Croydon

New priorities

- Greater focus on preventing ill health in children
- More collaboration with mental health services to direct children to psychological therapies at an early stage
- Improving access to Child and Adolescent Mental Health Services (CAMHS)

Priorities for years 1-2 (2014/15-2015/16)

- Benchmarking and mapping existing children's community services
- Support the establishment of a children's network to develop common pathways and standards in paediatric care
- Develop standard guidance for the management of common conditions and ambulatory care pathways
- Refine the Paediatric Assessment Unit (PAU) model, based on data from existing PAUs, and commission a standard model at all providers
- Work with Health Education South London (HESL) to specify training needs for community based paediatric working
- Pilot an enhanced children's community model

Priorities for years 3-5 (2016/17-2018/19)

- Evaluate the benefits of the pilot of the enhanced community model
- Review the performance of the PAUs, in order to ascertain if the required levels of quality of care are being achieved
- Ensure all our providers are delivering LQS and seven-day-working.
- Commission ongoing research into population assessment and analysis of need

Integrated care clinical design group – context and clinical priorities

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National / London context

- The Better Care Fund takes effect in 2014/15 and will be fully implemented in 2015/16
- Health needs are changing as the population ages - for over 65s most people have one long-term condition and for those over 75 most people have two or more

Local context

- South west London health profile is better than that of the nation as a whole, with higher life expectancy and lower rates of smoking, obesity and alcohol consumption
- In south west London the number of >65s is expected to grow by 13% by 2020

Existing priorities to be further developed

- Further development and learning from the Better Care Fund, with a focus on the elderly and aging population
- Embedding integrated working between primary and community care throughout south west London

New priorities

- Ensuring the treatment of mental health care is embedded into physical health pathways
- Development of technology enabled care
- Developing a response to information governance issues

Priorities for years 1-2 (2014/15-2015/16)

- Implement local BCF plans
- Share best practice across south west London, and develop detailed implementation plans for integrated working in the following areas:
    - Integrated service design
    - Multidisciplinary team working
    - Workforce transition
- Embed mental health into existing physical health pathways, and into the design of all new services
- Identify enablers for integrating care and develop detailed plans to ensure that these are realised in years three to five

Priorities for years 3-5 (2016/17-2018/19)

- Develop an area-wide response to information governance (IG) issues, ensuring the free flow of information and data
- Implement innovative contracting arrangements that incentivise providers to drive improved outcomes and integrated working
- Embed technology-enabled care into integrated pathways, which will allow for better management of long term conditions
- Commission new training for graduate staff

Maternity clinical design group – context and clinical priorities

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National / London context

- The London Quality Standards set out a minimum level of quality which clinicians expect in maternity care
- Women planning births in a midwifery led unit experience fewer interventions than those planning birth in an obstetric led unit
- Birth complexity is increasing with rising maternal age and increasing prevalence of diabetes and obesity

Local context

- Outcomes and intervention rates vary widely between maternity units
- 8 out of 27 LQS are not currently being consistently met by trusts in south west London

Existing priorities to be further developed

- Achievement of the London Quality Standards for maternity
- Promotion of midwifery led birth settings for women with lower risk pregnancies

New priorities

- Developing whole pathways of care based around the woman not the service
- Providing continuity of care wherever possible
- Improving the experience of post-natal care
- Investigating outcome based commissioning

Priorities for years 1-2 (2014/15-2015/16)

Achieve 26 out of 27 LQS by year 2 including the following priorities:

- Standard 4: One-to-one midwife care during labour
- Standard 6: A midwife labour ward co-ordinator to be present on duty on the labour ward 24 hours a day, seven days a week
- Standard 7: All postpartum women are to be monitored using the national modified early obstetric warning score (MEOWS) chart.
- Standard 10: obstetric units to have a consultant anaesthetist present on labour ward for a minimum of 40 hours (10 sessions) per week.
- Postnatal care – the Clinical Network is working on defining a standards

Priorities for years 3-5 (2016/17-2018/19)

- Develop, agree and implement ambitious but achievable target ratios for obstetric-led births, midwife-led births and home births
- Achieve all the London Quality Standards by 2018-19 including 168 hour obstetric consultant cover on labour wards
- Measurably improve patient experience of care
- Further explore outcome-based commissioning for maternity, and implement elements that can be readily agreed with providers
- Create a seamless, family focused community maternity service for antenatal and postnatal care as well as home birth where requested.

Mental health clinical design group – context and clinical priorities

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National / London context

- Everyone Counts planning guidance set out 'parity of esteem' for mental health care
- Closing the Gap outlined 25 priority areas
- Mental ill health is the single largest cause of disability in the UK

Local context

- Current services are too focused on caring for patients when they are acutely unwell and require inpatient care or crisis intervention. We need a greater focus on prevention and early intervention

Existing priorities to be further developed

- Continued borough-level development of services such as IAPT

New priorities

- New south west London strategic focus on the 25 priorities outlined in Closing the Gap, grouped into four categories:
  1. Increasing access to mental health services
  2. Integrating physical and mental health care
  3. Starting early to promote mental wellbeing and prevent mental health problems
  4. Improving the quality of life of people with mental health problems

Priorities for years 1-2 (2014/15-2015/16)

- Achieving the six objectives in No Health without Mental Health by making significant progress towards achieving the 25 priorities in Closing the Gap
- Review and redesign the rehabilitation care pathway and introduce community recovery services
- Work with mental health providers to understand the implications of the move to a tariff in 2015/16
- Develop CQUINS to reward good outcomes, for example to improve crisis planning or develop physical health checks for patients with psychosis

Priorities for years 3-5 (2016/17-2018/19)

- Further work to deliver the 25 priorities in Closing the Gap – in particular delivering the priorities that will require cooperation and coordination across different organisations: e.g.. health, social care, criminal justice and housing
- Work with providers to help them respond and adapt to the introduction of the tariff; we will particularly focus on maintaining clinical and financial sustainability

Planned care clinical design group – context and clinical priorities

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National / London context

- Greater specialisation in surgery, the development of comprehensive pathways and the separation of planned and unplanned surgery can lead to better outcomes
- Planned care is often the first to be cancelled when pressure increases on acute capacity
- Advances in surgical techniques, drugs and equipment enable more surgery to be done on a day case basis

Local context

- Average length of stay for elective admissions is lower than the national and London average
- Average cancellation rates above the national / London average

Existing priorities to be further developed

- Development of a multi-specialty elective centre (MSEC)
- Using this experience plan for the shift of further specialties to a "Centre of Excellence"
- Development of clinical networks to support the move to a new centre and develop emergency cover rotas

New priorities

- Identification of other specialties suitable for moving to the "Centre of Excellence"
- Reviewing whether technological advances warrant the centralisation of day case procedures into a MSEC

Priorities for years 1-2 (2014/15-2015/16)

- Engagement with clinical leaders in urology to complete a feasibility study for moving elective procedures to a 'Centre of Excellence'
- Develop a formal clinical network in urology that will support emergency cover provision at all sites through an area-wide rota
- Identify suitable estate for the 'Centre of Excellence' and have transfer all elective surgical procedures in urology to the centre
- Identify additional specialties where inpatient elective procedures are suitable for transfer to a 'Centre of Excellence'
- Clarify the clinical interdependencies between specialties that support a phased transition plan

Priorities for years 3-5 (2016/17-2018/19)

- Implementation of end-to-end pathways for other specialties identified in years one and two
- Updating plans to move other specialties into a 'Centre of Excellence' based on the latest available evidence
- Foster and promote clinical networks within specialties
- Consider whether technological advances warrant the centralisation of some day case procedures into the MSEC
- Monitor the impacts of proposed changes to take a whole health economy view of the system's resilience and sustainability

Transforming primary care clinical design group – context and clinical priorities

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National / London context

- The King's Fund paper 'Securing the future of General Practice ' argues that general practice teams can no longer work in isolation to meet the increasing demands on primary care

Local context

- The prevalence of conditions affecting the ageing population is increasing, including dementia and falls
- General practice teams are being required to be more productive overall, with consultation rates growing year-on-year
- Patient satisfaction scores for seeing a GP of choice and satisfactory opening hours are below England average

Existing priorities to be further developed

- Review of primary care estates
- Development of additional services to support patients to self-manage, e.g.. 'expert patient programmes' and structured education for an expanding range of long term conditions
- Development of practice networks to take collective responsibility for their 'networked' populations

New priorities

- Development of technology enabled services such as online booking, e-consultations, electronic prescription requests and data sharing

Priorities for years 1-2 (2014/15-2015/16)	Priorities for years 3-5 (2016/17-2018/19)
• Development of practice networks who take a collective responsibility over the health of their 'networked' population • Running a programme of NHS Improving Quality workshops on transforming primary care • Establishing co-commissioning with NHS England • Development of additional services to support patients to self-manage, e.g.. 'expert patient programmes' and structured education for an expanding range of long term conditions • Improved multi-disciplinary working, particularly with mental health services	• Further planning and development of the primary care workforce to support the transition of the existing workforce from acute settings • Invest in new primary care estate which encourages collaborative working between practices • Commission care that brings specialist teams, including geriatricians, psychiatrists, and pharmacists into the community

Urgent and emergency care clinical design group – context and clinical priorities

South West London Collaborative Commissioning

National / London context

- The Keogh review sets out urgent and emergency care as a national priority
- 40% of patients who attend emergency departments in England are discharged without requiring any treatment
- The London Quality Standards for emergency services represent the minimum level of quality which clinicians expect

Local context

- Between 2008/09 and 2012/13, A&E attendances in south west London increased by 13%
- 111 service launched across the area, working as a 'gateway' to urgent and emergency services

Existing priorities to be further developed

- Strengthen the urgent and emergency whole-system, including 111, pharmacies and LAS, and improve connection between services
- Further development of ambulatory emergency care pathways, building on the programme launched in 2013
- Coordination around the use of the Better Care Fund
- Workforce planning and development

New priorities

- Development of technology-enabled care
- Introduction of two levels of emergency departments; Major Emergency Centres and Emergency Centres

Priorities for years 1-2 (2014/15-2015/16)

- Review urgent care services across south west London to assess what needs to be done to achieve the LQS
- Improve access to urgent and emergency care services outside of emergency departments
- Harness the Better Care Fund to improve access to health and social care schemes, such as reablement, and self-care management
- Implement Ambulatory Emergency Care (AEC) pathways to ensure more patients are treated the same day
- Improve patient and public education to promote prevention and self-care
- Linking urgent care services with mental health liaison services

Priorities for years 3-5 (2016/17-2018/19)

- Workforce planning and development to address workforce challenges such as an ageing workforce and adopting to new models of care and 7-day working in the community
- Developing technology enabled care as an alternative to face to face care and to promote self-management
- Support advances in emergency care services where benefits can be realised through a collaborative, strategic approach
- Further engagement to enable implementation of two levels of emergency departments following further national recommendations

Future engagement opportunities

- Clinicians from providers involved in Clinical Design Groups and communications teams to work together keeping NHS staff informed
- Local authorities are key partners – local election purdah a challenge, but aim to work with LAs before and after publication of strategy (June strategy will be high level and unlikely to make site-specific proposals) and CDGs will have social care representation.
- CCGs have engaged with public through Call to Action and over 500 meetings on BSBV – feedback and local HWB strategies will inform 5-year strategy
- Public/stakeholder engagement strategy in development – likely to include large SWL-wide stakeholder event in early May. PPI in programme structures being finalised