NHS
Croydon
Clinical Commissioning Group

Appendix 1

2015/16 Priorities Update

Health, Social Care Scrutiny SubCommittee

19 July 2016

Longer, healthier lives for
all the people in Croydon

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Reprocurement ofUrgentCareServices

Background

- In Septemberand December 2015theCommittee received reports indicating that thecontracts for current Croydon urgent care services expire on 31st March2017
- This provided the opportunityto review and improve these services to meet the needs of local people.
- Preparation for the procurement of the urgent care services began in2014. This involved significantpublicengagement including:
  - Co-designworkshop to be held on 23rd September
  - Widerengagementthrough attendanceat community meetings - Questionnaire – paper / online - Deliberative events to reach seldom heard groups - Partnership working with Healthwatch, Croydon Council, patient groupsandkey interest groups
  - Focuson those impacted themost:parents, young people, low income households, BME communities

Progress

- **The reprocurement of urgent care services is currentlyunderway**
- **The invitation to tender stageproceededto plan with bids submitted and the scoring panel completing theevaluation**
- **TheCCGhas conductedan internal governance process after the evaluation phasewascompleted andis now followingnormal procurement protocols in relation to the standstill period and finalisation ofcontracts**
- **TheCCGhas confirmed a preferredbidderwiththe go live date remaining as 1 April2017**

Outcomes Based Commissioning (OBC)

Background

- In November 2015 the Committee received a joint report from the CCG and Council to comment on the approach and engagement activities to commission a 10-year outcomes based contract, with a capitated budget, for managing and delivering services for over 65s that are high quality, cost effective, integrated and focused on improving outcomes for the people ofCroydon

- At the time the CCG and Council commissioners were in the process of evaluating the Accountable Provider Alliance (APA) using the Capability AssessmentProcess

- TheAPA have made good progress although have not met all of the requirements for Capability Assessment 3 (CAP3)

- As a result the planned assessment process and contract award has been extended by 6 months to commence 1 October 2016 for the healthcontract

Progress

Progress(cont.)

- **The Council social care contract will be phased subsequent to the health contract award in October. This is to allow the Transforming Adult Social Care programme to deliver significant change before contracting underOBC**

- **Building on the extensive public engagement activities of 2014 and 2015, the OBC Service User Experience Group (SUSEG) has been established and meets monthly to continue the involvement of end users in the development of the models of care and implementation phase of the OBCprogramme**

- **To date three of the five models of care project development groups have two or three SUSEG representatives supporting theirdevelopment**

- **As an example, user feedback has already influenced the design of the "My Life Plan" to ensure that the needs and wishes of the patient sit at the front page of theplan**

Mental Health Transformation

In November 2015 the Committee received a report setting out investment made in mental health in both 2014/15 and 2015/16 and progress in transforming mental health services to redesign services expand and develop community based services and to reduce the boroughs dependency on the bed base

Background

- Further investment was given to SLaM during 2015 to deliver parity of esteem and achieve against the new mental health targets during 2015/16
- The CCG also increased investment for IAPT services to achieve: increased coverage (from 5% to greater performance towards 15%) during 2015/16, to achieve against the national dementia diagnosis target of 67% and CAMH's service transformation

Progress

Progress (cont)

- There was significant improvement in the delivery of a number of services including IAPTS access roll out from 6.89% to 10.5% (provisional) and significantly reduced service waiting times for CAMH'sandexpanded the range of clinical interventions
- The Adult Mental Health service implementation was delayed and this resulted in slippage and a revised service delivery position for 2015/16
- There was a continued increase in Occupied Bed Day's (OBDs) during 2015. The CCG has therefore agreed a joint programme of work with SLaM to bridge the financial gap, and refocus mental health services to meet priority need

Unwarranted variation in GP practice

Background

- In December 2015 the Committee received a report setting out the CCG's PrimaryCare Variation Reductionprogramme which aimsto optimise the delivery and quality of primary care inCroydon
- Thisagenda is central to supporting the delivery of a number of the CCG's strategic goals and is a key enabler in achieving transformational change within primary care, contributing to QIPP projects, reducing inequalities and improving the health and overall experience of healthcare for the people ofCroydon
- Itis inextricably linked to the clinical engagement work stream with networks and practices
- The Variation Team were appointed in late 2015 under the Chief Pharmacist in the MedicinesOptimisation team
- TheVariation Steering Group set up in early 2016 to drive forward this important, cross cuttingagenda
- An update on some aspects of the workplan are reported on here

Progress

- **PRIMISsoftware has been installed and support offered to all practices by the end of Feb 2016. This exercise was used as atangible resource,to start to build relationships with thepractices**
- **Using the casefinder functionality in this software, the team flagged up nearly 6000 patients with possible missing diagnosis of COPD, asthma or diabetes. By identifying these patients this allows earlier routine follow up and care management to take place whichin turn improves care and patient outcomes**
- **Over 425 activities / interactions between practices and the variation team have occurred, workingwith individual practicesraising priority topics such as cancerscreening;coordinate my care, immunisations,PRIMISasthma,COPDanddiabetes**
- **The team is working closely with practices and networks regarding the 2016-17 PDDS clinical priorities to develop appropriately challenging measures of success**

Together for Health (TFH)(1)

(Prevention, Self-Care, Self ManagementandShared Decision Making)

Background

Progress

- **Interface with OBC -**TFH board and the OBC board have agreed to conduct a number of joint-board workshops to align the programmes and capitalise on opportunities to strengthen 'upstream' health improvement whilst sharing resources and avoiding duplication. First workshop set for 13 July 2016
- In March 2016 the committee received a report which set out the CCG's programme to drive **CVA's ABCD work -**Raising the profile of this programme -CVA provide a monthly report to the prevention, self care, self management and shared decision making TFH board. Awareness is being increased within the Croydon primary care network through planned GP network presentation and updates in GP newsletter 'Members Matter'

Progress(cont.)

- **Pilotprojects: -**A range of practical pilots in primary and secondary care
  - TFH issupportingthree pilotprojects:
  - Delivery of Group Consultations, with up to 15 patients in one consultation,whichstarted inJune.2016.Evaluationunderway andongoing
  - Brief-interventions co-productionevent for professionals and patients taking place at CUH simulation suite on 21July 2016.Entails constructive, critical analysis of local diabetes pathway to identify improvementopportunities
  - Shared Decision Making pilot for GP practices now being co-produced in partnership with CVA to deliver improved consultation and better patient outcomes andsatisfaction

Together for Health (TFH)(2)

(Prevention, Self-Care, Self ManagementandShared Decision Making)

Progress(cont.)

- **Clinicalpathway work: -**Embedding TFH work in pathways -All three steering groups have plans and identified deliverables e.g.
  - Respiratory group are establishing a referral pathway to MiChange behaviour change service for people newly-diagnosed with resp. conditions
  - Diabetes group are participating in national programme to offer support and education to thousands of identified pre-diabetic local people to delay or prevent the onset of the condition
  - Muscular-skeletal group will quantify existing Shared Decision Making and Self-Management in the current pathway by using Care Plans at the startand end ofthe patientjourney

Progress(cont.)

- **Education and training programme:**
  - Extendingthis programme to commissioners as well asclinicians
  - 'Darzi' GP and commissioner-lead are designing workshops for commissioners (CCG and partners) to enable integration of TFH in servicespecifications/ contracts.
  - Deliverywill begin inAugust 2016

- **Health Help Now' self-care app: -**Delivery of this digital self-care solution - HHN has small communications team for delivery –
  - now collating information on local services;
  - liaising with LA and CHS partners; and
  - integrating and dovetailing with council's new 'Livewell' behaviour change platform