

Appendix 2

2016/17 Priorities

Health, Social Care Scrutiny SubCommittee

19 July 2016

The full operating plan can be found at:

http://www.croydonccg.nhs.uk/news-publications/publications/Pages Strategy & aspx

Longer, healthier lives for all the people in Croydon





Content

- National and local priorities
- Our plans for delivering national and local priorities



National priorities

The Delivering the Forward View: NHS planning guidance sets out the priorities for Sustainability and Transformation Plans(STP) and CCGs. In summary these are:

- Improvement in performance especially
 - Referral to treatment
 - Cancer 62 day waiting standard
 - A&E and ambulance waits
 - Psychosis access
 - IAPTS access
 - Dementia diagnosis rate

- Cancer
- Obesity and Diabetes
- Mental Health
- Dementia
- Learning disabilities
- New ModelsofCare and Healthand Social Care integration









[•] Working with SW London on the STP submission and future configuration of acute services including planned and urgent care.



Local priorities

In addition we have our local priorities:

Outcomes based Commissioning for over 65s

Urgent Care Strategy

Prevention, self-management and shared decision making

Mental Health Transformation

Transformation plans

Learning Disabilities

Develop and Implement

Primary Care and Out of Hospital
Strategy

Obesity plan

Together for Health (TFH) -(Prevention, Self-Care, Self Management and Shared Decision Making)

During2015/16 the CCGhas lay the foundations:

- Agreed outcomes framework for the delivery of the programme is in place.
- Recruited aDarziFellow to lead engagement and education amongst the clinical community in Croydon.
- SpecialityspecificTFH approacheshave been developed amongst three of our clinical steering groups (MSK, Respiratory and Urgent Care).
- Delivered publicinformation campaigns, such as self-care weekandthe Ask Three
 Questionscampaign

- Implement atraining programme across Croydon practices to support clinician behaviours and delivery of shared decisionconsultations
- Enshrinethe practical principles of TFH inacute and community
- Develop tier3weight management capabilitiesincorporatingTFH interventions.











MentalHealth Transformation

During 2015/16 we have:

- Developed DementiaAdvisors Services.
- Developed a 24hr Mental Health Crisis Line open to the public, carers, and professionals
- Developed an Early Detection in Psychosis service to identify and work with young people 18-35rs atrisk
- ImprovedADHD / ASD pathway for fullimplementation
- Expandedthe Community Service in Adult MentalHealth
- CommunityServices developed in Mental Health Older Adults services Home Treatment Teams and Care Home Intervention Teams.



Mental Health Transformation

- Developan all age core 24 Psychiatric LiaisonService
- Worktowards establishing a Dementia ActionAlliance.
- Evaluatethe post diagnosis Dementia Advisors Service Pilotcommissionedin2015/16
- During 2015 therewas a continued increase in Occupied Bed Day's (OBDs). 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
- Consequent to the above refocussing some developments will need to be staged e.g. further expansion of IAPT
- Review of SLaM proposals for Section 136 Place of Safety Arrangements
- Review of service model forFoxleyLane



Learning Disability

During 2015/16 wehave:

- Developeda Transformation Partnership Board with our strategic partners in SE & SW London.
- Been reviewing LDinpatients and ensuring placements have a Care and Treatment Review (CTR)
 and have a discharge date

- Reviewthe current gaps in serviceprovision and refocusLD resources to provide short-term crisis and emergency care for people with complex and challenging behaviour in the community instead of unnecessary inpatient admissions.
- Improveservice pathways with primary care and reduce waiting times to access LD community services
- Developan LD 'at risk patient' register.

Diabetes Obesity

During 2015/16 we have:

- Begunthe upskilling of the primary care workforce
- CroydonCCG been successfulin being thefirst wave of the National Diabetes Prevention Programme (NDPP)

Our focus for 2016/17

- Implement and promote national diabetes prevention programme (NDPP)
- Develop pre-diabetic register in primary care to recording patients with "Pre-diabetes"
- Ensure that there is coverage of Tier 2 diabetic care across Croydon GP practices

During 2015/16 we have:

Increased referrals to the weight management service which began June2014.

- Work with the Children and Young Peoples and Partnership to review adult and children obesity planscollectively
- Review and planfor the provision for obesity services including tier 3 weight managementservices and ensuring a clear pathway from tier 2 weight management services and bariatric surgery.

Cancer

During 2015/16 we have:

- Introduceda programme of practice visits by the newly appointed Macmillan GP and CRUK Health
 Professional Engagement Facilitator
- Developed AcuteOncology Service at CHS
- Pilotedthe Enhanced Prostate Follow-Up in Primary Care.

- Collaborativeworking across London on demand and capacity requirements for diagnostic services
- Provideeducation and supportin primary care tofollow for patient present with
- Implementthe pan London cancer pathways including access for GP's to direct to testdiagnostics

Improving Performance

TheCCGwill meetall the expected national standards as of 1 April except for:

A&EWaiting Times (CHS)- Actions for 2016/17

- Resolve Outstanding Action from previous plan specifically: Discharge and EmergencyDepartment Staffing and Process
- Focus on Emergency Department processes reflecting changes in the Breach Analysis
- A different focus predominantly on improving Front End (delay in ED review) plus implementing discharge/perfect ward

ImprovingAccess to Psychological Therapies (IAPTS) Access and IAPTS Recovery- Action for 2016/17

During 2015/16 we increased thenumber of patients entering treatmentbymore than 180%Performanceis below the planned level due to referrals rates increasing at a slower rate than the IAPT access performance trajectory. The Croydon IAPT service has responded by expanding self-referral options including online self-referral, and is carrying out significant promotional work with general practice, community groups, and the public.

New Models of Care / Health and Social Care Integration (1)

Outcomes Based Commissioning for over 65s

In partnership with the Council during2015/16 we have:

Undertaken significant capability assessment of the Accountable Provider Alliance

- Ensure alignment with the Sustainability and Transformation Plan and the delivery of the
 Transforming Adult Social Care (TRASC) programme
- Intended start date for the new contract is at the end September 2016.

New Models of Care / Health and Social Care Integration (2)

Out of Hospital and Primary Care Strategy

During 2015/16 we have

- Expanded the Rapid Response service
- Developeda care home management quide
- Improved the use of step up beds to support medically unwell people
- Implemented a GP Roving Service pilot to provide greater access to rapid medical care within the community
- Embeddedproactive multi-disciplinary case management with health and social care input
- Increasedintermediate care beds and step up facilities

During 2016/17 we will

- Refresh our Out of Hospital and Primary Care Strategy and ensure alignment with the Sustainability and Transformation Plan
- Workwith the various health, social care and mental health services to ensure that the services are being fully maximised for patients
- Assessand develop additional services such as near patienttestingand the provision of community intravenousservices



Procurement Plans: 2016/17 ProcurementPlans: 2017/18

We are currentlyreprocuring:

- Urgent Care Services
- Intermediate dermatology
- Intermediate Ear Nose and Throat Services
- Termination of PregnancyServices

We willreview during 2016/17 whether toreprocure:

- DiabetesEducation
- IADTe
- Intermediate beds
- IntermediateCommunity Ophthalmology Services
- Mental Health / LD Advocacy Service
- MusculoskeletalService
- Variousmental health voluntary sectorservices

We will review during2016/18whether toreprocure:

- Various GP enhanced services
- Anticoagulation Services
- Intermediate vasectomy service
- Language Line

QIPP Plans

- Transforming Adult Community Care
- Adult Mental Health
- Mental Health Older Adults
- Learning Disabilities
- AdultContinuing Care
- Cardiology
- Respiratory / COPD
- Diabetes
- Urology

- Tendency to Fall
- MSK/ T&O
- Epilepsy
- Paediatrics Asthma
- Digestive System
- Direct Access to Diagnostics
- End of Life Care
- High Cost Drugs



Areasfor future Health, Social Care Scrutiny SubCommittee consideration

Mental Health

Potentialproposed variations to provision of service

Learningdisabilities

Outcomeof the review with actionplan

Unwarranted Variation in Primary Care

Progress in the programme of delivery

