Health and Social Care Scrutiny Sub-Committee Agenda

To: Councillor Carole Bonner (Chair)
Councillors Andy Stranack, Sean Fitzsimons, Margaret Mead and Andrew Pelling

Reserve Members: Councillors Sue Bennett, Pat Clouder, Bernadette Khan, Steve Hollands, Sherwan Chowdhury and David Wood

Non Voting Co-opted HealthWatch Croydon Member: Gary Hickey

A meeting of the **HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE** which you are hereby summoned to attend, will be held on **Tuesday 26th September 2017** at **6:30pm** in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
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15 September 2017

PRE-MEETING FOR COMMITTEE MEMBERS ONLY
Room F4 at 6p.m.

If on the day your are delayed or unable to attend please contact extension 62683 or the town hall reception (direct line: 020 87605525).

AGENDA - PART A

1. Apologies for absence

To receive any apologies for absence from any members of the Committee

2. Minutes of the meeting held on 18 July 2017 (Page 1)

3. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency

5. Exempt Items

To confirm the allocation of business between Part A and Part B of the Agenda

6. CCG priorities (Page 7)

CCG Priorities and Service Reduction Programme Report

7. Establishing Joint Health Overview Scrutiny Committee (Page 51)

The Joint Health Overview and Scrutiny Committee (JHOSC): Slam Mental Health of Older Adults is constituted in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to scrutinise all proposals covering more than one

council. This report recommends the Sub-Committee appoint two representatives to this JHSOC.

8. Joint Health and Overview Committees update

Oral Update

9. Healthwatch update

Oral Update

10. Exclusion of the Press & Public

The following motion is to be moved and seconded as the “camera resolution” where it is proposed to move into part B of a meeting:
"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended"

AGENDA - PART B

None

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Health and Social Care Scrutiny Sub-Committee

Meeting held on Tuesday 18 July 2017 at 6.30pm
in the Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES - PART A

Present: Councillor Carole Bonner (Chair)
Councillor Andy Stranack (Vice Chairman)
Councillors Kathy Bee, Sean Fitzsimons, Andrew Pelling and Sue Bennett

Non-voting Co-opted HealthWatch Croydon Member: Gary Hickey

A38/17 Appointment of Chair and Vice-Chair for the ensuing municipal year

Cllr Carole Bonner was nominated as Chair by Cllr Andy Stranack. The nomination was seconded by Cllr Andrew Pelling. Cllr Bonner was duly appointed as Chair of the sub-committee for 2017-18.

Cllr Carole Bonner appointed Cllr Andy Stranack as Vice- Chair of the sub-committee for 2017-18.

A39/17 Apologies for absence

Apologies were given by Cllr Margaret Mead, who was represented by Cllr Sue Bennett at the meeting.

A40/17 Minutes of the meeting held on 16 May 2017

The minutes were approved by the sub-committee as an accurate account of the meeting.

A41/17 Disclosure of Interest

There were none.

A42/17 Urgent Business

There was none.

A43/17 Exempt items

There were none.

A44/17 Committee Membership

Members RESOLVED to note the report.

A45/17 Suicide prevention and self-harm reduction plan

The following officers were in attendance for this item:
- Jack Bedeman, Consultant in Public Health
- Mar Estupinan, Public Health Principal

Members were given a presentation on the draft plan, which included a list of six areas for action in the national suicide prevention strategy:
1- Reduce the risk of suicide in key high-risk groups
2- Tailor approaches to improve mental health in specific groups
3- Reduce access to the means of suicide
4- Provide better information and support to those bereaved or affected by suicide
5- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6- Support research, data collection and monitoring

The presentation also gave an overview of the profile of high risk groups in the borough – they typically are:
- mainly male
- aged 20-45
- living in more deprived areas
- with a diagnosis of mental illness
- with possibly additional life stressors such as relationship breakdown, financial worries or chronic physical health

Officers also stated that the suicide rate, albeit low, had increased since 2008-2010. In contrast, Croydon has the 5th highest hospital admission rate for self-harm.

The plan is due to be presented and approved at the 20 November 2017 meeting of the Cabinet. Members were advised that it was very much a live document, which was set to evolve through joint work with key partners such as the South London and Maudsley NHS Foundation Trust (SLaM) and the Clinical Commissioning Group (CCG).

Members asked what circumstances might lead to middle-aged men being at greater risk of suicide. Homelessness arising from redundancy or relationship breakdown and this group's low priority ranking for rehousing were mentioned as possible causes. Officers highlighted the work being carried out on homelessness prevention and good practice in other parts of the country, e.g. the work being carried out in Torbay with barbers, whose customers are in this demographic group. Officers also highlighted the joint work being carried out with British Transport Police, Network Rail and the Samaritans to engage with any individuals who are seen to behave as if they might be contemplating suicide.

Officers stated that a key priority for the plan was to develop a closer relationship with the borough's coroner to gain a better understanding of local issues relating to suicide. They observed that there was currently no collective view on what information coroners should provide to councils regarding deaths.

Members were advised that officers were aiming to build on the work

carried out by the CCG with children and young people, to gain a deeper understanding of factors leading to self-harm in the adult population. They were informed that some cases of self-harm might not be detected in injury statistics and that better coding of hospital admissions could lead to a better grasp of the situation.

There was agreement that service providers needed to develop a better cultural understanding of suicide and self-harm in different ethnic groups. It was observed, however, that deprivation could exacerbate the risk of suicide and should not be confused with cultural differences.

Members stressed the need to obtain the views of people who had known suicide victims in order to gain a better understanding of the circumstances surrounding these events. They were pleased to hear of the contributions made by MIND and the Samaritans to the draft plan. However, they stressed that effective counselling providers such as Croydon Drop-In should not be left out of this work. They also expressed concerns regarding the recent closure of the Crescent centre in New Addington, which provided support to individuals with mental health issues such as depression, and asked whether alternative services were to be offered after the closure of this facility. Officers stated that this was outside the scope of the plan.

Members highlighted financial difficulties as a key risk factor, which is exacerbated by the fact that individuals facing such problems keep them secret and therefore cannot be identified or helped out of their difficulties. Officers confirmed that this particular issue was being considered as part of the plan.

A plea was made for more detailed information on the profile of suicide victims in order to ascertain what kind of support they needed. Members highlighted the good work on profiling such individuals in the Camden review of suicides carried out in 2004-2006, which led to recommendations on service provision for such individuals and their families. Members asked for more detailed local information on suicide cases in the borough, but were cautioned that such information could not be made available in the public domain in view of the small numbers entailed as such statistics could reveal the identity of suicide victims. Members pointed out that in-depth analysis could help reveal useful trends. For instance, the Camden review identified Friday as representing a spike in numbers of suicides. However, it was agreed that confidentiality was paramount in investigating this very sensitive area.

Members also asked for clarification on the current local situation, the aims of the plan, and how they propose to implement them.

Officers stated that the overall aim of the plan was to develop real time surveillance. They added that some boroughs had succeeded in making some progress in this direction, which had been achieved through strong working relationships with a wide range of partners.

Members noted that there were very few suicides in the over 65 male population. They queried whether the social profile of the borough was changing and impacting on suicide rates.

Officers were asked what sources of information were being used to determine trends in self-harming in the borough. They explained that they were working with the CCG, Croydon University Hospital and local G.P.s to build a picture of self-harming trends. Members urged officers to work with local schools, ward councillors, voluntary sector providers and railway unions such as Croydon Drop-In to build as comprehensive a picture as possible of local trends.

Members questioned officers on monitoring processes and were advised that these had not yet been developed.

Officers were thanked for contributing to pre-decision scrutiny of the borough's suicide prevention and self-harm reduction plan.

Members RESOLVED that:

1. The Health and Social Care Scrutiny sub-committee welcome the opportunity to examine the draft suicide prevention and self-harm reduction plan at an early stage and warmly support its development.

2. Section 3 of the 2016 national guidance on local suicide prevention planning advocates analysis of local information to identify patterns and trends and evidence to develop targeted local interventions. In the light of this guidance, the council should identify key factors that lead to a higher risk of suicide in the borough and map these across the borough, and this information – which should not be made available in the public domain to avoid identification of individual cases - should be used in a non-identifiable way to inform the council's strategy and develop good practice.

3. The council should widen the range of stakeholders contributing to the development of the strategy, including local service providers, relevant voluntary sector organisations such as counselling services, and relatives of individuals who have taken their lives.

4. The development of the plan should include an examination of council policies with which might exacerbate the risk of suicide e.g. in the context of homelessness, and ascertain how this risk can be mitigated through service improvement

5. The key messages of the strategy should be shared with local service providers to improve awareness of the risk of suicide and enable local service providers to mitigate it.

A46/17 **Progress report: Outcome Based Commissioning for over 65s Alliance**

The following officers were in attendance for this item:
- Rachel Soni, Alliance Programme Director, Outcome Based Commissioning
- Pratima Solanki, Director of Adult Social Care and Disabilities
- Martin Ellis, Director of Primary and Out of Hospital Care

Members were reminded that the Alliance of six local partners formally

commenced in April 2017, and that the partners had entered into a 10 year Alliance Agreement and associated service contracts. The Alliance is current in its first year, the “Transition Year”, and recruitment to a number of schemes has started. Members were advised that work was taking place with the voluntary sector on their role in delivering Out of Hospital care. Officers highlighted some challenges for this year, e.g. how to share costs and benefits and how to monitor and manage contracts.

Officers explained that the transformation planning for years 2-10 would take three forms, as follows:

1. A think-tank for generating ideas and moving them into service design and programme planning was now up and running

2. The Alliance would work together to galvanise investment of resources and expertise from a range of non-alliance partners

3. The Alliance would develop a “whole systems approach” to each transformation work stream, ensuring an integrated delivery approach and governance

Members were advised that the Alliance was due to meet in late July to monitor progress on the transformation plan.

Members discussed the pooling of funding by Alliance partners to provide services to over 65s. They were advised that this was not yet happening but that it was the ultimate aim of the Alliance, especially when patients were due to return home from hospital. Officers explained that the Alliance would move to capitation in year 3, and would monitor how well OBC was working under capitation in years 3, 4 and 5.

Members requested further information on how outcome based commissioning (OBC) for over 65s would be financed in view of the savings which needed to be made by the CCG, which was still in financial special measures.

Officers were questioned on the needs assessments of elderly patients being discharged from hospital. Members stated that they were aware that many were being discharged too early from hospital and were left without support at home. They were advised that the aim would be to provide patients with a dedicated home carer, with service input from the voluntary sector.

Members highlighted problems with the transport systems for patients being discharged from hospital. They described the all too common experience of patients who had relinquished their hospital bed in the morning and had to wait long hours to be transported back home. Officers stated that the ambition of the Alliance was to relieve that pressure, partly through the use of community networks. They added that G.P. contracts were being restructured to provide better support to elderly patients after hospital discharge.

Members asked how the six partners within the Alliance were planning to co-produce services to achieve savings. Officers explained that the

voluntary sector was to play a significant role in developing and delivering services and that the CCG would be monitoring the shift in service provision from the statutory sector to the voluntary sector.

Members queried how the initiative would secure a good patient experience while achieving savings. Officers explained that they carried out 3 yearly surveys with patients and their carers with a view to improving quality of life, which was supplemented with a yearly survey.

Members asserted that monitoring should test a range of issues, including isolation – a common phenomenon among elderly people. Members stressed the need for a monitoring system which could provide an effective feedback loop, leading to service improvements as a result of the findings of patient feedback. Officers remarked that some monitoring systems could prove to be embarrassing to patients. However, they undertook to carry out more work on developing comprehensive monitoring systems.

Members expressed concerns regarding the difficulty of preserving examples of good practice as outcome based commissioning was being developed, while gaining a better understanding on patients' health needs and implementing this extremely complex initiative. They expressed the view that there was a significant element of risk in this multi-faceted ten year initiative. However, officers emphasised that it was needed as the "do nothing" alternative was not an option in view of current financial constraints.

Members asked officers to provide a mechanism to help scrutiny members to gain a deeper understanding of how the various elements of initiative would work and be monitored. This information would then be used to decide whether to carry out further investigation a review of the initiative. Officers stated that they could provide additional information on the initiative, drawn from the Alliance's own information and monitoring needs. They stated that they could also share the financial model of the OBC initiative and the dashboard to be produced on its outcomes.

Officers were thanked for their answers to Members' questions.

The Chair ended the meeting with brief updates on on-going Joint Health and Overview Scrutiny Committees in the capital.

RESOLVED that the Alliance should provide the Health and Social Care Scrutiny sub-committee clarification on Outcome Based Commissioning for the Over 65s Alliance including its dashboard, to enable the sub-committee to gain a deeper understanding of its processes.

MINUTES - PART B

None

The meeting finished at 9.15pm

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Croydon CCG Priorities and Commissioning Intentions 2018/19

Croydon CCG Commissioning Intentions 2018/2019

- Overview and Financial Context
- Draft McKinsey Report – September 2017
- CCG Commissioning Intentions by Service

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Overview

- NHS Croydon remains in Special Measures with an expectation of achieving a sustainable financial position by next financial year.
- Change in CCG leadership, working with Croydon partners to build a more integrated health and care system across the borough to improve outcomes, prevent ill health and ensure a sustainable future.
- These Commissioning Intentions outline the strategic interventions to improve the way we commission and contract, review and transform health care services. They build on the agreed initiatives in the two-year contracts (2017-18, 2018-19).
- These intentions provide notice to healthcare providers and partners about changes and planned developments in commissioning and delivery of health care services.
- They should be read in conjunction with the Five Year Forward View, national planning guidance, SWL STP Commissioning Intentions , the NHS Standard Contract and CQUIN guidance.

Strategic Context

The strategic context within which these are set include:

- The Five Year Forward View and the STP
- RightCare Benchmarking and variation against peer CCGs.
- Building stronger relationships and partnerships both locally and across South West London.
- Whole system transformation programmes across all care groups to create a sustainable system through strong clinical and managerial leadership.
- Embedding of health and wellbeing programmes across the local population
- Building on Outcome Based Commissioning and developing an accountable care system and organisation locally.

NHS Five Year Forward View

The Five Year Forward View sets out the following priority areas:

- Urgent and Emergency Care
- Primary Care
- Cancer
- Mental Health
- Integrated Care
- Funding and Efficiency
- Workforce
- Patient Safety
- Technology and Innovation

Engagement

Engagement with Patients, Public, Clinicians and Staff has been undertaken through:

- The Big Ideas events
- Planned Care transformation programme
- Out of Hospital /OBC transformation programme

Key themes from these have been:

- Empowering patients.
- Population-based approach care
- Integrated models of care
- Chronic Disease Management

NHS Croydon Clinical Commissioning Group

Financial context

- To achieve financial balance, the CCG needs to deliver an efficiency target of £45m-£50m (10%) over a period of 2 years. During this period it will receive 5% growth.
- CCG forecast outturn for **2017/18** is reported as a range between a £6.9m deficit (target) and a £15.0m deficit – the key risk being £8.1m of unidentified savings.
- The quality-led efficiency programme for 2017/18 target is £29.3m : £21.2m identified and £8.1m not yet identified
- There is a significant risk to the 2017/18 position around QIPP delivery:
  - Slippage on OOH / Planned Care transformation
  - Continue to address the £8.1m unidentified QIPP
- For **2018/19** CCG is required to breakeven (£nil deficit). Based on current growth assumptions, this would require a QIPP programme of £24m - £30m (5%) . The Croydon LTB is in the process of reviewing its financial forecasts and transformation plans.

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Annual CCG QIPP Requirement

Year	QIPP	Rationale
2017/18	£21m Forecast	Assumes non-delivery of the £8.1m unidentified QIPP. The CCG does continue to explore options to reduce this gap.
2018/19	£24m - £30m (depending on 17/18 delivery)	Assumes £12.1m FYE of 2017/18 QIPP plus at least £12m new QIPP.
2019/20	£15.4m	Assumes full recurrent QIPP delivery in prior years and a 1% surplus
2020/21	£7.8m	Assumes full recurrent QIPP delivery in prior years and a 1% surplus

Our strategic approach to financial recovery

Below are the steps we are going to take in order to reach our goals:

Delivery of our existing QIPP stretch plans
In previous years we have had success in delivering our QIPP plans. We are continually reviewing areas where schemes can be stretched, identifying new areas where savings can be made including scoping and development of initiatives from the Big Ideas workshops including implementing decommissioning programmes where appropriate.

Roll-out of Service Redesign Initiatives borne from Outcome Based Commissioning
We will continue to implement the Out of Hospital Business Case agreed in May 2017 and to extend the transformation initiatives through the longer term planning for years 2- 10. The level of savings will be dependent on the final scope and degree of integration the alliance achieves in its model of care in the first three years. Our expectation is that the scope of OBC will be broadened.

Opportunities for the CCG as a result of developing our joint commissioning arrangement
We have joint commissioning arrangements with Croydon Council that includes joint commissioning for mental health, learning disabilities and children's services. This provides a platform for joint working for commissioners across Croydon. As a result the CCG and Local Authority are now working much more effectively across CAMHS and children with Special Educational Needs.

Reducing variation in Primary Care that presently exists across the borough
The CCG has a number of initiatives in place aiming to reduce the levels of variations in primary care between practices. This now includes e-referrals and peer review (which has worked well to date) and identifying practices with high referral rates to actively work with them. Our MDT teams have also been working across practices and we have been monitoring utilisation of these teams by practices. The aim is to improve the coordination of care and management of long-term conditions.

Working with the South-West London Commissioning Collaboration and London Commissioning System Design Group (LCSDG)
To meet the London Quality Standards and 7 day waiting, it is essential that the commissioners and providers work collaboratively across SWL to deliver structural change that enables delivery of the standards. The CCG is also fully engaged with the development of the South West London Sustainability and Transformation Plan and the South East STP for mental health and learning disabilities.

Our "Big Ideas" Process

"If the transformation of health and social care that is necessary to make the system fit for the future is to be realised, then we will need to challenge our thinking and the assumptions that underpin existing models of care. We will also need to look with fresh eyes at radically different approaches."

Kings Fund

Big Ideas – Working together across Croydon to solve the problem

- Engagement across the public, Croydon Council, our GP members, our NHS Providers, the Voluntary sector and the wider NHS in SW London
- A structured series of workshops, formal engagement and discussions to generate over 2,200 new ideas to address our challenges

Recurring Patient & Public Themes

Communication Age Commissioning Duplication
Awareness Costs Understanding
Socialising Complaints Continuity
Listening Care
Signposting Engagement OBC Choice
OSV Medications
Visits Alternative Safeguarding Positivity Skills
PHB Falls Follow-up
Waste Staffing Compliance Admission Voice Location Time Variety
Admin Empowerment working Review Delays
Action Equipment Transparency Joint Education
Risk Variation Prevention Diagnosis
Procurement
Process Barriers Medication Modernisation
admissions Access Checks Records DNA Physio
Planning Efficiency MH
Personalised Advice Co-working
Overload Information Supervision
Estate Disincentives Plan Support Complex
Capacity Pathways
Funding Wellbeing Locations
Quality Distance Exercise
Reactive Consultations Modernise Personal
Bureaucracy Urgent Appointments Elderly
Alternatives Medicine Responsibility Emergency

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Recurring NHS Themes

Procurement Hubs
prescribing treatment self-care
Social OSV Prevention pharmacists Partnerships
Stop Working Discharge LOS Follow-up
Benchmarking Pathways Wellbeing Assessments Health
Estates Care Recruitment Hospital access Referrals
diversity GP DNA Charges efficiency Groups triage
public Lifestyle Information Coordination Shared One
Resources obesity Transition food carers
staff CPD Community
Receptions physio Digitisation A&E Schools
Flexibility promotion Drugs
Co-Location Rewards integration home
MH Active Political Bureaucracy Practice Advice Learning-Disabilities
Planning Home-visits Voluntary diagnostics Training
Holistic approach vulnerable
EOL elderly Appointments Visits Engagement equipment Budgets
Nurses support Education
Waste Patient Homecare consultations
Choice signposting Reviews
Safeguarding
Loneliness co-working OOH
Personal-Responsibility Housing specialists communication
Alternative

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Top 10 Patient & Public Themes

Understanding
Access
Modernise
Communication
Admin
Medication
Funding
Integration
Independence
Support

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Synergy of Language & Concepts

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Frequency	Key Wor	
74	Medicatio	

Big Ideas - so what?

Areas to Scope

- Ideas creating a framework for future integration and ways of working
  - Focus on wellbeing and prevention
  - Shifting of settings of care
  - Wrapping services around the individual not the system
  - Working with Patients and the Public to develop the 'Croydon Way'

- Working together to improve the in year position:
  - Scoping Papers for bringing forward 18/19 into 17/18
    - Complex Funding System
    - Planned Care Acceleration
    - Mental Health Services Review
    - Joint working models – Tests of Change Acceptance
    - Developing the Enabling workstrands to make the change happen

- Big Ideas foundation for Business Planning

- Joint Commissioning Intentions
- CCG Commissioning Intentions
- 18/19 QIPP and CQUIN programme development
- CCG Operational & Strategic Plans

NHS Croydon Clinical Commissioning Group

Taking Forward Integration Across Croydon: McKinsey Report Recommendations - September 2017

This report was commissioned by NHS England and NHS Improvement in May 2016. It was a whole system review across all health and social care commissioners and providers across Croydon including the CCG, Croydon Council, Croydon Health Services Trust and the South London and Maudsley Mental Health Trust.

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Content

1. Key Challenges
2. Key Recommendations
3. Feedback for final version
4. Next steps

1. Key Challenges

CCG senior management recognises the challenges raised:

- Non Elective overspend
- Loss of elective/planned care income
- Limited Out of Hospital transformation to date
- People working for their own organisation, not the system
- Lack of single health and care system view
- Variable engagement and alignment
- Lack of long term vision for the health economy

2. Key Recommendations (pg 5 or pg 131/175)

A. Care model and service design changes
   - Care model changes to reduce emergency admissions
   - Consistent pathways for elective care / address reputational issues
   - New delivery model for integrated out of hospital care

B. Improved partnership working
   - System OD programme to support more effective partnership working
   - Single real time view of activity , spend, outcomes across the system
   - Systematic programme of clinical and staff engagement

C. Accountable care
   - Develop and agree long term vision for Croydon

4. Timeline / Next Steps

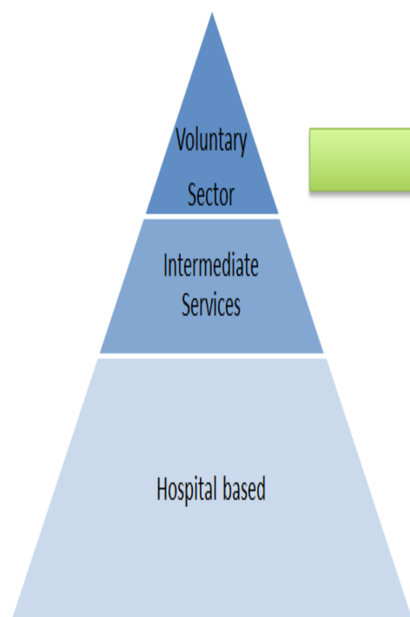
▪ Sharing draft report with Stakeholders • CCG: Finance Committee/ Governing Body • Briefing with council senior managers	Early Sept
▪ Internal work with stakeholders to develop action plan	
▪ Pre Meet of Croydon Transformation Board	12 September
▪ Croydon Transformation Delivery Group	13 September
▪ Croydon Transformation Board	21 September
▪ CCG Governing Body	3 October

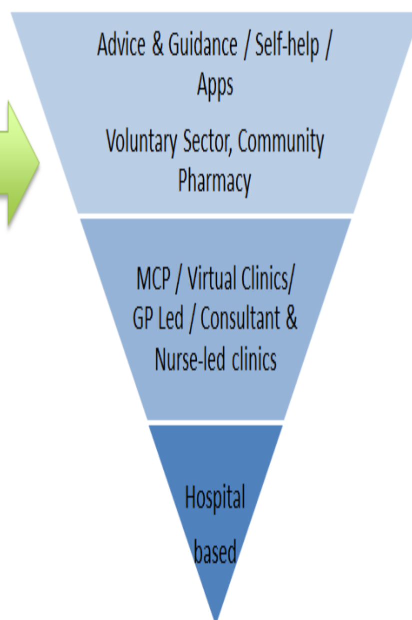
CCG Commissioning Intentions by Service

Planned Care Vision

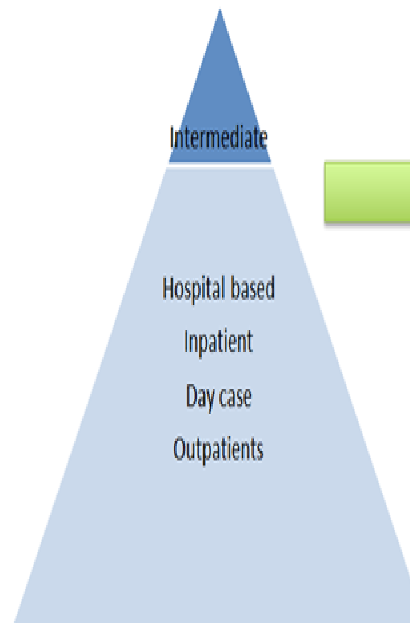
National Context: To create a sustainable system, commissioning, contracting and provision of care has to be radically changed and changed upside down as illustrated below:

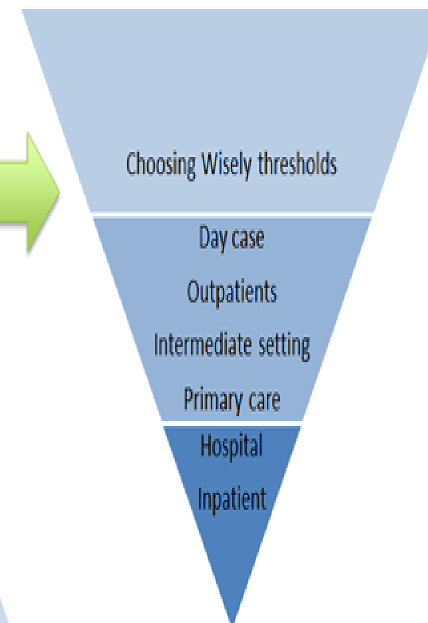
Outpatient Care





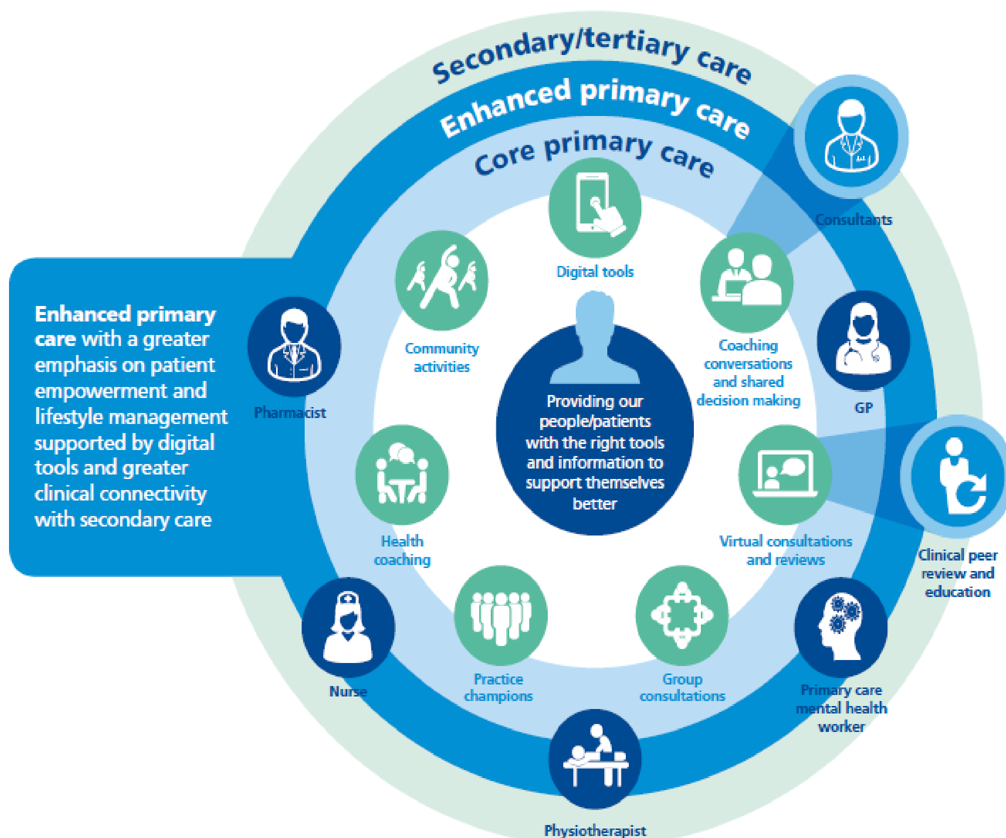
Elective Care





Planned Care Future Model of Care

Local Context: To provide network based care



- A holistic non medical approach to care
- Focus on self care, lifestyle management and enablement
- A transformed multi-skilled landscape for primary care
- GPs actively supported through learning and development
- Use of technology and digital connectivity
- Population-based approach

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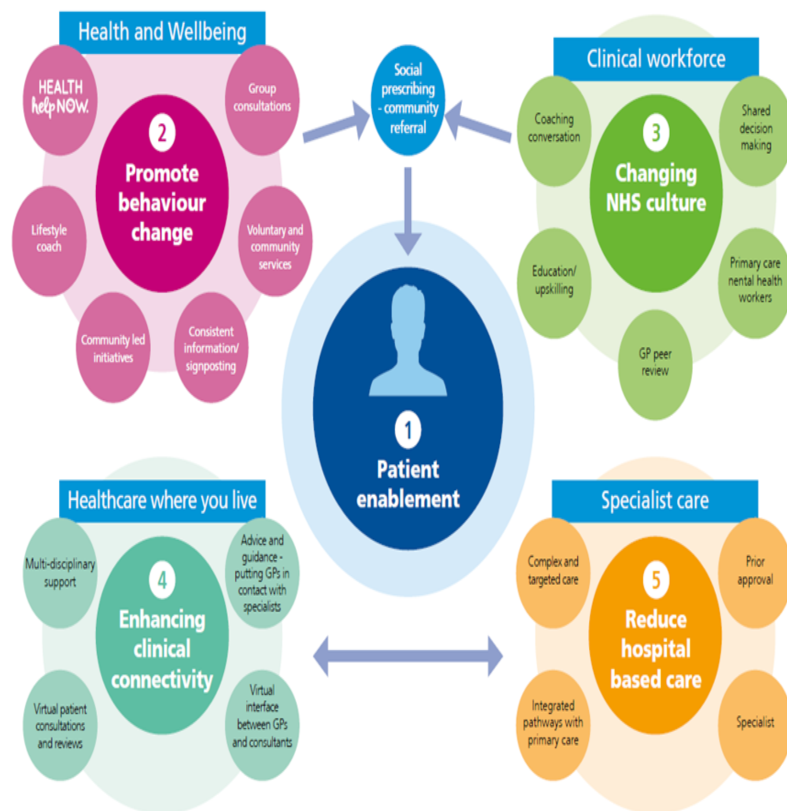
Planned Care Transformation Scope

To deliver a holistic patient centred model of care.



1. ***People empowerment*** supporting the population to take ownership of their health and lifestyle choices through initiatives such as Health help now, make every contact count and altogether better, consistent sign posting to services.
2. ***Promote behaviour change*** focussing on changing lifestyle, mental health and wellbeing
3. ***Enable cultural shift*** across the clinical and care workforce through peer review initiatives, shared decision making guides, GP and consultant joint educational workshops by developing learning health systems .
4. ***Enhancing clinical connectivity*** to support a multidisciplinary approach which provides a range of skills in the community, examples of which include the MSK primary care pilot, advice and guidance telephone lines.
5. ***Right care, right place*** thus creating appropriate capacity for secondary care to provide care for complex needs and develop integrated pathways with primary care and introducing shared care protocols and clinical thresholds with virtual clinics.

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Planned Care Transformation Objectives

- Transformation of Planned Care and Long term conditions through a system wide transformation programme which aims to:
  - Embed and promote health and wellbeing and empowers patients to take control of their health through self-care, self management and shared decision making.
  - Shifting care out of hospital, integrating and bringing it closer to patients through the speciality working groups.
  - Workforce development across the system through education and up skilling.
  - Development of Primary Care to manage demand, variation and capacity whilst improving patient care.
  - Consider opportunities for repatriation of activity.

Planned Care Programme

- Deliver **QIPP efficiencies** to the value of £22m over a period of 2 years.
- **Phase 1** - MSK/T&O, ENT, Dermatology, Gynaecology & Ophthalmology
- **Phase 2** - Diabetes, Urology and Digestive Diseases
- **Phase 3** - Cardiology, Respiratory, Neurology and Cancer
- **Phase 4** – Other specialities including general medicines, general surgery
- **Redesign** Schemes
  - Choosing Wisely
  - Diagnostics

Mental Health

National Context:

- Meeting the IAPT access targets as set out in the Mental Health FYFV
- Ensuring that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence
- Implementing delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals
- Eliminate out of area placements for non-specialist acute care by 2020/21
- Commissioning community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases

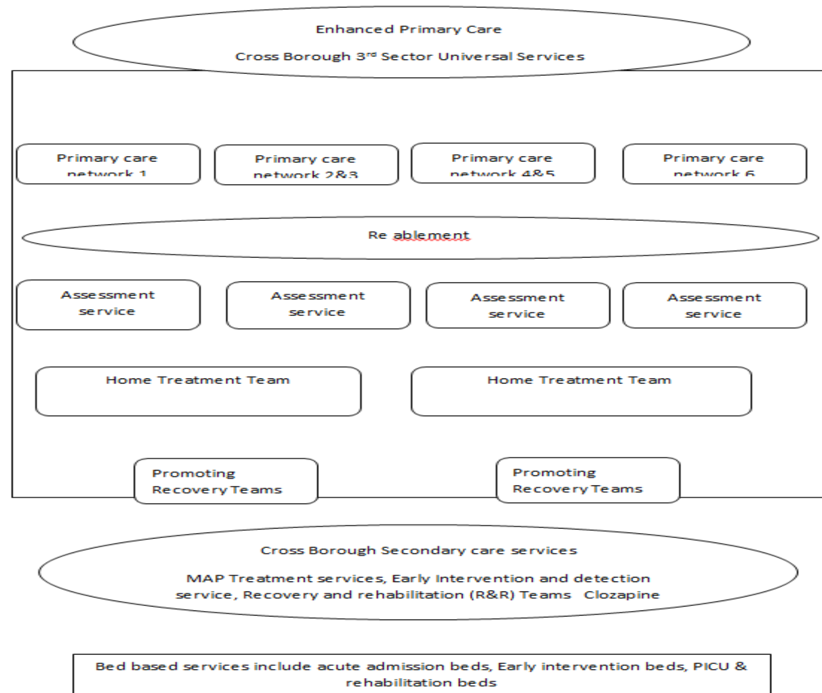
The key priority areas are:

- Continued emphasis on reducing LoS, improving discharge processes and delivering more care in the community
- Supporting Primary Care with management and prevention of admissions
- Review and redesign step down rehab services with a focus on in borough provision

Mental Health (cont.)

Mental Health:
Local Vision for Service Delivery

- Reduced Acute Activity
- Increased Community Provision & effectiveness of teams
- Enhanced Primary Care and integration between Secondary and Primary Mental Health
- Increased Integration with Local Authority to manage step down and residential placements
- Enhanced Crisis Services that include preventive support



Primary Care

National Context:

- Achieving the 17 transforming Primary Care London and NHS standards.

Local Context:

- 8am-8pm 7 day access via the GP Hub model
- Creating new workforce models through the implementation of the GP Forward View
- Increase GP involvement in coordinated care planning through commissioning additional appointments, care planning and support services
- GPs actively creating My Life Plans using Coordinate My Care
- Peer Review of Referrals and increasing use of E- Referral
- Commissioning new models of care i.e. Huddles & Integrated Care Networks
- PMS review focusing on key clinical conditions for Croydon's Population
- Enhancing primary care skills and capacity to support out of hospital care
- Reducing GP practice variations.

NHS Croydon
Clinical Commissioning Group

Urgent & Emergency Care

Working closely with local providers of the UCC, GP Hubs, OOHs, Roving GP and NHS111 services to provide a seamless Integrated Urgent Care (IUC) process that provides a whole system approach to patients by:

- Reducing System Pressure through:
  - Use of NHS111 *numbers for access by HCPs and Nursing Home staff that reduces pressure on LAS and ED through access to the GP CAS 24/7
  - Implementing the GP CAS 24/7 clinical triage of Category Green ambulance calls
  - Provision of direct booking service from 111 to GP Hubs (circa Sep 17)
  - Working closely with LAS, MH and CHS to identify frequent attendees/service users and provide care plans to reduce frequency of attendance/use of service
- Improving Quality & Performance through:
  - Providing clinicians with ACPs that will give patients more appropriate setting than attending ED
  - Increasing staff rotation across the full Urgent & Emergency Care (UEC) service in Croydon
  - Decreasing LAS conveyance through improved pathways with GP Hubs/Care Homes/OBC

Urgent & Emergency Care

Continue Integrated Working by :

- Collaborate work with SWL partners to develop Hot Clinics that reflect and support the needs of the community
- Monitoring and managing NHS Constitutional measures (UEC sensitive, admissions, etc.)
- Working with LAS to review Category Red pilot processes including use of motorbike paramedics, to reduce ambulance response times
- Creating a better process for safeguarding adults and children across the UEC service
- Improved engagement and communication for the people of Croydon & NHS staff of UEC services

NHS Croydon
Clinical Commissioning Group

Out of Hospital Care – national context

The priority for the CCG in 2018/19 will be delivering the out of hospital strategy with alliance partners. Through the alliance, Croydon CCG and partners will deliver transformed and improved services in line with national strategy, and principles agreed across the South West London STP, focusing on:

- Reducing A&E attendances and non-elective admissions
- Delivering more and more services in the community
- Ensuring patients are treated as close to home and living as independently as possible

Current challenges

- People working for their organisation not system
- Lack of single health and care system view
- Lack of out of hospital transformation

Current Service models

High NEL admissions
Long ALOS
Reliance on Escalation beds
Intermediate care beds
Winter Intermediate Care Beds

Monthly GP MDTs
LAS
CICS
Rapid Response
Community rehab

Voluntary sector and Preventative Services

Proposed Schemes

ICN

Integrated Community Networks - Enhancing multidisciplinary teams working to provide one-to-one support in care planning, seamless coordination of care, and facilitation and promotion of self-care through the engagement and promotion of Community groups.

Reactive → Proactive

LIFE

Living Independently For Everyone – providing integrated step-up and step-down reablement to reduce the need for hospital admissions, improved and speedier hospital discharges and reduced need for Care Homes placements.

Proactive management in ICN → First Point of contact: GPs; Hospital A&E; Hospital Discharge; Council contact; Other → Single Point of Access – Triage Assessment

Support within 2 hours for up to 7 days → LIFE Team (one team): Rapid Response; A&E Liaison

Support within 48 hours for up 6 weeks → CICS; Community / Discharge Reablement; Falls Service; Telecare / Telehealth; Voluntary Sector

Future New Model of Care

Reduced NEL admissions
Fewer Escalation beds
Decreased LOS
Home based intermediate care & increased intermediate care

Increased GP involvement in proactive care

Holistic Assessment:- Health, Wellbeing, etc

Enhanced MDTs with greater Multi- agency working and development of advanced care plans

Improved support for care Homes

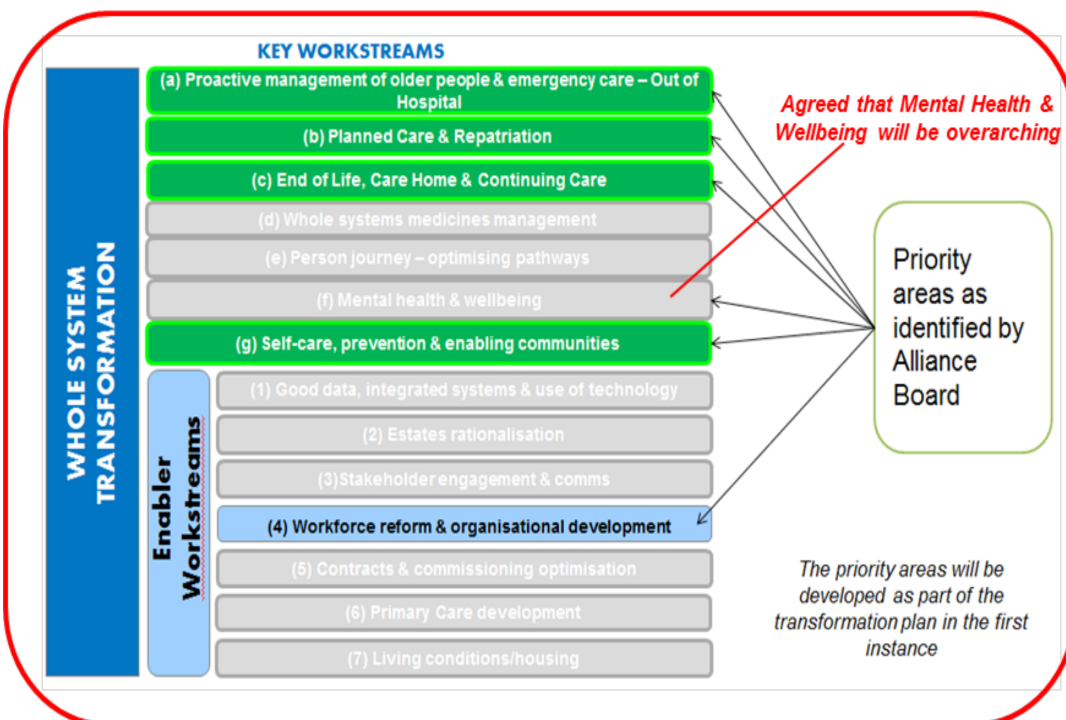
Flexible provision of Care Packages according to need

Voluntary Sector and Preventative Services

Longer, healthier lives for all the people in Croydon

Out of Hospital Care – local context

Outcomes Based Commissioning is underpinned by the alliance agreement signed by all commissioners and providers of health and social care in Croydon. This is the structure by which all transformation will be driven to improve services and outcomes for patients, to share risks (and gains) between partners, and agree priorities.



Working with alliance partners in 2018/19 the CCG will lead on:

- Continued development of the Integrated Community Networks (ICNs) and Complex Care Support Team (CCST)
- LIFE programme initiatives such as discharge to assess, and integrated reablement and intermediate care teams
- Continued development of the role of the Personal Independence Coordinators (PICs)
- Re-procurement of the beds required to support the Community Intermediate care service (CICS).

Accountable care for over 65s in Croydon

The OBC Transformation Plan covering years 2-10 is currently still being drafted, with the intention of being near final by mid-September. However, the emerging scope of the plan is set out below. Further discussion is underway to ensure this links across to work streams for the under 65 population to ensure an integrated approach:

- Planned Care & Repatriation
- Care Homes
- Falls, Frailty & End of Life
- Mental Health & Wellbeing
- Active & Supporting Communities (i.e. Social Isolation)
- Workforce Reform & Organisational Development

Medicines and Pharmacy

National Context:

- NICE Implementation
- Horizon Scanning – Prescribing Outlook (Published Annually Sept/Oct)

STP Context:

- Merging medicines optimisation with STP work plan – within overarching SWL Medicines Optimisation (MO) Plan.
- Key goals:
  - Deliver the Five Year Forward View
  - Closing the financial gap

Local Context:

- To ensure use of medicines is identified within the new models of care driven by the Big Ideas /transformation plans from the Planned Care, Urgent Care and Mental Health commissioning teams and:
  - Resulting funding shifts/cost pressures , pertaining to medicines/prescribing are identified and appropriately managed.
  - High quality care is maintained within new models and any risks regarding the use of medicines are identified and robust governance processes are in place
  - Maintenance of seamless care for patients across the integrated model of care
  - To continue to work with LA and third sector partners to promote the 'together for health' and self-care agenda and other MO big ideas.

Medicines and Pharmacy

- Review of Minor Ailment Scheme and use of pharmacies as the first point of contact in line with the self care agenda and empowering patients to take more ownership of their health.
- Continuing to work with GP practices to support them with the implementation of the OOH (out of hospital) agenda e.g. implementation of integrated community network pharmacists, stop dates on meds, good prescribing processes, good communication between all stakeholders e.g. LA, GPs, patients.

Key Goals /roll on from 2016/17

- Maximising biosimilars includes continued work with rheumatology, IBD and diabetes services.
- Collaborative working to improve adherence and reduce waste.
- Supporting the care home initiative and high cost patients
- Reducing Medicine related admissions-Eclipse, high risk patient reviews attending huddles.
- Maximising opportunities for fall preventions with medication reviews.
- Commissioning Letter SWL High Cost Medicines.

Learning Disabilities

- National context – delivery of Building the Right support (2016) for Transforming care
- National context - to reduce premature mortality and inequalities in health for people with a learning disability by improving uptake of Annual health checks for people with LD in primary care and act on findings of LD mortality reviews
- Local context - to deliver SWLTCP objectives for Transforming care /Building the right support agenda including personalisation and development of services in the community to promote independence and least restrictive solutions
- To ensure commissioned specialist SLAM MHLD and CHS CTLD deploy additional resources to provide care co ordination for current in patients and people in transition as well as assist with risk management and admission avoidance strategies and Intensive support/management across the system
- To work with MH and forensic commissioners to ensure pathways are inclusive of people with LD as appropriate and to reduce reliance of specialist inpatient care
- To commission providers (with social care) who can enhance community provision for people with learning disabilities and/or autism.
- SLAM AMH services to make reasonable adjustments to support people with MH and LD under Green Light Toolkit
- To further explore opportunities to integrate specialist LD health/social care/community team pathway for people with LD and complex needs.

Women & Children

National / London / STP Context:

To develop the whole system's children's health transformation programme - shifting care out of hospital setting through providing care more safely in closer to home, delivering on financial efficiency targets and QIPP

Promote the agenda of prevention self-care, self management and shared decision making across all settings and partnerships

Local Context:

- Develop services in the community and primary care in order to shift the setting of where care is delivered outside of a hospital setting
- This will ensure a smooth transition of care across primary, community and secondary care
- Implement the CAMHS Local Transformation Plan
- Implement the Better Births Action Plan
- Working with Croydon Council to reduce childhood obesity.

Women & Children (cont.)

Implement children's health transformation programme:

- Develop and agree an agreed model for community and acute paediatrics with CHS
- Develop a new pathway for diagnosis of autism spectrum disorder
- Recommendations from review of health services for children with SEN and Disability including opportunities for further integration with the Local Authority

Maternity:

- Implement Better Births action plan to reduce neonatal mortality & stillbirths and decrease smoking at time of delivery
- Apply the outcome findings of the Maternity Choice and Personalisation Pioneer to improve women's experience of Maternity Services.

Implement Local Transformation Plan for CAMHS:

- Improve access for CYP to evidence-based services in line with the FVFV
- Development of more integrated/aligned social care referral and treatment routes
- Scoping of shared working protocols for families and CYP with multiple acute vulnerabilities

Contracting Approach

The CCG will work with SWL to consider new contractual forms for 2018/19. This will include engagement with providers on any proposed changes and for Croydon in the context of existing approaches around Outcomes Based Commissioning and consideration of block contract arrangements.

NHS Croydon Clinical Commissioning Group

Service decommissioning update

Two services decommissioned

Plan	Gross	Net	Update
CReSS	£920k	£495K	The CReSS is a central referral service for Croydon GPs. The contract was decommissioned on 20th January 2017. GP practices now supported to ensure that referrals to secondary care are appropriate.
IVF	£836k	£346k	The final decision to decommission the service is awaiting ministerial approval. Pending approval, no new cases were added to the waiting list, the plan includes the cost of treatment for people who were already on the waiting list. A small number of cases have been considered by the Individual Funding Request panel on grounds of exceptionality but not supported. Decision to be reviewed by the CCG 12 months after implementation.

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Medicines and decommissioning update

Four concepts were part of public engagement process ending in early 2017

Planned 2017-18 savings		Progress
Infant formula	£150K	Guidelines & materials have been developed and are in the process of being implemented, activities will intensify in the coming weeks. Training sessions have been delivered to GP practices and promoted at annual visits. Croydon benchmarks as the 4th lowest CCG in Eng & Wales for cost of infant feeds per 1000 patients under 5 (excl tube & sip), however savings have still been achieved at M3 expenditure is reduced by ~£25K compared to last year.
Gluten Free	£83K	Implemented, monthly prescribing is now <£100 vs >£6000 previously. On track to deliver FYE of £83K
Vitamin D	£180K	Decommissioning Vitamin D for maintenance is in the process of being implemented, at M3 expenditure on all vitamin D containing preps is reduced compared to last year by ~£35K. Implementation is labour intensive, there remains a degree of risk as to the totality of the savings being delivered, or possible slippage into 2018-19.
Self Care	£80K	SWL has developed position statements for a number of medicines relating to self care, such as medicines for other minor ailments. Elements of this workstream have been impacted by both Purdah earlier in the year and the NHSE consultation, running from 21st July to 21st Oct 2017 on items which should not be routinely prescribed in primary care. It is unlikely the savings will be delivered as planned in 2017-18 for this area

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For general release

REPORT TO:	Health and Social Care Scrutiny Sub-Committee 26 September 2017
AGENDA ITEM:	7
SUBJECT:	Establishing a Joint Health Overview and Scrutiny Committee
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Stephen Rowan, Head of Democratic Services and Scrutiny

1. RECOMMENDATION

The Health and Social Care Scrutiny Sub-Committee is recommended to appoint two committee members to represent the London Borough of Croydon in the Joint Health Overview and Scrutiny Committee: Slam Mental Health of Older Adults with Lambeth, Lewisham and Southwark.

2. EXECUTIVE SUMMARY

2.1 The Joint Health Overview and Scrutiny Committee (JHOSC) on Slam Mental Health of Older Adults is constituted in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to scrutinise all proposals covering more than one council. This report recommends that the Sub-Committee appoint two representatives to this JHSOC.

3. BACKGROUND

3.1 The London Borough of Croydon were invited to join Lambeth, Lewisham and Southwark to scrutinize the proposals from South London and Maudsley NHS Trust and their commissioners to change the current service model of acute inpatient care provision for older adults within SLaM by designating separate inpatient wards for patients with varying mental health needs.

3.2 Acutely unwell older adults in the boroughs of Lambeth, Lewisham, Southwark and Croydon that require admission to a mental health bed are currently being admitted to the first available bed at the current designated units regardless of their diagnosis, presentation and care needs.

3.3 This model of service has led to a mix of patients with different acute disorders being placed on the same ward and this can be distressing for patients. In order to improve outcomes, the trust proposes that the inpatient units be reconfigured to manage different patient groups and wards to be tailored towards the specific needs of the patients.

4. ESTABLISHING JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE

4.1 Part 4E of the Constitution outlines the powers of the Health & Social Care Scrutiny Sub-Committee to appoint representatives on Joint Health and Overview Scrutiny Committees.

4.2 Paragraph 12.3 (3) of the constitution allows the Health and Social Care Scrutiny Sub-Committee '*To nominate up to two substantive Committee Members for any JHOSC that may be established during the municipal year 2016/2017*'

4.3 The JHOSC will scrutinise the proposal from South London and Maudsley NHS trust (SLAM) and their commissioners to change the current service model of Place of Safety provision within SLAM.

5. NOMINATIONS

5.1 The Sub-Committee is required to appoint Councillor Carole Bonner and Councillor Andy Stranack to sit on the JHOSC.

CONTACT OFFICER: Stephanie Davis, Democratic Services Officer

APPENDICES TO THIS REPORT: Appendix 1 - Terms of Reference

BACKGROUND DOCUMENTS: None

Joint Health Overview and Scrutiny Committee:
SLaM Mental Health of Older Adults

Terms of Reference

The Joint Health Overview and Scrutiny Committee (JHOSC) is constituted in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) and Department of Health guidance to respond to a substantial reconfiguration proposal covering more than one council.

The JHOSC will scrutinise the proposal from South London and Maudsley NHS Trust to change to the service model for acute inpatient care for older adults in Lambeth, Southwark, Croydon and Lewisham by designating separate inpatient wards for patients with functional (psychotic, mood and anxiety disorders) and organic (dementia) mental health needs.

The relevant commissioners for the proposal are Lambeth, Southwark, Croydon and Lewisham CCGs (Clinical Commissioning Groups) and the social care commissioners from all four boroughs.

Context

Currently, patients over the age of 65 who are acutely unwell and require inpatient admission are admitted to the first available bed at one of three wards: Aubrey Lewis 1 at the Maudsley Hospital (Southwark); Hayworth at the Ladywell Unit (Lewisham); or Chelsham House at Bethlem Royal Hospital (Bromley).

SLaM proposes to change the current service model by allocating one ward for patients experiencing moderate to severe dementia (at Bethlem Royal Hospital) and two wards for the care of patients with functional mental health conditions (at Maudsley Hospital and the Ladywell Unit). All wards would, however, have multidisciplinary teams able to provide care and treatment for people whatever their diagnosis. Patient and carer preferences would also continue to be accommodated should someone prefer to be cared for on a particular ward.

The proposed service delivery model would be in line with national guidance and recommendations.

The JHOSC's terms of reference are:

1. To undertake all the functions of a statutory JHOSC in accordance with the Regulations and Department of Health Guidance, with the exception of the power to make a report to the Secretary of State in relation to any proposals. By way of illustration, the JHOSC's functions include, but are not limited to, the following:

    a) To consider and respond to substantial reconfiguration proposals, from any health provider, which affect Lambeth, Southwark, Croydon and Lewisham.

    b) To scrutinise the commissioners of the proposal, seek assurance that the proposal is supported, and ensure that partnership arrangements between health and social care, and across the boroughs, are suitable.

    c) To scrutinise any consultation process related to the proposal.

Membership

Membership of the Joint Committee will be two named Members from each of the following local authorities:

- London Borough of Lambeth
- London Borough of Southwark
- London Borough of Croydon
- London Borough of Lewisham

Members must not be an Executive Member.

Procedures

Chair and Vice-Chair

1. The Joint Committee will appoint a Chair and Vice-Chair at its first meeting. The Chair and Vice-Chair should be members of different participating authorities.

Substitutions

2. Substitutes may attend Joint Committee meetings in lieu of nominated members. Continuity of attendance throughout the review is strongly encouraged however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

Quorum

5. The quorum of the meeting of the Joint Committee will be 3 members, each of whom should be from a different participating authority.

Voting

6. It is hoped that the Joint Committee will be able to reach their decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

7. On completion of the scrutiny review by the Joint Committee, it shall produce a single final report, reflecting the views of all the local authorities involved.

Meetings

8. Meetings of the Joint Committee will normally be held in public and will take place at venues within South London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.

9. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority, before the expiry of 2 hours from the start of the meeting to continue the meeting for a maximum further period of up to 30 minutes.

Local Overview and Scrutiny Committees

10. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee on the SLaM Mental Health of Older Adults proposal.

11. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the SLaM Mental Health of Older Adults proposal and the Joint Committee's work.

Communication

12. The Joint Committee will establish clear lines of communication between itself, SLaM, CCGs, and local authorities. All formal correspondence between the Joint Committee, local authorities and the NHS on this matter will be administered by *Julie Timbrell (Southwark Council)* or *(other)* until such officer is appointed.

Representations

13. The Joint Committee will identify and invite witnesses to address the committee, invite comments from interested parties and take into account information from all the local Healthwatch organisations. It may wish to undertake further consultation with a range of stakeholders.

Support

14. Administrative and research support will be provided by the scrutiny teams of the 4 boroughs working together.

Assumptions

15. The Joint Committee will be based on the following assumptions:

    a) That the Joint Health Scrutiny Committee is constituted to respond to SLaM Mental Health of Older Adults proposal.

    b) SLaM, and their commissioners, will permit the Joint Health Scrutiny Committee access to the outcome of any public consultation.

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