

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



Contents – Commissioning Intentions

	Subject	Page No.
1.	Overview	4
2.	Strategic Context	5
3.	Engagement	7
4.	Financial Context	8-10
5.	“Bid Ideas”	11-16
6.	Taking Forward Integration: McKinsey Report	17-21
7.	Planned Care	23
8.	Mental Health	28
9.	Primary Care	30
10.	Urgent Care	31
11.	Out of Hospital (including OBC)	33
12.	Medicines Management	36
13.	Learning Disabilities	38
14.	Women & Children	39
15.	Contracting	41



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

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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



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.



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



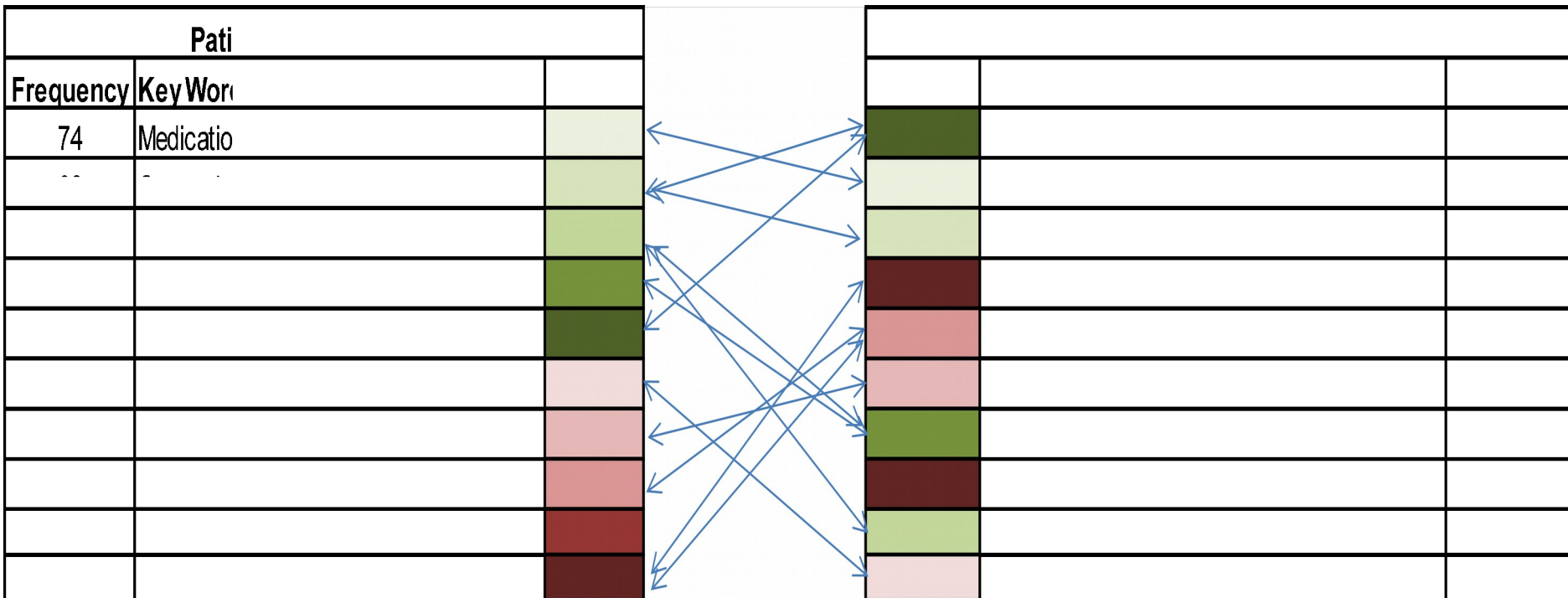
Top 10 Patient & Public Themes

Understanding
Access Modernise
Communication Admin
Medication
Funding
Integration
Independence
Support

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Synergy of Language & Concepts



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

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.



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 Early Sept
 - CCG: Finance Committee/ Governing Body
 - Briefing with council senior managers
- 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

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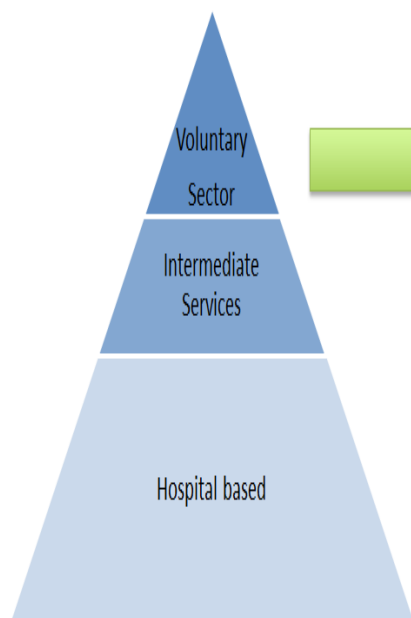


Planned Care Vision

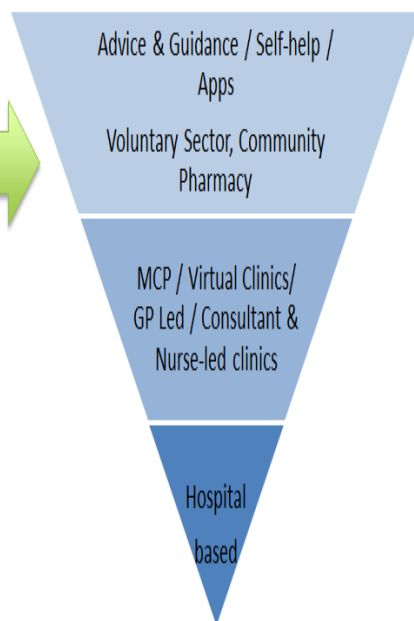
National Context: To create a sustainable system, commissioning, contracting and provision of care has to be radically changed and changed upside down as illustrated below:

Outpatient Care

Current

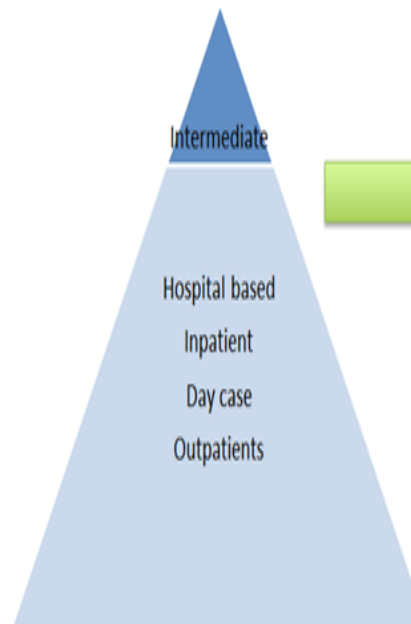


Future

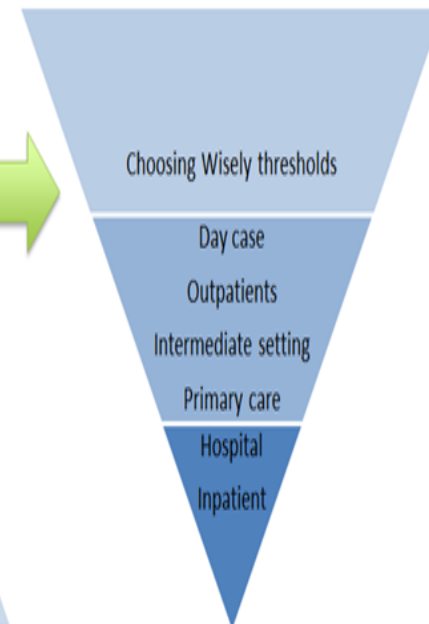


Elective Care

Current



Future

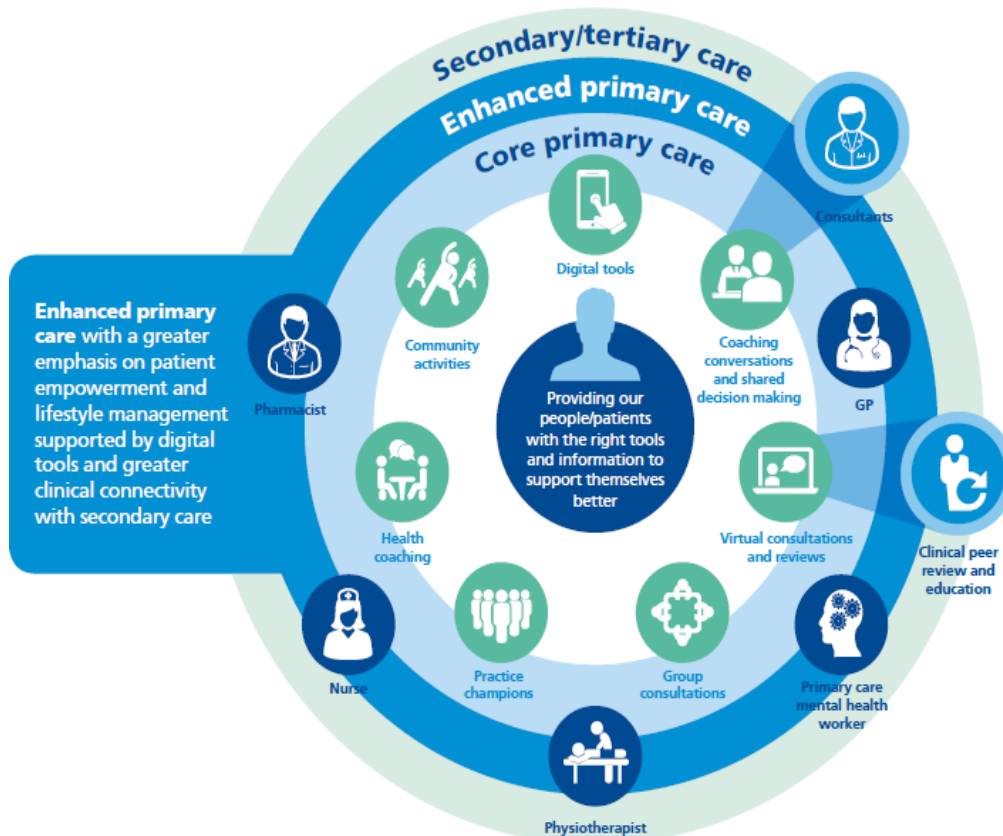


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Planned Care Future Model of Care

Local Context: To provide network based care



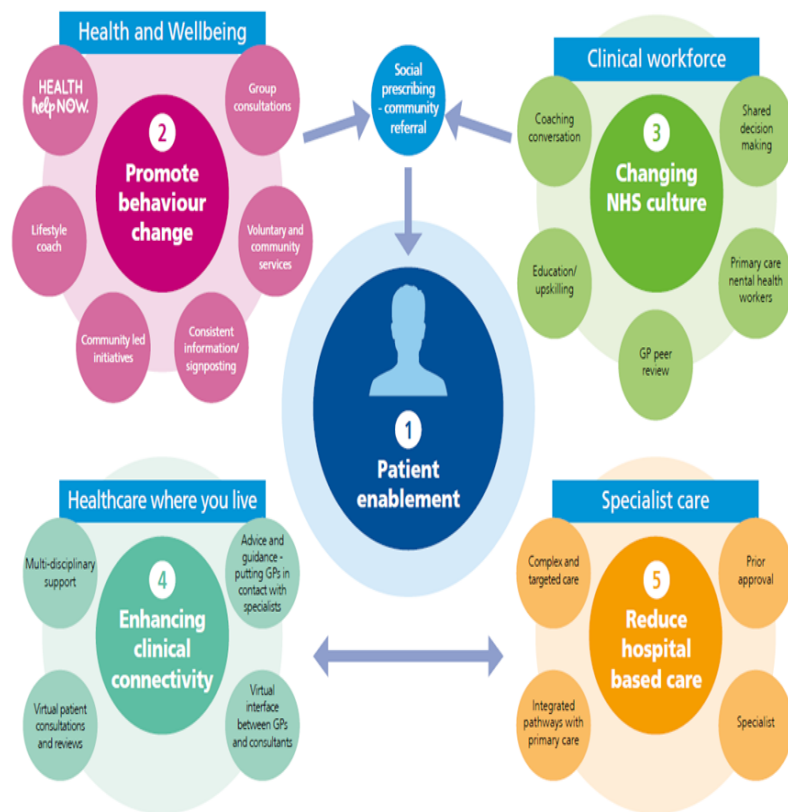
- A holistic non medical approach to care
- Focus on self care, lifestyle management and enablement
- A transformed multi-skilled landscape for primary care
- GPs actively supported through learning and development
- Use of technology and digital connectivity
- Population-based approach

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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

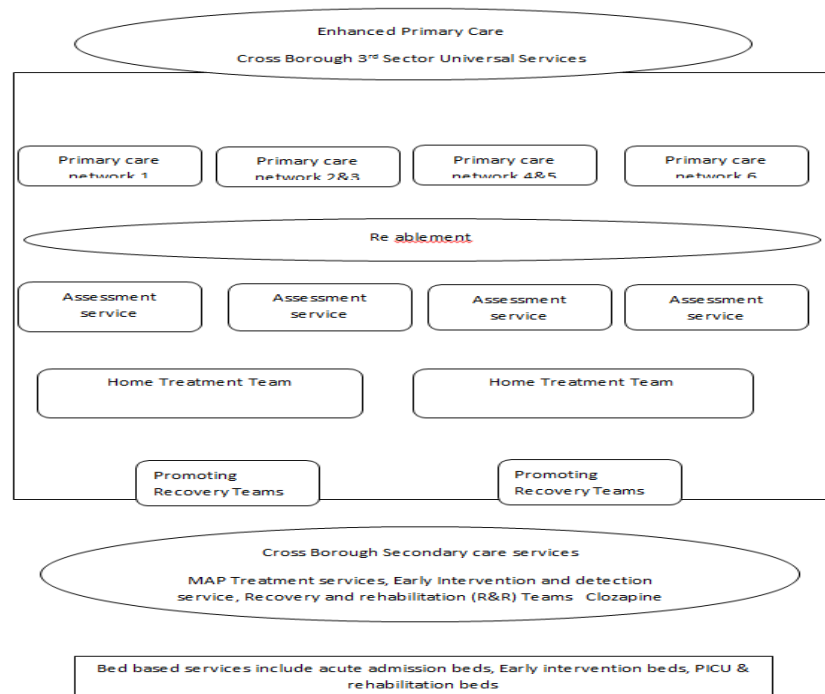


Mental Health (cont.)

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

Figure 1 Suggested service configuration Framework



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.



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 :

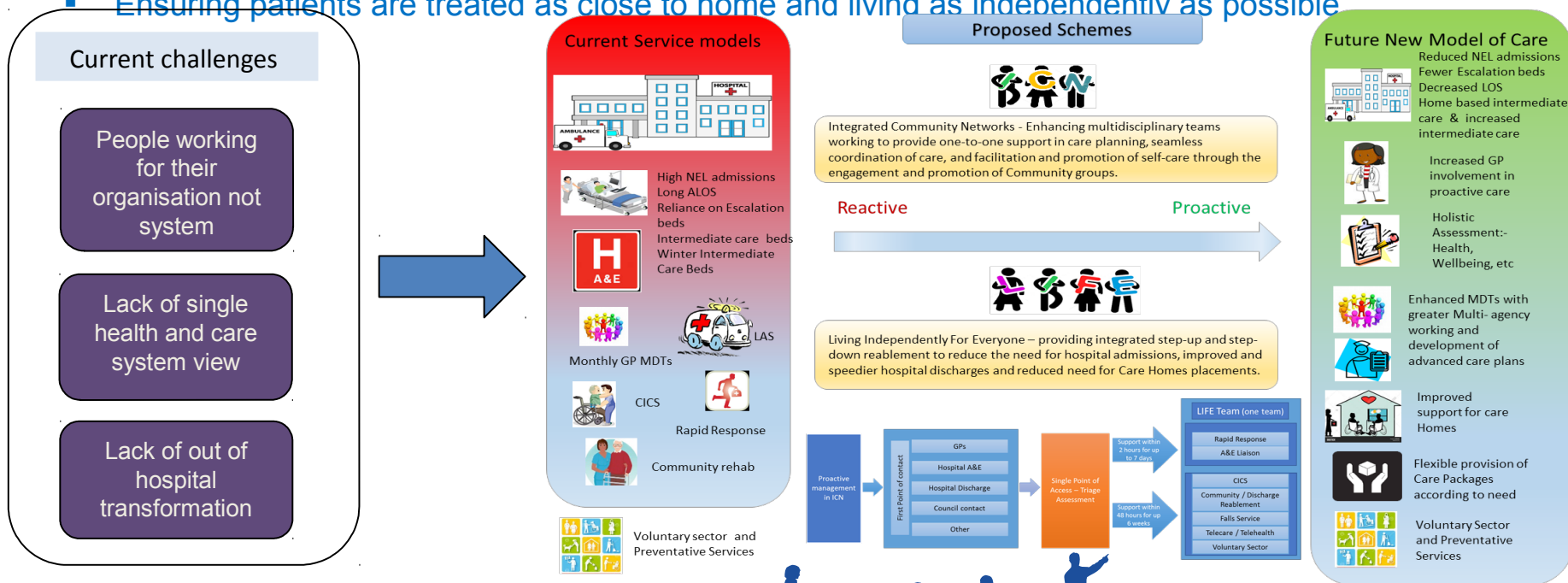
- Collaborate work with SWL partners to develop Hot Clinics that reflect and support the needs of the community
- Monitoring and managing NHS Constitutional measures (UEC sensitive, admissions, etc.)
- Working with LAS to review Category Red pilot processes including use of motorbike paramedics, to reduce 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



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

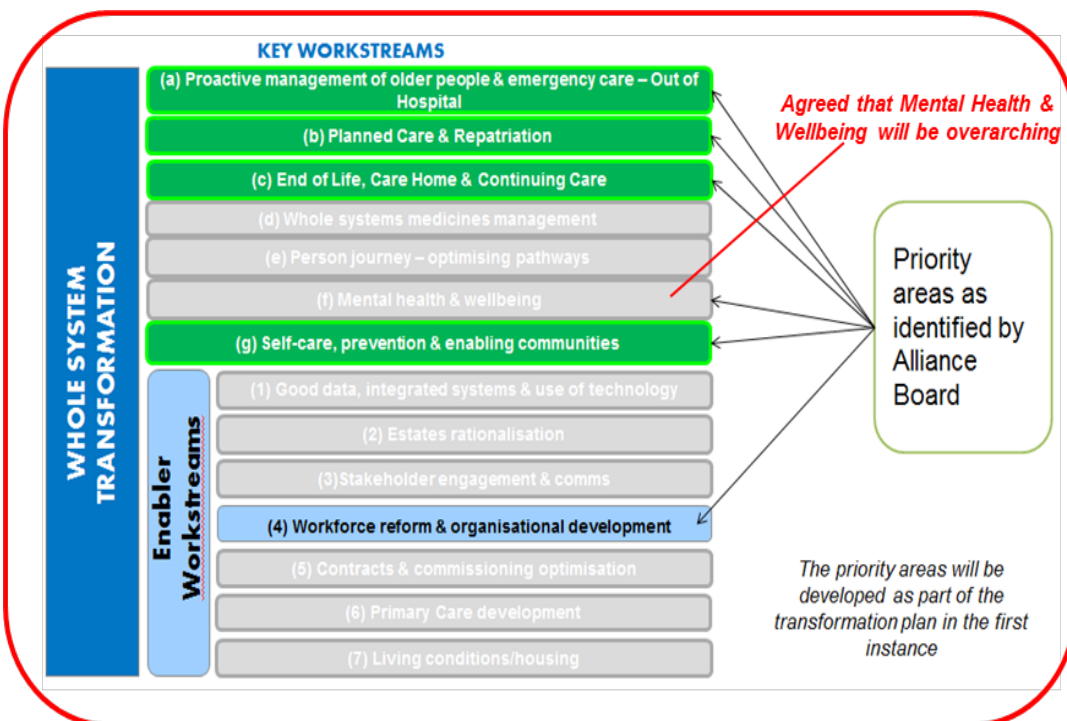


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Out of Hospital Care – local context

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 MHL D 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.



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	<p>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.</p> <p>A small number of cases have been considered by the Individual Funding Request panel on grounds of exceptionality but not supported.</p> <p>Decision to be reviewed by the CCG 12 months after implementation.</p>



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 4 th 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

