

**Croydon's Health and Care Commissioning Intention 2020/21
30 September 2019**

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1. Our strategic approach

This statement of intent sets out One Croydon's Health and Care Plan delivery plans for 2019/20 – 2020/21, as well as the CCG's commissioning intentions and joint commissioning intentions with Croydon Council.

It supports the implementation of national, London and South West London priorities as well as our local Health and Well Being Strategy and the Croydon Health and Care Plan.

Health and care in Croydon have been on a journey to sustainably transform health and care services in Croydon for several years. The One Croydon Alliance, formed in April 2017, created a step change in how partners work together to achieve this. The initial focus of the One Croydon Alliance was people aged over 65; however, in April 2018 the Alliance agreed to build on the approach and extend the One Croydon Alliance Agreement for a further nine years and extend its scope to the whole population. This is the foundation for an Integrated Care System for Croydon and sets a context for changes in what and how services are commissioned and delivered.

The Croydon Transformation Board has developed the One Croydon Health and Care Plan which sets out the ambition for system wide, whole population transformation of health and care. The Croydon's Health and Care Plan can be found <https://www.croydonccg.nhs.uk/get-involved/Pages/Croydon-Health-and-Care-Plan.aspx>

In order to integrate our health and care services and thereby provide seamless, integrated services for our local population, health and care organisations are coming together to remove the organisational barriers that have historically slowed service integration progress. As part of this journey the CCG and Croydon Health Services NHS Trust have appointed a single place-based leader, and in October there will be a single executive team across the two organisations. By April 2020 the aim is for a Croydon Health and Care Board to be in place.

The One Croydon Health and Care Plan is leading to changing the way health and care work together. This document therefore sets out some significant changes to the way we approach the delivery of our plans.

2. Changing the approach to delivery

The Health and Care Plan sets out our system wide, whole population approach to integrating services.

2.1 Our priorities

The immediate priorities are:

- to ensure we have locality-based services that prevent unnecessary admissions into hospital and enable the discharge of those in hospital safely and in a timely manner and that we unlock the power of communities to prevent issues becoming problems and prevent escalating need, and
- to ensure Croydon has a sustainable modern acute local mental health and physical provision

Our focus for 2020/21 is to continue to:

- **Reduce Unnecessary Admissions** – The development of our Integrated Community Network Plus which is being piloted during 2019/20 and will roll out across Croydon, the expansion of Community Intermediate Care Service (CICS) and continence service transformation will support unnecessary admissions through preventative models of care being further developed.
- **Elective Activity: Reduce overall elective activity, but increase overall activity at CHS, by reducing activity in other providers** – It is important for CHS to become the local provider of

choice for patients to make large-scale pathway development easier due to the higher volumes going through a single provider/single pathway model. In addition to the 2019/20 repatriation plans of £5.1m, a further £5.1m is anticipated to be repatriated from out of sector providers, independent and SWL acute trusts.

- **Reduce Unnecessary Outpatients** – Identifying alternative outpatient arrangements and technological solutions to improve elective care services and referral pathways will support the reduction of unnecessary outpatient appointments and increase their effectiveness. Improving access to elective care services, enabling shorter waits for planned care and ensuring patients receive diagnosis, treatment and care in the way that is most appropriate for them, first time, every time; and enhance clinical quality in elective care, leading to improvement in patient outcomes and improved quality and quantity of life.
- **Mental health – co-location of mental health wellbeing hubs** - Will provide accessible and effective community-based support and treatment for service user referred and for self-referrals, which comprises of less intensive support and an alternative to acute provision and A&E.
- **Child and Adolescent Mental health** – We will implement the emotional wellbeing and mental health local transformation plan (LTP) including support teams in schools.

Our health and care delivery plans and commissioning intentions are set out later on by our Health and Care Plan programme.

3. Changing how we procure and contract services

Extending the One Croydon Alliance to the whole population is impacting on how we procure and contract service delivery. We will aim to utilise local partners as well as potentially extend the Alliance as necessary, to better accelerate redesigning, testing and implementing improved pathways of care within the whole system budget. We are moving towards commissioning for outcomes, not activity and across providers where it makes sense. Our approach will follow the CCG's Procurement Framework (November 2018).

In addition, the CCG and Council have developed a joint Market Position Statement (MPS) aimed at both existing and potential providers of adult care and all aged disabilities services. The MPS contains some market opportunities for partners that will aim to help identify what the future demand for care and support might look like.

The CCG and Croydon Council will continue to review its jointly commissioned services and will continue to seek opportunities to further effectively plan and commission service provision in a more co-ordinated way. Those joint opportunities are set out later on.

Whatever our route we will always ensure contestability.

There are several contracts held with the CCG that are due to end by March 2021. We will take the opportunity to review the service need and the mechanism for their provision. Set out later on is our procurement plan in three categories:

- Contracts To Be Reviewed As Part of a System Response
- Potential New Contracts and Changes to Current Contracts
- Contract Renewals Subject To Value For Money Reviews

4. Enabling Our Plans

There are several enablers that will support the delivery of our intentions. We will build on the current plans and refresh them to ensure we have a strong infrastructure to deliver our plans. We are also

working with partners to ensure our enabling functions support the development of the One Croydon Transformation Plans.

4.1 Primary Care Networks

We will support and enable PCNs to manage population health and care as part of the wider plans for delivering integrated care. Our aims for developing PCNs are set out in our primary care commissioning strategy.

4.2 Workforce

We are currently reviewing our health and care system wide workforce and will be considering how to support the development of multi skilled professionals to work in new models of care and develop a recruitment and retention strategy, working with the communications and engagement teams to support a campaign to attract staff to Croydon. This will be linked to the plans for recruitment and retention being developed by the local training hub.

4.3 Information Technology and Digital Solutions

During 2020/21 we will continue to improve IT infrastructure to provide a high capacity digital platform for new applications and new ways of working across the primary care , acute and social care health economy to improve transparency and interoperability such as rolling out of new higher capacity devices to improve workforce productivity and delivering new applications, such as assistive solutions that will provide enhanced patient care and support productivity and workforce development.

4.4 Estates

During 2020/21 we will continue to focus on investment in new primary care and out of hospital estate to meet the needs of an expanding Croydon population eg the current projects in East Croydon, New Addington and Coulsdon. We are currently developing a Croydon wide estates strategy which will identify the next phase of pipeline schemes needed in Croydon.

4.5 Data Requirements From Other Trusts

A key enabler to early identification of risks and therefore mitigation in implementing our 'provider of choice' programme will be securing relevant data sets from non Croydon Health Services NHS Trust (CHS) providers. Data requirements from other trusts will include local referral data sets and PTL information.

5. Health and care delivery plans and commissioning intentions by programme

5.1 Locality Development (including non- elective)

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Roll out Integrated Community Networks (ICN+): develop locality based out of hospital care.					●				
Co-design and establish methods of engagement between the local community and the ICN+ leadership team.			●						
Establish an ICN Plus leadership team in each network.									●
Commission PICs for under 65s and mental health, to sit within the ICN+ team.				●					
High Frequency Users project targeting the under 65s - PIC type intervention			●	●	●	●	●	●	
Implement Primary Care Working at Scale and development of existing Integrated Community Networks	●								
Local authority localities work to strengthen localities in three pilot areas.			●	●					
Develop community network through the Local Voluntary Partnership programme.					●				
Develop the Social Prescribing model to support the new Primary Care Network Link workers.				●					
Develop LIFE at Scale			●		●				
Implement Community Led Support across health and social care.									
Develop carers support within each locality.									
Increase usage of GP Extended Access Hubs			●	●	●	●	●	●	
Review ambulatory emergency care		●	●	●	●				
Develop a consistent approach to the prevention and proactive management of Long Term Conditions				●					
Undertake population segmentation of networks.									

Impact on Contracts	Description of scheme	Impact on Services/demand/system (acute provider/non-acute provider/health care system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Reducing acute bed stock in the Croydon Health System to optimal level	Further work to streamline inpatient care and reduce avoidable admissions will lead to reductions in number of acute beds for 20/21	Healthcare System	Improved patient care by reducing LOS, avoiding admission. Reduced hospital spend through ability to optimise acute bed stock.	Quality improvement Financial saving
Care homes	Developing and optimising pathways between telemedicine and local services to support admission avoidance	Reduction in non-elective demand on hospital and local services (i.e. LAS)	System wide benefits by reducing demand which impacts Trust bed stock. Avoiding acute admission and subsequent associated health risks	Quality improvement Financial saving

Impact on Contracts	Description of scheme	Impact on Services/demand/system (acute provider/non-acute provider/health care system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Optimising Huddles (ICN)	Ensuring maximise impact through management of people at high risk of admission	Reduction in non-elective demand on hospital services	System wide benefits by reducing demand	Quality improvement Activity reduction
Falls prevention	Roll out of community preventative falls clinic	Healthcare system including social care	Reduction in admissions due to falls, with emphasis on 0-1 LOS.	Quality improvement Financial saving
Non-elective Stranded patients	Reduce number of 14+ and 21+ LOS patients	Healthcare system Acute providers	Enable reduction in bed stock and subsequent cost to system	Quality improvement Financial saving
Reduced acute LoS for stroke and neuro patients on HASUs and on stroke unit in CHS. Reduced number of admissions to specialist units such as the Wolfson	Additional community stroke and neuro rehab capacity	Healthcare system Acute providers	Reduced PBR Spend on non-CHS acute Trusts for Croydon System Improved patient outcomes enabling more patients to access 90% on a designated stroke ward	Quality improvement Financial saving
Admissions avoided for frail elderly patients requiring respite and rehab	Better use of step-up capacity, and reduced acute LoS for patients being discharged into CICS Expansion of Community Intermediate Care Service (CICS)	Healthcare system	Reduced hospital spend through ability to reduce acute bed stock and subsequent spend to system. Patients retain independence and risk of hospital acquired infection	Quality improvement Financial saving
Reduced admissions for UTIs and other continence related conditions.	Continence service transformation - Shift focus of continence care to rehab and community intervention, rather than reliance on products	Healthcare system	Key initiative to reduce length of stay in local acute trust and enable reduction in NEL bed stock and subsequent spend	Quality improvement Financial saving

5.2 Modern Acute – Physical Transformation

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Develop a strategy for the provision of physical health acute treatments for a clinical sustainable hospital including diagnostics			●	●					
Develop models of care and enablers to support the strategy including community facing services and ITU redevelopment	●	●	●	●	●	●	●	●	
Implement the ‘provider of choice’ programme	●	●	●	●	●	●	●	●	
Optimise acute pathways and improving integration and review discharge pathways	●	●	●	●	●	●	●	●	
A&E transformation	●	●	●	●	●	●	●	●	

Impact on Contracts	Description of scheme	Impact on Services/demand /system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
<p>Support CHS as the provider of Choice for the local population</p> <p>Increase elective activity in CHS and reduce activity in other providers</p>	<p>We will continue to implement plans developed in 2019/20</p> <p>Customer Service – a Patient Helpdesk and GP problem solver helpline</p> <p>Referral Navigation – set up of the “blue button” functionality on eRS providing both advice and guidance and clinical triage</p> <p>Booking Service – contacts patients discuss appointment</p> <p>Clinical Engagement – “Collaboration charter” across primary and secondary clinicians.</p> <p>Marketing and Communication – awareness raising of local services</p> <p>Quality and Patient Experience – timely and appropriate access to care</p> <p>Performance and Productivity – service</p>	<p>Clinically appropriate referrals to secondary care</p> <p>Establish CHS as the provider of choice</p>	<p>In addition to the 19/20 repatriation plans of £5.1m, a further £5.1m is anticipated to be repatriated from OOS, independent and SWL acute trusts. Improved pathways implemented at CHS will enable streamlined re-provision of care at CHS which will provide a system-wide benefit (i.e. improved F:FU ratios, one-stop shops etc)</p>	<p>Financial saving</p> <p>Financial saving</p> <p>Activity increase (CHS)</p> <p>Activity decrease (Overall)</p> <p>Quality improvement</p>

	<p>development and improvement plans</p> <p>Innovation – new ways of working, use of digital solutions and reduce wastage across the system.</p> <p>Focus in reduced waits for first appointment, and continued compliance of RTT targets, and ‘treat to 26 weeks’</p>			
Reducing unnecessary elective activity	<p>CHS becoming the provider of choice will enable large-scale pathway efficiencies easier as higher volumes going through a single provider/single pathway model.</p> <p>A system approach with risk share also resolves historical conflicts of interest created through Payment by Results.</p>	<p>Improved F:FU ratios, One-stop pathways, increased % of procedures undertaken as OP Procedure or Daycase rather than inpatient. Targets based on moving local trust towards top decile of Dr Foster benchmarking data</p>	Approx. 34% activity reduction	Financial saving Activity decrease
Reducing unnecessary outpatient attendance appointments	<p>A strategy and plan will be developed detailing how the requirements of the NHS LTP plan ambitions are achieved. This will include:</p> <p>Alternative outpatient arrangements and technological solutions</p> <p>Shared decision making and improved self-management</p> <p>Improve access to elective care services</p> <p>Enhance clinical quality in elective care.</p>	<p>Reduce face to face outpatient appointments</p> <p>Consultant/Clinician sessions Reduction in waiting times</p>	Reduction in consultants/locums	Financial saving Activity decrease
Integrated services model	We will continue work to develop integrated care models by speciality to boost patient experience and efficiency with a focus on Diabetes	Healthcare system Non-acute providers	Reduction in duplication, acute activity	Quality improvement

5.3 Mental Health (Modern Acute – Physical and Health and Well Being)

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Developing a vision for modern acute mental health and sign off mental health crisis and community pathways transformation business case, which includes increasing the community provision				●					
Improving the acute and crisis pathway, including increasing the psychiatric liaison offering, reducing A&E presentations and reducing OBD's				●					
Improve the pathways between primary and secondary mental health care; including embedding the GP advice line and implementing the locally commissioned service for health checks				●					
Implement community mental health hubs, including the initial pilot ahead of wider implementation								●	
Improve the housing pathway including ensuring there is sufficient housing and accommodation support provision								●	
Improve and implement the autism diagnostic pathway							●		
Expand access to perinatal mental health services so that more women in Croydon receive support and care over the next five years, for up to two years post-birth, and develop pathways for partners									●

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Intermediate supported accommodation provided to support the step down of patients from inpatient care (ie similar to a step down Crisis House)	Providers of supported accommodation Social care provision and LA initiative to target and improve complex and high values service user and family groups	Improve self care management and independent living Voluntary sector organisations providing MH GPs taking on 'responsible clinician' responsibility for MH patients hitherto considered too unwell / risky to treat in the community	SLAM inpatient activity and costs Shorter ALOS and fewer OBDs Reduce readmissions, presentations at A&E Increase treatment in the community	Quality improvement Patient outcomes improvement Financial saving
SLAM BLOCK: Increase the ability of HTT to support patients in the community, and will prevent a cohort of patients from rebounding back from discharge to presentation at A&E	Adequate and appropriate Home Treatment Team and Crisis response services providing 24/7 support enabling treatment of patients in the least intensive community-based settings	GPs taking on 'responsible clinician' responsibility for MH patients hitherto considered too unwell / risky to treat in the community	SLAM inpatient activity and costs Shorter ALOS and fewer OBDs Reduce readmissions, presentations at A&E Increase treatment in the community	Quality improvement Patient outcomes improvement Financial saving

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Review the Healthy Pharmacy Hub				●					
Review use of Patient Activation Measure (PAM) and next steps					●				
Expand E-Market approach and align with social prescribing - Onboarding of e-market place				●					
Maximise opportunities around community pharmacy e.g. through ICN+				●					
Review offer for diabetes structured education				●					
Consider use of "Nudge theory" to guide behaviour and activities							●		
Shared Decision Making									
Expand expert patients programme				●					
Build into LTC business case/create subsidiary business case				●					
Expand group consultation at scale across settings and for all conditions		●	●						
Roll out Shared Decision Making (SMD) toolkit		●	●	●	●	●			
Active and Supportive Communities									
Develop Local Voluntary partnerships (LVPs), including social prescribing, ABCD	●	●	●	●	●	●	●	●	
Allocate grant funding to community groups through the Local Voluntary Partnership programme (£148,000 per year for two years)	●	●	●	●	●	●	●	●	
Social Care Community led support pilot in Thornton Heath		●	●						
Develop strengths-based approaches across disciplines		●	●	●	●	●			
Long Term Conditions									
Implementation a business case for developing a Long-Term Conditions service	●	●	●	●					
Implementation a business case for developing a diabetes	●	●	●	●					
Implement systematic case finding for patients with COPD, asthma, Atrial Fibrillation, hypertension pre-diabetes and diabetes (subject to funding through business case)					●	●	●	●	
Implement lifestyle support interventions and self-management tools to support patients identified with these conditions (subject to funding through business case)					●	●	●	●	

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Health Lifestyle Service (to be commissioned by public health in 2020/21)		To be worked up in business case Q4	To be worked up in business case Q4	To be worked up in business case Q4

5.5 Better Start in Life (0-19 years or 0-25 for CYP with SEND) including Maternity

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Whole system approach to preventive, early help and acute models - establish governance for integration strategy and agree focus areas for integrated transformation first phase)	●	●	●	●					
Implement recommendations from DPH 2018 Annual Report - First 1000 days - with a focus on the 4 key priority areas		●	●	●	●	●	●	●	
Integrate locality based early years offer - establish multi-agency working group and collaboratively develop implementation plans	●	●	●	●	●	●			
Implement 0-19 Early Help strategy - agree shift to early help funding for SLT/OT to meet education needs, establish multi-agency working group and collaboratively develop implementation plans	●	●	●	●					
Healthy mind: Implement emotional wellbeing and mental health local transformation plan (LTP) - establish the Mental Health Support Teams in Schools trailblazer			●	●	●	●	●	●	

HEALTH AND CARE PLAN IMPLEMENTATION	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
To develop the principles of 'a Compassionate Croydon' specifically in relation to dementia and autism initially	●	●	●	●	●	●	●		
Support system wide transformation of community and acute adult mental health services.	●	●	●	●	●	●	●		
Neuro rehab development			●	●	●	●			

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Rolling the SLAM Learning Disabilities 3 Borough ADHD community service in Q3 / Q4 2019/20	Assessment and diagnosis service for ADHD and ASC with treatment recommendations and short-term treatment and medication / talking therapies	Improve the support and treatment provided to people with ADHD	Patient outcomes and experience	Improved patient outcomes Patient experience Improved

6. Joint commissioning between Croydon CCG and Croydon Council

We jointly commission several services. We are reviewing how we can improve on some of this including:

- Children's Services and Early Help
- Mental Health, Substance misuse and Domestic Violence
- Learning Disabilities
- Better Care Fund
- Market management

Improving current areas

- Health promotion and prevention
- Primary Care Commissioning
- Children's Services
- Learning Disabilities
- Mental Health and Substance misuse

Further opportunities

- Locality approach - to look at re-focussing priorities in line with emerging health strategy and new operating model
- Transitions and pathways
- Strengthening joint approach to commissioning Emotional Wellbeing and Mental Health services for children
- Children's governance - Consider using the refreshed children's partnership for this.
- Relationship with Croydon One Alliance - Joint Commissioning Executive commissioning arm ie inclusion of voluntary sector MH organisation in strategic alliance or just in tactical procurement agreements (SOMS (integrated contracts) / Talking Points)

7. Procurement Plan

Contracts to be Reviewed as Part of a System Response

Current Provider	Contract description	Programme
Age UK Croydon	The Provision of Falls prevention service	Locality Development
Bromley Healthcare CIC Ltd	Diabetes Service - Bromley Healthcare CICs	Planned Care
Broomwell Healthwatch Ltd	Cardiac Test Equipment and Interpretation (ECG)	Planned Care
Croydon Voluntary Action	Make Every Contact Count	Planned Care
Hayes Court nursing home & Parkview nursing home	Intermediate Care Bed Service	Locality Development
Locally commissioned services	A range of services	Primary Care
Mind in Croydon	Mind in Croydon Services	Mental Health
Off the Record	Off the Record Services	Mental Health
Urgent Integrated care Service	Croydon Urgent Care Alliance	Urgent Care

Potential New Contracts and Changes to Current Contracts

Current Provider	Contract description	Programme
Oxleas NHS Trust	Potential new four Boroughs Cross Border mental health services contract	Mental Health
Penrose	Novation of Forensic Mental Health services contract from CCG to SWL Partnership	Mental Health

Contract Renewals Subject to Value for Money Review

Current Provider	Contract description	Programme
Age UK Croydon	Personal Independence Coordinator Service	Locality Development
Alzheimer Society - Dementia Advisors	The Alzheimer's Society - Dementia Advisors	Mental Health
Croydon BME Forum	Croydon BME Forum SLA	Mental Health
Croydon BME Forum	BME Forum - BME Community Development Workers 18/19	Mental Health
Croydon Drop In	Counselling and Advocacy Services (Children & Young People)	Children
Hear Us	Hear Us - Service User Involvement & Linkworker Projects	Mental Health
Hearing Resource Centre	Hearing Resource Centre	Planned Care
Immedicare	Telehealthcare homes	Locality Development
Marie Curie Cancer Care	Planned Variable Night Nursing Service	Locality Development
Marie Stopes	Termination of Pregnancy Service	Planned Care
North Croydon Medical Centre	Looked after children health assessments	Children
Off The Record	Young Carers	Children
Off the Record	Counselling & Advocacy (Children & Young People)	Children
Parents in Partnership - Croydon	Supporting engagement of children and families in commissioning	Children
St Christopher's hospice	End Of Life Care Initiatives	Locality Development

Current Provider	Contract description	Programme
St Christopher's hospice (consortium with other CCGs)	CCG Consortia Palliative Care Service	Locality Development
St Christopher's hospice	St Christopher's Hospice (Respite) personal care department	Locality Development
Surrey & Borders NHS FT	Cross Border mental health services	Mental Health
SWL and St Georges	Cross Border mental health services	Mental Health
The Stroke Association - Croydon	The Stroke Association	Planned Care