

Our five year strategy

**Paula Swann – Chief Officer
Croydon Clinical Commissioning Group**

**Croydon Health and Wellbeing Board
16th July 2014**

- *Better Services Better Value*: acute reconfiguration programme for south west London – launched May 2011
- Proposals twice developed for public consultation
- Withdrawal of Surrey Downs CCG meant proposals undeliverable
- CCGs agreed in March/April we should close the BSBV programme
- Need to address issues raised by BSBV and Call to Action: to do this the six CCGs and local providers need to work together

SWL Collaborative Commissioning

- The 6 CCGs and NHSE are working together in a Strategic Planning Group on developing and delivering a 5 year strategy
- Need to work together as challenges cross borough-boundaries and SWL healthcare is inter-dependent with established clinical networks
- Do not believe working in smaller groups could achieve scale of change needed, but we will also need to work closely with neighbouring CCGs
- All 6 CCGs support clinical case for change and will commission to London Quality Standards, 7 day working and Keogh Review recommendations
- Also want to set clear standards for mental health, community services, primary care
- CCGs want to be clear about the standards they expect for patients and to work with the local providers of care to determine the best way to achieve that change
- Local CCGs are decision-makers and each have agreed a joint SWL

Our vision for healthcare in south west London

“People in South West London can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable.”

The case for change – 4 main drivers

- **Safety and quality standards.** Quality is variable across all services; none of our acute trusts meet all of London Quality Standards; we need to transform primary care and deliver highest standards in community and mental health services.
- **Financial gap.** The NHS budget is not expected to increase, but demand is increasing due to our rising and ageing population. Current analysis shows that if we continue as we are, the costs of commissioning will exceed CCG budgets by £210m by 2018/19. In addition, provider trusts have identified a financial gap⁵ of £360m

The case for change – 4 main drivers

- **Workforce gap.** There is a national shortage of specialist staff – for example, there are not enough consultants available to meet the London Quality Standards across all our hospitals. In addition, we need to ensure we have sufficient access to clinicians such as general practitioners and nurses in a community setting.
- **Rising demand for healthcare.** Our population is growing at one of the fastest rates in the country, meaning large increases in demand for maternity and paediatric care. Our ageing population, in which more people are living with long term illnesses like diabetes and heart disease, means there is a need to provide

Our five-year strategy: key messages

- **Standards matter.** The standards that we are asking of our providers are all about improving care and outcomes for patients – for example; ensuring consultant presence on hospital wards, which has been shown to improve patient and outcomes and in to save lives in emergencies.
- **We need to change the way we deliver health services** to meet the changing needs of an ageing population in which many more people live with long term conditions. This means we need to spend more money on services based in the community, keeping people out of hospital unless they really need to be there. (E.G.

Our five-year strategy: key messages

- **We will meet 100% of the London Quality Standards (LQS) by 2018/19 and many of them before that. We will ensure seven-day services are delivered by 2015/16. This requires a collective approach across south west London.**
- **Community-based services must meet the highest possible standards** and should be networked with each other and other health and social care services. All six CCGs have made huge progress on developing their plans to improve care outside hospital.
- **We need to transform primary care, with networks of**

Our five-year strategy: key messages

- **Mental health services need to be reshaped** so that they achieve the highest possible standards and are focused primarily in the community, working in an integrated way with physical health services, local authorities and the voluntary sector.
- **Most planned operations in south west London requiring an overnight stay will take place in a planned care centre** within five years, with urology services identified as a potential pilot.
- **Better information for patients** about where to access health services is critical to our success and that is why

Our five-year strategy: key messages

- **The five-year strategy sets out the direction of travel for the local NHS and the standards of care that we want for our patients.** Next step is work with provider trusts and Health and Wellbeing Boards on the detail of how we get there and what it means for each Trust.
- The strategy is to be implemented over a five-year period and 'milestone' plans are being agreed for each clinical area. The timescales for agreeing an implementation plan are under discussion.
- Working together across SWL is critical to achieving scale of change needed

Clinical Design Groups

The strategy sets out initiatives across eight areas of work:

- Children's services
- Integrated Care
- Maternity
- Mental Health
- Planned Care
- Primary Care Transformation
- Urgent and Emergency Care
- Cancer Care

These groups are drawn from local hospitals, community services, mental health services, GPs, pharmacists and patient reps.

Clinical Design Groups

- **Children's services** – we want to focus in the first two years on growing capacity in community services to care for more children closer to home and reduce unnecessary pressures on A&Es. There should then be a consolidation of acute services to meet minimum quality standards. The development of a SWL Children's network made up of experts across the system will oversee the transformation of services.
- **Integrated Care** – we will focus initially on the implementation of the Better Care Fund (BCF) plans alongside local authorities, with work in parallel to consider contracting, workforce and IT enablers for improving integration across SW London. Implementation of 7 day working in the community is targeted from 2016/17.
- **Maternity** – we will focus on increasing use of midwifery-led services for low risk pregnancies and birth. Also initiatives focus on improving continuity of carer and focus on women's experience of care, plus additional investment in midwifery and medical workforce. For women with more complex needs, and for those who develop complications in labour, all labour wards must have a consultant obstetrician present 14 hours per day by the end of 2014/15, with 24 hours per day achieved by 2018/19.

Clinical Design Groups

- **Mental Health** – we will commission a series of initiatives to develop capacity in community services, including developing a single point of access, increased access to psychological therapies and greater provision of home treatment, to be implemented between 2014/15 and 2016/17, with a view to providing better care and reducing acute in-patient admissions from 2017/18.
- **Planned Care** – we will co-create an implementation plan for a multi-speciality elective centre (MSEC), with urology services potentially deployed in a MSEC from 2016/17, one further specialty from 2017/18 and three more from 2018/19. Planning to include consideration of appropriate quality measures and approaches to contracting.
- **Primary Care Transformation** – we will work with NHS England to have a fully networked model of primary care by 2016/17, with implementation plans for estates improvements and workforce transformation to commence in the same year. There will be a greater emphasis placed on multi-disciplinary team working, prevention and supporting self-management, with GP surgeries working in networks.

Clinical Design Groups

- **Urgent and Emergency Care** – we will implement 7 day working across urgent and emergency care services in SW London by 2015/16, supported by an ambulatory (same day) emergency care model. We will commission to London Quality Standards across all emergency departments by 2016/17. Further improvements in efficiency and effectiveness, including greater connectivity with other settings, to be pursued through implementation of new IT systems.
- **Cancer Care** - we will focus on prevention of disease, early diagnosis and patient experience of treatment with an emphasis on patient choice and care provision in the community during active treatment, recovery, and, where necessary, the end of life phase. Every patient will be treated as an individual and offered the full support of the healthcare professionals involved.

Engagement

- Local NHS has been talking to local people for 3 years about the challenges – over 500 meetings as part of BSBV programme
- Each CCG carried out own local engagement programme on ‘Call to Action’
- A Stakeholder event was held on the 8th May to test the learning from previous engagement
- Further engagement will be key to the implementation phase
- Any proposals for major service change would require formal public consultation

- Initial strategy drafted and shared with NHS England, local authorities and providers – April 2014
- Final draft strategy discussed by CCG Governing Bodies in public in early June and approved (published in last week of May 2014) and was submitted to NHS England on 20 June 2014
- Strategy does not include site-specific proposals – focus is on standards of care and what commissioners expect – detail of how to implement will be worked out with providers and Health & Wellbeing Boards
- Any major service change subject to public consultation
- Strategy to be implemented over next five years across SWL

Thank you