

South West London Collaborative Commissioning - Update

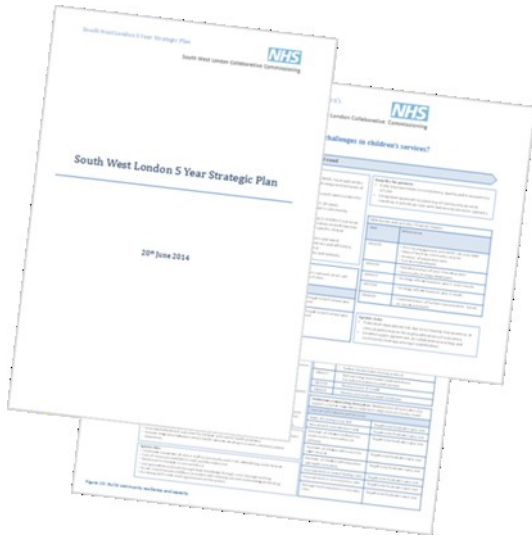
9/2/16

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South West London Collaborative Commissioning Five Year Strategy 2014/15-2018/19

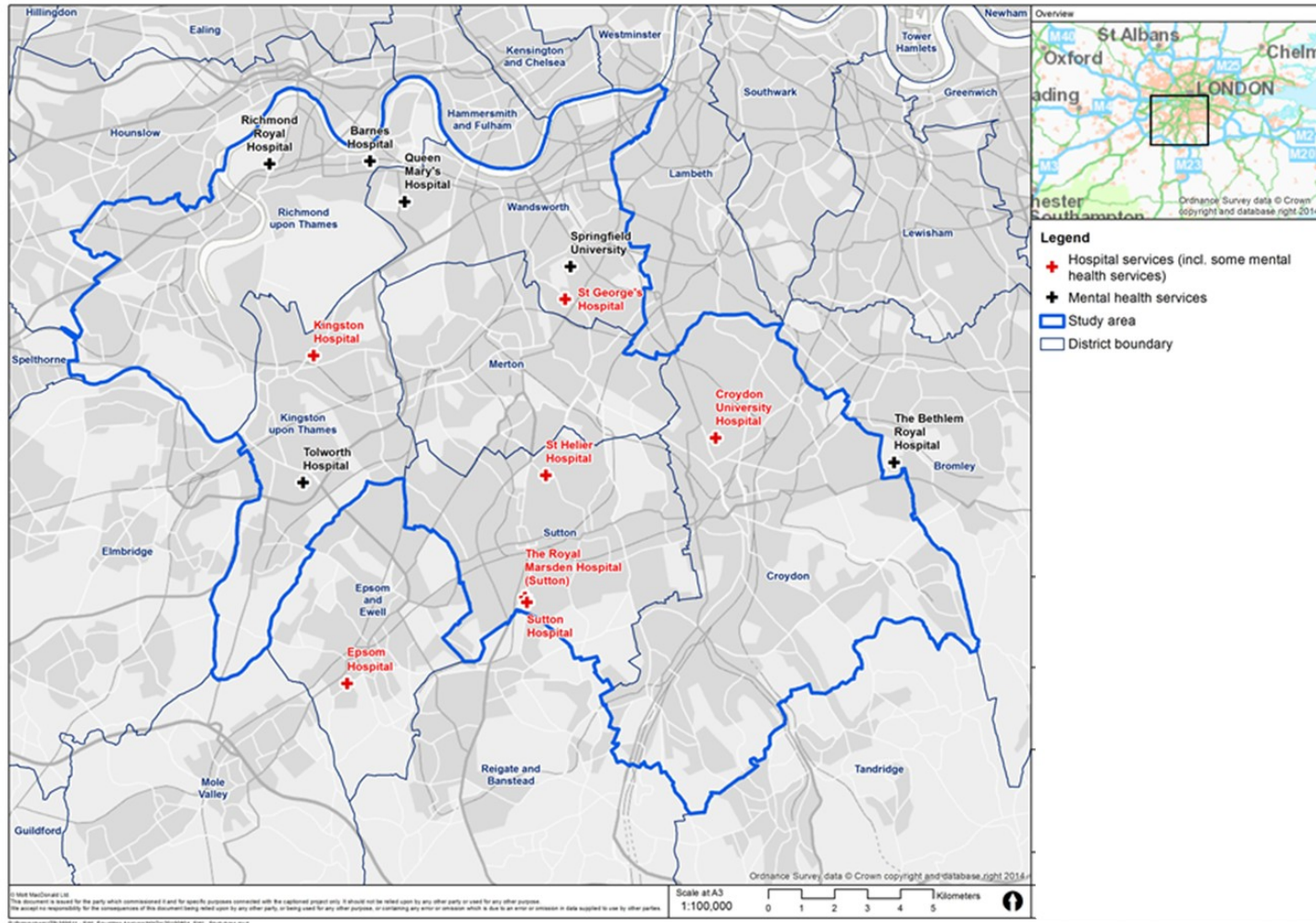
- Five Year Strategy published in June 2014
- Four aims:
 - Raise safety & quality standards
 - Address the financial gap
 - Address the workforce gap
 - Confront the rising demand for healthcare



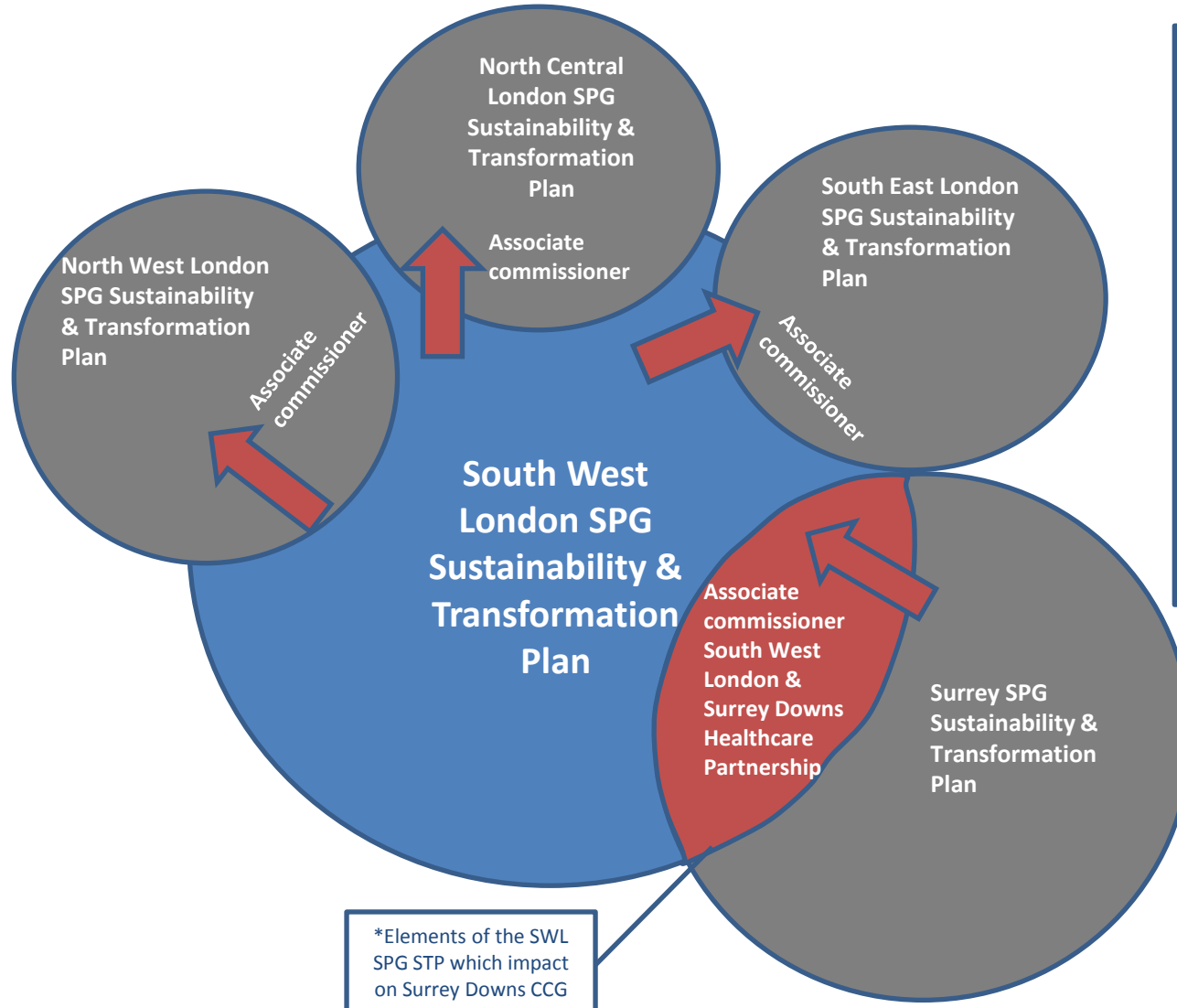
Refreshing the strategy for 2016/17-2020/21

- The plan will now be refreshed to reflect the requirement for **place based strategic planning** that coordinates across multiple stakeholders in the local health and care economy in a **Strategic Planning Group (SPG)**
- The 5YFV committed us to **empowering patients and local communities** through a growing emphasis on where people live rather than the artificial boundaries our organisations put around them
- This will require developing **system-wide transformational programmes** and radical thinking about how we can do things differently
- As we move away from a focus on individual organisations towards population-based, person-centred approaches to the delivery of care, the planning of such care will require co-ordination across **multiple stakeholders** in the local health and care economy
- Two separate but connected plans will need to be produced:
 - A five year **Sustainability and Transformation Plan (STP) 2016/17-2020/21**, place based and driving the Five Year Forward View; and
 - **One year Operational Plans for 2016/17**, organisation-based but consistent with the emerging STP.

The South West London Planning Footprint



The South West London Planning Footprint – Interdependencies with other Strategic Planning Groups



- The STP will cover the period 2016/17-2020/21
- It will refresh & replace the five year strategy published in 2014
- It will set out how SWL will deliver a clinically and financially sustainable NHS over the period of the plan
- It is owned by SWL commissioners, providers & LAs (The SWL SPG)
- Surrey Downs CCG is not a member of the SWL SPG
- Elements of the SWL SPG's STP which impact Surrey Downs will be managed through the SWL & SD Healthcare Partnership

The objectives of the South West London SPG's Sustainability and Transformation Plan

The five year Sustainability and Transformation Plan aims to put South West London on a clinically and financially sustainable footing.

It will address the current **financial** and **quality** issues in South West London.

Finance
<ul style="list-style-type: none"> • In summer 2014 commissioners estimated there was a £209m financial challenge for SWL CCGs and a £361m challenge for acute providers by 2018/19* • In 2015/16 SWL CCGs are expecting to spend ~£20m more than their allocations and estimates in summer 2015 suggested providers were expecting to post an aggregate deficit of ~£100m for 2015/16 • These figures are currently being refreshed in line with the recent planning guidance** with updated figures available in March/April

Quality
<ul style="list-style-type: none"> • None of the four Acute Trusts currently has the consultant/staff levels needed to deliver 7 day services & meet the London Quality Standards • To deliver London Quality Standards across current 5 sites would require around 130 more consultants and 170 non consultant staff – at a cost of ~£25m • Vacancy rates & recruitment also present challenges

*Required annual savings

** Planning guidance has been released for 16/17 operating plans and detailed planning guidance for STPs to 20/21 is expected from NHSE shortly

How success will be judged – STP key deliverables

- System leadership is needed. Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated.
- Instead, it involves 5 key elements:
 - Local leaders **working as a team**
 - A **clear shared vision for the local community**, which involves local government as appropriate
 - Programming a **coherent set of activities** to make it happen
 - **Execution against the plan**
 - **Learning and adapting**

Funding will only be available through a robust STP

The STPs are the **single application and approval process for transformation funding for 2017/18 onwards**.

From April 2017 onwards the most credible STPs will secure the earliest additional funding. Key points for consideration will be:

- The scale of **ambition** and track record of **progress already made**
- The **reach** of the local process
- The strength and unity of **local partnerships**
- The confidence in the **implementation plan**.

To meet the National 'must dos' planning will need to take place at scale

- By March 2017, 25% of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week and 20% of the population will have enhanced access to primary care
- There are **3 distinct challenges** under the banner of seven day services: reducing excess deaths by increasing consultant cover and weekend diagnostic services; offering 4 out of the 10 standards to 25% of the population during 16/17, to 50% by 2018 and complete coverage 2020
- Improving access to **out of hours care** by achieving better integration and redesign and improving access to primary care at weekends and evenings
- All areas will need to set out their **ambitions for seven day services** as part of their STPs.

In order to meet the 9 local 'must dos' we need to consider appropriate scale and interdependencies

9 local 'must dos' include:

1. Develop a **high quality, agreed STP**, achieving key identified milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to aggregate **financial balance**.
3. Develop a local plan to address the sustainability and quality of **general practice**.
4. Meet standards for **A&E and ambulance waits**
5. RTT: that more than **92% of patients on non-emergency pathways wait no more than 18 weeks**.
6. Deliver the 62 day **cancer waiting standard** and improve one year survival rates
7. Achieve the two new **mental health** access standards
8. Transform care for people with **learning disabilities**, improving community provision.
9. Improve quality and implement an affordable plan for organisations in **special measures**.

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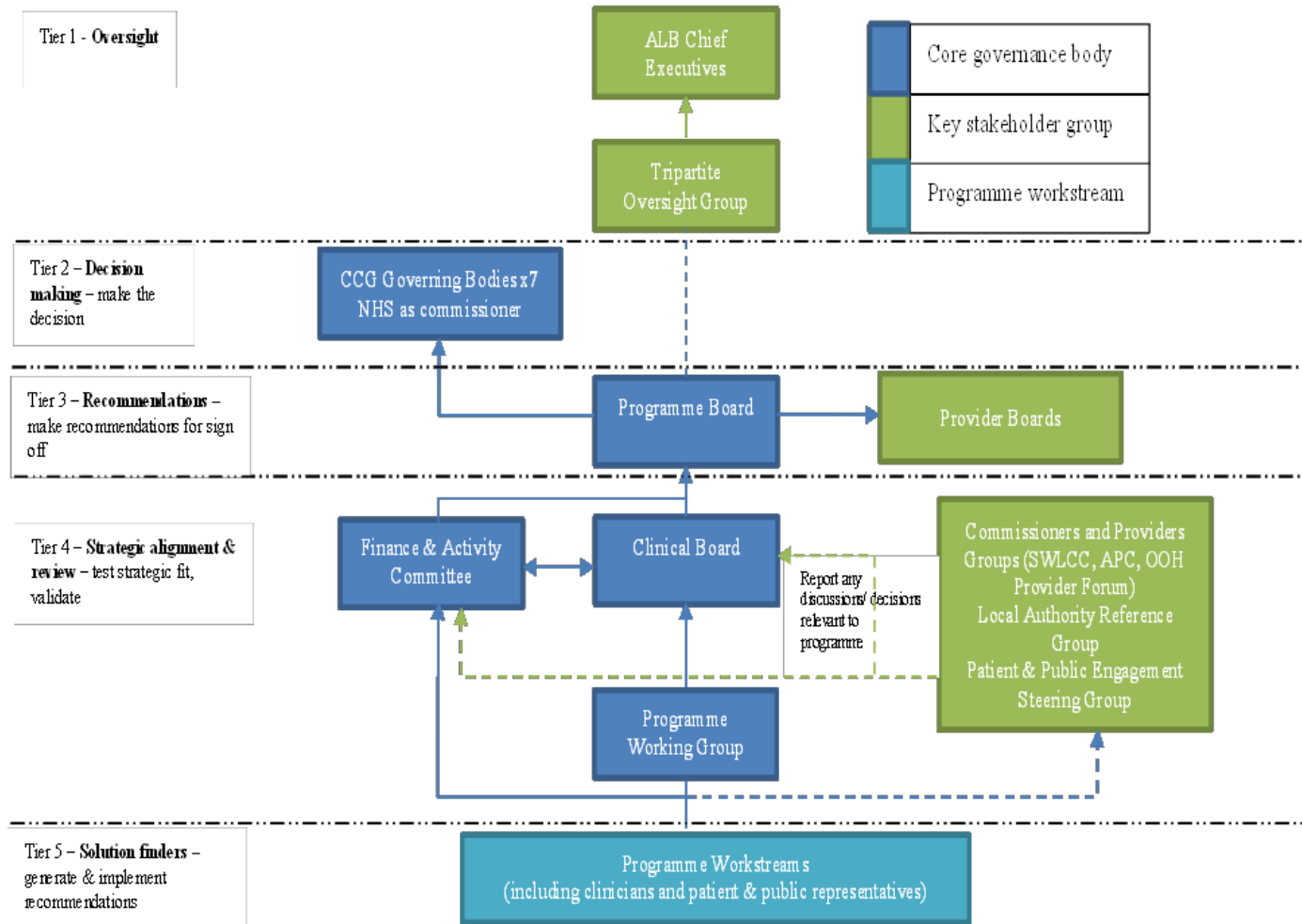
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Governance arrangements



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Setting the baseline - Financial diagnostic

- The aim of the programme is to deliver a **clinically and financially sustainable NHS in SW London**
- To address the issue of financial sustainability, it is necessary to first understand the financial baseline and 'do nothing' scenarios
- Work is currently underway by commissioners and providers to **establish and agree a financial baseline** across SWL
- This is undergoing an external validation to ensure that there is an agreed and triangulated position between commissioners and providers upon which to base plans

Delivery of the Five Year Strategy

A programme of work was set up to deliver the five year strategy. Eight 'Clinical Design Groups' were established to define principles and standards and develop service models/care pathways, along with enabler workstreams to support their delivery:

Cancer

Children &
Young People

Maternity

Mental Health

Out of Hospital

Planned Care

Primary Care

Urgent &
Emergency Care

IM&T

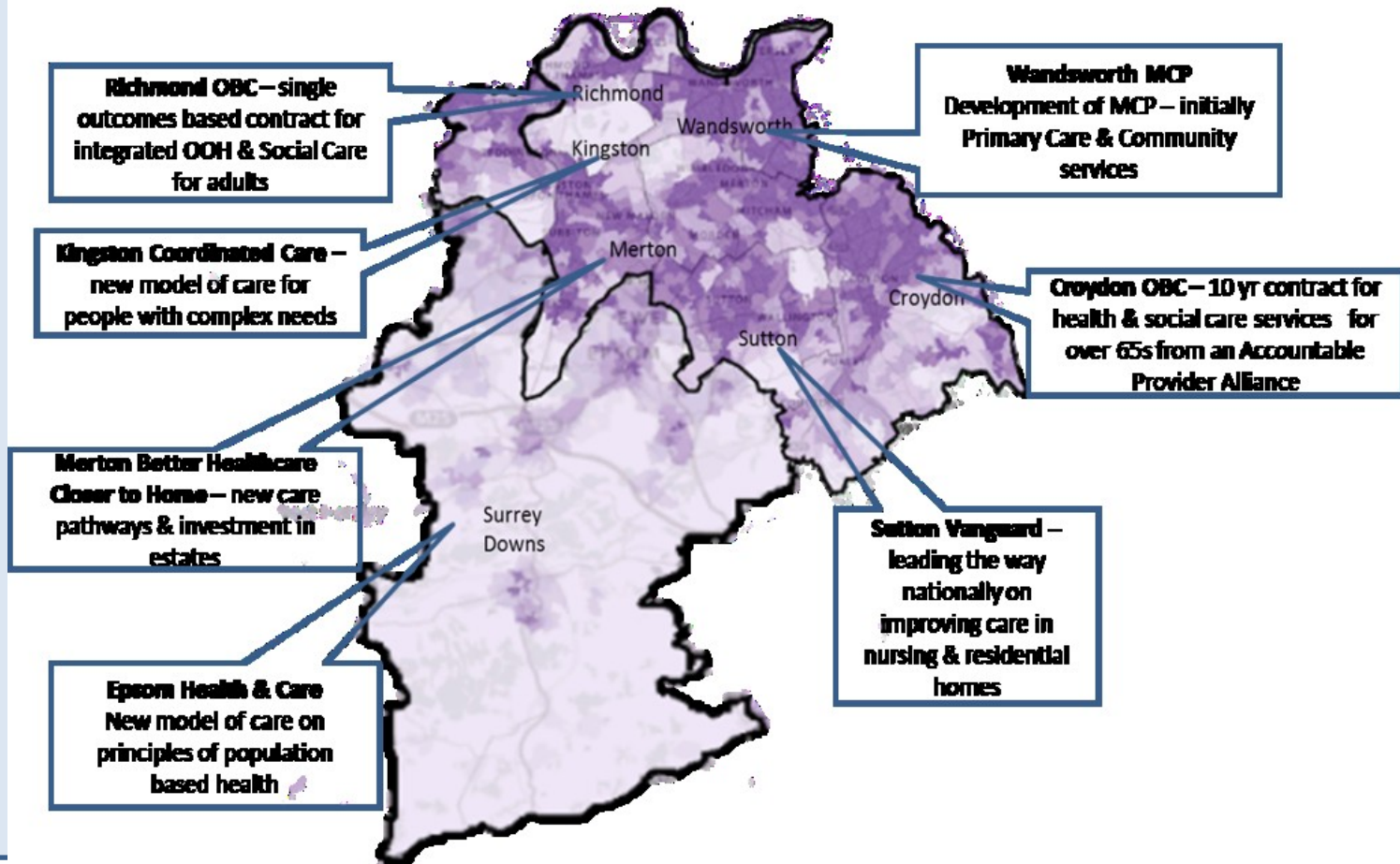
Workforce

Finance

Estates

Progress highlights

New mod



Progress highlights

Whole system initiatives

- SWL wide set of **principles & standards** for Out of Hospital Care agreed – supporting CCG commissioning e.g. Richmond outcomes-based contract; Croydon provider alliance
- Pan SWL **Crisis Response pilot** in progress as proof of concept on reducing conveyance to hospital through mobile GP interventions
- Practice trainers deployed to support **rollout of patient online** to empower patients to manage their care by viewing their records and controlling transactions
- Funding uplift supporting **new mental health services** e.g. Sutton Walk-in Service; Croydon extended community model
- **SWL-wide maternity specification** agreed for 2016/17 will continue to increase the presence of midwives and obstetricians
- **GP Federations** in place across all SWL CCGs & estates strategies developed by each CCG to support new models of care & extended hours
- Work underway on bed audit & enhanced stocktake of current investment to **develop evidenced based ambition & plan for Out of Hospital shift by 19/20**
- Multiple **out of hospital schemes delivered** across SWL e.g. in Croydon: rapid response, single point of access, roving GP, nursing home support programmes. In Kingston Coordinated Care programme, End of Life Care Coordination Centre in Wandsworth and COPD Health Coaching in Sutton

Progress highlights

Whole system initiatives

- New SWL-wide service specification and incentives for 2016/17 agreed for **improving and increasing same day emergency care** for patients who would otherwise be admitted to a bed
- All hospitals in SWL assessed against **London Quality Standards and staff needs**; now working to local improvement plans e.g. for ED consultant coverage
- SWL Network established to support redesign of UEC, including a **standardised naming of UEC services across England**
- SWL one of first areas nationally to procure **integrated 111 and GP out of hours** to improve patients referrals from 111 to UEC services
- **Paediatric emergency surgery network pilot** underway across all SWL hospitals, including single Directory of Services and transfer protocols, to ensure children are more rapidly admitted to the best hospital to treat them
- SWL Cancer System Leadership Forum **addressing 62 day cancer waits** by agreeing referral processes between acute and specialist trusts for 2016/17
- Greater **measurement of service performance for planned surgery** agreed for 2016/17 to support move to a ring-fenced surgical model to reduce cancellations and improve outcomes
- **New SWL IM&T strategy for sharing records and care plans** across boroughs from 2016/17, so that information follows the patient

The Acute Providers have also formed a collaborative to respond to the five year strategy

- The acute providers in South West London are working together on initiatives to deliver a clinically and financially sustainable NHS
- This includes work on:
 - Reducing length of stay
 - Reducing non elective admissions
 - Clinical networking
 - Estates strategy
- They also recognise the need to improve productivity to address the financial gap and having

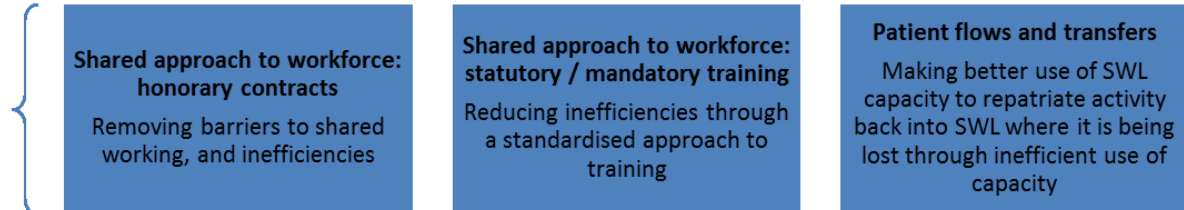
Highlights to date:

- *Single staff bank and rate cards established across all 4 hospitals to reduce reliance on agency staff*
- *Collaborative procurement processes across all 4 hospitals to increase economies of scale and ensure best price for common items*

Key opportunities in the Carter review



Enablers for shared working



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Issues paper published in June 2015 as the basis of engaging patients and the public in discussion around local issues



- Case for change further developed in **Issues Paper**
- Published in June 2015
- Expands on aims in the strategy & sets out five reasons why the local NHS needs to change the way it works:
 - **Quality of Care** - All patients should get the best possible care, but the quality and safety of all our health services varies enormously and depends on where and when you are treated. This costs lives.
 - **Changes in what patients need** - People getting older and sicker - demand rising rapidly. Need much more care to be outside hospital.
 - **Financial & workforce challenges** - We do not have the money or staff to go on as we are, despite increased funding. There is a national shortage of clinicians in some key areas and we need to transform workforce.
 - **The need for joined up services** - Patients need services that work together and across professional boundaries.
 - **We can provide better care with the same budget** - compelling evidence that if we spend our money differently, we can get services that are both better and more affordable.

Six deliberative events (large scale focus groups) were held across SWL

- Six **deliberative events** (large scale focus groups) were held during September across SWL.
- A total of 309 people took part, many of whom had never attended an NHS event before.

Total attendees	Patients /Public	Stakeholders
309	222	87

- A independent report on the deliberative events has been produced by OPM. This presents the feedback and outputs by workstream and includes headlines for each CCG area/borough.
- The report is published on the SWLCC website.

We have also completed our initial equalities analysis

- Mott MacDonald used a combination of i) desktop evidence review and ii) demographic mapping to identify those who may have a disproportionate need for services. They also carried out telephone interviews with targeted community groups and stakeholders.
- There are also a number of protected characteristic groups who are **likely to experience the potential positive and negative impacts to a disproportionate extent.**
- This includes people with physical or learning disabilities or certain mental health conditions, the socially isolated, those from deprived communities, the homeless, as well as people from certain BAME groups or migrant communities.
- The report is available on the website.

Other engagement includes:

- **Online and social media engagement**
- Developed a **comprehensive toolkit** to support CCGs with their local issues paper engagement.
- **Outreach – we have written to stakeholders** (including local residents' groups, campaigning organisations, faith groups, BME organisations, Healthwatch, CVS) and offered to attend local meetings.
- We have briefed **MPs** and **Trade Unions**
- Direct **engagement** of patient & public in **clinical workstreams** and through the **Patient & Public Engagement Steering Group** ²⁵