

Draft Operating Planning 2016/17

Health and Well Being Board 13 April 2016



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Purpose

Key Milestones

- 8 April Final submission
- 13 April Health and Well Being Board
- 24 May Receive at Governing Body
- End of June Submission of full STPs
- During July Assessment and Review of STPs

This paper

- Note and comment on the draft operating plan and
- Comment on the alignment of the CCG's draft
 Operating Plan 2015/16 with the joint health and wellbeing strategy 2013-18.



Summary of our organisational strategy (1)

We are currently refreshing our long term organisational strategy. Following a wide engagement process we have reconfirmed our vision and developed organisational values. In additional we have revised our objectives for 2016/17. The strategic direction of travel has been confirmed and we will finalise the outcomes over the coming months.

Vision

Longer healthier lives for all the people in Croydon

Through an ambitious programme of innovation and by working together with the diverse communities of Croydon and with our partners, we will use resources wisely to transform healthcare to help people look after themselves, and when people do need care they will be able to access high quality services

iectives.

- 1.1 To commission high quality health care services that are accessible, provide good treatment and achieve good patient outcomes
- 2.1 To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital for physical and mental health
- 3.1 To achieve sustainable financial balance by 2020/21
- 4.1 To support local people and stakeholders to have a greater influence on service we commission and support individuals to manage their care
- 5.1 To have all Croydon GP practices actively involved in commissioning services and develop a responsive and learning commissioning organisation

Values

Patient focused

Outcome focused

Professional

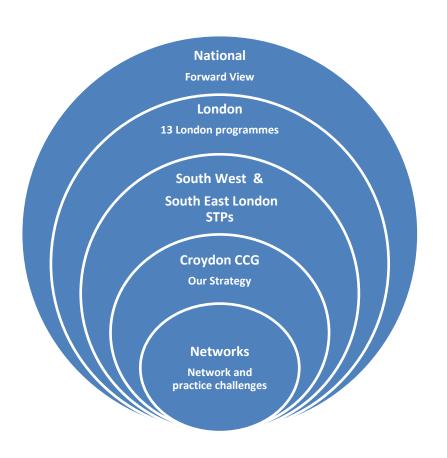
Ambitious

Summary of our organisational strategy (2)

Principles for everything we do

- Prevention is better than cure
- Able to manage illness
- Seen in the right place at the right time
- Shared Decision making

Development of the Operating Plan

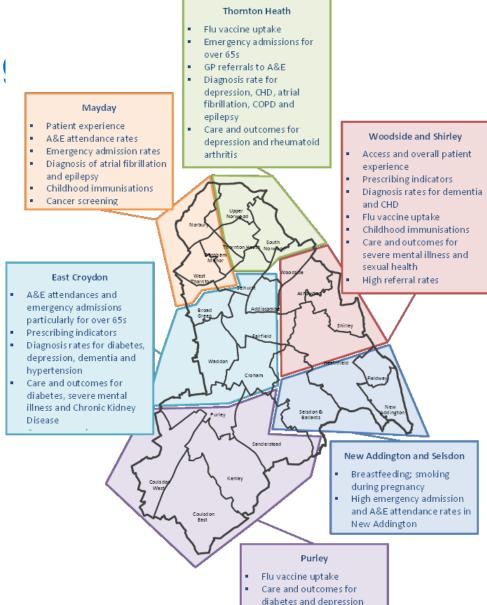


- Local and wider priorities reflected
- Locally patient and public involvement in developing plans through the year
- Network and clinical leadership, involved throughout the year
 - Ongoing discussions in developing specific plans
 - Development of commissioning intentions (Aug /Sept)



Our Key Challen

We know that across Croydon there are different challenges to address



National priorities

The Delivering the Forward View: NHS planning guidance sets out the priorities for Sustainability and Transformation Plans and CCGs. In summary these are:

- Improvement in performance especially
 - Referral to treatment
 - Cancer 62 day waiting standard
 - A&E and ambulance waits
 - Psychosis access
 - IAPTS access
 - Dementia diagnosis rate

- Cancer
- Obesity and Diabetes
- Mental Health
- Dementia
- Learning disabilities
- New Models of Care and Health and Social Care integration



Our organisational focus for 2016/17

In addition we have our local priorities:

Implement

Outcomes based Commissioning for over 65s

Urgent Care Strategy

Implement at greater pace

Prevention, selfmanagement and shared decision making

Mental Health Transformation

Develop and Implement

Learning Disabilities
Transformation plans

Primary Care and Out of Hospital Strategy

Obesity plan

Prevention, Self Care and Shared Decision Making (PSSSD)

During 2015/16 the CCG has lay the foundations:

- Agreed outcomes framework for the delivery of the programme is in place.
- Recruited a Darzi Fellow to lead engagement and education amongst the clinical community in Croydon.
- Speciality specific PSSSD approaches have been developed amongst three of our clinical steering groups (MSK, Respiratory and Urgent Care).
- Delivered public information campaigns, such as self-care week and the Ask Three Questions campaign

- Implement a training programme across Croydon
 practices to support clinician behaviours and delivery of shared decision consultations
- Enshrine the practical principles of PSSSD in acute and community
- Develop tier 3 weight management capabilities incorporating PSSSD interventions.

Mental Health Transformation

During 2015/16 we have:

- Developed Dementia Advisors Services.
- Developed a 24hr Mental Health Crisis Line open to the public, carers, and professionals
- Developed an Early Detection in Psychosis service to identify and work with young people 18-35rs at risk
- Improved ADHD / ASD pathway for full implementation
- Expanded the Community Service in Adult Mental Health
- Community Services developed in Mental Health Older
 Adults services Home Treatment Teams and Care Home
 Intervention Teams.

- Croydon to prepare for Perinatal target
- Develop an all age core 24 Psychiatric Liaison Service
- Further develop initiatives to improve physical health of people with mental illness
- Evaluate the impact of the community services and investment.
- Work towards establishing a Dementia Action Alliance.
- Evaluate the post diagnosis Dementia Advisors Service
 Pilot commissioned in 2015/16

Learning Disability

During 2015/16 we have:

- Developed a Transformation Partnership Board with our strategic partners in SE & SW London.
- Been reviewing LD inpatients and ensuring placements
 have a CTR and have a discharge date

- Review the current gaps in service provision commissioned and develop LD resources to provide short-term crisis and emergency care for people with complex and challenging behaviour in the community instead of unnecessary inpatient admissions.
- Improve service pathways with primary care and reduce waiting times to access LD community services
- Develop an LD 'at risk patient' register.

Diabetes

During 2015/16 we have:

- Begun the upskilling of the primary care workforce
- Croydon CCG been successful in being the first wave of the National Diabetes Prevention Programme (NDPP)

Our focus for 2016/17

- Implement and promote national diabetes prevention programme (NDPP)
- Develop pre-diabetic register in primary care to recording patients with "Pre-diabetes"
- Ensure that there is coverage of Tier 2 diabetic care across Croydon GP practices

Obesity

During 2015/16 we have:

 Increased referrals to the weight management service which began June 2014.

- Work with the Children and Young Peoples and
 Partnership to review adult and children obesity plans
 collectively
- Review and plan for the provision for obesity services including tier 3 weight management services and ensuring a clear pathway from tier 2 weight management services and bariatric surgery.

Cancer

During 2015/16 we have:

- Introduced a programme of practice visits by the newly appointed Macmillan GP and CRUK Health Professional Engagement Facilitator
- Developed Acute Oncology Service at CHS
- Piloted the Enhanced Prostate Follow-Up in Primary
 Care.

- Collaborative working across London on demand and capacity requirements for diagnostic services
- Provide education and support in primary care to follow for patient present with
- Implement the pan London cancer pathways including access for GP's to direct to test diagnostics

Improving Performance

The CCG will meet all the expected national standards as of 1 April except for:

A&E Waiting Times (CHS) – Actions for 2016/17

- Resolve Outstanding Action from previous plan specifically: Discharge and Emergency Department Staffing and Process
- Focus on Emergency Department processes reflecting changes in the Breach Analysis
- A different focus predominantly on improving Front End (delay in ED review) plus implementing discharge/perfect ward

Improving Access to Psychological Therapies (IAPTS) Access and IAPTS Recovery – Action for 2016/17

• During 2015/16 we increased the number of patients entering treatment by more than 180% Performance is below the planned level due to referrals rates increasing at a slower rate than the IAPT access performance trajectory. The Croydon IAPT service has responded by expanding self-referral options including online self-referral, and is carrying out significant promotional work with general practice, community practice, community groups, and the public.



New Models of Care / Health and Social Care Integration (1)

Outcomes Based Commissioning for over 65s

In partnership with the Council during 2015/16 we have:

Undertaken significant capability assessment of the
 Accountable Provider Alliance

- Ensure alignment with the Sustainability and
 Transformation Plan and the delivery of the Transforming
 Adult Social Care (TRASC) programme
- Intended start date for the new contract is at the end
 September 2016.

New Models of Care / Health and Social Care Integration (2)

Out of Hospital and Primary Care Strategy

During 2015/16 we have

- Expanded the Rapid Response service
- Developing a care home management guide
- Improving the use of step up beds to support medically unwell people
- Implemented a GP Roving Service pilot to provide greater access to rapid medical care within the community
- Embedding proactive multi-disciplinary case management
 with health and social care input
- Increase intermediate care beds and step up facilities

During 2016/17 we will

- Refresh our Out of Hospital and Primary Care Strategy and ensure alignment with the Sustainability and Transformation Plan
- Work with the various health, social care and mental health services to ensure that the services are being fully maximised for patients
- Assess and develop additional services such as near patient testing and the provision of community intravenous services