NHS
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Clinical Commissioning Group

Our Strategic Approach and Plans for 2018/19

Health and Well Being Board

20 June 2018

Longer, healthier lives for
all the people in Croydon

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Introduction

- We are on a journey to **sustainably transform health and care services in Croydon**, working with wider South West London partners where appropriate.

- We are taking stock of the significant progress made over the past years to transform services and are looking to **reset the momentum and the scale of transformational change and improvement**.

- This work is **informing the development the One Croydon Transformation Plan and will inform the South West London Sustainability and Transformation Partnership Strategy**.

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Our journey and progress over the year

Implementation	Impact
Urgent care – 3 GP urgent care hubs, access to a wide range of urgent care services, incl. GP appts available from 8am to 8pm, 7 days a week	▪ Increasing awareness and use of GP hubs (37% increase in the number of visitors since opened in April 2017)
Planned care – embedded 18 revised pathways	Performance against contracted SLAM plans ▪ Reduced unnecessary referrals to hospital by 4% and outpatient attendances by 2%. Despite activity underperformance there is a 2% increase in the cost of outpatient attendances. The majority of underperformance is in outpatient follow-up which attract a cheaper tariff
Out of Hospital and Outcomes based commissioning for over 65s – integrated community network, Personal Independence Co-ordinators, Integrated intermediate and rehabilitation services (LIFE)	▪ Reduced non-elective activity by 2% (1% over on finance) and 9% reduction in A&E activity (1% over on finance), primarily urgent care attendances offset by over performance in A&E attendance.
Primary care and variation in treatment and care – Peer review of referrals, piloting a group consultation model to support patients with long-term conditions, introducing social prescribing giving a non medical referral option	▪ Increased access to primary care ▪ Improved patient reported access to GPs
Mental health – 24 hour crisis telephone line, 24 hour home treatment team	▪ Reduced the average length of stay for Croydon patients in a mental health bed from 58 to 35 days ▪ Reduced the number of delayed discharges (22 to 7 in November 2017) ▪ Reduced the number of patients in out of borough beds (36 to zero in November 2017)
Child and adolescent mental health services – Single point of access introduced	▪ Children and young people aged under-18 with a diagnosable mental health condition receiving NHS community services treatment increased from 16.8% in 2015/16 to 32% in 2016/17
QIPP plans: £ 14.3m achieved 2016/17; £9.7m YTD and £21.2m forecast 2017/18	

Strategic Vision

'Working together to help you live the life you want'

We want people to live longer, healthier lives. Our vision is that local people be supported to look after themselves and those they care for and have access to high quality jointed up physical and mental health and care services when they need them. We want to deliver better health outcomes within our budget.

Strategic Context

Croydon CCG, as well as our health and care partners, face significant health and care needs and financial challenges.

We are working together, building on the success of the One Croydon Alliance, which previously focused on the over 65's, to deliver whole system transformation for the whole population.

Strategic Transformation Programmes

- Existing models of care are often reactive and disproportionately provided in acute settings. It results in poor outcomes and an unaffordable health and social care system for Croydon
- People want to be better supported through appropriate community-based provision that helps them to better meet their care needs, to retain their independence, to self manage and wherever possible to prevent complications and admission to hospital
- Care is often fragmented and we leave people to navigate themselves. We need to better integrate services

Our plans focus on keeping people well, and ensuring people are supported in the home and in the community rather than hospital wherever appropriate. We aim to improve health outcomes and ensure an affordable system.

One Croydon Partners are working together, building on current transformation plans to develop a 5 year plan. A discussion document will be available in September.

The following slides set out the current One Croydon transformation plans and the CCG initiatives for 2018/19.

Out of Hospital Transformation Programme

Aim: To increase preventative and proactive care through better delivery of integrated care across health, social care, mental health and voluntary sector services.

Key outcomes:

- Staying healthy, active and independent for as long as possible
- Getting access to the best quality care so people can live how they choose
- Having support from professionals with specialist knowledge to understand how health and social care affects individuals
- Getting more care and support tailored to individuals' needs
- Being supported to manage long term conditions

What have we achieved to date:

- GP practices that implemented Integrated Community Network show a decrease in overall non-elective admissions
- Where LIFE/ Discharge to Assess was implemented, there is a 20% reduction in Average Length of Stay
- The proportion of older people still at home after 91 days after discharge from hospital has increased and admissions to Nursing homes have decreased

Embedding initiatives implemented in year 1 (2017/18):

- Integrated Community Networks and huddles
- Living Independently for Everyone (LIFE)
- Discharge to Assess
- Local Voluntary Partnerships
- Together for Health Programme

New initiatives for year 2 (2018/19) include:

- **Transformation of falls services**: Integrating falls into LIFE to ensure an expanded 'wrap-around' falls service, alongside improved early identification, enhanced preventative measures and community support
- **End of Life Care Transformation**: Integration with LIFE (discharge to assess pathway 3), additional training programmes to reduce conveyances and avoidable admissions, preparation for move to a coordination centre model
- **Care homes**: Implementation of an 'Airedale' style assistive technologies solution, re-designing the model of GP cover for care homes, and development of a joint strategic framework (between the CCG and LA) for commissioning care home beds
- **Re-design of continence services**

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Planned Care Transformation Programme

Aim: To transform local healthcare by introducing new pathways and models of care, whilst promoting and embedding behaviour and cultural change across patients, public, and clinical workforce.

Key outcomes:

- More patients equipped to manage their own condition
- Better outcomes and experience for patients by improving access and avoiding duplications or procedures with no clinical value
- Reduction in potential years of life lost through amenable disease
- Right care delivered in the right place at the right time, delivered using an integrated approach resulting in better outcomes overall

What have we achieved to date:

- Rolled out and embedded 18 revised pathways
- Revised MSK model of care (attaching physiotherapists to GP practices) tested
- Introduced GP peer review peer of patient assessment
- Implementing e-Referrals to GPs which combines electronic booking with a choice of place, date and time for first hospital or clinic appointments
- Introduced the Specialist Advice and Guidance to improve access between clinicians in Primary and Secondary Care
- Revised 'Choosing Widely' thresholds

Embedding initiatives implemented in year 1 (2017/18):

- 18 revised pathways including a revised MSK model of care
- GP peer review of patient assessment
- Specialist Advice and Guidance
- E-Referrals to GPs

New initiatives for year 2 (2018/19) include:

By the end of February we will have signed off a single business case which sets out ambitious activity reductions from acute to more appropriate care settings:

- MSK
- Dermatology
- Ophthalmology
- Gynaecology
- ENT
- Cardiology/Respiratory
- Digestive Diseases
- Diabetes
- Anti-coagulation

Together for Health Transformation Programme

Aim: To support people to become active citizens in managing their own health and care ensuring that individuals remain healthier for longer. People can make informed decisions about their health and social care including decisions they make around lifestyle factors that may be impacting on diseases and conditions that they may have or be at risk of developing.

Key outcomes:

- Keeping people well for longer
- Supporting an active and independent for as long as possible
- Preventing disease; reduce the down the increase in Type 2 Diabetes across Borough; Lower prevalence of obesity & other lifestyle factors impacting health
- Better treatment adherence
- People empowered to take greater responsibility for their health
- Improving health behaviours

What have we achieved to date:

- Social prescribing – Thornton Heath Practice
- GP Group consultations piloted for diabetes
- Health Help Now App implemented

New initiatives for 2018/19 include:

- Scaling up social prescribing and developing the community resource through a Local Voluntary Partnership (LVP)
- Rollout of group consultations for other LTC
- Implementation of an Expert Patients Programme
- Health Help now further development increase is usage and using it s full potential

Mental Health Transformation Programme

Aim: To prevent mental health problems and to ensure early intervention for those with mental illness, through improved access to services , and care provided closer to home where appropriate

Key outcomes:

- Better wellbeing and mental health
- Fewer people develop mental health problems
- More people with mental health problems will have a good quality of life, fewer will die prematurely
- More people will have a positive experience of care wherever it takes place
- Improved health outcomes for patients with dementia
- Working with Public Health to reduce the number of people taking their own lives (national target of 10% reduction

What have we achieved to date:

- About to awarded the mental health forensic contract through chairs action
- Reduced the average length of stay for Croydon patients in a mental health bed from 58 to 35 days
- Reduced the number of delayed discharges (22 to 7 in November 2017)
- Reduced the number of patients in out of borough beds (36 to zero in November 2017)

New initiatives for 2018/19 include:

- By the end of June signed off the Mental Health and Well Being business case (through the Out of Hospital Business Case)
- Alternative pathways for crisis response and primary community based care
- Further reduction in occupied beds
- Continued implementation of the Child and Adolescent Mental Health (CAMHS) transformation plan. (Also identified as a South West London priority)
- Improving Access to Psychological Therapies (IAPTS)

Learning Disabilities Transformation Programme

Aim: To support more people with a learning disability can live in the community, with the right support, and close to home by making health and care services better.

Key outcomes:

- Reduce health inequalities and premature deaths
- Improved quality of life for people with LD
- Improved access to wider healthcare services
- More people live in the community, with the right support, and close to home
- Greater parity of access for people with LD to primary and secondary care

What have we achieved to date:

- Implementing Transforming Care – moving from inpatient provision to community based care
- Annual health checks
- Service review completed

New initiatives for 2018/19 include:

- Service review outcome - Commissioning more integrated services between community LD team and social care and mental health
- Transforming Care clients
  - to discharge 4 into community based provision
  - 7 clients to be discharged from specialist NHS provision into community based provision

Children and Young People Transformation Programme

Aim: To improve the health outcomes for children and young people through prevention and self care and improve families experience through more effective diagnosis and care of long term conditions

Key outcomes:

- Improvements in children's physical and mental health including improved health outcomes for children with SEN and Disability
- Improvements in patient experience and reduced waiting times for statutory and other priority pathways
- Reduction in risk of significant harm to physical and mental health for children with long term conditions

What have we achieved to date:

- Child and adolescent mental health services – Single point of access introduced
- Health visiting and school nursing review
- Implementing Best Start developments
- GP advice and guidance

New initiatives for 2018/19 include:

- Developing a Children's transformation strategy for the development of community paediatrics
- Acute business case to reconfigure acute paediatrics sign off by end of February
- Continued implementation of the Maternity Improvement Plan

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Primary Care Transformation Programme

Aim: To develop primary care at scale to provide a consistent quality service to residents of Croydon. Developing a resilient and sustainable general practice is essential to enable the transformation of the whole health and care system

Key outcomes:

- Sustainability and Resilience of General Practice
- A population health focussed approach to commissioning general practice
- Shared and varied workforce – addressing recruitment and retention challenges
- Ability to provide a wider range of services 'closer to home' for the population

What have we achieved to date:

- Positive relationship shift with general practice
- Extended access: In addition to the 3 GP Hubs providing same day pre-bookable and walk in access to a GP, we have commissioned 2 additional hubs offering additional pre-bookable routine appointments to the populations of Shirley and Woodside and Mayday and Thornton Heath. On-going negotiations to provide pre-bookable routine appts in the 3 GP hubs.
- Successfully bidding for resources to invest in Croydon primary care:
  - £15.9m of capital to support out of hospital programme, ETTF and GP improvement grants
  - £1m to test working at scale, supporting general practice to play a full part in integrated care

New initiatives for 2018/19 include:

- GP Extended Access in top up hubs
- Roll out of online consultations
- Complete the LCS/PDDS review
- Development of primary care estates (£9 million capital investment agreed)
- IT system interoperability and improved functionality
- Develop working at scale models

Next Steps

- One Croydon Partners are working together, building on current transformation plans to develop a 5 year plan
- A discussion document will be available in September
- One Croydon Transformation Plan will include:
  - Align thinking with regard to local authority new operating model
  - Set out a health and care outcomes framework
  - Plans for delivering the agreed outcomes