NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY PART 1

Date of Meeting: 26 November 2015

Agenda No: 7.4 **Attachment:** 17

Title of Document: South West London Collaborative Commissioning programme progress update to Governing Body	**Purpose of Report:** Progress update
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Executive Summary:

In February 2014 the six South West London NHS Clinical Commissioning Groups (CCGs) – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and the health commissioners from NHS England (London) agreed to work together with hospitals, mental health, primary and community care service, local councils, local people and patients on a five year plan to improve health services for everyone in South West London. The partnership between the CCGs and NHS England is called the South West London Commissioning Collaborative (SWLCC).

This paper provides an update on progress made during September/October focusing on:

- Update on the Success Regime
- The development of the system architecture
- A project to develop workforce specifications of new models of care
- Service model design
- Discussions underway around the development of a planned care single contract
- Out of Hospital principles & standards
- Crisis response and Patient Online pilots
- Feedback from the deliberative events held in September and an update on our engagement plan

Key sections for particular note (paragraph/page), areas of concern etc:

NA

Recommendation(s):

NA

Committees which have previously discussed/agreed the report: NA
Financial Implications: NA
Implications for CCG Governing Body: CCG Governing body to note progress update and role of Merton CCG in working collaboratively to respond to challenges outlined in the paper and deliver the five year strategy
How has the Patient voice been considered in development of this paper: Progress update only. Patients and public engaged through our patient and public engagement steering group. Engagement plan set out in paper.
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)
Equality Assessment: NA
Information Privacy Issues: NA
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Engagement set out in the paper

South West London Collaborative Commissioning

SWLCC Update

Update November 2015

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England

'Working together to improve the quality of care in South West London'

Recent programme highlights covered in this update include

- Update on Success Regime
- Development of the **system architecture**
- Project to develop **workforce specifications** for new models of care
- Scoping and set up of **service model design groups**
- Discussions about a **planned care single contract**
- Sign off of **Out of Hospital Principles & Standards**
- Progression of **Crisis response pilot**
- **Patients Online** project
- Completion of & feedback from **Deliberative Events**

Success Regime

- Did not enter a national Success Regime & is our understanding that NHS England will not be making any further announcements on additional success regime sites this financial year
- However, we believe there are other ways in which our local NHS can be supported without it becoming part of the success regime
- Local NHS commissioners and providers are in discussions as to how they can best work together to address the challenges faced by the NHS in south west London
- We are also working with NHS England, Monitor and the Trust Development Authority who are supportive of this action
- Verbal update on latest position following these discussions

We are currently developing the 'System architecture'

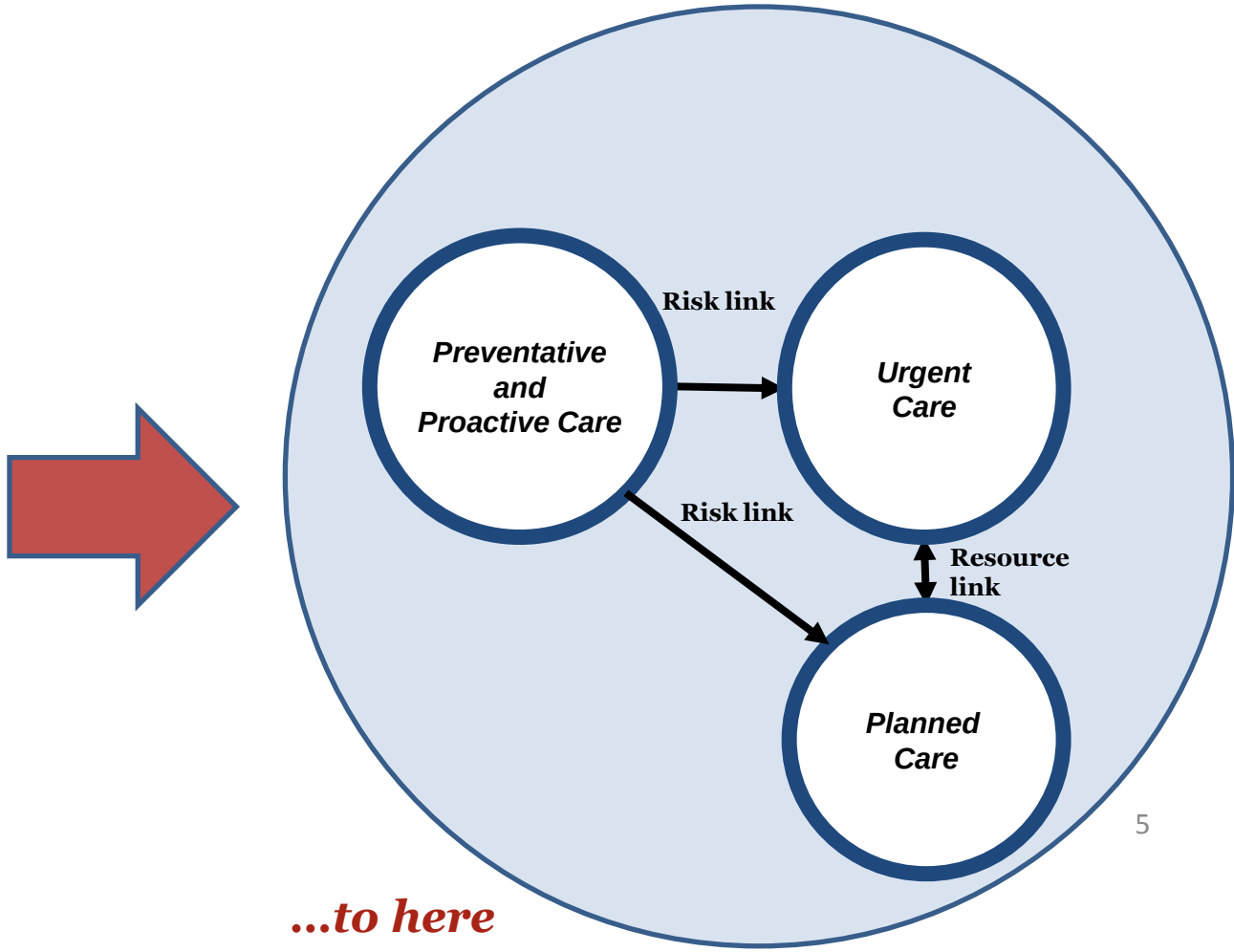
- System architecture is an operational and function description of how assets and resources should be structured in order to deliver the model of care*
- We are doing this to form the framework for solution development and implementation
- Key learning from elsewhere is:
  - Need to focus on system value (outcomes / cost)
  - Simplicity is key
  - Current planning structures are not fit for purpose

* The model of care is the high level description of how care services should relate with patients, citizens & each other

System architecture - Approach

From here…

- Primary
- Hospital
- Community
- Ambulatory
- Mental Health
- Third Sector
- Public Health
- Social Care

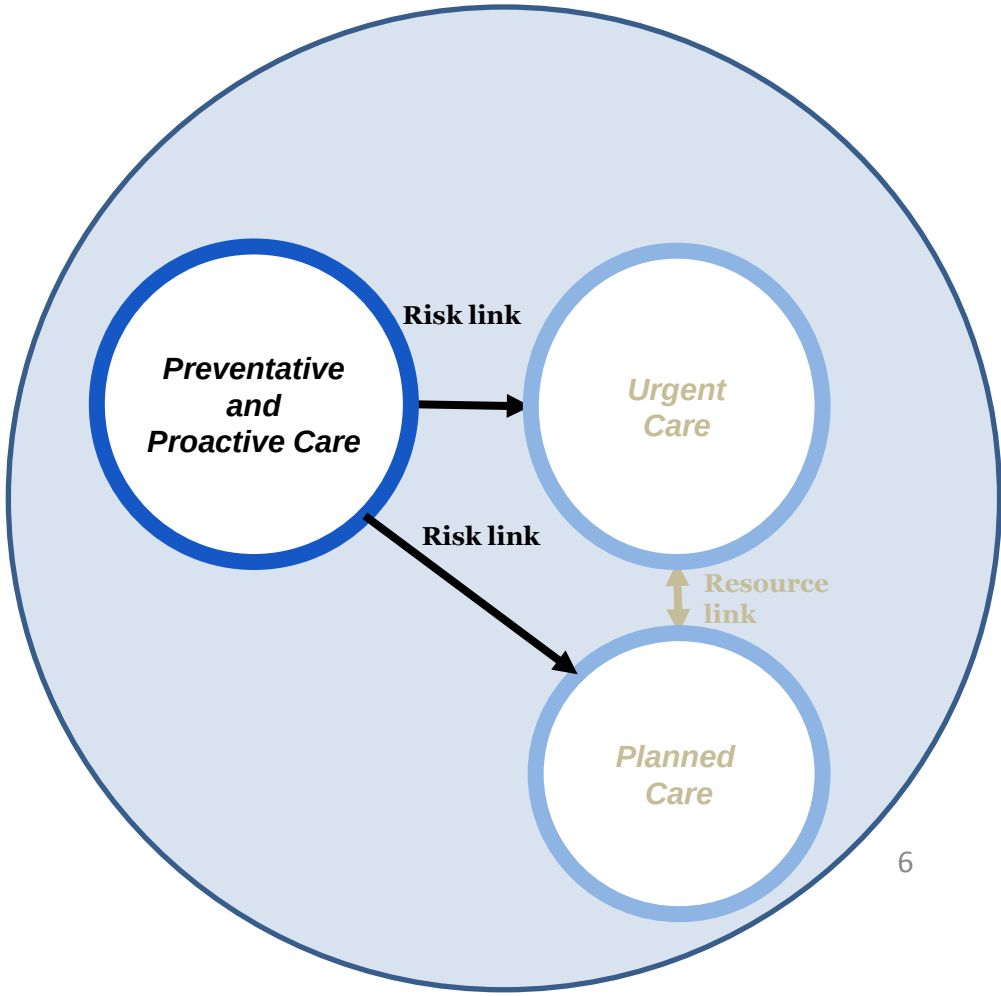


…to here

System architecture – Proactive and Preventative Care

What works?

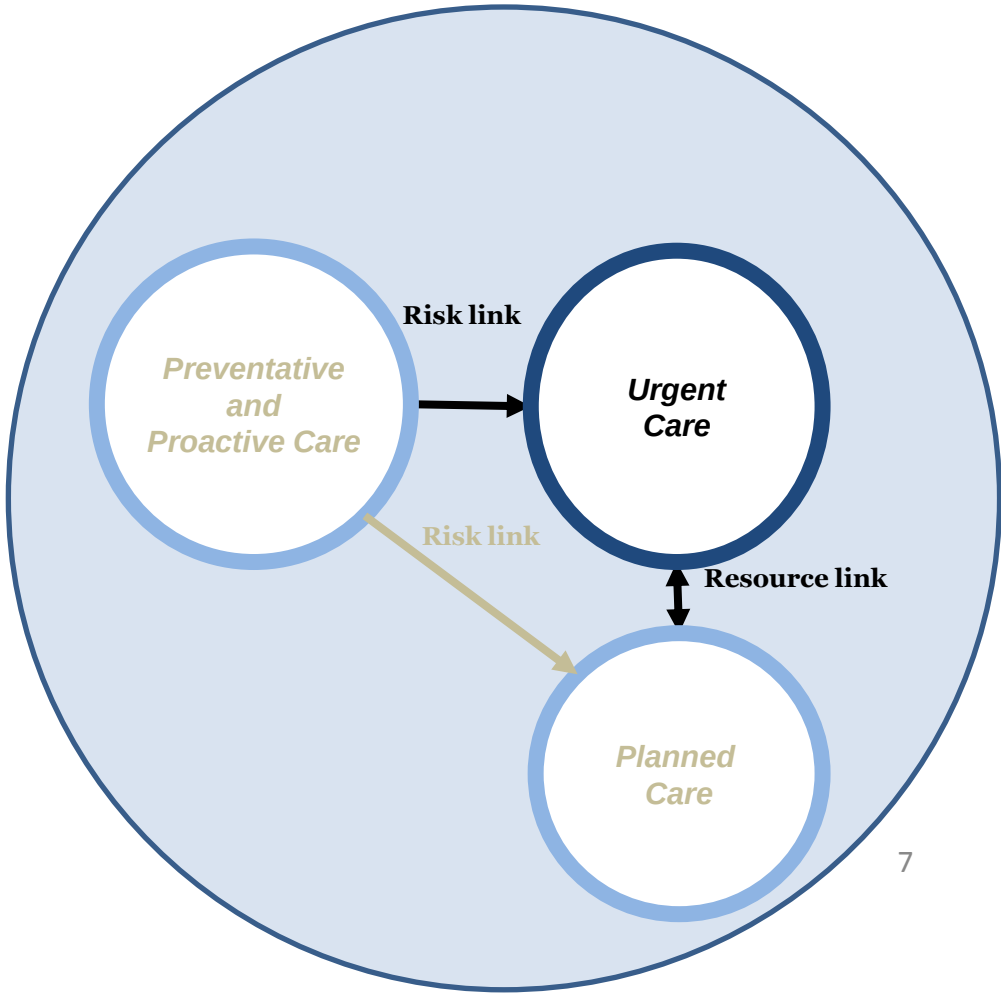
- Engaged patients, citizens and carers
- Resilient and supportive communities
- Primary care at the centre of highly co-ordinated multi-disciplinary teams
- Care planning, single point of access – consistent service configurations
- Shared responsibility, risk and incentive for ***all*** care professionals in the system to being involved in proactively keeping people well (including hospital)
- A consistent model for managing LTCs and frailty



System architecture – Urgent Care

What works?

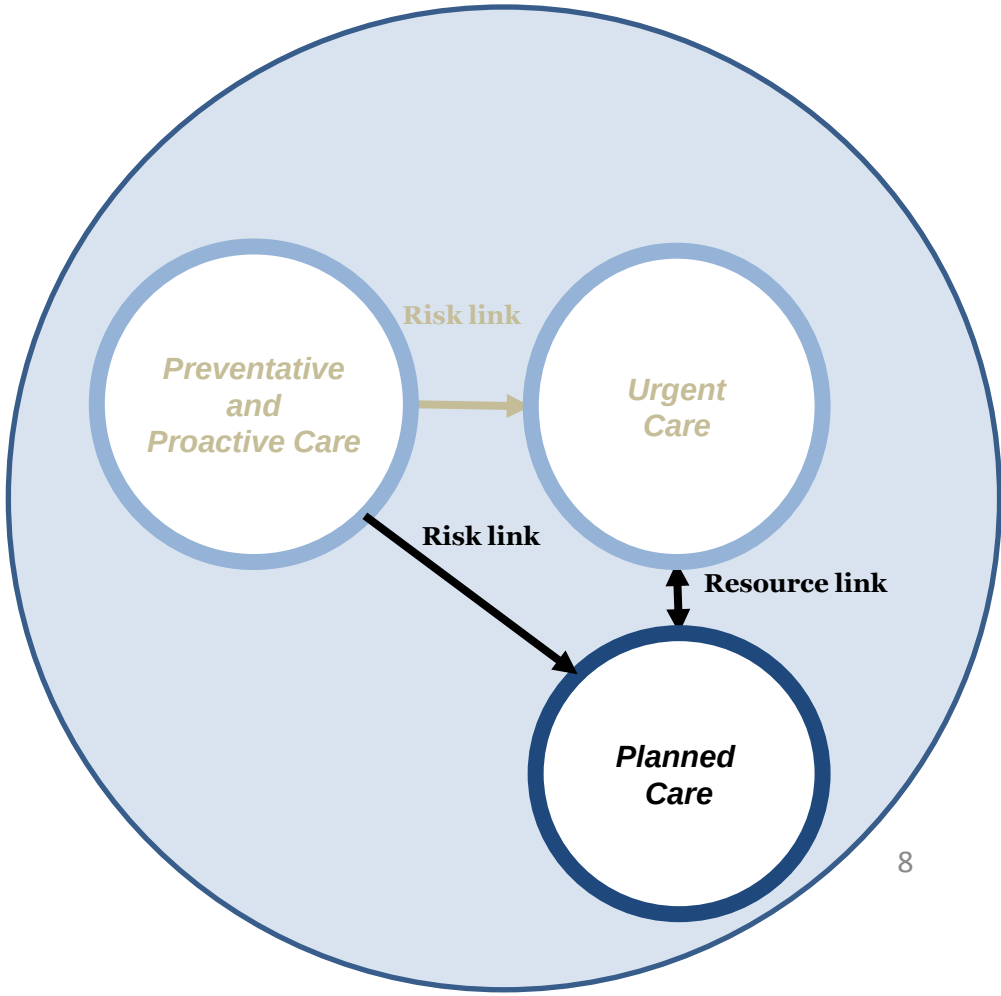
- High cost of 24/7 services means cannot afford duplication
- Single operational span of control over all resources needed to deploy in urgent situations (GP OOH, A&E, emergency social care support, urgent mental health support, etc.)
- Integrated community response teams
- Using A&E physical locations as a legitimate way to access a range of services



System architecture – Planned Care

What works?

- Clinical teams working at a scale to maximise experience and ability to sub-specialise
- Hospital and community-based elements of a service run in collaboration rather than competition
- Providers incentivised on appropriate interventions and long term outcomes
- Competitive provision possible – but only where using existing capital infrastructure and contributing to fixed overheads



Our workforce project is being scoped

- We are currently scoping a project to develop workforce specifications
- Subject to sign off, this will:
  - Underpin the implementation of the new models of care,
  - Define training & education needs to address the skills gap to deliver new models of care, and
  - Consider how to moderate initial demand in line with financial and workforce constraints

The workforce project is proposing to deliver

- Patient vignettes – snapshots of patients in different areas (e.g. mental health, older person), describing which health professional is needed at each stage of care. These will be used to prompt discussion and review pathways to support a realistic view of what it is possible to achieve in workforce transformation
- Workforce specifications of new models of care
- Initial training and education needs assessment
- Enablers and obstacles to workforce development

We are also progressing work to define models of care at an individual service level

- We are identifying the right groups to answer the key questions to develop clinically robust models of care as the clinical basis for acute configuration scenarios for potential public consultation
- The starting point has been existing networks and CDGs, but where the membership is not aligned with requirements we are setting up task & finish groups
- The groups will not be forming judgements on which service models are best suited to particular SWL sites, or the optimal number of sites for a service; redefining the case for change; redesigning every aspect of their clinical area; or overseeing implementation of initiatives
- The networks & CDGs will continue to deliver other elements of transformation, and providers will continue to work on back office functions and reducing NEL admissions through better use of AEC
- The definition of service models will take place from January to March 2016

We have signed off our SWL out of hospital principles & standards

- NHS Five Year Forward View set a clear mandate to 'deliver more care out of hospital'
- Five year strategy reinforced this – articulating the need to move services out of hospital, 'changing the balance of where care is delivered, creating a better experience for patients and improving integration of service'
- Out of Hospital Care is critical to the wider transformation plan in South West London and it is acknowledged that there is a need for consistent health and social outcomes, irrespective of how services were commissioned and with which providers.
- Following an open, transparent and collaborative process, clinical and managerial commissioners from respective CCGs forged a shared commitment as equal partners to demonstrate system wide change and efficiencies for out of hospital care and part of that has been the development of a framework of principles for community based integrated care.
- We'll be turning these into minimum outcomes for this time next year, with metrics – then up to each CCG who and how they commission to meet those

The principles and standards set out the overarching principles for delivering effective integrated, OOH & community based care, in line with national & local strategic direction

It should be noted that:

- Effective delivery is dependent upon successful integration of all health and care providers, centred around the patient.
- Integration encompasses a variety of sectors and tiers of provision including community, acute and primary health, social care, mental health, and the voluntary and community sectors.

Objectives for framework development:

- To create a framework to define Adult Community Services Principles to be incorporated into 2016-17 SWL Commissioning Intentions.
- Improving, sustainability, quality equality and access for out of hospital care, especially for those with more complex needs.
- The principles are outcome focused to enable commissioners to use the document locally as a guide to meet the needs of their local population.
- To help address the financial case for change and the workforce gap.

Scope:

- This work recognises local variation in service development and provides a route map to the potential delivering consistent outcomes across SWL.
- The high level objectives are in line with the London Transforming Primary Care Strategic Framework in the area of access, proactive and coordinated care. Web link - http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf)

In developing the principles set out hereafter, overarching objectives were identified, these are summarised below

- A person experiences a seamless journey of care and understands what to expect from their journey through the episode of care and the appropriate access points.
- The person is at the heart of decision making, and is enabled to make informed choices encompassing lifestyle, prevention and the care they receive.
- Frail and vulnerable people and those living with multiple long-term conditions and complex needs are enabled to live independently, safely, healthily and for as long as possible, making best use of all appropriate resources within the community.
- Services should have the responsibility to respond rapidly.
- People are involved in designing and improving person-centred services, including provision within the community and voluntary sector and where the provider is responsible for commissioning of services.
- Carers are supported in the community to enable them to maintain their ability to care.
- People receive care and support which is sensitive to cultural and personal preferences in line with equality, diversity and enabling choice.
- Providers ensure they provide a healthy workplace for staff, treating staff with respect and enabling them to provide the right care for people.

SWL OHH overview of framework and principles

The SW London response to the 'Five Year Forward View' is captured in the shared vision of "A Health and Social Care environment that best serves the needs of patients and service users in SW London in a responsive, efficient and sustainable manner." This has helped guide the development of the following principles framework.

	Principles	Description
Principles	1. Living Well	• People are encouraged to take responsibility for their healthy choices. Prevention, brief advice and signposting to lifestyle and clinical prevention services are embedded in all frontline hospital and out of hospital services. Services such as NHS health checks are promoted to ensure early detection of disease, when cure is more likely. Providers provide a healthy workplace for their staff.
	2. Early Detection and Management	• Early detection of disease is prioritised through NHS health checks, for example, working with primary care. When a person's health and/or social circumstances change, they can access any identified support they require quickly and locally from the most applicable service, including the voluntary sector.
	3. Multidisciplinary Crisis Response	• In the event of crisis, appropriate services are responsive and accessible. Services are able to support people to remain within the community where appropriate and are aware of people's vulnerability and isolation and able to take steps to ensure the person experiences the least possible impact, and to ensure efficient and timely access to acute or tertiary services if necessary.
	4. Rehabilitation and Reablement	• After a crisis or intervention, people are supported to return to living as independently as possible within their community / place of residence as quickly, safely and independently as possible, taking into account their personal preferences.
	5. End of Life Care	• People are supported to live life as fully as possible and for as long as possible, people are comfortable and confident in the choices available to them and that they and their family are supported.
	6. Enabling and Managing the system and demonstrating impact	• Using evidence, data and contracting mechanisms, identify mechanisms and incentives to enable delivery of the principles and make best use of workforce, IT, estates and resources within the community (social/health/voluntary) to ensure sustainability and best use of resources, treatment modalities and interventions available. The whole system works to incentivise lowest level of appropriate intervention.

We are progressing a crisis response pilot

Scope and scale of SWL crisis response pilot

The business case is for a proof of concept pilot, that:

Covers the SWL geographical area with four dedicated units ((Sutton and Merton, Kingston and Richmond to share) each consisting of a dedicated **GMC registered GP, with a driver in a non-LAS vehicle and will respond to clinically appropriate Green (C1-C4) category triaged calls from 999/111** and be uniquely dispatched from the LAS clinical decision making hub.

Will run from **1pm to 1am, 7 days a week** for a six month period commencing in October 2015.

The **GP will assess, diagnose, prescribe and treat in the home,** without requiring a paramedic response or conveyance to hospital.

Close **links will be formed between the GP service and CCG's existing community Rapid Response** services, so packages of care can be put in place when required, reducing any risk of simply 'delaying' a conveyance to hospital.

On the basis of small scale pilot work undertaken in Winter 14/15 this type of model resulted in approximately a 75% reduction in conveyances.

Funding for this pilot to operate on the basis outlined above is £1.24m with projected net savings of £0.2 to£0.85m dependent on the level of calls per shift and number of saved conveyances.

We are also progressing a patient online project

Scope and scale of patient online

The business case is to provide additional support to GP practices to support rollout of patient online (currently usage by patients is low, in SW London at the start of 2015/16, around 9% registered patients have signed up for online services and 0.9% have used the service to book and cancel appointments), it is proposed that funding is used to:

Support clinical and practice teams – local GPs and practice teams supported with more information on patient online and opportunities to have a key contact individual to work with them to progress roll out ('Patient Online Facilitators')

Employ 'Patient Online Facilitators' (band 6) to project manage and deliver a range of services across the 6 CCGs – in particular the facilitators will help with practices having a clear understanding of demand and capacity and ensuring that systems are configured so that there are sufficient appointments made available online locally (work to date has identified this as being an obstacle in roll out of patient online)

Support patient activation – improve patient awareness of online services through a multi channel communications campaign

On the basis of discussions with the patient online team at NHSE London region and early work undertaken at Wandsworth CCG in 15/16 to increase the implementation and roll out of patient online. Funding for this pilot to operate on the basis outlined above is £220k with the aims that by March 2016 the following will be achieved:

- A minimum 50% increase from the current baseline in the number of patients 'enabled' via patient online.
- An increase in meaningful utilisation of both online appointment booking and ordering of prescriptions. A 50% increase in the number of appointments booked and prescriptions ordered online and an increase in the number of bookable appointments available online – 'stretch' measure to be agreed between Patient Online Facilitator and practice based on local circumstances.

We are discussing the introduction of a single contract for planned care

- The five year strategy sets out the requirement to separate planned and non elective care, with planned care being delivered in a multi-speciality elective centre, on the basis that this will provide safer, higher quality and more convenient care for patients
- The commissioning intentions delivered at the start of October indicate that commissioners are considering the introduction of a single contract for planned care. The details of how this would be approached are still under discussion.
- In this context planned care is defined as inpatient routine elective surgery including 23 hour cases

We have been engaging in a variety of ways…

- **Distributed Issues Paper –** the full document & summary to SWL
- **Online and social media engagement**
- **Held six deliberative events** –for an invited audience of voluntary and community sectors and representative sample of local population in each borough
- Began an early **Equalities Analysis –** Mott MacDonald are conducting this work.
- 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.
- **Direct engagement** of patient & public in CDGs and through PPESG.

Deliberative events were about generating interest in the issues from public, voluntary and community sector stakeholders & gathering views about what should be done. We have received initial feedback pending the publication of the report

Headline feedback :

- **Mental health** (most popular area across all events) – topics included: more resource for early intervention to prevent escalation; better out of hospital and crisis care; concerns around funding; better ways of joining up services/better communication between health professionals to support mental health
- **Maternity services** – importance of continuity of care pre and post natal and improving attitude of staff
- **Cancer** – greater emphasis on prevention and early diagnosis and also support post recovery to return to normal life
- **Planned care** – general support for creating a dedicated centre – but need to clearly present benefits of separating planned from emergency. Also support for having a clear pre-plan for after care and discharge.

Feedback cont…

Out of Hospital – greater role for the voluntary sector. Better communication between health care professionals and services also relating to discharge from hospital and what care plan is in place after this.
Children and young people – more support for the transition between children's services and adult services. Better links between all services – police, schools, health – shouldn't rely on parents to join the dots.
Urgent and Emergency Care (*least popular table discussion area*) – clearer information for patients and the public about what services are available and how to access them.
Primary care – lots of acknowledgement that GPs are under a lot of pressure and need to use all resources in primary care better. Need better education and signposting for patients to know where to go. Suggestion that the voluntary care sector could provide the care navigator role and support primary care more than they do currently.

Our engagement programme continues & we will be reflecting what we hear in the development of solutions...

- **A report on the deliberative events** will be sent to participants and published, and will feed into the development of solutions
- **Bi-monthly briefings to CCG Governing Bodies** meeting in public.
- Writing formally to **providers and local authorities**, offering to present to their staff or run stalls – work with their communications and engagement leads.
- We are considering holding **a number of public events** across SWL.
- Presentations to local **Overview and Scrutiny Committees** and involvement of **Health and Wellbeing Boards** in developing implementation plan; further meeting of **LA Reference Group**. Consider and agree whether a **JHOSC** needs to be set up and when.
- **Focus groups** to reach different audiences and get in-depth views; some groups will be identified through **Equality Analysis** which is underway.
- Brief and work with **local MPs and trade unions**
- **Continue with extensive online and social media engagement** including Tweet chats, daily Twitter updates, e-newsletter, blogs.
- Considering any communications required in respect of **Surrey Downs**

Questions?