NHS
South West London Collaborative Commissioning

South West London CCGs

Summary of the 5 year strategic plan for CCG governing body meetings

May / June 2014

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCGs and NHS England (Direct Commissioning)
'Working together to improve the quality of care in South West London'

The purpose of this paper is to

1. Provide CCG Governing Bodies with the context for the planning process

2. Summarise the five year strategic plan, focussing on the updates to the 4th April draft plan, the case for change, clinical workstreams

3. Outline the next steps for the strategic planning work

CONTEXT: STRATEGIC PLANNING IN SOUTH WEST LONDON

Context: strategic planning in south west London

- As part of the response to NHS England's Everyone Counts planning guidance the six CCGs in south west London agreed to work collectively with NHS England as a single "planning unit".
- Our draft strategic plan was submitted to NHS England on 4th April 2014.
- This paper accompanies the latest draft of our 5 year strategic plan for improving local health services across south west London that is being submitted to the six south west London CCG Governing Bodies in May/June 2014 for approval.
- The profile of our work is raised further as south west London was identified as being one of only eleven "challenged health economies" in England, resulting in additional scrutiny from national partners and an intensive support team working across commissioners and providers.
- Our strategic plan, which outlines our approach for working with our local providers and our local authorities to improve services in south west London, does not contain specific options for implementation nor the detailed financial implications of each of the proposals. These will be developed, with our local partners, during the next few months and will be brought back to Governing Bodies in due course.
- The strategic plan will be submitted to NHS England on 20th June 2014.

THE CASE FOR CHANGE

Overview: the case for change

- To achieve our vision we must overcome a number of significant obstacles, in particular:
  1. the **need to improve the quality of care**
  2. the **size of the financial challenge facing** our hospitals and commissioners just to break even over the next five years
  3. the **rising demand** for healthcare
  4. the **availability of sufficient numbers of consultant and other specialist staff** to implement the London Quality Standards.
- In addition, we recognise the implementation challenge that we face in addressing these obstacles.

1. The need to improve the quality of care

- Providing higher quality and more integrated care out of hospital is a local and national priority.
- We **cannot meet the London Quality Standards at all our hospitals**, and indeed hospitals are not the most appropriate settings for many patients.
- There is also **variation in the availability of consultant-led services**, and vital clinical support services.
- We know, for example, that people admitted as emergencies at the weekend are **10% more likely to die compared to on those admitted on week days**.

SWL's performance against the Seven Measurable Outcomes

Outcome	Performance
1. Additional years of life for people with physical and MH conditions	• People are living longer • Proportion of over 65s due to increase by 13% by 2020 leading to increasing burden of long term conditions • There is a lack of prevention services for those with mental health conditions
2. Health related quality of life	• People living longer with complex conditions • GP survey data suggests only 60% of those with LTCs felt they had enough support from local services • People with dementia are more likely to die in hospital than the national average
3. Time people spend avoidably in hospital	• 40% of those attending A&E could be treated in alternative settings (Keogh) • 34% of non-elective Children's admissions are for one day or less • DTOC rates vary significantly across SWL
4. Proportion of older people living independently at home	• Over 65s account for 70% of NEL • Between 2008/09 and 2012/13 A&E attendances increased by 13% • Number of patients still at home 91 days post discharge is 65% in some parts of SWL, against London average of 81%
5. Positive experience of hospital care	• Croydon Health Services was in bottom quartile for overall patient experience in 2012 Inpatient Survey • Increasing choice of care setting, for example in maternity, will help improve patient experience
6. Positive experience of care outside hospital	• Broadly consistent scores in SWL GP surveys • SWL and St George's performed "about as well" as other trusts for community MH services according to CQC survey • 111 callers reporting issue resolved ranged from 82% to 88% according to data in Oct13
7. Avoidable deaths in our hospitals	• Mandate to deliver 7-day working by 2015/16 • Many individual LQS not being achieved • 10% increase in morbidity associated with weekend admissions • There are not enough consultants to deliver LQS at all trusts

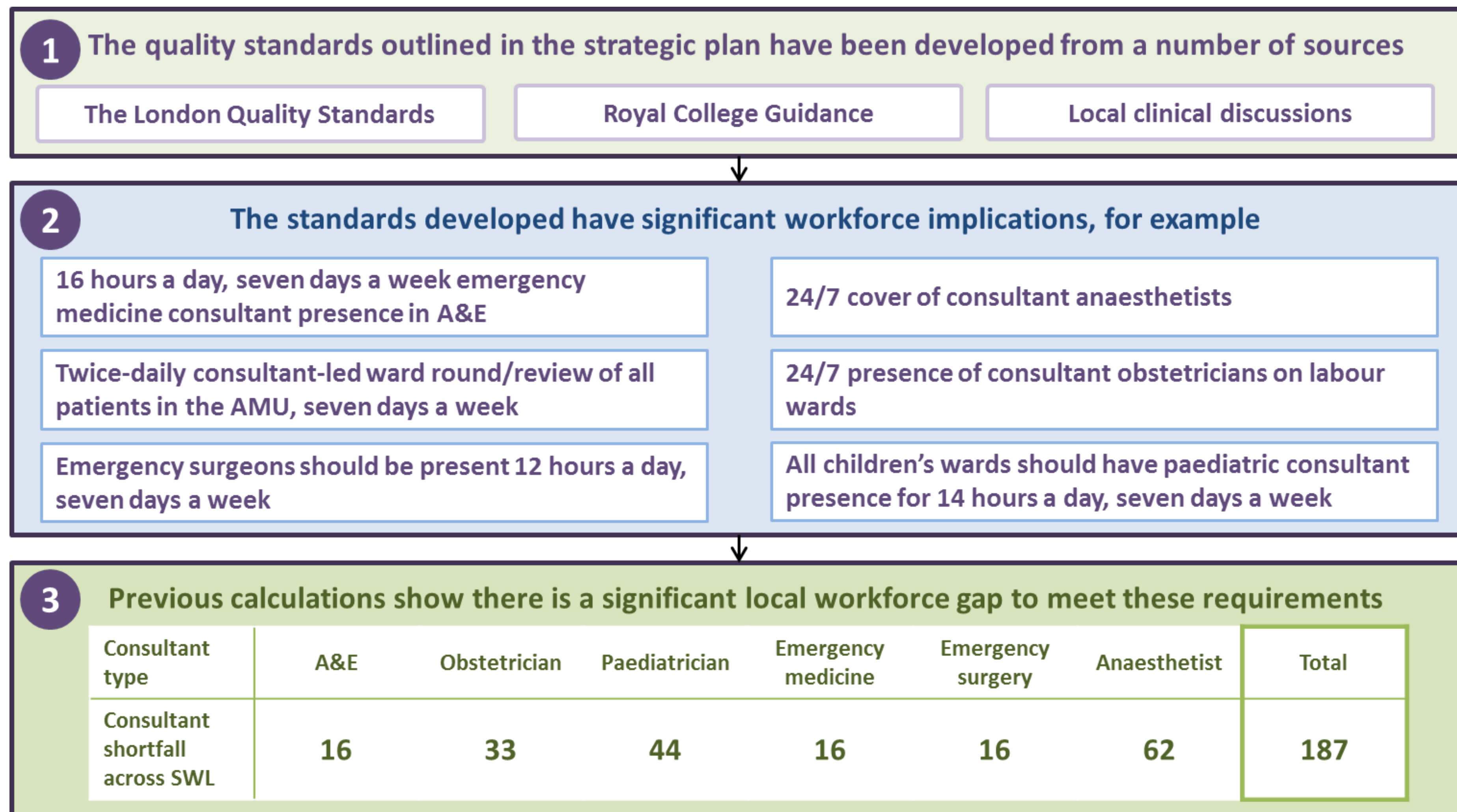
2. The size of the financial challenge facing our hospitals and commissioners hospitals just to break even over the next five years

- Our analysis of acute trusts' financial positions indicates **they are not collectively sustainable without change** – it will not be possible for all of the providers' plans to hold true.
- Collectively, the **acute trusts** in south west London are planning to make **savings of £360m**.
- Collectively, the **commissioners** in south west London need to make **savings of approximately £210m** (the "QIPP challenge") in order to break-even collectively in 2018/19, although in this scenario Croydon CCG would not be able to achieve a 1% surplus.

3. The rising demand for healthcare

- **The population in south west London is expected to increase** by 7.2% from 1.46m in 2013 to 1.56m in 2018, with the number of people over 65 years projected to increase 8.9% over the same period.
- **More people in south west London are living with one or more long term conditions (LTCs)**. People with multiple LTCs have reduced life expectancies and are more complex needs.
- **Demand for GP appointments is increasing** and patients continue to report problems in accessing primary care.
- **Pressure on emergency departments is expected to continue to rise** by 18.8% over the next five years as people live longer with increasingly complex needs.
- The number of **patients admitted to hospital from emergency departments rose by 12%** between 2009/10 and 2012/13.

4. The availability of sufficient numbers of consultant and other specialist staff to implement the London Quality Standards



Consultant type	A&E	Obstetrician	Paediatrician	Emergency medicine	Emergency surgery	Anaesthetist	Total
Consultant shortfall across SWL	16	33	44	16	16	62	187

INITIATIVES FROM THE CLINICAL DESIGN GROUPS

Clinical sections - introduction

- The overall ambition is **to meet the LQS at all acute sites by 2018/19**, although there are challenges regarding these timescales.
- Our approach is more developed in some areas, e.g. maternity. Others need much more development, in particular new workstreams such as primary care, integrated care and mental health where there has previously been limited collective work.
- There is a particular challenge with regard to the limited detail about NHS England's plans for primary care and specialised commissioning.
- There is a recognition in all areas that they are closely interdependent and that the overall requirement is to be **transformational change across the health system** rather than pursuing piecemeal, incremental change.
- Each clinical section of the strategic plan contains a series of initiatives, developed through a **clinical design group (CDG)**, chaired by a local CCG clinician.

Initiatives arising from the Clinical Design Groups (1)

Clinical Design Group	Key Initiatives Discussed	Target Year for Full LQS Achievement	Major Interdependencies	Major Implementation Challenges
Children's	Strong focus during 14/15 and 15/16 on growing capacity in community services to care for more children closer to home and reduce unnecessary pressures on A&E's. Development of a SWL Children's Network to oversee transformation of services and provide leadership and assurance of developments. Once sufficient capacity in place in community, consolidation of acute services to meet full range of minimum quality standards.	Trajectory to be agreed. Likely target 2018/19.	Maternity Mental Health Primary Care Urgent & Emergency Care	Improving the capacity and capability of the community workforce. Agreeing the trajectory for full LQS achievement.
Integrated Care	Focus on the implementation of BCF plans during 2014/15 and 2015/16, with work in parallel to consider contracting, workforce and IT enablers for improving integration across south west London. Implementation of seven-day working in the community targeted from 2016/17.	-	Primary Care Urgent & Emergency Care	Much of the existing work is local in nature and challenges will exist in gaining agreement for pan-SWL models from our health and social care partners.

Initiatives arising from the Clinical Design Groups (2)

Clinical Design Group	Key Initiatives Discussed	Target Year for Full LQS Achievement	Major Interdependencies	Major Implementation Challenges
Maternity	The overall focus is to increase use of midwifery-led services for normal pregnancies and birth. Also included are initiatives to improve continuity of carer, focus on experiences of care and 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 14 hrs. per day consultant obstetrician presence by the end of 2014/15, with 24 hrs. per day by 2018/19.	2018/19	Children's	Current modelling of existing workforce suggests that there will be constraints on the achievement of LQS.
Mental Health	Series of initiatives to develop capacity in community services, including developing a single point of access, increased access to IAPT and greater provision of home treatment, to be implemented between 2014/15 and 2016/17, with a view to reducing acute in-patient activity from 2017/18.	-	Integrated Care Maternity Primary Care Urgent & Emergency Care	Integration of physical and mental health and shifting the emphasis of care from acute to community settings.
Planned Care	Creation of 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	Will involve a complex programme of work to deliver, although this is reflected in the expected timescales for implementing a full MSEC.

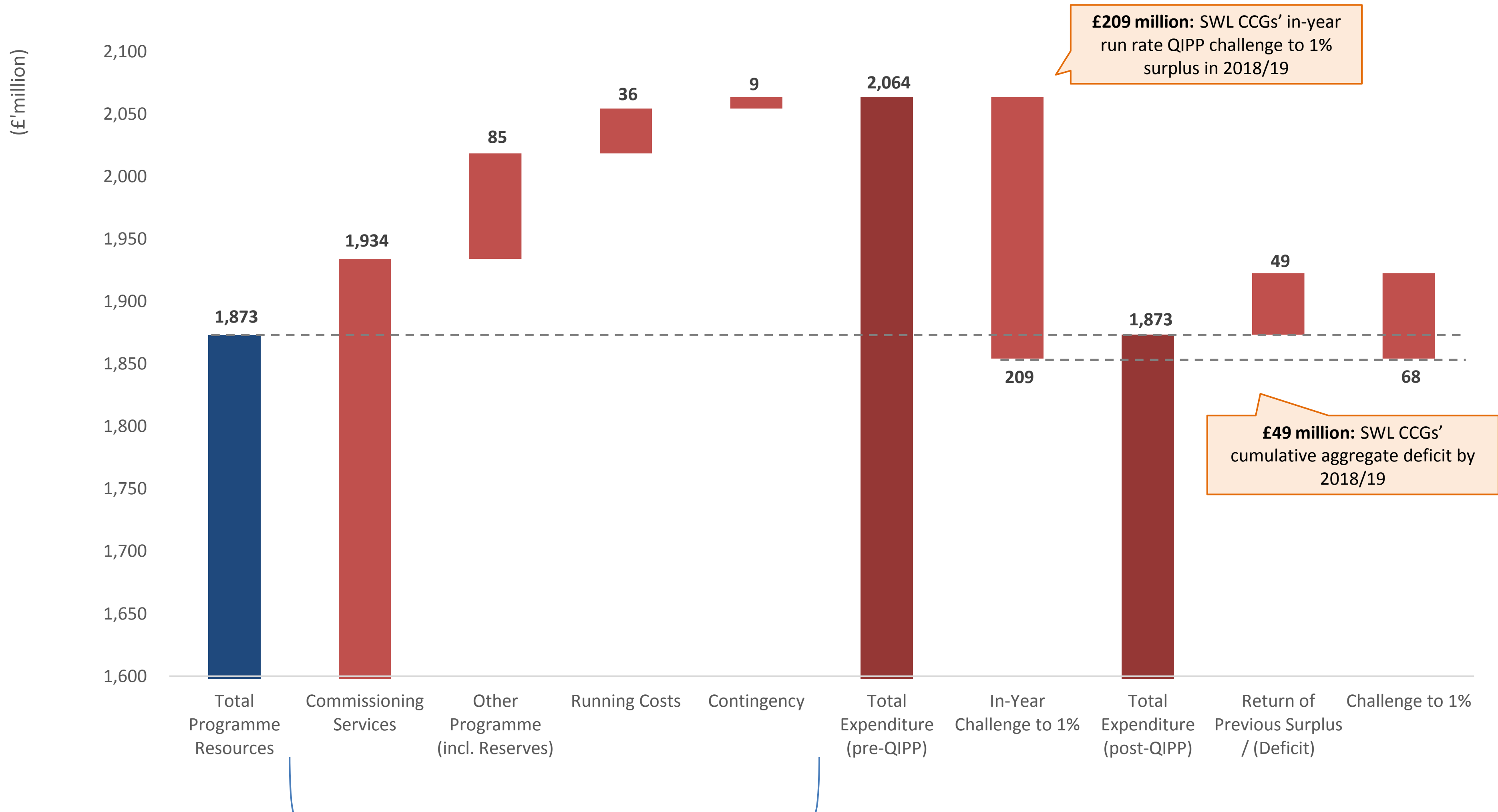
Initiatives arising from the Clinical Design Groups (3)

Clinical Design Group	Key Initiatives Discussed	Target Year for Full LQS Achievement	Major Interdependencies	Major Implementation Challenges
Primary Care	Fully networked model of primary care, in line with NHS England plans, to be achieved by 2016/17, with implementation plans for estates improvements and workforce transformation to commence in the same year. Greater emphasis to be placed on MDT working, prevention and supporting self-management.	-	Integrated Care Mental Health Urgent & Emergency Care	Implementation of networked models or federations. Scale and complexity of IT and estates investment required
Urgent & Emergency Care	Implementation of seven-day working across urgency and emergency care services in SWL by 2015/16, supported by an ambulatory emergency care model. LQS to be achieved in 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.	2016/17	Children's Primary Care Integrated Care	As with Maternity, workforce constraints will be a factor in implementation. Keogh 2 recommendations will also need to be incorporated in implementation planning.

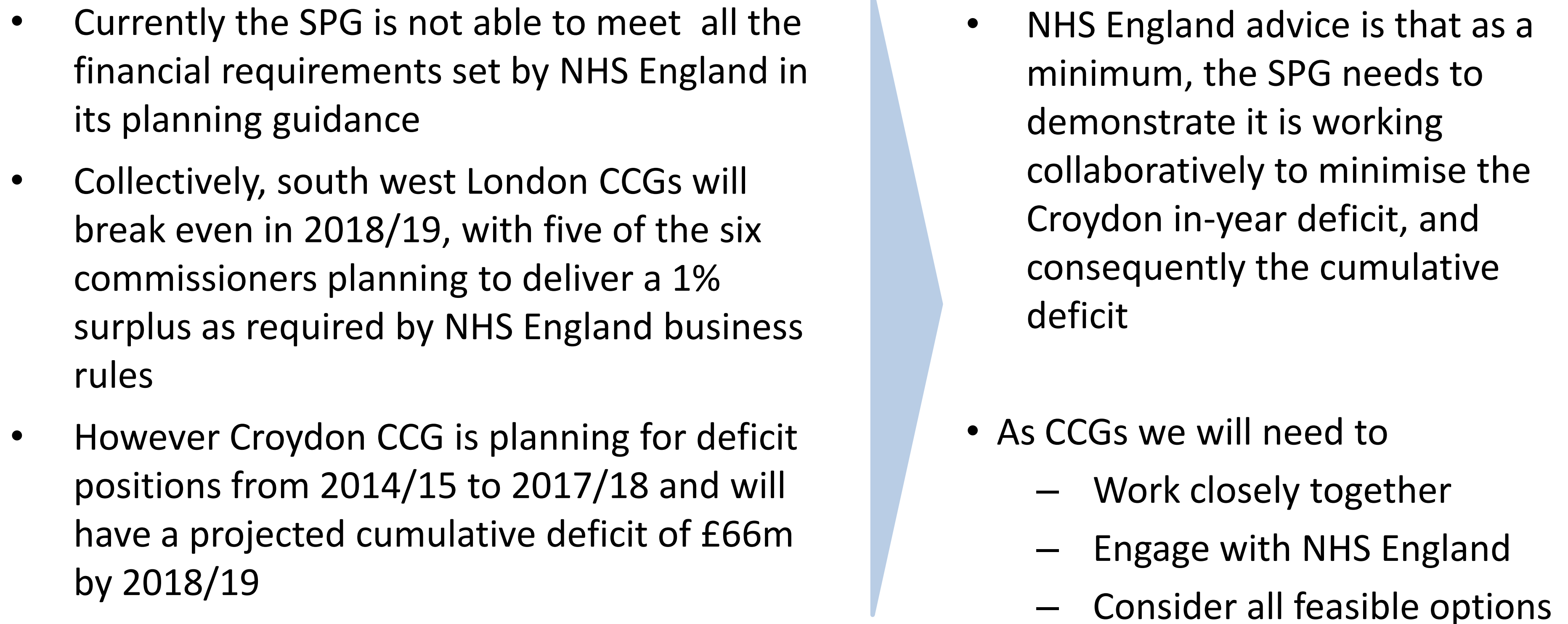
SUSTAINABILITY

CCG aggregate financial projections in 2018/19

South West London CCGs income and expenditure in 2018/19 following the return of previous year surplus / (deficits):



SW London CCG deficit challenge



Acute provider financial position is not collectively sustainable without change

Individual acute provider view

- Providers have each supplied preliminary versions of their 5 year financial projections that
  - Show a surplus position for 2018/19
  - Incorporate an allowance for achieving LQS
  - Include CIPs which at a minimum total 22% of current costs over 5 years and some are closer to 30%
  - May not fully align with commissioners' assumptions

Overall system view

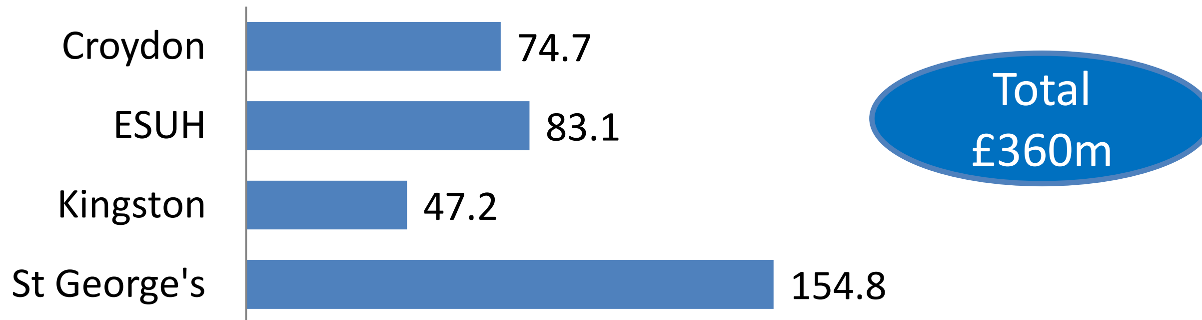
- In total providers are projecting CIPs savings of ~£360m or 24% of current costs
- Many significant bodies are questioning the deliverability of CIPs even close to the level required by these projections
  - **Monitor in its recent guidance is suggesting that only a modest ~2% p.a. of CIPs savings** from provider efficiency is realistic
  - The **Foundation Trust Network** is arguing for efficiency assumptions of no more than 2% p.a.

SWL CFOs conclusion

- Even though individual trusts ***may*** be able to achieve the very challenging cost savings required, it is very unlikely that ***all*** acute providers will be able to – estimated to be <20% probability, at best
- CFOS believe it appropriate that there should be proactive planning to deliver a more financially robust health economy; in particular there is a need to consider how service changes can be made across the provider landscape which will deliver financial savings

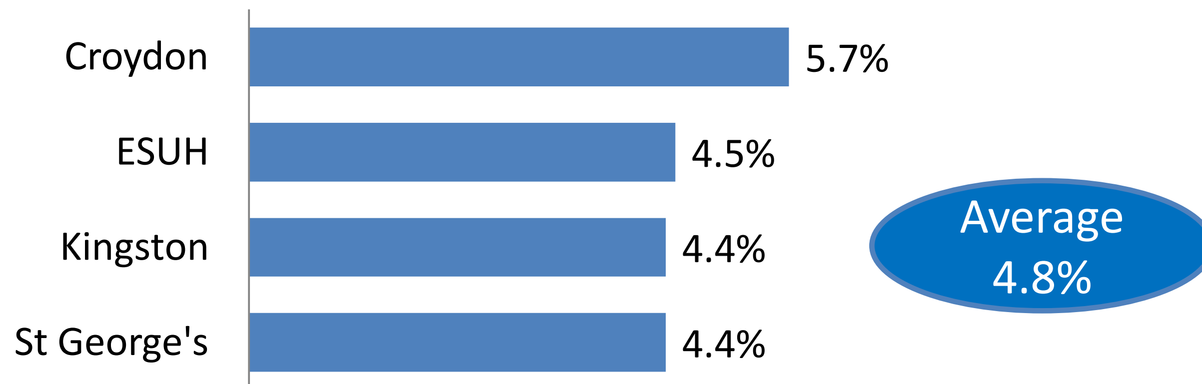
Acute providers have allowed for £360m of CIPs in their current financial projections

Cumulative value by provider (2014/15 to 18/19, £m)



Total £360m

Average annual % by provider



Average 4.8%

- Providers have cumulative CIPs of £360m over five years
- This compares to recurrent costs of ~£1.5bn in 2018/19
- CIPs % are estimated to be 4.8% p.a. in aggregate, which is higher than the level which many informed observers are suggesting is achievable

Source: Acute provider LTFMs and correspondence

IMPLEMENTATION AND NEXT STEPS

Implementation will be challenging

- We need to transform the health system in south west London but, with **limited funding** available to invest, we will need to **carefully select which initiatives to fund**.
- We need to **align the timing and sequencing of full achievement of the LQS** between the clinical design groups. Based on work to date, Urgent & Emergency Care would implement LQS first, with Children's and Maternity following. However, experience suggests that these three services cannot be considered in isolation and may need to change at the same time.
- Our approach is based on designing the initiatives and planning implementation with our hospitals and **CCGs need to agree how we would achieve our vision if our hospitals cannot agree a plan for collective achievement of clinical and financial sustainability**.
- NHS England have given some leeway to the south west London CCGs to submit this plan alongside a detailed proposal for further work over the coming two to three months, on the basis that we can agree the necessary detail for implementation.
- We will need to review our governance for the implementation phase, in order to better involve providers and local authorities.

Next steps

- Each CCG Governing Body is **asked to approve the submission of the accompanying strategic plan to NHS England on 20th June**. Any significant comments or changes will be reviewed by the strategic commissioning board (SCB) on 12th June.
- The CDGs will continue to meet to **develop the detail of the plan**.
- **Additional scrutiny and review**, to support the development of the plan, will be undertaken by the clinical advisory group, directors of commissioning and chief financial officers and the joint commissioning group.
- We will **continue to work with the intensive support team** in developing more detailed implementation plans alongside local providers.
- Further discussions will take place over the summer and into the autumn on **options for implementation**.
- The CCGs are asked to continue **to work with NHS England, our local hospitals, local authorities, and other partners** to implement the changes.