NHS
Merton
Clinical Commissioning Group

# Merton CCG Commissioning Intentions 2018/19

**November 2017**

## 1) Background and Context

Clinical Commissioning Groups are required each year to produce their assessment of where changes and developments can be made in the local system in order to address identified quality, performance and sustainability challenges. This process is known as the development of commissioning intentions and drives changes made to contracts with providers of services and feeds into annual operating plans to NHS England. This paper seeks to outline this process and summarise the CCG's commissioning intentions and impact.

It should be noted that 2018/19 is the second year of a two year operating plan submitted at the end of 2016/17. As such the proposals are developments and amendments to existing strategy in line with the Sustainability and Transformation Plan (STP) across South West London. The STP outlines a number of key areas in planned and unplanned care that areas should seek to deliver. Crucially however, the STP recognises that the majority of delivery should be at a local level, in order to ensure good partnership working and ensure services respond to the local context and needs. This is overseen by a Local Transformation Board, made up of all commissioners and providers of health and care across both Merton and Wandsworth. The intention of this group is to break down barriers that have traditionally existed within the system and come to a shared vision and agenda for change.

This is also the first set of commissioning intentions developed by the new Local Delivery Unit, a shared management team across Merton and Wandsworth CCGs. We believe there are clear benefits to this way of working, with opportunities to share best practice, and work with more impact and scale, particularly where the two Boroughs share major providers such as South West London and St Georges Mental Health Trust, St Georges Hospital and Central London Community Healthcare.

## 2) Headline Quality, Performance and Sustainability Issues

<u>Population Health</u>

Significant social inequalities exist within the borough. The eastern half has a younger, poorer and more ethnically mixed population. The western half is less diverse, has a higher average age and richer. Largely as a result, people in East Merton have worse health and shorter lives. Life Expectancy at birth in Merton is 80.5 years for males and 84.2 years for females. In East Merton life expectancy in men is 78.9 years compared to 81.9 years in West Merton. Women's life expectancy is 83.3 years in the East compared to 85.1 years in West Merton. There is a gap of 6.2 years in life expectancy for men between the most deprived and least deprived areas in Merton. The gap is 3.9 years for women.

The population is ageing: the number of people aged 65 or over is projected to increase by 13% (from 25,200 in 2017 to 28,400 in 2025). This further increases the challenge of caring for increasing numbers of people living with multiple long term conditions such as heart disease, diabetes, cancer, mental health conditions, and dementia.

Prevention Framework

The CCG recognises its responsibility to be an active and leading partner in the prevention agenda and indeed, many of the commissioning intentions take a preventative approach to healthcare, seeking to avoid exacerbations and further ill health. In addition we also sign up to the South West London Prevention Framework which outlines priority areas for action including Making Every Contact Count, Social Prescribing and creating healthy workplaces. Work is ongoing to ensure this appropriately incorporated into our plans as well as applied to existing services, and is aligned to work being led by Local Authority Public Health Teams.

Quality and Performance

The main performance challenges for the locality are the significant issues facing our largest acute provider St Georges Hospital, particularly in the area of waiting time achievement and A&E performance. On waiting times for elective care, the CCG is working closely with the Trust's management team and regulators on quantifying the scale of the issues and how they can be best addressed to ensure timely access to care for our residents. We expect that the impact of many of our commissioning intentions should help the situation by relieving pressure on the Trust and introducing high quality community pathways. However, given the likely scale of the waiting list backlog, it may mean that we need to find different ways of measuring success of our schemes. On A&E performance we recognise that this can be improved by strong partnership working between and within health organisations, and also with social care.

St Georges Hospital also remain in financial and quality special measures with the CQC judging the organisation as "requires improvement". In addition to the trust's significant financial challenges, the main quality areas are:

- Quality and risk issues arising from long waits for treatment. A Clinical Harm Group was been set up to monitor this.
- Cancer performance with associated clinical risks.
- New leadership team following previous leadership turnover. New team now needs to be embedded and lead the required cultural change and staff engagement agenda.
- Estates & Premises

South West London and St Georges Hospital have been rated overall "good" by the CQC. Quality issues relate mainly to community services:

- Consistency and variation in community services, particularly IAT service
- Pressure with acute care pathway with demand for access to specialist CAHMS PICU in a timely way.
- Recurring theme of suicide from serious incidents review. Suicide review currently being undertaken to identify learning.

Improving Access to Psychological Therapies (IAPT) access remains a challenge, particularly in Merton which has seen significant challenges in performance of our local IAPT service in the last 12 months with access rates and recovery rates not meeting the national standards.

Financial Context

The national picture for NHS funding is reflected in the situation in South West London with expected growth in population, and demand for new treatments and therapies, projected to significantly outstrip any growth in the NHS budget. Our current estimate based on performance in year and likely pressures for next year is that Merton will need to achieve an efficiency of c£15m for Merton, and £36m LDU-wide in 2018/19 in order to meet its financial targets in order to meet its financial targets. This represents a significant challenge for a healthcare commissioner within the current system levers available. Therefore we are also in discussions with our main providers on how current contractual mechanisms can be amended or adjusted to better enable the right scale of change.

In order to deliver the change required to meet this sustainability gap, providers of services will need to deliver significant service redesign on top of the already challenging financial position they face, most notably at St Georges Hospital. Furthermore, key system partners such as Local Authorities continue to face significant financial and sustainability challenges, as do many of their suppliers for example the care market. Therefore it is vital that partners in the public sector work together to achieve the change we need to make for our residents.

Community Engagement

The CCGs commissioning plans and the overarching STP have been subject to significant and ongoing community engagement with a variety of partners within the community and voluntary sector. This has ranged from engagement events on the wider STP to specific intensive engagement for particular areas of work, for example engagement with schools, families and parents in the development of services for neurodevelopment. This engagement will continue as the plans develop and consolidate. For example in Merton there will be multiple community engagements in late November and Early December with organisations such as Merton Tenants and Residents Forum, Raynes Park Community Forum and Kids First.

### 3) Our Commissioning Intentions

The below table summarises the commissioning intentions across the Merton and Wandsworth Local Delivery Unit. Where the intention only refers to one Borough it is indicated below.

| Programme Area | Description | Quality Impact | Current Estimated Financial Impact at LDU level (£000s) |
|---|---|---|---|
| Children and Young People | Paediatric A&E streaming and increased access to ambulatory care<br><br>Proactive integrated care planning for children with complex needs and LTCs, linking to borough level initiatives such as ThinkFamily<br><br>Increase rapid response home visits for children 0-5, 24/7<br><br>Embed a Hospital at Home model for | Improved quality of care for children with complex needs<br><br>Improved experience of care for families<br><br>Fewer visits to A&E and fewer emergency | £896 |

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| | admission avoidance and early discharge<br><br>Embed integrated commissioning arrangements for children with EHC plans and continuing care needs<br><br>Review school based therapies service<br><br>Improve community support and capacity for neurodevelopmental condition (diagnosis and support) | admissions to hospital<br><br>Quicker access to services for those with urgent needs | |
| Primary Care and Medicines | Strengthening community provision by working (in Merton) with the Federation and CLCH to embed services within Primary Care e.g. wound care, lymphoedema and diuretics;<br><br>Embedding 8-8 access to Primary Care, including roll out of direct booking for A&E and 111<br><br>Extending the scope of the pathology improvement programme to encompass additional tests<br><br>The continued development and expansion of Social Prescribing models<br><br>Extend of Primary Care Diagnostic Services<br><br>Ensuring delivery of high quality primary care through a Primary Care Quality Contract, Protected Learning Time initiatives, use of Resilience funding and leadership of a joint CQRG for Primary Care.<br><br>Improvement to primary care estates<br><br>Roll out of e-consultation software and continued promotion of Patient Online. | Improved access to core primary care services<br><br>More services available in primary care reducing the need for referrals<br><br>Improved quality in general practice | £2,922 |
| Planned Care | Work with primary care to ensure consistent and high quality referrals<br><br>Continue to work with SGH on new care pathways in high volume specialties<br>Expand multiple long term conditions clinic model | Reduction in referrals to hospital<br><br>Reduction in outpatient activity<br>Improvements in waiting list | £6,227 |

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| | Community triage and assessment for MSK – for Merton this means building on the already commissioned model to include self referral pathways<br><br>Implementation of "Effective Commissioning Initiative" guidelines | position<br><br>Decrease in inappropriate referrals and treatments | |
| Urgent Care | Deliver agreed "front door" A&E pathways (ambulatory care, older adults, paediatric assessment, psychiatric liaison etc)<br><br>Extend frequent attenders initiative<br><br>Embed safer bundle, including consultant review, EDD setting and timely discharge planning<br><br>Continue to develop the 111 service in line with South West London strategy<br><br>Connect London Ambulance Service with alternative care pathways | Reduction in A&E attendances<br><br>Reduction in short stay admissions<br><br>Reduction in ambulance callouts and conveyances to hospital | £505 |
| Integrated Care and Older People | [Note: these schemes link to a number of initiatives within the Better Care Fund (BCF) which are not laid out in detail here. The CCG and LBM Community and Housing directorate will bring to HWBB, further details regarding the proposed 2018/19 BCF in due course]<br><br>In Merton, develop a comprehensive Integrated Locality Team which will support integration between general practice, community care and social care around the most complex and frail patients in the borough (c. 300 in the first year). This will be based around current practice MDTs and will include increased access to rapid response home visits.<br><br>Reduce inequality in healthcare provision to Care Homes by expanding the Care Home Nursing Team and providing an urgent nursing response for seven days a week, including out of hours, as well as levering the development of Primary Care at Scale, as an enabler | Significant reduction in emergency admissions<br><br>For those that do require an admission to hospital, they can expect to get home quicker<br><br>More care provided in peoples' homes | £4,861 |

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| | to delivering STP priorities<br><br>Roll out of red bag scheme to cover all care homes<br><br>Increase access to step up and step down intermediate care, applying HomeFirst principles<br><br>Integrated Discharge Team to manage all complex hospital discharges<br><br>Increase % of Continuing Care Assessments conducted in a non-clinical environment<br><br>Extension of Enhanced Care Pathway /Complex Care model, including all care home residents<br><br>Extension of rapid access clinics at Nelson<br><br>Expansion of intermediate care packages at home<br><br>Access to short term step up beds<br><br>Integration of End of Life coordination and Enhanced Care Pathway<br><br>Medicines use reviews | | |
| Mental Health | Evaluation of Crisis Café and PDU to inform 18/19 investment<br><br>Improve access to IAPT services<br><br>Improve access to community based CAMHS crisis response<br><br>Review provision of behavioural support packages CYP<br><br>Expand primary care plus model Increase uptake of IAPT for people with LTCs<br><br>Streamline front door pathways to support rapid access to the crisis response home treatment team (CRHTT) | Improved access to services in the community<br><br>Shorter waits for services<br><br>Fewer emergency attendances and admissions<br><br>Improved mental health input for people with long term conditions | £375 |

The above schemes represents the situation as of 3rd November 2017 and unfortunately means the CCGs need to identify how to meet the residual financial gap at LDU level. This will be addressed through the following means:

- Ensuring that all schemes in the list above are fully developed and that expected benefits are fully analysed and quantified
- Review of performance, quality and benchmarking data for their areas and seek to develop additional schemes within the programmes outlined above
- Review potential for additional corporate savings through development of Local Delivery Unit for example estates and IT savings
- Review of all current contracts and spend to ensure best value

## 4) Provider Development

One of the key levers for delivering the plans summarised above is to develop a new way of working between community, primary and social care services in the borough. With the Community and Housing directorate of LB Merton, the CCG has established a multi-speciality community provider (MCP) Programme Board to agree priorities for service integration and the future delivery model for integrated care. This programme will look ahead to the future reprocurement of community health services between 2019 and 2021 but will also seek short-term gains, particularly in the development of the ILT model and acceleration of many of the other initiatives set out in the Integrated Care and Older People's, and Children and Young People's, plans above.

The MCP programme will be supported by ongoing work to develop the primary care sector in the borough. The CCG supports Merton Health, a federation of the Merton GP practices, which is running our pilot Referral Management Centre and provides a vehicle for Merton general practice to work together on service provision at scale. We have also supported the East Merton Primary Care Network to become an aspirant Primary Care Home, which is an innovative, nationally recognised model of collaboration between GPs to improve population health.

## 5) Next steps

The CCG will continue to develop its commissioning plans throughout the autumn and winter. Final Commissioning Intentions across south west London will be complete by early January 2018. Between now and the 1st April 2018 commissioning intentions will be developed into full business case proposals outlining, programme by programme, any investments or changes to current contracts can be delivered, and detailing how the benefits of these programmes translate into real quality improvements for residents, and financial savings for the health economy. At the same time, detailed contractual negotiations with providers will take place, and the CCG will be looking to ensure that financial and staffing resources are in place to start delivery of schemes as soon as possible from April 2018 onwards.

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