

**“Right care, right  
place, right time, right  
outcome”**

**Merton CCG 2015/2016  
Commissioning Intentions**

**Adam Doyle, Director of Commissioning**

**17 September 2014**

Version 1.4



## Foreword

This is the second set of commissioning intentions Merton Clinical Commissioning Group has developed. These commissioning intentions continue to build on the two year operating plan we developed for 2014/16 and form part of our 5 Year Strategic Plan which is being developed with other commissioners including local Clinical Commissioning Group's, NHS England and the local authority. For 2015/16 we have overarching commissioning intentions across all SWL CCGs and this helps us to start to shape the future direction of our 5 year plan. In addition to the collective SWL commissioning intentions issued in this document, each CCG will issue independent intentions that reflect local initiatives that complement the collective commissioning intentions.

Commissioning intentions signal the direction of travel for service improvement. These commissioning intentions from Merton CCG, notify all relevant stakeholders and service providers of the priorities for 2014/16.

The Operating Plan continues to be delivered by the CCG in partnership with the Local Authority & Public Health (London Borough of Merton), support from the South London Commissioning Support Unit and the Voluntary Sector and we are achieving a significant improvement in the delivery of services that we commission.

Last year, Merton CCG worked through the commissioning cycle with our patient's clinicians and members, to identify the emerging priorities for 2014/16, based on the Joint Strategic Needs Assessment and other intelligence and we are continuing with the identified priorities as follows:

- Older and Vulnerable Adults
- Mental Health
- Children and Maternity Services
- Keeping Healthy and Well
- Early Detection and Management
- Urgent Care

Our commissioning intentions describe the high level the priorities and actions we will deliver during 2015/2016 and outlines the platform for delivery of continuous commissioning improvement in subsequent years. This is an iterative document subject to active review as national and local policy emerges and areas of delegated accountability are assigned. We look forward to working with our population and colleagues across the health and social care economy to continue to deliver high quality care. We have developed a Plan on a Page for Merton CCG that can be used in to ensure key stakeholders are aware of our plans.



Dr Howard Freeman  
Clinical Chair

Eleanor Brown  
Chief Officer

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Merton Clinical Commissioning Group (CCG) Plan on a Page 2015/16					
Merton CCG – Right Care, Right Time, Right Place, Right Outcome					
Merton – registered population 215, 018   3 Acute Trusts   1 Local Authority   1 Mental Health Trust   1 Community Services   3 Localities					
Key Strategic Projects					
South West London Commissioning Collaborative, Integration of Key Services, Merton Better Healthcare Closer to Home (MBHCH), System Resilience					
Context and scale of the challenge					
One clinically-led CCG with 25 member practices covering the same area as Merton Local Authority.		A financially challenged health and social care system due to historical low levels of funding and increasing demands on services.		Large inequality gap between more affluent (West) and less affluent (East) wards.	
<ul style="list-style-type: none"><li>A clinically and patient led organisation with 1 Clinical Chair, 1 Secondary Care Doctor, 1 Nurse, 2 GPs and lay member for PPI on the governing body</li><li>An Executive Management Team led by the Chief Officer.</li><li>3 Locality Clinical Leads</li><li>13 Clinical Directors</li><li>25 Practice Leads</li><li>Over 100 GPs</li><li>60 Practice Nurses</li></ul>		<ul style="list-style-type: none"><li>Historically low levels of funding, however, 4.92% allocation growth in 14/15 and 4.49% allocation growth in 15/16 to bring Merton CCG closer to target.</li><li>The 2015/16 indicative resource limit is £229m.</li><li>A 1% surplus of £2,287k will need to be delivered.</li><li>The net Quality Innovation Productivity and Prevention target for 15/16 is £5.8m which is 2.5% of the resource limit.</li><li>A joint Better Care Fund (BCF) plan of £12.2m and a CCG investment plan will need to be delivered.</li></ul>		<ul style="list-style-type: none"><li>East Merton is younger, more ethnically diverse and more deprived than West Merton.</li><li>Residents of East Merton have lower educational achievement and levels of income (the biggest influences on health)</li><li>If East Merton had the same rate of deaths as West Merton, it is estimated that there would be around 113 fewer deaths each year in East Merton</li><li>Cardiovascular disease contributes the most to the differences in mortality between East and West Merton, but admission rates for cardiovascular disorders are lower in East Merton</li><li>West Merton has an increasing older population with associated health and social care needs</li><li>Challenges we face with regard to healthy life expectancy are an increase in obesity, ageing population, ethnic diverse population with different health needs, high levels of smoking , co-morbidities, and mental health issues</li></ul>	
CCG Organisational Development Priorities		Patient Involvement Priorities		System Resilience Priorities	
<ul style="list-style-type: none"><li>Strong clinical leadership is the core of how the CCG makes decisions, redesigns pathways and provides better outcomes for patients.</li><li>To have demonstrated and delivered robust managerial and clinical succession planning and to work with neighbouring CCG's and the Local Authority to ensure, where practical, joint pieces of work are undertaken.</li><li>To aspire to be a good employer, supporting staff to develop the skills and competencies to undertake their roles efficiently and effectively</li></ul>		<ul style="list-style-type: none"><li>To ensure the key principles and values of the NHS Constitution are integral to everything we do by providing safe care and ensuring people experience better care</li><li>To ensure the patient voice is heard throughout all levels within the organisations</li><li>To ensure that the views of patients, service users and carers are represented in the planning, delivery and evaluation of commissioning decisions within the organisation.</li><li>To ensure that the values underpinning equality, diversity and human rights are central to our policy making, service planning, employment practices and community engagement and involvement</li></ul>		<ul style="list-style-type: none"><li>Children's services</li><li>Maternity Services</li><li>Planned Care</li><li>Urgent and Emergency Care</li><li>Integrated Care</li><li>Mental Health</li><li>Primary Care</li></ul>	
		Merton BHCH Priorities		Performance Priorities	
		<ul style="list-style-type: none"><li>Full utilisation of the Nelson Health Care Centre</li><li>Business Case approval of the business case for the Mitcham development with an associated clinical-led model of care</li></ul>		<ul style="list-style-type: none"><li>Reducing emergency admissions</li><li>Improve effectiveness of reablement</li><li>Reducing length of hospital stay</li><li>Reducing permanent admissions to care homes</li><li>Improving service user and carer experience</li></ul>	
				<ul style="list-style-type: none"><li>A&amp;E and emergency admissions</li><li>Referral to Treatment (RTT)</li><li>Cancer</li><li>Diagnostics</li><li>Health Visiting</li><li>Improving Access to Psychological Therapies (IAPT)</li><li>Dementia</li><li>Winterbourne experience</li></ul>	
Our Six Delivery Areas					
Older and Vulnerable Adults = SWLCC Integrated Care.		Mental Health = SWLCC Mental Health.		Children's and Maternity = SWLCC Children's Care and Maternity Care.	
<ul style="list-style-type: none"><li>We will aim to increase resources to our community services to extend the hours in which it operates including improved access to dementia services in crisis</li><li>We will continue to use of risk stratification and we will target those with particular needs to ensure that people are given a robust care plan and that we proactively support them to be independent as possible</li><li>We will monitor patients through Winterbourne</li><li>We will ensure that work is targeted to reduce unnecessary non-elective admissions in people with long term conditions, co-morbidities or frailty through our redesign of the Older People's Assessment service and our Interface Older Persons services</li></ul>		<ul style="list-style-type: none"><li>We will be focussing the results of our Health Needs assessment to make sure that services respond to the collective challenge we face</li><li>We will work to ensure all aspects of the Crisis Care Concordat are appropriately implemented</li><li>We will have delivered increased transfer of services to the community and considered models where mental health and physical health teams are co-located.</li><li>We will continue to redesign step down services to ensure all long term placements are tailored to the individual patient's needs.</li><li>We will have redesigned IAPT services and procured a new model of care</li><li>We will continue to review our out of borough placements to ensure where possible, that people are able to access long term care within Merton.</li></ul>		<ul style="list-style-type: none"><li>We will review of implementation of the Children's and Families act and review our arrangements for Education, Health and Care plans and Personal Health Budgets</li><li>We will invest in Community Services to ensure that we can start to treat children more closely to their home. Our East Merton development is a key platform for this initiative.</li><li>We will provide better access and innovative models for CAMHS services to ensure that children access psychological support in a way that meets their needs.</li><li>We will support a woman-centred pathway to ensure high quality of obstetric care is in place.</li><li>We will ensure that all post natal care has a defined standard.</li><li>We will ensure that our safeguarding and looked after children services are robust and meet the population needs</li></ul>	
Urgent Care = SWLCC Urgent and Emergency Care.		Early Detection and Management = SWLCC Planned Care		Keeping Healthy and Well = SWLCC Commissioning themes.	
<ul style="list-style-type: none"><li>We will work across SWL to find a 111 solution that is resilient yet flexible.</li><li>We will review our Out of Hours services in line with Primary Care and Community transformation to ensure patients can access primary care services at a time that suits them.</li><li>We will ensure there is greater system surveillance across Merton and that it links in to the wider urgent care picture for South West London.</li><li>We will work with our providers to develop more ambulatory care pathways linked to our Urgent Care Centres</li></ul>		<ul style="list-style-type: none"><li>We will draw up a strategy, based on local need, which will inform future commissioning priorities through identifying and prioritising the long term conditions and the planned care pathways for which we can deliver improvements</li><li>We will work with partners to develop and deliver models of care, ensuring that mental health and wellbeing is included as part of the patient care process</li><li>We will work with partners to improve to develop and deliver models of care to deliver improvements in proactive detection, diagnosis and management of disease, starting with cancer and respiratory diseases</li><li>We will use the opportunity presented by the Nelson Local Care Centre to begin the delivery of improved models of care, starting with cardiology, respiratory and gynaecology services</li><li>We will monitor access to diagnostic services and treatment to ensure that waiting time from referral to treatment (RTT) is in line with, or better than, national targets</li><li>We aim to improve diagnostic services for housebound patients.</li></ul>		<ul style="list-style-type: none"><li>We will design a coordinated weight management pathway and commission Tiers 2 -3 services</li><li>We will embed prevention and provide training for frontline health staff in behaviour change techniques and in providing brief advice and signposting</li><li>We will work with CCG colleagues to design plans to encourage the population to take a more active role in their health (diet, exercise, smoking cessation and risky drinking)</li><li>We will be rolling out a Proactive GP programmes within East Merton and support Public Health closely in this initiative</li></ul>	
Primary Care Support and Improvement					
This theme is aligned to the NHSE theme of Transforming Primary Care					
<ul style="list-style-type: none"><li>We will work with our membership to ensure transforming is built on a platform of solid robust and resourced Primary Care.</li><li>We will work with our membership to ensure that they are supported to find new solutions by working closely together to provide improved access, specialism, and improved patient outcome.</li><li>We will ensure that when we are transferring services to primary care and community services we will educate practitioners about new pathways and update/up skill practitioners to manages the new responsibilities</li></ul>					
We will deliver		Enhanced Commissioning through		Key Risks and mitigations	

<ul style="list-style-type: none"><li>• The NHS Constitution for people in Merton</li><li>• The NHS Outcomes Framework</li><li>• The Social Care Outcomes Framework</li><li>• Public Health Outcomes Framework</li><li>• Innovation by turning good ideas into services to benefit patients</li><li>• Moving towards London Quality Standard for Acute and Primary Care</li></ul>	<ul style="list-style-type: none"><li>• Working closely with patients and clinicians to design services and following our own commissioning methodology</li><li>• Working with CSU, CCG and NHSE colleagues to ensure decisions evidence based</li><li>• Integration of services through our commissioning</li></ul>	<ul style="list-style-type: none"><li>• Call to Action – system wide financial pressure and an ageing population,</li><li>• Rising emergency admissions</li><li>• Provider ability to make the efficiency savings required</li></ul>
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# 1 Context

## 1.1 Introduction/Overview

Merton Clinical Commissioning Group's (CCG's) Commissioning Intentions for 2015/16 outlines the next 12 months of commissioning across Merton, describing our aims and ambitions and how we are working across the health system to improve quality and drive efficiency. We are working together as a health and social care economy to be clear about how the system will achieve sustainable services and financial performance whilst delivering quality and productivity improvements.

## 1.2 Aims and Ambition

The commissioning intentions continue to articulate Merton CCG's vision for what the Merton system will look like over the coming years. This vision has been further developed with member practices through our three localities, Clinical Reference Group, user and carer feedback. Our aims and ambition are built on the Joint Strategic Needs Assessment<sup>i</sup> (JSNA), jointly agreed priorities with the Merton Health and Wellbeing Board (HWBB), patients, health and social care professionals, the voluntary sector and other stakeholders.

## 1.3 NHS Planning Guidance

In October 2013 the NHS Chief Executive wrote to commissioners outlining the planning approach for the NHS over the next 5 years, including:

“Strategic and operational plans – given the scale of the challenges we are facing, we are asking commissioners (CCGs and NHS England commissioners) to develop ambitious plans that look forward to the next five years, with the first two years mapped out in the form of detailed operating plans. Taking a five year perspective is crucial, as commissioners need to develop bold and ambitious plans rather than edging forward on an incremental basis one year at a time.”

Merton CCG received national Business Planning Guidance in mid-December 2013 to define the structure and content of the two year operating plan. The likely requirement for longer term strategic plans was signalled in NHS England's “A Call To Action<sup>ii</sup>” document published in July 2013. This describes anticipated “...future pressures that threaten to overwhelm the NHS and identifies some key challenges which can only be tackled by doing things differently within the following set of requirements:

- How can we improve the quality of NHS care?
- How can we meet everyone's healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now and for future generations?

Merton CCG is part of the South West London Commissioning Collaborative which includes Merton, Wandsworth, Kingston, Richmond,

Sutton and Croydon CCGs, and NHSE for Specialist Commissioning and Primary Care services.

It is expected that we may receive further planning guidance throughout 2014/15 to inform future commissioning in 2015/16

## 1.4 Delivery over 5 years

Merton CCG is committed to our decision to concentrating on wider transformational service redesign to deliver a financially sustainable health system over 2 years, rather than having unrealistic annual activity reduction targets.

The funding Merton CCG received in 2014/15 increased by 4.92%. In 2015-16 Merton will receive 4.49% increased allocation, which is based on estimated population growth of 2.16% and 2.33% linked to bringing the in funding in Merton closer to what we feel is the appropriate amount for our population.

## 2 Commissioning intentions

### 2.1 What are Commissioning Intentions?

The purpose of this section is to inform all Merton CCG stakeholders of the commissioning priorities for the next two years. The commissioning intentions are in effect the CCG's annual plans for the next year outlining which areas we have prioritised for improvement, the changes we wish to make and how we will look to transact those changes.

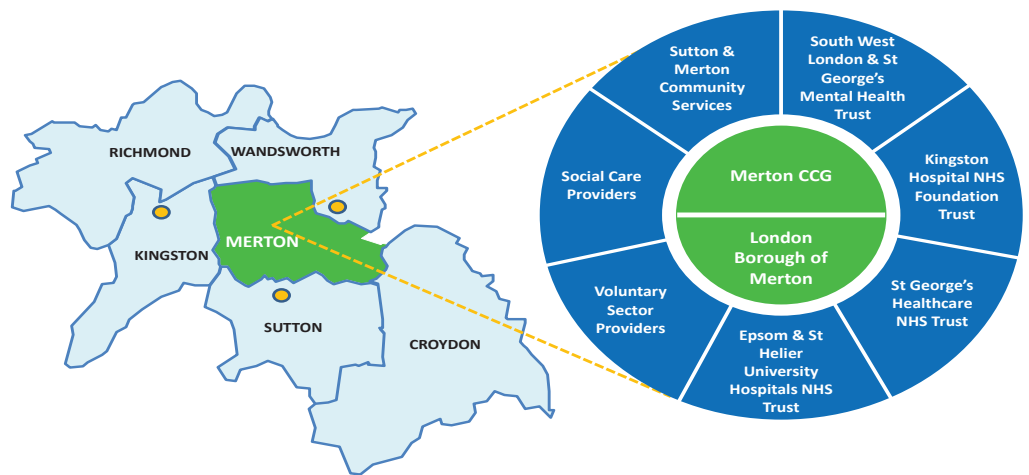
Merton CCG is the co-ordinating commissioner for the Community Services contracts with The Royal Marsden NHS Foundation Trust, who host Sutton and Merton Community Services (SMCS). We are also a significant associate commissioner in the contracts with:

- St George's Healthcare NHS Trust
- Epsom and St Helier University Hospital NHS Trust
- Kingston Hospital NHS Foundation Trust
- South West London and St George's Mental Health Trust





**Figure 2: South West London locality map and the seven providers engaged with Merton commissioner**



Our CCG also holds contracts with a range of other hospitals, hospice, voluntary and independent sector providers.

## 2.2 The health of people in Merton

### • Joint Strategic Needs Assessment (JSNA)

Our Commissioning Intentions are informed by the 2014/15 JSNA and we are active partners in the process for developing the JSNA for 2015/16. The JSNA sets out a big picture for commissioning partners, to agree key priorities for improving the health and wellbeing of all our communities at the same time as reducing health inequalities. The JSNA provides the rationale and evidence base for the Joint Health and Wellbeing Strategy, and underpins Merton CCG's commissioning intentions. The health and wellbeing of Merton's population is closely defined by the characteristics which make Merton a unique borough.

Merton continues to be "healthy" in comparison with much of London, but within the borough there are unacceptably wide differences in life expectancy and death rates for some of the major causes of death—cancer, heart disease and respiratory disease. These inequalities are reflected in key predictors of health and wellbeing such as obesity prevalence, smoking prevalence and teenage conceptions. Strong partnerships and innovative ways of working are central to improving health and reducing inequalities. The east of the borough experiences higher levels of social and economic deprivation, which contrasts the resulting poorer health outcomes in the East. The JSNA is an assessment of the health and wellbeing of the people of Merton. Locally, the JSNA programme is led by the Merton Public Health team, and involves partner organisations, such as the local NHS, local authority, and voluntary and third sector organisations.

### • Place

Merton is suburban in character, and has significant amounts of green space, with over 60 parks and open spaces. 18% of the borough area is





open space, compared to a 10% London average. The health and wellbeing of Merton's population is closely defined by the characteristics which make Merton a unique borough. While Merton generally performs well on health indicators overall, the east of the borough experiences higher levels of social and economic deprivation, which result in significant differences in life expectancy and mortality between and within electoral wards in Merton.

- **People**

Merton is part of one of the world's largest cities. The 2011 Census identified a resident population of 199,693. The age profile in Merton is atypical to outer London Boroughs currently. There is a very high proportion of young working age adults, and a smaller proportion of older people. There are around 3,500 new births each year, a 40% increase since 2002. By 2021 it is expected that there will be a 20% increase in children born each year. The population is predicted to increase in size through increasing birth rates and migration, and will remain relatively young compared to the national profile and more in line with what is expected in London. However, there is an expected increase of the very elderly population that is more in line with the national profile.

Approximately 35% of the population are from Black, Asian and Minority Ethnic (BAME) communities. An additional 16% of the population are from non-British White communities (mainly South African, Polish and Irish). Combined, 51% of Merton's population are from diverse communities.

In 2012, Merton continued to be healthy in comparison with much of London, but within the borough there are unacceptably wide differences in life expectancy and death rates for some of the major causes of death. A man born in Ravensbury ward can expect to live 71.6 years, while a man born in Wimbledon 84.8 years – a difference of 9 years and no change from 2005/09. A woman born in Figges March can expect to live 79.5 years and one born in Hillside 92 years, a difference of 13 years and 2 years more than in 2005/09.

We will refresh our commissioning intentions and plans once the 2015/16 JSNA is complete

## 2.3 Moving care closer to home

Merton CCG aims to keep people out of hospital when care can be provided in other settings such as the community. As part of Merton Better Health Care Closer to Home (MBHCH) programme, we are developing care outside a hospital setting. Our Primary Care and multidisciplinary assessment unit at the Nelson Health Care Centre opens in April 2015 and the MBHCH Programme are actively seeking to ensure that the new model delivers fully integrated care. In order to ensure that the people of Merton have full access to excellent facilities, we are assessing a new model of care in East Merton and working with the HWBB to ensure that healthcare needs of our most deprived area within the Borough are taken into account. We are working hard on ensuring that we will have a robust business case signed off by NHS England in July 2015. This will enable us to start building the new centre.



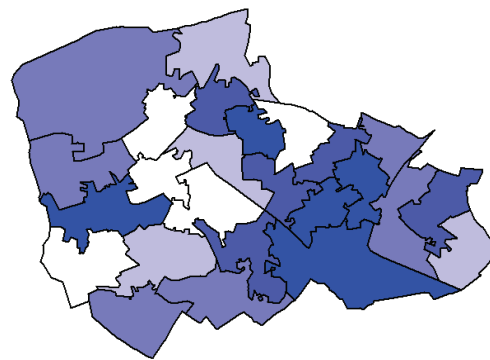
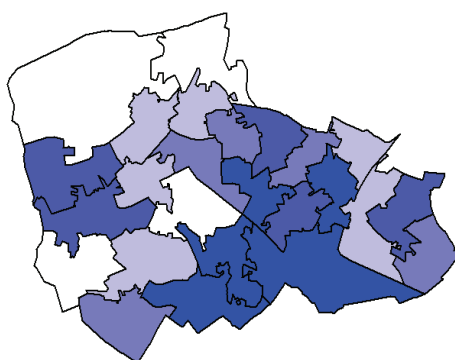
## 2.4 Addressing Health Inequalities in Merton

The Joint Strategic Needs Assessment shows that overall health outcomes in Merton are good compared to London and England. There are however significant inequalities in health outcomes. The maps below show the differences in life expectancy between the east and the west of the borough. The darker shaded areas represent those areas with the shorter life expectancy.

**Figure 4 – Life Expectancy in Merton**

**Male Life Expectancy at birth by small area, small area, 2006-10**

**Female Life Expectancy at birth 2006-10**



Public Health and Merton CCG then agreed to work together to address the health care inequalities in the East. A health needs assessment of health for East Merton residents completed in January 2014 found that for the biggest killers in Merton (coronary heart disease, cancer and respiratory diseases)

- They are more frequent in poorer people
- They can be prevented. All are related to lifestyle factors such as smoking, obesity, lack of physical activity, an unhealthy diet and excessive alcohol consumption
- Primary care has a key role in preventing and treating them

The needs assessment therefore recommended:

- Improvements should be made in early detection and management of long-term conditions in primary care, especially in East Merton
- A new local healthcare centre in East Merton should contribute to health improvement in that locality. Its purpose might include accommodating services moving from elsewhere, housing novel services to complement what exists now, providing the public with an accessible point of contact for a range of local services and acting as a focus for quality improvement initiatives in primary care
- The CCG should consider new models of service provision that involve more care being provided in community settings and less at hospital sites, including intermediate care for people with diabetes for example



The Mitcham Project Board, led by representatives from GP practices in the East Merton locality, includes the MCCG, the Council and Public Health colleagues. The group are developing a model of care that ensures

disease is detected early when it can be cured or managed closest to home. Work will be two fold – over the next 6 months the task and finish group will finalise a new Model of Care. At the same time, a full business strategic case for the development of a local health care centre in Mitcham is under development for consideration by the Department of Health. This process should be completed by July 2015, when, if approved work can begin on the centre.

### 3 Delivery

#### 4.1 CCG Programme Work streams

As indicated in our operating plan we have developed key areas to deliver our vision, each is clinically-led with robust project management methodology applied to each work stream including:

- Older and Vulnerable Adults
- Mental Health
- Children and Maternity Services
- Keeping Healthy and Well
- Early Detection and Management
- Urgent Care

#### 4.2 Procurements within 2015/16

Throughout 2015/16 we plan to procure the following clinical services either as a single CCG or with local CCGs

- 111
- Community Health Services
- IAPT services
- Musculoskeletal Services

#### 4.3 Summary of Commissioning Intentions

The clinical leaders and executive team within Merton CCG are addressing the challenges and know that there is still a significant amount of work to do.

#### 4.4 Timetable

Final submission of the commissioning intentions is due for 30<sup>th</sup> September 2015.



## References

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<sup>i</sup> <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>

<sup>ii</sup> [http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs\\_belongs.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf)