

Merton Council

Health and Wellbeing Board

24 June 2014

Supplementary agenda

8. South West London Collaborative Commissioning Strategy 1 - 6

The Chair has agreed to the late submission of the following report as Merton CCG only officially 5 year strategy was submitted on Friday 20th June.

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Committee: Health & Wellbeing Board

Date:

Wards:

Subject:

Lead officer: **Eleanor Brown, Chief Officer**

Lead member:

Contact officer: **Eleanor Brown, Chief Officer**

Recommendations:

- A. The Health and WellBeing Board note the SWL London Collaborative Commissioning 5-year Strategy Executive summary and full document available on MCCG website. <http://www.mertonccg.nhs.uk/Pages/default.aspx>. Merton CCG were unable to send this paper for the deadline as the 5 year strategy was submitted on Friday 20th June.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This document sets out the 5 year strategic plan for the South West London Strategic Planning Group (SPG). The six Clinical Commissioning Groups (CCGs) in SW London agreed to form the South West London Commissioning Collaborative (SWLCC). The strategy of the SWLCC covers 8 clinical areas, setting out initiatives in each which will collectively form the response of the SPG to the case for change for South West London.

2 DETAILS

The Executive Summary outlines the case for change, clinical workstreams and sustainability. The strategic plan will form the basis for a more detailed implementation plan to be developed over the coming months.

The five -year strategy sets out the standards that commissioners expect local hospitals, GPs, community and mental health services to meet as we seek to address the challenges faced by the local NHS.

Publication of this draft strategy is the first step in a two-stage process. The draft strategy has been discussed and approved by each of the six CCG governing bodies at their meetings held in public over the last few weeks, prior to submission to NHS England on 20 June. The second step will be to agree the detail of how the strategy will be implemented, including the role of each local trust in delivering it. This will be discussed with the trusts and local Health and Wellbeing Boards once the strategy is approved and our implementation plan will be published in due course.

The draft strategy is a response to NHS England's 'Call to Action', which highlighted the clinical and financial challenges faced by the NHS nationally and called on CCGs to draw up local plans to address these challenges. In south

west London, the challenges are similar to elsewhere. CCGs have identified the following challenges.

- **Safety and quality standards.** The quality and safety of healthcare and the outcomes for patients vary enormously depending on the time and place that services are accessed. None of our acute hospitals meets all of the London Quality Standards, which are minimum safety standards supported by all 32 London CCGs and are designed to improve patient care and outcomes. The standards require London trusts to provide consultant-delivered services seven days a week, including evenings and weekends.

Mental health services often fail to provide support at an early enough stage, leading to service users becoming more seriously unwell and having to be admitted to a mental health hospital.

- **Workforce gap.** There is a national shortage of specialist staff, so getting the right workforce is a major challenge. There are not enough consultants available to meet the London Quality Standards across all our hospitals. In addition, we need to ensure we have sufficient access to clinicians in a community setting such as general practitioners and nurses.
- **Financial gap.** While NHS spending has not been cut, the costs of providing care are rising every year due to rapidly increasing demand from a rising and ageing population. Current analysis shows that the combined income of our CCGs over the next five years is about £1.873 billion, while the costs of commissioning the services we currently provide is expected to be £2019 billion. In addition, the running costs of the CCGs are expected to be about £45 million and CCGs are required to produce a 1% surplus, adding a further £19 million cost. This means that if we do nothing, the CCGs will face a financial deficit of £210 million by 2018/19. In addition, local hospitals have identified a combined £360 million worth of savings which they think they need to make to balance their own books. The longer we delay addressing this serious financial challenge, the worse the problem becomes, with the risk that the local NHS will run out of money.
- **Rising demand for healthcare.** Our population is growing at one of the fastest rates in the country, meaning large increases in demand for maternity and paediatric care as well as for older people. We need new, patient centred models of care or we will not be able to deliver what people expect from their health services. Our ageing population, in which more people are living with long term illnesses like diabetes and heart disease, means there is a need to provide much more care outside hospital. Increasingly patients request care to be provided outside of a hospital setting such as end of life care. This means we need to shift resources from hospitals to services provided in a community setting – an issue that has been recognised as a challenge across the NHS for several years.

The reality is that we face a stark choice between change planned and agreed by local clinicians or some services becoming clinically and financially unsustainable – which will ultimately lead to changes over which we have no control.

The strategy has four aims: to raise safety and quality standards, to address the financial gap, to address the workforce gap and to confront rising demand for healthcare.

Key headlines from the strategy include:

- **We will meet 100% of the London Quality Standards (LQS)** by 2018/19 and many of them before that. We will ensure seven-day services are delivered by 2015/16. This requires a collective approach across south west London. The LQS set out what good care should look like and they were developed to ensure that all hospital-based acute emergency and maternity services provide care that is safe and of consistently high quality for patients across London, seven days a week. They were developed by clinicians and patients working together and are based on existing evidence-based standards from Royal Colleges, the College of Emergency Medicine and other professional bodies. They were endorsed by the London Clinical Senate and the London Clinical Commissioning Council. All 32 London CCGs are committed to achieving the standards, which will improve the safety of hospital services and improve patient care.
- **We need to change the way we deliver health services** to meet the changing needs of an ageing population in which many more people live with long term conditions. This means we need to spend more money on services based in the community, keeping people out of hospital unless they really need to be there. Nationally, £3.8 billion (in south west London, around £85 million) is being moved from hospital budgets to focus on better integration between health and social care. All south west London CCGs have already made huge progress on improving care outside hospital and we want to deliver better integrated care outside hospital in south west London, meaning less care delivered in hospitals and more in the community.
- **We need to transform primary care**, with networks of practices working together to coordinate patient care and better access to care.
- **Community-based services must meet the highest possible standards** and should be networked with each other and other health and social care services. All six CCGs have made huge progress on developing their plans to improve care outside hospital - the strategy includes details of their plans for better integrated care outside hospital.
- **Mental health services need to be reshaped** so that they achieve the highest possible standards and are focused primarily in the community, working in an integrated way with physical health services, local authorities and the voluntary sector.
- **Most planned operations in south west London requiring an overnight stay will take place in a planned care centre** within five years, with urology services identified as a potential pilot.

- **Better information for patients** about where to access health services is critical to our success and that is why we need to do more to help patients to choose the right service.
- **The NHS budget is not expected to increase, but the costs are rising** much faster than the rate of inflation. **It is important that any changes we make are planned**, rather than happening due to services running into financial difficulty.
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- **Working together is critical to our success:** our services are inter-dependent and the challenges we face cross borough boundaries. We do not believe it would be possible to achieve the scale of change that is needed by working independently at borough level.
- The strategy is to be implemented over a five-year period and 'milestone' plans are being agreed for each clinical area.

The six CCGs will work closely with provider trusts and Health and Wellbeing Boards to agree the detailed plans for each provider trust and clinical area. The NHS has been talking to local people about the challenges we face for the last three years and recently held further meetings as part of the national 'Call to Action' initiative. All of the concerns and points that people have raised with us have been taken into consideration and that will continue during the implementation phase. We recognise that no change is not an option if we are to provide safe, high quality and sustainable services across south west London – but we would like to work with others on the detail.

3 ALTERNATIVE OPTIONS

Not Applicable

4 CONSULTATION UNDERTAKEN OR PROPOSED

Patient involvement to date has included patient involvement in each clinical design group and a number of focus groups held during the latest stage of development, culminating in a broad stakeholder meeting on the 8th May. This builds on significant public engagement which took place during the previous Better Services Better Value programme.

Should our discussions about how the strategy is to be implemented lead to proposals for major service change, these would be subject to public consultation in line with our statutory responsibilities.

5 TIMETABLE

The Strategy was agreed by the Merton CCG Governing Body on 29th May and the SWLCC Strategic Commissioning Board on 12th June subject to final amendments to the timetable for development of the implementation plan being developed.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The proposals in this plan have yet to be fully costed but need to be considered in the context of an overall shortfall of £210 million in CCG budgets. A fully costed implementation plan will be brought back to the Governing Body for approval at a later stage.

7 LEGAL AND STATUTORY IMPLICATIONS

Should our discussions about how the strategy is to be implemented lead to proposals for major service change, these would be subject to public consultation in line with our statutory responsibilities.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Not undertaken at this stage. Once proposals included in the plan are fully worked up prior to implementation they will be subject to a quality impact assessment.

9 CRIME AND DISORDER IMPLICATIONS

Not Applicable

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None at this time.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Not Applicable

12 BACKGROUND PAPERS

The Health and WellBeing board note the swl London collaborative commissioning 5-year strategy executive summary and full document available on Merton CCG website. [Http://www.mertonccg.nhs.uk/pages/default.aspx](http://www.mertonccg.nhs.uk/pages/default.aspx)

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