

# Merton Health and Care Plan & Commissioning Intentions 2019/20

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# Context

- Clinical Commissioning Groups (CCGs) work to continuously improve the services they commission for their local populations
- Traditionally, once a year, CCGs write to the providers of services to inform them of the plans for the coming year(s) and the likely impact of these plans. This is known as commissioning intentions
- This year, the planning round is in the context of the Merton Health and Care Plan, delivered through the Merton Health and Care Together programme
- This approach marks a move towards greater collaboration with providers and commissioners of health and care services
- This presentation summarises those plans, and their impact on the health and wellbeing of Merton residents



# Merton Health and Care Together

St George's University Hospitals   
NHS Foundation Trust

  
**Merton**  
Clinical Commissioning Group

South West London  
and St George's  
Mental Health NHS Trust

  
Central London  
Community Healthcare  
NHS Trust



**healthwatch**  
Merton

Epsom and St Helier  
University Hospitals  
NHS Trust

 **merton health**



*“Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well, and age well”*

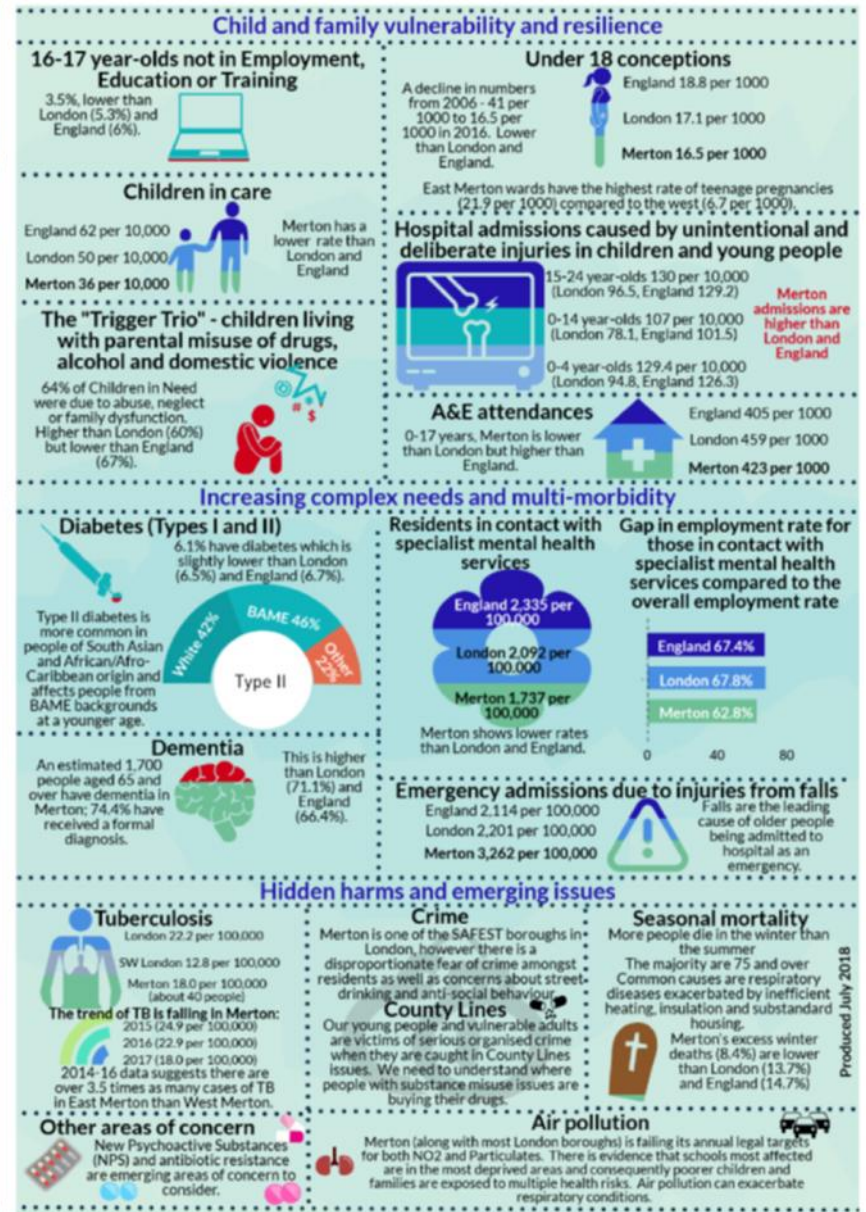
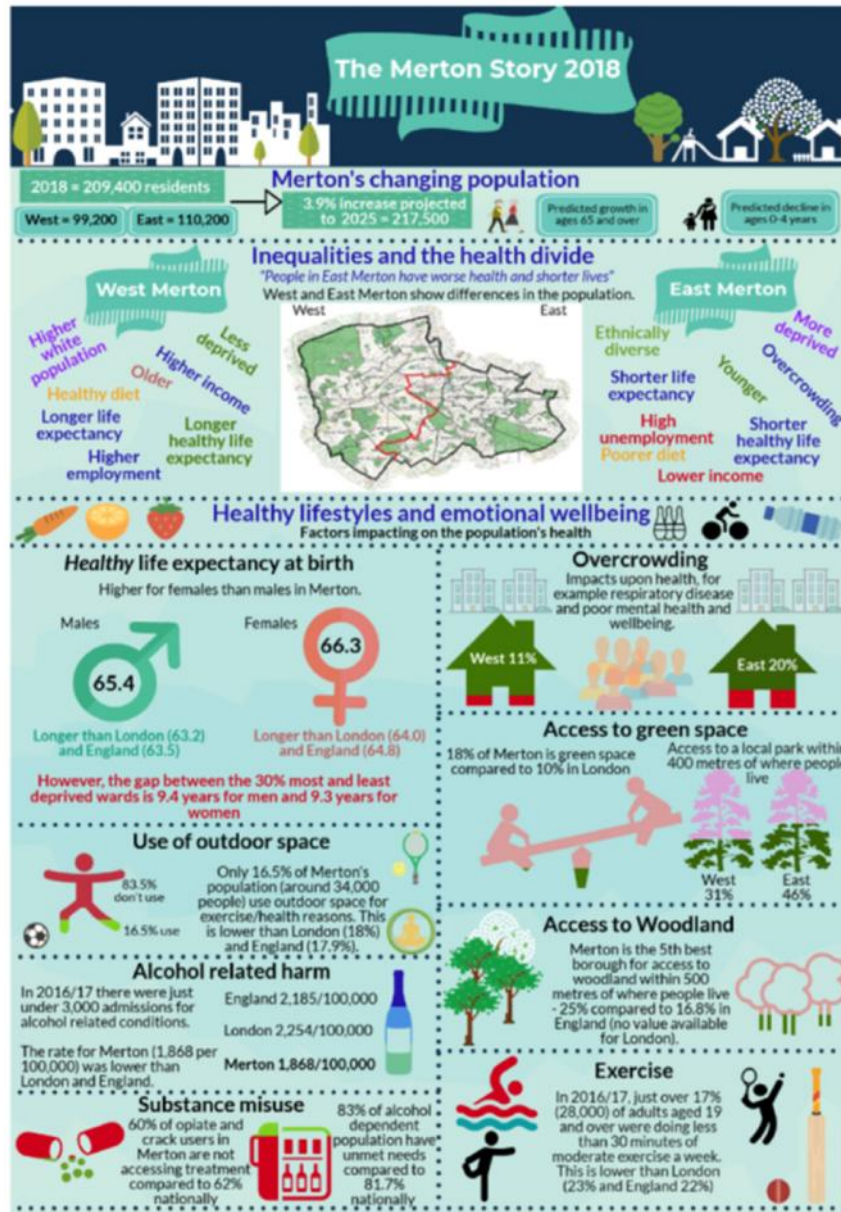
- True collaboration between all partners, including voluntary sector and HealthWatch from the start
- Development of a new relationship between providers of services for Merton residents
- Focusing on delivering significant improvements to services in Merton
- Looking at how the system can change to encourage further improvements, and achieve sustainable change
- This is articulated within a Merton Health and Care Plan





# Joint Strategic Needs Assessment: The Merton Story 2018

- Key messages:
- Emotional Wellbeing and Mental Health
  - Supporting wellbeing and independence
  - Long term conditions
  - People with complex needs
  - Taking a holistic approach



# What residents tell us



**Continuity of care** remains a priority for people in Merton, with a particular reference to ongoing support for managing long term conditions such as diabetes.

**Accessibility of services** is very important to people in Merton, particularly for services they have to use regularly

There is significant support for better **integration of health and social care services**. Services do not always feel **person centred** and did not always take into account the background and preferences of the individual.

People in Merton place a lot of value in **therapy support, and other specialist input**. However people did report concerns about the capacity of these teams and their ability to recruit and retain good staff

People are very positive about the move towards services **encouraging wellbeing and independence**. The social prescribing pilot in East Merton has held up as being a particularly good example of this.

**Mental Health** is a clear priority for people in Merton. Access to mental health services was raised as a concern, particularly for services for common mental health issues.





# Quality, performance and financial context

## St Georges Hospital:

- Waiting times
- A&E standards
- Financial and quality special measures: “requires improvement”
- Significant financial challenge
- Estates & Premises

## South West London and St Georges Hospital

Rated overall “good” by the CQC. Quality issues relate mainly to community services:

- Consistency and variation in community services
- Pressure with acute care pathway

## ThinkAction

Improving Access to Psychological Therapies (IAPT) access remains a challenge in Merton.

## Demographic pressures and finances

Expected growth in population, and demand for new treatments and therapies, projected to significantly outstrip any growth in the budget:

- Estimated c£15m savings requirement for Merton, in order to meet its financial targets.
- London Borough of Merton need to deliver a £10.4m saving over the next 4 years in order to meet its financial obligations.
- Austerity context e.g. falling real-terms public spending on social care; 11% in real terms between 2009/10 and 2015/16.





Focus Area	Description	Likely Impact
<p>Children and Adolescent Mental Health Services</p>	<p><b>Application for trailblazer status:</b> Early intervention services to build emotional resilience delivered using a whole school approach. We will work with schools and our providers to develop this whole school approach.</p> <p><b>Transformation Programme and iThrive</b></p> <ul style="list-style-type: none"> <li>Identify opportunities to work within the Thrive Model</li> <li>Ensure everyone working with children and young people are able to recognise and identify emerging emotional and mental health difficulties and know how to intervene effectively</li> <li>Children and young people with acute and enduring mental health difficulties are helped to get the right interventions at the right time</li> <li>Ensures that children and young people influence the future of mental health services beyond 2021</li> <li>Implement Autism Spectrum Disorder pathway that is comprehensive (multi- disciplinary) encompasses diagnoses and early help for parents/carers recognising that one size does not fit all, and that is NICE compliant.</li> <li>Provide a seamless transition process as children and young people move into adulthood</li> </ul> <p><b>Counselling Services:</b> These services were developed as a pilot project and are now being formally procured. Contract award is expected in January 2019 for implementation from April 2019.</p> <p><b>Youth Offending:</b> The CCG currently commissions a Tier 2 CAMHS practitioner for the statutory core service 0.5 WTE. We will offer Tier 3 level interventions in the youth offender team setting, rather than in mental health services</p>	<p>Improved access to services</p> <p>Think family approach, tailored to needs</p> <p>Reduction in A&amp;E attendances</p> <p>Reduction in emergency admissions</p>
<p>Children and Young Peoples community Health Services</p>	<p><b>Continance:</b> Joint commissioning proposal is being developed between the CCG and the Local Authority/Public Health to address service gap</p> <p><b>Respite Provision:</b> We will put process in place to spot purchase respite support for complex cases</p> <p><b>Community Paediatrics:</b> Building investment cases based on Sutton CCG led review of service</p> <p><b>Complex Care:</b> Epsom and St Helier Children’s Community Nursing Team requires additional capacity to deliver improvement and a Children’s Complex Case Manager Role for Merton and Wandsworth is being developed.</p> <p><b>Community Commissioning Strategy:</b> A single commissioning strategy for Childrens community services between the CCG and London Borough of Merton</p>	

Focus Area	Description	Likely Impact
Primary Care Development	<p><b>Workforce:</b> A balanced and more resilient general practice through the following enablers:</p> <ul style="list-style-type: none"> <li>• Enhancing skill mix and using community services staff appropriately. Explore novel roles</li> <li>• Training practice staff to work in different ways such as receptionists being taught how to sign post</li> <li>• Improved job satisfaction ensuring staff want to work in Merton and are retained.</li> </ul> <p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Challenges to be met by continued development of the locality access hubs model</li> <li>• Embrace opportunities from technology and innovation where it makes sense to</li> <li>• Improved patient education in relation to self-care and easy access to advice that is trusted.</li> <li>• Rollout of the social prescribing initiative across areas of need.</li> </ul> <p><b>Strategic Transformation</b></p> <ul style="list-style-type: none"> <li>• GP alliance delivering additional services to member general practices and</li> <li>• Groups of practices collaborating to deliver primary care services</li> <li>• Integration of contracts to deliver primary care services</li> </ul>	<p>Improved wellbeing and independence</p> <p>Improved user experience</p> <p>Improved access to services</p> <p>Improved LTC control and outcomes</p> <p>Reduction in A&amp;E and short stay admissions to hospital</p>
East Merton Model of Health and Wellbeing	<p>Working with London Borough of Merton and Voluntary Sector to address health inequalities and rationalise and improve estates, through the development of the Wilson Hospital site in Mitcham, and other key strategic primary care estates projects in the east of the borough.</p> <p>At the core of the Wilson Health &amp; Wellbeing Campus will be an enhanced East Merton Primary Care Hub for East Merton. Social Prescribing will underpin the approach to self-management of long term conditions by supporting people to self care, build social networks and enhance community cohesion.</p>	
Primary Mental Healthcare	<p>Establishing a primary mental health care service in Merton incorporating:</p> <ul style="list-style-type: none"> <li>• Mental wellbeing service with a focus on enabling the social inclusion of people with mental illness</li> <li>• An expanded Improving Access to Psychological Therapies (IAPT) service with a focus in long term conditions (respiratory and cardiac disease, and diabetes)</li> <li>• A primary care service aimed at supporting the physical and mental health wellbeing people with severe and complex mental illness, working alongside primary care professionals</li> </ul>	
Diabetes Strategic Framework	<p>Taking a life course approach, focusing on prevention and tackling health inequalities including those linked with poverty and ethnicity. It will aim to deliver behaviour change at scale, as well as improve early diagnosis and holistic integrated health and care in the community.</p>	



# Age Well



Focus Area	Description	Likely Impact
Integrated Health and Social Care	Building on successes to date we will: <ul style="list-style-type: none"> <li>• Continue the development of integrated locality teams and enhanced care</li> <li>• Deliver a “Home First” approach: intermediate care services in Merton will be refocused on delivering more rehabilitation in people’s homes</li> <li>• Support frailty and/or those at the end of their life through information sharing, particular in relation to sharing/ making use of Coordinate my Care records and other care plans to understand patients’ care needs and wishes</li> <li>• Improve pathways from A&amp;E, short stay wards, and long stays wards at St George’s</li> <li>• Deliver multi-disciplinary holistic geriatric assessments for those with multiple long term conditions and complex needs as per NICE guidance</li> <li>• Deliver an enhanced community Neurology services</li> <li>• Improve uptake of cardiac and pulmonary rehabilitation programmes</li> </ul>	Improved experience and control of care  Reduced reliance on community beds  Reduced demand for specialist neuro beds  Reduced Ambulance callouts. A&E attends and emergency admissions: <ul style="list-style-type: none"> <li>- Falls</li> <li>- Long Term Conditions</li> </ul>
Dementia Friendly Merton	Work to be scoped by Merton Health and Care Together following successful work to date led by London Borough of Merton Public Health Team	

# Other Transformation Areas

- Urgent and Emergency Care
- Planned Care
- Mental Health





Description	Likely Impact
<p><b>Urgent Treatment Centres</b></p> <ul style="list-style-type: none"> <li>The CCG will look to review the GP streaming provision at St George’s Hospital supporting SGH compliance in delivering national/local standards, as well as optimising and improving primary care redirection</li> </ul> <p><b>GP Out of Hours:</b> Review and reconfigure to align with local primary care access strategy. This work will aim to future proof the GP Out of Hours service, ensuring there is a seamless 24/7 primary care offer for our patients</p> <p><b>Older People’s Liaison Service (OPALs)</b> from St George’s Hospital emergency department: facilitate and support the early identification of frail and complex patients, initiating a geriatric assessment. This will result in patients being discharge home sooner, hasten their recovery, and prevent any worsening of their condition</p> <p><b>Epsom and St Helier</b> (in conjunction with Sutton CCG):</p> <ul style="list-style-type: none"> <li>Rapid assessment streaming model at the front door</li> <li>Introduce Ambulatory Emergency Care service, and ensuring it is compliant to national/local standards</li> </ul> <p><b>111/Integrated Urgent Care:</b> review the commissioning arrangements for the single point of contact service to ensure there is a streamlined pathway for patients and healthcare professionals wishing to access local community services</p> <p><b>London Ambulance Service:</b> update and standardise local Appropriate Care Pathways (ACPs) to improve utilisation of these pathways by ambulance staff.</p>	<p>Simple and easy to understand system Easy access to support when needed</p> <p>Reductions in:</p> <ul style="list-style-type: none"> <li>999 calls</li> <li>Ambulance conveyances</li> <li>A&amp;E attendances</li> <li>Short stay emergency admissions</li> </ul>





Description	Likely Impact
<p><b>Large-scale outpatient transformation</b></p> <ul style="list-style-type: none"> <li>• Large-scale roll out of virtual consultations/video clinics/open access follow ups at St George' Hospital</li> <li>• Pathway redesign to ensure diagnostics are available ahead of the first appointment</li> <li>• Participation in transformational work programmes being led by other CCGs at neighbouring trusts including Epsom and St Helier and Kingston Hospital, to fully realise benefits for Wandsworth and Merton patients.</li> </ul> <p><b>Pathway redesign</b></p> <ul style="list-style-type: none"> <li>• Dermatology: Extension of the scope of the tele-dermatology service and commission an intermediate dermatology service with SGH</li> <li>• Ear Nose and Throat: Commission locality based intermediate ENT services to diagnose and treat a range of conditions</li> <li>• Musculo-Skeletal Services: review the Merton MSK single point of access with a view to confirming the model and undertaking a procurement exercise in time for a service to be mobilised by April 2020.</li> <li>• Diabetes: Alignment and potential expansion of Tier 2 and 3 services. Remodel the existing community service to offer additional Diabetes Nurse Specialists (DNS) capacity working within GP Practices at a locality/network level.</li> <li>• Cardiology/Haematology: improved case-finding, prevention and risk management in the community, proactive support in primary care, and improved secondary prevention</li> <li>• Gastroenterology: Full roll out of gastro CAS project, and expansion to wider digestive health services from April 2019. Develop an integrated service between the existing gastroenterology (medicine and surgery) and Hepatology specialities.</li> <li>• Urology/Gynaecology: Extend the existing one-stop-shop service located at Cricket Green Medical Practice across Merton and Wandsworth</li> <li>• Ophthalmology: Procure a community ophthalmology service for minor eye conditions, cataract and glaucoma, to commence from April 2019. Establish a single point of access for all outpatient referrals.</li> <li>• IVF: reviewing options for Merton IVF provision and will undertake a procurement/AQP exercise to secure ongoing provision from April 2019.</li> </ul>	<p>People receive timely and accessible treatment</p> <p>Reduce GP referrals to hospital</p> <p>Shorter pathways to treatment</p> <p>Reduction in follow up appointments</p> <p>Reduction in admissions for certain conditons</p>



# Process and Next Steps

## Commissioning and Contracting

- Letter to providers: end of September
- Changes to contractual form to encourage change
- Business case development: complete by December
- Negotiations with providers: December – March

## Engagement

- Thorough engagement programme with community groups: August onwards
- Merton Health and Care Plan launch event: October

