

Merton CCG – Right Care, Right Time, Right Place, Right Outcome

Merton – population 199,693 | 3 Acute Trusts | 1 Local Authority | 1 Mental Health Trust | 1 Community Services

Key Strategic Projects

Integration, Call to Action, Merton Better Healthcare Closer to Home, Out of Hospital Strategy

Context and scale of the challenge

One CCG with 25 member practices covering the same area as Merton Local Authority

Financially challenged health and social care system due to historical low levels of funding and increasing demands on services

Inequality gap between wealthiest and poorest wards - which is increasing. East Merton is significantly more deprived and the model of care needs to reflect a younger population.

The 2014/15 CCG budget is around £216 million per year and needs to deliver within budget

Health and Wellbeing Priorities

Giving every child a healthy start

Enabling people to manage their own health and wellbeing as independently as possible

Supporting people to improve their health and wellbeing

Improving wellbeing, resilience and connectedness

CCG Organisational Development Priorities

Develop strong clinical leadership and wide clinical engagement
Ensuring continuous improvement in quality services we commission alongside primary care

Implement transformational service change to the health and social care system to enable the CCG to meet its objectives
Develop true partnerships between the CCG, Local authority and all our partners
Succession planning of clinical leaders and managers

Patient Involvement and Quality

Building strong clinical engagement from constituent GP practices
Develop PPGs and a Patient Reference Group
Promoting and advancing equality through our work on the Equality Delivery System

Focus on hard and soft intelligence
Review smaller contracts
Jointly construct a quality framework with the Local Authority

Our Six Priority Areas

Older and Vulnerable Adults

To focus our work on integration to ensure older people have access to seamless services
To increase our numbers of patients on the Falls Pathway and link in an osteoporosis pathway
To be the London leader for the numbers of people who receive end of life care in their preferred place
To review and update the dementia strategy for Merton
To continue to review our learning disability services
To ensure we respond to the needs of carers and young carers

Mental Health

To redesign and re-commission IAPT and associated services (i.e. bereavement)
To work with South West London and St Georges Mental health Trust, to ensure that patients receive appropriate inpatient care
To ensure our patients are treated in a holistic manner so that there is a sense of parity to their care
To increase the numbers of patients who are treated with Mental Health conditions in the community through outreach
To work with Military Health to ensure that veterans have access to all tiers of Mental Health care

Children's and Maternity

To work more with young children to ensure we listen and respond to their needs and improve their health outcomes
To review and develop our service for children who are looked after or require safeguarding
To work towards more integrated Children's Services ensuring that services are commissioned as jointly as possible
To focus on transition as a key area to ensure children with complex needs move seamlessly into adult services
To further work with the Maternity Networks to improve the choice of community antenatal care
To review the way we can offer IVF services

Urgent Care

To ensure a whole system approach focusing on the patient journey and experience, and clinical outcomes
To embed the 111 and OOH services and look at new solutions for these services
To join up system surveillance within Merton for all urgent care services
Develop the community prevention and response service
To work with SWL acute host Urgent Care Boards

Early Detection and Management

To review cardiac, diabetes, respiratory and gynaecological pathways and transfer appropriate care to the community
To ensure we reduce any wide variation in the level of hospital attendances for certain services, we take an active role to ensure that patients have equal access to healthcare
To work with Public Health and Primary Care to ensure suitable solutions for encouraging exercise are in place
To include healthy person checks where possible

Keeping Healthy and Well

To focus on improving the Public Health outcomes, working with providers to ensure they deliver services designed to help us improve diet, increase exercise, reduce obesity, reduce alcohol intake and reduce smoking
To redesign and re-commission our Musculoskeletal pathway
To utilize the health advocacy service for specific non English speaking populations

Better Care Fund

We will use the BCF to deliver the following aspirations for patients:
Reducing (growth of) emergency admissions
Reducing length of hospital stay
Reducing permanent admissions to care homes
Improving service user and carer experience

Primary Care Support and Improvement

We are aware that primary care colleagues are working within a challenged health system and therefore
We will work with primary colleagues to help them to find solutions to the increasing pressures they are managing
We will work up innovative models of care with Primary Care Services at the centre (i.e. East Merton Model of Care within 2014/15)
We will use education and workforce as platforms for pathway changes and service redesign

We will deliver

The NHS Constitution for people in Merton
The NHS Outcomes Framework
The Social Care Outcomes Framework
Public Health Outcomes Framework
Innovation by turning good ideas into services to benefit patients

Enhanced Commissioning through

Working closely with patients and clinicians to design services
Use of the Equality Delivery System as a robust platform for meeting the needs of Merton
Working with CSU, CCG and NHSE colleagues to ensure decisions evidence based
Integration of services through our commissioning

Key Risks and mitigations

An ageing population who are living longer often with more than one long-term condition - integration
Rising emergency admissions – urgent care surveillance
Being able to make the efficiency savings required – increased rigour with QIPP
NHS new systems – work in collaboration with new and existing partners

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