

Commissioning Intentions

2 Year View - 2017/18 and 2018/19

Longer, healthier lives for
all the people in Croydon



Introductions

- Croydon CCG's Commissioning Intentions are based on the following principles:
 - Croydon CCG was placed in special measures in July 2016 for financial performance. The ambition in the commissioning intentions reflects this challenging position.
 - The commissioning intentions align with the overall national and London frameworks, South West London Strategic Transformation Plan and Sub-Regional Plans.
 - They are underpinned by our continued focus on the development of outcomes based commissioning for over 65s



Introductions (continued)

- The principles of Together for Health which focus on embedding Prevention, Self care/management and Shared Decision Making form the basis of all commissioned services.
- The CCG will commission services that are clinically appropriate, affordable, deliver good outcomes and demonstrate value for money.
- We aim to improve on cancer and national planned care performance targets through clear demand and capacity management across primary and secondary care.



Outcomes

The anticipated outcomes of these will include:

- Enhanced patient experience through appropriate and timely access to necessary services.
- The effective use of limited resource ensuring that services are used efficiently.
- Reduction in unwarranted variation in referral patterns.
- Completed service reviews.
- A clear procurement plan.
- Well-informed procurement processes and re-commissioning of services.
- Ensuring good outcomes, value for money and affordability.
- Appropriate use of the Procedures of Limited Clinical Value (POLCV).
- Effective contract management processes in place.



Commissioning Intentions

		Transformation / Demand Management Programme	Re-Commissioning / Procurement Plan	Clinical Value	QIPP
1.	Planned Care & Long Term Conditions	✓	✓	✓	✓
2.	Urgent and Emergency Care	✓	✓	✓	✓
3.	Children & Young People	✓	✓	✓	✓
4.	Mental Health & Learning Disabilities	✓	✓	✓	✓
5.	Out of Hospital	✓	✓		✓
6.	Primary Care	✓			✓

Summary of the Commissioning Intentions

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Transformation/Demand Management Programme (1 of 2)

Planned Care and Long Term Conditions

- To Support pathway and referral management across primary and secondary care through the following mechanisms:
 - ✓ Peer review model within networks/practices.
 - ✓ Increased use of E-referrals.
 - ✓ Support primary care to take more ownership and control of referrals through advice and guidance.
 - ✓ Facilitate specialist advice and guidance via telecommunications (Kinesis).
 - ✓ Promote virtual and specialist clinics.



Transformation/Demand Management Programme (2 of 2)

Planned Care and Long Term Conditions

- ✓ Transfer of services to the community and primary care.
- ✓ Audits will undertake be undertaken to understand activity changes or variation in clinical practice and Information Schedule reporting requirements enforced.
- ✓ Implementation of Service Review Recommendations, For Example: Outpatients, Cardiology, Respiratory, ENT, Falls & T&O.
- ✓ Explore the risks and benefits of fully delegated commissioning arrangements in 2017/18.



Urgent and Emergency Care

- Commissioning of 7-day services.
- Improving LAS performance supported by local initiatives.
- Deliver the re-procured Urgent Care model.
- Deliver Improvements to Mental Health services for crisis care with including within A&E settings.

Children

- Review Acute and Community Paediatric Services including: Community Medical Services, Looked After Children's Services, OT, Audiology, SALT, Maternity and Children's Hospital at Home.
- Build on transformational work for the improved delivery of Children's Asthma care.
- Implement the review of children's continuing care.



Mental Health

- Reduce OBDs by improving discharge and reducing LOS.
- Recommissioning of IAPT services statutory and voluntary sector.
- Improving Dementia diagnosis.
- Improving crisis care and places of safety.
- Improving BME access.
- Further development of primary and community services.
- Reduce Mental Health and LD Out-of-Borough placements.

Learning Disability

- Full Implementation of the Transforming Care Programme and the Croydon independent review recommendations.
- Increase the numbers of clients receiving annual health checks.



Out of Hospital Care

- Delivering the Out of Hospital Strategy
- Increased proactive and preventative approaches aligned to the SWL STP models of care
- Delivery of multidisciplinary integrated community networks.
- Proactive case management at Care Homes
- Recommissioning intermediate care beds
- Increased use of CMC for End of Life Care and Urgent Care Plans.
- Review of continence services
- Full implementation of improvements to CHC services



Outcome Based Commissioning for over 65s in Croydon (1 of 2)

- NHS Croydon Clinical Commissioning Group (CCCG), and the London Borough of Croydon (LBC) are working together to deliver a new approach to commissioning services for people over 65.
- Our aim is to transform the way services are provided by putting what matters most to older people and their families at the heart of everything we do.
- We want to deliver services that meet the patients' needs with greater emphasis on prevention and by working together improving the quality of care provided to older people.
- Known as Outcomes Based Commissioning (OBC), this is an exciting and innovative approach that promotes the integration of health and social care services in order to transform the way services are provided for older people in Croydon.



Outcome Based Commissioning (OBC) for over 65s in Croydon (2 of 2)

- CCCG and LBC are forming an 'Alliance' with Croydon GP Collaborative, Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust and Age UK Croydon, to deliver truly integrated services for people over 65 in Croydon.
- The OBC service contracts will monitor and reward care quality performance against an outcomes framework.
- This framework is one of the first of its kind in England's NHS. In its development, every effort has been made to identify validated and reliable metrics which will support providers of care to demonstrate delivery of the outcomes that matter most to local people.
- The Alliance is committed to working together to negotiate and conclude these service Contracts before 31 December 2016.



Primary Care

- Achieving the 17 transforming Primary Care London standards.
- 8am-8pm 7 day access via GP Hub model.
- Enhancing primary care skills and capacity to support out of hospital care.
- Reducing GP practice variations
- Maximising opportunities to align contract leavers with the CCG's strategic objectives



Clinical Value

- Review, update and reinforce threshold protocols and reissue the Procedures of Limited Clinical Value (POLCV).
- Decommissioning, reducing provision, review of thresholds for services, following engagement, that are evidenced to have limited clinical value and effectiveness e.g. Fertility and IVF services and prescribing related areas.
- Re-enforce appropriate use of Procedures of Limited Clinical Value protocols across all providers, with payment aligned to evidence of clinical effectiveness required.
- Reduce Emergency Admissions, Attendances, and DNAs



Better Care Fund

- The Better Care Fund (BCF) will continue to be of relevance to the acute contracts for 2017-19 and we will need a joint understanding of the local health economy.
- The government has yet to publish its intentions around the Better Care Fund in 2017-19, however, the 2016-17 Better Care Fund guidance mandated that local areas fund NHS commissioned out-of-hospital services, develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets, and that plans are in place for health & social care integration for 2020 and beyond.
- There is therefore an expectation that local areas are mindful in developing their plans about the linkages with NHS sustainability and transformation plans. This is borne out in our Commissioning Intentions for 2017-19.



Re-commissioning/Procurement Plan

As per CCG statutory requirements, the CCG will review pathways and re-commission, where required, the following services/pathways:

Musculoskeletal (£2.5m)	Dermatology (£3m)
Anti-coagulation (£0.9m)	Fracture
ENT (£4.2m)	Gynaecology (£9.5m)
T&O (£20.3m)	Obesity (£0.4m)
Respiratory (£7m)	Cardiology (£12.8m)
Ophthalmology (£12m)	Orthotics (£0.08m)
Dietetics (£0.2m)	
Digestive Systems – Upper (£8.6m)	
– Lower (£3.7m)	
Endocrinology (Inc Diabetes) (£3.6m)	

Mental Health IAPT

(Values relate to FOT 2016-17 across all service providers)

