

Title of paper:	Five Year Forward View	
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Exec Lead:	James Blythe, Director of Commissioning and Strategy	
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Agenda item & attachment number:	Agenda Item 10 Attachment 4	
Attachments – please list or state “none”	None	
Purpose of Paper (tick one only):		
For information only (to note)		<input checked="" type="checkbox"/>
Requires discussion and Feedback		<input type="checkbox"/>
For decision		<input type="checkbox"/>

Executive Summary:

NHS Surrey Downs CCG has responded positively to the publication of the 'NHS Five Year Forward View' (FYFV). The CCG's integrated care commissioning approach, which has started with the development of community medical teams and is now set to evolve to a wider community hub involving GPs, community teams and social care in each locality. The community hubs form a basis for each locality evolving to be part of either a Multispeciality Community provider (MCP) or Primary and Acute Care System (PACS) as set out in the FYFV. The CCG's planned care strategy is based on extended primary care provision with support from acute and community services, and is also in line with the MCP approach.

In many regards, PACS level integration, fully involving the acute hospital provider, can be seen as a more 'complete' integration approach and an evolution from MCP, which is articulated within FYFV as operating at a lower scale and with acute input 'bought in' to extended primary and community care.

The CCG led a bid from the Epsom local health economy to be a 'Vanguard' site as a PACS which, whilst unsuccessful, served to create a shared strategic vision for the Epsom area across all Health and Social Care partners. This has continued to be developed for the Epsom locality with the appointment of a Programme Director for Epsom Health and Care, the development of the Epsom Health and Care Strategic Board and early steps in developing new models of integrated care provision including the creation of a Clinical Assessment and Diagnostic Unit (CADU) at Epsom General Hospital on a pilot basis for this winter. The CCG will seek the continued development of integrated services in Epsom during 2016/17, led by the Health and Care Strategic Board, with development of a shadow capitated budget and outcomes-based commissioning regime for 2017/18.

In East Elmbridge and Dorking, community medical teams have mobilized with particular successes in East Elmbridge in terms of taking on an independent patient caseload and engaging with partner agencies around support for the integrated team model. Both localities feed into acute hospitals in other areas and the system-wide strategy for integration of acute, community, primary and social care in those areas is less clear than currently in Epsom. However both localities would have the scale to evolve into self-contained MCPs on their own and indeed Dorking's existing planned care delivery infrastructure, and use of multi-disciplinary teams for example around back pain services, demonstrates the capacity within the locality to deliver services of this type.

The Governing Body should regularly consider the alignment of the CCG's transformation plans against the FYFV. Significant savings within the CCG's Financial Recovery Plan are predicated on the delivery of a more integrated health and social care model, which requires progression of both integrated and planned care services in both localities.

It is important that stakeholder support for approaches outlined in the FYFV is regularly tested as the practicalities of implementing these approaches crystallise as all require organizational interests to be set aside to a degree, which entails a level of risk.

Compliance section

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

Risk Register and Assurance Framework	Related themes e.g. integration of care, sustainability are on the assurance framework and / or risk register
Patient and Public Engagement	No specific issues
Patient Safety & Quality	The 5YFV highlights the need to maintain and improve the safety and quality of services. The CCG is enhancing its policies and processes for quality impact assessment where service change is proposed or required.
Financial implications	The aim of the 5YFV is to make services appropriate, high quality and affordable.
Conflicts of interest	No specific issues
Information Governance	No specific issues
Equality and Diversity	Where change is required under the 5YFV it will be impact assessed for both quality and equality.
Any other legal or compliance issues not covered above	No specific issues