

# HEREFORDSHIRE CLINICAL COMMISSIONING GROUP – PLAN ON A PAGE 2013/14-15

Context	<p>181000 population, 24 practices plus 1 walk in centre</p> <p>13/14 £208m budget 13/14, QIPP £9m</p> <p>High and rising population aged &gt;65</p> <p>Financially challenged acute providers</p> <p>High and rising prevalence of LTC</p> <p>Geographically dispersed population</p>					
Vision	<p><i>High quality, sustainable, integrated health economy with patients and the public and patient at the heart of everything we do. This will be enabled by radical transformation, rather than marginal modification</i></p>					
Objectives	<p>* Embed clinical leadership and integrated working across the health and social care system * Commission best available care * Improve quality and safety of care * Empower stakeholders/clinicians to manage pathways * Reduce variations in quality of primary care * Care closer to home (focus on elderly) * Improve sustainability of healthcare system * Prevention at the core of the CCG's work</p>					
Work Programmes (inc QIPP)	<p><b>Demand management out-patients</b> E-consultation Map of medicine (COPD, Falls) Clinical ownership of budget e.g. Cardiology funding pilot MSK Pilot</p>	<p><b>Demand management – non-elective</b> Risk stratification and anticipatory care planning Carers support Stroke review Long term conditions - supported self management Further implementation of community teams with virtual wards and neighbourhood teams as a service continuum</p>	<p><b>Prescribing</b> County wide prescribing formulary – across primary and secondary care</p>	<p><b>Mental Health</b> Community based memory service for dementia Mental health liaison service (RAID) Use of Disraeli Court for mental health rehabilitation and repatriation Mental health needs assessment review and implementation plan</p>	<p><b>System reconfiguration</b> Clinical modelling to determine optimal resource allocation Working with Wye Valley on Futures Programme Emergency community service review (OOH, walk in, MIU) Implementation of joint health and wellbeing strategy</p>	<p><b>Prevention Joint work with public health to:</b> 1 – progress specifics e.g. alcohol 2 – embed prevention agenda e.g. MECC 3 – Social marketing</p>
Outcomes Framework	Domain 4	Domains 1,2,3,4,5	Domain 2	Domains 1,3,4	Domains 3,4	Domains 1,2
Outcomes 2013/14	<p><b>Outpatients</b> Easier access to consultant opinion alongside demand management in outpatient referrals</p>	<p><b>Non-elective</b> Reducing non-elective admissions by 1) reducing crisis presentations 2) providing care closer to home 3) providing a seamless experience of health and social care</p>	<p><b>Prescribing</b> Prescribing that is both clinically effective and cost effective</p>	<p><b>Mental health</b> Mental health and wellbeing strategy and procurement plan for new services</p>	<p><b>System reconfiguration</b> Health economy-wide clinical ownership of system transformation Financially balanced CCG Options for provider landscape agreed</p>	<p><b>Public Health</b> Increased number of patients accessing public health programmes e.g. smoking cessation</p>
Aspirations 2015/16	<p>* Implemented mental health &amp; wellbeing strategy including repurchase of mental health services * Reconfigured provider services to support improved clinical outcomes in acute services (sustainable DGH) and community services (out of hours, walk-in and MIU) * Stemmed the growth in alcohol and smoking related admissions * Financially balanced health and social care economy *</p>					
Cross Cutting Themes	<p>* Patient &amp; Public Involvement * Quality &amp; Safety * Prevention * Partnership Working * IT Solutions * Workforce * Governance &amp; Assurance</p>					
Strategic Performance Measures	<p>Reduction in non-elective activity - Reduction in first out patient activity – Increased diagnosis of patients with dementia Delivery against national trajectories Delivery of pledges outlined in NHS constitution Delivery of QIPP Savings</p>					