NHS
Herefordshire
Clinical Commissioning Group

NHS HCCG

Strategic Plan

March 26th 2014

Introduction

NHS
Herefordshire
Clinical Commissioning Group

Purpose

- Outline the roles of responsibilities of the CCG and NHS HCCG
- The work that the CCG has completed through the previous year
- Our successes throughout the previous year
- Our 2 and 5 year plans
- Our challenges
- Ideas for HOSC scrutiny or task and finish groups

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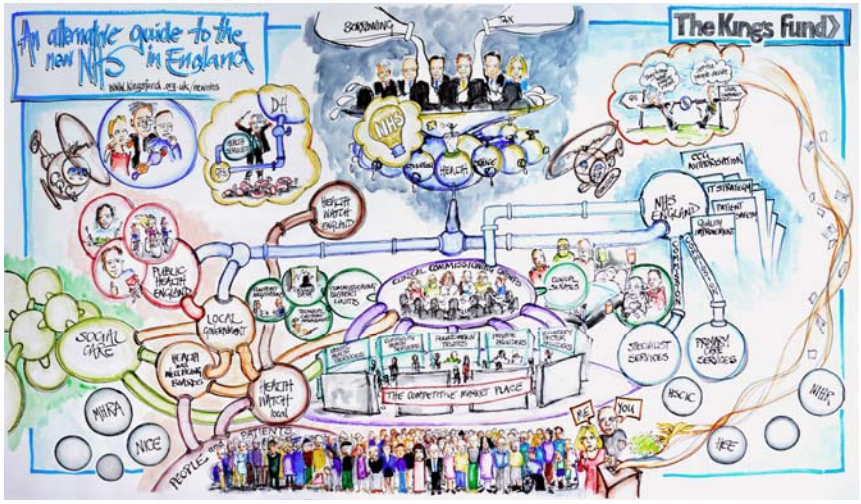
The new nhs (1)



Putting the patient at the heart of everything we do

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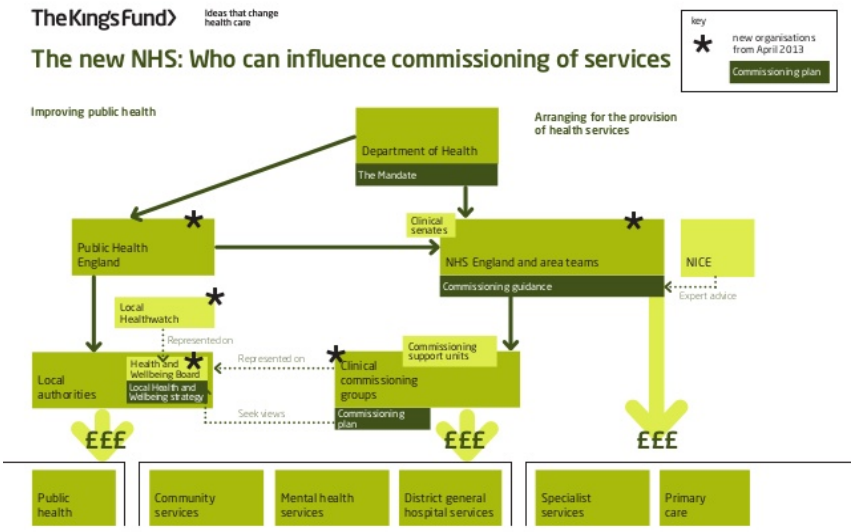
The new nhs (2)



The CCG

NHS Herefordshire Clinical Commissioning Group

A MEMBERSHIP ORGANISATION THAT COMPRISES OF

Responsible for commissioning

- *hospital care*
- *rehabilitation care – such as visits from district nurses*
- *urgent and emergency care – the out-of-hours GP service, ambulance call-outs, A&E*
- *community health services*
- *mental health and learning disability services*

More information can be found at
www.herefordshireccg.hs.uk
Find us on Twitter at #herefordshireccg

NHS CCG 13/14 Plans

NHS Herefordshire Clinical Commissioning Group

- **Four key themes**
  - **Preventing ill health and improving health**
  - **Improving Planned Care**
  - **Improving Urgent Care**
  - **Leading the local system**
- **Underpinned by series of initiatives and programmes**
- **And delivery measured against key outcomes and NHS constitution**
- **Detail summarised in next slide; also hand outs available**

Herefordshire CCG's Two Year plan is focused on 8 key strategic work areas aimed at delivering our priorities, each having a Clinical and CCG lead

Herefordshire CCG - Two Year Plan on a Page 2014-16

Our Vision
A high quality, sustainable, and integrated health and care economy, with the patient and the public at the heart of everything we do

Our Priorities
- *Greater integration of care*
- *Long term conditions – care closer to home*
- *Modernising mental health services*
- *Delivering high quality primary and secondary care*
- *Improving urgent care system*

We will achieve our vision through local system leadership by ensuring:
- *Strong patient and public engagement*
- *Quality care is seamlessly provided*
- *Access to services is improved*
- *Meaningful Clinical engagement*
- *The CCG manages the system*

Delivering System Change

Preventing Ill Health & Improving Health
CCG Lead: Alison Talbot-Smith
Clinical Lead: TBC
- Improved CVD and CHD outcomes and reducing associated inequalities
- Greater proactive anticipatory care and supported self management
- Greater focus on preventative care pathways and reductions in admissions due to alcohol, smoking and obesity related conditions
- Enhanced use of technology to support healthcare (Telecare/ telehealth)

Improving and Enhancing Planned Care
CCG Lead: Alison Talbot-Smith
Clinical Lead: Crispin Fisher
- Local agreed care pathways for key conditions to ensure consistent practice
- Electronic referral systems that improve quality of referrals and enable virtual consultations, improving access to specialist opinion
- Education programme to embed pathways across primary care (GP and Practice Nurses)
- More cost-effective use of high cost drugs to maximise outcomes

Improving Urgent Care
CCG Lead: David Farnsworth
Clinical Lead: Ritesh Dua
- Improve the delivery of urgent care services by moving to an outcomes based commissioning approach
- Ensure the urgent care system provides high quality services and good access
- Reducing the number of avoidable admissions, readmissions, repeat visits and length of stay
- Enhanced end of life care

Greater Integration of Care
CCG Lead: Alison Talbot-Smith
Clinical lead: TBC
- Seamless working across all care settings
- Improved signposting for patients and public for health and social care services
- Putting in place a model for 7 day working
- Enhanced reablement & intermediate care
- Modernising community services including reablement and intermediate care services
- To integrate voluntary sector and community support into all care services and pathways
- Information sharing between health and social care (including NHS Number)

Improving Health Outcomes for Children
CCG Lead: Alison Talbot-Smith
Clinical Lead: TBC
- Improved outcomes and access to health services for vulnerable children
- Better respite and short term care for vulnerable children
- Better outcomes for children with disabilities and long-term conditions

High Quality Clinical Services
CCG Lead: Andy Watts
Clinical Lead: David Farnsworth
- Enhanced Quality Assurance process
- Modernising Health and Care - establish future options for Herefordshire health and social care system which are clinically appropriate, high quality, patient centred and value for money
- Specific work on medicines optimisation, stroke and cancer services
- Robust safeguarding practice (adults and children)

Developing Primary Care
CCG Lead: TBC
Clinical Lead: Dr Crispin Fisher
- Ensuring equitable access and provision of quality primary care
- Reducing variation in quality of care and improving standards
- Putting in place a model for 7 day working
- Delivering prevention and early intervention
- Establish future options for Primary Care services in Herefordshire

Modernising Mental Health Services
CCG Lead: Alison Talbot-Smith
Clinical Lead: Dr Simon Lenanne
- Delivering Parity of Esteem through all work programmes
- Patient-centred care pathways for mental health services
- Improved community-focused memory service for people with dementia
- Mental Health and wellbeing needs assessment to inform re-procurement
- Psychiatric liaison in acute services (RAID)
- Increase in access to psychological therapies for all groups and services

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Our Two Year plan will lead into the Five Year planning process – indicators of success are shown below

Where we are now | ***14/15*** | ***15/16*** | ***16/17*** | ***17/18*** | ***18/19*** | ***Where we want to be***

Delivering a new operating model for health and social care commissioning and provision in Herefordshire

"High quality, sustainable, integrated health and social care economy with patients and public at the heart of everything we do"

Mixed patient experience and outcomes of care

Urgent care system under pressure

Focus on inputs, activity and outputs, not outcomes

Fragmented provision of health and social care services

Silo-based commissioning of services

Embryonic collaboration between system partners

Poor use of technology and limited sharing of information

Financial challenge

- **Preventing ill health and improving health**
- **Improving and enhancing planned care**
- **Improving urgent care**
- **Greater Integration of care (health and social care through Better Care Fund)**
- **Modernising Mental Health Services**
- **Developing Primary Care**
- **Improving Health Outcomes for Children**
- **High Quality Clinical Services**

Excellent patient and service user outcomes and satisfaction with services

High quality, seamless provision of care services in Herefordshire, in the right setting

Services 'wrapped around' patients and users

Financially viable and sustainable health and social care economy – 'one system, one budget'

Joined-up care systems and organisations

Innovative use of IT and electronic shared care records

Flexible, motivated and fulfilled workforce

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So far, we have achieved...

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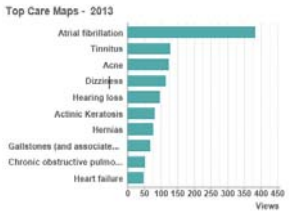
✓ ***Hospital @ Home***

- 98 Patients – early supported discharge
- 92 patients – Admission avoided
- Plus 319 patients – supported to leave hospital with limited support form H@H (e.g. follow-up phone call, phone call to relative)

✓ ***Virtual Wards***

✓ ***Map of Medicine (more explanation on map)***

- 15 locally agreed (between primary and secondary care) maps published and in use
- 300+ national maps accessible



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So far, we have achieved...

NHS Herefordshire Clinical Commissioning Group

✓ **E-Referral** new NHS e-Referral Service will be launched to replace the current Choose and Book service

- Pilot has shown concept is sound
- National support to continue towards paperless referrals by 2015

✓ **Mental Health**

- Revised Dementia strategy; enhanced dementia services supporting residential homes, post diagnosis support, linked to primary care.
- Increase in Access Psychological Therapy availability (explanation)
- Joint Autism Strategy in place

✓ **Children's**

- Review and development of quality standards for CAMHS (explanation)
- New short breaks offer for children with disabilities
- Local Herefordshire Transition protocol agreed

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So far, we have achieved...

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- ✓ **Clinical modelling**
  - ✓ Analysis and profiling of key clinical services that need to be provided in Herefordshire
  - ✓ Significant positive engagement with primary and secondary care clinicians
- ✓ **NHS England authorisation process – (**review of CCG to establish whether organisation is fit for purpose)
  - *All conditions removed and CCG fully authorised*
- ✓ **Primary Care Strategy**
- ✓ **Patient engagement**
  - ✓ Involvement in Urgent care Developments
  - ✓ Membership scheme developed
  - ✓ Use of user groups to support diabetes and dementia improvements
- ✓ **Quality Innovation, Prevention and Productivity (QIPP) –** series of initiatives and schemes that all CCGs have to have in place to deliver financial savings – target 13/15 £xm

So far, we have NOT achieved...

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- × Increase dementia diagnosis rates to target
- × Reduce cardiology/ gastro / Dermatology referrals
- × Reduce pressure and improve performance of the urgent care systems
- × Achieve Cancer 62 day wait target

(more detail from Jo on whats not achieved and why not)

So far, we have NOT achieved at the speed we were hoping...

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Work in Progress

- Risk Stratification tool
- Psychiatric Inreach to WVT
- Stroke Pathway
- Chronic Pain Service
- Cardiovascular Strategy
- Linkages with public health on Alcohol, Obesity, smoking

Patient feedback

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You said:	***We did:***
"We want to receive care closer to home"	• Set up 'Virtual Wards' delivered in the patients' own home based on hospital care and treatment
"Autism services in Herefordshire for adult service users do not always meet local needs"	• Met with service users to understand their experiences. Joint working with local authority to develop a clear strategy and plan to address feedback
"Diabetes patient hand held record could be improved"	• Sought feedback on how improvements could be made, and improved records. Ongoing evaluation in progress to ensure records are effective for service users

Patient response

"I haven't felt like this many people have cared about me before, thank you"

"This is marvelous service and all the staff I have met so far are fantastic"

"When you say you're going to do something you do it"

"I've have had a full night's sleep after your initial visit which is the first time in three months, because I feel someone is there for me and to help me feel better"

NHS CCG 14/15 Plans

NHS Herefordshire Clinical Commissioning Group

- Building on our work of 13/14
- 5 main priorities
- Underpinned by strong patient and public engagement (add examples)
- By developing a clear roadmap for the next 5 years
- 8 workstreams to deliver its priorities with clear objectives

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Herefordshire's Two Year plan is focused on 8 key strategic work areas

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CCG Lead: Andy Watts
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- Enhanced Quality Assurance process
- Establish future options for Herefordshire health & social care system which are clinically appropriate, high quality, patient centred & value for money – successor to Wye Valley Futures and clinical strategy work
- Improving local access to secondary care
- Specific work on medicines optimisation, stroke and cancer services
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- Complete Mental Health needs assessment
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- Increase in psychological therapy in Herefordshire

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Modernising Health and Social Care in Herefordshire (Five Year Strategic Unit Plan) cross check with the 6

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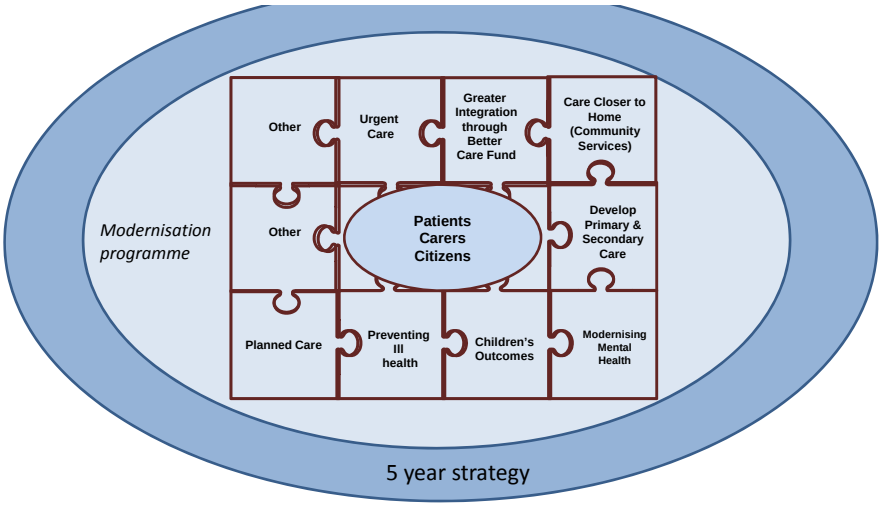

The outcomes test – indicators to tell us we are succeeding

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- Improved (self/ carer) reported patient experience – all ages
- Reduced A&E attendances/ emergency admissions
- Increased people at home 91 days after discharge
- Reduce long term admissions to nursing and residential homes
- Reduced delayed transfer of care
- Improved clinical outcomes (Long term conditions)
- Early supported discharge
- Appropriate lengths of stay in an acute bed
- Support people to die in their place of choice
- Patient Experience
- Staff satisfaction
- Affordability

Our Challenges and risks to deliver

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- Financial pressures
- Ensuring robust patient engagement
- Developing system wide solutions
- System wide ownership
- Future NHS changes

Future task groups

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- District Nurse provision
- Public Engagement in Service redesign
- End of life care
- CAU and hospital at home (ATS evaluation)
- Access to GP services and Cancer waits
- NHS 111 and out of hours, paramedics

Currently JW/ME thoughts

Additional slides to use as and when appropriate

APPENDIX

Better Care Fund Plans (2014 to 2016)

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Current CCG utilisation of the S256 Fund

- Discharge support part year
- Enhanced Social Worker Support
- Investment in Domiciliary Care
- Community Equipment
- RAAC(rapid access to assessment to care) Pilot

CCG utilisation of the 2014/15 Fund

- As Above
- Discharge Support
- Virtual Ward including Hospital at Home (part funding)
- RAAC scheme
- 7 Day working

Proposed CCG utilisation of 2015/16 Fund

- As above
- Virtual Ward including Hospital at Home
- RAID
- CAMHS
- Falls Management
- Hub – Single Point of Access
- IAPT
- Dementia
- Re-ablement
- Carers Breaks

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Financial Planning Recurrent and non-recurrent allocations

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	2014/15 £'ms	2015/16 £'ms	2016/17 £'ms	2017/18 £'ms	2018/19 £'ms
Baseline Recurrent Allocation	205.2	209.7	213.3	217.1	220.8
Growth	4.4	3.6	3.8	3.7	3.8
Better Care Fund		4.0	4.1	4.2	4.2
Total Recurrent Allocation	209.7	217.3	221.2	225.0	228.8
Running Cost Allowance	4.5	4.0	4.0	4.0	4.0
Non Recurrent	1.0	2.1	2.2	2.2	2.3
Total Allocation	**215.1**	**223.4**	**227.4**	**231.2**	**235.1**
% Growth on Recurrent baseline	*2.14%*	*1.70%*	*1.80%*	*1.70%*	*1.70%*

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Financial Planning
Income and expenditure plans

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	2014/15 £'ms	2015/16 £'ms	2016/17 £'ms	2017/18 £'ms	2018/19 £'ms
TOTAL ALLOCATION	**215.1**	**223.4**	**227.4**	**231.2**	**235.0**
Programme Costs	208.6	209.0	211.1	213.9	217.0
Running Costs	4.5	4.0	4.0	4.0	4.0
BCF		11.7	11.9	12.1	12.3
Non Recurrent Headroom	5.2	4.2	4.3	4.4	4.5
0.5% Contingency	1.0	1.1	1.1	1.1	1.2
TOTAL EXPENDITURE	**219.3**	**230.0**	**232.4**	**235.5**	**239.0**
QIPP	**(6.3)**	**(8.8)**	**(7.2)**	**(6.6)**	**(6.3)**
SURPLUS	**2.1**	**2.2**	**2.2**	**2.3**	**2.3**