Overview for Herefordshire's Health and Wellbeing Board

This section provides an overview to our plans and work to date

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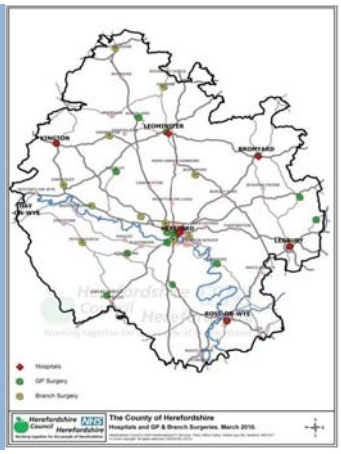

Foreword – Herefordshire Clinical Commissioning Group is committed to transformation and change

NHS
Herefordshire
Clinical Commissioning Group

DRAFT

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

Herefordshire's health care system faces many challenges relating to the sustainability of services in a rural county with a geographically dispersed population. Major transformation is required to deliver an improved and more efficient model of care. The CCG is collaborating closely with partners who all recognise that this needs to happen at pace and are committed to overcoming any organisational-form or estate constraints preventing the development of capable integrated public services.

There has been significant progress over the year as system leaders across health and social care commissioning have linked with our main providers to agree a new approach to reshaping health and social care in the county. At the same time the CCG is ensuring that it is true to its principles of putting patients and the public at the heart of everything we do and supporting clinical leadership to guide changes that will deliver maximum benefits to patients.

The CCG is committed to developing integrated teams of multi-disciplinary health and social care professionals around GP practice populations. We have signalled our intention to work closely with the NHS England Area Team to ensure that Primary Care transformation is an essential component of the agenda. There have been previous attempts to create integrated community teams in Herefordshire and the CCG is well placed to gain from this experience to ensure that the lessons learnt are appropriately applied.

The CCG is on track to radically redesign the urgent care system through an outcomes based approach that will result in improved alignment of services from GP out of hours and ambulance services through to A&E and the Clinical Assessment Unit. Public engagement and clinical involvement have been key features of this work to date. In addition the CCG is working alongside Wye Valley Trust leadership to review and redesign secondary care services ensuring patients have access to clinically safe and effective services.

Our priority is to ensure that patients receive the best care possible from public services and we believe this is best achieved by having a relentless focus on delivery of programmes and projects through to completion. This plan represents an extension of the delivery of HCCG's own Two-Year plan, recognising that the challenges and solutions sit across a number of neighbouring organisations. The CCG is committed to upholding and promoting the NHS Constitution as well as the NHS Mandate, and we embrace the description of the NHS it presents. Our GP members are key to the functioning of the CCG, and we will continue to engage widely with them during the transformation. Last but not least we will also continue to strengthen our engagement and involvement of voluntary sector organisations and individuals who support communities or care for others.

Dr Andrew Watts	Jo Whitehead
Chair	Accountable Officer

The CCG's vision and work programme underpins and supports the delivery of the health and care systems vision

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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*
- *Supportive self management of Long term conditions*
- *Ensuring parity of esteem*
- *Delivering high quality primary and secondary care*
- *Improving urgent care system*
- *Delivery of NHS Constitution standards*

Our Actions

- *Strong patient and public engagement*
- *Ensuring quality care is seamlessly provided*
- *Delivering improved access to services*
- *Meaningful Clinical engagement*
- *CCG managing the system*
- *Operating with openness, integrity and trust*

Delivering System Change

Current State

- 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

CCG's plans to deliver change and improvement

- 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

Key measures of success & progress

- Delivery of NHS Constitution commitments
- Reduction of emergency admissions
- Improvement in potential life lost
- Patient satisfaction of care
- Delivery of QIPP savings

Future State

- 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

The CCG has a clear work programme designed to ensure NHS Constitution Commitments and long term change are delivered

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In addition to the key areas priorities outlined below, we will focus on the achievement of NHS Constitutional targets and ensuring high quality of care is delivered

- Delivering greater integration of care with a focus on seamless services wrapped around the individuals of all ages
- Enhancing supportive self-management of long term conditions (including CVD and CHD)
- Strengthening Herefordshire's urgent care system including re-procurement of services and improved system management

Access – delivering NHS Constitution standards

- Cancer - focus on reconfigured pathways and processes and investment in local radiotherapy provision
- RTT - robust recovery plan including transfer of work from local DGH to alternative providers, commissioning additional capacity and continued validation of data to ensure 90% standard meet across all specialities
- Urgent care – enhanced system management and escalation procedures and investment in capacity, prevention and rapid discharge aimed to ensure delivery 95% 4 hr standard
- Mental health – improving access to early diagnosis and support for dementia, psychosis, IAPT including children and young people, in order to deliver parity of esteem
- Stroke - development of strengthened 7 day networked TIA service
- Diagnostics - implementation of e-referrals work programme and continued work with providers to identify clinical solutions where over-performance identified
- Primary care development programme designed to deliver equitable access, seven day services, and provision of quality primary care

Improving health outcomes

- Focus on improving 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
- Focus on cancer survivorship and prevention
- Development of all-age Mental health and Well-being strategy to ensuing parity of esteem
- Transforming mental health services for children and young people including access to psychological therapies for young people
- Improved outcomes and access to health services for vulnerable children
- Ensuring appropriate referrals from primary to secondary care (including e-referrals)
- Improved signposting for patients and public for health and social care services
- Modernising community services including re-ablement and intermediate care services
- Improvements in mental health crisis care and Liaison psychiatry in Acute Care

Quality

- Implementing of national initiative 'sign up to safety' and endorsing it among commissioned providers
- Focus on reducing avoidable mortality and harm including focus on acute kidney injury & community rehydration programme
- Locally agreed care pathways for key conditions to ensure consistent practice
- Enhanced end of life care strategy and implementation plans
- Clear patient and public engagement and involvement programme, including use of patient experiences, to improve outcomes and develop new models of provision
- Enhanced quality assurance and improvement process in place with renewed focus on nursing and care homes
- Full involvement with acute providers PCIP plan and joint assurance with NHS England
- Service transformation and commissioning plans driven by patient experiences
- Working with partners to establish a model for 7 day working wrapped around the individual
- Improved signposting for patients and public for health and social care services
- Active leadership in enhance partnership safeguarding arrangements to reflect statutory arrangements
- Review and refresh of learning disabilities commissioning arrangements
- Optimise patient and NHS outcomes from medicines e.g. ensure appropriate antibiotic use to reduce resistance

Delivering value

Financially challenged health and care economy (CCG budget 15/16 £222m) will deliver financial resilience by:

- A focus on QIPP delivery by maximising outcomes for patients and making sure £s deliver value for money for carers, public and patients. QIPP programme £8.8m. Key to success is the delivery of demand management schemes, community team roll-out and reduction in emergency admissions. Also central to this is BCF and associated programmes focused on community redesign.
- In line with national planning guidance a 0.5% contingency has been planned for in addition to 1% non-recurrent surplus from 2015/16
- Investments for 15/16 include Stroke services, IAPT and dementia, Improved access to planned and urgent care, urgent care pathway and primary care
- Assumptions 1% demographic growth, 1% non-demographic growth, 1.5% reduction in emergency admissions
- Promote patient safety and quality of care involving medicines to ensure services are safe, appropriate and cost effective

Transformation programmes, reconfiguration plans and re-procurement

- Implementing new models for provision linked to Herefordshire Transformation programme and 5 year forward view - which are clinically appropriate, high quality, patient centred and value for money
- Developing co-commissioning arrangements for primary care with NHS England to establish sustainable models of care
- Developing community teams based around GP practice populations
- Working with the Local Authority to achieve better health and wellbeing for people with LD

Herefordshire CCG's two year plan is focused on eight key strategic work areas aimed at delivering our priorities….

Delivering System Change

Preventing Ill Health & Improving Health
CCG Lead:
Clinical Lead:

- Improving CVD and CHD outcomes and reducing associated inequalities
- Greater proactive anticipatory care and supported self management (TP, BCF)
- Greater focus on preventative care pathways and reductions in admissions due to alcohol, smoking and obesity related conditions
- Focus on cancer survivorship and prevention
- Make greater use of pharmacists: in prevention of ill health

Improving and Enhancing Planned Care
CCG Lead:
Clinical Lead:

- Local agreed care pathways for key conditions to ensure consistent practice
- Ensuring appropriate referrals from primary to secondary care (including e-referrals)
- Enabling effective discharge from secondary to primary care
- Education programme to embed pathways across primary care (GP and Practice Nurses)
- Timely access to appropriate care and advice including diagnostics, cancer)
- Enhanced end of life care

Improving Urgent Care
CCG Lead:
Clinical Lead:

- Improve the delivery of urgent care services by moving to an outcomes based commissioning approach
- Ensure the urgent care system provides high quality accessible services
- Reducing the number of avoidable admissions, readmissions, repeat visits and length of stay
- Enhanced operational urgent care system management
- Managing primary care instigated demand

Greater Integration of Care (linked to BCF)
CCG Lead:
Clinical lead:

- Seamless working across all care settings (TP)
- Improved signposting for patients and public for health and social care services (TP)
- Putting in place a model for seven day working
- Enhanced reablement & intermediate care
- Modernising community services including reablement and intermediate care services (TP)
- Integrated voluntary sector and community support into all care services and pathways
- Information sharing between health and social care (including NHS Number) (TP)
- Greater use of technology e.g. telecare

Improving Health Outcomes for Children
CCG Lead:
Clinical Lead:

- 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 (BCF)
- Transforming mental health services for children and young people
- Improving health outcomes for children with special educational needs
- Redevelopment of maternity care pathway (including midwifery)

High Quality Clinical Services
CCG Lead:
Clinical Lead:

- Enhanced Quality Assurance process Focus on quality of care in care homes (including assurance process and education)
- Developing new models for provision linked to five year forward view - which are clinically appropriate, high quality, patient centred and value for money (TP)
- Specific work on improving stroke and cancer services
- Robust safeguarding practice (adults and children)
- Engaging public and patients to improve outcomes and develop new models of provision
- Safe ,cost effective and appropriate use of medicines

Developing Primary Care
CCG Lead:
Clinical Lead:

- Ensuring equitable access and provision of quality primary care
- Reducing variation in quality of care and improving standards
- Putting in place a model for seven day working
- Delivering prevention and early intervention (TP)
- Establish future options for sustainable Primary Care services in Herefordshire
- Developing community teams based around practice populations
- Development of Co-commissioning framework

Modernising Mental Health Services
CCG Lead:
Clinical Lead:

- Ensuring parity of esteem of Mental Health with physical health
- Development of all-age Mental Health and Well-being Strategy
- •Improvements in Mental Health crisis care
- Focussing on Patient-centred care and in self-management across care pathways (TP)
- Awareness of dementia and improvement in access to diagnosis
- Using Mental Health needs assessment to inform re-provision
- Embedding Liaison psychiatry in Acute Care
- Improving Access to psychological support for people with anxiety and depression

*programmes linked to BCF & transformation (tp)

The CCG with its partners have developed a vision for Herefordshire's Health and Care system

By 2020 Herefordshire system partners will provide seamless integrated care and support designed around the needs of individuals, their carers and their families.

We want to be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries.

SUMMARY VISION

Our current health and wellbeing system in Herefordshire

There are people, organisations and physical assets such as buildings and spaces in our communities that are not being used most effectively to support residents in their health and well being

Different types of healthcare, healthcare and wellbeing services and services for adults and children are not joined up and don't support people well, meaning that they are less effective than they should be and highly inefficient

Too many people are presenting to services in crisis, creating demand on current services that cannot be met in terms of quality and cost of care and organisational performance

Public sector assets and resources in Herefordshire are too disparate - including staff, skills and facilities

There are stark inequalities in health and health outcomes in relation to people with mental health problems and with other specific groups

What we will do to improve this

Actively and purposefully draw on our communities – people, places, voluntary sector and other agencies to strengthen our communities and to support and enable more people to remain independent and to take greater personal responsibility

Place people and communities at the heart of our plans for integrated community services for children and adults, wrapped around GP registered populations and delivering more coordinated, personalised, technology - enabled care and support outside of hospital

Develop and deliver proactive, targeted risk-based care and support to local populations, based on agreed pathways that support self – care, early intervention and promote recovery and independence following an episode of acute or urgent care.

Jointly commission across health and social care for all ages wherever possible and commission using an outcome-based approach to better pull together different parts of the system

What will be different in Herefordshire in 5 years

Community resilience will have increased through the development of community capacity and local co-ordination

Citizens of all ages will have an increased sense of wellbeing and local access to integrated, personalised, physical and mental health and social care - promoting independence and providing:

› Prevention, early detection and optimal management of long term conditions and frailty

› Access to high quality, safe and effective urgent and emergency care pathways

› Access to high quality safe and effective planned acute care

Health care and social care resources will be utilised more effectively in terms of quality of service delivery and efficiency

Length and quality of life for people with physical and mental health conditions will have improved

Our plans for 15/16 will build on progress to date

A new outcome based approach to **Urgent Care** - based on the experience and care that local people have told us they want to receive when they need an urgent response from the NHS

- Extensive public engagement public 13/14
- Integrated urgent care pathway from NHS 111to A&E with focus on outcomes important to patients and not input measures
- Identification of a potential accountable lead provider

Stroke - a robust plan to secure sustainable improvements in the service that people in Herefordshire receive. Increased investment of £1.1m and clinical network with Gloucestershire to ensure access to the best expertise for our patients; improved local capacity and pathways. Delivery from 1st April 2015 designed to:

- Improved access to TIA clinics to prevent strokes
- Move to earlier assessment and goal directed care planning in partnership with patients and carers
- Where possible Early Supported Discharge to enable rehabilitation in peoples own homes
- Focus on survivorship

Dementia - new county-wide strategy and pathway to address the issue of the estimated 3,000 people in Herefordshire living with dementia, focus on puts earlier diagnosis, better post-diagnosis support and a more joined up approach between health and care providers, to improve quality of life for those with dementia and their carers, and increase diagnostic rates

"**Hospital at Home**" - supporting people in their own homes, to prevent the need for admission and also to ensure that they are discharged from hospital at the earliest appropriate point to support long term recovery and independence service. Evaluation undertaken in Summer 2014

- 187 patients were able to leave hospital earlier than their predicted length of stay when supported by the Early Supported Discharge element of the Hospital at Home.
- 301 patients were discharged from the Hospital at Home by the end of July 2014. Within 28 days of discharge 16 patients (5%) were readmitted to the virtual ward for additional treatment and 47 patients (16%) were admitted to hospital.
- Qualitative interviews articulated overwhelmingly positive reports of the benefits of the care provided.

Falls response - available 24 hours per day every day including Bank Holidays

- Provides a response where no emergency informal contacts are available, and emergency services are not required but would have attended in the absence of alternative informal support services also
- Provide assistance to get up following a fall using appropriate protocols, aids and equipment and light first aid provision.
- Responding with welfare visits to no answer and incoherent calls preventing the default call out of emergency services.
- Assessing risks in the home and signposting with consent to appropriate services, e.g. GP, Falls Prevention Team, Social Workers, and Handyman Service.

Designed to avoid ambulance dispatch and reduce attendance at A&E who have fallen but not injured themselves