

NHS Herefordshire CCG

Health and Overview Scrutiny Committee



January 2015

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N.B. Slide pack if printed in A4 per slide

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The CCG at a glance (1)


A MEMBERSHIP ORGANISATION THAT COMPRISES OF

24 
GP PRACTICES
+1 WALK-IN CENTRE 

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.nhs.uk
Find us on Twitter at #nhscghere



CLINICAL LEAD
DR ANDY WATTS

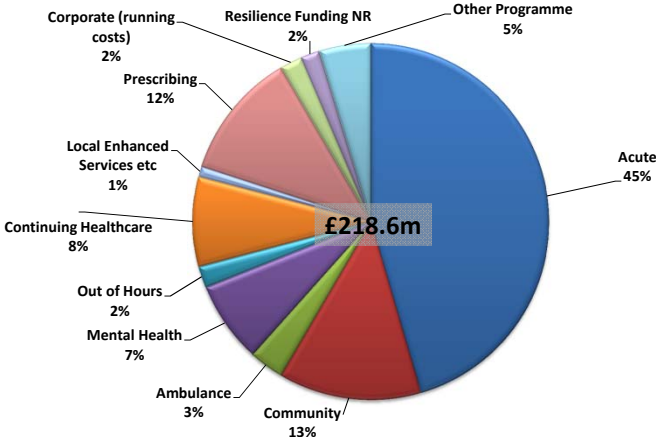
Putting the patient at the heart of everything we do

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The CCG at a glance (2)

Herefordshire CCG 14-15 Forecast YE (ex. surplus)




Category	Percentage
Acute	45%
Community	13%
Mental Health	7%
Continuing Healthcare	8%
Out of Hours	2%
Local Enhanced Services etc	1%
Prescribing	12%
Corporate (running costs)	2%
Resilience Funding NR	2%
Ambulance	3%
Other Programme	5%

£218.6m

Putting the patient at the heart of everything we do

15/01/15



Our Vision

Our vision for Herefordshire Health and Care system is focused on seamless integrated services

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.


Primary care and practice populations will act as the focal point around which we will organise community health and wellbeing, social care and voluntary sector services. In this way we will :

- Support patients, service users and their families to maximise their independence
- Promote proactive anticipatory care planning (Providing appropriate alternatives to hospital admission)
- Support self-management
- Deliver effective re-ablement and integration back into people’s usual place of residence and their communities
- Provide improved information, advice and care planning

This will ensure that the people of Herefordshire (adults, children and families) are at the heart of decision making about their health and wellbeing.

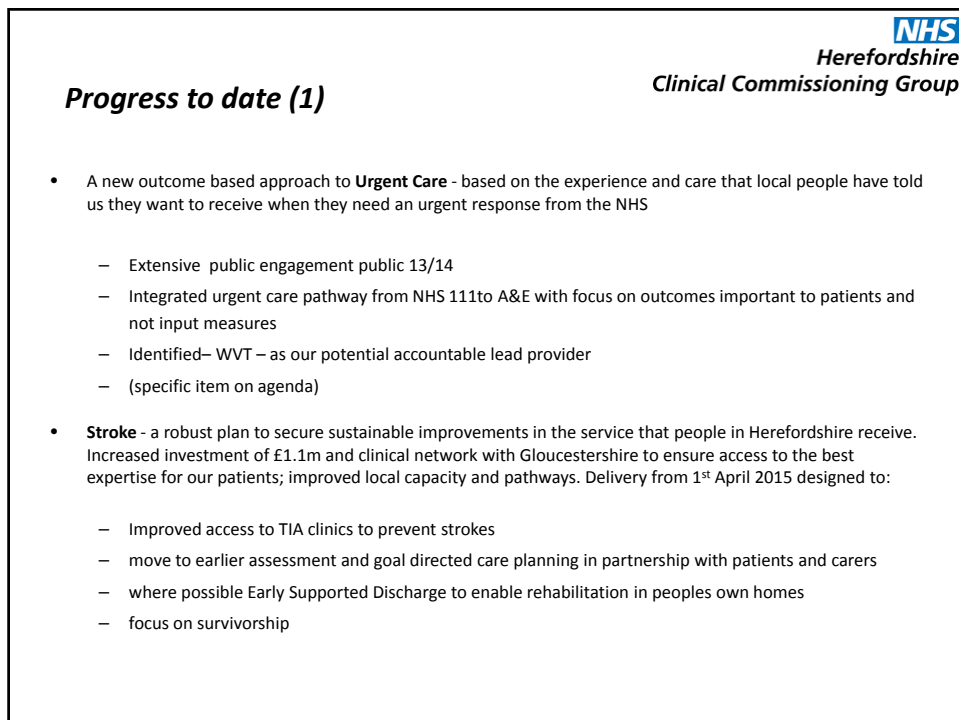
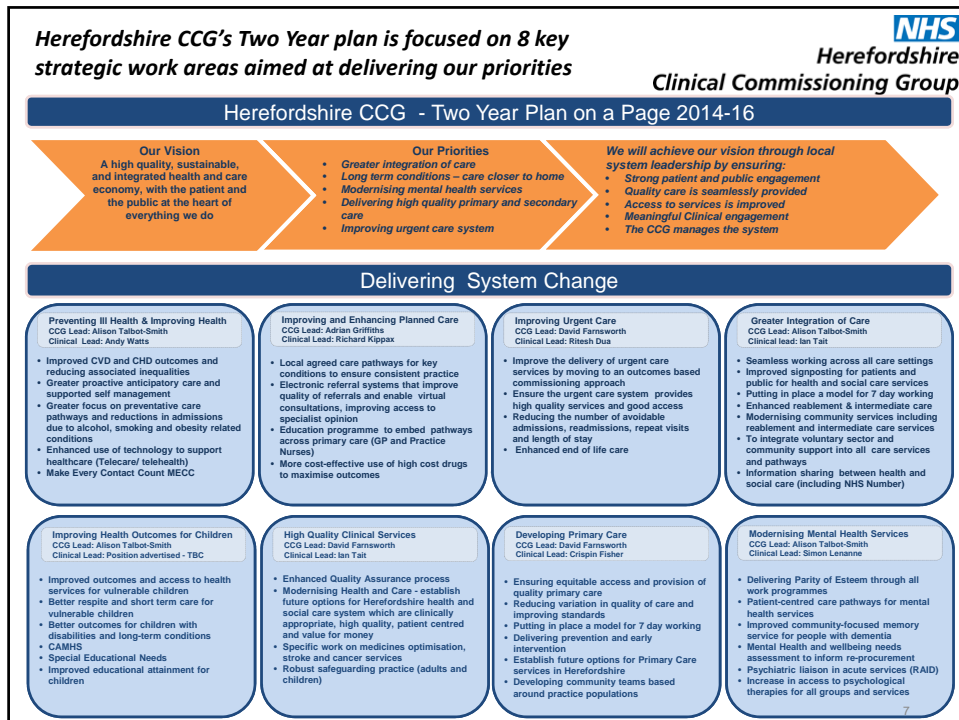
Transforming Health and Care in Herefordshire

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Challenges faced by our Health and Social Care Economy

<p>Quality:</p> <ul style="list-style-type: none"> • Fragmented Services resulting in pathway barriers • Increases in demand and lack of flexible capacity • Provision of same standards of care at weekends as at week days • Standards of care can be compromised at periods of high demand • Poor data quality and lack of sharing of information • High hospital mortality rates (HSMR/SHMI) • Urgent Care under extreme pressure at times 	<p>Demography:</p> <ul style="list-style-type: none"> • Ageing population – 22% of the population 65yrs+ (compared to 17% national Average) • Pockets of high levels of deprivation • Scattered population across large geographical area • Increasing number of people with long term conditions (e.g. dementia) • Increasing health effects from lifestyle behaviours (smoking, obesity, alcohol)
<div style="background-color: #0056b3; color: white; padding: 5px 20px; border-radius: 10px; display: inline-block; font-weight: bold;">The Challenges</div>	
<p>Financial & Demand Pressures:</p> <ul style="list-style-type: none"> • Our financial challenge for 15/16 could be £15m • As at month 5, emergency activity is up by almost a quarter • Delivery of constitutional targets is fragile 	<p>Workforce issues:</p> <ul style="list-style-type: none"> • Significant proportion of GPs due to retire in the next 5 years. • Shortages in secondary care workforce • Low turnover of staff due to geographical isolation (both a positive and a negative)





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Progress to date (2)

- **“Virtual Wards”** - identifying and supporting the most vulnerable patients to ensure that they receive the care they need to prevent deterioration and support to manage their own condition for the long term. Feedback from patient.

“.....I found the experience very rewarding, not only could I be in my own house but I received the expert care of these dedicated nurses. Every one of the nurses who came on the subsequent visits were so friendly and approachable, it made me feel so at ease. Not only were they very professional in their duty but they all were all willing to sit, chat and reassure me. In my opinion the Virtual Ward service is one of the best features of this local NHS service. And full credit goes to each and everyone of the nurses on this service...”

- **“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.



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Progress to date (3)

- **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.
- **Other**
 - **CVD/Diabetes** – joint work with Herefordshire Councils Public Health Department
 - Putting patients in control programme – listening to patient voice – to design weight reduction services
 - Plan around improved management BP and working with patients to increase understanding of AF and need to take anticoagulants
 - **End of life care** strategy so earlier identification to enable improved planning with patients and families
 - **Dementia** - new county-wide strategy 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
 - Supported self-management
 - Implementation of **clinical assessment unit**

Continued Patient Engagement

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Engagement work over last 12 months which we will build on.....

- **Topic specific e.g.**
 - Urgent Care
 - Assisted conception
 - Mental Health needs assessment
- **Individual groups e.g.**
 - Voice of the child
 - Stroke patients
 - Diabetes patients
 - Young Farmers on MH Needs assessment
 - Member of Civilian and military task group
- Going forward we will hold regular events for the Public and our members that are designed to engage but importantly also feedback to patients last event @ Kindle centre 10 December
- Will continue to hold public body meetings around County so far meetings in Ross, Ledbury & Leominster that include opportunity for Communities to ask have dialogue with CCG
- We will also be working gwith partners to have a joined up 'engagement gateway' to co-ordinate consultations and engagement activity



Current performance issues (1)

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- **CQC & WVT** – placement in special measures
 - WVT Patient Care Improvement Plan refresh to strengthen OD/cultural development
 - Combined programme of Assurance visits – TSA/WVT/CCG
 - WVT mortality tracker on stream spring 2015
 - CCG membership of Quality Oversight group and WVT quality board
- **Urgent Care pressures** (inc A&E 4 hr wait)
 - Multi-agency System Resilience Group (SRG) and plan in place
 - Daily calls – improved discipline in escalation
 - Investment in prevention (falls, practice review)
 - Rapid discharge (RAAC, link nurses)
 - Planning for future – outcomes based approach to commissioning



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Current performance issues (2)


- **Waiting times** (referral to treatment times and diagnostics)
 - Pressures in general surgery, Trauma and Orthopaedics, Ear, Nose and Throat, Ophthalmology
 - SRG identifying areas for improved flows
 - Recovery plan implemented by WVT inc 'pod' from Nov
 - Optimising use of Nuffield
 - Review of Access policy
- **Cancer** – long waiting times
 - Additional work with Worcs/gloucs on improved delivery
 - Investment in radiotherapy provision
 - Recruitment of breast radiologist
 - Direct access to diagnostics



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Current performance issues (2)

- **Mental Health & dementia** – delivery against key national standards (inc access to psychological therapies & Dementia diagnosis rates)
 - Dementia care pathway developed in partnership with carers and local organisations
 - £600k investment to enhance memory clinic capacity
 - memory clinic nurses embedded in primary care
 - Targeted funding for dedicated IAPT service
 - Public awareness campaign
 - Promoting awareness of service with primary and secondary care



Working with H&SC partners (3)

- **Health and Wellbeing Board** – revised terms of Reference increase the presence of CCG on the H&WB Board, reflecting our System Leadership role and our commitment to working together for the benefit of local people
- **Better Care Fund** – our plans will sit at the centre of the delivery of System Transformation in Herefordshire. A pooled budget of £36-38m
- **Joint Commissioning Board** – with delegated authority from the CCG and the Local Authority, ensuring the delivery of our joint strategies and aspirations for improved care.




Working with H&SC partners: BCF

BCF Pool 1 System and Delivery Interdependencies

System Objective	To deliver high quality, person - centred, integrated community services with local networks based around GP practice populations, resulting in people receiving more comprehensive care close to home, a reduction in the time spent avoidably in hospital and more people exercising choice and control.	To achieve greater efficiency by making better use of resources across health and social care, ensuring care is provided in the most appropriate cost effective settings, reducing duplication, eliminating waste and increasing the use of technology.
Service Transformation Objective	A GP population-based model of integrated primary and community health and social care pathways for all ages including mental health and learning	An outcomes based approach to urgent care in Herefordshire
Service Transformation Workstream	<p>Community Collaborative</p> <ul style="list-style-type: none"> • Integrated and co-ordinated multi -agency networks of professional and community resources, based around GP registered populations • Alignment and reshaping of the social work offer shifting to an outcome - based person - centred approach for those with eligibility and a community development approach for the wider population • Implementation of integrated personal budgets and switch to direct payments as the default for all existing and new adult social care and transition - eligible service users • Commissioning and implementation of a child health pathway including school nursing, health visiting, family nurse partnership and children's centres 	
BCF Pool and Scheme	Pool 1 – Scheme 1.2 Community Health and Social Care Redesign – Strategic Objective to deliver the right Community Health and Social Care services in the most appropriate way by reviewing the current menu and method or models of provision and implementing the changes required to achieve the transformation aims and objectives.	
Service Delivery in Scheme 1.2	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Falls Response Service</div> <div style="border: 1px solid black; padding: 2px;">Risk Stratification</div> <div style="border: 1px solid black; padding: 2px;">Hospital at Home</div> <div style="border: 1px solid black; padding: 2px;">Step Up/Step Down Community Beds</div> <div style="border: 1px solid black; padding: 2px;">Reablement</div> <div style="border: 1px solid black; padding: 2px;">Carers Support</div> <div style="border: 1px solid black; padding: 2px;">Community Health Services</div> </div>	
Service Delivery in Scheme 1.1	<p>Interdependent services and activities also within the scope of the service transformation and particularly the Community Collaborative Workstream and therefore working closely with this scheme are: the Integrated Urgent Care Pathway, Rapid Response Domiciliary Care, Community Equipment Service, Local Authority Reablement, Social Work & Care – Adults, Mental Health and Learning Disabilities, Occupational Therapists, Brokerage Support to facilitate urgent access to key services</p>	

Primary Care Co-commissioning



Quality Development


- Working with NHSE to support practices (minimal performance issues)
- Practice education / annual visit programme
- Practice Nurse development programme

Governance

- Seeking Level 2 (joint commissioning)
- Primary Care Strategy refreshed November 2014
- Co-commissioning strategy in development
- Constitutional changes outlined to Parliament - November 2014 (shared committees)
- Proforma submitted to NHSE by 30 January 2015

Approaches


- Exploring shared management resources across CCGs
- We will develop a collaborative approach to designing local solutions for workforce, IM&T and premises
- We will devise a Local QOF to ensure best outcomes for healthcare for the local populations
- Dovetails with the delivery of our five year strategy to deliver a seamless health and social care system
- Will be informed by the move to an outcome based commissioning approach.



Practice Profile
The Marches Surgery

October 2014 for the period August 2013 to July 2014

National NHS Planning Process



- **Annual Process**
 - All NHS bodies expected to submit refreshed 2 year *operational* plans
 - Sets financial rules and planning assumptions
 - Developed by NHSE, TDA and Monitor
- **Content & expectations**
 - Outlines content and areas of focus
 - Narrative refreshed and series of financial and performance templates
 - Assurance process by regional teams
 - Interdependency/triangulation with contract process and negotiations
 - Will build on existing plans e.g. BCF, transformation programme, 5 yr plan
- **Timelines**
 - Guidance issued late December 2014
 - Developed by NHSE, TDA and Monitor
 - Intention refresh of 2 year plan building on 5 year plans
 - Draft CCG narrative submitted mid February , final early April
 - Underpinned by performance and finance templates
 - Assurance process by regional teams

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Key elements of national guidance

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- Focus on (i) operational performance delivery, and (ii) how the NHS can begin to progress the Forward View.
- committed statutory NHS bodies to becoming more joined-up.
- Invites organisations to register their interest in various care models; and outline a intervention regime for systems in serious difficulty (Dalton review)
- sets out a plan to deliver a new deal for primary care
- describe next steps to implement the urgent and emergency care review, review maternity, mental health and cancer services
- Requirement to refresh plans for Improving Access to Psychological Therapies, dementia diagnosis, and services for people with learning disabilities
- introduction of new access standards for mental health as part of ambition to achieve a genuine parity of esteem between mental and physical health by 2020.

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NHS
England

NHS England : Update for Herefordshire HOSC

January 2015



Background to the NHS England Changes



- To ensure the organisation is clearer and focused on its core purpose and priority objectives.
- To build new capabilities for the organisation, which are critical for it to carry out its role as a commissioning organisation.
- To streamline and align the functions and structures which support the organisation to work more effectively across the national support centre, regions and area teams to minimise duplication and make more effective use of our resources.
- To revise the structures to deliver the necessary cost savings by April 2015, so NHS England can live within its budget for 2015/16.



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Until April 2015 we are in a period of transition



- We now have four **regional teams** and these will operate on a single level
- The new 12 **sub regions** are now integrated into these new regional teams
- A **central team** replaces the National Support Centre



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The new regional structures

North

- Cumbria and North East (Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees)
- Lancashire and Greater Manchester
- Yorkshire and the Humber (North Yorks and Humber, South Yorks and Bassetlaw & West Yorks)
- Cheshire and Merseyside (Cheshire, Warrington and Wirral & Merseyside)

Midlands and East

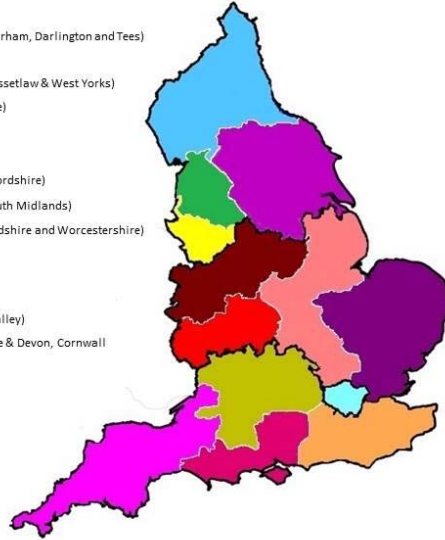
- North Midlands (Derbyshire and Nottinghamshire & Shropshire and Staffordshire)
- Central Midlands (Leicestershire and Lincolnshire & Hertfordshire and South Midlands)
- West Midlands (Birmingham, Solihull and Black Country & Arden, Herefordshire and Worcestershire)
- East (East Anglia & Essex)

South

- South Central (Bath, Gloucestershire, Swindon and Wiltshire & Thames Valley)
- South West (Bristol, North Somerset, Somerset and South Gloucestershire & Devon, Cornwall and Isles of Scilly)
- Wessex
- South East (Kent and Medway & Surrey and Sussex)

London

- London







West Midlands Sub-Region



Director of Commissioning Operations
West Midlands
Andrew Reed



Medical Director Kiran Patel	Director of Finance Brian Hanford	Director of Nursing Sue Doherty	Locality Director David Williams	Locality Director Karen Helliwell	Locality Director Vacant
					



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