

Sunderland CCG

Our journey so far....
2012/13-2016/17

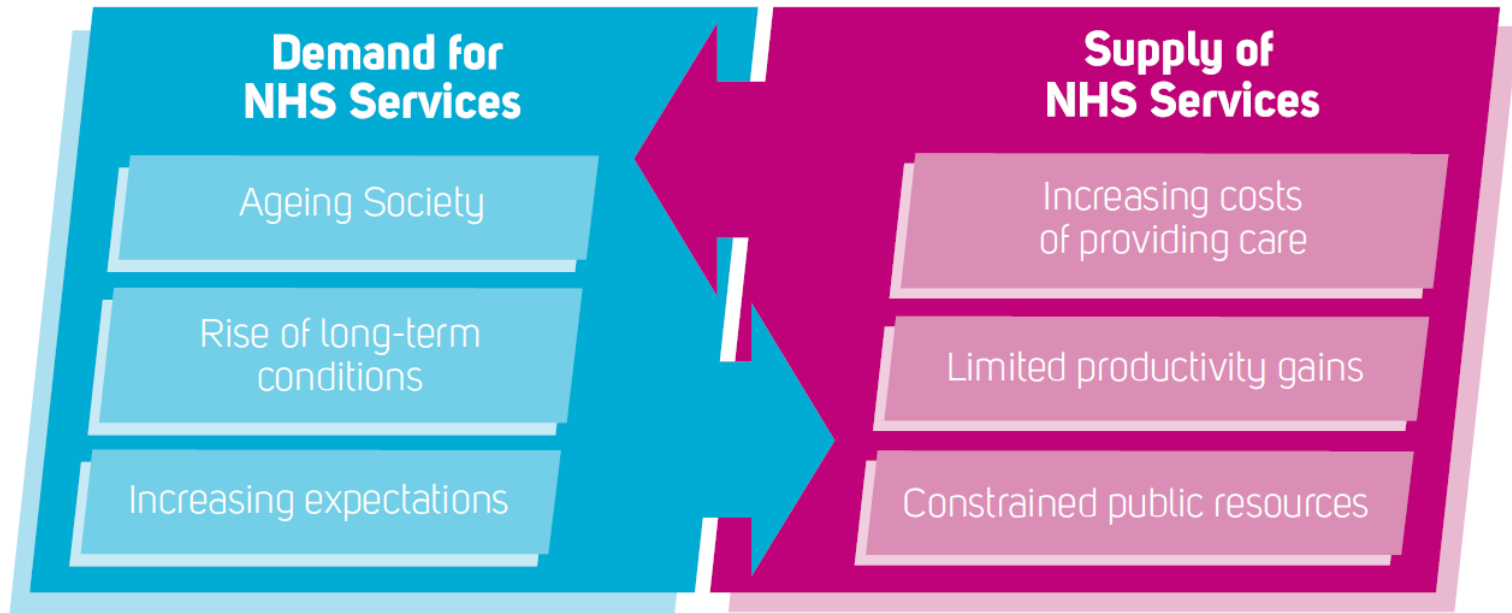


Introduction

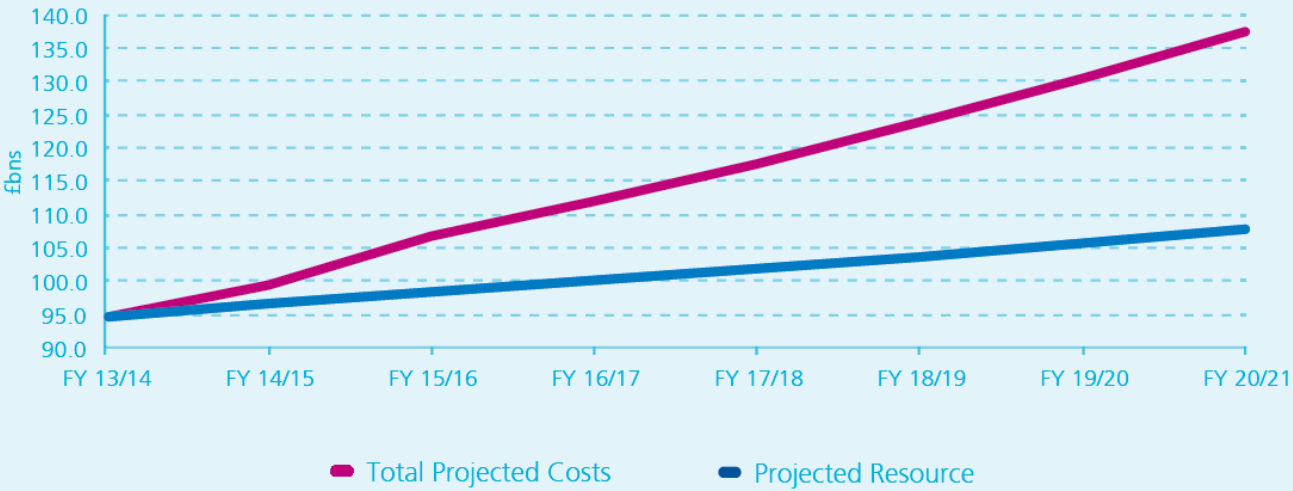
- 5 year plan from 2012-2017
- NHS Call to Action
- Now in 2nd year of Plan – revisiting our strategic objectives – your views
- Update on how far we have come and where we are now
- Challenges ahead
- Priorities for 14/15 & 15/16 – your views



Future pressures on the health service



Projected resource vs. Projected spending requirements



Source: NHS England



Fundamental Review of Allocations Policy

2013/14 Allocations & Indicative Targets

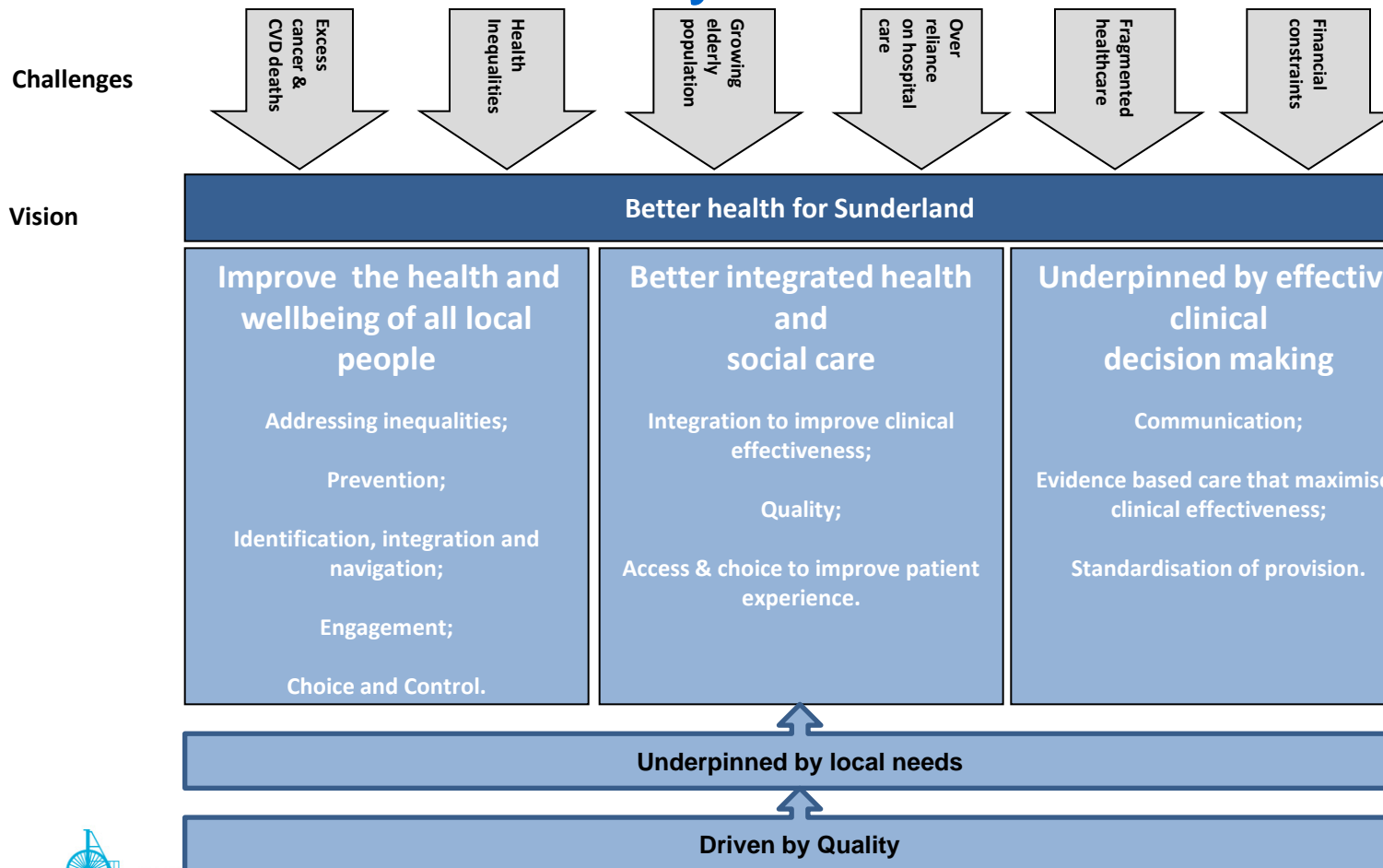
CCG	13/14 Allocation £.000	13/14 Target £.000	D.F.T £.000	D.F.T %	13/14 £ Head	13/14 Target per Head	Target Share of National Cake
South East Hants	210,343	244,570	(34,227)	(13.99%)	1.006	1.170	
Dorset	896,682	964,520	(67,838)	(7.03%)	1.169	1.258	
Gateshead	280,751	259,441	21,310	8.21%	1.361	1.257	
Newcastle N & E	170,135	165,320	4,815	2.91%	1.133	1.101	
Newcastle West	179,457	168,994	10,463	6.19%	1.377	1.296	
South Tyneside	222,276	203,122	19,154	9.43%	1.438	1.314	
Sunderland	408,290	366,602	41,688	11.37%	1.434	1.288	0.578%
North Tyneside	281,507	269,568	11,939	4.43%	1.309	1.254	
Cumbria	692,122	629,787	62,335	9.90%	1.317	1.199	
Northumberland	409,740	402,645	7,095	1.76%	1.275	1.253	0.635%
West London	329,236	240,485	88,751	36.91%	1.461	1.067	



CPM BEST BET! With P.O.C. VER 20	PLANNING ASSUMPTIONS FOR CCG 3/5 YEAR FINANCIAL STRATEGIES				
	2013/14	2014/15	2015/16	2016/17	2017/18
	%	%	%	%	%
CCG Allocation Uplifts	2.30	2.00	1.50	1.50	1.50
PACE OF CHANGE ADJ		-1.50	-1.00	-1.00	-1.00
TARIFF					
General Uplift	2.84	2.40	2.75	2.75	2.75
CQUIN Increase	0.00	0.00	0.00	0.00	0.00
Tariff Efficiency	-4.00	-4.00	-4.00	-4.00	-4.00
Net Tariff Impact	-1.16	-1.60	-1.25	-1.25	-1.25
Prescribing Uplift	4.00	4.00	4.00	4.00	4.00
Prescribing Efficiency	-4.00	-4.00	-4.00	-4.00	-4.00
Net Prescribing Impact	0.00	0.00	0.00	0.00	0.00
	<-----within current CSR----->		<-- new SR-->	<-----New Gov to Decide----->	
<p>We are aware the new Government agreed to honour the existing spending commitments for the NHS outlined within the last Comprehensive Spending Review (CSR). There is 1 more year left of the CSR i.e. 2014/15. The published plans for the CSR have NHS growth 2.7% in 14/15. As a consequence of this I have factored an assumed 2% average growth for 14/15 however this is shown as being reduced by 1.5% due to Sunderlands DFT on the new PBRA formula. The new SR gives health a 1.94% increase hence an assumption of average CCG growth of 1.5% mitigated by Sunderlands DFT. Allocations from 16/17 onwards will be for the new Gov to decide however an assumed health increase of 1.5% is factored into the plan. Tariff / efficiency for 14/15 is based upon the NHS Eng / Monitor consultation notice with similar levels factored into remaining years.</p>					



3 Goals – End state by 2016/17



Our Strategic Objectives

Strategic Objective
Play an active role in the delivery of the health and wellbeing strategy
Every practice to optimise screening and early identification opportunities
Integrated tiered approach to mental health across the whole healthcare system
Integrated urgent care response, easily accessible at the appropriate level
Improve quality of care for long term conditions across the whole system
Provide more planned care closer to home
Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guidelines
Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners



Health and Wellbeing Strategy

Objective	Why?
Play an active role in the delivery of the health and wellbeing strategy.	Many determinants contribute to good health and well being – not only health services e.g. housing; education.

- All 6 Health and Wellbeing Strategy objectives link to what the CCG is trying to achieve;
- Two objectives are the same as CCG strategic objectives (Long Term conditions & Urgent Care);
- Work is driven through the Unscheduled care board.



Urgent Care and Long Term Conditions

Objective	Why?
<p>Integrated urgent care (UC) response, easily accessible at the appropriate level</p> <p>Improve quality of care for long term conditions (LTC) across the whole system</p>	<p>Higher than average Emergency Admissions (EAs) and Readmissions</p> <p>Higher 0-1 day length of stays for EAs and LTC</p> <p>Public confusion</p> <p>More people living longer with LTC</p> <p>Ageing population and over time unaffordable hospital use for people with long term conditions</p>



Urgent Care and Long Term Conditions

Achieved so far	13/14 In Progress	Priorities going forward
	Enhanced GP service for Carers	Improve targeted services for specifically identified carers needs
Intermediate care (IC) single point of access	Extending IC single point of access	Extending IC single point of access
Public consultation on new Minor Injury Unit (MIU) and integrated A&E model	Agreed model including GP out of hours service - undertaking procurement	Open Houghton MIU, Mobilise GP Led MIUs and A&E hub
Piloted schemes to reduce emergency admissions e.g.: deep dive into mental health model in A&E	Piloted schemes to reduce emergency admissions e.g.: multi disciplinary pull hospital discharge scheme	Piloting further schemes to reduce emergency admissions
Successful GP in A&E pilot – will be part of new integrated A&E model.	Reviewing access to Primary care	? Outputs of access to primary care audit
	Agreed ambulatory care (ACP) pathway model with City Hospitals Sunderland FT(CHSFT) – need to implement	Embed Ambulatory Care pathways

Urgent Care and Long Term Conditions

Achieved so far (UC/LTC)	13/14 In Progress	Priorities going forward
	Review of the intermediate care beds across the city	
	Integrated community teams in five localities	Mobilise Integrated Teams
	Piloting Improving healthcare in care homes in the coalfields locality – nursing and GP	Improving healthcare in care homes in all localities
	Improving Emergency admissions pathways as a result of primary care peer review e.g.: Deep vein Thrombosis, cellulitis	
		Review integration of 111 with urgent care system



Mental Health

Objective	Why?
<p data-bbox="112 522 929 625">Integrated tiered approach to mental health across the whole healthcare system</p>	<p data-bbox="994 522 1402 568">Fragmented services</p> <p data-bbox="994 636 1649 682">Patient and referrer dissatisfaction</p> <p data-bbox="994 751 1234 796">Toxic culture</p> <p data-bbox="994 865 1615 911">Underdeveloped commissioning</p>



Mental Health

Achieved so far	13/14 In Progress	Priorities going forward
Agreed tiered mental health model of care with all stakeholders including ageless services & points of access to pathways.	Launch of mental health liaison in the general hospital.	Extend mental health liaison across pathways
Delivered significant efficiencies through negotiation of contract	Build new psychiatric hospitals – Hopewood Park & Monkwearmouth Centre for Dementia Care.	Mobilise new hospital and further reconfiguration of bed based services to support community developments
		Friends and Family Test by Dec 2014
Established memory protection service	Embedding memory protection service and case finding for dementia	Development of dementia friendly community with partners.
Established psychological therapy and counselling service in primary care. (IAPT)	Further extend access to primary care mental health services for people with long term conditions.	Improve access and waiting times for primary care mental health services.
Established Initial Response Team for urgent mental health needs. Link to 111.	Further development of shared hub & call centre technology.	

Mental Health

Achieved so far	13/14 In Progress	Priorities going forward
Improved Tier 3 & Tier 4 Children & adolescent mental Health services	Improve Tier 2 (CAMHS) services	
Increased physical health checks for people with learning disabilities	Increasing physical health checks for people with learning disabilities and severe mental health needs.	
	Improving community mental health pathways to support better care out of hospital.	Improved community mental health pathways for all conditions.
Suicide prevention strategy and directory of wellbeing support	Extension of Health Champions training to include mental health needs.	Emotional health and wellbeing linked to public health initiative
	In light of Winterbourne View – reviewed and agreed care packages for patients out of area	

Planned Care

Objective	Why?
Provide more planned care closer to home	Unsustainable levels of hospital activity. Patients not seen at right time or in right place Disjointed services Too much activity in hospital setting



Planned Care

Achieved so far	13/14 In Progress	Priorities going forward
	Agreed business case and procure services for people with acquired brain injury	Mobilise services for people with acquired brain injury
	Review and improve existing cardiac pathways including arrhythmia service	?
Developed and implemented 3 outpatient pathways	In process of agreeing 3 outpatient pathways for this year e.g. early arthritis, cardiology, urology	Peer review of pathways
	Developing an integrated musculoskeletal service e.g.: patients see right person, right place, first time) procure in 2014	Procure and mobilise the integrated musculoskeletal service
Delivered primary care in accordance with NICE (National institute for Care and Excellence) COPD(chronic obstructive pulmonary disease) standards e.g.: annual reviews	Delivered primary care in accordance with NICE COPD standards e.g. Extended COPD pulmonary rehabilitation service	Continue to increase capacity in pulmonary rehab and deliver assured spirometry
		Limited clinical value – work with localities to develop prior approval schemes
		Improved primary care response to Asthma to NICE quality standards

Prescribing

Objective	Why?
<p>Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guideline.</p>	<p>To ensure medicines used are clinically effective, safe and cost effective</p>



Prescribing

Achieved so far	13/14 In Progress	Priorities going forward
Agreed new specification and procured new medicines management provider to ensure optimum use of medicines	Developing the medicines management work plan for the new provider.	Development of more robust governance arrangements around medicines
Increase in repeat dispensing	Continue to increase repeat dispensing	Continue to increase repeat dispensing
Rollout of prescribing guidelines	Rollout of prescribing guidelines	Monitoring of prescribing guidelines – to reduce HCAI
	Procure service to optimise medicines for vulnerable patients	Implementation of contract for vulnerable patients
	More involvement in the development of new pathways and patient safety agenda e.g. Healthcare associated infections (HCAI).	Continue involvement of prescribing in the development of new pathways and patient safety agenda
		Engagement of health care providers in CCG medicines optimisation strategy.

Screening and Early Identification

Objective	Why?
Every Practice to optimise screening and early identification opportunities	Prevent people becoming ill wherever possible or where this cannot be prevented to initiate treatment as soon as possible



Practice Standards

Objective	Why?
<p>Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners</p>	<p>To reduce variation</p> <p>To avoid inappropriate referrals and emergency admissions</p>



**The NHS
belongs to
the people**

A CALL TO
ACTION

HOW CAN WE IMPROVE
THE QUALITY OF
NHS CARE?

HOW CAN WE
MEET EVERYONE'S
HEALTHCARE NEEDS?

HOW CAN WE
MAINTAIN FINANCIAL
SUSTAINABILITY?

WHAT MUST WE DO TO BUILD
AN EXCELLENT NHS NOW &
FOR FUTURE GENERATIONS?



Key questions for discussion

1. Do these still feel like the right long term objectives?
2. Consider the initial priorities for 14/15 in the light of where we have come and where we want to be in 2016/17. Do you agree? Are any significant priorities missing?
3. What is the best way to engage with you?



Gateway Process

- Process for service redesign;
- Preference to ideas which will help us to achieve our outcome aspirations;
- Two Stages – Project Brief >>>Business Case
- Reviewed at CCG Programme Board
- Contact PMO at sunccg.pmo@nhs.net



A copy of this presentation is available
on the SCCG website

www.sunderlandccg.nhs.uk/call-to-action



