NHS

Swale Clinical Commissioning Group

# Swale and DGS CCG Presentation

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- 1. What are your CCG's priorities?
- 2. What are your plans re integrated commissioning?
- 3. Patient centredness - where is the patient in all this and how are you reaching out to them?
- 4. If money is being saved in the system, what are your reinvestment plans?

# 1. What are your CCG's priorities?

## NHS Swale– Summary of our Priorities

1. **Reduce health inequalities** through tackling cancer, vascular and respiratory – To include: Reduction in numbers of people smoking; reduction in acute COPD admissions; earlier diagnosis and improving healthy lifestyles of hard to reach traveller community
2. **Improve the quality of life of people with LTC and complex health conditions** and their carers by improving access to supportive services, integrating care planning and giving them better information to manage their own care. – To include: Integrated health and social care teams (including Mental Health Primary Care Practitioners) working with GP practices on targeting patients to implement care plans and utilising PKB and AAT technologies; increasing diagnosis of patients with dementia.
3. **Improve care through integration of services especially for the frail elderly.** To include: Implementing a community geriatrician service providing rapid access support to GPs, Community Hospitals and integrated teams; Increasing the number of patients on end of life care registers and supporting care homes and GPs to enable patients to die in their place of choice; Development of GPs working in the SECAMB call centre; Development of a commissioner led integrated community service model for 2014/15; NHS 111 implementation
4. **Promoting wellbeing and mental health.** To include; -Providing Primary Care Mental Health workers / Dementia workers out with GP practices supporting integrated care planning and shared care protocols for adults with stable mental health conditions. Providing out-reach drug and alcohol workers to work with specific GP practices with concerns about patients addicted to benzo-related drugs; Improving access to CAHMS services; reducing waiting times for IAPT
5. **Transforming life chances for disadvantaged children**. To include: - Implement a new multi-agency intensive support team for disabled children with challenging behaviours; Provide multi-agency overnight short breaks for disabled children and their families; Develop a shared care model for patients with stable ADHD
6. **Improving access, choice, quality and value of services, in appropriate settings and where possible closer to Home.** To include: - Planned Care – Out Patient project with MFT and Medway CCG; Implementing Community Ophthalmology Service; MSK clinical pathway review; Implementing prescribing initiatives with GP practices

# NHS Swale Plan on a Page

| Strategic Priorities | Outcomes / Outputs | QIPP Programme Initiatives |
|---|---|---|
| Reduce health inequalities through tackling cancer, vascular and respiratory disease | 1,% Patients annual review: *(i.e. QoF blood & cholesterol)* - 95%<br>2. Unplanned admissions reduced by 20% from 2011 level<br>3.% people on the hypertension disease register who have had a face to face cardiovascular risk assessment - 50% | **Beats and Breathes programme raising awareness of healthy lifestyles and smoking prevention, including for hard to reach groups e.g. the gypsy and travellers community** |
| Improve the quality of life of people living with long term and complex health conditions and their carers by improving the quality, range and choice of services and giving them information to better manage their own health | 1.Reduction in non-elective long stay admissions by 335 by year end<br>2. 300 care plans developed for complex, high risk patients identified through risk stratification<br>3. Dementia diagnosis rate of 50% | **Integrated teams/risk stratification/ PKB / ATT**<br>**Dementia nurse support to practices**<br>**Review of diabetes/ HF/COPD clinical pathways to reduce GP referral variation**<br>**Patients Know Best**<br>**Community Stroke beds** |
| Improve care through integration of services especially for the frail elderly | 1.Reduction of 405 patients in non elective long stay admissions<br>2. Reduction of 125 short stay non elective admissions<br>3. Increase in the number of patients on the End of Life Register and with care plans by 25%<br>4. Transformational system wide change delivering increased and responsive integrated community services reducing emergency activity in Acute Hosp | **SECAMB – GP in Call Centre / Contract negotiations re CQUINs**<br>**NHS 111 implementation**<br>**Review of hospital at home service at MFT**<br>**Implement Community rapid access Geriatrician clinic and increased crisis support**<br>**Develop an service specification for implementing an integrated community service for 2014** |
| Promoting wellbeing and mental health | 1.Reduction in A&E attendances where there is a Mental Health diagnosis X%<br>2. Reduction of number of adults with a long but stable mental health condition (cluster 1,2,3) treated by KMPT secondary care | **Mental Health**<br>**CAMHs**<br>**Primary care mental health workers**<br>**Substance misuse – benzo prescribing** |
| Transforming life chances for disadvantaged children | Number of initial Health assessments completed within 28 days of Child becoming looked after (Statutory Requirement) – 95% | **Implementation of shared care arrangements (ADHD)**<br>**New Multi-agency intensive support services for disabled children** |
| Improve access, quality, value for money and choice of services in appropriate settings, and where possible closer to home | 1.5% reduction in Urology and Gynaecology new OP appointments<br>2.Reduction of 2374 Ophthalmology OP<br>3.100% of practice participation in prescribing incentive scheme | **Planned Care including Medicines Management**<br>Urology clinical pathway review<br>Gynae clinical pathway review<br>Ophthalmology COT implementation<br>MSK clinical pathway review<br>Meds Mgt schemes - **Primary care prescribing incentives & HCD review acute hospital** |

**Cross Cutting Themes**

- Ensuring that Quality and Safety drive service improvement
- Engagement of Public , Patients, Partners and Providers to deliver together
- Utilising Information Technology to enable improved health outcomes
- Ensuring Quality and the right skill mix of the Workforce

# 1. What are your CCG's priorities?

**NHS Dartford Gravesham and Swanley – Summary of our Priorities**

1. **Reduce health inequalities** – promoting prevention, improved identification and appropriate management of patients with CHD
2. **Improve the quality of life of people with LTC and complex health conditions and their carers** by improving access to supportive services, integrating care planning and giving them better information to manage their own care, including Increased numbers of patients identified through risk stratification by GP practices, receiving interventions and reducing A&E attendances and admissions for the over 65 years population
3. **Reduction in NEL and EL LOS at specialty level** to best practice levels
4. **Revised A&E admission criteria,** including agreement regarding threshold for admissions based on HRG review; and agreement for the model of care for patients requiring care for between 4 and 72 hours
5. **Revised model of intermediate care** including Integrated Community Health and Social Care Teams with a single point of access; and revised community hospital admission criteria to facilitate appropriate and swift step up / down;
6. **Clear model of community care in place** based on the service specification being developed in 2013.
7. **Reduced hospital admissions and attendances from Care Homes** – continuation of focus to ensure sustainable, and standardised EOL care within care homes
8. **Prescribing – reduced variation** and spend in key areas
9. **Plans of care based on intelligent, and appropriate, clinically agreed trajectory** centered on patient health profile and demography rather than just a reduction in activity and cost.
10. **Promoting wellbeing and mental health** including enabling patients to be supported and managed in primary care and community settings
11. **Transforming life chances for disadvantaged children.** To include – Implementation of a new multi-agency intensive support team for disabled children with challenging behaviours; Provide multi-agency overnight short breaks for disabled children and their families; Develop a shared care model for patients with stable ADHD

# NHS DGS Plan on a Page

**Vision**

- Ensure the healthcare system works better for patients, with a focus on right care, right time, right place.
- Safeguard vital services, prioritising patients' with the greatest health needs and ensuring that there is clinical evidence behind every decision.
- Improve or maintain quality whilst making efficient use of available resources

| CCG Goals | Kent Health and Wellbeing Strategy and Outcomes | Strategic Context | Transformational Change 2013/14 | | Links to National Outcome Measures | Underpinning themes |
|---|---|---|---|---|---|---|
| A focus on right care, right time, right place and right outcome<br><br>Prioritising patients with greatest health needs &ensuring clinical evidence behind every decision<br><br>Maintain and Improve Quality<br><br>Provide strong clinical and multiprofessional leadership across Health and Social Care<br><br>Deliver a Sustainable Health and Social Care System | **Priority 1:** Tackle key health issues where Kent is performing worse than the England average<br><br>**Priority 2:** Tackle health inequalities<br><br>**Priority 3:** Tackle the gaps in provision<br><br>**Priority 4:** Transform services to improve outcomes, patient experience and value for money<br><br>**Outcome 1:** Every Child has the best start in life<br><br>**Outcome 2:** People are taking greater responsibility for their health and wellbeing<br><br>**Outcome 3:** The quality of life for people with long term conditions is enhanced and they have access to good quality care and support<br><br>**Outcome 4:** People with mental ill health issues are supported to live well<br><br>**Outcome 5:** People with dementia are assessed and treated earlier | Second largest CCG in Kent<br><br>Over 50 languages spoken locally<br><br>Increasing – and aging - local population: increase in both 0-4 and over 75 age groups; plus longer term impacts of local housing developments e.g. Thames Gateway<br><br>A number of local wards are within the 20% most deprived areas in England<br><br>Higher prevalence of hypertension, hyperthyroidism, chronic kidney disease and obesity than England.<br><br>Higher emergency admission rate for diabetes, dementia and CHD than Kent and Medway<br><br>Key causes of death within DGS: Circulatory disease, cancer, respiratory disease | Urgent Care / Long Term Conditions (LTCs) | ➢ Implementation of Integrated health and social care teams<br>o *Supporting self management*<br>➢ Joint review of intermediate care services with social care, linking into Community Services Review<br>o *Implementation of new community model during 2014/15*<br>➢ Pulmonary rehab<br>➢ Redesign of dementia pathway<br>o *Increase diagnosis rates from 41% to 50%*<br>➢ Implementation of IBIS and implementation of alternative pathways to A&E<br>o *Increased use of alternative pathways to avoid unnecessary conveyance to A&E*<br>➢ Review of A&E model of care<br>o *Reduction in NEL admissions for key conditions*<br>➢ Whole system discharge planning review | **1. Preventing people from dying prematurely**<br>Increase in health checks<br>Reduced level of antipsychotic prescribing<br><br>**2. Enhancing quality of life for people with long-term conditions**<br>Increase in recorded prevalence of LTCs, increasing early diagnosis and improved case management – *local priorities: CHD registers / supporting people with LTCs*<br>Meeting expected level of dementia diagnosis<br>Effective whole system redesign in mental health resulting in patients being managed and supported in primary and community care<br><br>**3.Helping people to recover from episodes of ill health or following injury**<br>Improved pathways to reduce admissions and outpatient attendances in secondary care via review of acute model of care and pathway development<br><br>Improved access to urgent care, and a reduction in A&E admissions for key conditions<br><br>Helping older people recover their independence<br><br>**4.Ensuring people have a positive experience of care**<br>Improved efficiency and overall experience of outpatient pathways and services (streamline access)<br><br>60 % of patients to die in their usual place of residence (national target by 2015) – *local priority EoLC registers*<br><br>**5.Treating and caring for people in a safe environment; and protecting them from avoidable harm**<br>Reduction in variation for primary care prescribing and referrals to secondary care | **Quality:**<br>Ongoing commitment to embedding quality into commissioning via robust monitoring and review; and using CQUINs,to support sustainable transformational change<br><br>**Whole system engagement:**<br>Patient Participation Groups, Clinical Working / Delivery Groups<br>North Kent Whole System Board,<br>CCG / KCC North Kent Strategic Commissioning Group<br>North Kent Boards for Childrens Commissioning, Mental Health and Quality<br><br>**Workforce:**<br>Implementation / continuation of deployment of specialised staff e.g. dementia buddy scheme / primary care mental health workers<br><br>Identification of workforce needs to be included in community services review<br><br>**Information Technology:**<br>Development of clinically appropriate dashboards to enable performance and peer review, and to underpin commissioning decisions - including integration of public health, community, social services and other data.<br><br>Implementation of systems to support sharing of clinical information, including patient held records, via Patient Knows Best, EPacCCs, IBIS |
| | | | Planned Care | ➢ Ongoing joint development of best practice pathways in elective care (e.g. paediatric T&O referrals / urology)<br>o *Reduction in inappropriate referrals and variation*<br>➢ Review of ophthalmology services<br>➢ Repatriation of elective activity from London providers where clinically appropriate | | |
| | | | Mental health | ➢ Mental Health<br>➢ Continued focus on CAMHs<br>➢ Primary care mental health workers – continuation of pilot scheme | | |
| | | | Childrens | ➢ Implementation of shared care arrangements (ADHD)<br>➢ New Multi-agency intensive support services for disabled children<br>➢ Provide care closer to home by extending the West Kent Community Childrens nursing service to DGS | | |
| | | | Primary care & Meds Management | ➢ COPD case finding<br>➢ Use of risk stratification tools<br>➢ Working with Public Health to increase uptake of screening programmes e.g. health checks<br>➢ Reduction in prescribing of antipsychotics<br>➢ Review of specialised formula prescribing<br>➢ Implementation of shared care guidelines for melatonin | | |

# 2. What are your plans re integrated commissioning?

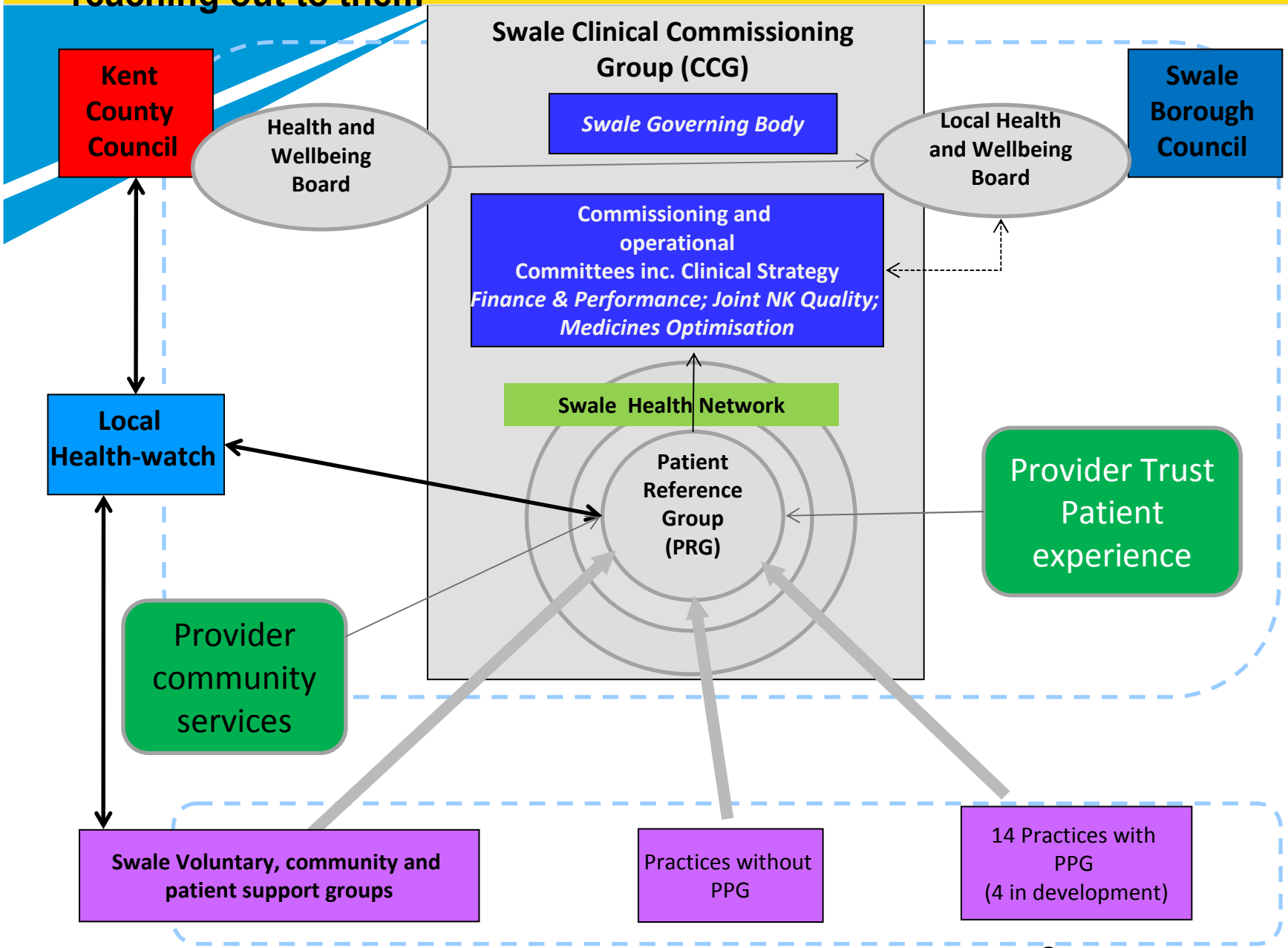
**Integrated Community Services Model.**

NHS Swale and NHS DGS are engaging with patients, public and providers to scope the requirements of an integrated community services model across North Kent for implementation in 2014/15. The objective is to fully identify the required integrated services specifications that will support patients to be managed at a higher level in the community and reduce the non elective ambulatory care activity in the acute hospitals. The programme will also review the contract arrangements that will include identifying options for a Lead provider / Alliance NHS Contract that will support the delivery of the acute activity reduction that will be assessed as part of the business case development. All providers have been put on notice that we are implementing this consultation with a view to tendering out for the service if we cannot deliver a local provider solution.

**Work in partnership to review current Integrated commissioned services and identify future opportunities including:**

- Mental Health
- Learning Disabilities
- Children services
- Carers
- Review of S.75 and S.256 agreements to agree continuation

# 3. Patient centredness - where is the patient in all this and how are you reaching out to them



# 4. If money is being saved in the system, what are your reinvestment plans?

Investments will be made in the following areas for DGS and Swale in the following areas:

- **Children** – community nursing models
- **Maternity Services** – best practice tariffs
- **Dementia model of care** and increase in identification of dementia patients and prescribing
- **Mental Health** – Primary Care Mental health Workers
- **Integrated community services** – single points of access, community geriatrician service (Swale) AAT
- **Planned Care pathways** including ophthalmology, diabetes, respiratory.
- **Prevention** – Beats and Breathes and general health inequalities working with Public Health
- **Demographic growth** of our population
- **Acute Hospital merger** support