City and Hackney
Clinical Commissioning Group

Plan on a Page

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Our vision for the City and Hackney health economy is:

- Patients in control of their health and wellbeing;
- A joined-up system which is safe, affordable, of high quality, easy to access, eliminates patient waste and improves patient experience;
- A collaborative approach to reducing health inequalities and premature mortality and improving patient outcomes;
- Getting the best outcomes for every £ we invest through an equitable balance between good preventative services, strong primary and community services and effective hospital and mental health services which are wrapped around patient needs;
- Services working efficiently and effectively together to deliver patient and clinical outcomes and providers in financial balance.

2 OBJECTIVE:

Reduce premature mortality

Reduce emergency admissions

Transform Primary Care Services

Safe high-quality hospital services

Address mental health needs

4 INTERVENTIONS:

Focusing on cardiovascular, liver & respiratory diseases and cancer, commission our providers to deliver:

- Earlier diagnosis and treatment;
- Social prescribing and integrated preventative services;
- Patients supported and empowered to embrace lifestyle changes which will impact on their health.

Use the Better Care Fund to:

- Ensure services and providers are working in unison to deliver patients' care plans and the system wide metrics we have set;
- Achieve better support and quality of life for people with long term conditions and mental health problems.

Commission the GP Federation to ensure capacity and capability to:

- Deliver proactive services to support integrated care in the community for those who are vulnerable or at risk;
- Maintain our demand management work;
- Ensure good access to high quality and equity of primary care provision, improving patient satisfaction;
- Ensure patients see primary care as their first port of call in and out of hours.

Support Homerton Hospital to deliver:

- Strong 7 day DGH services, meeting all performance standards, benchmarked best practice and achieving good outcomes;
- Services aligned to patient pathways across primary care and specialist services, ensuring minimal impact on DGH services and patient outcomes from redesigned specialist service models;
- Improved patient experience and satisfaction.

- Commission access to fast professional care and support to maintain recovery and independence;
- Support primary care development and education to deliver more community based provision and parity of esteem.

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Overseen by:

- Shared senior system leadership to define our ambitions, oversee delivery of objectives and implementation and impact of plans;
- Alliance contracts to align individual organisational and service responsibilities within a clear performance framework;
- Patient and clinical leadership of all initiatives;
- Transparency, bottom up engagement and honesty in line with our values.

3

Measured by:

- User, clinical and process outcomes for each service, contributing to and delivering system outcomes;
- KPIs across aligned contracts and tracking system -wide changes in activity and spend;
- Financial balance maintained and all providers remain viable and without significant performance concerns.

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Reducing Premature Mortality

WHY?

- We have worse mortality than London and the rest of England:
- CVD mortality rate is 89 deaths per 100,000 locally compared to 66 across England and cancer mortality rate is 142 deaths per 100,000 compared to 122 nationally.
- Life expectancy in males is 1.6 years lower in C&H than in England (with 3 years gap between the most and the least deprived in C&H).
- Our patients have told us they want more support, help and education to manage their conditions.
- 59% of people locally feel supported to manage their LTC compared to 69% nationally.

WHAT?

- We are investing £2m in a comprehensive programme to commission our GP practices to identify and diagnose patients at extended risk and to initiate treatment and management;
    - This will focus on people with, or at risk of, cardiovascular, respiratory or liver diseases;
- We will also commission our practices to offer an extended consultation on initial diagnosis, train our practice staff in improved consultation skills to ensure care plans are agreed with each patient and ensure more peer education and support is available for patients;
- We are commissioning a greater focus at Homerton Hospital on supporting and managing people with Long Term Conditions to join their work up with what our practices are doing. This includes introducing new services for people with LTCs to ensure these focus on improving quality and outcomes, (staff to review care plans when people are in hospital, improve communication about changes to care plans, link up patients with community education and support) and ensuring outpatient and diagnostic services will complement the work of our practices;
- We are investing a further £600k to extend our social prescribing scheme so that more GPs can refer more patients to healthy living and wellbeing interventions in the community and that our patients have better knowledge of the support available to them;
- We are working with our Local Authority Public Health commissioners to link up our plans as their work on tackling obesity, alcohol and smoking can make the biggest impact on reducing premature mortality;
- By spring we will develop a programme with our GPs, patients and partners to work out how we can improve early diagnosis of cancer and reflect the recent recommendations in the report of the Health in Hackney Scrutiny Committee.

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Reducing Emergency Admissions

WHY?

We have increased our focus on emergency activity as we want people to be cared for safely at home wherever possible and the new Better Care Fund gives an added impetus to this.

We appear to perform relatively well compared to London and the rest of England on the number of emergency admissions per 1000 people (on average 1950 emergency admissions per month). 17% of these admissions are in the over 75s and our rate of emergency admissions in the over 75s per 1000 people is greater than across London. Whilst we are ambitious to make improvements we don't believe there is scope to safely reduce these by more than about 2%.

Although this initiative won't save us significant amounts of money we believe it will make a difference for our patients in the quality of care and services they receive and in minimising unnecessary hospital stays.

WHAT?

- Our newly commissioned reablement and intermediate care service starts this spring which is a joint service between Homerton and social care and is aimed at providing one point of access and a rapid response to care for people safely in their homes;
- We have also commissioned a new £600k service in conjunction with our GPs and the London Ambulance Service called Paradoc which ensures a GP and paramedic can respond to an urgent call, visit the individual and ensure that there is support and care available to keep them at home and avoid having to go to hospital;
- We are also investing over £3m on commissioning our practices to identify vulnerable and at risk people to develop care plans with the individual patients and put these in place ,and undertake regular proactive home visits. We are investing in more staff in Homerton and our other community providers to ensure that they can wrap their staff and services around what our GPs are doing to ensure that strong clinically led multidisciplinary teams are delivering the agreed care plans of our patients;
- We are investing in an Observational Medical Unit at Homerton A&E to quickly treat patients referred by GPs with certain conditions and we are also commissioning a range of consultant advice lines and urgent clinics coupled with rapid access diagnostics so GPs can get a quick diagnosis and put a care plan in place for someone in the community;
- From the spring our practices, GP out of hours provider, and Homerton Hospital will be able to see the medical records that each has about our patients. This will really help improve care for people who present at Homerton or to CHUHSE as emergencies to make sure they get the right support.

Alongside all of this we already have a wide range of commissioned services which are all focused on helping people to be cared for in their home environment and these will become the focus of our Better Care Fund.

In association with our fellow commissioners of adult social care in our two Local Authorities we will use the Better Care Fund to support our providers to work together really effectively to care for as many people as possible in the community in line with their care plans, improve the hospital discharge experience and reduce any delays ,and support more people to die outside a hospital setting if that is what they want.

Whilst the Better Care Fund has a national focus on adults, locally we are also looking at emergency admissions for children to Homerton and have commissioned an expansion to the children's community nursing team to support more children and their parents in the community and support earlier discharge. We also want to develop a programme with Homerton to look at whether their community services for children could do more to avoid hospital admissions and manage more children at home. Over the next year we will have a particular focus on asthma and on supporting our practices to identify children at risk so that they can put In place the necessary support and care plans.

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Our Urgent Care System

WHY?

As well as our work on emergency admissions we are maintaining our focus on the wider urgent care system for our patients, recognising that at the moment a higher proportion of our residents access A&E for urgent care than elsewhere in London.

We are fortunate that locally the Homerton delivers really strong A&E performance for sick people but we need to ensure we have a good wider urgent care system both in and out of hours which meets the needs of our patients and that our patients see primary care as their first point of contact for all non-emergency issues both in and out of hours.

WHAT?

Last year we commissioned our new out of hours GP service from a new local GP led social enterprise - CHUHSE - and already have seen more people use the service. Over the next year:

- We will be investing in four practices across City and Hackney to open at the weekends and later in the evening to improve GP access for our patients;
- We are commissioning Homerton to help people who are using A&E and don't have a GP to register with a local GP and plan to extend this service to Hackney Service Centre so that more local people can register with our GPs;
- We have commissioned our GP out of hours provider to have community nurses working alongside them to provide more holistic care for our patients overnight and at weekends;
- We will be working with our Urgent Care Programme Board to think about how we could redesign the current PUCC service at Homerton to better meet the urgent care needs of our patients;
- We will be launching a big local campaign on how to access urgent care services, encouraging people to see their GP as their first port of call in and out of hours, and how to register with a GP.

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Transforming Primary Care services

WHY?

Many people believe that the current model of primary care needs to change and adapt to better meet the needs of people in the 21st century.

Locally we are fortunate to have a good range of well performing practices that have been commissioned to offer a range of extended services to support our patients and take forward our plans.

However we aren't complacent.

Our patients told us that they wanted a GP out of hours service they knew about and had confidence in - we addressed this and now have a new service run by local GPs.

Our patients are telling us that they are struggling in some cases to get access to primary care and are going to A&E to seek help, even when their practice is open and that there are differences between what different practices offer.

WHAT?

Our 44 member practices are developing a Federation. The precise model is still under discussion across the GP provider community but their plan is to create a GP-led not for profit umbrella organisation which can provide help and support to practices with the delivery of services and will give other local providers one organisation to talk to who can represent practices as we try to ensure the integration of local services. For commissioners we hope it will enable us to enter into contracts with one organisation who will ensure that all our patients can access the services we are commissioning from primary care and ensure uniform high quality standards and outcomes - we will be exploring this approach over the course of the next 12 months and how this progresses will help inform the delivery of our strategy in the medium term.

We will be commissioning the following new services from primary care:

- Extended evening and weekend opening hours in response to patient feedback;
- Duty doctor service to respond to urgent requests for support from patients and other providers;
- Identification of vulnerable older people, development and agreement of care plans, proactive home visiting service;
- Identification and early diagnosis of people at risk of coronary heart disease, respiratory disease and liver disease including access to support, advice and education and longer initial consultations;
- Managing people with mental health problems;
- Seeing each woman during her pregnancy and after delivery to ensure that her needs are being met;
- Focusing on proactively reviewing all children and ensuring that care plans are in place with a specific focus on the management of asthma and ensuring support is available to children and their families;
- Ensuring high quality prescribing practice.

Our GPs have also worked really hard over the last six years with consultants at Homerton Hospital to improve care for our patients, eliminate waste and make care as seamless as possible. We will be maintaining this focus through our clinical leadership work with Homerton, our Planned Care Board and our consortia by developing more pathways and improving access to diagnostic investigations .

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Safe high quality hospital services

WHY?

We want to make sure that the experience of our patients when they have to go into hospital is first class and that services are safe and of high quality.

Most of our patients use Homerton Hospital and we are fortunate that it is efficient with good standards and outcomes.

Patients have told us that they would like to see better join up between hospital services and primary care and a reduction in waste in hospital - wasted appointments where there isn't the information available to treat them, duplicate tests, poor communications.

These issues seem to be more of a problem at non-local hospitals - people are broadly complimentary about the services at the Homerton but feel that they have more to do around addressing feedback from patients and staff attitudes.

WHAT?

We will continue to work with Homerton to ensure that it stays a high performing organisation and that it can meet any new quality or performance standards which are introduced and can meet the challenges of ensuring great services seven days a week.

The three main areas of work for us over the next year are:

- Supporting the work which Homerton is doing to improve patient experience in some areas - particularly care of the elderly and post natal care - and linking up with the views of our patient and public involvement groups, Healthwatch, our GPs and other stakeholders to ensure that concerns are being addressed and patient satisfaction and empowerment is core to how Homerton - and other providers - design and deliver their services;
- Making sure that we are working with clinicians at the Homerton to monitor, investigate and learn the lessons from complaints, incidents, outbreaks of infection and any avoidable deaths;
- Working with our colleague CCGs to understand the implications of emerging models of specialist care commissioned by NHSE. We want to ensure that we have integrated pathways from presentation in primary care to hospital treatment and need to make sure that the NHSE reviews of specialist service provision across London do not worsen access, outcomes or quality for our patients nor destabilise any local services and pathways.

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Addressing Mental Health needs

WHY?

Our population have high mental health needs:

- 50% of all women and 25% of all men are affected by depression at some point in their lives;
- 4-5% of people have a diagnosable personality disorder;
- People with schizophrenia are likely to die 15-25 years earlier than others;
- Dementia affects 5% of all over 65s and 10-20% of the over 80s.

We appear to spend more money on mental health services than elsewhere in England and so we need to ensure that every £ is really addressing the mental health needs of our patients and really improving outcomes.

WHAT?

- We are just commissioning a new service at Homerton to ensure a rapid assessment of people with mental health problems in the hospital wards and in A&E and to help support safe and rapid discharge;
- As part of our work on parity of esteem, we have also transferred the management of some patients with mental health problems to primary care. Our clinicians have now agreed to take a further step - discharging more patients over the next twelve months and reinvesting the savings in an extended primary care mental health service;
- We are working with our Local Authority Public Health commissioners to align the health and wellbeing and prevention services they commission with our CCG plans;
- We are investing in community provision for dementia sufferers and their carers and are commissioning all our providers to increase the rate of diagnosis of dementia and ensure that advice and support is available to people diagnosed and their carers;
- We are investing in a training programme for community staff to recognise the symptoms of psychosis in order to enable swifter referrals;
- We will make sure that every patient with mental health problems has a recovery plan which has an introduction to benefits and employment support;
- We are continuing to commission shorter waiting times for psychological therapy assessment and treatment services and will commission an extended range of interventions.
- We have recently published a Joint Framework for CAMHS services to improve outcomes and promote early interventions.

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Responding to other things we have been told

WHY?

Our patient and public involvement groups who work with our practices and with our Programme Boards are an incredibly rich source of useful and powerful information about what we need to change and why.

We also spend a lot of time listening to the views of our 44 GP practices - they are in direct contact with our patients every day, work with local services and have a great understanding of what's actually happening "on the ground".

WHAT?

So we are making lots of other changes - which don't fit neatly into the other headings but are just as important if we are to meet our vision of making a difference for our patients.

We will:

- Spend about £500k to commission a range of innovative ideas to respond to what our patients told us needed to change at our “Call to Action" event last November. We are currently developing the ideas with our patient representatives and working out how best to commission them. Once we have our list we will let you know what we are doing and why;
- Improve the way that wound dressings for our patients are provided and managed in the community. We think there is a lot of waste and duplication and the current service isn't as responsive to the needs of our patients as it ought to be;
- Commission a better spread and availability of diagnostic tests for patients in the community - blood tests, spirometry, ECG amongst others;
- Commission a new community based service to test people for glaucoma and monitor the results which should result in fewer trips to hospital for check ups;
- Improve the way that people with pain and those needing joint surgery are cared for and treated - we think we could really streamline the pathway and better join up services so our patients don't need as many trips to hospital, provide much better information to our patients, and improve overall quality and satisfaction;
- Continue to develop and review pathways with Homerton for a range of conditions to maximise the role of our practices and improve patient information;
- Develop a new pathway for the antenatal care of vulnerable women and work with colleagues to develop an improved offer for our 0-5 year olds.