

INVESTMENT PLANS



City and Hackney
Clinical Commissioning Group

CONTEXT

- At the September 2013 CCG Board meeting it was agreed to establish a Prioritisation Sub Committee to consider investment proposals developed by CCG Programme Boards to take forward CCG commissioning plans
- The members of the Sub Committee are
 - Jamie Bishop (Chair); Christine Blanshard; Clare Highton; Gary Marlowe; Paul Haigh; Philippa Lowe; representatives from Hackney and COL Healthwatch; Ash Paul (LBH Public Health consultant)
- The Sub Committee met on 6 December 2013
 - At this meeting an initial sift of proposals was undertaken, reviewing these using a prioritisation framework to assess impact
 - Agreed that initiatives should deliver CCG outcomes and improve quality, innovation or deliver recurrent commissioner savings
 - The Sub Committee agreed further work was needed to address these points and feedback was given to Programme Boards



- The Sub Committee met again on 7 February
 - At that meeting revised proposals were considered and it was agreed to
 - Endorse investment in 2014/15 of £9.8m with a further £7.2m year 2 spend in 2015/16 – details outlined in the Appendix
 - Ask the CCG Chair, Chief Officer and Chief Finance Officer to take delegated responsibility to endorse final service specifications and contractual arrangements
- A report will be made available to the Board in September to update on implementation
- The Clinical Executive Committee will review impact of each scheme by Programme Boards in May/June 2015
- It is noted that the Sub Committee should meet again in April/May to consider any further investment proposals (given that some were deferred as needing more work)



FRAMEWORK

- The Prioritisation Sub Committee agreed the following framework for investment
 - Approved initiatives would be funded for 2 years on a non recurrent basis to ensure that impact of the schemes can be assessed
 - All initiatives to be implemented with a contract with the lead provider covering
 - A clear service specification outlining clinical, process and patient outcomes expected to be delivered
 - KPIs by which performance will be assessed and payment made
 - Each initiative to have “impact markers” – ie where commissioners expect to see reductions in spend.
 - All proposed contracts with practices as providers are subject to the scrutiny of the CCG Audit Committee



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SUMMARY OF INVESTMENTS

OBJECTIVE	SUMMARY OF SCHEMES AND YEAR 1 SPEND
Reducing premature mortality	Long term conditions contract to increase prevalence and treatment – 950k Extension of Social Prescribing project – 605k Extension of Homerton COPD team – 143k
Empowering patients	People in control patient education programme - £310k – subject to revised business case in April Innovation fund to take forward public Call to Action priorities- £400k
Improving urgent and emergency care	PARADOC – GP and paramedic home visiting service – 615k Extended access and duty doctor arrangement in practices – 1825k Additional out of hours centres – 20k Non clinical navigators in A&E – 285k Community nursing support to out of hours service – 163k
Improving care in the community	Proactive home visiting service to vulnerable patients – 788k Integrated care and support to vulnerable patients – 1500k Supporting provider collaboration to reduce emergency admissions - 700k Medical reviews during pregnancy to identify at risk women -250k Identifying and supporting vulnerable children and tackling asthma – 820k Commissioning a community glaucoma screening service -200k Improving wound management services -100k
Improving hospital services for people with Long term conditions	Pulmonary rehabilitation for people with heart failure – 35k
Improving mental health services	Transferring more MH patients to community care and commissioning enhanced support – 70k (project management to implement a proposal which is expected to be cost neutral)
Improving prescribing	A range of initiatives to improve prescribing practice -553k

