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City and Hackney
Clinical Commissioning Group

OUTLOOK FOR THE NEXT 5 YEARS

OUR PLANS

September 2014

SUMMARY

1

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, saves patients' time and improves patient experience;
- Everyone working together to reduce health inequalities and premature mortality and improve 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 **BIG THEMES:**

3 **PLANS:**

Reduce premature mortality

Focusing on cardiovascular & respiratory diseases, people with mental health problems and people with 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.

Manage demand

- 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;
- Commission better support and quality of life for people with long term conditions and mental health problems;
- Ensure practices have the capacity & time to support & care for people in the community given the increasing demands they are facing.

Develop primary care and community services

- Commission the GP Confederation to deliver population coverage, uniform high quality standards & outcomes in primary care;
- Commission One Hackney providers including the voluntary sector to join up their services & work more closely with practices and patients & explore whether an Accountable Care Organisation would be a robust future delivery model;
- Ensure patients see primary care as their first port of call in and out of hours;
- Maintain our demand management & audit work with Homerton to align clinical behaviours.
- Work with our partners to develop an integrated offer for early years which supports everyone to get the best possible start in life.

Safe high-quality hospital services

Support Homerton Hospital to deliver:

- Strong 7 day DGH services, meeting fair, benchmarked performance standards and achieving good outcomes;
- Services aligned to patient pathways across primary care & specialist services, ensuring minimal impact on local DGH services, patient access and outcomes from redesigned service models;
- Improved patient experience, satisfaction and information & join up our IT systems.

Address mental health needs

- 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.

4

Overseen by:

- Our CCG Board & 2 HWBBs debating & making decisions which affect City & Hackney transparently & in public;
- Our Programme Boards working with patients & clinicians to affect change on the ground in line with our constitution;
- Closer collaboration with Public Health commissioners in the Local Authorities;
- Our providers working in unison under "One Hackney" aligning individual organisational and service responsibilities to deliver shared outcomes;
- Our clinical senate generating ideas & debating & influencing clinical behaviours;
- Co-commissioning with NHSE & other CCGs;
- Organisation leaders meeting & working together for the good of City & Hackney.

5

Measured by:

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

INTRODUCTION

- We are setting out the clinical ambitions we have to improve things for our patients in City & Hackney.
- We are not a financially challenged health economy and so we don't need to develop heroic plans to balance our books.
- We face the same challenges though as everywhere else in the NHS with the prospect of little financial growth and possible changes in the future to how much money we receive for health services for our patients. The CCG is lucky to have sufficient financial headroom to make strategic investment to improve services and quality and test out whether what we are commissioning is really making a difference on the ground. This is a unique and highly privileged position which means we need to focus relentlessly with our patients, clinicians and stakeholders on where we need to improve things, how to do so, and ensure that we "think like a patient but act like a taxpayer".
- We continue to liaise with other CCGs in North East London to ensure that we can understand the impact of any service changes that they are proposing for either our patients or on the Homerton Hospital.
- Having listened to our patients and our practices, looked at how we and our providers benchmark against elsewhere we have agreed 5 big themes that we want to tackle together.

BIG THEMES

Our plans fall into 5 areas

- Reducing premature mortality
- Managing demand
- Developing primary and community services
- Ensuring safe high quality hospital services
- Addressing mental health needs

The following pages outline:

- Why we need to address each of these
- What we are going to do

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City and Hackney
Clinical Commissioning Group

REDUCING PREMATURE MORTALITY

WHY?

- We have worse premature mortality than London and the rest of England:
- CVD mortality rate locally is 89 deaths per 100,000 compared to 66 across England and cancer mortality rate is 142 deaths per 100,000 compared to 122 nationally.
- Life expectancy in males is 1.5 years lower in C&H than in England (with 4.4 years gap between the most and the least deprived in C&H).
- People with mental health problems die 20 years before the comparative population;
- Our patients have told us they want more support, help and education to manage their conditions;
- 62% of people locally feel supported to manage their LTC compared to 65% nationally and this has improved over the last year;
- We are in the top fifth for most measures of clinically effective management of LTC in London.

WHAT?

- We've heard from our patients that they want to be in control of their health and decisions about their health - so we are using our Innovation Fund to commission a range of new services suggested by our patients, including more peer support, education, advocacy and information and we have exciting plans to work with clinicians at Homerton to improve patient information and decision aids;
- We are working hard on parity of esteem – supporting our practices and providers to treat the whole person and address their physical health needs, not just their mental health problem.
- We have invested over £2m in a comprehensive programme to commission our GP practices via the Confederation to identify and diagnose patients at risk of diabetes, cardiovascular, respiratory or liver diseases and to initiate treatment and management;
- We have also commissioned our practices to offer an extended consultation on initial diagnosis and training our practice staff in improved consultation & care planning skills;
- 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– hospital staff reviewing care plans when people are in hospital, improving communication about changes to care plans, and linking up patients with community education and support
- We have invested a further £600k to extend our social prescribing scheme with the voluntary sector so that more GPs can refer patients to healthy living and wellbeing interventions in the community and our patients have better knowledge of the support available to them;
- The biggest impact on premature mortality will come from tackling poverty, increasing exercise and from reducing obesity, alcohol use and smoking. We are working with our Local Authority Public Health commissioners to join up plans to ensure that together we can have the biggest impact;
- We are working with our GPs to support earlier cancer diagnosis and access the range of advice and diagnostic services we commission – although the biggest impact on cancer mortality will be from the Local Authority's work on stop smoking and encouraging patients with symptoms to contact their GP.

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City and Hackney
Clinical Commissioning Group

MANAGING DEMAND

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 1750 emergency admissions per month). 20% 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?

We are very conscious that demand to see GPs has doubled in the last fifteen years and we need to support practices to manage this alongside the increasing workload from more services and care outside hospital.

Our main strategy is to ensure that practices have the capacity – both time and manpower – to care for people in the community and to offer a rapid response and consultation service when needed and that they are supported by a range of community services working together to help them

- We are investing nearly £4m in practice based integrated care which commissions our practices to develop care plans with our vulnerable and at risk patients, put these in place and undertake regular proactive home visits. This also funds more staff at Homerton, the Local Authority and in our other community and voluntary sector 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 care plans set by our patients;
- We expect our plan to improve the quality of services in the community, reduce hospital emergency bed days, delayed discharges and readmissions & support more people to die in their own home if that is their wish;
- Our newly commissioned reablement and intermediate care service is starting 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

And we already have a wide range of commissioned services which are all focused on helping people to be cared for in their home environment. These will become the focus of our Better Care Fund. Our clinicians believe these new services will improve the quality of care for our patients but we are cautious about setting an ambitious target of how much hospital based activity they might save due to the limited evidence base for this.

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.

City and Hackney
Clinical Commissioning Group

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 our A&E attendance rate is 10% higher than across 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 38% more people use the service. Over the next year:

- We will be investing in our practices to extend their opening hours to improve GP access for our patients in an attempt to discourage people from using A&E as their first port of call
- We have also commissioned a new £600k service in conjunction with our GP Confederation 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. So far it has seen over 500 cases and only 14% of these ended up going to A&E;
- We have invested 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 start treatment fast;
- All our practices work with Homerton and other partners to develop care plans with patients who frequently attend A&E;
- 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 have extended this service to Hackney Service Centre to encourage more local people to register with our GPs;
- We are commissioning Homerton to identify people attending A&E with mental health problems & develop care plans for them;
- 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 are working with Homerton, London Ambulance Service and our GP Confederation to improve how information is shared about our patients' care plans and ensure that emergency services follow these;
- We are investing in more services to make hospital discharge smoother & in more community services for people who are at the last stages of life;
- Our Urgent Care Programme Board is working with Homerton and our practices to think about how we could redesign the current Primary Urgent Care Centre (PUCC) service to better meet the urgent care needs of our patients

Now we have such a wide range of services in place our priorities are to make sure the services work together to address patient needs and link up with primary care, that patients can articulate what they want their care plans to look like and that we are supporting clinical behaviour which results in care for as many people as possible in the community.

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City and Hackney
Clinical Commissioning Group

DELIVERING PRIMARY & COMMUNITY 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 and they are now working together as a Confederation.

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 43 member practices have formed a GP Confederation which is a GP-led not for profit umbrella organisation, providing help and support to practices with the delivery of services and giving other local providers one organisation to talk to who can represent practices as we try to ensure the integration of local services. We now contract for additional services from our member practices via the GP Confederation – this means we just have one contract with one organisation that is responsible for supporting practices to ensure uniform high quality standards and outcomes and ensure population coverage – ie so that all our patients can access the services we are commissioning from primary care irrespective of which practice they are registered with.

We are already commissioning the following new services from primary care:

- Extended 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 diabetes;
- Access to support, advice and education for everyone with a long term condition and longer initial & care plan review consultations;
- Proactively reviewing & 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 with long term conditions 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.

To complement this and ensure integrated pathways and provision we hope we will be allowed to take formal responsibility for co-commissioning primary care with NHSE via our Health & Wellbeing Boards.

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 have low out patient referral rates and we will be maintaining this focus through our clinical leadership work with Homerton, our Planned Care Board and our consortia by developing more pathways, eliminating steps in the patient pathway which don't deliver patient benefit and improving access to diagnostic investigations. Our 6 commissioning Consortia are the bedrock for how our GPs work together to discuss & develop primary care clinical behaviour & deliver education & support.

Our local providers across the NHS and voluntary sector (including the GP Confederation) have also come together under the "One Hackney" umbrella to join up their services, work more closely with our practices and take collective responsibility for delivering specific outcomes. We are keen to explore with them whether this could develop into an Accountable Care Organisation to better coordinate care for our patients.

We are starting some work with our partners over the next few months to develop an integrated service offer for vulnerable parents & children to ensure that we can identify their needs, wrap services around them to address their needs and get them the best possible start in life. Whilst we have spent a lot of time focusing on the needs of our elderly population we now need to address the needs of our growing young population.

City and Hackney
Clinical Commissioning Group

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 – particularly Barts Health where our GPs are also concerned about the delivery of some services.

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 six 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;
- Ensuring hospital services abide by NICE standards and participate in national audits. We are also very active in supporting local joint clinical audits of our clinical pathways & clinical behaviour;
- 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;.
- Ensuring that we continue to have strong local pathways for people with cardiac and cancer diseases which link in with the new specialist centres being developed at Barts Health and UCLH;
- Understanding the plans of our fellow CCGs to improve the quality of services across Barts Health and the implications of any changes for both City and Hackney patients and for the Homerton.

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City and Hackney
Clinical Commissioning Group

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 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 have commissioned 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 to help manage patients in the community;
- We are commissioning our practices to ensure they have the skills, capacity & time to provide the support that people with mental health problems need in the community;
- 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;
- We are commissioning an extended mental health service to meet the needs of patients admitted to Homerton with mental health problems and those who attend A&E.
- We are expanding the popular service we commission with the Tavistock & Portman to support people with unexplained medical symptoms& complex medical problems which have underlying mental health issues.

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 43 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 are:

- Developing a new pathway for the antenatal care of vulnerable women and working with fellow commissioners and partners to develop an improved offer for our 0-5 year olds.
- Improving the way that wound dressings for our patients are provided and managed in the community and developing a new service for lymphpoedema. We think there is a lot of waste and duplication in the current dressings service which isn't as responsive to the needs of our patients as it ought to be;
- Commissioning a better spread and availability of diagnostic tests for patients in the community - blood tests, spirometry, ECG and anticoagulation amongst others;
- Commissioning 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;
- Improving 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;

FINANCIAL STRATEGY

- Our plan maintains our 2013/14 £27.2m roll forward as headroom through the next 5 years;
- We will use our strategic investment reserves and internal resources non-recurrently to invest in change where it will deliver patient benefit for City & Hackney; these reserves also maintain our recurrent headroom against risk;
- All investment proposals are considered by our Prioritisation and Investment Sub-Committee using a prioritisation framework;
- Where evaluation shows that our new investment has delivered the improvements we expect and is sustainable, we will fund the services recurrently;
- Our plan supports the continued viability of our main providers Homerton, ELFT, CHUHSE and GP Confederation;
- We base all our decisions on evidence base and benchmarks, in line with our constitution, and our plans are grounded in clinical reality and making a difference on the ground and are all clinically led & supported – therefore we have not made heroic assumptions and our QIPP plans are cautious and deliverable;
- Our plan allows for headroom to cover downside risks such as funding formula change, demographic change and activity risk and we are full members of a risk share agreement with other East London CCGs – Waltham Forest, Newham and Tower Hamlets;
- We will continue to lobby with our partners for a fairer funding formula that reflects deprivation and meets the needs of an inner urban population.

Financial Summary of SPG plan

Revenue Resource Limit

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recurrent	347,625	352,977	364,918	371,250	377,362	383,578
Non-Recurrent	10,266	27,232	27,200	27,000	27,000	27,300
Total	**357,891**	**380,209**	**392,118**	**398,250**	**404,363**	**410,878**

Programme Expenditure

Acute	175,006	181,273	179,253	183,096	187,726	192,280
Mental Health	48,166	48,428	48,269	49,934	51,160	52,367
Community	37,141	37,295	37,672	38,842	39,829	40,800
Continuing Care	10,564	10,697	10,998	11,391	11,680	11,965
Primary Care	36,361	41,850	43,088	44,502	45,885	47,312
Other Programme	16,983	23,732	36,112	33,584	30,600	28,364
Total Programme Costs	**324,221**	**343,275**	**355,392**	**361,350**	**366,880**	**373,088**
Running Costs	6,540	5,920	5,926	5,943	5,959	5,974
Contingency	-	3,814	3,800	3,957	4,224	4,416
Total Costs	**330,761**	**353,009**	**365,118**	**371,250**	**377,063**	**383,478**

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) - cumulative	27,130	27,200	27,000	27,000	27,300	27,400
Surplus/(Deficit) %	7.6%	7.2%	6.9%	6.8%	6.8%	6.7%
Net QIPP	-	5,426	6,803	2,000	2,000	2,000