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NHS
Rotherham
Clinical Commissioning Group

NHS Rotherham CCG Commissioning Plan 2015/16

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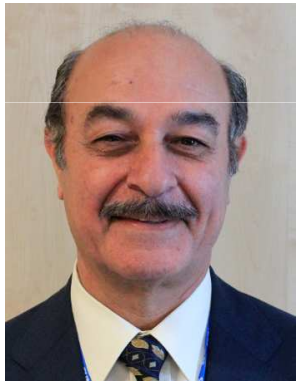

Your life, Your health

Introduction to Presentation (1)

The 2014/15 Commissioning plan is available on the intranet

http://www.rotherhamccg.nhs.uk/our-plan.htm

For 2015/16 we will refresh the plan rather than do a complete re-write

The following presentation concentrates on key priorities in last years plan

- Unscheduled care
- Mental health
- Clinical Referrals
- Medicines management
- Transforming community Services
- Maximising partnerships including GP Co-commissioning, partnerships between acute hospitals and the Better Care Fund with RMBC

CCG transformation capacity is finite so it is important that if new initiatives are prioritised some exiting initiatives are stopped

Introduction to Presentation (2)

The presentation has background information on the priority areas, followed by suggestions for changes, slides in this colour on pages 7,8,11,15,18,24 & 30

Feedback from localities will go back to the SCE GP responsible for the different areas to produce the draft refreshed plan for GP members Ctte on 17 December

As well as the areas disused in the presentation there are many other areas covered in the full plan, these include commissioning areas such as Children, EOLC and patient transport, CCG responsibilities such as quality & safeguarding and support functions such as finance and IT.

As well as feedback through localities please send any additional feedback back on the ccg email address

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Clinical Referrals

Clinical Referrals, Medicine Management & Mental Health

Clinical Referrals

7. Improving care pathways
8. Efficient follow-ups

Medicines Management

9. Increase quality, efficiency and reduce variations across 36 practices
10. Six service redesign projects

Mental Health

4. Parity of Esteem
5. Fundamental review of investment outcomes and role of providers
6. Improve Dementia services

2014/15 Progress and Issues

Clinical Referrals

- Early 2014/15 data show referrals & electives rising after 2 flat years
- Audit programme & feedback via PLT working well, TRFT starting medical directorate 'PLT'
- Follow up audits failing to identify many opportunities to reduce follow ups

Medicines Management

- Cost growth currently on track
- 33 out of 36 practice plans agreed
- Service redesign projects performing well but some risks re TRFT re-organisation
- Waste!

2015/16 Proposals

Clinical Referrals

Similar priorities – improve quality of pathways while keeping within affordable trajectories

- Develop a “Plan B” for the increase in referrals
- Monitor and address issues with “other referrals”
- Closer involvement of CCG in the development of RFT medical pathways
- Improve access to neurology and develop appropriate pathways
- Bench Marking for GPs to improve quality and consistency
- Development of pathways to provide advice on access to blood tests and imaging.
- Explore opportunities for self care and non face to face consultations
- Explore the market for primary care based Dermatology and Diabetes services.
- Develop the prevention agenda with Public Health England

2015/16 Proposals

Medicines Management

Same priorities plus realising the benefits of electronic prescribing (decreased waste)

Address the high admission rate for respiratory conditions and prescribing rates

Consider local and national risk of reducing waste

Address waste in term of general waste and in particular nursing home waste

Plan for the risk to special projects due to TRFT restucturing

2014/15 Progress and Issues

Mental Health & LD

- 3 reviews carried out (Adults, CAMHS and LD)
- LD – following consultation will implement the decision taken at 3 Sept Governing Body
- Action plan for RDASH services due to be agreed in Sept/October, common messages agreed, includes being minding to ct with RDASH as main provider but investing QIPP in voluntary sector or general practice
- Adult & Older peoples mental health liaison service most urgent issue
- Issues with partnership working

2015/16 Proposals Mental Health

Adults & Older People

Implement action plan including; Improved data & pathways, Adult mental health liaison, primary care focussed model, improved IAPT, improved dementia services

- Increase the number of mental health patients on the case management programme.
- Develop a dementia pathway with more focus on Primary Care and “one stop shops”
- Involve the voluntary sector on the dementia pathway
- Improve RDASH communication with stake holders and providers
- Support RDASH management of change
- Obtain patient experience of instances of poor service in respect of long waiting times and poor communication.
- Parity of Esteem and 7/7 working
- Long term impact of child sexual exploitation
- Learn from CRMC referral pathway work
- Address the acute management of the physical health of mental health patients
- Address the variations in mental health care (IAPT/Dementia)
- Extend Community Transformation to include IAPT and Dementia
- Measurable outcomes

2015/16 Proposals Mental Health CAMHS & LD

CAMHS

Ensure that 2014/15 improvements are maintained and that the extra consultant improves capacity

Impact of Child sexual exploitation

Learning disability

Evaluate the impact of GB approved ATU/community investment decision

Unscheduled Care & Transforming Community Services

1. Urgent Care redesign
3. Care Coordination Centre
11. Transforming Community Services – Locality Based Nursing
13. Increased Use of Alternative Levels of Care to Hospital

Transforming Community Services

Priority 1:	A better quality community nursing service
Priority 2:	Integration across health and social care
Priority 3:	An enhanced Care Coordination Centre
Priority 4:	Utilisation of alternative levels of care
Priority 5:	A Better governance framework

2014/15 Progress and Issues

- New service model agreed for community nursing
- Locality nursing teams serving GP practice populations
- Extend Care Coordination Centre hours to 24/7
- Development of the supported discharge care pathway
- Reconfiguration of the Community Unit to support frail elderly
- Discharge to assess (D2A) care pathway for CHC patients
- Commissioning of specialised nursing home beds for D2A and winter
- New governance framework in place for community health services

2015/16 Proposals

- Development of locality based health and social care teams
- Development of an Integrated Rapid Response Service
- Integration of the Care Coordination Centre with Rothercare
- Introduction of integrated telehealth and telecare packages
- Extend use of Care Coordination Centre to support case management
- Clarify arrangements for medical cover in alternative levels of care
- Primary care engagement in performance management framework

2014/15 Progress and Issues Emergency Centre

2014/15 – The plan

- Set up a project management structure
- Work up capital scheme options, undertake options appraisal and work up scheme – capital development to be completed by July 2015
- Design and agree service model and workforce – understand training implications
- Finance due diligence work, running and capital costs
- Work up business case for approval
- Service model to go live July 2015

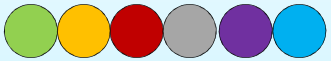
2014/15 Progress Emergency Centre

- Governance structure for project management in place
- Service model designed and work underway to establish patient flow pathways
- Capital development designed and planning permission approved. Capital scheme proposed includes adaptions to the existing A&E department and a cost of £12m
- External review from the emergency care intensive support team
    - Service model is innovative, safe, provides a quality service to Rotherham residents and makes the best use of resources
    - Review of workforce to staff the service model undertaken for each of the scenarios which may prevail
- Finance and Contracting discussions on-going.
- Draft IT service spec being firmed up
- Business Case for Approval
    - TRFT board - 31st October 14
    - CCG Governing Body - 5th November 14

2015/16 Proposals/Next Steps

1. Agree finance and contracting arrangements
2. Commence with Capital development
3. Continue service model development – testing out pathways at simulation events and ratifying via CRMC and MH QUIPP group
4. Develop pathway back to GP practices and implement
5. Procure, develop and implement IT system
6. Implement workforce development strategy to move away from reliance on locum cover
7. Develop clear transition arrangements and monitor progress
8. Robust strategy on culture change to be developed and implemented
9. Establish regular clinician to clinician meetings
10. Implement communications strategy a) public campaign b) internal coms across organisations

Maximise Partnerships & Primary Care



14. Better Care Fund

-incorporating GP Case Management and additional investment in care outside hospital (2 and 12)

15. To effectively align secondary and primary care plans, with NHS England *(co-commissioning of primary care and specialised services)*

16. To deliver 'working together' in collaboration with other CCGs

Better Care Fund

2014/15 Progress

- No new money
- £23m total fund (£13.5m health/£9.5m LA) to a single pooled budget for health and social care services to work more closely together supporting adult social care services
- 15 agreed schemes within the plan (see list, the schemes include GP Case Management)
- BCF plan contributes to 4 of the strategic outcomes of the H&WBS
- Rotherham recognised as one of the top 15 plans nationally
- On track for the resubmission of plans by 19 September
- BCF now incorporates the schemes from the investment in care outside hospital

Better Care Fund

2014/15 Issues

- Nationally expected to see a 3.5% decrease in non elective admissions within the plan, Rotherham's ambition is 0% as a result of the significant reduction (10%) over the last few years
- Nationally expect 'benefits' to be attributable to BCF – but BCF is one part of the overall commissioning plan and we need to ensure the picture is not 'skewed'
- Capacity to deliver on the 15 agreed schemes and to meet ongoing reporting requirements
- The 2nd evaluation event for the additional investment in care outside hospital is arranged for 22 October. As part of BCF, continuation of funding is a joint decision, the main criteria for evaluation is to demonstrate impact on hospital admissions

Better Care Fund

2015/16 Proposals

- Implement the revised plan agreed and submitted on 19 September
- Continue to work in partnership with RMBC
- Agree realistic timescales for the 15 schemes and ensure capacity to deliver

GP Case Management

2014/15 Progress

- Currently 6687 active care plans
- 35 out of 36 practices are signed up
- Inclusion of 75 and over health check- 1410 completed

2014/15 Issues

- Range of uptake across Rotherham from 0.1% to 5%
- Capacity of practices to deliver this
- 35 different methods of delivery- wide disparity in uptake of supporting services
- Complexity of IT systems to support

2015/16 GP Case Management

- Continued funding of the service for at least 5 years with possible amendments to how it is delivered
- Annual evaluation

Better Care Fund

The following is feedback from the SCE/GP session on 3 September:

General Comments

- It has been a difficult Journey – but the pain has gone and the outcome is good.

Risks identified

- The outcome of the non recurrent event on 22 November
- Ability to demonstrate reductions in non electives
- Relationships
- Ensuring reductions in social care are not picked up by health

Suggestions

- Enhance joint commissioning arrangements to increase capacity i.e. officers not schemes
- Consider further areas for joint work, e.g. continuing healthcare, as the work matures.

Align secondary & primary care plans, with NHS England

(co-commissioning of primary care and specialised services)

2014/15 Progress

- NHS England have asked CCGs to express interest in co-commissioning primary care
- It is also expected that CCGs will be asked to take a greater role for the commissioning of some specialised services

2014/15 Issues

- Should we move towards being a 'one' place commissioner
- Finances will need to be delegated to CCGs from NHS England
- CCG will need to review staffing structures and governance arrangements if it wishes to proceed with co-commissioning

2015/16 Proposals

- The CCG proposes to co-commission primary care from 1 April 2015
- Further information regarding specialised co-commissioning is expected from NHS England in October 2014

Align secondary and primary care plans, with NHS England

(co-commissioning of primary care and specialised services)

The following is feedback from the SCE/GP session on 3 September:

General comments

- Strong support for commissioning GPs, optometrists and pharmacies but further consideration would be needed in relation to dentists
- Prefer early engagement where there is more opportunity to influence
- Important to have local input as the Area Teams get fewer
- Protect against impact on CCG reputation by making sure other CCG priorities are not affected – challenge is not to break a good CCG
- Integrate primary care with other CCG priorities
- Agree an SCE GP lead
- Learn/buddy with other CCGs such as Hull, North Derbyshire and Scotland
- Primary care contract issues must be dealt with by officers and lay members (not GPs)
- Set out the benefits to patients within our plan
- Makes sense once all issues are addressed – right direction of travel

Align secondary and primary care plans, with NHS England

(co-commissioning of primary care and specialised services)

The following is feedback from the SCE/GP session on 3 September:

Risks

- Conflict of interest
- Financial resources
- Capacity issues
- Governance issues

Benefits

- Rotherham has a good track record of investment in primary care
- Optometrist and pharmacist input to CRMC would be valuable
- Better value from local enhanced services
- 'One Place' commissioner
- No duplication
- Yorkshire & Humber area team would not be accessible for GPs
- Protect Primary Care funding in Rotherham

Deliver ‘working together’ in collaboration with other CCGs

2014/15 Progress

- 8 CCGs and the Area Team as commissioners of Primary care and Specialised Services have initiated a programme of work to collaborate on key priorities (smaller specialities, paediatrics, stroke)
- SYCOM agree a PID in February 2014 and programme director recruited in April 2014 to work with each commissioning partners
- Project Initiation Documents have been agreed for three of the four clinical priorities
- Good progress made to date with three of the four work-streams
- Following agreement to take forward the Children’s Work-stream jointly with provider colleagues a joint document has been produced which will be shared and discussed at the joint meeting on 5 September

Deliver 'working together' in collaboration with other CCGs

2014/15 Issues

- Identify shared resources to deliver projects between CCGs
- The Out of Hospital work-stream has been placed on hold pending further details of phase two of the National Urgent Care Review

2015/16 Proposals

Over the next 12 months, to continue to deliver the four agreed key priorities:

- Acute Children Services
- Acute Cardiology & Stroke Services
- Smaller Specialties (Specialty Collaborative)
- Out of Hospital (currently on hold)

Deliver 'working together' in collaboration with other CCGs

The following is feedback from the SCE/GP session on 3 September:

General Comments

- People will be supportive if the work is presented in the right way
- Need to ensure early, appropriate public consultation and engagement is addressed
- Is the children's project moving at sufficient pace
- Could CAMHS be looked at on a wider footprint?
- Make sure all services are not centred in Sheffield

‘Working Together’: Collaborative Footprint