

Warwickshire Shadow Health and Wellbeing Board

24 September 2012

Report from Rugby Locality – Development of Coventry and Rugby CCG's Commissioning Plan 2013-14

Recommendations

- (1) That the Shadow Health and Wellbeing Board notes the plans and progress made by Coventry & Rugby CCG in developing a commissioning plan for 2013-14
- (2) That the Shadow Health and Wellbeing Board endorses the identified commissioning priorities to date as outlined below

1.0 Introduction

- 1.1 Coventry and Rugby CCG is currently developing its commissioning plan for 2013-14. (See Appendix A for the process being followed). This process began with two workshops attended by GP members of the CCG and public health and local authority colleagues in July and August 2012. The workshops used the two JSNAs for Coventry and for Warwickshire to inform the discussion, as well as key background papers such as the Arden Cluster System Plan. The output of the second workshop is summarised in Appendix B.
- 1.2 The identified commissioning priorities will be issued to providers by 1st October 2012, and the draft commissioning plan will form part of the CCG's authorisation submission in November. There will be ongoing consultation with CCG members and stakeholders, and the draft plan will be reviewed in the light of the NHS Operating Framework in December, to produce a Final Commissioning Plan in February 2013.

2.0 Priorities and Initiatives

- 2.1 Following the workshops with GP members and stakeholders CRCCG have identified the following commissioning priorities for 2013-14:
 - Primary Care Quality and Safety
 - Frail Older People
 - Well-being in Mental Health
 - Best practice in Acute Hospital Care
 - Healthy Living and Lifestyle Choices

2.2 The following were identified as proposed CRCCG QIPP Initiatives for 2013/14 subject to scoping and further work with local authority colleagues:

- Re-ablement
- Dementia
- Care Homes
- Alcohol related illness
- CAMHS
- Neurological rehabilitation

2.3 In addition CRCCG will work to support the following public health priorities for 2013/14:

- Smoking cessation
- Sexual Health
- Infectious Diseases
- Obesity
- Mental Wellbeing
- NHS Health Checks
- Making Every Contact Count

2.4 These selected priorities clearly link to the Warwickshire JSNA priorities. Much more information will be available in the first full draft of the commissioning plan which will follow shortly.

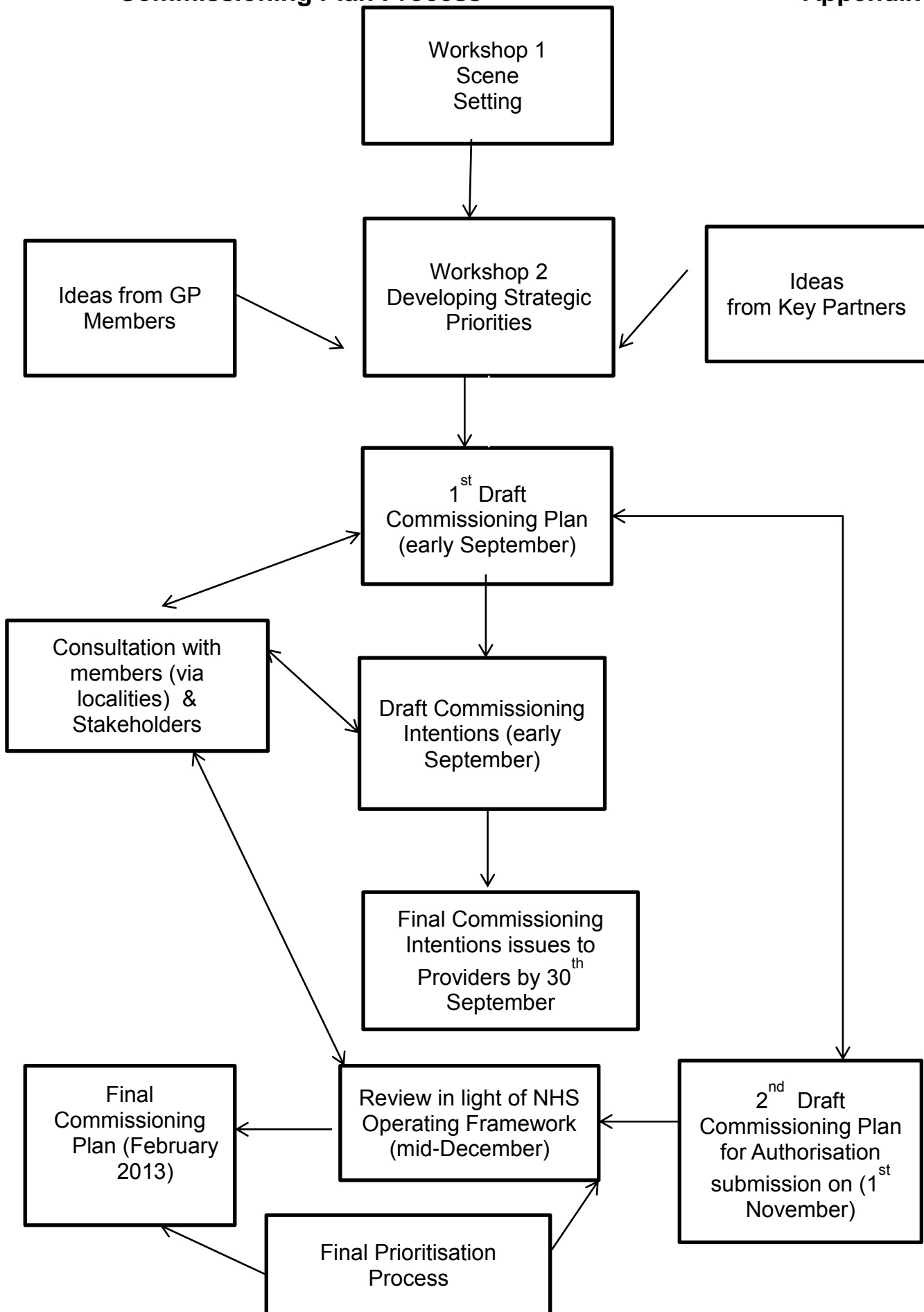
3.0 Timescales associated with the decision/Next steps

3.1 The full draft of the CRCCG commissioning plan will be available for comments by key stakeholders including members of the Health and Wellbeing Board by the next scheduled meeting in November.

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Commissioning Plan Process

Appendix A



1) Draft CRCCG Commissioning Priorities for 2013/14

Appendix B

	What we want to do	How will measure our success
Primary Care Quality & Safety	<ul style="list-style-type: none"> • Supporting Practices to improve through access to comparative data, the sharing of best practice and peer support; a particular focus being on the pro-active management of long term conditions • Improving Practices awareness of other local health services and their access criteria • Continue to develop the new Integrated Primary & Community Care Teams and explore the opportunity to incorporate social workers and CPNs. 	<ul style="list-style-type: none"> • All CRCCG member Practices secure an improvement in their Quality Outcomes Framework (QOF) scores • Reduction in the number of CRCCG Practices achieving lowest quartile QOF scores • All CRCCG member Practices secure an improvement in their Quality Prescribing dashboard • The national patient survey shows an improvement in satisfaction with Primary Care services across Coventry & Rugby • Improved patient satisfaction with support received from new teams (local survey)
(Frail) Older People	<ul style="list-style-type: none"> • Ensure the new Integrated Primary & Community Care Teams appropriately skilled and trained to actively case manage individuals with multiple health problems. • Commission more integrated end of life services • Consider the case for specialist gerontology assessment spanning the acute/community interface' • Take action to reduce the high incidence of Fractured Neck of Femurs and ensure access to appropriate rehabilitation 	<ul style="list-style-type: none"> • An increase in the proportion of people on the integrated community team caseload with an agreed care plan. • An increase in the proportion of people supported to die at home • A reduction in the number of older people who are admitted to hospital as an emergency with an ambulatory care sensitive condition • A reduction in the proportion of older people whose stay in hospital is delayed for non-medical reasons • A reduction in the average duration before mobility is regained following a Fractured Neck of Femurs

Well-being in Mental Health	<ul style="list-style-type: none"> • Work with Coventry & Warwickshire Partnership Trust to develop a local mental health service that is more primary care facing and supports shared care models. • Improve Access to Psychological Therapies (IAPT): uptake by minority and hard to reach groups, waiting times and numbers completing their treatment programme • Improve the mental health and well-being of people with long term physical conditions • Reduce waiting times for CAMHS assessment and treatment. 	<ul style="list-style-type: none"> • Increased GP satisfaction with mental health service support (as measured by a survey of local GPs). • An increase in the numbers of people completing a course of ‘talking therapies’ treatment • An increase in the numbers of older people (>65yrs) and people from BME communities accessing talking therapies • An increase in the numbers of people with COPD and Heart Failure accessing ‘talking therapies’ • Reduced waiting times for CAMHS services
Best Practice in Acute Hospital Care	<ul style="list-style-type: none"> • Improve communication and integrated practice between health agencies/health practices to ensure timely and effective discharge and post-discharge support • Support Acute providers to implement Enhanced Recovery pathways thereby minimising the time that elective patients need to spend in hospital • Continue to promote Digital by Default initiatives thereby reducing, where clinically appropriate, the number of times that patients need to attend hospital 	<ul style="list-style-type: none"> • A reduction in the average length of stay for patients admitted to hospital for elective surgery. • Improvements in patient satisfaction with their discharge arrangements as measured by the annual patient survey • Improvements in patient satisfaction with their out-patient care as measured by the annual patient survey
Healthy Living and	Public Health lead agency - see Section 3 below	

Lifestyle Choices		
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2) Proposed CRCCG QIPP Initiatives for 2013/14 (subject to scoping and in addition to continuance of 2012/13 QIPPs)

Several of these require LA collaboration

	What we want to do	How will measure our success
Re-ablement	<ul style="list-style-type: none"> Improvements in the proportion of older people who were successfully supported to remain at home following a hospital stay Reduce the numbers of people admitted into long term residential care each year 	<ul style="list-style-type: none"> Proportion of patients who return home following re-ablement support Rate of new Continuing Healthcare placements per 10,000 population
Dementia	<ul style="list-style-type: none"> Improve early detection rates Improve access to CBT during the early stages of the disease Offer enhanced support to Carers to reduce the risk of breakdown of family support and hence delay the need for residential care 	<ul style="list-style-type: none"> Increase in numbers on GP dementia registers An increase in the numbers of people with early stage dementia completing a course of 'talking therapies' treatment Increase in the number of carers breaks available to those caring for someone with dementia
Care Homes	<ul style="list-style-type: none"> Through improved in-reach, reduce the number of emergency admissions to hospital from care homes (including End of Life) 	<ul style="list-style-type: none"> Reduction in the number of emergency admissions from care homes Increase of the number of care home residents with an advanced care plan Reduction in the number of infection control incidents in care homes
Alcohol related Illness	<ul style="list-style-type: none"> Reduce the number of Alcohol related hospital admissions 	<ul style="list-style-type: none"> Reduction in the number of wholly and largely Alcohol attributable emergency admissions

		<ul style="list-style-type: none"> Reduction in the number of Alcohol 'frequent flyers' attending A&E
CAMHS	<ul style="list-style-type: none"> Increase early intervention in childhood conduct disorder 	<ul style="list-style-type: none"> Increase access to appropriate therapy programmes Reduction in Tier 3 and 4 CAMHS activity
Neurological Rehabilitation	<ul style="list-style-type: none"> Ensure effective community based rehabilitation services and so reduce hospital lengths of stay 	<ul style="list-style-type: none"> Reduction in Neuro Rehab bed days Reduction in average cost of Neuro rehab
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

3) How CRCCG will support Public Health Priorities for 2013/14

Requires further discussion with Public Health colleagues.

	Public Health Priority	CRCCG Contribution
Smoking Cessation	<ul style="list-style-type: none"> Increase the numbers of people who quit smoking. 	<ul style="list-style-type: none"> Encourage GP promotion of smoking cessation services
Sexual Health	<ul style="list-style-type: none"> Improve access to all forms of contraception, particularly LARC methods. 	<ul style="list-style-type: none"> Encourage GP promotion and delivery of long acting contraceptives
Infectious Diseases	<ul style="list-style-type: none"> Increase early detection of HIV through increased testing in both primary care and via acute medical admissions at UHCW Increase levels of Flu vaccination each year, in those groups at risk of complications 	<ul style="list-style-type: none"> Encourage GP promotion of HIV testing Increase Flu vaccination rates for CRCCG Practices
Obesity	<ul style="list-style-type: none"> Focus on pregnant women and children, to prevent overweight and obesity developing at an 	<ul style="list-style-type: none">

	early age and therefore prevent health problems associated with obesity from developing.	
Mental Well Being	<ul style="list-style-type: none"> Encourage Providers (including Primary Care) to work with patients to improve mental well-being through self-help and leading a healthy lifestyle. 	<ul style="list-style-type: none"> Contractual levels with Providers Encourage GP promotion of the 10 steps to Mental Well-being
NHS Health Checks	<ul style="list-style-type: none"> An increase the proportion of eligible patients receiving an NHS Health Check and appropriate follow-up care. 	<ul style="list-style-type: none"> Encourage GP promotion and delivery of NHS Health Checks and appropriate follow-up care
Making Every Contact Count	<ul style="list-style-type: none"> Ensure appropriate opportunities in the delivery of primary care services and all commissioned services are realised in providing advice and support in relation to healthy lifestyles. 	<ul style="list-style-type: none"> Contractual levels with Providers Ensure good uptake of appropriate training for Primary Care staff