

BETTER HEALTHCARE FOR EVERYONE

Vision **To build relationships with patients and our communities to improve health, transform care and make the best use of resources**

Values **Committed Listening Innovative Empowering Responsive Collaborative Equitable**



Aims	Objectives	QIPP 2013/14	QIPP 2014/15	QIPP 2015/16	Outcomes that will be achieved by 2016	National Outcome Framework	JSNA	JHW Strategy
To build relationships with patients and our communities	Improve communication between organisations and professionals	*	*	*	Number of complaints from our member practices regarding transfer of clinical information reduced by 50%	4		
	Co-ordinated services for dementia patients and their carers		*	*	100% of Dementia patients and their Carers have access to a Dementia Navigator	2	*	*
	Prevention of admission for the frail elderly through integrated Health and Social Care	*	*	*	The number of over 75year olds admitted to Hospital reduced by 10% and their LOS will be comparable to top-quartile performance	2	*	*
	Support individuals to die in their place of choice	*	*	*	80% of our population who are on an EOL Pathway will have their preference for place of death recorded We will have improved our identification of those in their last 12 months of life and given our demographics we will have 0.8% of our population on the EOL pathway at any time	2		*
	Develop a thriving engagement network	*	*	*	Through our engagement activities with local communities, especially those hard to reach groups we will have reduced paediatric admissions to hospital by 10%	2	*	
To improve health and reduce health inequalities	Improve the management of Long Term Conditions	*	*	*	Reduce the number of Hospital admissions for ambulatory sensitive conditions to top quartile performance	2	*	*
	Improve the choices made by pregnant women			*	100% of pregnant women will be offered an assessment for smoking, alcohol use and obesity and helped to adopt a healthy lifestyle	1	*	*
	Stop the trend of Increasing alcohol related admissions	*	*	*	Stabalisation of the growth we are experiencing for alcohol related admission rates	1	*	*
	Improve the physical health of vulnerable adults and children			*	Increase the number of people with Learning Disabilities and Mental Illness accessing Health Checks	1	*	*
	Reduce the unplanned variation in Primary Care quality and prescribing	*	*	*	Reduced variation between our practices in referrals and prescribing spend to achieve top 5% performance All GPs and Practice Nurses trained in Safeguarding by the end of 2013/14	4 5		*
To improve the quality of care and transform services	Improve the access to Mental Health Services through improved communication between professionals		*	*	The satisfaction of patient accessing MH services will improve by 2% All of the South Warwickshire population will have appropriate access to Early Intervention Mental Health Services (IAPT)	4 2	*	*
	Reduce avoidable harm	*	*	*	Avoidable pressure sores will be eradicated and the number of HCAI will reduce year on year	5		*
	Improved patient experience	*	*	*	Acute Hospital patient satisfaction will increase by 5% Patients will have access to information relating to clinical outcomes in order to make informed choices (NHS Choices)	4		
	Reduced variation in clinical outcomes			*	Our Providers will perform at national average or better for Clinical Outcomes that are measured nationally	4		*
	Improve the quality of care of Nursing Home residents	*	*	*	Number of patients admitted to Hospital from Nursing and Residential Homes will have reduced by 30%	2	*	*
To make best use of our resources	Providers will have reduced unnecessary steps in their processes	*	*	*	Length of Stay will be in line with top quartile performance	4		
	Adherence to NICE and other evidence based guidance	*	*	*	We will have mechanisms to ensure that high cost drugs are clinically indicated	5		*
	Optimise Continuing Health Care spending	*	*	*	High cost Out of Area Packages of Care will be regularly reviewed The number of patients accessing CHC will be in line with peer group average and we will be assured we are getting value for money from CHC providers	2 2		*
	Commission services within our resource envelope	*	*	*	We will achieve our financial control target each year			*



Committed

Listening

Good quality primary care but we need variation and strive for excellence in management of Long Term Conditions. We want to keep people well and out of the dependent category for as long as possible

Our Non-Elective admission rate is in line with our peer group but its is growing. The pressure that the frail and elderly are placing on the system requires us to commission new more integrated services that will allow professionals to manage these very complex patients in the community. This will improve the quality of service and the experience of patients and their carers

In order to release top

Innovative

Empowering

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...e resource by striving for
...o quartile performance in
...elective care, prescribing

Innovation in service delivery will be driven through improved engagement with stakeholders and our communities. Our service delivery options for the future will need to be more create and build on the social capital available in our communities

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Collaborative

Equitable



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