

Agenda Item: 5.2

Report to:	Clinical Commissioning Group Committee
Date of Meeting:	22 March 2013
Subject:	Securing Sustainable Services Programme – Hull Update (March 2013)
Presented by:	Julia Mizon, Director of Commissioning and Partnerships
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STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>

PURPOSE OF REPORT:

The Securing Sustainable Services Programme (SSSP) has now been on-going for 12 months. The programme began under the management of the PCT Cluster Executive with the remit of ensuring that Health and Social Care partners worked together to secure sustainable services across the sectors and was able to ensure delivery of approximately £200 million of savings over the next 4 to 5 years.

The attached report provides an update on the work within Hull that has been identified as part of the SSSP.

The four work-streams covered in this update are:

- ✓ Dementia
- ✓ End of Life
- ✓ Long Term Conditions
- ✓ Unplanned Care

There are two further SSSP work-streams:

- ✓ Care Homes – integral to the four work-streams above
- ✓ Local Public Sector Efficiency Group (LPSEG) – specifically focussed on back office support transformation.

Given that the PCT Cluster will cease to exist after 31st March 2013, and as there has always been an acknowledgement in Hull that the areas of focus within the

SSSP were clearly identified as priorities within the NHS Hull CCG Commissioning Strategy, it is appropriate that the SSSP is managed by CCGs. Work has commenced, with all stakeholders, to agree future arrangements - a workshop event was held in October 2012 to agree 'Where Next?' for the programme with the following actions and agreements being made:-

- ✓ That partners remain committed to the principles of the programme and wanted to continue to work together to understand each others' challenges and work together to meet them
- ✓ To participate in a visioning event together to look forward to what Health and Social Care will look like in 5 years and 20 years time
- ✓ To secure robust programme management arrangements for both the current and future work-streams which will ensure realistic and achievable milestones, saving targets and quality targets are set and met
- ✓ That clinical leadership continues throughout the programme, with Dr Palumbo supported by the Chief Officer of Hull CCG as the Chair of the SSSP Steering Group/Board
- ✓ To agree a pooling arrangement for funding work-stream programme management. The principle of pooling was agreed and a discussion on the amounts to be pooled is to take place at the next Steering Group meeting.

RECOMMENDATIONS:

1. That the CCGC notes the content of the update paper in relation to the SSSP progress in Hull,
2. That the CCGC supports the next steps for the SSSP, and
3. Notes that all decisions with regard to the implementation of the work-stream recommendations would need approval of the CCG Committee in due course

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

**CCG STRATEGY
NUMBER
REFERENCE**

**ASSURANCE
FRAMEWORK
REFERENCE
NUMBER**

This programme of work is complimentary to the NHS Hull CCG Commissioning Strategy and supports the delivery of the QIPP agenda across the health and social care partnership.

This programme of work is part of the actions to ensure that risks to the delivery of the Commissioning Strategy are identified, minimised, mitigated and managed.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Financial impacts of projects are set out in work stream business cases. The delivery of QIPP savings is dependent on the successful delivery of SSSP work-streams and NHS Hull CCG transformational programmes within the Commissioning Strategy.
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HR	Any impact in terms of HR will be set out in the work stream business cases.
Quality	The expected benefits of the programme and associated work streams will include the drive to improve quality of services and outcomes for patients.
Safety	The expected benefits of the programme and associated work streams will include the drive to improve quality of services and outcomes for patients.

ENGAGEMENT:

All work streams within the SSSP have undertaken patient and clinical engagement activities.

LEGAL ISSUES:

There are no legal issues to consider at this stage. All the work stream business cases will have regard to any legal issues.

EQUALITY AND DIVERSITY ISSUES:

Equality and diversity impact assessments and analysis will be undertaken as part of work-stream work on business case development.

THE NHS CONSTITUTION:

The SSSP seeks to support the 7 principles of the NHS Constitution

1. *The NHS provides a comprehensive service, available to all*
2. *Access to NHS services is based on clinical need, not an individual's ability to pay*
3. *The NHS aspires to the highest standards of excellence and professionalism*
4. *NHS services must reflect the needs and preferences of patients, their families and their carers'*
5. *The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population*
6. *The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources*
7. *The NHS is accountable to the public, communities and patients that it serves*

Securing Sustainable Services Programme – Hull Update (March 2013)

1. INTRODUCTION

The purpose of this report is to provide an update in terms of the Securing Sustainable Services Programme (SSSP) in relation to Hull specifically and the future programme management arrangements.

2. BACKGROUND

2.1 The SSSP has now been on-going for 12 months. The programme began under the management of the PCT Cluster Executive with the remit of ensuring that Health and Social Care partners worked together to secure sustainable services across the sectors and was able to ensure delivery of approximately £200 million of savings over the next 4 to 5 years.

2.2 The attached report provides an update on the work within Hull that has been identified as part of the SSSP.

The four work-streams covered in this update are:

- ✓ Dementia
- ✓ End of Life
- ✓ Long Term Conditions
- ✓ Unplanned Care

2.3 Given that the PCT Cluster will cease to exist after 31st March 2013, and as there has always been an acknowledgement in Hull that the areas of focus within the SSSP were clearly identified as priorities within the NHS Hull CCG Commissioning Strategy, it is appropriate that the SSSP is managed by CCGs.

Work has commenced, with all stakeholders, to agree future arrangements - a workshop event was held in October 2012 to agree 'Where Next?' for the programme with the following actions and agreements being made:-

- ✓ That partners remain committed to the principles of the programme and wanted to continue to work together to understand each others' challenges and work together to meet them
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INFORMATION

3. Dementia

3.1 Projects and Progress

Dementia Blueprint and service model - the Dementia Blueprint has been signed off by the NHS Hull CCG with additional recurrent resources identified to facilitate service re-design and enhance early diagnosis and treatment.

An implementation plan is expected in April 2013 – this will increase referrals and early diagnosis and treatment. In order to ensure that services are ready to deal with the expected increase in demand, non recurrent funding has been provided in order to clear the 250 patients waiting for assessment.

Dementia Academy

The Dementia Academy is up and running delivering a range of accredited training to providers of care. NHS Hull CCG has provided recurrent funding to this partnership initiative.

National Dementia and Antipsychotic Audit

In Hull 14 practices (26%) submitted data on 710 patients (56%). Of which, 410 (33% patients registered) were submitted to audit with the following key findings:

- 33% increase in diagnosis over 5 years
- 71% reduction in antipsychotic prescribing over 5 years
- Rise from 4% to 22% of newly diagnosed patients receiving dementia drugs

Dementia Enhanced Service

A Dementia Case Finding scheme is to be established under the direction of the NHS Commissioning Board, the underlying purpose of which is to put in place a proactive approach to the assessment of patients who may be showing the early signs of dementia to support improvement in the prompt diagnosis and care of patients with the condition. This will support the developing local work and ensure that GP practices are engaged and incentivised.

Extra Care update

Hull City Council are procuring specialist housing, a focus of which is a dementia centre of excellence; this will be on stream in November 2015.

3.2 Impact to Date and QIPP savings

CCG has planned for savings in Dementia of £1.961m in 2014/15, which is reflective of the significant indicative savings identified within the Dementia Blueprint. The blue print was only approved at the end of 2012 and we are awaiting an implementation plan which identifies specifically how and where the QIPP savings will be achieved.

A joint health and social care Programme Board is being established to oversee the delivery of the implementation plan. This will report to and be monitored through the Planning and Commissioning Group.

4. End of Life

4.1 Projects and Progress

Blueprint and service model

The End of Life (EoL) blueprint presents a vision for developing local pathways which enables people to be cared for and die in community settings if they so choose. The aim is to improve the quality of the end of life care pathway in East Yorkshire and Hull; work is overseen and delivered through the East Riding and Hull Palliative Care/End of Life Working Group.

The solutions to address these priority areas are being developed through four work streams supported by implementation of best practice identified within the GSF and other recognised National Guidance/Tools:

Education

The objective of this work-stream is to embed nationally recognised tools into primary, community, secondary and care home sectors including:

- ✓ "Living Well – Thinking and planning for the end of your life"
- ✓ The systematic approach and roll-out of a DNACPR policy
- ✓ Shared learning across sectors, incorporating education within existing mandatory training programmes, where possible
- ✓ Advanced communication, verification of death, understanding and knowledge preferred place of care (PPOC) and DNACPR

Shared pathways

The objective of this work-stream is to, as far as possible, ensure equity of 24/7 community nursing resource across Hull and East Yorkshire; maximise the quality and efficiency of existing specialist nursing resource; develop rapid discharge pathways and ensure that a 24/7 palliative care and EoL Advice Line is available to all Health and Social Care professionals.

Notable improvements to date are:

- ✓ Development of the multi disciplinary virtual ward in Hull
- ✓ Safe and rapid discharge pathways and protocol from hospital

Shared Records

The work-stream objectives are:

- ✓ Inter-operable systems to ensure systematic communication of information
- ✓ Ensure electronic systems comply with the Information Standards Board notification regarding Electronic Palliative Care Co-ordination (EPACC)
- ✓ Develop a cross patch palliative care co-ordination system taking particular account of providers who do not currently have access to electronic health systems.

Care Homes

Staff in care homes have improved knowledge, skills and confidence with regard to end of life issues; advanced multi-disciplinary care planning available to care home residents in order to ensure the existing quality standards of dignity, respect and person centred planning are maximised.

Further work to continue the improvements and realise improved quality and efficiency are being prioritised: Improved recognition of people approaching end of life (including registration of palliative care needs in primary care) and co-ordinated safe discharge and admission avoidance.

4.2 Impact to date and QIPP Savings

There has been an increase in people dying in their preferred place of care with the proportion people dying in their usual home in Hull increasing from 32.1% in 2009/10 to 35.8% in 2011/12; ER maintained at 37% since 2009 with both CCGs below what should be expected in terms of regional and national averages. Future year savings of £0.126m are planned to 2014/15 in relation to the impact of palliative care nursing and reducing the number of emergency admissions into hospital.

5. Long Term Conditions Update

5.1 Projects and Progress

Risk stratification

The PARR risk stratification tool, which utilises secondary care data to build a risk score for each patient, is available through Midas for all Hull GP Practices. Five out of the seven Peer Groups, covering 41/57 practices are implementing Risk stratification and MDTs as part of the QOF QP programme.

Multi-Disciplinary Teams

Regular MDTs established around the city to which practices are able to take complex cases for support and advice in terms of appropriate or alternative management plans. A range of service are present at the MDTs including - Community Geriatricians; Long Term Conditions/Community Matrons; Mental health; Substance misuse; Alcohol service; Community therapists; Medicines Management; Social care and the voluntary sector

Map of Medicine pathways for COPD, Heart Failure and Diabetes

To enable primary care to optimise patient care and management by localising and documenting referral pathways and appropriate treatment options. Local progress has been made, primarily with COPD.

Full electronic implementation of all of the Map of Medicine Pathways is planned as part of the GP Intranet site which the CSU will be developing.

Telehealth

A plan for a phased transition from current services into firstly: an integrated Telehealth Model with all telehealth services commissioned through a single provider and subsequently: an Integrated Telehealth and Telecare Model.

Work has begun on developing the existing Long Term Conditions service specification to incorporate the use of telehealth technology in supporting the capacity of the existing team to manage existing patients with one or more long term conditions.

Optimising primary care management

Currently scoping options for incentivised, improved primary care management of patients with (multiple) long term conditions,

Care Homes Local Enhanced Service

Draft scheme developed and shared with Council of Members and Local Medical Committee with implementation planned for a pilot to start April 2013.

5.2 Impact to Date and QIPP Savings

Monitoring the impact in relation to Non Elective admissions for patients with Long Term conditions has realised savings in 2010/11 of £0.473m and 2011/12 of £0.581m (total savings of £1.054m). This reduced level of activity was used to inform/agree contract plans for 2012/13.

Future year savings of £0.613m are planned up to 2014/15 in relation to the composite schemes of risk profiling, MDT assessments, telehealth and optimising primary care management.

The impact of the Care Homes Local Enhanced Services Scheme is expected to realise £0.550m of savings across financial years, in relation to reducing emergency admissions to hospital.

6. **Unplanned Care**

6.1 **Projects and Progress**

Co-located unplanned care services in the Emergency Department

Development of an integrated model for primary care led unplanned care on the Hull Royal site as part of the expansion of the emergency department (ED). GPs and nurse practitioners have been operational in “minors” area since November 2012. The impact of on activity and case mix is being reviewed, as is the primary care nurse practitioner model.

Implementation of NHS 111 (Tier 1)

Deliver the national change over to the NHS 111 – the new number for all unplanned care (replaces NHS Direct) by procuring and implementing a local service as part of a Yorkshire and Humber wide plan supported by a local directory of health services during March 2013.

Ambulatory Care (Tier 3)

To provide a medical ambulatory care service (MACS) as part of the reconfiguration of the emergency department and the emergency admissions pathway. The nurse-led MACS is operational 7 days per week for specific Category I conditions and the Physician-led MACS is operational in the lounge area on AAU (Monday to Friday) for Category II conditions.

There is a planned expansion, with additional acute physicians, opportunities for COPD and heart pathways for the elderly and exit paths into outpatient clinics and the medical day unit to be determined.

Redesign of Paediatric unplanned care pathway (Tier 3)

Review the current pathway and provide a primary care stream in the new children's Emergency Department - this work will be clinically led through the Hull & ER children, young people and maternity clinical network.

Integrated reablement (Tier 4)

All reablement services are fully operational and demonstrating good outcomes as a step down from hospital admission – this has included work with the local authority, community and voluntary partners to develop the intermediate tier of care across the city.

Improved outcomes include: a reduction in need for care packages, positive patient stories, reduced excess bed days and delays. The next stage will be a communication plan and development of step-up pathway for GP direct access/referrals.

6.2 **Impact to Date and QIPP Savings**

The following QIPP savings are currently forecast for the financial year 2012/13:

- ✓ Co Located/GP Stream Impact - £0.635m
- ✓ Assessment Unit/Ambulatory Care Clinics - £2.264m
- ✓ Reablement/Excess Bed Days - £0.800m

Savings planned in future years relate to full year impact of the co-located model of Emergency Care (£1.904m) and the re-design of the paediatric pathway (£0.892m).

A&E activity year on year is performing at a consistent level and year to date performance (4-hour waits) at 97.4% against a target of 95%. There has been some recent deterioration due to winter pressures.

Non-elective activity year to date is trading to contracted plan (i.e. after QIPP targets have been removed) with year on year activity down by 0.6%. Excess Bed Days are continuing to reduce; and are 17% down on the last financial year - demonstrating the impact of the intermediate tier of care.

RECOMMENDATIONS

7. It is recommended:

1. That the CCGC notes the content of the update paper in relation to the SSSP progress in Hull,
2. That the CCGC supports the next steps for the SSSP, and
3. Notes that all decisions with regard to the implementation of the work-stream recommendations would need approval of the CCG Committee in due course