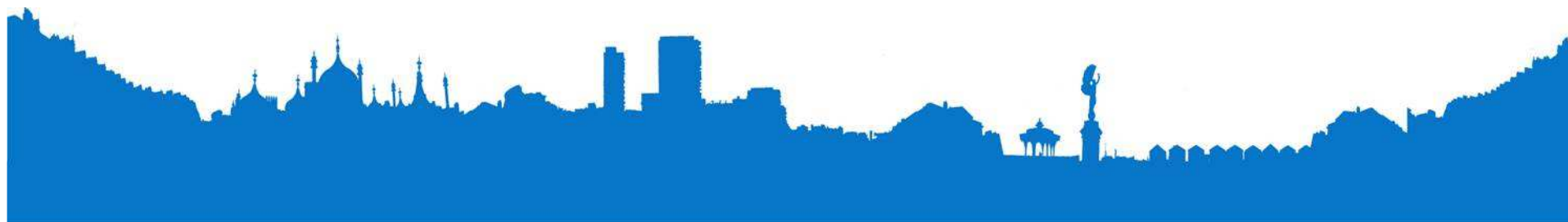


# Brighton and Hove CCG Commissioning Plans 2013/14

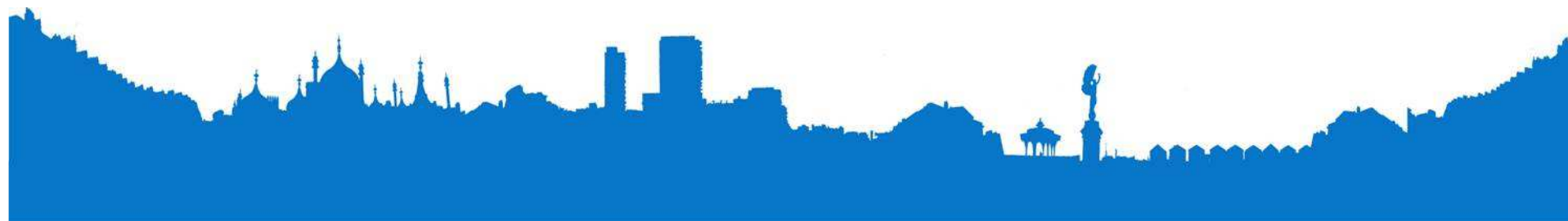
Geraldine Hoban  
Chief Operating Officer



# Background & Context

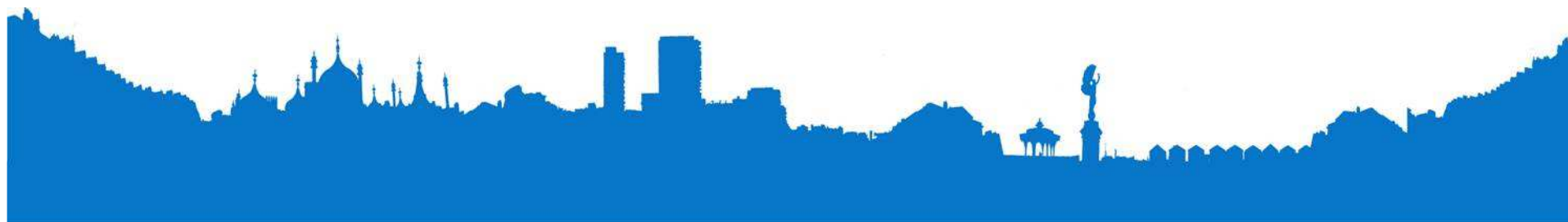
The CCG has three key commissioning plans:

Strategy/Plan Title	Description
Joint Health and Wellbeing Strategy (JHWS)	High level plan, jointly agreed by the city council and local GP commissioners, to deliver better outcomes in key areas of health, public health and social care.
Strategic Commissioning Plan (SCP)	CCG 3-5 year high level strategic plan setting out medium and long term objectives
Annual Operating Plan (AOP)	CCG 1 year delivery plan that aligns to SCP and is responsive to the National Guidance

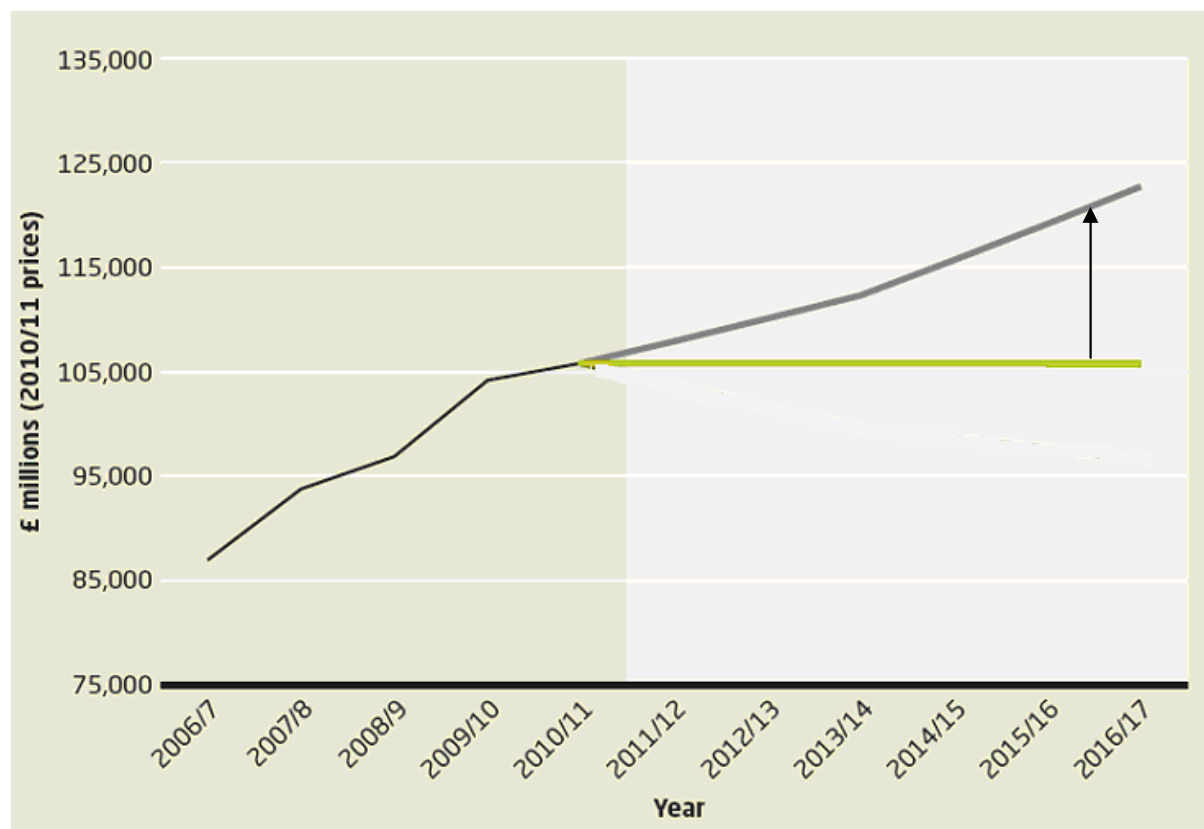


# Background

- Developing commissioning plans:
  - needs of the local population
  - Clinical engagement – priority planning workshops
  - stakeholder views - LINKS, local authority, patient groups
  - nationally derived priorities
  - locally derived priorities
  - new and developing treatments and drugs
  - balancing costs



# Challenge Facing the NHS



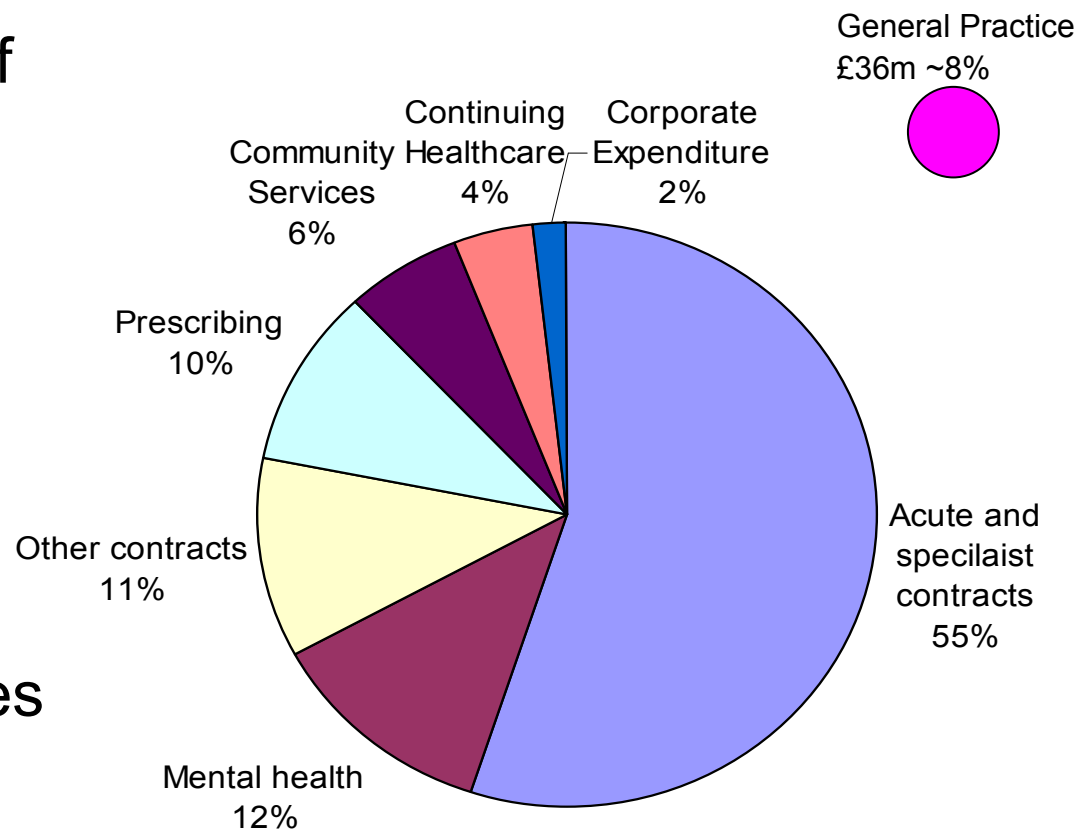
The NHS must release up to £20 billion of efficiency whilst driving up quality

Demand is increasing due to ageing population, new treatments available, higher patient expectations

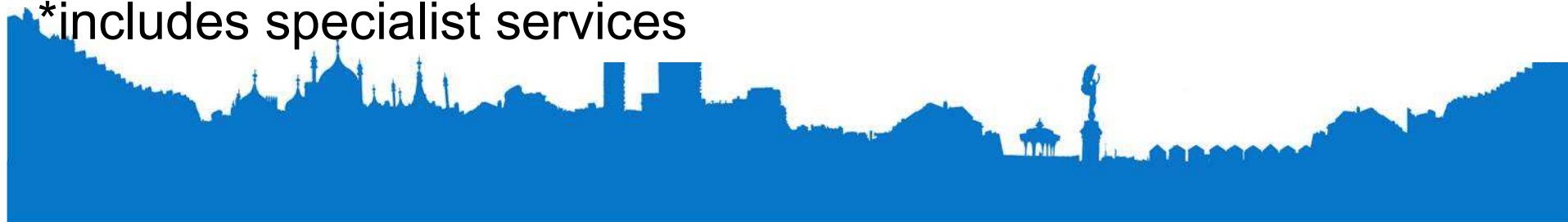


# Local Budget and Spend

- The CCG has a budget of ~£400m
- Approx. half is spent on hospital care\* (~£200m)
- 12% on Mental Health (~£50m)
- 6% on community services (~£25m)

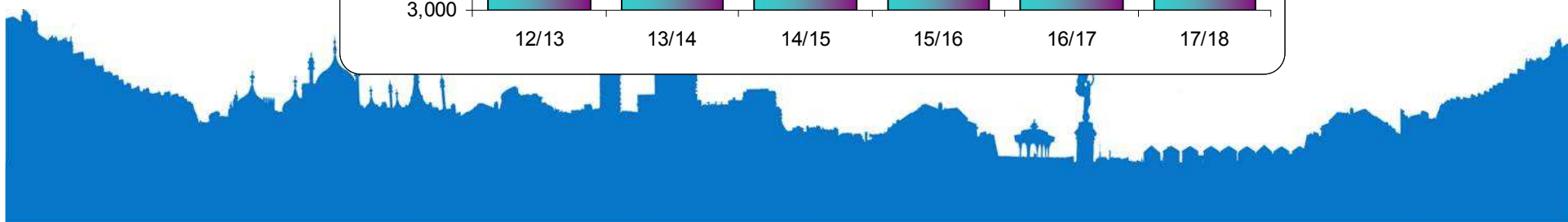
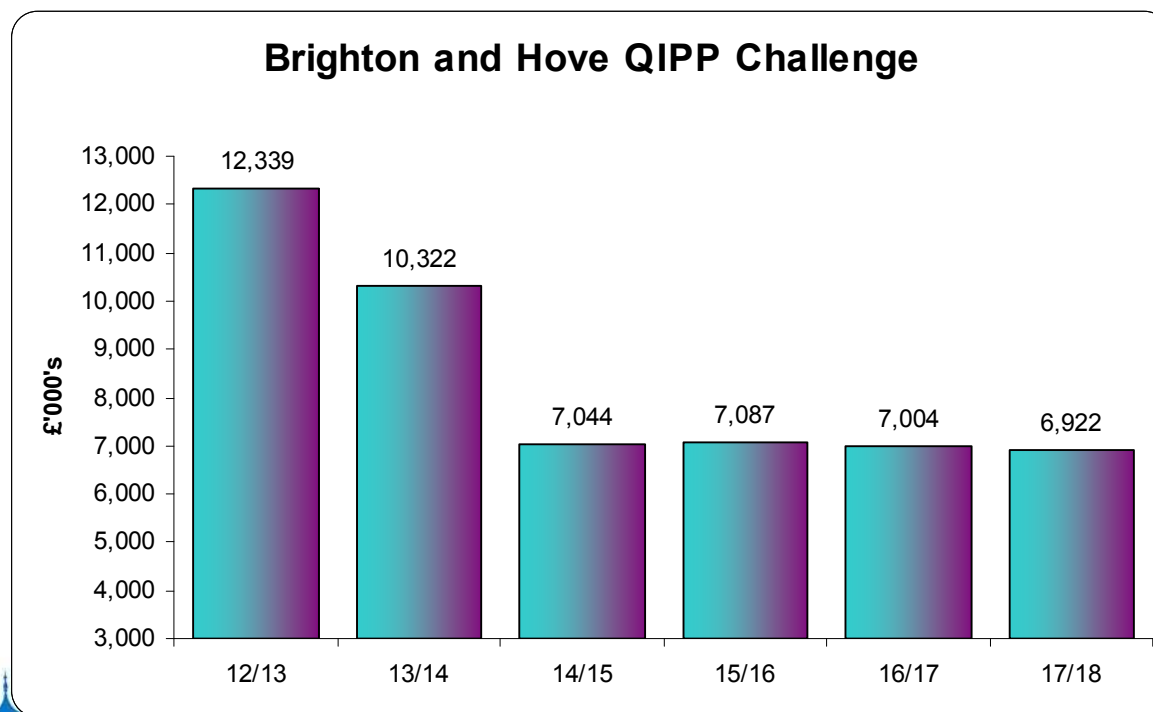


\*includes specialist services



# Local Challenge

In order to meet identified cost pressures in 2013/14 Brighton and Hove CCG must save ~£10.3m from existing services and budgets



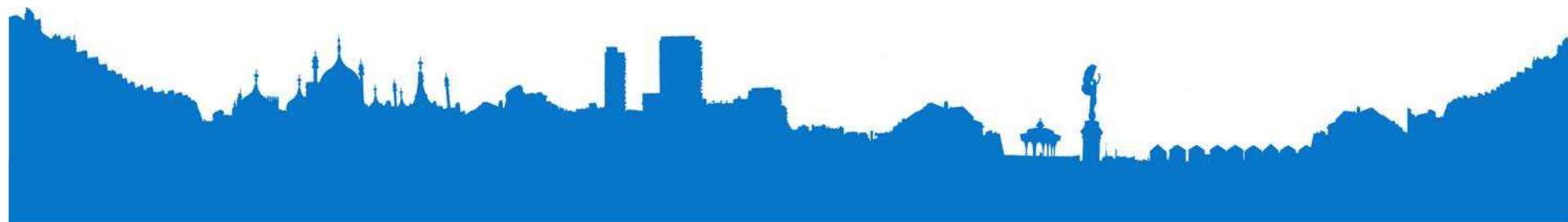
# QIPP – not cuts

- To deliver the scale of change necessary the CCG must increase the **Q**uality of services, drive up the use of **I**nnovation, increase **P**roductivity and focus on **P**revention of ill health and promotion of wellbeing



# Clinical Priorities

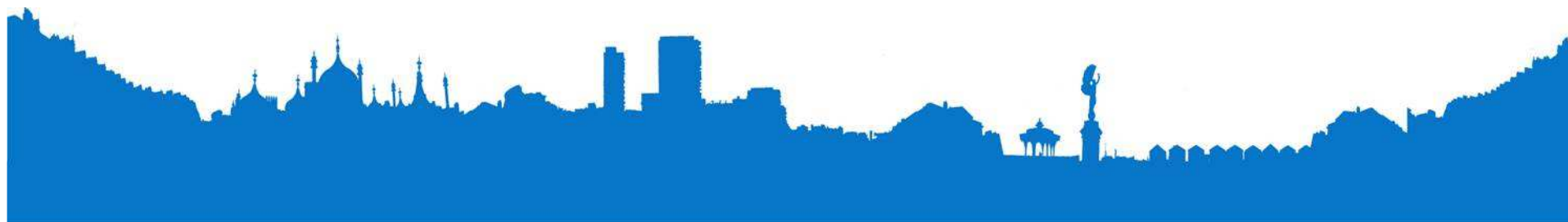
- The JSNA identified a number of specific priority areas:
  - Cancer
  - Diabetes
  - Musculoskeletal conditions
  - Dermatology
  - Dementia
  - Healthy weight & good nutrition
  - Emotional health & wellbeing – including mental health





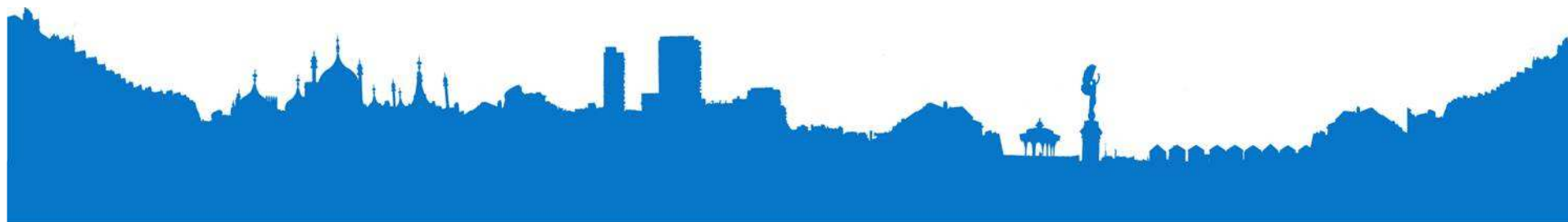
# Cancer

- Poor outcomes and survival rates (particularly for lung cancer)
- **Priority areas for 2013/14:**
  - Clinical leads (Macmillan GP and nurse)
  - Improve early detection and diagnosis
  - Sustain access to and quality of diagnostic services
  - Achieve radiotherapy access targets



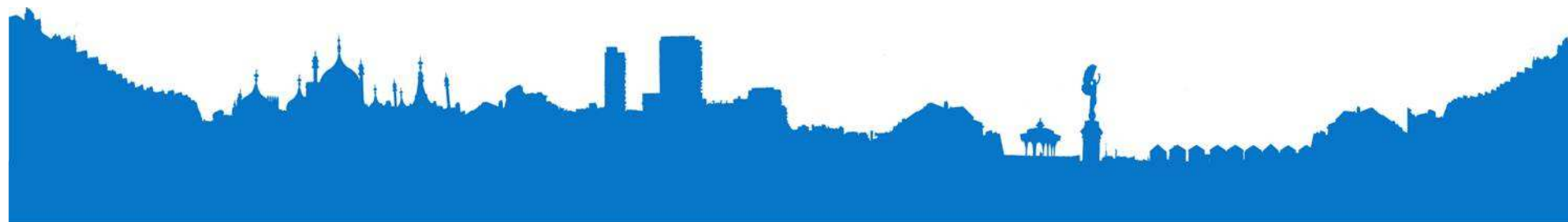
# Diabetes

- **Issues:** Diagnosis rates, care plans & patient information
- **Priority areas for 2013/14:**
  - Clinical leads to review and assess current service model
  - Design, procure and implement integrated care model



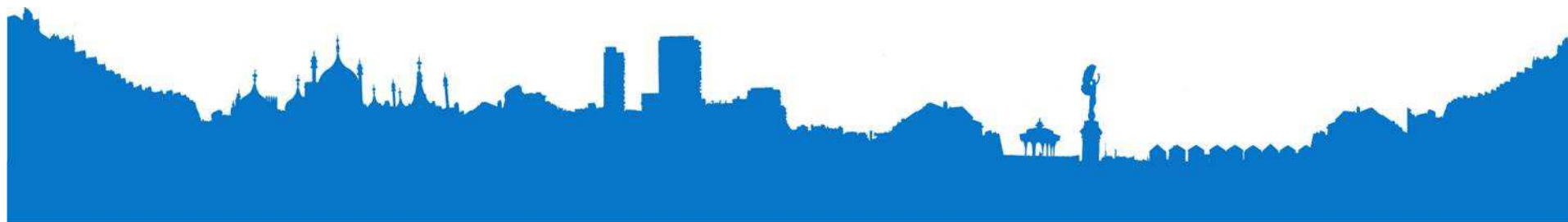
# MSK and Dermatology

- Poor PROMs (Patient Reported Outcome Measures)
- **Priority areas for 2013/14:**
  - Clinically led service design
  - Implement new community based services
  - Improved waiting times and outcomes



# Dementia

- Poor diagnosis rate (ranked 160/176 local health areas for diagnosis of dementia)
- **Priority areas for 2013/14:**
  - New memory assessment service
  - Care home in-reach team
  - Address antipsychotic prescribing
  - Improved hospital care – Dementia Champion Post
  - Implement the dementia end of life pathway



# Healthy Weight & Good Nutrition

- limited service for complex and severe obesity resulting in increase in patients for bariatric surgery
- Currently no reliable long-term local data on adult obesity

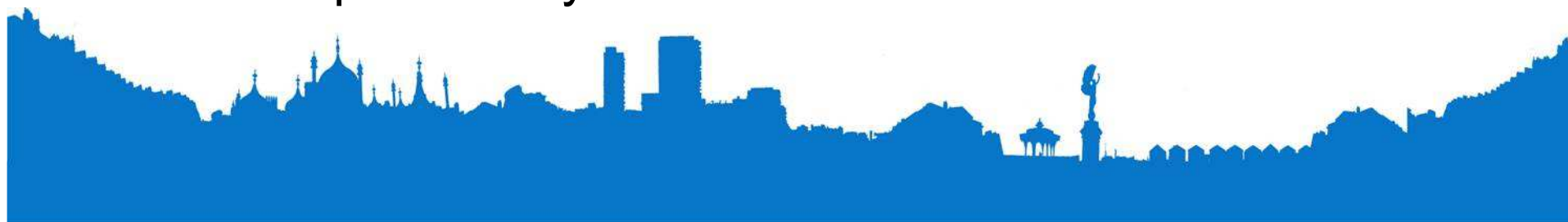
## **Priority areas for 2013/14:**

- Improve data collection
- Development of a comprehensive weight management service for children and adults from primary through to tertiary care



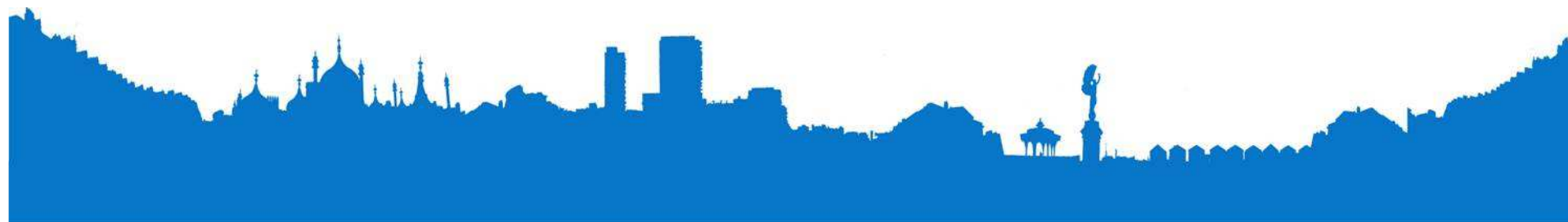
# Emotional Health & Wellbeing – Including Mental Health

- Prevalence of the range and complexity of mental illness tends to be higher than average in Brighton and Hove including high rates of self harm, suicide and substance misuse
- **Priority areas for 2013/14:**
  - New Wellbeing Service
  - Improved support in crisis and out of hours
  - Implement tendered community support services
  - Focus on pathways/service model for dual diagnosis and personality disorder



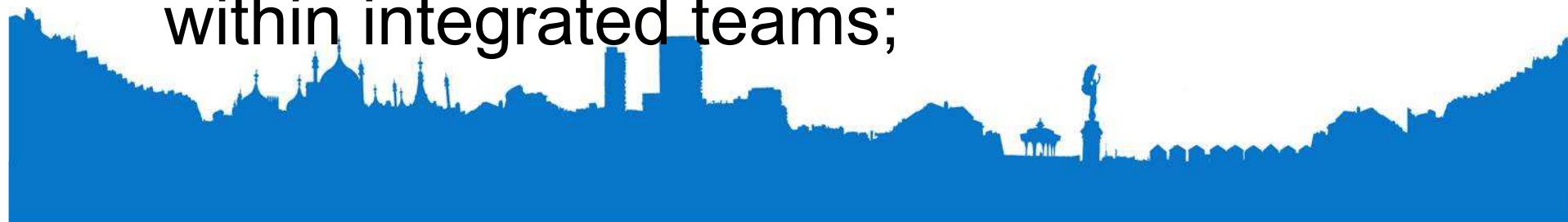
# Strengthening Services

- In addition to the specific clinical pathways there are also a number of service areas identified as priorities:
  - Community care
  - Integrating physical and mental health
  - Primary care
  - Urgent care
  - Care for vulnerable groups



# Integrated Community Care

- Integrated services that enable and support people who are frail or who have complex/long term needs to live as independently as possible
- Commission services that provide rapid support and intervention for people when they become suddenly unwell
- Incorporate social care and mental health within integrated teams;





# Integrated Physical and Mental Health



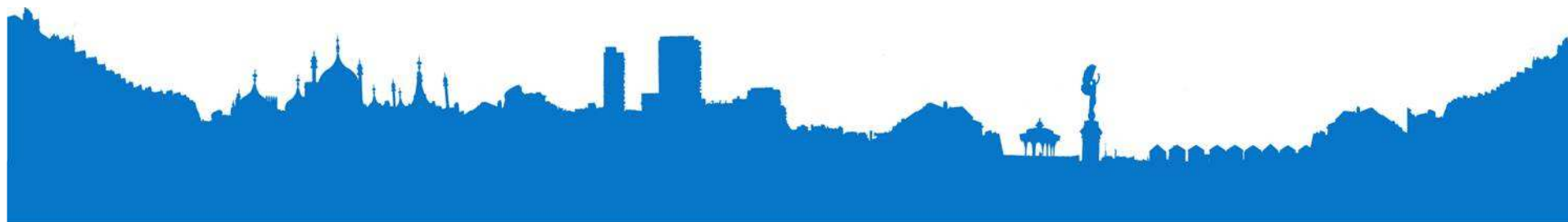
Brighton and Hove  
Clinical Commissioning Group

- There is strong and complex inter-relationship between physical and mental health
- By integrated physical and mental health services we can significantly improve health outcomes
  - Pain management
  - Diabetes



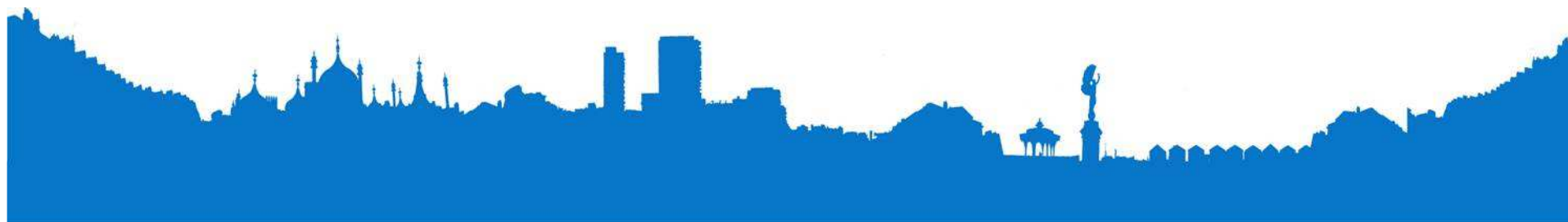
# Improved Primary Care

- Quality of primary care is linked positively to overall population health
- Addressing variation and improving quality
  - Balanced scorecard
  - Membership agreement



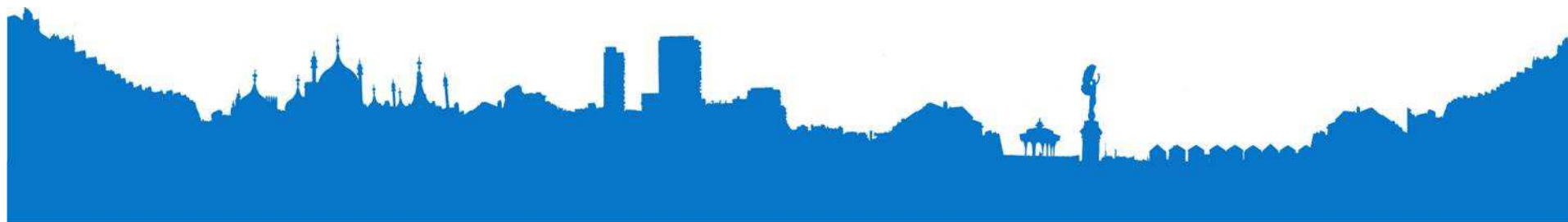
# Improved Urgent Care

- Providing a range of alternatives to A&E
  - Roll out of NHS 111
  - Publicity campaign for appropriate use of A&E
  - Reducing ambulance conveyances
  - Avoiding acute admissions:
    - Community Rapid Response Service
    - Rapid assessment of older people
    - Proactive management of LTCs and older people



# Caring for Vulnerable Groups

- Homeless
  - Pilot in RSC around emergency admissions
  - Primary Care in-reach to Hostels
  - Aligning support from Integrated Primary Care Teams and community services
- People with Learning Difficulties
  - Maintain support for Primary Care Facilitator, Liaison Nurses etc and build on Self Assessment Framework;
  - Increased care management for out of area placements
- Gypsies and Travellers
  - Responding to findings of JSNA



# Focus on Quality and Outcomes

- Maintaining Access
  - 18 weeks, A&E 4 hours, urgent cancer referrals etc
- Improving outcomes – 4 Domains:
  - Preventing people from dying prematurely
    - Mortality rates for cancer, respiratory disease etc
  - Enhancing quality of life for people with LTCs
    - Unplanned hospitalisation, diagnosis rates etc
  - Helping people to recover from illness
    - Re-admission rates, reported health gain for hips, varicose veins
  - Ensuring people have a positive experience of care
    - Patient experience of primary care, hospital care, friends and family
  - Treating and caring for people in a safe environment
    - MRSA, C Difficile rates



# Conclusion

- The CCG plans are:
  - Aligned to the JSNA and JHWS
  - Clinically led
  - Balanced financially - contain realistic and deliverable savings
  - delivered through joint working with local partners – strengthened Section 75 Agreements
  - Continued focus on quality and outcomes

