

Health and Care Overview & Scrutiny Committee

Tuesday 15th November 2016

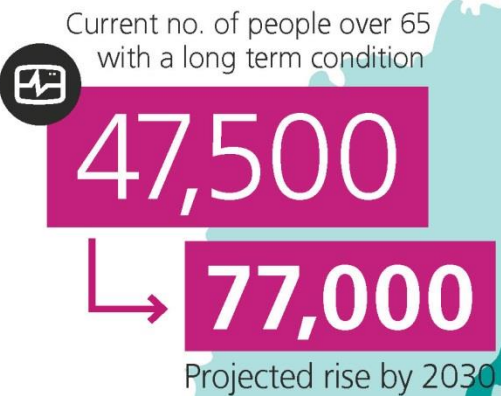
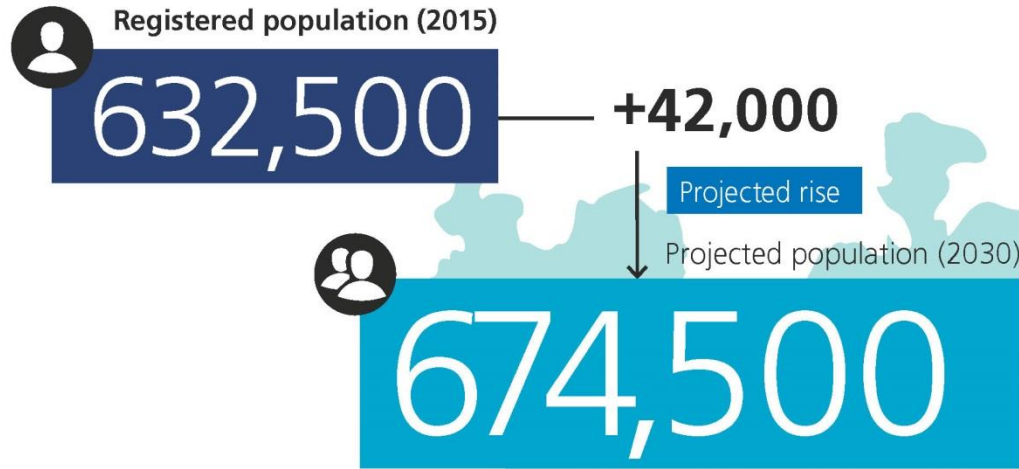
Mary Hutton, Accountable Officer –
Gloucestershire Clinical Commissioning Group



One
Gloucestershire

Transforming Care, Transforming Communities

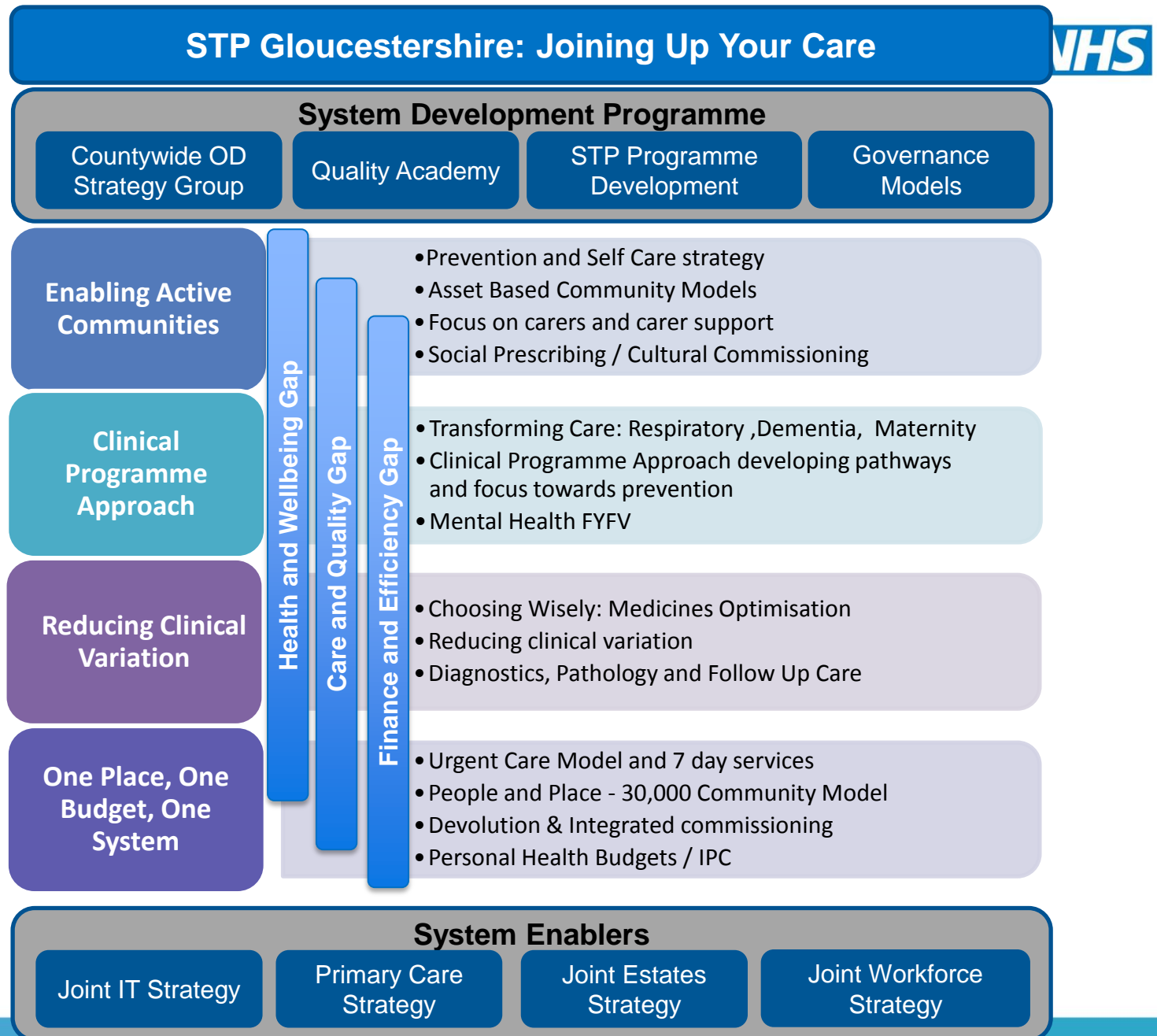
Background:



“To improve health and wellbeing, we believe that by all working better together - in a more joined up way - and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people”.

- Our STP builds on the strategic commitments set out in: Joining Up Your Care and the three gaps in the NHS Five Year Forward View
- We have worked together to further develop our shared work programme, financial savings plan and objectives
- Our shared transformation work programme is focussed on ensuring we will have a sustainable health and care system for Gloucestershire – for now and for the future

Plan on a Page:



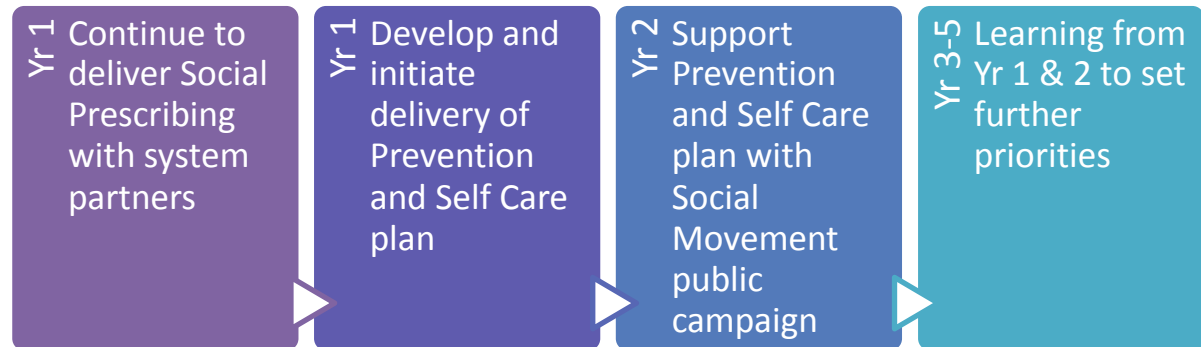
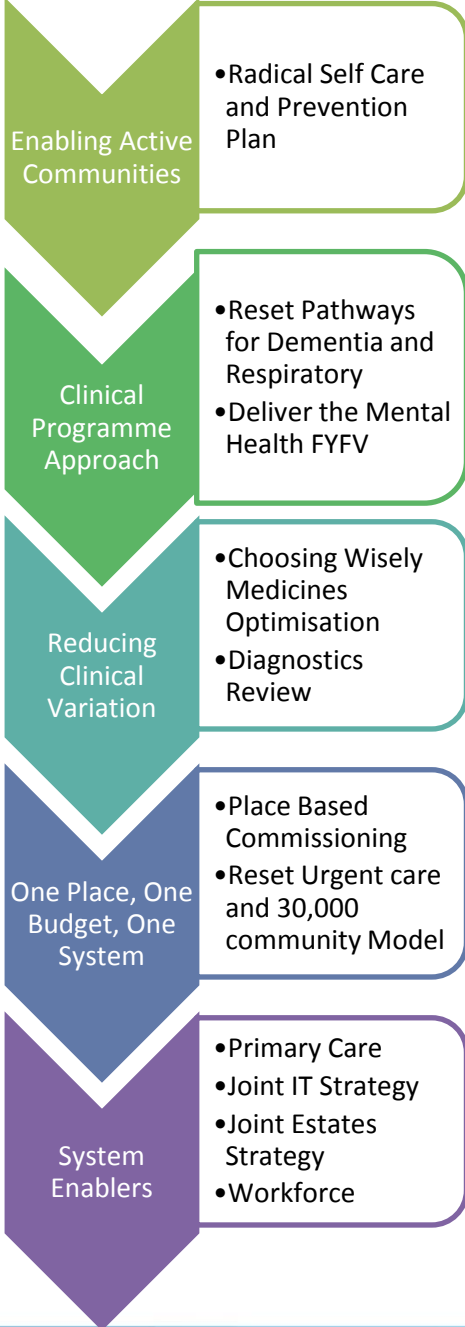
Financial Challenge:



- We all recognise the financial challenge is significant over the next four year planning horizon.
- Our plan identifies opportunities to make savings across our system, split across our priority areas
- The system is committed to owning and resolving the issues we have identified to meet the significant challenge and we are working together to agree a clear plan
- There will inherently be additional costs in delivering change in terms of supporting service change and capacity needed to design and deliver our STP programme at scale and pace. We will need to identify services of funding to pump prime change in the next 3 years.

Enabling Active Communities

Enabling Active Communities - We will develop a new sense of personal responsibility and improved independence for health, building community capacity and ensure we make it easier for voluntary and community agencies to work in partnership with us. We will use this approach to deliver a **radical Self Care and Prevention plan** to close the **Health and Wellbeing gap** in Gloucestershire



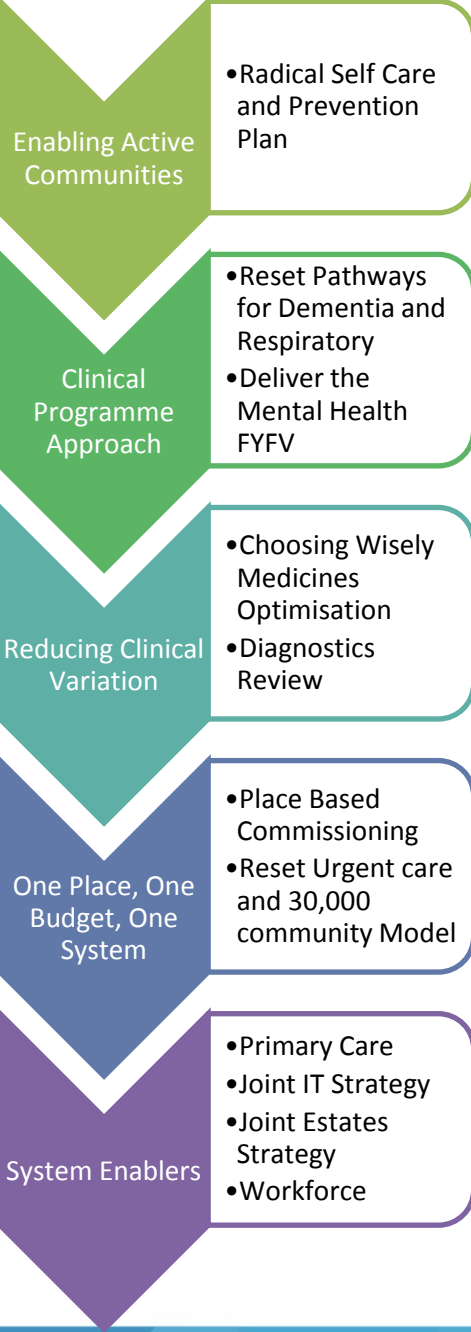
Including:

- Work-place Wellbeing Charter
- Whole System approach to Obesity
- Diabetes Prevention Programme – Diabetes NHSE Digital Test Bed
- Closer working with system partners and VCSE, supported by Devolution
- System to support person-led care and personalised care planning i.e. IPC

Programme Leaders: Margaret Wilcox, Linda Uren and Mary Hutton

Clinical Programme Approach

Clinical Programme Approach - We will work together to **redesign pathways of care**, building on our success with Cancer, Eye Health and Musculoskeletal redesign, challenging each organisation to remove barriers to pathway delivery. Our first year will focus on delivery of new pathways for **Respiratory and Dementia** to help us close the **Care and Quality Gap**.



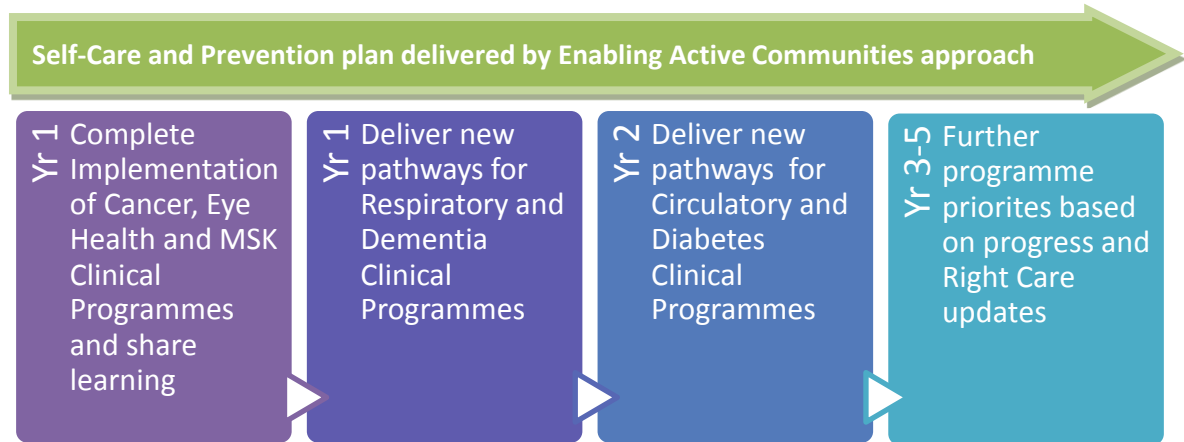
- Radical Self Care and Prevention Plan

- Reset Pathways for Dementia and Respiratory
- Deliver the Mental Health FYFV

- Choosing Wisely Medicines Optimisation
- Diagnostics Review

- Place Based Commissioning
- Reset Urgent care and 30,000 community Model

- Primary Care
- Joint IT Strategy
- Joint Estates Strategy
- Workforce



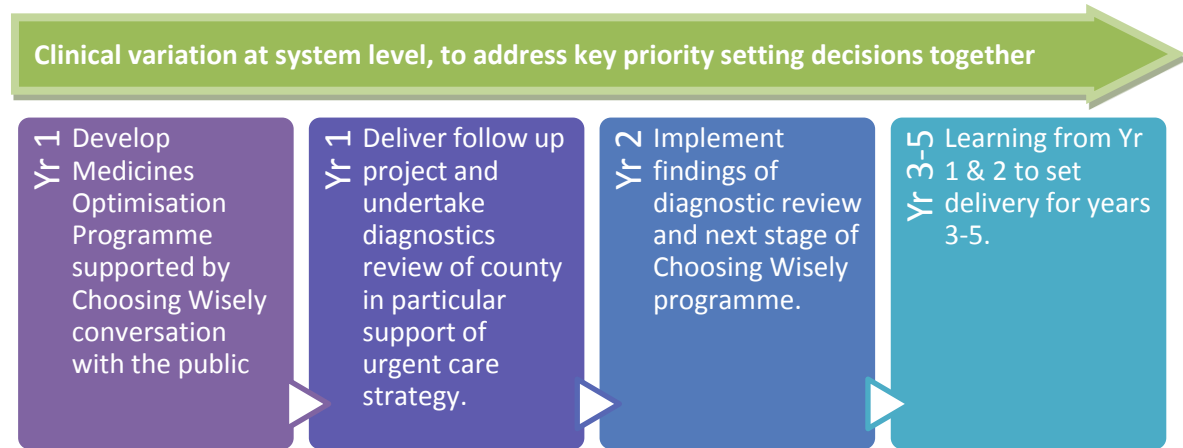
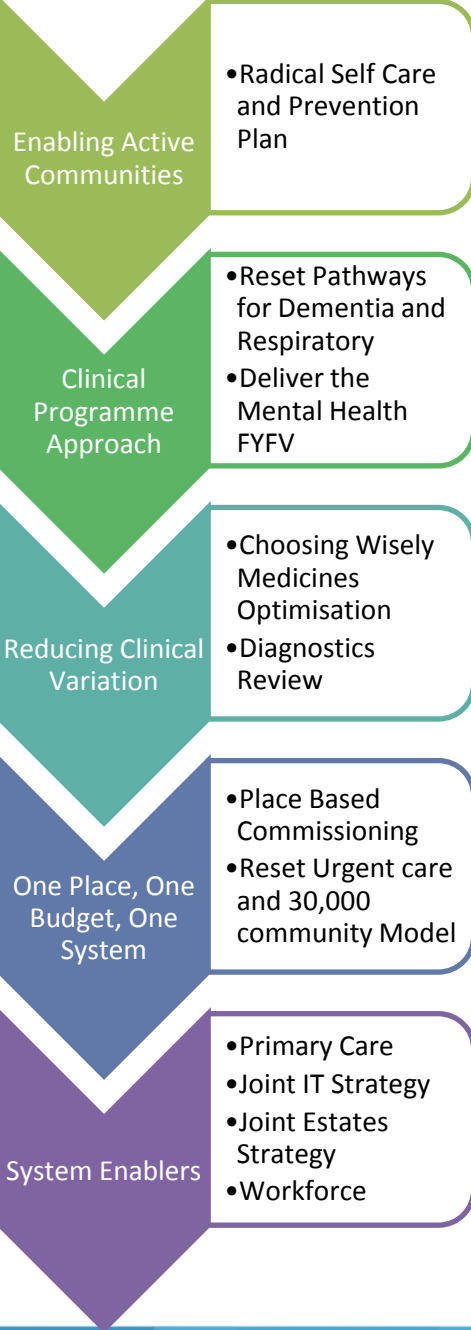
Including:

- Reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.
- Additional focus on ‘Designing for Delivery’
- Ensure integrated approaches across our commissioning boundaries i.e. Specialised Commissioning
- Progress the Collaborative Commissioning Processes (NHSE) and plans for delegated commissioning.

Programme Leader: Deborah Lee

Reducing Clinical Variation

Reducing Clinical Variation - We will elevate key issues of clinical variation to the system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. Our first priority will deliver a **'Choosing Wisely for Gloucestershire' Medicines Optimisation** and undertake a **Diagnostics Review**. This programme will also set the dial for our system to close the **Care and Quality Gap**.



Including:

- Managing Clinical Variation in Primary Care
- New innovative medicines optimisation approach for patients living with pain
- Strengthening Clinical Pharmacist support to our local GP practices.

Programme Leaders: Paul Jennings

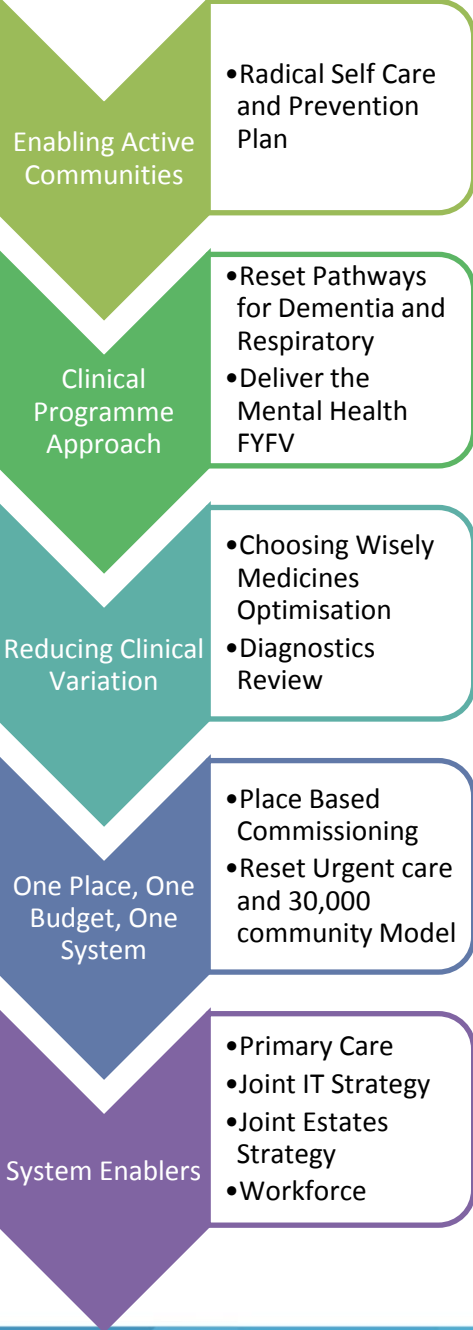
- 2% most complex patients - 1,743 admissions.
- Slightly over 6 admissions on average per patient.
- Nearly 3 different conditions (co-morbidities) each.
- Cost to the health economy is nearly £32m.
- 66% were over the age of 65, 43% were over the age of 75 and 16% were over the age of 85.
- Most common conditions of admissions were circulation; gastro-intestinal; neurological; cancer and respiratory problems.

Complex Patients - Main Conditions

Main conditions	Co-morbidity 1	Co-morbidity 2	Co-morbidity 3	Co-morbidity 4	Co-morbidity 5
Circulation	Respiratory	Neurological	Gastro intestinal	Genito Urinary	Trauma and Injuries
605 patients	160	155	131	114	91
Gastro intestinal	Cancer	Neurological	Respiratory	Circulation	Genito Urinary
487 patients	146	151	139	131	106
Neurological	Gastro intestinal	Respiratory	Circulation	Genito Urinary	Cancer
503 patients	151	169	155	128	101
Cancer	Gastro intestinal	Respiratory	Neurological	Genito Urinary	Poisoning and adverse effects
441 patients	146	117	101	93	76
Respiratory	Neurological	Circulation	Gastro intestinal	Cancer	Genito Urinary
466 patients	169	160	139	117	110

One Place, One Budget, One System

One Place, One Budget, One System - we will take a place based approach to our resources and deliver best value for every Gloucestershire pound. Our first priority will be to **redesign our Urgent Care system and deliver our 30,000 community model**. We will take a whole system approach to beds, money and workforce to reset urgent and community care to deliver efficiently and effectively. This will ensure we close the **Finance and Efficiency Gap**, and move us towards delivery of a **new care model** for Gloucestershire.



Self-Care and Prevention plan delivered by Enabling Active Communities approach

Yr 1
Deliver pilots to reset the dial for Urgent Care system and 30,000 place based Community Teams

Yr 1
Pool urgent care resources in shadow form to take 'place based' Commissioning Approach and agree county bed model

Yr 2
Implement urgent and community care model at wider scale based on Yr 1 learning, reset county beds

Yr 3-5
Learning from Yr 1 & 2 to set a new care model, urgent & responsive care resources pooled on place basis

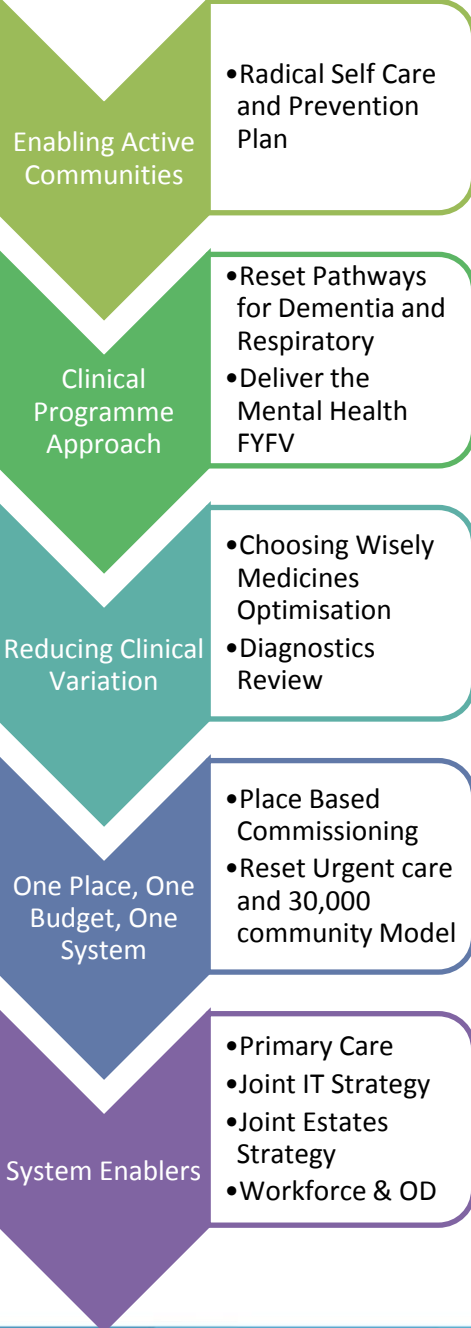
Including:

- 7 day services across our urgent care system by 2021
- Integral part of the Severn Urgent and Emergency Care Network Plan
- Locality led New Models of Care pilots to 'test and learn' (15 collaborative clusters established)
- Design and implement models of care based upon the needs of local population across organisational boundaries.

Programme Leaders: Mary Hutton and Paul Jennings

System Enablers

We will work together to deliver a range of **System Enablers** as follows:



- **Workforce and Organisational Development**
Programme Leader: Shaun Clee
- **Quality Academy**
Programme Leaders: Deborah Lee and Shaun Clee
- **STP Programme Development and Governance Models**
Programme Leaders: Mary Hutton and Paul Jennings
- **Joint IT Strategy**
Programme Leader: Shaun Clee
- **Primary Care Strategy**
Programme Leader: Andy Seymour
- **Joint Estates Strategy**
Programme Leader: Pete Bungard