NHS Horsham and Mid Sussex CCG

NHS Crawley CCG

Health and Wellbeing Board

31 January 2013
Our Objectives for End of Life Care

EPaCCS (Electronic Palliative Care Co-ordination System).

• A significant “must do” from NHS SoE with a timeframe of achievement by 31 March.
• agreeing a common provider across the region and that the register will be hosted by 111.
• We will work locally through our EOL CRG to progress this.

A common Advance Care Plan has now been agreed (and we are working on Anticipatory Care Plans)

Ensuring patients received care in their preferred place of care.

“This is Me” document (formulated by Crawley) will further facilitate this.

Working in integrated way with hospices, care homes and local authority...
There are several practical programmes to bring about improvement joint planning and delivery between health, education and children's social care in 2013/14 and beyond.

Early Years plan - building upon the pilot in Bognor Regis, we will developing a triparite early years plan for with children and families centres, GPs and primary care and the health visiting teams. Improving readiness for school

YP 12-18 with Behavioural and well being needs - working with education, primary care, CAMHS youth services, schools and YP, we will be implementing the new pathway (in stages) across Crawley, Horsham and Mid Sussex.

Improving the system for Children with Special Education Needs - we are part of the pioneer sites for this programme. For example, we will be delivering joint Health, education and care plans for children in 2013/14.
Children with disabilities and complex health needs - working with children's social care and specialist schools we will be delivering redesigned services for children in the community with disabilities and complex. This will mean changes to Holly Lodge in Horsham and for children across the CCG.

School nursing - with Public Health and schools, these services will be reviewed and a new model developed focusing on the purpose, focus and measurable public health outcomes.

Troubled families - as part of the national troubled families, health colleagues will support this programme including early help and intervention from health visitors to ensure these families get the support they need from all statutory and non statutory bodies in a coordinated way.
Alcohol Interventions / Mental Health

- Current Alcohol Treatment Pathway – hospital to community
- Starts with brief intervention in primary care, wellbeing or hospital settings and moves into treatment services.

- Alcohol Liaison Nurses (ALN’s) are working in SASH. They are based primarily on the acute medical wards, but take referral from across the hospital including A&E

- Additional pathway for the ALNs has been developed to improve the transfer from inpatient to community treatment services including community detoxification – focus on ‘frequent flyers’ to prevent readmission

- Current development of an alcohol care pathway for use in the hospital including revised detoxification regime to reduce bed nights occupied with community treatment picking up detoxification earlier on in hospital stay

- Increasing effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol related admissions and to reduce NHS costs. Treating alcohol dependence and keeping people sustained in recovery, where successful, has also been shown to prevent future illnesses.
Alcohol Interventions – specialist services & early intervention

Specialist services for substance misuse (drugs and alcohol) are commissioned by West Sussex DAAT. The integrated services provide a full care pathway from Drop In advice and information, structured brief interventions, to community based structured day programmes, prescribing and residential rehabilitation and/or inpatient detoxification.

Early interventions and awareness programmes are being developed: Web based screening and assessment interactive tool launched ‘Bottle it up’ launched in Autumn 2012 – on line self assessment can provide referral to advice and follow up treatment & support mechanisms.

Research into evidence based options for early intervention into primary care current – menu of options being investigated including current web based treatment programmes, e-panel research with 55-70 year olds, behavioural insight work to inform effective early intervention, links with proactive care approaches to be established to prevent unnecessary alcohol related hospital admissions.
Enhancing Focus on

Long Term Conditions Programme – Supported self care and integrated approach

Primary Care and community development

Proactive care programme working jointly with adult social care in particular
Since Last Health and Wellbeing Meeting....

Publication of the National Guidance

‘Everyone Counts: Planning for Patients 2013/14’

and

Publication of the CCG Financial allocations
What Does ‘Everyone Counts’ tell us

Outlines

Five ‘Offers’ from the NHS Commissioning Board

Focuses on Outcomes – CCG Outcomes indicator set published

Listening to patients – NHS Constitution, friends and family test

Rewarding Excellence – Includes CCG Quality Premium

Improving Knowledge and Data
Quality Premium

Will be paid in 2014-15 for improvements in 2013-14

• Includes various measures and specifically

Three locally agreed measures

NCB expects clinical commissioning groups to:

develop their own local priorities through their input into the Joint health and wellbeing strategy;
Setting the local priorities

We already have a lot of joint work which has informed this

Joint Health and Wellbeing Strategy
Joint Strategic Needs Assessment
CCG Benchmark Data Packs

Have had discussions locally, with our members and our Governing Bodies.

Important that the three local priorities support and reflect the existing joint work we are doing rather than be something new and separate
Three Local priorities - Crawley

Based on the above – Crawley proposes three areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Improving primary care access</th>
<th>Proactive care</th>
<th>Shared Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Links to Health and Wellbeing Strategy</td>
<td>Early intervention and prevention</td>
<td>Frail Elderly Dementia Independence Ageing population</td>
<td>Independence Self management Carers</td>
</tr>
<tr>
<td>Links to JSNA/ CCG Benchmarking</td>
<td>CCG is a significant outlier</td>
<td>JSNA data on ageing. CCG outlier on ‘patients feel supported to manage their condition’</td>
<td>PROM on hip and knee replacement below England median</td>
</tr>
<tr>
<td>Measure</td>
<td>To be agreed but primary care access survey or available proxy</td>
<td>TBA if national measure not suitable</td>
<td>tBA</td>
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</table>
## Three Local priorities – Horsham and Mid Sussex

Based on the above – Horsham and Mid Sussex proposes three areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Shared decision making – Knee pathways</th>
<th>Dementia – memory Assessment clinics</th>
<th>EOLC</th>
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<tbody>
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<td>Links to Health and Wellbeing Strategy</td>
<td>Independence Self management Carers</td>
<td>Dementia part of the West Sussex Strategy</td>
<td>EOLC part of the agreed strategy</td>
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<tr>
<td>Measure</td>
<td>TBA – but either national measure or locally agreed measure</td>
<td>Locally agreed trajectory to be agreed</td>
<td>Number of people dying at home is an established proxy measure</td>
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