

Ask of the Unplanned Care workstream

The Unplanned Care Workstream is asked to establish an accountable care system for the delivery of unplanned care services for the people of Hackney and the City within the overall strategic framework. The partners are expected to work collectively to

- Oversee the unplanned care delivery system
- Ensure a health and social care system wide approach to the delivery of initiatives
- Establish a robust governance arrangement to support collective delivery
- Manage service delivery within the unplanned care budget
 - Redirect funding within the workstream that either improves service delivery or reduces cost (or both)
 - Develop service delivery proposals across workstreams that reduce overall system costs
- Make suggestions to the statutory commissioners on changes to current contractual arrangements which would improve service delivery and secure performance and value for money
- Ensure the achievement of all performance standards and key performance indicators (KPIs) within existing contracts
- Deliver improvements in outcomes (both nationally mandated outcomes and additional locally relevant outcomes)
- Engage in organisational development offer to develop system leadership

This will involve:

Furthering integration across service provision in the City and Hackney

- Establish a strong collective delivery arrangement across the providers which fully integrates service provision and minimises duplication and overlap
- Ensure that the delivery arrangement works for both the Hackney health and social care system and City of London health and social care system

- Ensure that the health and social care system achieves high quality, patient led services which also secure best practice, reduce unwarranted variations and demonstrates value for money
- Demonstrate the local contribution to the delivery of the North East London STP plans and delivery of the NHS Five Year Forward View

Objectives for 2017/18:

Plan and deliver improvements and efficiencies in year (2017/18):

- Develop a proposition for the local face to face/home visiting service to complement the 111 clinical assessment service and local primary care, consult on this and prepare for mobilization once agreed by the Integrated Commissioning Boards
- Implement the local ambulatory care model to achieve reductions in length of stay and an integrated delivery model with primary and community services
- Management of mental health beds (management of mental health needs to include appropriate levels of bed occupancy and efficient use of inpatient beds and support the review of Continuing Care beds)
- Deliver a £500k QIPP against the baseline budget
- Deliver further QIPP via a focus on reducing length of stay/excess bed day costs at UCL and Barts Health and improving the access to and service available for City residents (including how Paradoc and the Integrated Independence Team interface with City reablement services to make more of an impact on admission avoidance and on LOS/discharge and improving the Community Health Services offer to City residents)
- Development of model for better use of Duty Doctor service (combined offer from Homerton and GP Confederation; Duty Doctor as an alternative to the Primary and Urgent Care Centre): to mitigate the increase in A&E attendances and spend.
- Ensure local compliance with initiatives outlined in the March 2017 NHS England/NHS Improvement letter regarding local A&E performance (further detail in information pack), and reiterated in the NHS Delivery Plan refresh 31st March 2017:
 - Implement “front door” streaming
 - Implement the “high impact change model” for Delayed Transfers of Care

- Achieve and maintain the 95% A&E performance standard (in line with agreed STF trajectory)
- The current NHS and Social Care metrics associated with this workstream are attached and the commissioners will want to agree with the system the improvements which will be achieved and the improvement trajectories for 2017/18. In particular during 2017/18 the system will be expected to:
 - Maintain or reduce the emergency admission rate for the 19-59 year old group (ensuring activity levels stay within activity trajectory for total non-elective admissions submitted to NHS England)
 - Maintain or reduce levels of Delayed Transfers of Care
 - Maintain or reduce in the A&E attendance rate and in particular “minor” cases presenting to A&E (ensuring activity levels stay within trajectory for total A&E attendances submitted to NHS England)
 - Achieve the Better Care Fund metric targets
- Deliver national CQUIN measures and targets on:
 - Proactive discharge
 - Sepsis screening
 - Cardio-metabolic assessment and treatment for patients with psychoses
 - Personalised care and support planning
 - Communication with the GP for patients admitted to mental health unit
 - Ambulance conveyance
 - 111 referrals
- Take forward the RightCare programme relating to Falls (pathway design meeting held, logic model/business case developed and implementation started by September, as per NHS England requirements – more detail in information pack)

Review all current services and plan improvements in outcomes from 2018/19 onwards:

- Manage the unplanned care budget and agree remedial action to be implemented on 1 April 2018 to bring the budget back into balance should PbR spend increase during 17/18
- Review the current contract portfolio, performance within these and drivers of acute activity and make recommendations for any consolidation/alignment to services/contracts – to improve patient outcomes, reduce inequalities, reduce avoidable unplanned care spend, maximize quality and efficiency from services and improve value
- Review the plans to ensure adequate Mental Health care in A&E by March 2018 (ensure that liaison services are ‘core 24’ compliant and delivery of national CQUIN)
- Agree system action plans to take forward the local ‘big ticket items’ linked to this workstream:
 - End of life care (including improving access and provision of individualised care, quality and coordination of care, improvement in management of symptoms/pain, reducing unnecessary hospital admissions, increasing the number of people who die in their preferred place)
 - Dementia (continue to delivery diagnosis standards and robust care planning support)
- Agree system action plans to take forward local transformation initiatives:
 - Enhanced Primary Care (“Quadrants”)
 - Single point of co-ordination
 - Discharge from hospital model, delivering national expectations (e.g. discharge to assess; trusted assessor)
- Linked with the above service delivery changes and/or transformation initiatives, model and agree improvement trajectories for mandated NHS and Social Care outcomes along with agreement on any additional decided local population health outcomes and trajectories attached for 2018/19 onwards

Objectives for 2018/19:

- Deliver system action plans agreed above, alongside improvement in outcomes as per agreed trajectories
- Evidence impact of new delivery models implemented in 2017/18 on agreed metrics

- Manage the unplanned care budget within plan
- Agree remedial action if any deviation from plans
- QIPP (ask TBC)
- RightCare (ask TBC)
- Achieve nationally mandated CQUINs for 2018/19

Ask of the Planned Care workstream

The Planned Care Workstream is asked to establish an accountable care system approach to planned care for the people of Hackney and the City within the overall strategic framework. The partners are expected to work collectively to

- Establish a robust governance arrangement to support collective delivery
- Manage service delivery within the planned care budget:
 - Redirect funding within the workstream that either improves service delivery or reduces cost (or both)
 - Develop service delivery proposals across workstreams that reduce overall system costs
- Ensure a health and social care system wide approach to the delivery of initiatives
- Make suggestions to the statutory commissioners on changes to current contractual arrangements which would improve service delivery and secure performance and value for money
- Ensure the achievement of all performance standards and key performance indicators (KPIs) with existing contracts
- Deliver improvements in outcomes (both nationally mandated outcomes and additional locally relevant outcomes)
- Engage in organisational development offer to develop system leadership

This will involve:

Furthering integration across service provision in the City and Hackney

- Establish a strong collective delivery arrangement across the providers which fully integrates service provision and minimises duplication and overlap
- Ensure that the delivery arrangement works for both the Hackney health and social care system and City of London health and social care system
- Ensure that the health and social care system achieves high quality, patient led services which also secure best practice, reduce unwarranted variations and demonstrates value for money

- Demonstrate the local contribution to the delivery of the North East London STP plans and delivery of the NHS Five Year Forward View

Objectives for 2017/18:

Plan and deliver improvements and efficiencies in year (2017/18):

- Implement the Cancer Plan improvements with a focus on waiting times standards and earlier diagnosis (including delivery of the Quality Premium target for early diagnosis)
- Deliver the medicines management/optimization plans
- Deliver the agreed QIPP plans
- Develop a new cost effective operating model for Continuing Healthcare which delivers 17/18 QIPP and achieves national plan to deliver 85% of CHC assessments in the community (in line with national guidance in relation to Fast Track Continuing HealthCare and as per Quality Premium target)
- Implement the anticoagulation service once agreed by the Integrated Commissioning Boards
- Deliver national CQUIN measures and targets on:
 - Antibiotic prescribing (in addition to Quality Premium targets on antibiotic prescribing)
 - Advice and guidance services to GPs
 - E-referrals
 - Improving assessment of wounds
- Support the RightCare Programme relating to Neurology (pathway design meeting held, logic model/business case developed and implementation started by September, as per NHS England requirements – more detail in information pack)

- The current NHS, Social Care and Public Health metrics associated with this workstream are attached and the commissioners will want to agree with the system the improvements which will be achieved and the improvement trajectories for 2017/18. In particular during 2017/18 the system will be expected to:
 - Maintain or improve admissions to residential and nursing care homes
 - Maintain or improve user satisfaction with social care services
- Institute a review programme for all current outpatient pathways
- Initiate a programme to increase use of diagnostics to support primary care based management and reduce duplication of unnecessary diagnostics
- Deliver mandated targets on IAPT (access, recovery, 6wk and 18wk waiting times, Quality Premium target on improving recovery for BAME groups and access for over 65s), QIPP targets and deliver maintenance of waiting list backlog at zero and first appointment to second appointment waiting times, along with initiatives on employment advisor workstream with DWP, IAPT provision for pts with LTC, new service for mild to moderate perinatal patients, interface with psychosexual Health Service, e-CBT

Review all current services and plan improvements in outcomes from 2018/19 onwards:

- Manage the planned care budget and agree remedial action to be implemented on 1 April 2018 to bring the budget back into balance should PbR spend increase during 17/18
- Review the current contract portfolio, performance within these and drivers of acute activity and make recommendations for any consolidation/alignment to services/contracts – to improve patient outcomes, reduce inequalities, reduce avoidable unplanned care spend, maximize quality and efficiency from services and improve value
- Reduce avoidable demand for elective care by maintaining or improving referral rates (increasing e-referrals) and reducing outpatient follow-ups – develop a plan which will implement a radical approach to the current outpatient model and reduce face to face contact
- The workstream will need to develop a system action plan to take forward the ‘big ticket’ item relating to housing
- Support STP plans around improving elective surgical outcomes and North East London model
- Develop a plan to address clinical practice variation across primary and secondary care

- Review the support offer to local care and nursing homes
- Develop a plan for future management of medicines management support
- Linked with the above service delivery changes and/or transformation initiatives, model and agree improvement trajectories for mandated NHS and Social Care outcomes along with agreement on any additional decided local population health outcomes and trajectories attached for 2018/19 onwards
- Improve care for those Learning Disabilities (improved screening uptake including cancer screening, increase employment and training opportunities, increase uptake of annual health reviews and health action plans, plan to address any areas of poor performance/gaps identified in latest SAF, deliver Transforming Care Partnership's local objectives to better support local people with challenging behaviour, input to strategic review of the current integrated Learning Disabilities service)

Objectives for 2018/19:

- Deliver system action plans agreed above, alongside improvement in outcomes as per agreed trajectories (including NHS Constitution standards: Referral to Treatment and IAPT)
- Evidence impact of new delivery models implemented in 2017/18 on agreed metrics
- Manage the planned care budget within plan
- Agree remedial action if any deviation from plans/trajectories
- QIPP (ask TBC)
- RightCare (ask TBC)
- Achieve nationally mandated CQUINs for 2018/19

Ask of the Prevention workstream

The Prevention Workstream is asked to establish an accountable care system approach to prevention for the people of Hackney and the City within the overall strategic framework. The partners are expected to work collectively to:

- Establish a robust governance arrangement to support collective delivery
- Ensure a health and social care system wide approach to the delivery of prevention initiatives
- Manage service delivery within the prevention budget
 - Redirect funding within the workstream that either improves service delivery or reduces cost (or both)
 - Develop service delivery proposals across workstreams that reduce overall system costs
- Make suggestions to the statutory commissioners on changes to current contractual arrangements which would improve service delivery and secure performance and value for money
- Ensure the achievement of all performance standards and key performance indicators (KPIs) within existing contracts
- Deliver improvements in outcomes (both nationally mandated outcomes and additional locally relevant outcomes)
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- Demonstrate the local contribution to the delivery of the North East London STP plans and delivery of the NHS Five Year Forward View

Objectives for 2017/18:

Plan and deliver improvements and efficiencies in year (2017/18):

- The current NHS, Social Care and Public Health metrics associated with this workstream are attached and the commissioners will want to agree with the system the improvements which will be achieved and the improvement trajectories for 2017/18. In particular during 2017/18 the system will be expected to:
 - Secure improvements in the CCG Improvement and Assessment Framework measures relating to diabetes and ensure a system wide approach to reduce the risk of Type 2 diabetes
 - Deliver Quality Premium target on smoking quitters
- Use the Right Care programme to support the local focus on Circulation (CVD) and Respiratory – improving prevention programmes in place, management of existing conditions and preventing avoidable admissions (RightCare requirements: pathway design meeting held, logic model/business case developed and implementation started by September, as per NHS England directives – more detail in information pack)
- Implement plans to secure delivery of the national CQUIN on screening, brief advice and referral for people who smoke and/or have high alcohol consumption
- Ensure an integrated approach to national plans to increase NHS Health Checks
- Support the local delivery of STP ambitions relating to workplace health, [supporting healthy workplaces and giving healthy messages to workers](#) (alongside delivering national CQUIN on staff health and wellbeing)
- Ensure progress towards making Homerton and ELFT smoke free

Review all current services and plan improvements in outcomes from 2018/19 onwards:

- Review the current contract portfolio, performance within these and drivers of acute activity and make recommendations for any consolidation/alignment to services/contracts – to improve patient outcomes, reduce inequalities, maximize quality and efficiency from services and improve value
- Develop system wide plans to reduce smoking prevalence and inequalities in smoking prevalence across the local population (and worker populations)
- Develop system wide plans to reduce childhood obesity
- In addition to the above, review current services and develop integrated plans to drive primary and secondary prevention (including risk factor management and early detection) of long term conditions in the local population
- Review current initiatives and recommend changes needed to secure a system wide approach to improving the management of long term conditions (LTCs; sickle cell, CVD/AF, Diabetes, COPD/asthma, hypertension, renal) including potential to apply the renal model to other LTC
- Develop plans to increase self-management, access to self-care/advice and link social prescribing to other community based prevention initiatives to support primary prevention initiatives and those with LTC to manage their own health care and wellbeing
- The workstream will need to develop a plan during 2017 to take forward by April 2018 the ‘big ticket’ item relating to employment (working with the [Central London Forward Work and Health Programme](#)) and specifically improving employment rates for those with Learning Disabilities and Mental Health problems
- Work with Planned Care workstream to improve uptake of all screening programmes and adult immunisations
- Develop system wide plans for health and social care organisations to work in a more integrated way to identify and support carers
- Build on existing wellbeing network/’5 to Thrive’ work and suicide prevention plans to improve Mental Wellbeing and reduce rates of suicide

- Work across organisations, including voluntary sector, to reduce social isolation and the impact of this on health and wellbeing
- Increase the number of disabled people and those with complex health needs to benefit from a personal health budget
- Improve the accommodation pathway/care provided to rough sleepers
- Agree, and develop recommendations to implement, the local strategy for a whole systems approach to tackle alcohol-related harm.
- Ensure the substance misuse shared care model with primary care continues to deliver positive outcomes, and improve the support available for young drug and alcohol users to quit by strengthening links with the criminal justice system and mental health services.
- Implement required improvements to the support available to substance misusers with complex needs, informed by the results of an evaluation of the Multiple Needs Service.
- Develop and implement system wide plans to reduce STI prevalence and improve the sexual health of the local population, including in high risk groups
- Linked with the above service delivery changes and/or transformation initiatives, model and agree improvement trajectories for mandated NHS and Social Care outcomes along with agreement on any additional decided local population health outcomes and trajectories attached for 2018/19 onwards

Objectives for 2018/19:

- Deliver system action plans agreed above, alongside improvement in outcomes as per agreed trajectories
- Evidence impact of new delivery models implemented in 2017/18 on agreed metrics
- Agree remedial action if any deviation from plans
- QIPP (ask TBC)
- RightCare (ask TBC)
- Achieve nationally mandated CQUINs for 2018/19

