

Clinical Commissioning Group Update

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

Date: 22 June 2017

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

3. Detail

Accountable Care System

- 3.1 The Next Steps for the Five Year Forward View (March, 2017) outlined the requirement for CCGs to take forward Accountable Care Systems across health and social care. This is looking at different parts of the system, from GP practices to hospitals, social care and urgent care centres, for everyone to work together to provide high-quality care for patients. This makes the system less complicated, less fragmented, and reduces hospital delays. Getting referred needs to be more straightforward as everyone who needs to work together with a patient are part of the same team, using the same system.
- 3.2 The new national care models suggest we consider aligning services to defined geographies which are 'place based'. A place-based model suggests that care needs to be organised around different geographies and population groupings.

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This reflects the need to deliver local, joined up care for different patient groups as well as the need to manage some services across a wider geography due to scarcity of resources, workforce or demand. This considers the different levels of provision that may be required within Swindon and across neighbouring geographies:

- Tier 1: 50,000 – 80,000 population: Organising care around defined populations
- Tier 2: circa 250,000 - 500,000 populations: most planned care and Urgent and emergency care services and some services may still operate at a hub and spoke model
- Tier 3: Over 1m population: Some services, as is currently the case, will need to be delivered on a much wider scale. This would include some specialist services outside of the area (known as tertiary services) where complexity and volume require such a scale.

3.3 In developing new models of care in Swindon there are a range of issues which need to be considered including differing service delivery and several enabling work streams to support these new models. A clinical leader's event was held in May where over 100 clinicians attended a workshop to outline the functions of an Accountable Care System. The work streams that were agreed at the workshop were:

- **Proactive and preventative care**
To support healthy communities, particularly with the growing size of Swindon. Key to this will be community empowerment and engagement activities. This work stream needs to include a wide range of partners, stakeholders and our public.
- **Urgent and Emergency Care**
To address significant challenges to the capacity in place to support people wishing to access on the day services, some of whom will be in crisis and require an immediate response. Areas to consider are: Single telephone number for Swindon, with on line alternative\Clinical triage of all requests, using new technologies\Face to face appointments same day, with access to patient records, but no guarantee of continuity of practitioner, in a local venue but not necessarily at the local GP practice, with direct access to diagnostics and secondary care advice\Supported by new clinical roles – Advanced Nurse Practitioner, Paramedic.
- **Chronic Disease management and ongoing care**
Key to managing the urgent care demand is the development of services for those with Chronic and multi co-morbid diseases. Patients identified by risk stratification tools with generic and specialist clinics delivered through a multidisciplinary team approach, including secondary care specialist. These

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would be delivered in defined clinical localities in community health premises and fewer people seen in hospital settings

- **High intensity care**

Dedicated community teams focussed on supporting those with the most intensive care needs for a time limited period, possibly using virtual ward model. Based in three localities with regular multi-disciplinary team reviews of target groups such as over 75s admitted to hospital with secondary care input. This would include specialist continuing health care, mental health and learning disability specialists.

- 3.4 There will be a range of enabler work streams for example IT, workforce and will include a communication and engagement plan. There are ongoing meetings with key stakeholders including SBC in the development of Accountable Care. There have been Board to Board events: Swindon CCG and Great Western Hospitals NHS Foundation Trust, Clinical events, Swindon CCG GB development session, CLG meeting and across the STP footprint.

Urgent and Emergency Care

- 3.5 A key priority for Swindon during 2017/18 is to ensure the Accident and Emergency (A&E) 4 Hour Standard target is met (95%) and reduce the numbers of Delayed Transfers of Care (DToC).
- 3.6 To achieve this, the CCG, together with partners, has developed a comprehensive joint A&E Improvement Plan. This Improvement Plan aligns local actions to the five-national must-do's (A&E, patient flow, discharge, Ambulance and NHS111).
- 3.7 In addition to this, a joint DToC Action Plan has been developed which aligns to the five work streams comprised within the Swindon DToC Programme, as well as incorporating eight high impact actions to support reductions in delayed discharges from hospital. These impact actions include how to improve care to care homes, increase 7 day working capacity and improve patient flow processes, including IT.
- 3.8 Operational oversight of these plans is retained by the DToC Board and the Urgent Care and Discharge Working Group. This is to ensure implementation of the actions and addressing any issues that arise. Any successes and issues will be escalated to the A&E Delivery Board who hold strategic oversight of this plan.
- 3.9 The DToC Board and Urgent Care and Discharge Working Group comprise members from Swindon CCG and Borough Council, GWH Acute and Community, Primary Care, Voluntary Sector, Wiltshire Council and CCG, and SWASFT (Ambulance Trust). The DToC Board welcomed a new Chair during

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2017, who is also a representative Non-Executive Director of GWH Executive Board.

- 3.10 In early 2017, NHS England guidance was released which, as part of the wider transformation of urgent and emergency care services, set out the requirements for all systems to ensure a robust patient streaming service (from ED) be in place, by September 2017. This guidance identifies that streaming of some patients away from highly pressured ED's to co-located GP led primary care services will ensure patients receive the care that they need and improve performance against the four-hour standard. For Swindon, this means the existing streaming model will need to be re-designed to comply with best practice and to achieve the necessary positive impact on ED.

Diabetes Transformation

- 3.11 The Community Led Diabetes Transformation Programme has been set up to improve diabetes care in Swindon. We currently have a high spend on diabetes but with low outcomes for patients. There are also low numbers of diabetes patients attending their diabetes reviews and structured education which is important for management of their condition. We are working with Diabetes UK, GWHFT including the Community Service, Public Health and Patients on this programme which includes four transformational work streams (in bold) and include the key objectives (bulleted):

3.12 Medicines Optimisation

- To reduce local variance and prescribing costs due to primary care diabetes prescribing costs being significantly above the England average.
- The team will agree local prescribing guidelines to ensure cost effective use of NHS resources and equipment ie. Blood glucose strips and to investigate switching of analogue insulins

3.13 Structured Education

- To review existing services, identifying gaps in local service provision ie BME groups.
- Optimising current service delivery and increase the offering of structured education to patients.

3.14 Community Led Community Service

- To develop and improve the effectiveness and integration across secondary care and the community diabetes service.

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- To improve the delivery of care and management for patients receiving their annual review.
 - To reduce the risk of all diabetic complications by targeting and supporting practices ensuring an increase in Treatment Targets achievement recommended by NICE, specifically younger people with either Type 1 or Type 2 diabetes who are less likely to achieve all three treatment targets than their older counterparts.

3.15 Diabetic Foot

- To carry out review of existing referral pathway, guidelines and protocols ensuring communication is consistent across the whole system
- To strengthen and develop the foot teams to deliver full scope of practice across acute and community care resulting in timely care and increased access for appropriate patients

Swindon NHS Health Centre

- 3.16 The new Swindon Health Centre on Fleming Way in the town centre opened on Monday 12 June 2017. The Swindon NHS Health Centre will replace the Swindon Medical Centre at Carfax Street and will include a pharmacy, two GP practices, dental and podiatry services, among other NHS services.
- 3.17 The four-storey building, which sits alongside a new 850-space multi-storey car park, has been developed by NHS Property Services, supported by NHS England, NHS Swindon CCG and Public Health Swindon.
- 3.18 The official opening of the building is being planned for September 2017.

Community Services Contract Update

- 3.19 The Community Contract continues to move towards signing a formal contract following a period of transition and due diligence carried out by GWHFT, Swindon CCG and Swindon Borough Council. The individual schedules within the contract are largely agreed. There is a service development improvement plan for each of the services included within the contract documentation which will be the basis of collaborative working to make service improvements.
- 3.21 The contract signature target date is Friday 16 June 2017.

4. Alternative Options

- 4.1 None

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5. Implications, Diversity Impact Assessment and Risk Management

5.1 Legal and Human Rights Implications

N/A

5.2 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

N/A

5.3 Diversity Impact Assessment

A DIA has not been completed for the purposes of this update.

5.4 Risk Management

N/A

6. Consultees

The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports..

7. Background Papers

7.1 None.

8. Appendices

8.1 None.