Health... at the heart of life in Blackpool

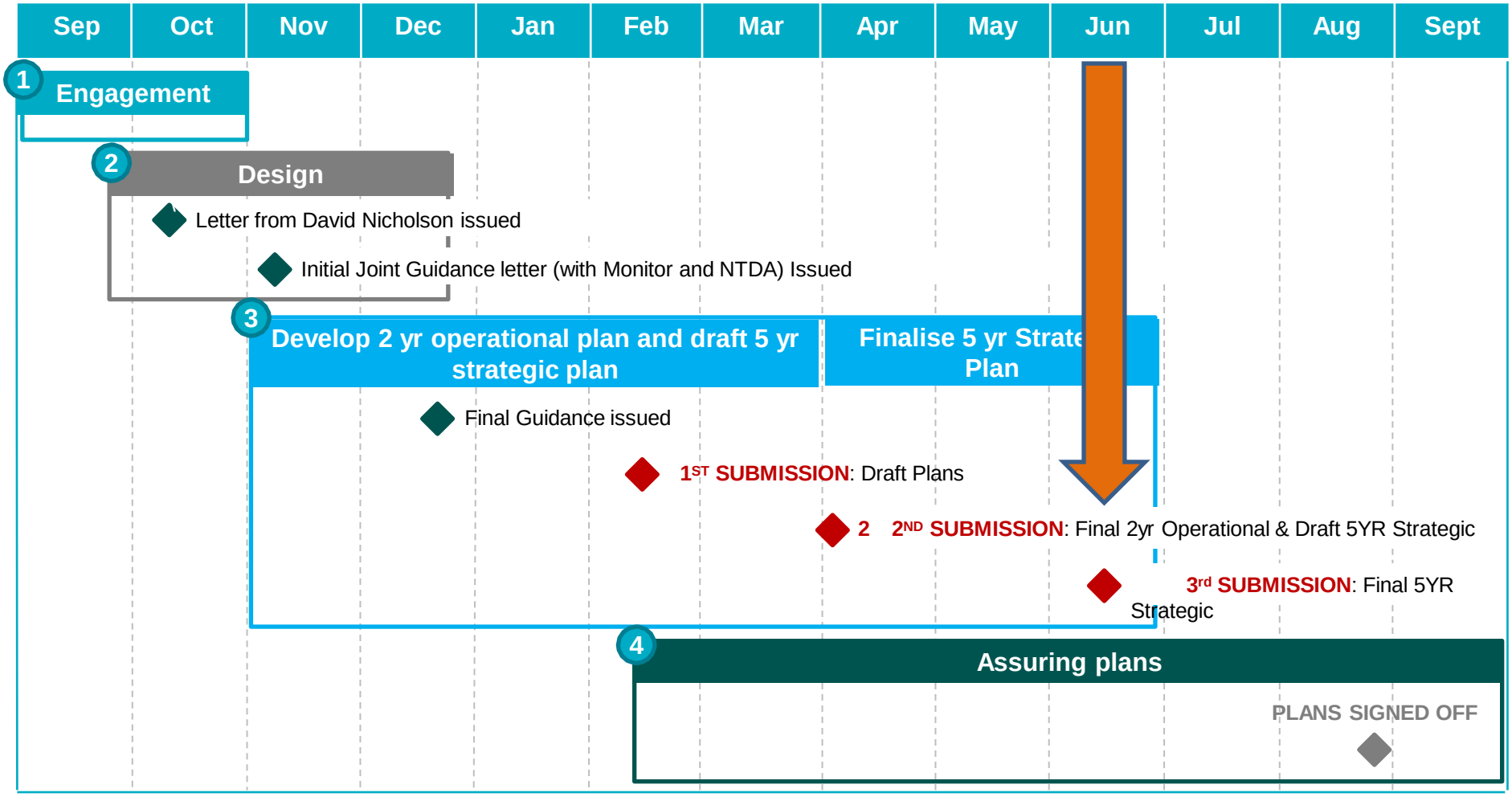
NHS Blackpool Clinical Commissioning Group

Appendix 9a

NHS Blackpool CCG Strategic Plan 2014-19

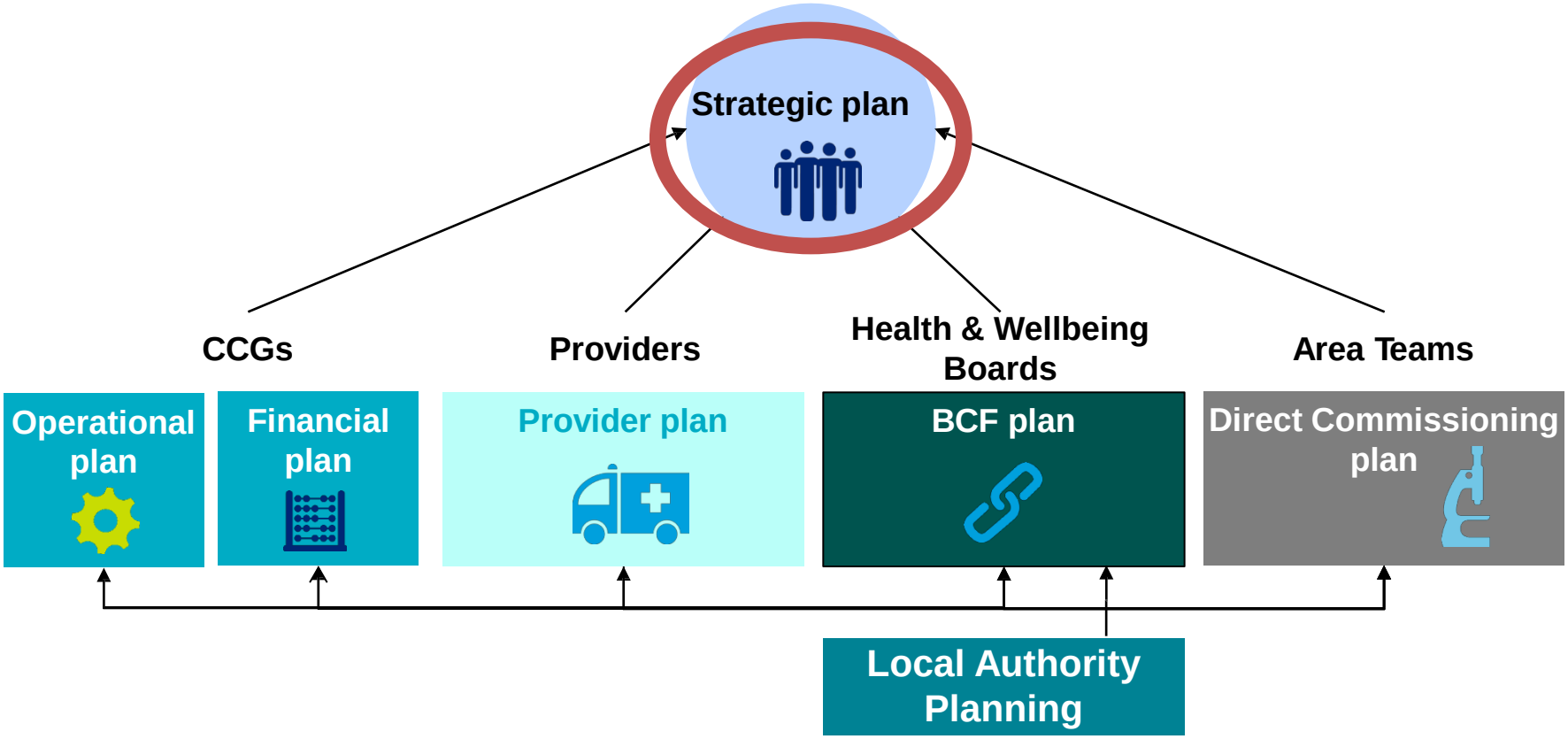
NHS
Blackpool
Clinical Commissioning Group

What is the Planning Timeline?



NHS
Blackpool
Clinical Commissioning Group

The Plans



The Strategic plan will be owned and signed up to by whole health economy. It includes:

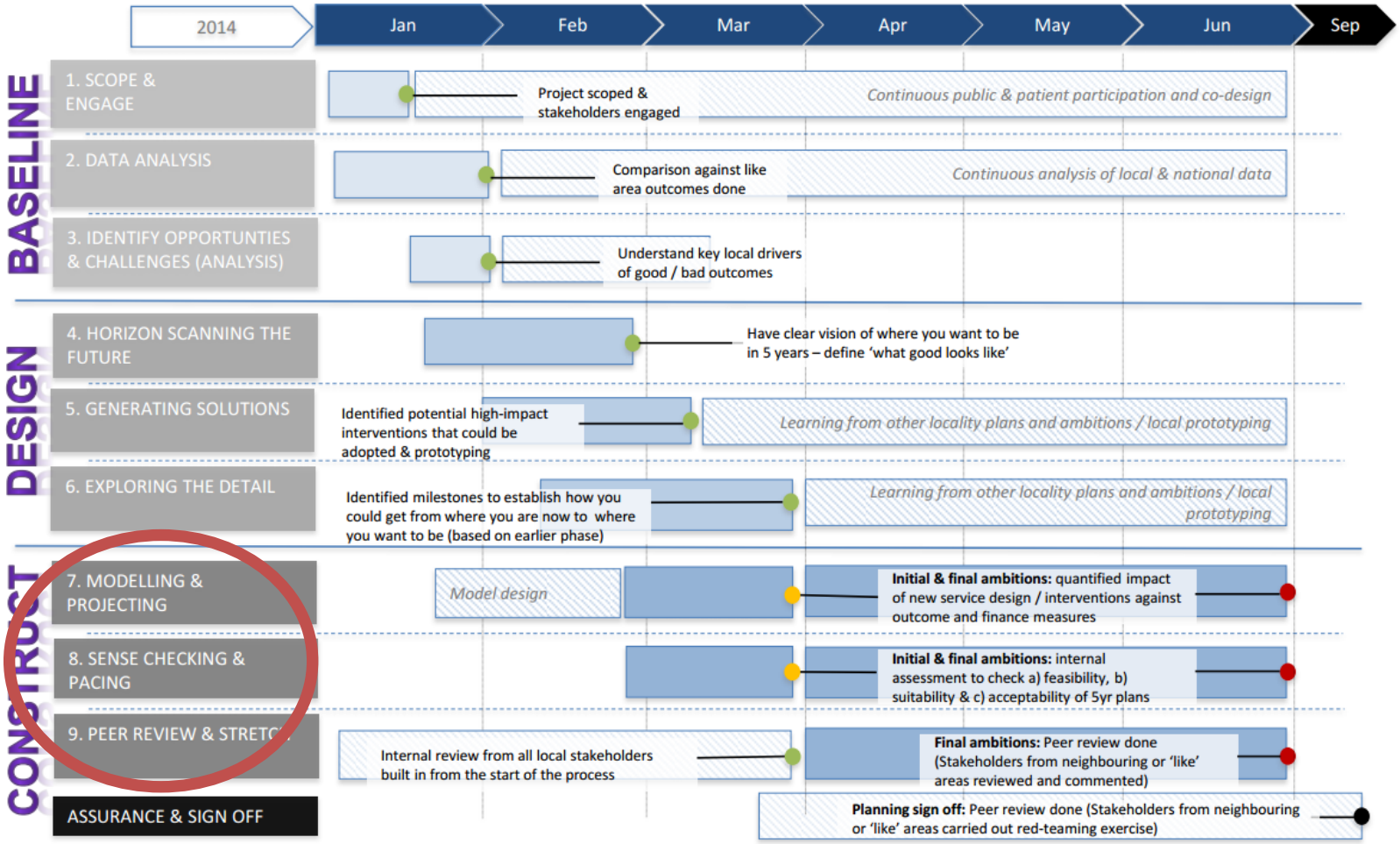
- 'Plan on a page'
- Signposted key lines of enquiry return
- Improvement against the 7 outcomes

NHS
Blackpool
Clinical Commissioning Group

5 Year Strategic Plan - Where are we?

Framework: **Timeline**

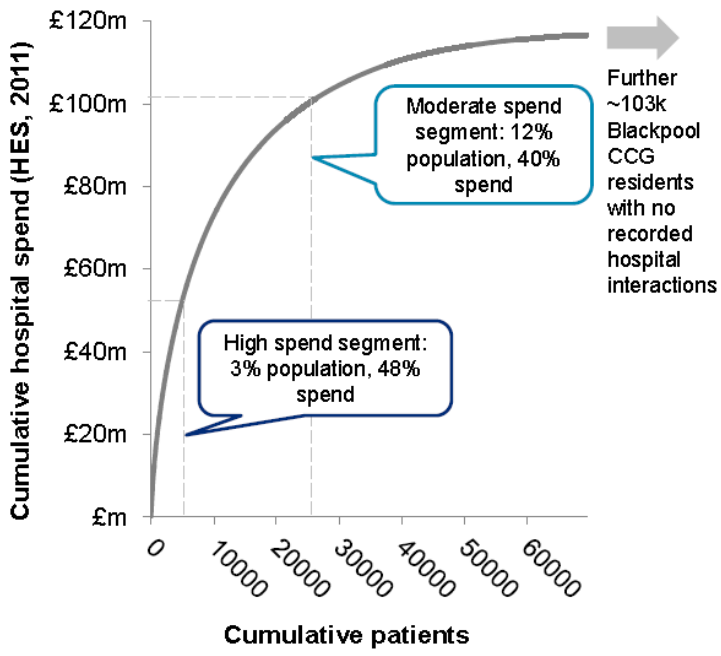
Given the tight timescales, during our workshops participants identified a number of key deliverables over the next 9 months. These are set out below as a suggested project plan / high level milestone chart which local areas could use to plan their work to develop plans and ambitions for improving outcomes.



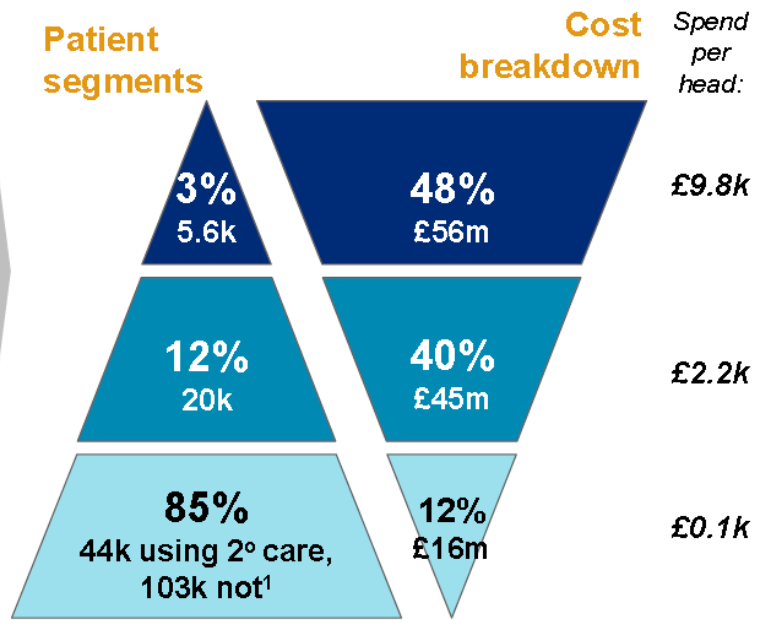
How Oliver Wyman cut the data

Secondary care spend segmentation for Blackpool CCG residents

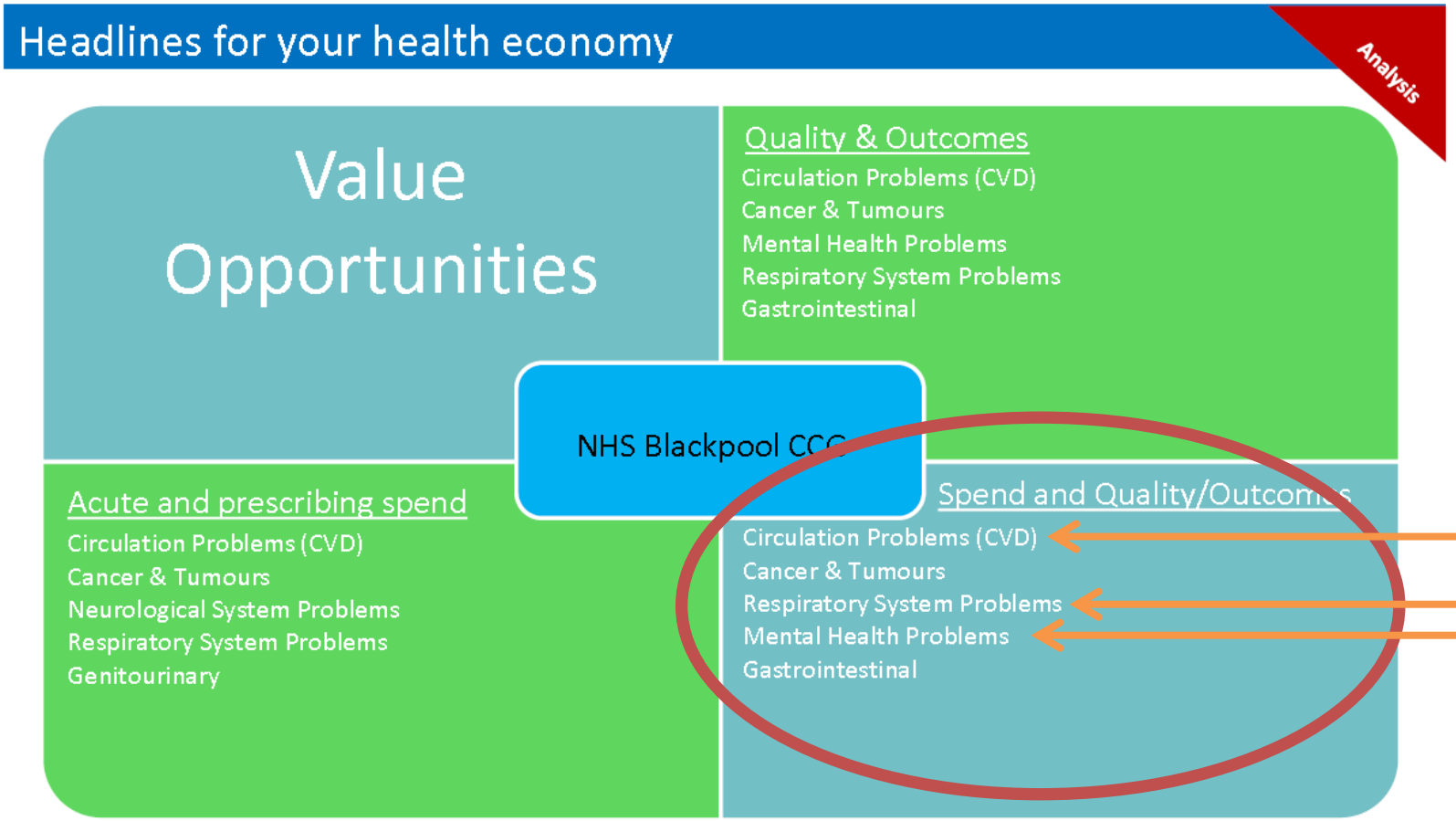
Cumulative hospital income
Blackpool CCG residents, HES 2011 income



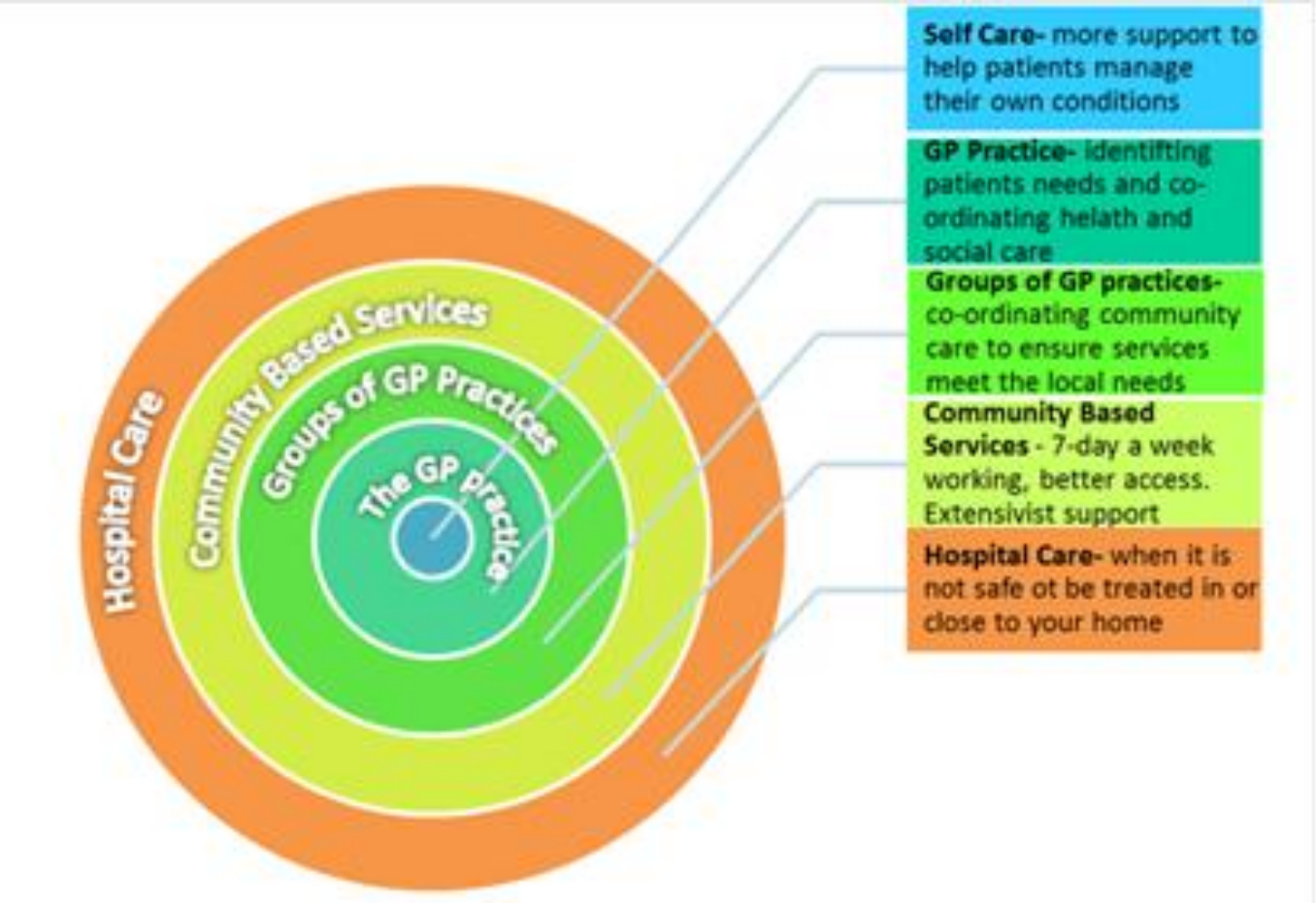
Patient segmentation by hospital spend
Blackpool CCG residents only



How Right Care cut it

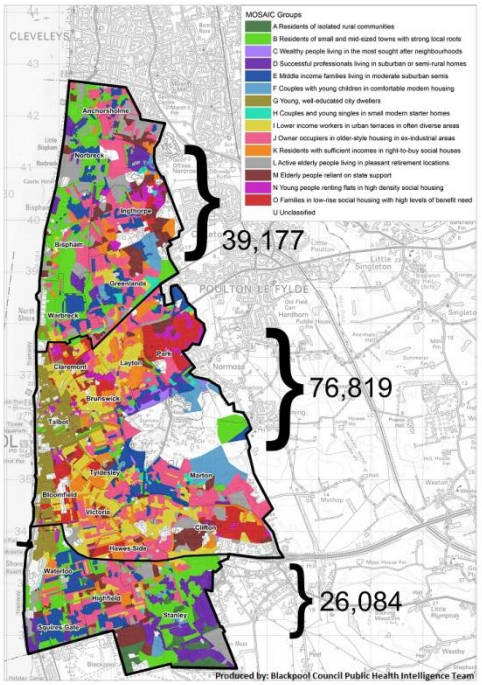


New Model

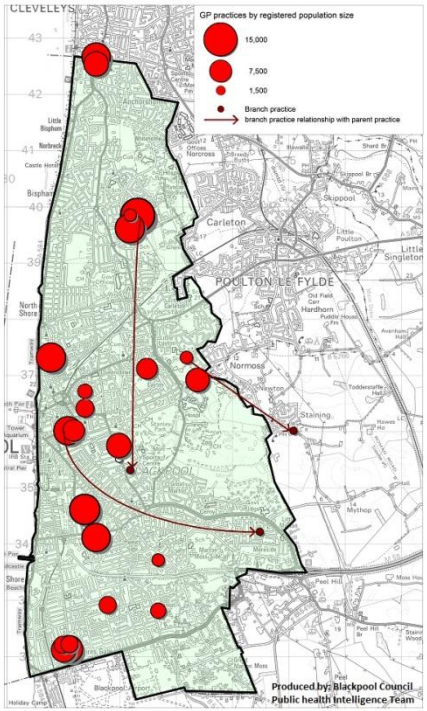

Hospital Care
Community Based Services
Groups of GP Practices
The GP practice
Self Care- more support to help patients manage their own conditions
GP Practice- identifting patients needs and co-ordinating helath and social care
Groups of GP practices- co-ordinating community care to ensure services meet the local needs
Community Based Services - 7-day a week working, better access. Extensivist support
Hospital Care- when it is not safe ot be treated in or close to your home

NHS
Blackpool
Clinical Commissioning Group

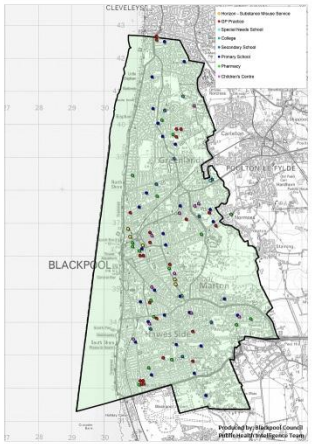
Clinical Engagement- Mapping practices and resources



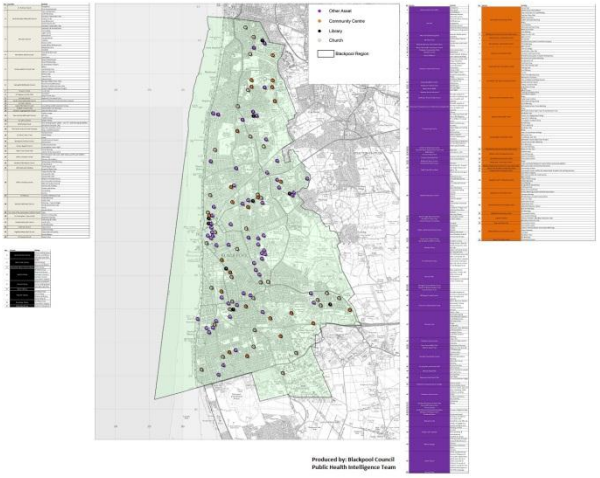
Mosaic Groups of population



Practice location and size

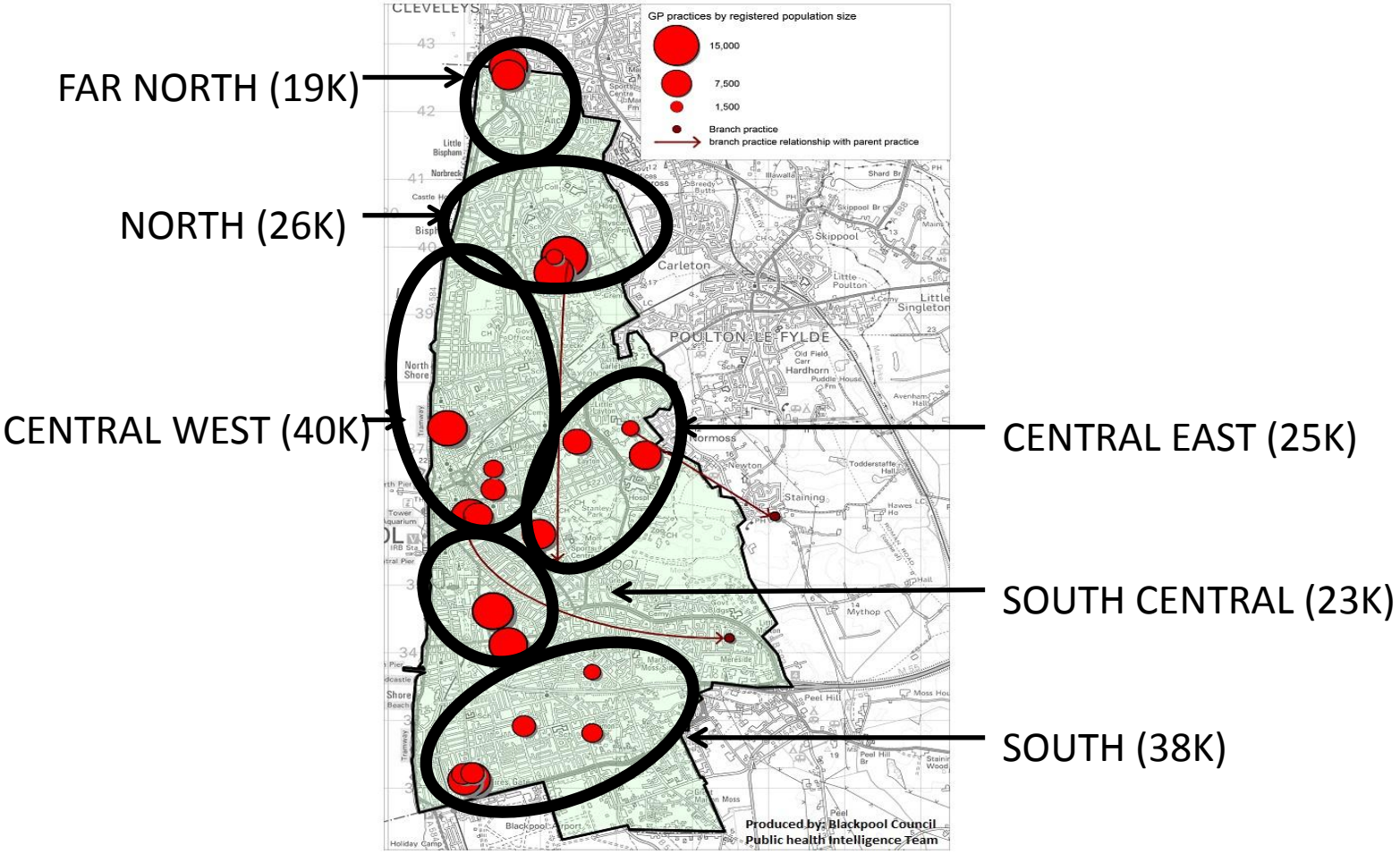


Existing services

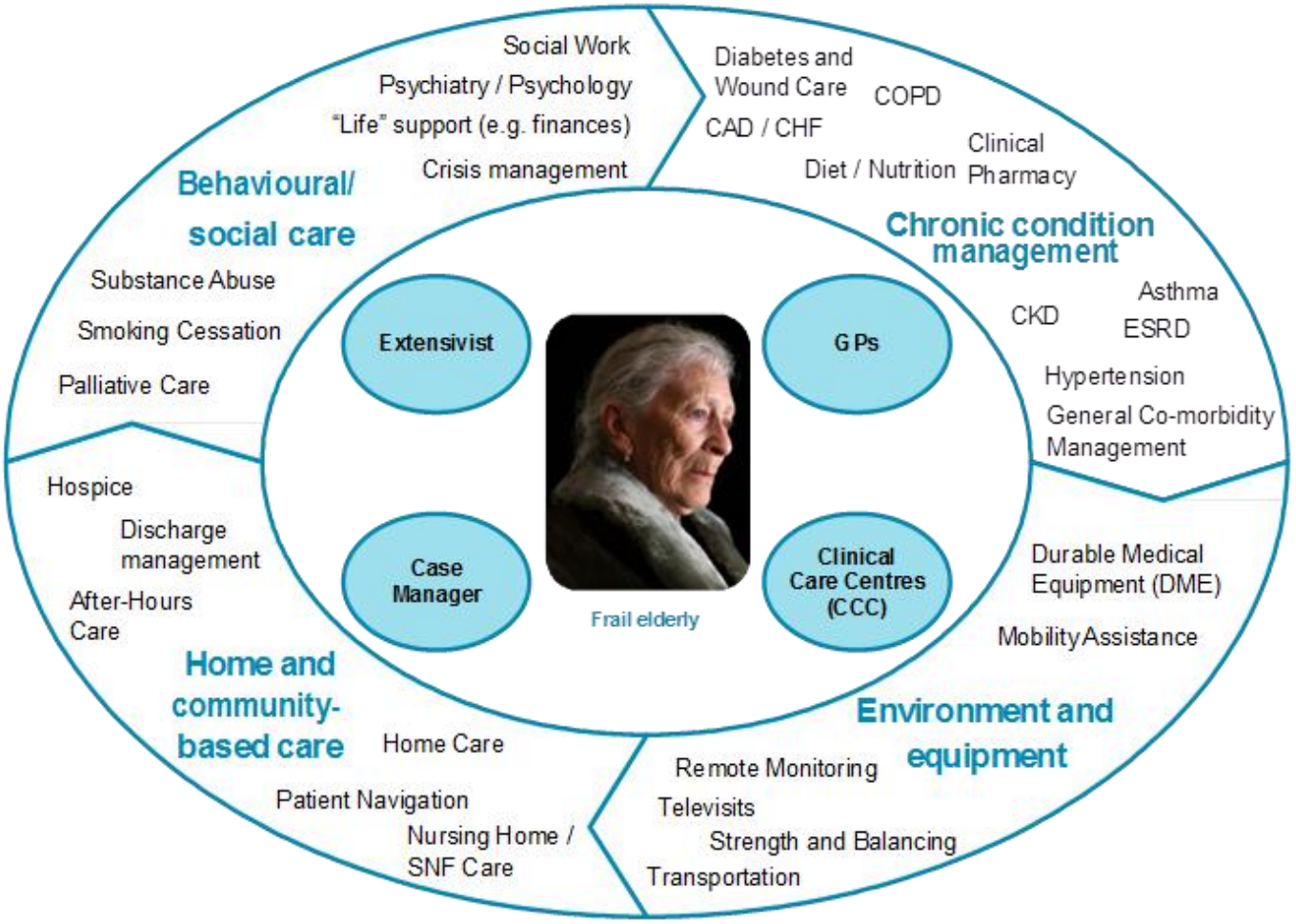


Libraries, churches etc.

Neighbourhoods



Extensivist



Extensivist

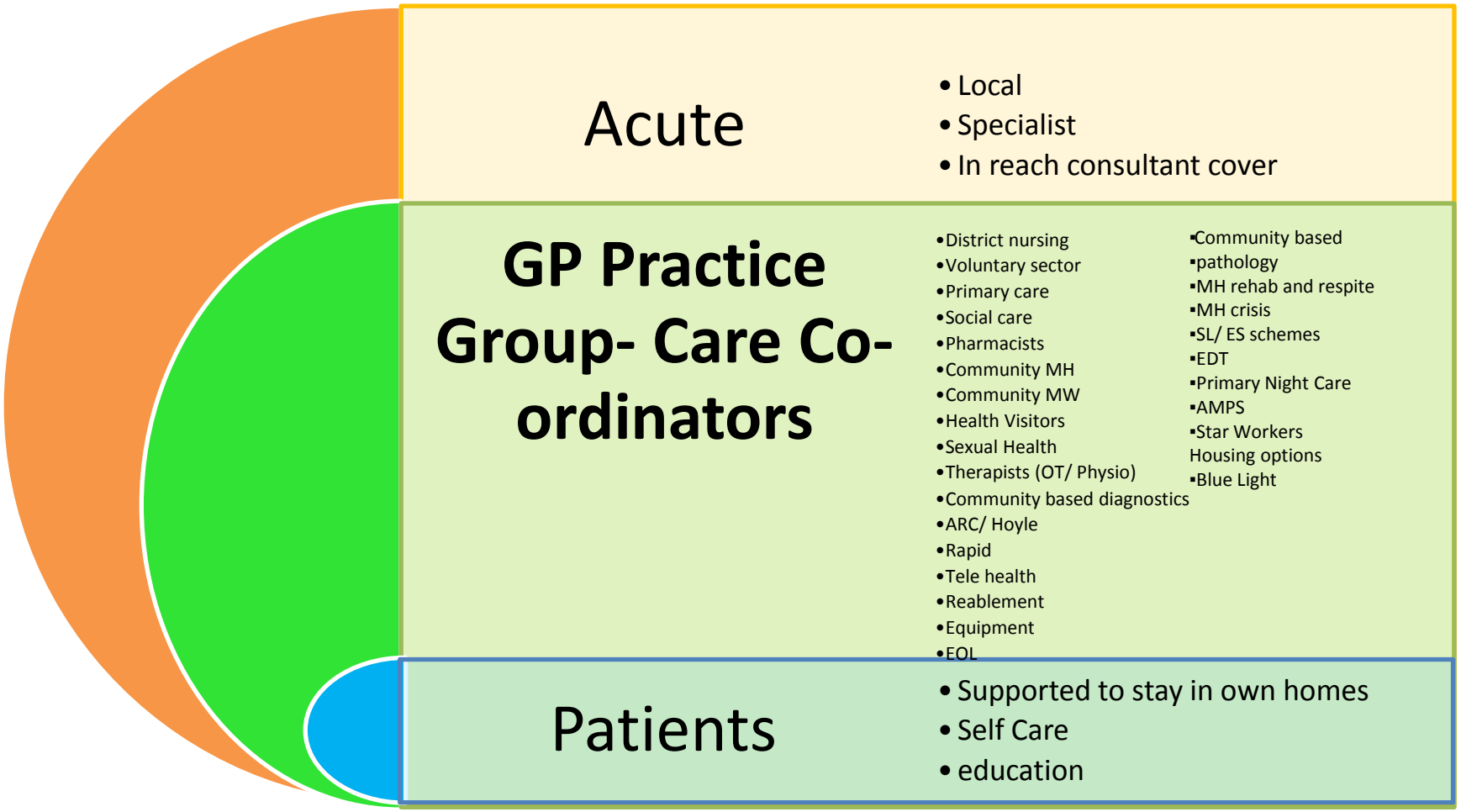
- Focused on the sickest of the sick patients, who are typically at the top of the pyramid and have a wide range of healthcare needs
- Fundamentally different way of delivering care, around the needs of the patient cutting across all aspects of health and social need: medical, social, psychological, functional and pharmaceutical

Impact

1. more effective condition management
2. patient satisfaction improves
3. by breaking the cycle of reactive interventions, hospital admissions are reduced by ~25% and outpatient and A&E attendances decline by ~20%.
4. When hospital admission is necessary the length of stay can be reduced by the availability of rehab care outside hospital managed by the Extensivist

NHS
Blackpool
Clinical Commissioning Group

Enhanced Primary Care



NHS
Blackpool
Clinical Commissioning Group

Sections of the plan

Contents

Introduction 3

Executive Summary 4

Part 1 – The Story of Blackpool 7

Part 2 Foundations for Delivery 15

Part 3 System Vision for Commissioned Services 25

Part 4 Finance and Activity 43

Part 5 Engagement and Partnership 45

Part 6 Outcomes 49

Part 7 Risks 54

Part 8 Governance and Delivery Systems 56

Appendices 64

Draft - plan on a page 2014/15

NHS Blackpool Clinical Commissioning Group

TRANSIENCE

AGEING POPULATION

UNEMPLOY-MENT/ LOW WAGE

POOR CHILD OUTCOMES

RISK TAKING POPULATION

POOR HOUSING

"Together we will make Blackpool a place where all people can live longer, happier and healthier lives by commissioning better health care"

- Additional years of life
- Improve quality of life for patients with LTC
- Reduce avoidable hospital admissions
- Increase the number of people living independently
- Positive experience of hospital care
- Positive experience of General Practice and community care
- Eliminating avoidable hospital deaths

BETTER CARE FUND/ OUT-OF-HOSPITAL STRATEGY

SELF CARE	➢ Support to empower patients to manage their own conditions ➢ Telehealth/ telemedicine	➢ Focused use of social media ➢ Lifestyle/ health coaching
GP PRACTICE	➢ Enhanced Primary Care ➢ Community Orientated Primary Care ➢ Unscheduled primary care	➢ Improved access ➢ Co-commissioning of primary care
NEIGHBOUR-HOODS	➢ Groups of GP practices co-ordinating care needs ➢ Integrated Mental Health teams ➢ Development of the workforce skill	➢ Developing Co-commissioning to deliver the new agenda ➢ Asset based community development ➢ Community health workers
COMMUNITY SERVICES	➢ 7-day working ➢ Supported by Extensivist for high risk patients ➢ Out-of-hospital strategy ➢ Increase use of technology	➢ falls reduction ➢ promote self care ➢ pressure ulcer & HCAI reduction
HOSPITAL	➢ Care in hospital when it is not safe to deliver similar care elsewhere ➢ Smaller local hospital	➢ Evidence based pathways ➢ To reduce harm, HCAI and avoidable admissions

PARITY OF ESTEEM

RIGHTCARE APPROACH

ALTOGETHER NOW

CARDIOVASCULAR DISEASE RESPIRATORY DISEASE MENTAL HEALTH

Questions