Annual General Meeting

16 September, 2015
Mandolay Hotel, Guildford
5.00pm – 6.30pm

Shaping healthcare for you … and your family
Programme

Welcome – Dr David Eyre-Brook

A Year in View – Dr Jonathan Inglesfield & Dr Darren Watts

Integrated Care
Planned Care
Children’s Commissioning Medicines Optimisation

Unplanned Care Carers

A Year in View – Dr Sian Jones & Dr David Eyre-Brook

Equality
Finance

Public and Patient Engagement
Risk

Joint working with RSCH – Jane Williams

Looking ahead – Dr David Eyre-Brook

Questions and open panel discussion

Shaping healthcare for you … and your family
A Year in View
Integrated Care

• **Better care & integration** to enable people to stay well, stay at home and return home sooner from hospital

  – Key Projects include:
    • My Care My Choice
    • Age UK pilot to avoid hospital admissions
    • Integrated Care and Assessment Service (ICAS) at Royal Surrey County Hospital
    • Integrated Rapid Response and reablement services

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A Year in View
Planned Care

• **Community Gynaecological Service**
  – One-stop service provided by GPs gives patient choice and reduced waiting times

• **Ophthalmology Locally Commissioned Service**
  – Provides services previously available in outpatients in high street opticians i.e. care for glaucoma, cataracts and wet age-related macular degeneration

• **‘Totally Health’ Coaching**
  – Self-management programme for patients with Chronic Obstructive Pulmonary Disease (COPD)
A Year in View

Unplanned Care

• RESET – optimising patient flow through Royal Surrey County Hospital

• Accessing patient records to improve care for unplanned / emergency care

• Nov14 to Jan15 – Eagle Radio campaign to highlight alternatives to A&E and use of NHS 111 service
  – Measurable reduction in A&E attendance reported

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A Year in View
Children’s Commissioning

• Improving access to Child and Adolescent Mental Health Services

• Improving healthcare for Looked After Children

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Medication reviews to provide the right medicine at the right time:

- For high risk patients
- To reduce waste

- For patients in care homes
- To save money

£26 million spent on medicines per year in Guildford and Waverley

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A Year in View

Carers

19,220 Adult Carers and estimated 2,493 Young Carers in Guildford and Waverley

- Top priority is to identify and register more carers with GP Practice and increase take up of carers breaks
  - Guildford and Waverley funded 425 breaks from allocation of 429
  - Carers registered with GP risen by 15% from 3,088 in 2014 to 3,560 in 2015
- Refreshed Surrey Young Carers’ strategy approved in November 2014

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A Year in View

Equality

• Key projects focused on reducing inequalities

Improving access:
• Plans developed for new outpatient services on Haslemere Hospital site to bring services to rural parts of CCG

Integration for older people:
• Engagement via 2 PPE forums to help shape Integrated Care Model

Alcohol Liaison Service:
• Service commissioned at Royal Surrey County Hospital to support patients who are alcohol dependent.

Learning disabilities:
• Learning Disability Liaison Nurse at RSCH
• Referral Support Service support for patients with additional requirements

• Equality Analyses completed

• Older People’s Day Assessment Service
• Community Dermatology Service
• Referral Support Service (RSS)

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## A Year in View

### Patient and Public Engagement

<table>
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<tr>
<th>April 2014</th>
<th>July to October 2014</th>
<th>October 2014</th>
<th>February 2015</th>
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<tbody>
<tr>
<td><strong>What could seven day a week health care mean to our residents and health care professionals?</strong></td>
<td><strong>CAMHS consultation - public engagement has shaped service procurement</strong></td>
<td><strong>Integrated Care in Guildford and Waverley</strong></td>
<td><strong>Equality listening event</strong></td>
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**Shaping healthcare for you ... and your family**
A Year in View
Finance: 2014 – 2015 Summary

• **Significant pressures** within acute contracting, prescribing costs and delivery against the overall Service Transformation Programme

• **Achieved statutory duty** to maintain financial balance and to keep expenditure within its resource limit

• **Achieved 1.3% planned surplus** (£3m) from £237m budget. Target was 1%.
  – Achieved through deployment of non-recurrent resources, contingency funding and support from other CCGs

• **Investments made for**
  – Primary Care to support the Frailty initiative, equivalent to £5 per head of practice population
  – Continuing Healthcare as part of the national risk pool
A Year in View
Finance: 2014 – 2015 Commissioning Expenditure

- Acute: £134m
- Mental Health: £21.1m
- Community Services: £19.8m
- Continuing Healthcare: £16.8m
- Primary Care: £4.6m
- Prescribing: £29.2m
- Voluntary Sector Grants/Services: £1.3m
- Other Corporate Costs: £2.6m
- Corporate Running Costs: £4.8m
- Surplus: £3.0m

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A Year in View
Finance: Healthcare in numbers

2013/14: 219,775 population
£228m CCG budget equates to £1,034 funding per person
21,277 Elective admissions
16,559 Emergency admissions
437,257 Outpatient attendances
51,175 A&E Attendances

2014/15: 221,960 population
£237m CCG budget equates to £1,067 funding per person
29,645 Elective admissions
19,518 Emergency admissions
439,867 Outpatient attendances
56,732 A&E Attendances

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## A Year in View

### Responding to Risk

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<th>Risk</th>
<th>Addressed by</th>
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| If the CCG does not achieve financial balance, it will not comply with its statutory duty | • CCG financial recovery plan in place for 2015/16, with NHS England oversight  
• Governing Body and Committee oversight |
| If the CCG fails to achieve its service transformation improvement target, the CCG will not achieve financial balance. | • Joint working with Royal Surrey County Hospital to achieve financial efficiencies  
• Internal ‘deep dive’ review for all schemes at Month 5 of financial year  
• Independent review (Deloitte)  
• Organisation restructure for delivery and focus |

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## A Year in View

### Responding to Risk

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| If the CCG does not keep within its reduced running costs allocation, it will breach its statutory duty to breakeven | • Joint working with CCGs and other organisations to identify opportunities for further collaboration  
• Regular reviews of corporate costs to identify areas for improvement and savings |
| If integrated care is not implemented effectively, capacity and demand for emergency admissions and attendances will not reduce | • Progress reviewed via steering group and locality meetings  
• Regular monitoring across GP Practices  
• Pilot for proactive care team |
Joint working with RSCH
Jane Williams, Continuing Healthcare Lead

• Two CCG staff members identified to work at RSCH and act as lead for Partnership working

• Projects include:
  – Reduction in Length of Stay
  – Fast Track & Continuing Healthcare patients
  – Complex case management
  – Community Hospital Liaison
  – Nursing Homes

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Joint working with RSCH
Hospital Implementation Group

• Fortnightly Forum to identify blocks in care pathways

• Work Streams

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<th>Head and Neck Transformation</th>
<th>Transport</th>
<th>Fast Track</th>
<th>Discharge to Assess</th>
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<td>Carers Support</td>
<td>Acute to Community Flow</td>
<td>Equipment</td>
<td>Integrated Care</td>
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• Clinical visits to a variety of setting including RSCH, GP practices, Community Hospitals and Care Homes

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Joint working with RSCH

Fast Track

- RSCH pilot to reduce Length of Stay (LOS)
- Allow discharge to preferred place
- QIPP and Winter Pressures
- Training and scope of eligibility

Whole System Working developed to:
  - Reduce LOS
  - Models of integrated care
  - Increase in patients returning home
  - Improve communication with GP and Community teams
  - Reduce number of patients dying within RSCH when care can not be sourced

- Challenges - Access of Care, Domiciliary Care, Eligibility scope and review, education needs and ongoing sustainability

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Joint working with RSCH

Working Together for Patients

- Drives changes and delivers
- Getting to the right place together
- Joint communication
- Patient focussed
- Supports wider CCG aims
- Wider vision and viewpoint
- Whole system achieving

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Looking Ahead
Dr David Eyre-Brook

• 2015/16 Commissioning Intentions

• Integrated health and social care in 5 localities across Guildford and Waverley

• Public engagement for development of community services and stroke services in Surrey

• Impact of merger – Royal Surrey County Hospital and Ashford and St Peters’ Hospitals

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Questions
Time for you to ask us
To find out what is happening in Guildford and Waverley CCG visit our website and follow us on Twitter and Facebook

www.guildfordandwaverleyccg.nhs.uk

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