

Long-term Strategic Plan 2014-2019 Summary

Our Vision

This document provides a summary of our strategic plans. Our overall vision is to promote good health and wellbeing and to ensure high quality health services for the people of Dudley.

The Principles which we work to:

1. Meaningful involvement of patient and public

Helping the public to take control of their care, receive a more personalised service, have clear information to inform their choices; and more easily share how services are working for them.

2. A clinically led system of healthcare

The public register with their GP and it is through the coordination that their GP provides, that they are able to best access the healthcare that they need. So our future health system will be organised around this key relationship between patient and their GP.

3. Primary Care at our heart

The vast majority of care is either delivered by General Practice or is accessed through it. The success of primary care is therefore central to the future success of our health services locally. So we will co-commission these services with NHS England to deliver our strategy for primary care.

4. Working with partners in our communities

Our locality-based approach to the national Better Care Fund initiative recognises the need to bring together our GPs, patients, community services, social care and the voluntary sector in order to respond to the variable needs of different communities across our population. Health inequalities can only be addressed through a jointly targeted community-based approach.

5. Focus on quality and continuous improvement

We will encourage transparency by all our service providers to reduce variations in care and outcomes; and to aim for best practice performance. We will expect every service to be able to demonstrate the value and quality that it provides to patients.

6. Live within available resources

Dudley CCG will meet its financial responsibilities to address the reasonable needs of our population within available resources. Our emphasis will always be to maximise the effectiveness and availability of front-line services.

Our Key Outcome Objectives

Our key outcome objectives are derived from the findings in our Joint Strategic Needs Assessment; from the priorities set by the Dudley Health and Wellbeing Board; and designed to meet the future needs of our population.

1. Effective and Efficient Care

Our emphasis will be to maximise the benefit and potential of front-line interactions by our clinicians with our patients; and to avoid unnecessary interventions wherever possible:- reducing time spent avoidably in hospital; increasing the proportion of older people living at home; ensuring clinicians have more time to spend with those who need it most; ensuring pathways of care (both urgent and planned care services) are as efficient as possible with minimal variations in performance.

2. Healthy Life Expectancy

Our overarching objective is to improve the healthy life expectancy of the population we serve. So we will:- reduce avoidable years of life lost for people with treatable conditions; improve quality of

life for people with long-term conditions; support improvements to reduce the inequalities in health between different groups; and prioritise health and wellbeing services.

3. Mutual approach to achieving best possible outcomes

Improvements needs to be measured both clinically but also by how patients see the value of the care that they receive. So we will seek to improve people's positive experience of all services (hospital, community and primary care). We will: enable patients to quantify the real value of the services that they receive; demonstrate how individuals achieve greater autonomy from healthcare; and ensure all service providers network better around the needs of patients

4. High Quality Care for all

The public expect the NHS to provide safe and effective services. We will use and develop measures to ensure that: services are safe and unwarranted variations are minimal; patients are treated with care and dignity and not over-treated; our system and providers are transparent and learns and improves with the public.

How our services will be different to achieve these aims

1. A Mutual health and social care system

Our objective is to support individuals to take as much responsibility for their own health and wellbeing as they can - and so both improve their wellbeing as well as reduce their demands on healthcare. We will therefore: invest in activities that provide proactive intervention and advice to the population; promote ways of working which encourages mutual responsibility between patient and professional; and support increased personalised care which enables individuals to have a greater say in the outcomes that they want to achieve.

We will foster 'health as a community responsibility' by supporting integration with the voluntary sector; and active community engagement between NHS services, Public Health and VCSE services.

Ensuring that every person is an engaged and registered member of our CCG is also an important way in which we will address inequalities in health and parity of esteem for all vulnerable groups. A mutualist approach will create a more engaged relationship with our registered population where they have a clear share in how services are shaped and developed.

2. A new structure to the way health and social care is provided

The existing separation of services into primary care, community services, mental health services and acute services is artificial; creates barriers; and doesn't reflect the needs of the modern population. We have already started to rethink the organisation of care into four different groupings:

2.1 Planned Care: planned treatment interventions with defined outcomes

In planned care we will improve the efficiency of services the whole pathway of care that patients go through, as well as improve the outcomes of treatment. We will set prices for planned care on the basis of best practice performance and will expect providers to adhere to those performance standards. We will expect our service providers to have dedicated facilities and capacity for planned care, without risk of significant interruption from urgent care, so that both clinicians and patients can provide and experience a high quality, efficient and effective service.

2.2 Urgent Care short-term interventions to help and treat you in a crisis

With urgent care we will have established our new urgent care centre at Russell's Hall Hospital and we will implement new pathways of care for both our frail elderly population and also for mental health care, so that A&E is not part of the pathway, but instead enables patients to go direct to the most appropriate service. We will also commission emergency medical care as an extension and integral part of population-based health and wellbeing services. This will both enable more patients to stay at home as well as enable clinicians to better co-ordinate care across the system.

2.3 Reablement Care services designed to help reduce your dependency

Our reablement services will form part of our extended partnership with social services and the voluntary sector. We will be commissioning services specifically to reduce dependency and enable

individuals to return or stay at home wherever possible. Also, we will engage with the public about expectations on healthcare to ensure that patients, carers and families support the need for people to move quickly to as low a dependency setting as possible, recognising that hospitals should only be used for short-term treatment interventions that make a difference.

2.4 Proactive Care population-based care to help you manage your health needs

Our integration model works on five local communities and is designed to deliver our approach to proactive care. This organises services based around the needs of the person and integrates community services, mental health services and social services around our general practices – so that all services are working with the same groups of patients. This enables both personalised care, as well as firmly basing the team that supports them within the local community of healthcare. Our partnership with Dudley MBC and with the local VCSE through our Building Healthy Partnerships programme is essential to securing a sustainable and integrated service.

3. An emphasis on population health and wellbeing services

Over the next five years we will develop our integration model into comprehensive, population based, health and well-being services.

We will bring together all population-based care into one set of integrated services based upon the registered populations with general practice. GPs are at the heart of this model, as the key co-ordinators of care; and this recognises the dual roles of providing: on-going health and wellbeing care support which can be planned over time; as well as the need for more urgent access in times of illness or crisis. We will therefore commission these two types of activity separately:

- For health and wellbeing care patients prefer continuity of clinician/professional.
- For urgent care, speed and ease of access is important.

We will also engage in a broader discussion with the public about how best to support people at home near the end of their lives. Should so many treatments that over-medicalise care be carried out? We will be having discussions with our population, our patients and their families to ensure they have the support they need to manage their circumstances, whatever they may be, with dignity and compassion.

4. Health and wellbeing facilities for the 21st Century

In Dudley we are fortunate to have modern hospital facilities that can provide excellent care for our population when they need it. However, the quality of primary and community care facilities is much more variable and much of it does not meet the needs of our population. High quality facilities are key to allow us to make the quantum leap in terms of care for our communities.

During the next five years we will encourage our practices to come together to both make full use of the existing high quality facilities as well as develop new larger centres. These new centres will provide the focal point for our approach to delivering health and wellbeing services and so will have the capacity to provide specialist clinics as well as extended general practice. This will bring longer-term population-based healthcare out into the community as part of our locally integrated services.

5. An emphasis on innovation and learning

We are a learning organisation and as such we highly value, and are investing in, research and organisational development.

In the first year we will make significant steps to improved working with technology – as all our GPs will be using the same clinical IT system.

Subsequently, we will commission for a comprehensive information system, which incorporates GP IT, to provide the infrastructure and system support for all services that are part of our integration model. This approach to commissioning-led information will improve provider efficiency and effectiveness; reduce barriers to market entry; and improve contractual efficiency with our CCG and enable more rapid sharing of innovations and best practice.

Overall our emphasis on innovation will be to find ways to promote best practice in front-line care.