

Our Vision	Our Priorities	Patient Safety & Quality	Delivering our Responsibilities	1314 Plans		1314 End State	1516 End State	Key Risks
<p>Improving your health services to enable GP Surgeries as out members to work with our patients, the public and out partners; to invest in improving and better health services within our available resources</p>	<p>Improving integrated and urgent care for frail elderly and people with long term Conditions.</p> <p>Delivering effective urgent &amp; emergency care</p> <p>Ensuring clinically effective &amp; timely elective care</p> <p>Improving services for children &amp; families</p> <p>Improve access to psychological therapies</p> <p>Deliver our Dementia Strategy</p> <p>Maintaining an excellent track record on prescribing &amp; medicines management</p> <p>Reduce the harm and hospitals admissions from alcohol</p>	<p>Further develop CCG strategy for quality improvement:</p> <ul style="list-style-type: none"> <li>-CCG QIPP schemes</li> <li>-Innovation</li> <li>-Quality Premium</li> </ul> <p>Listening to patients:</p> <ul style="list-style-type: none"> <li>-Friends and Family Test</li> <li>-Views of patients and public are integral to quality improvement</li> <li>-Ensuring quality through the development of integrated care pathways</li> </ul> <p>Safer Care:</p> <ul style="list-style-type: none"> <li>-National Quality Dashboard</li> <li>-Winterbourne View and the Francis Enquiry</li> <li>-Ensure clinically led quality impact assessment of CIP schemes</li> <li>-MRSA and Cdiff</li> </ul> <p>Improving Outcomes:</p> <ul style="list-style-type: none"> <li>-Greater transparency on outcomes</li> <li>-Focus on improving outcomes for dementia care; VTE; Pressure sores</li> <li>-Support the implementation of NICE standards</li> </ul>	<p>Advancing equality and tackling health inequalities is a key driver for the CCG</p> <p>Commission services in order to ensure improvement across the 5 domains in the CCG Outcomes Indicator Set and delivery of agreed trajectories</p> <p>Delivery of 3 local priorities aligned with the Health and Wellbeing Strategy</p> <p>Deliver the NHS Constitution rights and pledges on waiting times</p> <p>Particular focus on:</p> <ul style="list-style-type: none"> <li>-Eliminating long waiting times</li> <li>-More responsive urgent and emergency care</li> <li>-Reducing cancellations</li> <li>-Full roll out of IAPT by 14/15</li> </ul>	<p>Urgent and Integrated Care</p> <p>Planned Care</p> <p>Maternity &amp; Child Health</p> <p>Mental Health &amp; Learning Disabilities</p> <p>Medicines Management</p> <p>Staying Healthy</p>	<p>Urgent Care – Reduce ED Attendances and Re-Attendances Redesign Diabetes Services Demand Management (Implement Surgical Assessment Unit) Implement Integrated Care (Frail Elderly and Long Term Conditions) Reduce Excess Bed Days Implement IAPT and COPD (Pulmonary Rehab) Paediatrics Admission Avoidance</p> <p>Implement Care Closer to Home</p> <p>Invest in Health Visiting Implement Autism Strategy Review Children’s Continuing Care Increase Family Nurse Partnership Review School Nursing CAMHS Review Reprovide Children’s Equipment Invest in Young Carers Maintain Antenatal Screening Maintain Maternity Services Maintain Newborn Screening</p> <p>Provide Carers Short Breaks on Prescription Reprovide Community Equipment Store Enhance Crisis and Inpatient Pathway Improving Access to Psychological Therapies (IAPT) Implementing ‘Fulfilling and Reward Lives’ (Autism) OPMH Service Redesign and Delivery of Dementia Action Plan Redesign of the Neuro Rehab Pathway Telehealthcare</p> <p>Deliver Primary Care Prescribing Efficiencies Review Secondary Care Prescribing (High Cost Drugs)</p> <p>Maintain Domestic Abuse Support and Prevention</p>	<p>Non elective admissions will be reduced by implementing the projects described for urgent and integrated care. This reduction will also include zero LOS admissions for paediatrics, excess bed days and ED admissions. Certain activities will be increased, this includes the number of adults with 0-1 day LOS.</p> <p>By implementing the pathway changes elective activity will be reduced, including spells, day cases, outpatient appointments and referrals. Care will be delivered in the most appropriate care setting, at the most appropriate time.</p> <p>Services for Maternity and Child Health will be streamlined and processes will be put in place to ensure the right care, and programmes of care, are available when they are required.</p> <p>The Mental Health and Learning Disabilities workstreams, through the projects to be delivered by the Integrated Commissioning Team, will improve services and outcomes for vulnerable people. This will be achieved by delivering greater capacity and quality of services.</p> <p>The Medicines Management programme, in delivering the projects outlined and continued working with prescribers, will optimise prescribing quality and medicines management outcomes for primary and secondary care prescribing.</p> <p>Delivery of the projects set up for Staying Healthy will contribute to the priorities identified by the Safer Portsmouth Partnership. This programme will also impact the reduction of non-elective admissions to hospital and ED attendances.</p>	<p>Reduction in non-elective admissions. Reduction in re-admissions. Increase in people with LTC with anticipatory care plans. Reduction in people conveyed by ambulance to hospital (where an alternative is more appropriate). Reduction in outpatient and follow-up appointments at hospital. Achieve and sustain A&amp;E clinical indicators (incl. 4-hr waits)</p> <p>Reduction in waiting times. Care delivered closer to home. Sustained improvements in GP referrals to secondary care.</p> <p>Narrow the gap in foundation stage profile scores for communication, language/literacy and personal &amp; social development. Improved access to assessments for autism.</p> <p>Increase in dementia diagnosis to 80% of the expected population. Reduction in occupied inpatient bed days for those with dementia. Increased proportion of people who receive psychological therapies.</p> <p>Maintain current top decile performance. Contain growth in prescribing to 4%.</p> <p>Provision of full service.</p>	<p>Growth and cost pressures – increased beyond existing assumptions</p> <p>Final stage of Authorisation</p> <p>Size of QIPP challenge and pace of change</p> <p>Foundation Trust Applications – PHT and Solent</p> <p>Key stakeholder engagement and buy-in</p> <p>Transition to new NHS organisations</p> <p>Split of contracts to new organisations and changes in nationally set prices</p> <p>Mitigating Actions</p> <p>Close scrutiny of contracts will address areas of concern</p> <p>Strong Authorisation process in place</p> <p>QIPP plans robust and adequately resourced.</p> <p>Regular comms with PHT &amp; Solent re: QIPP</p> <p>Structured engagement plan – win/win</p> <p>Good staff engagement</p> <p>Work closely with NHSCB, Providers and contracts team</p>