

<b>Title of paper:</b>	<b>Out of Hospital Strategy</b>
<b>Meeting:</b>	Governing Body, 29 <sup>th</sup> November 2013
<b>Author:</b>	Mark Needham, Head of Service redesign
<b>email:</b>	mark.needham@surreydownsccg.nhs.uk
<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Advise	
	To Note	

### **Development**

During July and August 2012 clinicians and stakeholders were invited to attend workshops and share their views and local people were invited to complete a questionnaire in which we asked them to rank a series of health priorities and to tell us about any other areas they wanted us to focus on. During this period, we engaged with GP representatives from our 33 member practices, as well as a wide range of stakeholders. We also received more than 400 completed questionnaires from members of the public. We collated this feedback and used it to inform the development of our commissioning priorities.

In April 2013, we built on this work through an intensive 10 week programme that involved more than 160 of our GP members and a broad range of stakeholders to develop an Out of Hospital Strategy that supports wider commissioning plans and focuses on providing more care in the community.

This strategy has been regularly reviewed by the Executive Committee and Governing Body prior to seeking approval.

### **Executive Summary and Key Issues**

The aim of our Out of Hospital Strategy is to deliver more care in community settings and improve quality of care, whilst also ensuring services are sustainable longer term.

This work is happening in parallel to work happening as part of the Better Services Better Value (BSBV) programme which is currently looking at acute care standards

for hospitals in south west London, which includes Epsom Hospital (our local acute hospital) as it is part of a London facing trust. The focus of this strategy is on community services and getting these right now. We believe these improvements need to happen now, regardless of any other changes that are proposed - it does not pre-empt the outcome of the Better Services Better Value review.

The Out of Hospital Strategy strategic framework is based on the premise that primary and community care needs to be transformed in order to achieve the system changes necessary to deliver high quality and safe care, which is appropriate, closer to home and provided by suitably trained professionals. Furthermore, there needs to be integrated care pathways and joint working with acute and mental health providers, local authorities, the voluntary sector and other partner organisations. There also needs to be a drive to improve patient education and the self-management of conditions.

Surrey Downs CCG is an active member of the Surrey Health and Well-being Board and we work closely with Surrey County Council (SCC) to promote good health and well-being within our local population. This Out of Hospital strategy supports the Surrey Health and Well-being Strategy and uses the evidence presented in Surrey's Joint Strategic Health Needs Assessment (JSNA).

In addition to the headlines above, Surrey Downs also has a number of specific groups with specific health needs that require a more targeted approach. Our commissioning intentions will need to ensure health provision for these groups which include:

- **Carers:** more than 27,500 people of all ages provide unpaid care; 1,500 are over 65 providing more than 20 hours a week just in Mole Valley and Epsom and Ewell
- **Older people:** particularly with the high rate of falls, hip fractures, and increasing impact of excess winter deaths on local populations
- **Gypsy, Roma and Traveller community:** Surrey has the 4th largest gypsy, Roma and traveller community in the country. Surrey Downs CCG has around 7 authorised gypsy, Roma and traveller sites
- **Prisoners and ex-offenders:** Down View women's prison including the Josephine Butler Unit for female juveniles and High Down men's prison located in Banstead
- **Children and young people** – ensuring robust safe guarding processes, promoting healthy lifestyles and social engagement and education/training.

<b>Recommendation(s):</b> The Governing Body is asked to AGREE the strategy.
<b>Attachments / references:</b> The full strategy is available on the CCG website at <a href="http://www.surreydownsccg.nhs.uk/">http://www.surreydownsccg.nhs.uk/</a>

### Implications for wider governance

**Quality and patient safety:** The strategy is based on clinical best practice, clinical audits and robust evidence to ensure the strategic vision was credible, practical and achieves key quality standards for patients in terms of Access; Choice; Experience; Safety; Outcomes.

**Patient and Public Engagement:** The Strategy has been discussed with the CCG's Patient Advisory Group, which includes representation from carer, patient and other voluntary sector groups and further discussed are planned to ensure this group is fully engaged with this work moving forwards. As well as seeking their views on our commissioning plans, we will also be engaging them on how we share and communicate our plans and priorities more widely within the local community.

**Equality Duty:** This strategy has been designed to meet the requirements of the NHS Constitution and as such we believe it meets the requirements of the Equality Act in respect of not discriminating against any groups with protected characteristics.

**Finance and resources:** Value for money estimates are based on contractual and finance information, which is subject to Key Performance Indicators and contractual adjustments, that may affect the real cost of service provision. Whilst caution should be applied to programme budgeting and financial data, which needs to be explored in more detail, the data suggests there is an opportunity for the CCG to learn from the lower spend, better outcome areas, as to what makes these effective, better quality pathways.

**Communications Plan:** This strategy will include a communications campaign to raise awareness of the services available out of hours and to reinforce key messages about where to access care locally.

**Legal or compliance issues:** The strategy meets the requirements of the NHS constitution particularly in relation to access and continuously improving care.

**Risk and Assurance:** This is item 1.2 in the Governing Body Assurance Framework which sets out the major risks and mitigating actions to this objective.

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