2015 / 2016 Commissioning Outcomes Plan

This plan will show what will be done to achieve the priorities of the Older People Strategy during 2015/16.

BCF: Better Care Fund
CCG: Southend Clinical Commissioning Group
CP&R CCG: Castle Point and Rochford Clinical Commissioning Group
SBC: Southend-on-Sea Borough Council
QIPP: Quality, Innovation, Productivity and Prevention programme

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
Universal	**AIM: Information, Advice and Advocacy - Ensuring older people have access to the right information, advice and guidance about their health, care and housing needs.** Outcomes: • Double membership of the SCCG supporter scheme. • Deliver one SCCG public event. • Increase number of practice participation groups to 25. • Publish the SCCG communications and engagement strategy. • Facilitate the Older People Assembly. • Commission an Advocacy service.	James Williams Sarah Baker Caroline McCarron Matthew Mint Shidaa Adjin-	31.3.16	Annual Report of the Director of Public Health 2014 CCG Operational Plan 15/16	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
	• Develop a safeguarding Champion network. • Promote and increase the take up of personalised budgets through direct payments. • Older people receive appropriate, fair and timely access to services in relation to their needs. • Raise awareness of frontline health and social care staff of the importance of wider determinants of older people to facilitate early intervention and referral to appropriate services for help and support. • Raise awareness of the link between poor housing and poor health so that older people are referred to appropriate housing services. • Promote partnership working on the identification of hazards within the homes of older people • Undertake an annual "Keep Warm Keep Well" social marketing campaign to inform older people on how to protect themselves against cold.	tetty			
Universal	**AIM: Housing - Deliver health, care and housing in a more joined up way to ensure that sufficient and suitable accommodation is available with the required support that will enable older people to live as independently as possible.**	Andrew Fiske Sharon Houlden Caroline McCarron	31.3.16	SBC Health & Wellbeing Strategy 15/16 SBC Housing Strategy	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
	Outcomes: • Review sheltered housing in the Borough, including the way care and support is provided within it, to ensure it best meets the needs of our aging population. • Work with a range of partners to provide new mixed tenure affordable housing units including extra care housing. • Ensure that older people have access to aids and adaptations and equipment to allow them to be supported to live independent in their own homes for longer and feel safe. • Review potential efficiencies that could be made through usage and refurbishment of equipment issued. • Older people are encouraged and feel supported to stay independent and live longer in their preferred place (through ensuring winter warmth, home safety and Telecare).	Matthew Mint Shidaa Adjin-tetty			
Universal	**AIM: Prevention – To reduce hospital and residential care admissions and protect social services by a change to a system built around prevention, early intervention and actively promoting well-being in the community**	Sharon Houlden Sarah Baker	31.3.16	CCG Operational Plan 15/16 Better Care Fund Joint Integrated Workplan	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
	Outcomes: • Develop a Primary Care Hub model. • Deliver a Community Recovery Pathway. • Review residential home pathway and quality management. • Develop a social prescribing model to address deprivation, social exclusion and loneliness. • Develop the offer of both Telecare and Telehealth aligned to the new partnership with Anglia Ruskin University and MedTech and to an assessment of the potential to improve the experience of service users and patients and to deliver net efficiency savings. • Reduce the incidence of injurious falls in older people resident in Southend-on-Sea or registered with a Southend-on-Sea GP practice. • Engage with assessors, care managers and service providers to develop innovative and creative local community based responses to address citizens' health and well being across the range of Long Term Conditions.	Sadie Parker Caroline McCarron Matthew Mint Shidaa Adjin-tetty		15/16	
Universal	**AIM: Health and Wellbeing - Promote healthy and active lifestyles for older people and enable our older population to lead fulfilling lives as citizens**	James Williams	31.3.16	Annual Report of the Director of Public Health 2014	Unive rsal

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	Outcomes: • Increase the number of older people aged 65+ to have a flu jab during 15/16. • Increase the number of people aged 75-84 to have a senior health check. • Increase the number of older adults attending screening programmes. • Increase the number of older adults to complete the Postural Stability Instructor course. • Minimise fuel poverty, excess cold and winter deaths. • Increase activity to older people to gain health benefits. • Build the capacity and capability of staff to promote healthy eating and physical activity. • Promote the use of sustainable travel action plans with day centres and other organisations. • Implement the recommendations from the Safer Mobility for Elderly Road Users (SaMERU) project. • Develop active case finding to ensure people with Long Term Conditions are enable to stay well, have necessary support to manage their conditions and integrated health and social care services to offer a holistic approach using responsive community services to identify early and therefore prevent			CCG Operational Plan 15/16 Joint Integrated Workplan 15/16 Adult Services & Housing Service Plan 15/16 Health & Well-Being Strategy 13/15	

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	hospital admissions. • Increase the number of loans from Home library Service.				
Targeted	**AIM: Re-ablement – To protect social services and reduce hospital admissions through re-ablement services with the aim of improving social care discharge management and admission avoidance.** Outcomes: • Reduce permanent residential places from 240 per year in April 2015 to 177 by March 2016. • Reduce 38 high care packages by March 2016. • Review of re-ablement specifications and contracts. • Review re-ablement capacity to ensure that it supports reduction in residential care use. • Review re-ablement systems and processes.	Sarah Baker Linda Dowse Caroline McCarron Mathew Mint Shidaa Adjin-tetty	31.3.16	CCG Operational Plan 15/16 Joint Integrated Commissioning workplan Adults & Housing Service Plan 15/16	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
Targeted	**AIM: Ophthalmology – Development of high quality alternative services in the community setting to address demand, standardise referral practice and ensure good eye health for our population.** Outcomes: • Increased community capacity. • Reduced demand for hospital services. • Follow up timescales achieved. • Improved patient experience.	Dr Peter Long Dr Biju Kuriakose Emily Hughes Caroline McCarron Matthew Mint Shidaa Adjin-tetty	31.3.16	CCG Operational Plan 15/16	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
Targeted	**AIM: Redesigning Social Services - Investment in services that support independent living and reduce reliance on all forms of institutional care** Outcomes: • Develop seven-day services across health and social care services. • Reduce 38 high care packages. • Review current hospital and wider social work structure ensuring they support the modernisation agenda. • Review re-ablement capacity to ensure that it supports reduction in residential care use.	Sharon Houlden Carol Cranfield Caroline McCarron Matthew Mint Shidaa Adjin-tetty	31.1.16	CCG Operational Plan 15/16 Better Care Fund Joint integrated work plan 15/16 SBC Adult Services & Housing Service Plan 15/16 SBC Corporate Procurement and Commissioning Service Plan 15/16	
Specialised	**AIM: - Diabetes – Implement a fully integrated acute and community service underpinned by primary care across south east Essex.** Outcomes: • Reduction in emergency admissions. • Reduction in 999 calls. • Reduction in variation in care. • Improved Quality and Outcomes Framework (QOF)	Dr Peter Long Dr Sunil Gupta Emily Hughes Caroline McCarron Matthew Mint	31st March 2016	CCG Operational Plan 15/16 QIPP Medicines Management – Endocrine and Diabetes	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
	outcomes. • Increased pump usage.	Shidaa Adjin-tetty			
Specialised	**AIM:- Ambulatory Care – Implement Ambulatory Care pathways to improve patient outcomes and reduce admissions to wards and reduce costs.** Outcomes: • Improved patient outcomes. • Reduced admissions.	Dr Adenike Popoola Dr Roger Gardiner Emily Hughes Caroline McCarron Matthew Mint Shidaa Adjin-tetty	31.3.16	CCG Operational Plan 15/16 QIPP Unplanned Care – Ambulatory Care	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
Specialised	**AIM: Stroke – Commission enhanced and highly responsive services leading to reduced mortality and disability, improved quality of** Outcomes: • Review the stroke rehabilitation and intermediate care pathways to reduce demand. • Reduce stroke mortality. • Increase independence of those having a stroke. • Lower cognitive and functional stroke dependence. • Improve access to intensive community rehabilitation for those having had a stroke.	Dr Brian Houston Dr Biju Kuriakose Caroline McCarron Matthew Mint	31.1.16	CCG Operational Plan 15/16 QIPP Planned Care - Stroke	
Specialised	**AIM: End of Life, Palliative Care, Care Homes and Community Services – To improve end of life care for people with a terminal illness to enable more people to remain in their own homes or other community settings during the final stages of their lives** Outcomes: • Achieving earlier identification of patients in the palliative stage of their illness, especially those with non-cancer conditions. • Reduction in in appropriate admissions during end-	Robert Shaw Linda Dowse Sharon Houlden Caroline McCarron Matthew Mint	31.3.16	CCG Operational Plan 15/16 SBC Adult Services and Housing Service Plan 15/16	

Support Level	What we will do in 2015/16	Who is responsible?	When will this be done by?	Key Strategic Documents	RAG
	stage illness. • Increase in proportion of patients dying in their preferred place of death.				
Specialised	**AIM: Musculoskeletal Services (MSK) – Develop an integrated MSK assessment and treatment model to span the pathway from first presentation in primary care through to potential surgery and focused rehabilitation with a strong emphasis on prevention, conservative management and enhanced community services** Outcomes: • Implementation of condition based pathways. • Reduced variation in care. • Improved clinical outcomes and patient experience. • Intervention rates in line with national averages.	Dr Brian Houston Dr Biju Kuriakose Caroline McCarron Matthew Mint	31st March 2016	CCG Operational Plan 15/16 QIPP Planned Care - MSK	