VISION	***Quality Care First Time, Equitably Delivered in Response to Patients Needs by Responsive Local Clinicians"***
Clinical Priorities	Integration · Right Care First Time · Personalisation
Strategic Context & Challenge	Ageing Population 5% increase in those aged 85 years over 2017 Life expectancy gap of 8.6 years between local authority wards Increasing burden of disease: 9 -11% increase in LTC; 50% Increase in Dementia by 2017 Limited Provider Market CCG Financial challenge -£9m
Objectives & Targets	**Strategic Priorities 2013-14** ➢ System Transformation: Out of hospital model ➢ Improving Quality Outcomes ➢ Primary Care : Practice engagement ➢ Integrated Health & Social Care Information System **Local Quality Premium** ➢ Improve PROM for Hips replacement ➢ Respiratory ➢ Dementia prescribing **Health & Wellbeing Strategy: Ambitions** ➢ Active and Healthy Ageing ➢ Promoting Healthy Lifestyles ➢ Improving Mental Wellbeing ➢ Living Independently **QIPP** ➢ Planned Care ➢ Unplanned Care ➢ Prescribing ➢ CHC ➢ Contractual
Programme Boards & Commissioning	**Improving Integrated and Urgent care (Unplanned care)** ➢ Re-model patient flows at the front end of A& E at Southend Hospital with a primary care filter, build capacity in DAU, ➢ Review & remodel integrated case management for EOL care. ➢ Develop comorbidity MDT approach for patient with complex conditions, specialist geriatrician/ GP specialist into practice level MDT & AMU ➢ Transform unscheduled care: Develop phase 3 of Single Point of Referral to deliver fully integrated health and social care intermediate care services ➢ Review & develop the model for bedded rehabilitation ➢ roll out and extend outpatients peer review process **Ensuring clinical effectiveness & timely elective care (planned Care)** ➢ Take an integrated approach across all providers to the development of MSK and diabetes taking an integrated pathway hub approach ➢ Maximise use of and further develop community diagnostics ➢ Provide opportunity to make referrals through an established gateway . ➢ Ensure patients receive quality care regardless of location ➢ Implement Year of Care pathway & revised pricing currency ➢ Ensure early Supported discharge is embedded into the stroke pathway
	Mental health and Learning Disabilities ➢ Integrated dementia and crisis support provision across primary, secondary and social care. ➢ Increase availability of non-bed based care in the community for patients with Mental health issues & dementia ➢ Increase uptake of health checks for people with learning disability. ➢ Profile use of community mental health beds **Children and Families** ➢ Review emergency clinical pathways for children. ➢ Deliver change for the 5 high impact pathways for children. ➢ Review and build on the autism pathway. ➢ Develop single point of access for CAMHS
Underpinning principles & Frameworks	NHS , Public health & Social Care Outcomes Framework: · Tackling Health Inequalities · Ensuring Quality & safety Empowering communities · Engaging our public & diverse groups · Transforming Services · Promoting self management