Slough_CCG System Plan on a Page



Clinicians and patients working together within the NHS to continually improve the health of Slough and healthcare services. Delivering a comprehensive range of high quality services based on best practice

Slough will develop an integrated health and social care system My Health, My Care that provides consistent, high quality, personalised for residents at high risk of hospitalisation or care home admission

System Objectives Measured by Seven Outcome ambitions

1.To significantly reduce under 75 CVD mortality rates by 2% over 5 yrs

- 2.Increase people's confidence in managing their LTC to 80% (baseline 75%)
- **3.**Increase number of older people living independently at home (as measured by reduction of NELA admissions)
- 4.Improve patient experience of access in Primary Care and Community services (as measured by Outcome Ambition 6)

 improve patient experience _ (Friends & Family Test) and improve experience of care in a hospital setting

Delivered through Interventions

Cardiovascular deaths under 75 are significantly above England average. Program to deliver identification and primary prevention of CVD e.g. by increasing number of NHS Health checks for over 40 Optimise achievement of control of cholesterol by a series of life style and therapeutic interventions. In addition improve cancer screening,

Increase efforts on smoking cessation uptake and improve management of familial hypercholesteraemia especially in **women**

Greater use of shared decision making coupled with a joint management plan. Increasing the use of Telehealth and Telecare.

Advance management of diabetes. Increase primary prevention and self care programs through structured patient education, Behavioural change management programmes, vision assessment for falls prevention. Care co-ordination through Integrated care teams and case management. Discharge support fallowing patients back into the community and home from acute care. Rapid response with short term intermediate care and reablement. Improving management of end of life care.

During the winter months availability of 5% additional GP appointments, GP after hours paediatric clinic, and patient information regarding local services and 111. Local community gynaecology and dermatology services. Direct access to diagnostics e.g., echo, MRI. Services across primary and community available 7 days. Review of urgent care services to improve access and enable IT infrastructure for data sharing across all organisations

Improvements in quality e.g., maternity by using experience led commissioning .. Training professionals and highlighting safeguarding issues. Identification of improvements through Practice leads . Raising clinical concerns via patient experience. Following through practice audits.

Overseen through the following governance arrangements

- •Slough Wellbeing Board
- •CCG Governing Body
- •Unit of planning (Berkshire East) and its federated committees
- Partnership Boards
- Locality of Member Practice
- •Urgent Care Programme Group

Delivery of the following transformational model

- ·Maintain financial sustainability
- •Achieve a modern model on integrated care by achieving our vision and ambition asset out in Better Care fund
- •High quality urgent and emergency care by delivering our Urgent care Strategy
- •Delivering a model of primary care operating over 7 days and with strengthened IT systems
- •Patient / Citizen involvement using the model of experience led commissioning

System values and principles

- •Focussed on improving our patients' health and experience of health services
- •GPs working together to deliver high quality services consistently in the community
- •Reliable, trustworthy, respected, transparent and accountable
- •Innovative using best practice,
- evidence based
- Community focused on population needs