

Annual report summary



**Barking and Dagenham
Clinical Commissioning Group**

Chair's message – September 2016

2015/16 was a very important year for Barking and Dagenham, as it was the year the borough celebrated its 50th anniversary. Our partners, the London Borough of Barking and Dagenham hosted some fantastic celebrations, at the heart of which was a very special visit from Her Majesty the Queen, who I was fortunate enough to be able to meet. We were proud to show off our borough to Her Majesty, and once the celebrations were over, the 50 year mark provided an opportunity for those of us who deliver public services in this borough to take stock and reflect on how far it has come in half a century, how much it continues to change, and what more is still to do.

I am a big supporter of innovation in healthcare, and I'm excited by some of the initiatives Barking and Dagenham CCG is working on. Chief of these is the work we and our health and social care partners are doing together to improve urgent and emergency care. Our local emergency departments are constantly busy, but too many people who use them don't need to be there – A&E should be for true emergencies. We asked local people for their views, and they told us

they were confused by the different services available, and want better advice on how to get help closer to home or take simple steps to look after themselves.

So we're developing ambitious plans to make it simpler to get the care you need, first time and in the right place – and to reduce pressure on our A&Es. This work has been named as a "vanguard" programme by NHS England, which simply means we get some extra funding and support to make changes to help patients and clinicians. If our plans work, we believe they could be replicated elsewhere in the country, and that's one of the aims of the programme.

It's not just urgent and emergency care that we need to improve access to. Barking and Dagenham has major health challenges, so making health services more accessible simply must be a priority for us. Our borough is the third most deprived area in England, and we know that poverty and a poorer quality of life bring lower life expectancy, higher rates of ill health and disability, and more cases of major diseases such as cancer, heart disease and diabetes. This is not fair, so it is important that we do what we can to reduce these health inequalities and improve the health and wellbeing of people in Barking and Dagenham.

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In 2015/16 we spent a lot of time thinking about how we could do this, and the result is a new way of working that we're now implementing, focusing on key areas such as cancer, mental health, and primary care. Last year all practices signed up to a scheme providing enhanced primary care services to people over 65 years with two or more long-term conditions, supporting a reduction in unnecessary hospital admissions. Working closely with our neighbouring boroughs and healthcare providers, we want to reduce waiting times for treatment, free up A&E for those who genuinely need it, and bring care closer to people's homes and out of hospital.

If we are to create a sustainable NHS that will provide high quality care into the future we need to commission wisely and account for every penny of tax payer's money we spend, doing the most we can with the resources we have. This year's annual report outlines the range of exciting work that our CCG team has been doing this year – there is too much for me to cover here.

My sincere thanks go to our CCG team for their continued hard work, as well as to our GP members, partners across the health and care sectors, and our Patient Engagement Forum who support us and hold us to account for the decisions we make. If you would like to find out more about the CCG and the work we do with all these partners, you can visit our website www.barkingdagenhamccg.nhs.uk or follow us on Twitter @BD_CCG



Dr Waseem Mohi
Chair

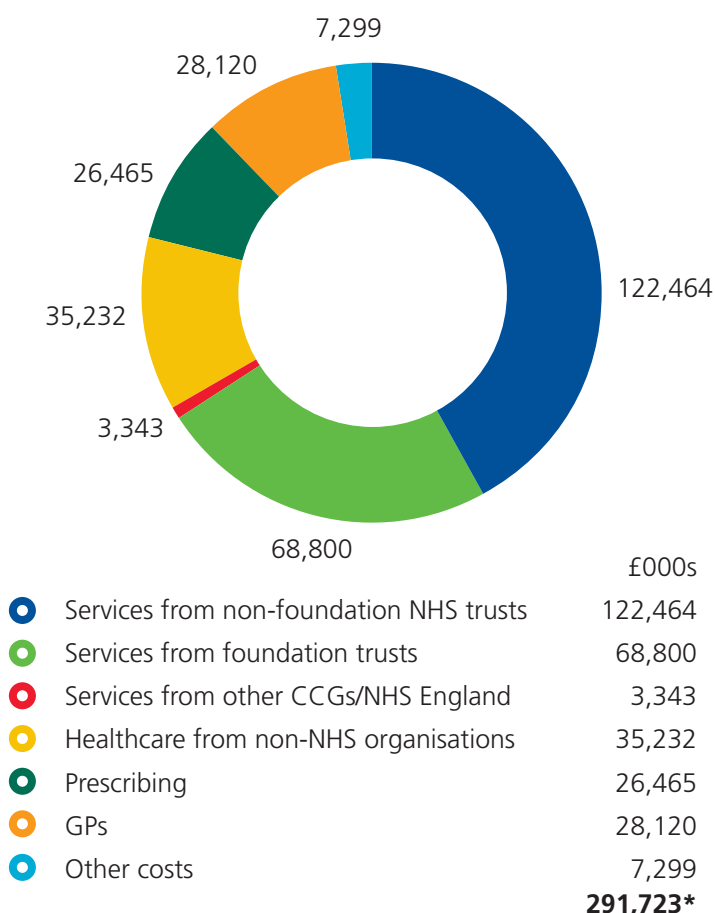


Financial performance

We are accountable for how we spend public money and must achieve good value for our patients and public. In 2015/16 we were given funding of £293.66 million. Of this, we are allowed to spend £4.6 million on our own running costs.

This year we have had a new area of spend, as we have taken over responsibility from NHS England for commissioning GP services. This expenditure was £28.1 million – 9.6% of our gross spend.

Here is a breakdown of how we spent our money this year.



* A financial surplus of 1.14% was delivered this year, in line with NHS England expectations.

Focus on: Stroke rehabilitation

The quality of acute stroke care in London is excellent, but the local care patients get to help them recover after a stroke varies. We want to make sure everybody gets equal access to the same great quality care, regardless of where they live. This year we published our case for change for stroke rehabilitation, proposing to bring together services such as physiotherapy, occupational therapy, counselling, and speech and language therapy, that stroke survivors may need to help them along the road to recovery. We'd like to have one specialist stroke rehabilitation ward at King George Hospital in Ilford supported by an expanded community service, which can help more people recover in their own homes when it is safe to be there. We held a three month public consultation on our proposals and hundreds of you responded. In 2016/17 we will start making the necessary changes to bring better stroke rehabilitation care to all patients.

Highlights of the past year

- Carrying out our biggest ever piece of market research, getting views from more than 4,000 patients – including 1,300 from Barking and Dagenham – about urgent and emergency care (UEC) in the area, which will be a huge help to inform our transformation work.
- Our successful bid for BHR to become an urgent and emergency care “vanguard”. This was led by partners from across the health and social care sectors to work transforming the UEC system to ensure patients get the right care, in the right place and at the right time.
- Increasing the number of patients using our Talking Therapies service (last year known as Improving Access to Psychological Therapies), where they can get free counselling at a time of worry or sadness. Our GP partners have been instrumental in promoting this service.
- Reviewing our primary care nursing home service, which has benefited patients and reduced ambulance call-outs and hospital admissions.
- Giving our GP members protected time for training and learning, helping them improve their skills and knowledge in areas such as children and safeguarding, mental health, and medicines management.
- GPs have been working with our Macmillan GP and Cancer Research UK facilitator on ways to improve outcomes for cancer, with a particular focus on getting patients to take up bowel, breast and cervical screening.
- Transforming care for our patients with complex health needs through Health 1000, a GP-led organisation that looks after patients with five or more long-term conditions, centring care on the patient and ensuring health and social care teams are working closely together.
- We mainstreamed the Community Treatment Team and Intensive Rehabilitation Service across BHR, and they continue to demonstrate major benefits to tens of thousands of patients, who are recovering faster, don't have to go to hospital, and continue to report high satisfaction with the services. Crucially, people are staying in their own homes, which is where time and again they have told us they would rather be.
- For those patients who cannot recover at home, we still have intermediate care wards and these have been brought together at King George Hospital. The newest of these, Japonica Ward, has been consistently praised by patients who stay there.



Focus on: GP hubs

We have two GP hubs, one at Barking Community Hospital and one in Dagenham, which offer urgent weekend and evening appointments that can be booked by anyone registered with a GP in the borough. We understand that traditional practice opening hours don't always mirror people's working and family lives, and sometimes when you urgently need to see a doctor you can't get in at a convenient time. That's why our hubs offer bookable, same-day appointments until 10pm on weekdays and on weekend afternoons. This year the two hubs provided nearly 17,000 appointments and the feedback we have received from patients has been excellent. To book an appointment, call 020 3770 1888.

Plans for next year

We have built on last year's improvements to the Talking Therapies service even further since our annual report was written: we have completely relaunched it, with a new look and a new name, to make it more visible and accessible to people who need it.

Our urgent and emergency care transformation work will be a big focus, and getting it right will benefit both patients and the local health economy. This is an opportunity to work from the ground up to make a better system.

We are aware A&E waiting times and performance in BHR are not as good as they should be, and our work to improve the 'front door' of urgent and emergency care will help improve this. Since the 2015/16 annual report was written, Barking Havering and Redbridge University Hospitals NHS Trust trialled a new triage system, redirecting people who did not need emergency care to the most appropriate place to get the care they needed.

We still plan to reconfigure A&E, centralising care for the most serious emergencies at Queen's Hospital in Romford, as bringing together expertise and resources in one place is key to getting performance up to the standards patients expect. We have always said, however, that we won't make these changes until it is safe to do so.

Another area that remains a challenge is what we call 'elective care', with many patients having long waits for treatment after being referred to a specialist by their GP. This is not good enough, so this year we are working closely with our GPs to manage demand and find alternative providers for patients, as well as supporting the hospitals themselves to reduce waiting times for treatment.



To help us focus on the most important challenges we face, the CCG is changing the way we work to focus more on specific services across the borough. New transformation programmes will look at a particular subject, such as primary care or mental health, and will drive improvements that can be seen across the system.

Together with our BHR partners in health and social care we are currently drawing up a business case to explore opportunities through local devolution and a possible Accountable Care Organisation (ACO) pilot. If implemented, it would deliver structural changes in the local health economy that align incentives and payment mechanisms to enable common goals and integrated working. The creation of an ACO locally would be a further demonstration of local ambition and could see a large part of the budget currently controlled by NHS England and Health Education England devolved to the new body to spend on local needs. No decision to form an ACO has yet been taken by BHR partners.

During 2016/17 we will also be working with partners across north east London to produce a sustainability and transformation plan (STP), which will set out how local services will deliver improved health, care and finances over the next five years, and will act as an 'umbrella' under which all our transformation work will be organised.

If we are to improve the NHS and preserve it for the future, we cannot rely on piecemeal change – we need a whole-system transformation. These strategic programmes are the tools that we hope will help us make this change, and we also hope to be able to report significant progress this time next year.

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