

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 11<sup>th</sup> MARCH 2015**

**NHS TELFORD AND WREKIN CCG STRATEGIC COMMISSIONING  
INTENTIONS 2015/16**

**REPORT OF: MRS NICKY WILDE, INTERIM DEPUTY EXECUTIVE LEAD  
QUALITY AND COMMISSIONING**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This paper provides details of the Telford and Wrekin CCG Commissioning Intentions for 2015/16. The broad intentions remain unchanged from previous years and have also been summarised in the Telford and Wrekin CCG 2014/15 “plan on a page” which is currently in draft form (*see appendix 1*). The 5 objectives of the CCG are all addressed in varying forms and they also relate to many of the priorities detailed in section 4 of the recently published guidance from the Department of Health “*The Forward View into action: NHS England’s Planning Requirements for Commissioners 2015/16*”.

The Commissioning Intentions were originally outlined in draft to the CCG Board in January 2015 and being re-submitted in March 2015 as final. The document has been populated by Commissioning Leads in the CCG.

**2. RECOMMENDATIONS**

To consider the contents of the Commissioning Intentions for 2015/16 and ensure that they do not conflict with those of the wider Health and Social Care plans.

**3. IMPACT OF ACTION**

The outcomes/outputs of each of the Commissioning intentions are included in this document. They will collectively assist the CCG in working towards delivery of their vision and values in 2015/16.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<ul style="list-style-type: none"> <li>• Reduce the numbers of smokers</li> <li>• Improve differences in life expectancy in the borough particularly for people from deprived communities, black and minority ethnic groups, people with heart disease or cancer and among the male population</li> <li>• Improve emotional health and wellbeing of Borough residents</li> <li>• Support people with specific health needs to live independently for as long as possible</li> <li>• Support people with dementia</li> </ul>
	Will the proposals impact on specific groups of people?	
	Yes	<p>For some intentions the whole population of Telford and Wrekin will be effected. For others it will be more targeted groups such as, those:</p> <ul style="list-style-type: none"> <li>• suffering from Mental Health problems</li> <li>• suffering from Long Term Conditions (including Cancer)</li> <li>• accessing rehabilitation services</li> <li>• in residential and nursing homes</li> <li>• receiving care from children's service</li> </ul>
<b>TARGET COMPLETION/DELIVERY DATE</b>	The commissioning intentions cover the period April 2015 – March 2016	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board

<b>LEGAL ISSUES</b>	Yes	Some of the areas follow national issues such as constitutional rights.
<b>EQUALITY &amp; DIVERSITY</b>	Yes	Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough Wide
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	Individual schemes are assessed by the CCG Planning and Priorities subcommittee of the CCG Board. The overall commissioning intentions have been discussed with the CCG Patient Roundtable
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes/No	N/A

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

This paper provides details of the Telford and Wrekin CCG Commissioning Intentions for 2015/16. The broad intentions remain unchanged from previous years and have also been summarised in the Telford and Wrekin CCG 2014/15 “plan on a page” which is currently in draft form (see appendix 1). The 5 objectives of the CCG are all addressed in varying forms and they also relate to many of the priorities detailed in section 4 of the recently published guidance from the Department of Health “The Forward View into action: NHS England’s Planning Requirements for Commissioners 2015/16”. The National planning guidance is published in several parts:-

- The Forward View into action: NHS England’s Planning Requirements for Commissioners, 2015/16 – overview document
- Activity and Financial Planning Templates 2015/16 – Guidance for CCGs
- Planning timetable
- Technical guidance – details the technical definitions of the overview document.

The papers talk of the importance of “planning together with confidence” and how in local communities Patient groups, clinicians, frontline NHS leaders and national organisations need to work together to sustain and improve NHS services. These requirements are largely being met locally by the Future Fit programme, for example the development of Urgent Care Centres will provide integrated primary and acute care.

The guidance also refers to the achievement of Core Standards such as the NHS Constitutional rights not being relaxed. In order to achieve both the forward planning and the delivery of the NHS Constitutional rights CCGs are asked to refresh their operational plans for 2015/16. The agreement of these commissioning intentions is part of this work.

Other areas mentioned in the guidance are:

- Getting serious about prevention and close working with local government partners. Specifically mentioned are lifestyle risks and evidenced based diabetes prevention.
- The role of employers in improving the health of the population
- Patient empowerment in terms of choice, improvement in access to information and personal health budgets.
- Achieving parity for mental health
- Improvements in choice for maternity services
- Better working with Carers and voluntary organisations

All health and social care organisations must work together to develop locally owned and agreed plans. To support mutual working between commissioners

and providers, there is an expectation that local organisations will share their own assumptions with each other in line with their duties of partnership. For the CCG as Commissioners, this will mean ensuring that plans reflect the local Joint Health and Wellbeing Strategy and those local providers and the local communities have been fully engaged in this process.

Appendix 2 provides the draft CCG Commissioning intentions for 2015/16. This document has been populated by Commissioning Leads and is in draft form awaiting formal approval from CCG Board.

**2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

N/A

**3. PREVIOUS MINUTES**

N/A

**4. BACKGROUND PAPERS**

N/A

**Report prepared by Nicky Wilde, Interim Deputy Executive Lead for Quality and Commissioning, NHS Telford and Wrekin CCG, Telephone: 01952 580418**

## Three key areas of focus for the 15/16 operational plan

1. To improve commissioning of effective safe and sustainable services which deliver the best possible outcomes based upon best available evidence
2. To increase life expectancy, reduce health inequalities and support vulnerable people
3. To meet the objectives of the CCG effectively, efficiently and economically and in accordance with generally accepted principles of good governance and as an employer of choice

**Access****To meet the NHS Constitution targets:**

95% achievement of A&E 4 hour wait  
 90% RTT maximum wait of 18 weeks from referral to treatment where treatment involves an admission  
 95% RTT maximum wait of 18 weeks from referral to treatment where treatment does not involve an admission  
 100% target of no patients waiting over 52 weeks for treatment  
 93% Cancer maximum wait of 2 weeks for a patient to see a specialist for investigation of breast symptoms  
 96% Cancer maximum wait of 1 month (31 days) from diagnosis to first definitive treatment for all cancers  
 94% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is surgery  
 98% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is an anti-cancer regimen  
 94% Cancer maximum wait of 1 month (31 days) for subsequent treatment where the treatment is a course of radiotherapy  
 Cancer: Maximum wait of 2 months (62 days) from referral for suspected cancer to first treatment for cancer (85%)  
 75% Cat A Ambulance calls within 8 mins - Red1&2  
 95% Cat A Ambulance calls – ambulance on scene 19 min

**Additional commitments:**

99% Diagnostics: referral to test within 6 weeks  
 15% (at least of estimated need) IAPT (Access to psychological therapies)  
 50% (at least) Recovery from psychological therapies of those finishing treatment  
 Work towards the 2016/17 targets to achieve treatment within 6 weeks for 75% of People referred to the Improving Access to Psychological Therapies Programme, 95% of people should be seen within 18 weeks  
 Dementia: Diagnosis for at least 66.7% of estimated numbers in general practice  
 Primary Care: Improved percentage scores in GP survey against questions relating to ease of booking appointments; quality of appointments; overall experience

**Outcomes****Meeting the NHS Outcome Framework 5 Domains and 7 Outcome ambitions**

Increase in cancer survivor rates  
 Enhanced care in residential and nursing homes  
 To introduce a strong framework for working with Voluntary Organisations  
 Improved outcomes for potential years' life lost  
 Introduction of House of Care Model  
 New end of life care plan  
 Increased diagnosis of patients with dementia and as a result provide early access to treatment  
 Introduction of Mental Health Crisis meeting the needs of those people with a mental health need in crisis in the community  
 Improved services for mental health service users - parity of esteem  
 Development of a model of Rapid Assessment Interface and Discharge (RAID) that meets with local expectations and ensure effective use of resources and expenditure  
 Improved waiting times for mental health services  
 Compliance with Special Educational Needs and Disability Code of Practice (SEND): 0-25 years (Children and Families Act 2014)  
 Ensuring the transition and continuation of care when a child moves into adult services  
 Redesign services into a community setting where appropriate  
 Increase use of day case surgery and reduction in in-patient activity  
 Redesign of medical ambulatory care will avoid unnecessary hospital attendances and admissions  
 Better Care Fund Projects to increase the integration of care between health and social care including improved rehabilitation and delayed transfer of care  
 Reduction in avoidable paediatric emergency admissions  
 Increased use of Tele-health to support patient care created use of Advice and Guidance to reduce number of consultant appointments  
 Review of pathways for planned and urgent care and improve service specifications  
 Development of a Primary Care Access, Transformation and Quality Strategy in line with the Co-commissioning arrangements – Develop Team around the Practice in line with enhanced Primary Care aspirations.  
 Delivery of Quality Innovation Productivity and Prevention programme

**Quality**

**Patient safety** – No Never Events and continued reduction of avoidable harms; maintain HCAIs within trajectory Work to embed the practice of clear clinical accountability with named doctor where appropriate. No mixed accommodation breaches  
**Patient experience** – promote full engagement in Friend & Friends Test & increase patient reported experience measures across providers; Hearing the voice of the patient where it matters most. Reduce cancelled operations  
**Compassion in practice** – embed the 6Cs (Care, Compassion, Confidence, Communication, Courage and Commitment) in all activity across all sectors; Support our teams to challenge when it is not evident.  
**Safeguarding** – Work in partnership to keep our population as safe as possible; proactively learn from serious case reviews and embed recommendations.  
**Staff satisfaction** - Increase rates of staff satisfaction building on the staff survey outcomes; Greater level of staff engagement, improvement in sickness absence rates  
**Seven day services** - To develop a whole systems approach to increase the number of services offering seven day working to achieve the greatest benefit for both patients and the NHS; increase in the number of services offering 7 day services and increase in weekend discharges. Use SDIPs to ensure implementation of 7 day services  
**Response to Francis, Berwick and Winterbourne** View-continue to ensure all aspects of learning is built into CCG decision making  
**Reconfiguration** - To ensure that all service changes are built around the needs of patients, their safety and experience  
**CQC** – Ensure that the recommendations from the CQC visits are addressed  
 Improve antibiotic prescribing in Primary and Secondary Care and reduction of medication related incidents

**Transformation programmes, reconfiguration plans and re-procurement**

**Future Fit programme** of redesign which will oversee plans and proposals for improving acute and community hospital services in Shropshire  
**Collaboration** on joint commissioning plans where possible  
**Implementation** of integrated care record  
**Tendering** for new services as appropriate e.g. Ophthalmology; Patient experience reviews; termination of pregnancy; Tele-health; Community Diabetes; Audiology;  
 Regional Procurement of NHS 111  
**Better Care Fund** Projects to be fully implemented to improve integration, rehabilitation and admissions avoidance  
**Specialised Services** commissioning arrangements to be agreed with NHS England  
**Co-commissioning of Primary Care** and agreement of a new Primary Care Strategy to include quality, access and transformation

**Delivering value**

The CCG plans to achieve Business Rules, including a 1% surplus, 1% non-recurrent headroom and 0.5% Contingency.

**Investments**

£400k in additional Mental Health services.  
 £500k to support transformation through the Future Fit Programme.  
 Emergency Marginal Rate and Readmissions deductions reinvested in line with the CCG's published policy after consultation with relevant stakeholders.  
 Better Care Fund investment £10.4m linked to domiciliary care and re-ablement contracts to achieve a 3.5% decrease in Emergency Admissions.  
 Demographic and non-demographic growth totalling 3%, offset by BCF, and elective growth based on RTT trajectory

**CCG Commissioning Intentions and Expected Outcomes**

Service Area	Key Commissioning /Procurement Intentions	Indicative Value of final Contract	Comments	Contract Award Due Date	Lead Officer	Desired Outcomes	Linked Strategy (where relevant)
<b>To Improve commissioning of effective, safe and sustainable services which deliver the best possible outcomes, based upon best available evidence</b>							
<b>Planned Care</b>	To strengthen self-care and prevention	N/A	New Grant Making Framework implemented for 15/16, allows for a consistent and robust mechanism for supporting voluntary organisations where their outcomes and priorities are aligned with those of the CCG.GP Practices are incentivised to establish care plans in COPD, Diabetes and Asthma in partnership with patients. T&W Patient Group actively working with Practices to establish patient groups from April 2015, all GP practice obliged to have a Patient Group under the GMS contract. Need clear reporting process on progress in line within BCF Programme timescales.	N/A	Julia Meakin	Stronger framework for Voluntary Organisation Grants. Voluntary Organisation contributions will lead to greater focus on meeting need. Increased number of self-care plans will empower patients to input into and manage their own conditions where possible. Measure - number of care plans. Increased number of Practice based patient groups working with the CCG during 2015/16 will add to the progress made with meeting “no decision about me without me”. Measure – number of Practice based patient groups. Deliver the outputs from the Patients in Control - Personal Care Plan and Shared Decision Making; better signposting and training on car and compassion.	CCG 2 year plan, QiPP plan

<b>Planned Care</b>	Redesign services into a community setting where appropriate	Various to be confirmed	The 'Care closer to home' agenda has enabled CCGs to look at services to understand whether elements or total services can be undertaken in a community setting. Work is being undertaken with both secondary care and local providers to develop pathways to ensure care is seamless and undertaken in the most appropriate setting. Ophthalmology has been a success in redesign bringing a number of follow up appointments into a community setting and other specialties will have elements that can be redesigned to bring more care into the community. The current commissioning intentions look to redesign ENT, Gastroenterology and MSK pathways.	N/A	Liz Cartwright	Increased activity transferred from Acute to Community Services; this will allow more patients to benefit from care closer to home. Measure – increase of 15 % of activity in a community setting and 15% reduction in secondary care activity. A number of pathways to be reviewed; associated quality and cost improvements will lead to higher levels of patient satisfaction and better value for money. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases	CCG 2 year plan Care Closer to Home CCG Strategic Plan, QiPP plan
<b>Planned Care</b>	Increased use of Tele-health to support patient care	N/A	Continue to promote simple telehealth Flo automated texting and expansion of use for LTC's in GP Practices/Community and acute providers. CCG working in partnership with Telford & Wrekin Adult Social Services Assistive technology (AT) project where opportunities arise and represented on the Shropshire AT group	N/A	Julia Meakin	Increased number of Tele-health projects introduced to improve access and support patient care. Will contribute towards the 3.09% overall reduction in Outpatients	CCG 2 year plan, QiPP plan
<b>Planned Care</b>	Increased use of Advice and Guidance	N/A	Continue to increase the use of advice and guidance service across all specialties, working with SaTH and the GPs.	N/A	Sharon Clennell	Patients will benefit from earlier access to consultant opinion via GP referrals to Advice and Guidance Measure – increased number of Advice and Guidance referrals to avoid admissions. Will contribute towards the 3.09% overall reduction in Outpatients	CCG 2 year plan, QiPP plan

<b>Planned Care</b>	Increase use of day case surgery and reduction in in-patient activity	N/A	Following an in depth analysis of current activity it has been highlighted to the CCG that a number of in-patient activity could be undertaken as a day-case - this follows national criteria and looks at benchmarking data locally. A number of procedures have been identified.	N/A	Liz Cartwright	Number of pathways reviewed and associated quality and cost improvements will lead to better patient satisfaction and better value for money. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases	CCG 2 year plan Care Closer to Home CCG Strategic Plan, QiPP plan
<b>Planned Care</b>	Determine future specialised commissioning arrangements	N/A	The future arrangements for specialised commissioning currently remain unclear and the CCG is waiting for the further information from NHS England to determine which services will become the responsibility of the CCG during the coming years. The new CCG staff structure has anticipated future changes.	N/A	Fran Beck	Work with NHS England to agree the future commissioning of specialised services	CCG 2 year plan
<b>Integrated Care</b>	Fully implement Better Care Fund Projects	£11.610m within pooled budget	Programme Management Board in place to monitor development of the whole Programme. Rehabilitation Business Care and service specification developed	N/A	Michael Bennett	Implementation of agreed model of team integration to reduce admissions, reductions in permanent admissions to care homes and delayed Transfers of Care to planned levels and reduce length of stay in hospital. Implement agreed Community rehabilitation service leading to an increased number of episodes of community rehabilitation avoiding unnecessary long length of hospital stays. Reductions in acute rehabilitation episodes. Reductions in identified HRGs related to emergency admissions. Reductions in Excess Bed Days. Full implementation of Discharge to Assess. Patient / Carer satisfaction levels of care close to home. Will contribute towards the 6.5% reduction in emergency admissions.	BCF Programme. QiPP plan. Care Act. CCG 2 year plan

<b>Integrated Care</b>	Enhanced care in residential and nursing homes	£50,000 for additional community nurse to work directly with care homes	Additional resilience monies used for falls exercise and Training until March 2015. funding to be identified is seen as effective use of monies for 2015/16	N/A	Michael Bennett	To reduce admissions from nursing and residential homes through analysis of admissions to each care home; support, education and training programmes by nursing staff and Falls Prevention training and exercise; support of education and training programmes; proactive case management of patients and further roll out of case plans for residents. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions.	BCF Programme. QIPP plan, CCG 2 year plan
<b>Urgent Care</b>	Procurement of NHS 111	N/A	The procurement process, undertaken on a regional basis and led by NHS Sandwell and West Birmingham CCG, is currently underway. The specification has been enhanced to increase the level of direct clinical input to address concerns from implementation of original model.	May-15	Karen Kalinowski	Patients will benefit from enhanced model. 111 also contributes to the urgent care by directing people to the most appropriate service. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions.	CCG 2 year plan, Urgent care plan
<b>Urgent Care</b>	Redesign of medical ambulatory care	N/A	A project group has been set up across the LHE to undertake the review of existing and development of a future model of ambulatory care. A whole system approach is required so that the future model both delivers efficiencies and reduces pressure on the emergency departments and hospital admissions.	N/A	Karen Kalinowski	Redesign of service agreed and successfully implemented will avoid unnecessary hospital attendances and admissions. Will contribute towards the 3.09% overall reduction in Outpatients, 1.39% reduction in Elective/day cases and the 6.5% reduction in emergency admissions	CCG 2 year plan, Urgent Care plan

<b>Urgent Care</b>	Reduction in avoidable paediatric emergency admissions	N/A	The CCG (alongside Shropshire CCG) is exploring the development of pathways to deliver hospital at home in conjunction with the acute and community providers including improvements to managing frequent flyers.	N/A	Rebecca Johnson	By improving paediatric pathways there will be a reduction in emergency admissions for under-19s. Working in partnership to deliver integrated acute and community hospital at home service to reduce emergency admissions and care for children in the right place at the right time. Contribute to the 6.5% reduction in emergency admissions	CCG 2 year plan, QiPP plan
<b>Quality</b>	Implementation of 7 day services	N/A	The CCG has included the delivery of the 7 day services standards into the NHS contracts for providers in 2015/16.	N/A	Nicky Wilde	To develop a whole systems approach to increase the number of services offering seven day working to achieve the greatest benefit for both patients and the NHS; Increase in weekend discharges. Use of SDIPs to ensure implementation of the standards of 7 day services	CCG 2 year plan
<b>Quality</b>	Improved quality outcomes - embed the 6Cs(Care, Compassion, Confidence, Communication, Courage and Commitment) in all activity across all sectors; Support our teams to challenge when it is not evident.	N/A	Application of principles are tested and assurances sought through clinical quality review meetings. Feedback is triangulated across patient experience sources and external review. Across all NHS Contracts	N/A	Chris Morris	Improving the outcomes for patients specifically for reduction of avoidable harms Measure -- Number of pressure sores, never events and HAIs. Evidence of embedded practice of clear clinical accountability with named doctor where appropriate. No mixed accommodation breaches. Reduce cancelled operations. Implementation of recommendations from CQC reports	CCG 2 year plan

<b>Primary Care</b>	Co-commissioning of Primary Care	N/A	The CCG was notified on February 18th that has been successful in its application for full delegated authority to co-commission primary care. The CCG is in the process of working with NHS England on the scope and limitations of this and expects further guidance in March	N/A	David Evans	Secure co-commissioning of Primary Services. Agreement of a new Primary Care Strategy to include quality, access and transformation. Improved percentage scores in GP survey against questions relating to ease of booking appointments; quality of appointments; overall experience. Undertake a baseline assessment of GP Practices. Develop "Team around the Practice"	CCG 2 year plan
<b>Medicines Management</b>	Medicines Management improvements	N/A	Continue the ongoing programme of work to improve prescribing of antibiotics and reduction of medication related incidents.	N/A	Jacqui Seaton	Key performance indicators (KPIs) are used to monitor antibiotic prescribing: 1) antibacterial items/STAR-PU, 2) Cephalosporin's and quinolones % items, 3) Trimethoprim ADQ/item, 4) Minocycline ADQ/1000 patients, 5) co-amoxiclav % items. All KPIs are monitored on a monthly basis at both CCG and practice level. National performance against these indicators is provided by the NHS BSA on a quarterly basis. 6 monthly reports are provided to the local health economy healthcare acquired infection prevention meeting. The CCG actively participates in national campaigns (e.g. Antibiotic Guardian, Treat Yourself Better and European Antibiotic Awareness Day) to raise awareness of the risks associated with antimicrobial resistance. Medication Related Incidents are reported directly to the CCG's Medicines Management Team. The CCG's Medicines Safety Committee reviews all medicine related incident reports and ensures that learning is cascaded across the CCG. The CCG received 10 medicine related incident reports during 2013/14, this number has increased to 54 so far this year (April 2014 - January 2015).	UK Five Year Antimicrobial Resistance Strategy, CCG 2 year plan

To increase life expectancy and reduce health inequalities							
<b>Mental Health</b>	Ensure parity of esteem for mental health service users	N/A	To carry out a review of mental health need locally to determine what is needed for the local population, To ensure that community services are developed in line with peoples needs and that a responsive local community service is developed.	N/A	Noel Morrow	Mental Health Needs Assessment completed. Number of grants awarded to support Mental Health improvements. Service user feedback. Baseline of contract to be increased with additional 400k	CCG 2 year plan
<b>Planned Care</b>	Improve the outcomes for potential years life lost	N/A	CCG is working with the Public Health team to develop a Quality Premium Potential Years of Life Lost (PYLL) Plan. The Plan is based on high impact interventions known to reduce early death rates covering priority areas for T&W; CVD, cancer and respiratory	N/A	Julia Meakin	Reduce potential years life lost by 3.2%	LTC plan, CCG 2 year plan, QiPP plans
<b>Planned Care</b>	Implementation of new End of Life Plan	N/A	A Shropshire-wide EOL Plan to replace the Liverpool Care Pathway is being implemented by providers supported by relevant training	N/A	Julia Meakin	To improve and support the care at the end of life. Number of end of life plans agreed. Increased number of patient dying in place of choice	CCG 2 year plan, End of Life plan
<b>Planned Care</b>	Increase in cancer survivor rates	N/A	A stakeholder working group has been implemented to improve survivorship rates. This group includes primary care, secondary care, patient representation, Macmillan ,NHS England, Local Authority and CCG. The aim is to provide a 'joined up approach' to improve survivorship rates The plan focuses on Prevention, Early diagnosis, Treatment, Survivorship, End of Life with overarching themes of Patient experience, Data and intelligence and Inequalities and equality and	N/A	Liz Cartwright	Survivorship rates for patients will increase by improving access to cancer pathways. 2 week wait pathways and referral forms to be reviewed and agreed to improve quality of referrals Patient and GP education to improve sign and symptom awareness	CCG 2 year plan

			diversity				
<b>Planned Care</b>	New model for the identification and management of long term conditions	N/A	CCG is exploring the House of Care Model to manage LTC's. Significant project that will take a couple of years to implement. This is a coordinated service delivery model encompassing all people with LTC's and assumes an active role for patients, with collaborative personalised care planning at its heart.	N/A	Julia Meakin	To improve the long term conditions pathways, outcomes and experience of patients. Agreement of future model which may include the House of Care model	LTC plan, CCG 2 year plan, QiPP plans
<b>To encourage healthier lifestyles</b>							
<b>Planned Care</b>	Smoking at time of delivery	N/A	New contract awarded for stop smoking in pregnancy to start 1st April 2015 close partnership working between midwifery and the new stop smoking provider will be required. Other developments include: a midwifery Public Health training day in Jan 2015, , more monitors and training for all midwives & quarterly validation of SATOD between SaTH and stop smoking provider.	N/A	Liz Cartwright	Focus on midwifery model for case management and the Local Authority re-rendering of the health to quit programme. Collaboration with Public Health and SaTH to target disadvantaged communities	CCG 2 year plan
<b>Planned Care</b>	Increase diabetes prevention activity	N/A	A GP led group are looking at the re-design of diabetes services in line with the House of Care model described above. A workshop in February including representation from Public Health, Secondary and Community Services started to look at an integrated community based model for the delivery of Diabetes. The GP Group are responsible for working up plans during 2015/16 for a new model of diabetes care to be implemented in 2016/17	N/A	Julia Meakin	Work with GP Practices and providers to increase activity in preventing diabetes. Work programme to commence upon outcomes of a GP working group.	LTC plan, CCG 2 year plan, QiPP plans

To support vulnerable people							
<b>Mental Health</b>	To improve services for mental health service users	Mental Health Contract. Non recurrent funding to Mind in Telford.	Current Recovery plan in place and now on track to meet the access target. Issues with recovery given that the service is also seeing people at Step 4 which it is not commissioned to deliver; however there is an issue in relation to capacity of secondary care psychology. Mind have been given £25k to develop its counselling service and to pickup its activity through IAPTUs thus adding to our overall targets.	N/A	Noel Morrow	To achieve treatment within 6 weeks for 75% of People referred to the Improving Access to Psychological Therapies Programme. 95% of people should be seen within 18 weeks The 15% target of local need is met by the IAPT service. This means that year on year 2614 people access IAPT services. 50% of people also recover from their illness through the IAPT intervention.	CCG 2 year plan
<b>Mental Health</b>	Develop RAID model and ensure effective use of resources and expenditure.	Mental Health Contract with SSSFT and additional non recurrent funding. In 15/16 Additional 400k in contract from Parity of Esteem	Current service is seeing 200 people a month. Any new development will need to ensure that main focus of ensuring access and preventing breaches in A&E can be achieved. Need to look closely at the comprehensive savings across the health system and how these can enable better funding of a comprehensive RAID service. Funding arrangements in other parts of the country are split between provider and commissioner		Noel Morrow	Option appraisal Evaluation from the University of Chester will inform future model improving quality and value for money. This will ensure that service users have robust access to mental health assessment and ensure that the acute hospital can meet its outcome in relation to A&E	CCG 2 year plan

<b>Mental Health</b>	Increase diagnosis and as a result early access to treatment of patients with dementia	GP practices and mental health memory services main contract baseline	Need to work closely with GP practices who are not achieving their targets in relation to Diagnosis. Alzheimer's Society have employed 2 CDW's to work with GP Practices who are struggling with this. Hope to achieve target through targets work. Also data cleanse of EMIS system and harmonisation project	Workers in place	Noel Morrow	Dementia diagnosis rate at least 66.7% of expected levels.	CCG 2 year plan
<b>Mental Health</b>	Mental Health Crisis Concordat to ensure better co-ordination of statutory services in meeting the needs of those people with a mental health need in crisis in the community	250K non recurrent funding	Non Recurrent money received From NHSE to develop a crisis helpline and co-ordination hub across all key organisations - Ambulance, Mental Health, LA, Police & Voluntary Sector. This will also reduce the use of police cells/custody suites as places of safety for young people and adults. CCG will publish its action plan on the website by end of March 2015.	Pilot in place and SSSFT main provider and sub contracted for voluntary sector provider.	Noel Morrow	To ensure the implementation of the key features and outcomes of the Crisis Concordat for Mental health. To reduce the use of police custody suites as a place of safety	CCG 2 year plan
<b>Mental Health</b>	Improved waiting times for mental health services	mental health contract and also additional funding of 400k due to Parity of Esteem	This is linked to creating better access to services. Parity of Esteem with other secondary care services. Already built into 15/16 contract with the expectation that this will be in place by April 2016.	2016 April	Noel Morrow	Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis. Mental Health provider will ensure that by 16/17 it has the required capacity to meet the 50% outcome for people 2015/16 performance plan: of all those finishing IAPT treatment in the period, the number who began treatment within (i) 6 weeks – 75%; (ii) 18 weeks – 95% with a first episode of psychosis.	CCG 2 year plan

<b>Children's</b>	Special Educational Needs and Disability Code of Practice (SEND): 0-25 years (Children and Families Act 2014)	N/A	Partnership working with the Local Authority and partners to ensure the requirements of SEND reforms are locally met and there are improved outcomes for children and young people.	N/A	Rebecca Johnson	Partnership working with the Local Authority and partners to ensure the requirements of SEND reforms are locally met. This includes the introduction of Personal Budgets, new roles; Designated Health Officer and Clinical Officer and the establishment of a Joint Commissioning Task and Finish Group in support of joined effective commissioning for the future. Continual improvements to the local offer of services, developing outcomes/impact measures to include capturing data on the numbers of Notification Forms and Education Health and Care plans	CCG 2 year plan
<b>Children's</b>	Ensuring the transition and continuation of care when a child moves into any adult services.	N/A	Partnership working with the Local Authority and partners to ensure transition is supported and enabled through joint protocols and procedures.	N/A	Rebecca Johnson	The CCG recognises that there is a risk when children pass into adult services and will work to ensure that this risk is reduced in conjunction with partners.	CCG 2 year plan
<b>Quality</b>	Safeguarding adults– Work in partnership to keep our population as safe as possible	N/A	See outcome column.	N/A	Joy Henry	Evidence of learning from recommendations from serious case reviews, safeguarding adults reviews and domestic homicide reviews. To work closely with the local authority around the implementation of the Care Act, Mental Capacity Act, Deprivation of Liberty Safeguards, the Prevent agenda and other legislator requirements. To participate in quality assurance visits to provider areas and to attend safeguarding case conferences and strategy meetings, or section 42 meetings moving forward.	CCG 2 year plan

<b>Quality</b>	Safeguarding children– Work in partnership to keep our population as safe as possible	N/A	See outcome column.	N/A	Audrey Scott-Ryan	Death Overview Panel (CDOP) for Shropshire and Telford & Wrekin - Each local child death is reviewed by the panel under central statutory guidance using national templates. Lessons to be learnt and recommendations are taken forward. Serious Case Review / Individual Management Review - reporting to be a standing item on Health Safeguarding Governance Committee with SCR newly published Executive summaries to be disseminated to group. The Designated/ Named professionals to drive and support local lessons actions to be taken forward, i.e. 'children who don't bruise rarely bruise', National, regional and local SCR one minute lessons learnt briefings to front-line staff via Healthcare Governance Safeguarding Children Committees provider organizations for them to share at their internal safeguarding meeting.	CCG 2 year plan
<b>In meeting the objectives of the CCG functions effectively, efficiently and economically and in accordance with generally accepted principles of good governance and as an employer of choice</b>							
<b>Planned Care</b>	Well negotiated contracts that ensure NHS constitutional targets are delivered and value for money achieved	N/A	There is a planned programme of work to ensure that our NHS Contracts are populated correctly to ensure required standards and plans are clearly defined to allow for accurate monitoring.	N/A	Nicky Wilde	Measure against delivery of Key Performance indicators, RTT, Cancer, Diagnostics and A&E targets, CQUINS etc. Number of service specifications agreed which clearly identifies the level and quality of service expected. Adherence to West Midlands averages for Follow Up ratios and Consultant to Consultant referrals. Achievement of QiPP targets. Implementation of contract levers	CCG 2 year plan

<b>Planned Care</b>	Reduced variation in Primary Care referrals	N/A	Continue work with High/Low referring Practices. Look at referral trends/patterns across Primary Care at Practice/GP level.	N/A	Sharon Clennell	By undertaking reviews of referrals at a practice level will ensure the quality of referrals into secondary care and agreed pathways are followed.	CCG 2 year plan. QiPP plan
<b>Planned Care</b>	Increased use of TRaQs to manage referral activity e.g. 2 week wait referrals	N/A	To expand the TRAQS service to include other referral types i.e. 2WW. Review the current process in Primary and Secondary care. Look to implement a more robust process in TRAQS that will provide assurance to our patients and the CCG that all clinically appropriate 2WW referrals are being managed correctly.	N/A	Sharon Clennell	Number of new services managed by TRaQs will ensure a consistent approach to GP referrals	CCG 2 year plan. QiPP plan
<b>Planned Care</b>	Tendering for new services as appropriate	N/A	Ensuring that EU procurement processes are followed.	N/A	Nicky Wilde	Number of new services tendered to improve access and quality in services	CCG 2 year plan
<b>Integrated Care</b>	Implementation of integrated care record	N/A	This work stream is an enabling work stream and is focusing on the development of data sharing principles and a shared care record across the participant health and social care organisations involved in the BCF programme. An overall project group is currently being established with cross-organisational representation from senior IT and information governance leads. This group will establish a number of task and finish sub-groups to lead on individual elements of work.	N/A	Michael Bennett	A key requirement to the success of this work stream is that all organisations use the NHS number as the primary identifier. This is in place within all healthcare providers but has yet to be fully implemented across social care. It is recognised that the development of a single shared record for health and social care will likely require interim workaround solutions as part of a phased implementation plan over the next 1 to 2 years	CCG 2 year plan

<b>Quality</b>	Improvement in positive patient experience	N/A	To continue to work with providers to ensure they are engaging with national patient surveys or local patient involvement surveys	N/A	Julie Bone	To ensure that the CCG is commissioning improved services, the measure will be via the patient experience surveys and feedback. Promote full engagement in Friend & Friends Test & increase patient reported experience measures across providers; Hearing the voice of the patient where it matters most.	CCG 2 year plan
<b>Quality</b>	Staff health and wellbeing	N/A	As part of a refresh of the CCG OD plan we will be undertaking staff surveys to help inform a staff values/team building workshop, to help support our staff to provide the highest professional standards and to help influence the delivery of high quality services through the commissioning cycle.	N/A	Alison Smith	Improvement in overall staff survey results and reduction of sickness and absence rates.	CCG 2 year plan
<b>Quality</b>	Good evidence of Collaborative Commissioning	N/A	The CCG has worked with the Area Team and understands the importance of developing existing collaborative working arrangements with the council, other CCGs and providers to jointly commission in a systematic manner.	N/A	Fran Beck	Number of projects delivered by collaborative commissioning which delivery a whole systems change to patient care	CCG 2 year plan
<b>Finance</b>	Sustainable financial plan	N/A	The CCG anticipates achieving a breakeven financial position in 2014/15 as per plan. An initial financial plan for 2015/16 has been submitted to NHS England based upon a 1% surplus for the year. Uncertainty around 2015/16 tariff, delivery of £4m QIPP and contract performance in 2015/16 remain the key risks to delivery	N/A	Andrew Nash	To achieve the expected of 1% surplus in financial plans	CCG 2 year plan

<b>Finance</b>	The CCG plans to achieve Business Rules, including a 1% surplus, 1% non-recurrent headroom and 0.5% Contingency.	N/A	An initial financial plan for 2015/16 based upon Business Rules has been submitted to NHS England. Uncertainty around 2015/16 tariff, delivery of £4m QIPP and contract performance in 2015/16 remain the key risks to delivery	N/A	Andrew Nash	£400k in additional Mental Health services. £500k to support transformation through the Future Fit Programme. Emergency Marginal Rate and Readmissions deductions reinvested in line with the CCG's published policy after consultation with relevant stakeholders. Better Care Fund investment £10.4m linked to domiciliary care and re-ablement contracts to achieve a 3.5% decrease in Emergency Admissions. Demographic and non-demographic growth totalling 3%, offset by BCF, and elective growth based on RTT trajectory	CCG 2 year plan
<b>Planned, Urgent and Integrated Care</b>	Transformation	not yet known	The Future Fit programme OGC Gateway Review Stage 0 has just been completed. This current rating for the programme is Amber, which the joint SRO's believe is an accurate reflection given the complexity and challenges that the programme faces. This will significantly change the way services are provided in the future including a smaller acute sector and much enhanced primary and community care services.	N/A	David Evans	Future Fit programme of redesign which will oversee plans and proposals for improving acute and community hospital services in Shropshire Collaboration on joint commissioning plans where possible. Tendering for new services as appropriate e.g. Ophthalmology; Patient experience reviews; termination of pregnancy; Tele-health; Community Diabetes; Audiology; Implementation of integrated care record. Regional Procurement of NHS 111. Better Care Fund Projects to be fully implemented to improve integration, rehabilitation and admissions avoidance. Specialised Services commissioning arrangements to be agreed with NHS England. Co-commissioning of Primary Care and agreement of a new Primary Care Strategy to include quality, access and transformation	CCG 2 year plan