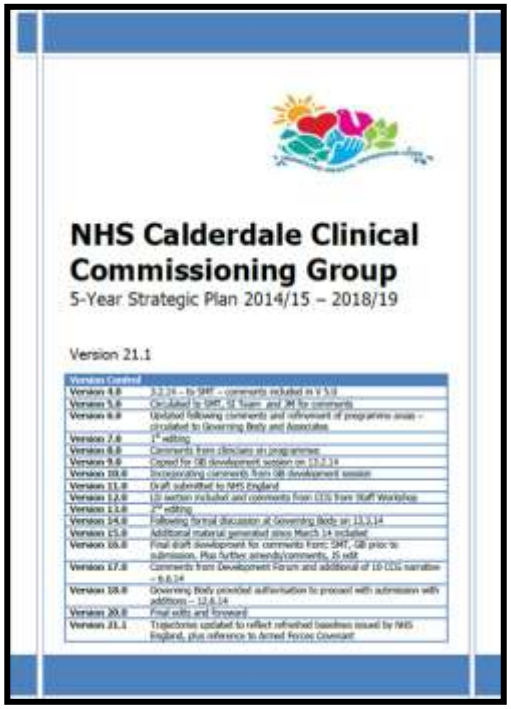
# Our 5-Year Journey

## Year 2 – 2015/16

**(Final Version 3.0)**



**NHS Calderdale Clinical Commissioning Group**

5-Year Strategic Plan 2014/15 – 2018/19

Version 21.1

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# VISION

**To achieve the best health and wellbeing for the people of Calderdale within our available resources**

## OUTCOMES

- Empowered citizens and communities
- Reduce preventable deaths
- Reduce health inequalities
- Improve quality of life
- Improve patient experience
- Maximise independence
- Ensure services are safe
- Reduce reliance on hospital based care

## STRATEGIC DIRECTION
Closer to Home Programme (Inc. Vanguard)

## Key Areas of Focus (Inc. QIPP)

- Cardiovascular
- Diabetes
- Respiratory
- Alcohol
- Musculoskeletal
- Cancer
- Mental Health
- System change work: Urgent Care Board Programme, Planned Care Board Programme, joint work with CMBC on Children & Young People and Learning Disabilities

## Delivered Through

- 10 CCGs in West Yorkshire
- Joint Programmes with GH CCG Inc. Right Care Programme - Hospital Services Programme
- Better Care Fund with CMBC
- Communities: prevention, self-care & personalisation with CMBC

# Context

## Planning For Tomorrow – Delivering For Today

- **Mandate** focus on outcomes and inequalities
- **Value** highest quality standards & maximise value for money
- **Opportunities** vision; creating a shared purpose; partnerships & integration; innovation & transformation; new ways of providing care; primary prevention & supported self-care, leadership
- **Sustainability** empowering people; engaging communities; resilient health economy
- **Pressures** ageing population; winter; economy/austerity; workforce; culture shifts
- **Uncertainty** outcome of the general election

# Challenges

## Outcomes:

- PYLL – 10% reduction (between 2012 and 2013) – ranked in upper 4th quintile nationally
- Health related quality of life for people with LTC – improvement from 12/13 to 13/14 – ranked in 3rd quintile nationally
- Avoidable emergency admissions – 1.8% reduction from 12/13 to 13/14; continue to make progress in 2014/15 – ranked 5th quintile nationally
- Experience – continue to improve patient experience in all care settings across the system
- Safety – ensure service provision is of the highest quality and reduce in avoidable harm
- Quality – reduce variations in quality (for example; mortality and CAMHs)

## Resilience:

- Challenging performance relating to A&E 4 hour target and Delayed Transfer of Care
- Strengthen integration of health and social care
- Development of the capacity available across the system to meet the entirety of need
- Delivering our ambitions within running cost restraints

## Finance:

- Acute trust in financial deficit
- Substantial budget reductions in social care
- CCG 8% away from target allocation

## Workforce:

- Ageing profile of clinical workforce
- Transition of workforce and skillmix from an episodic and acute focus to an integrated and community focus

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# What Our Public and Patients Have Told Us

NHS

**Key themes from our engagement activity over the last 2 Years:**

- Improved access to health services
- More services available and accessible in the community
- All agencies working together to deliver health and social care
- Improved discharge planning and better resourced hospitals
- Staff training to improve communication and transparency
- Regular check ups for people with chronic conditions
- Improved management of risk and safeguarding when people are unwell
- More education and information
- Support for self care
- Investment in technology

Calderdale Clinical Commissioning Group

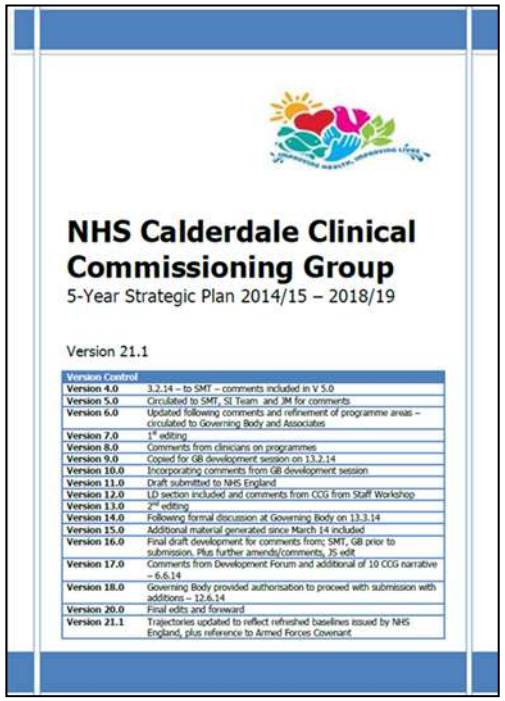
# Our 5 Year Strategic Journey

NHS

*The focus of our change programme over the next 5 years will* ***shift the balance from avoidable hospital admissions to integrated health and social care models*** *delivered in community and primary care settings.*

*We will* ***transform the way our system currently operates*** *so there is a greater focus on the prevention of ill health and the empowerment of citizens who will be able to manage their health and wellbeing and access integrated community, social and primary care services that are connected by effective pathways into acute settings.*

***This forms the basis for our Care Closer to Home Programme***



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From our 5 Year Plan – Submitted to NHSE – July 2012
http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/CCCG-5-Year-Strat-V21-1.pdf

# Vision For Integrated Care



*We will have moved from reactive to proactive care and support*

*We will have prevented the avoidable deterioration of people's health and wellbeing and met their care needs at the right time and in the right place*

*Support will be holistic: looking after people's physical, psychological and social needs*

*'Everyone has a bed – and it's at home'*

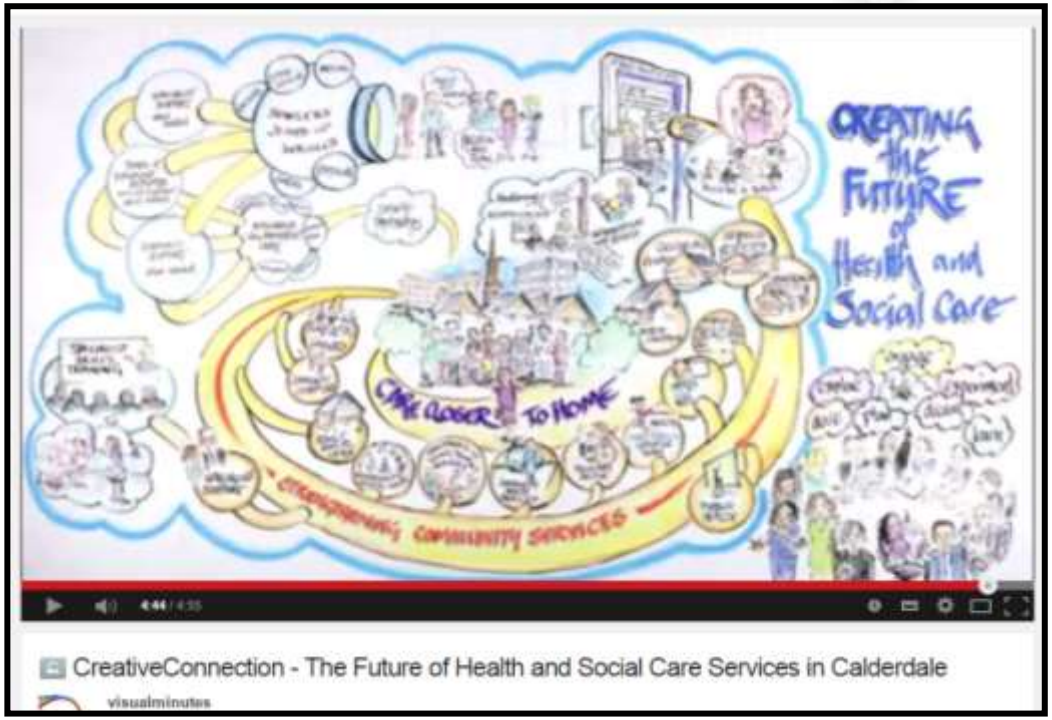
Vision for integrated health and social care, developed by Calderdale CCG and Calderdale MBC for our BCF submission – December 2014

http://www.calderdaleccg.nhs.uk/wp-content/uploads/2015/01/Final-BCF-CALDERDALE-28-11-14-Submission-Approved-Status.pdf

# Our Compelling Story

"Learn, plan, explore, dare to dream ……

The future of our organisations, the future of Calderdale"




Quote from the Care Closer to home animation – designed by CreativeConnection – January 2015
https://www.youtube.com/watch?v=iAwSpHit6_A

# Three Phases of Delivery



**Phase One – 2015/16**

Implement with current providers the newly specified care closer to home model setting out our expectations for the strengthening of community-based health services

**Phase Two – 2015/16**

Plan for public consultation and develop plans to enhance community services by moving traditional hospital-based services into communities

**Phase Three – Future**

Make any changes needed to ensure that the model of hospital services is fit for the future

# Financial Plan 2015/16



**Key Features – how our plans enable our strategic intent** (Further detail can be located in our financial submission)**:**

- Programme Allocation £280.3m
- Running Cost Allocation £4.6m
- Real terms growth of £3.7m equating to 1.4%
- Minimum growth as CCG is 8.43% over target allocation
- CCG investment of £13.8m into BCF
- Plans to spend at least 1% resources non recurrently
- Contingency of £2.7m (1%)
- Surplus drawdown of £0.6m
- Planned surplus of £6.4m
- Key risk - National Tariff Assumptions

# Fundamental Features of the Plan

Transformation

# Strategic Transformation

## What do we need to achieve in 2015/16?

- Continue the transformation journey set out in CCG Strategic Plan, delivery the 5YFV and the approach to new models of care through our Vanguard bid – shift from episodic unplanned hospital care – to planned care based in community, social and primary care setting
- Agree on future configuration of local acute care provision

## What actions do we plan to take?

- Commitment to delivery of our Vanguard submission
- Deliver Phase 1 of CCTH (strengthen current community services)
- Implement new Primary Prevention and Supported Self Care Strategies
- Implement a new Single Point of Access
- Implement Phase 2 of CCTH (develop new community models of care – services traditionally provided in acute hospitals)
- Plan to consult with the public on new service models in the community and in acute care
- Deliver new MCP model/ accelerated integration in 2 Calderdale localities
- Strengthen alignment with Health Futures programme (10 CCG) including cancer, stroke, urgent & emergency care and paediatrics

## How will we measure success?

- Reduce the volume of emergency admissions by 3.5%
- Deliver strategic shift towards community services – monitored in CCTH Dashboard
- Use confidence metrics to measure changes to acute care

# Place-Based Commissioning



## What do we need to achieve in 2015/16?

- Successful delivery of year 1 of fully-delegated co-commissioning of general practice
- Continue to develop the scope and use of personal health budgets, following successful implementation with continuing health care
- Explore the scope for identifying Year of Care based funding streams within long term conditions and Care Closer to Home
- Continue a focus on our 7 priority conditions (diabetes, mental health, alcohol related conditions, musculoskeletal, mental health, cardiovascular and cancer)

## What actions do we plan to take?

- Develop a clear view on the strategy and actions associated with delivery of our new Co-Commissioning role – focused on the key role of primary care in Care Closer to Home
- Develop a new, joint Primary Care Strategy (CCG, LMC, GP Alliance)
- Strengthen the role of the new GP Alliance
- Review PHB pilot to establish on-going processes and procedures
- Scope potential for Year of Care based approaches
- Refresh functions within the CCG to ensure capacity and capability to deliver and assure place-based commissioning

## How will we measure success?

- Quality assurance and VFM metrics around the commissioning of general practice
- Proportion of individuals offered a PHB as a package of care and uptake

# Better Care Fund

## What do we need to achieve in 2015/16?

- Ensure our plans and BCF align and enable delivery of our strategic intent
- Use BCF as a vehicle to develop integrated commissioning models with CMBC

## What actions do we plan to take?

- Deliver the impact from BCF schemes, particularly reductions in non-elective activity and develop plans for 2016/17- aligned to activity assumptions made in contracts
- Continue prudent approach to financial impact of BCF schemes, and use of contingency fund to reduce risk
- Strengthen alignment between CCTH, QIPP and CMBC transformation schemes
- Develop new schemes including for Children, Public Health and Learning Disability services
- Continue to raise awareness of BCF opportunities with staff and stakeholders – including HWBB
- Develop options for Integration of Commissioning for 2016/17

## How will we measure success?

- Continue to meet assurance requirements set by NHSE
- Meet BCF national conditions (protection of ASC, Care Act implementation, 7 day services, data sharing, joint assessment and accountable lead professional)
- Achieve national and local performance targets (particularly non-elective admissions)

# Delivery of Outcomes

# Delivery of Outcomes

## What do we need to achieve in 2015/16?

- Maintain the focus on improving health outcomes for the local population in line with NHS Outcomes Framework
- Maximise the benefits with integrated working with CMBC and the HWBB

## What actions do we plan to take?

- Use benchmarking data to compare the progress being made locally and understand the causes for any variation in the progress being made
- Align resources and improvement programmes to maximise the value from investment made by the CCG into CCTH and BCF
- Deliver CCTH approach – tailoring provision geographically to the needs of the population, increasing the focus on prevention and supported self managed care for LTC
- Develop a new Primary Care Strategy with CMBC focused on lifestyle changes; smoking, alcohol, physical exercise and nutrition delivered though Every Contact Counts and new third sector offers
- Deliver on opportunities to reduce non-elective activity for conditions that do not require admission or where admission can be prevented

## How will we measure success?

- Delivery of improvements as described in the NHS Outcomes Framework
- Delivery of actions in our CCG Assurance Framework

# Improving Health and Reducing Health Inequalities



## What do we need to achieve in 2015/16?

- Focus on reducing life expectancy gap: currently 10 years for men and 8 years for women and improve overall healthy life expectancy
- Focus on reducing <75 mortality rates for men and women

## What actions do we plan to take?

- Deliver the primary prevention and supported self-care elements of the CCTH model
- Develop a joint primary prevention Strategy with CMBC focused on; physical activity, smoking and nutrition
- Work with the HWBB to reduce smoking related deaths and improving life expectancy for those with severe mental illness
- Work with the HWBB to develop approaches that address issues related to childhood poverty and deprivation
- Work with the HWBB to develop approaches that reduce <18 conceptions and address health and wellbeing issues associated with unemployment

## How will we measure success?

- Delivery of improvements as described in the NHS Outcomes Framework and Public Health Outcomes Framework http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E08000033/par/E92000001/ati/102/pat/

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# Parity of Esteem

NHS

## What do we need to achieve in 2015/16?

- Strengthen partnership arrangements within Calderdale to delivery improvements for both adults and children & young people and deliver the commitments in the Crisis Care Concordat

## What actions do we plan to take?

- Develop and submit local Action Plan to deliver Crisis Care Concordat and strengthen Intensive Home Based Treatment Services in Calderdale building on 14/15 investments
- Develop new multi-agency Mental Health Innovation Hub in Calderdale, and test mental health elements of all programmes for parity of esteem
- Build new links with third sector providers through Mental Health Matters Forum
- Agree service development and improvement plans as part of 15/16 contracts for: EIP IAPT and Liaison Psychiatry; agree approach to implement new standards, including waiting times for IAPT (including within BMI communities) and eating disorders. Ensure resources are aligned to delivery.
- Work with the HWBB to develop a Suicide Prevention and Self-Harm Plan, Children's Emotional Mental Health & Well-being – including a reduction in hospital stays associated with self-harm

## How will we measure success?

- Development of the No Health Without Mental Health Dashboard and achievement of the commitments in the Crisis Care Concordat
- Achievement of the new waiting time requirements for IAPT and eating disorder services

# Transforming Care



## What do we need to achieve in 2015/16?

- Shift the focus of care from episodic acute care, to planned care in community, social and primary care settings
- Mobilise and embed the proactive co-ordination of care, particularly for people with long term conditions who have a LD across primary, community and secondary care settings

## What actions do we plan to take?

- Ensure that delivery of CCTH approaches meets the needs of the most vulnerable of our residents including those with learning disabilities and mental health needs.
- Start work to develop the workforce for tomorrow, through initiatives which test new skills sets and models.
- Mobilise and monitor agreed a revised LD pathway with provider and key stakeholders
- Establish and maintain effective contract management processes to clearly monitor effectiveness of investment in LD, and continued focus on delivery of Winterbourne Concordat

## How will we measure success?

- Responsive access to care, preventing avoidable emergency admissions and A&E attendances through the delivery of a supportive LD liaison service
- Improved community health and wellbeing by ensuring supported access to GP services
- Increased involvement of patients and carers in managing their own health and care in a supported manner ensuring choice and independence
- Consistently high quality of care - effectiveness, safety and patient experience

# Access

# Convenient Access

## What do we need to achieve in 2015/16?

- Deliver the standards for access associated with the NHS Constitution, with a focus on new mental health commitments and services for minority ethnic groups
- Ensure the local population can access services which are timely and convenient, particularly minority groups within the population as part of delivery of CCTH model
- Ensure that our Primary Care Strategy maximises access to services in line with key engagement themes

## What actions do we plan to take?

- Delivery of the Care Closer To Home specification which includes improvements to access; extended working hours and 7 day services, tailored to the specific needs of individual communities and cohorts
- Develop a new vision for General Practice for 2020, and Primary care Strategy (focusing on GP, dentistry and pharmacy and improving contracted provision).
- Introducing the NHS Constitution standards in mental health
- Governing Body GPs to visit practices and review results from primary care access survey
- Improve access to all providers through the introduction of new expectations on choice and access (NHS and IS providers)
- Learning the lessons from additional primary care access schemes running through winter

## How will we measure success?

- Care Closer to Home specification KPIs
- Delivery of NHS Constitution standards including new standards for mental health
- Access results from primary care surveys and audits

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# Meeting NHS Constitution Targets

## What do we need to achieve in 2015/16?

- Maintain the CCG's positive performance in delivering NHS Constitutional targets, including new commitments related to choice in mental health

## What actions do we plan to take?

- Ensure that the breadth of system demand is met by maximising the potential capacity across the system
- Maintain robust monitoring of performance against targets and apply proactive mitigations wherever needed
- Work with providers to ensure they understand and comply with the constitutional commitments
- Apply, where required, the appropriate contract sanctions and hold providers to account
- Contractual plans in place to ensure delivery of new mental health commitments associated with (IAPT, EIP, Eating Disorders and psychology)

## How will we measure success?

- Actual performance equal to or greater than that required by the targets
- Improved trajectories for those targets where delivery has historically been challenging
- Robust action plans in place to recover, maintain and deliver improved performance

# Operational Resilience

## What do we need to achieve in 2015/16?

- Ensure system resilience is a key consideration of all the work done by the CCG
- Ensure alignment of work across all plans and footprints deliver local resilience
- Ensure Surge & Escalation and Winter Plans are fit for purpose:
  http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/Surge-and-Escalation-Response-Plan.pdf
  http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/Winter-Response-Plan-2014-15.pdf
- Ensure that SRG resources are allocated to maximise transformation and VFM

## What actions do we plan to take?

- Continue to strengthen the role of SRG and its role in holding the system to account
- Continue to strengthen the role of Urgent Care and Planned Care Board in delivering capacity to meet demand, and holding provides to account
- Determine the approach to developing our future workforce
- Strengthen the resilience of the local care home market
- Ensure the approach to allocation of resources maximises their impact on the system and delivery of Constitutional targets
- Continue to strengthen Surge & Escalation and Winter Plans

## How will we measure success?

- Delivery of KPIs  for funding allocated by the SRG
- Delivery of NHS Constitution targets and reduce variation in performance

# Quality

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# Response to Francis, Berwick & Winterbourne

NHS

## What do we need to achieve in 2015/16?

- Continue to ensure that the findings from the Francis , Berwick other significant quality reviews such as Kirkup reports are at the centre of our business delivery

## What actions do we plan to take?

- As service reconfigurations and changes take place we will have measures in place to monitor the effect of these changes and ensure that safety is maintained or improved as a result of the changes
- Through our Patient and Public Engagement and Experience Strategy, continue to develop relationships within the community and dialogue on existing services and in the planning for future service delivery
  http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/Calderdale-CCG-PPEE-Strategy-final-version.pdf
- Deliver and monitor our Patient and Public Engagement and Experience Action Plan
- Ensure that our LD programme is maximising opportunities to improve care for people with LD, including a reduction in in-patient utilisation
- Implement Quality assurance process for 3rd sector providers through joint working with Voluntary Action Calderdale

## How will we measure success?

- Continue the development of dashboards to ensure the ability to monitor safety and patient experience measures across the local health economy

# Patient Safety

## What do we need to achieve in 2015/16?

- Ensure that we have the measures and process in place to monitor the effect of current service model and future reconfigurations to ensure that safety is maintained or improved as a result of any changes

## What actions do we plan to take?

- Strengthen existing arrangements for reporting of harms in primary care, with consideration given to measuring improvement, learning, training and marketing
- Continue to use contract governance arrangements to escalate issue with our providers through the Clinical Quality Board meetings and ensure performance improvement through agreed trajectories and performance thresholds.
- Continue Safety Improvement work through the CQuINs Scheme
- Continue work with CHFT in delivery of the Care of the acutely ill patient, to reduce mortality, sepsis and AKI including implementing & monitoring of the national CQuIN
- Work with our practices on medicines optimisation and management, including preventing the development and spread of antimicrobial resistance
- Implement a system of joint mortality review with primary care and CHFT
- Continue to support implementation of duty of candour

## How will we measure success?

- Continue to report patient safety measures including staffing levels, Safety Thermometer, Mortality Incidence, HSMR and SHMI and continue to strengthen dashboards to ensure that safety measures across the local health community.
- Quarterly review of Adult and Children's Safeguarding, Infection Prevention & Control and Serious Incidents, and learning from complaints

# Patient Experience



## What do we need to achieve in 2015/16?

- Ensure patient and public experience are central and visible to all our planning for 15/16

## What actions do we plan to take?

- Refresh the Patient and Public Engagement & Experience Strategy and monitor the Action Plan
- Our Patient and Public Engagement and Experience Steering Group will continue to monitor patient experience in line with the CCG PPEE strategy and the CCG Equality and Diversity Strategy - http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/Equality-diversity-strategy.doc
- Continue to embed Equality and Diversity through the CCG Equality Objectives, ensuring the equality monitoring is captured throughout patient experience reporting
- Continue the collation of patient experience information from a range of sources – with themes and trends, lessons learnt and actions through reports to Quality Committee. This builds on the wealth of information already used by the CCG to interpret themes and mitigate issues.
- Support providers in patient experience improvement work identified such as Hospital food via the local CQuIN

## How will we measure success?

- FFT will continue to be reported through the CCG Quality Dashboard and exceptions to FFT results will be discuss at Clinical Quality Board meetings and action plans agreed - with
- The Friends and Family Test (FFT) will support the reporting of patient experience in in-patient areas and general practice and the Patient and Public Engagement and Experience Steering Group will continue to monitor patient experience in line with the CCG PPEE strategy
- Improvements in performance on national survey

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# Compassion in Practice

NHS

## What do we need to achieve in 2015/16?

- Ensure adoption of the 6Cs: care, compassion, competence, communication, courage and commitment by all our providers

## What actions do we plan to take?

- Continue to ensure Compassion in Practice is included within service specification development and that local incentive schemes support the identification of risks and areas for action. This includes mitigating actions related to any 'hot spot' areas.
- Ensure Compassion in Practice is the cornerstone of our nursing revalidation implementation plans
- Work with West Yorkshire Designated Professionals to refresh provider standards (based around the 6 key principles of safeguarding adults and the 6 C's Compassion in Practice strategy)
- Ensure Compassion in Practice principles are considered as we develop our approach to co-commissioning of Primary medical services
- Our two priority areas are Action Area 2: Working with people to provide a positive experience of care and Action Area 3 Delivering High Quality of Care and Measuring Impact

## How will we measure success?

- Continue assurance on implementation plans through the Clinical Quality Boards reports
- Through patient experience reporting and our monitoring of quality dashboard

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# Staff Support & Satisfaction

NHS

## What do we need to achieve in 2015/16?

- Maintain high levels of staff satisfaction to support delivery of the 5 Year Strategic Plan
- Build CCG staff resilience to work effectively in the context of continued change in the local and national health systems.
- Ensure provider organisations have plans to ensure satisfaction of staff to support recruitment and retention – make Calderdale a preferred employment option

## What actions do we plan to take?

- Continue with delivery of the CCG's Organisational Development plan, aligning strategy, people and processes.
- Implement new CCG appraisal process and training to drive quality development conversations linked to organisational values. with the 6 C's at its centre and introduce Employee Assistance Programme
- Ensure monitoring of local and national staff surveys for our providers and ensure any issues are included as part of contacting dialogue.
- Use the annual 360 CCG survey to continue to build strong and productive relationships with stakeholders, as well as continuing to evaluate our progress

## How will we measure success?

- Continued monitoring of CCG staff survey results, sickness absence and turnover rates - benchmarking with peer groups locally and nationally and provider staff though
- Monitoring compliance with the implementation of EDS2 and to understand how providers compare against the first NHS workforce race equality standard.
- Inclusion of provider staff satisfaction issues within contracting reports

# Seven-Day Services



## What do we need to achieve in 2015/16?

- Deliver 7 days services where appropriate as part of our CCTH programme.
- Clarify which elements of 7 day services will be progressed for each of our main providers: CHFT, SWYPFT, the Independent Sector and Primary Care

## What actions do we plan to take?

- Ensure specifications for CCTH include clarity on which services will work 7 days per week and agree the approach to joint provision with CMBC
- Include within the appropriate contract form, a clear plan of what is to be delivered in 2015/16 against this agenda
- Include appropriately detailed plans within contracts using Service Development Improvement Plans

## How will we measure success?

- Equivalent of 5 clinical standards associated with 7 day working delivered by the end of 2015/16 contract year
- Delivery of actions against timeline and milestones set out in plan
- Operation of appropriate 7 Day services across Care Closer to Home services

# Urgent & Emergency Care

## What do we need to achieve in 2015/16?

- Deliver, through the SRG and Urgent Care Board, new fit for purpose models of urgent and emergency care and deliver the NHS Constitutional commitments related to urgent and emergency care
- Deliver long-term sustainability through appropriate urgent care provision in Calderdale

## What actions do we plan to take?

- Through the SRG and Urgent Care Board (UCB) develop a clear vision of future services models for urgent and emergency care in line with the 5YFV, and continue our partnership with ECIST to develop a clear Action Plan for 2015/16
- Ensure CCTH (Phase 2) includes clarity on community urgent care offers
- Through the Hospital Services Board create clarity on the future acute configuration, including urgent and emergency care models
- Continue to work with 10CCG to develop coherent plans for the provision of emergency care services across West Yorkshire
- Work with the SRG and UCB to ensure that SRG and non-elective admission funding is allocated to deliver resilience and Constitutional commitments
- Continue to strengthen Surge & Escalation and Winter Plans to support the system during periods of pressure

## How will we measure success?

- Deliver NHS Constitutional commitments and minimise any variation in performance during periods of surge and escalation

# Safeguarding



## What do we need to achieve in 2015/16?

- Ensure, through strong leadership and partnerships, that safeguarding is an integral part of our business
- Safeguarding standards are identified for each service commissioned

## What actions do we plan to take?

- Review safeguarding arrangements in line with refreshed Accountability and Assurance framework
- Deliver CCG Safeguarding Policy (adults and children), including West Yorkshire agreed processes, MCA and DoLS http://www.calderdaleccg.nhs.uk/safeguarding/
- Continue to provide supportive challenge to our main providers, facilitating named nurse professional network
- Finalise and approve a bespoke Prevent policy and continue work with Regional Forum
- Continue to lead whole-system approach to MCA DoLs, including applications to the Court of Protection for cases where a deprivation of liberty
- Ensure a clear link with work being undertaken to improve LD services

## How will we measure success?

- Monitor the outcome from MCA monies invested in CMBC training programmes
- All CCG Staff have undertaken Basic Prevent awareness and WRAP 3 training as needed
- Report on Prevent to Quality Committee, including provider training compliance

# Innovation

# Research & Innovation



## What do we need to achieve in 2015/16?

- Ensure we maximise learning from Vanguard in Calderdale and ensure that learning from Calderdale is widely shared.
- Build innovation into all programmes of work undertaken by the CCG, to ensuring learning from others and sharing local good practice outside Calderdale
- Ensure the CCG engages in research to support local and national advances in interventions to support health and well-being
- Ensuring learning from National Audit Office reviews (strategy, assurance, investment, audit and collaboration)

## What actions do we plan to take?

- Continue to commission Research and Development support through the CSU SLA in four core areas: Management and Governance, Development, Engagement, Knowledge Transfer
- Develop innovation and improvement hubs for mental health and CCTH
- Submit applications into award process in order to share local innovation with wider audiences
- Continue to work with the Academic Health Sciences Network and the Quality Improvement Network (including work on polypharmacy and medicines optimisation)

## How will we measure success?

- Report research and development activity to the Quality Committee
- Measure success of applications into national award processes

# Delivering Value and Alignment

# Financial Resilience



## What do we need to achieve in 2015/16?

- Meet the NHSE business rules
- Deliver planned surplus
- Keep within running cost allocation

## What actions do we plan to take?

- Set aside a 1% contingency
- Set budgets aligned with contract plans
- Plan to spend at lease 1% of resources non recurrently
- Aim to spend un committed resources non recurrently
- Develop and deliver a QIPP plan, including an emerging plan for the development and delivery of QIPP related to the co-commissioning of primary care

## How will we measure success?

- Unqualified Annual Accounts
- Business rules achieved
- Delivery of surplus

# Credible Activity Plans



## What do we need to achieve in 2015/16?

- Ensure that we commission levels of activity that reflect demand in the system aligned to the capacity of providers

## What actions do we plan to take?

- Through SRG structures ensure that demand and capacity modelling is effective and used to influence contracts with any gaps identified and addressed
- Review historical trends in activity and quantify the impact of planned transformation and QIPP
- Apply the impact of contracting stances (including demographic growth) and all national commitments – eg BCF
- Continue to test delivery of capacity through contract monitoring processes

## How will we measure success?

- Deliver NHS Constitutional standards
- Deliver 3.5% reduction in Emergency Medical Activity (EMA)
- Delivery of BCF metrics (EMA, DToC, care home admissions, re-ablement, patient experience)
- Delivery £4m QIPP

# Workforce



## What do we need to achieve in 2015/16?

- Develop an integrated approach to workforce that enables sustainable delivery of our strategic intent – particularly focused on the shift from unplanned hospital based care, to planned care in community, social and primary care settings

## What actions do we plan to take?

- Through the SRG, agree an approach to the development of a systemic, integrated workforce strategy for health and social care. Ensure that national best practice and innovation related to new skills sets and roles are tested for local application
- Undertake a diagnostic on the current and future workforce requirements
- Agree the footprints at which different elements of the Strategy will be delivered (system, provider etc.)
- As part of our approach to Co-Commissioning – continue to develop our vision for general practice in 2020, including plans for the recruitment and retention of the future general practice workforce

## How will we measure success?

- Development of an integrated workforce dashboard which supports the work of the SRG

# Information Technology

## What do we need to achieve in 2015/16?

- Progress use of NHS number when sharing information across setting
- Progress towards interoperable digital records
- Ensure that digital and assistive technologies can contribute to delivery of CCG objectives

## What actions do we plan to take?

- Commission appropriate clinical systems
- Promote electronic referrals
- Support use of Summary Care Record
- Monitor interoperability our GPSoC clinical systems
- Ensure via procurement opportunities and contract opportunities that providers recognise and develop plans for interoperability
- Support Patients to have access to GP records
- Ensure that the new hospital EPR is implemented to timescales, appropriately integrated with primary care systems from the outset

## How will we measure success?

- Delivery of national GP IT programmes
- Participation in local digitisation and interoperability work streams
- Delivery of IT projects in BCF and Care Closer to Home

# Alignment of Plans

## What do we need to achieve in 2015/16?

- Develop robust and credible demand plans for main providers that have been reviewed in conjunction with the providers' capacity to deliver the activity
- Ensure a clear understanding of maintenance and development targets to be delivered within 2015/16

## What actions do we plan to take?

- Undertake a sense check of providers' capacity plans to determine risk to delivery of activity
- Ensure effective communication, monitoring and governance processes in place with providers
- Ensure robust performance and contract monitoring of activity against plans
- Ensure clear reporting of progress and issues in respect of trading and overall provider position

## How will we measure success?

- Trading position within acceptable range through the year and at the end of 2015/16
- Required planned activity, Constitutional commitment, and national targets delivered within 2015/16

# Risks (1)



| Risk | Mitigating Actions |
|---|---|
| **The plan produced by the CCG does not provide a confident view of its ambitions** | • Development of the plan is underpinned by established methodology.<br>• National indicative and benchmarking data has been used to identify areas of greatest potential benefit.<br>• The plan builds on insights gathered from its public, patients, membership and staff.<br>• The CCG Governing Body is fully committed to the ambitions articulated. |
| **The plan does not describe the detailed interventions which will deliver the ambitions** | • Each programme identifies interventions that underpin delivery, including, Delivery of metrics, QIPP, Activity, Capacity Planning. |
| **Plan not owned by key stakeholders and reputation damaged** | • Plan shared with CCG governing body – who confirmed ownership of the first submission.<br>• Plan shared with HWBB both in development mode and formally.<br>• Plan shared with CCG staff – already engaged in development of content.<br>• 5 Year Plan with Calderdale and Huddersfield Foundation Trust - and this engagement will continue once a final draft is signed off.<br>• Feedback from Patients and Public through a range of Engagement routes.<br>• Communications Plan developed to support sharing of key messages and priorities.<br>• Prospectus refreshed and on website. |
| **Plan does not ensure the sustainability of our system** | • Plans aligned to Better Care Fund Plans.<br>• Plans aligned across the local provider footprint.<br>• Provider plans are tested against CCG outcomes and design principles to test alignment.<br>• Outcomes based commissioning approach adopted to maximise innovative interventions from providers. |
| **Plan not delivered as governance process not robust enough to effectively monitor progress and risks** | • Governance process in place- CCG Governing body<br>• On-going monitoring of plan with regular reporting to Governing Body and sub committees.<br>• Governance routes for plan to be mapped (Governing Body, F&P, Quality Committee). |

# Risks (2)

| | |
|---|---|
| **Plan not delivered as capacity and capability not aligned supporting delivery of the plan** | • CSU contract and specs for 2015/16 structured around delivery of plan and transition into new arrangements<br>• Clinical leadership aligned and additional associates<br>• 'Business as usual' to be describe in line with CCG Competency Framework and included within capacity and capability planning.<br>• Our OD Plan will describe and embed our ways of working.<br>• Potential additional support through Vanguard<br>• Workforce is a key strand of CC2H and SRG work. |
| **Our financial plans do not enable delivery of our ambitions** | • Financial plans show delivery of surplus set out in planning guidance.<br>• 2 year detailed financial plan developed provides basis for investment of recurrent and non-recurrent funding to pump-prime change.<br>• Investment allocated via weighted design principles.<br>• Plans will allow for investment in prevention and innovative interventions. |
| **System financial sustainability is not deliverable** | • Right Time Programme Board working across Calderdale and Greater Huddersfield footprint<br>• Clear financial plans in BCF underpinned by S75. |
| **Risks of delivering the plan not mitigated** | • Corporate Risk Register includes a comprehensive view of risks associated with delivery – aligned to responsible managers. |
| **The approach to the specialised commissioning authorisation process impacts negatively on provider sustainability** | • Joint contingency arrangements in place.<br>• WY 10CCG collaboration on key areas of work |
| **The impact of changes to the commissioning of general practice** | • Proactive approach to high performing membership organisations.<br>• New primary care strategy being developed<br>• Co-commissioning is fully-delegated<br>• Relationships with our Local Medical Committee.<br>• Our CCG constitution |

# Key Message



## To be successful in 2015/16 and beyond we need to:

- *deliver our ambitious strategic ambition for the system by,*
- *staying true to the strategic intent in our 5-Year Plan;*
- *strengthening system leadership and organisational development which;*
- *strengthens relationships, integration and partnerships;*
- *creating a resilience system and organisations, whilst*
- *galvanising local communities to support prevention and self-care models, which will;*
- *deliver sustainable approaches to finance, clinical models, quality & safety workforce and risk, and ultimately*
- *enable delivery of our strategic outcomes and commitments*