Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Stafford and Surrounds, Cannock Chase and South East Staffordshire & Seisdon Peninsula Clinical Commissioning Groups

Operational Plan

2017/18 and 2018/19

Contents

Introduction

Since their establishment on 1 April 2013, the six Staffordshire CCGs have faced a unique set of challenges in commissioning healthcare for their population; set against a national backdrop of an aging population, rising demand and increasing financial pressure.

The provider landscape across Staffordshire has altered the historical patient flows with a number of major elective and non-electives centres merging, primarily these are services provided by University Hospitals North Midlands NHS Trust (UHNM), Royal Wolverhampton Hospitals NHS Trust (RWHT) and Burton Hospitals NHS Foundation Trust (BHFT). A similar number of providers support patients from the South and South East of the County access services providers typically focused on Birmingham and the Black Country.

The Staffordshire and Stoke on Trent Sustainability and Transformation Plan (STP) follows national guidelines and is primarily focused on UHNM and BHFT, its community provider; Staffordshire and Stoke on Trent Partnership Trust, and two mental health providers; Combined Healthcare NHS Trust and South Staffordshire and Shropshire Foundation Trust. In addition, it recognises the significant patient flows to RWHT. It is acknowledged that Staffordshire STP will need to link closely with the Birmingham and Black Country and Derbyshire STPs as patient flows in the south and east of Staffordshire also look to these centres for their acute care.

We recognise that much of our focus in previous years has been concerned with improving the efficiency in the provision of services from our providers; as a result there has been less attention given to managing the demand for services away from the acute sector and establishing suitable alternatives services in the primary and community setting. Such an approach is seen as critical if services are to remain financially sustainable. Whilst it is clear that some progress towards financial stability has been made, major transformational change will be required in order to ensure the NHS constitutional standards, the NHS mandate and requirements of the Five Year Forward View are met. The STP is the forum to allow our system leaders, from both health and care, to come together to plan and agree the key transformational changes needed to create a local health and care system that is financially and clinically sustainable.

This plan sets out how we will achieve the above requirements, with particular emphasis on improving health outcomes, reducing inequalities, reducing unwarranted clinical variability and implementing the requirements of the national policy produced by NHSE, the Five Year Forward View and its supporting documents for Primary Care and Mental Health.

The key components of the plan are:

- The five strategic transformation programmes established to deliver the STP
- The transactional and developmental change plans to deliver improved outcomes and reduced clinical variation within our agreed financial allocations and control totals
- The improvements in performance against the constitutional standards alongside the actions required to seek improvements in the other non-constitutional performance standards
- The finance and activity plans that underpin our transformational programmes and Quality Innovation, Productivity and Prevention (QIPP) improvements to meet the national planning requirements and business rules specific to 2017-19
- How we will be assured that the quality and safety of services is maintained
- How we will continue to engage with our patients and local populations to hear their views on how we can ensure the best possible patient experience and outcomes
- Continue to ensure we improve when assessed through the NHSE CCG assurance programme, against the Improvement and Assessment Framework (IAF).

Engagement (Public and Stakeholders)

The STP has established a work stream to ensure that the public, patients, service users, carers and families play a fundamental role in shaping services both now and in the future.

Key actions that have been taken forward are:

- Work with Healthwatch Stoke-on-Trent and Healthwatch Staffordshire to gather together feedback that patients and the public have provided directly to them and to the 6 CCGs and the two upper-tier local authorities over the last couple of years.
- Undertake a gap analysis to identify what our next steps should be who we need to talk to and what we need to ask them.
- Hold a staff event for those who work for NHS organisations across the county, collate their feedback and continue to ask for comments.
- Hold a series of workshops to which health and care professionals, members of the public and voluntary sector organisations were invited to help us understand what great looks like and the steps we need to take to achieve success.

The STP presents an opportunity to embark on a genuine pan-Staffordshire transformation programme to deliver a clinically, professionally and financially sustainable health and social care system. Commissioners and Providers within Staffordshire and Stoke-on-Trent coordinate a range of patient and public engagement activities across the city and county with over 150 routine groups, forums and networks that deliver opportunities for service users/carers and local residents the chance to input their view and opinions on local health and social care services. These activities engage around 3,500 – 4,000 citizens across the five Trusts, six CCGs and two local authorities. Work to date has included engaging with some of these groups in understanding the programme set up, governance and activity to date to progress towards a case for change. More structured ongoing activity will be scheduled into the detailed delivery plan.

Below is a summary of key communications activity delivered to date:

- Formation of the Communications and Engagement Steering Group
- MP briefings - ongoing in conjunction with CCGs and councils
- Councillor engagement – ongoing in conjunction with councils
- Media briefings - ongoing as required
- Outcome Definition event
    - 120 members of the voluntary sector, community groups, patients and the public and front line staff attended workshops to feed into the development of the case for change.

- In conjunction with Healthwatch Staffordshire and Healthwatch Stoke-on-Trent we have also committed resources to running public events in each of the 8 districts in Staffordshire and 2 in Stoke-on-Trent in November and December 2016. The focus of these events has been the STP, and they were attended by senior managers and clinicians from across the local health and care economy, to set out why change is required and answer questions. These Conversation Staffordshire/Conversation Stoke-on-Trent events also gave local people the chance to provide input on the development of the plans, and all the feedback/suggestions from the events will be considered.

- To support these and other engagement activities, Healthwatch have also been commissioned to co-ordinate the STP Ambassador programme. This programme will seek to recruit public and staff representatives from across the County and City who are prepared to be briefed about the STP, and to go out into their local communities and networks to raise

awareness and engage with people about it. Ambassadors will also be asked to help at events to support public and staff discussions and gather feedback.

Must do: SUSTAINABILTY AND TRANSFORMATION PLANS (STP's)

The Staffordshire Sustainability and Transformation Plan (STP) has been devised collectively by health and care commissioners and their providers in Staffordshire and Stoke on Trent. The STP outlines key challenges for the local health economy and proposes a programme of transformation to address the gap in affordability and deficits in service delivery. The STP will drive Staffordshire and Stoke on Trent CCGs' Commissioning Intentions for the next 2 - 5 years.

We recognise that specific members of our population access their acute care from other STP areas. We will work with lead commissioners outside Staffordshire to ensure the impact of our commissioning intentions on non-Staffordshire providers are understood and recognised. Similarly, we will identify the impact of neighbouring STPs on Staffordshire providers.

The latest version of the STP was submitted in October 2016. Within its content there was a clear recognition that a shift was required to move from planning to delivery. In addition, the implementation timescales for a number of key schemes is currently being reconsidered and where appropriate, brought forward. CCGs are committed to the STP as it is creating a strategic alliance of organisational leaders (Providers and Commissioners). As such, it provides the opportunity to do things differently, increasing the pace of change and to innovate, using different contractual mechanisms including capitated budgets, and will realign incentives to deliver transformation priorities.

Key to the STP is its goal to rebalance care expenditure in order to establish New Models of Care (NMC) in the community and primary care settings. The intention of the NMCs is to increase the capacity of primary and community care services and reduce the over reliance on secondary care services. However, the delivery of these changes will take time to achieve. The STP will strike a balance between driving rapid change and the need to ensure that the providers of primary care are fully involved in informing and co-designing the future model of care. In addition, the STP is accessing national learning to inform procurement options and proposals on future system architecture.

Whilst acknowledging the progress the STP has made, significant challenges continue to face CCG's. These include:

- Creating new models of service delivery that will meet the increasing levels of patient needs in particular for the frail elderly and those with long term conditions
- Enacting the key changes within the STP will take time and require significant patient and public engagement. This will need to be achieved within an health economy which continues to exhibit performance against many of the key NHS performance standards (for example delivery of RTT and A&E 4 Hour standard)
- Identifying the capacity necessary to implement the requirements of the proposals outlined within the STP
- Influencing the strategic decisions taking place within other STP footprints that will impact on our patients.

Each of the STP programmes has a Project Initiation Document (PID) which outlines the key deliverables and major milestones. We will implement the agreed STP milestones to ensure full achievement by 2020/21 through a programme management approach.

We will achieve agreed trajectories against the STP core metrics set for 2017-19.

There are five programmes of delivery in the STP:

- Focussed Prevention
- Enhanced Primary and Community Care
- Effective and efficient planned care
- Simplify Urgent and Emergency Care system
- Reduce cost of services

The purpose of this operational plan is to set out how the key priorities of the Staffordshire STP will be delivered by Stafford and Surrounds, Cannock Chase and South East Staffordshire and Seisdon Peninsula CCGs over the next two years. This work will produce the foundations for the longer term changes detailed in the STP. Recognising that the STP is fundamentally about transformational change, this plan covers areas not covered within the STP. These include the national 'Must Do's' of maternity, children's (inc. wheelchair access), diabetes, seven day services, Continuing Health Care (CHC), Personal Health Budgets (PHBs), Better Care Fund (BCF) and quality and safety.

STP acceleration actions

This operational plan and the aligned CCG financial recovery plan recognises that the CCGs have previously been over reliant on a tactical commissioning approach, as a response mechanism to sustained financial challenge. This approach has been centred around:

- Reducing the cost of acute provider activity
- Improving provider efficiencies
- Supporting providers to improve their benchmarked position within their own peer group for in patients, day case and out-patient procedures.
- Contract challenges (paying for what we should)

The impact of this has been a strengthened understanding of the nature and cost of the services delivered, effective demand and capacity factors within the existing system and an improvement in provider productivity.

However, the CCG recognises it has not materially altered the level of service utilisation and the time is now right to lead a programme of work which will radically alter the landscape of the Staffordshire health economy. These changes in how the NHS system will operate will not deliver the savings required given the consumption of services are significantly greater than the level of financial resources available. Changes will need to be supported by a reduction in the public's demand for services. Therefore our accelerated plans will need to include a significant emphasis on promoting self-help and self-care, and diverting and reducing the current level of service utilisation through a series of changes to care pathways and service delivery models. These are currently being finalised and will be added to the accelerated programme in early 2017.

The current financial challenges facing the CCGs are also reflected in the STP. The requirement to accelerate the pace of transformational change will as a result, give even greater focus on the following priorities:

- Management of planned care demand prioritised by the opportunities identified in the CCG "Commissioning for Value Analysis";
- Simplification of access points to the local emergency and urgent care services

- Reduced reliance upon community hospital bed based services to support the flow of patients through emergency care pathways, community care and increases in domiciliary care
- Bed reduction (subject to consultation) within the community setting, ensuring access to appropriate, lower cost re-provision and alternative care for these patients. Additional infrastructure costs may also be released in the longer term.
- To work collaboratively with our providers to develop a revised plan for the service provision from our acute hospital sites. The scope of this work will be defined to ensure that it is time limited and focuses on areas that will deliver service improvement and system savings over the next two years.

In the medium term, a review of the clinical services delivered by local acute providers will bring benefits to both commissioners and Trusts. This could include; improving the utilisation of the estate. This innovative approach will enable the opportunity to integrate clinical services and patient pathways; in addition we anticipate the increased use of innovative contracting such as capitated budgets or alliance contracting to form virtual delivery partnerships.

The table below outlines the acceleration actions the CCGs will be taking to support the delivery of its financial recovery plan and how these are aligned to the Staffordshire and Stoke on Trent STP:

STP Programme	STP scheme	Description of scheme	Revised delivery date
Urgent Care	Exemplar Front Door	Introduction of the exemplar front door initiative at County Hospital Site and Queen Hospital site, Burton.	Phased roll-out from Nov 2016, step change from April 2017.Reduction in 5 NEL admissions at County and 1 NEL at Burton (per working day).
	Discharge to Assess: Burton Hospital	Undertake care assessments out of the acute hospital setting. The target is for 90% of patients to be returned home with appropriate care for assessment, and 10% receiving a bed based assessment in a community setting in line with best practice.	Q1 2017/18
	A&E to Urgent Care	Bring forward options appraisal for the introduction of a revised model of urgent and emergency care across South Staffordshire. This will include services provided from each acute and community site across south Staffordshire. Identify assumed benefits for patients, provision of care, access to support services, activity reduction and finance. A detailed engagement and consultation plan will be developed.	Accelerated plan to move from 2018/19 to deliver by 31.03.2018 for FYE 2018/19 benefit needs development. Detailed option appraisal including assumed benefits.
Planned Care	Elective and Referral to	Develop collaborative proposal between acute and community providers for prime	Proposal for consultation by end Q4 2016/17

	Treatment	provider model/capitated budgets.	
	Review of other elective care specialities amenable for commissioning through alliance or capitated contracting	Work with key providers to identify further opportunities for the introduction to efficiencies onto the elective care pathway for high volume services i.e. ophthalmology, rheumatology and gastroenterology. This will include UHNM, Burton and RWHT as well as Rowley Hall Hospital (Ramsey Healthcare Group).	Proposal for consultation by end Q4 2016/17
EPCC	Long Term Conditions	Review top 5 admitted LTCs – undertake full data analysis and review impacts. Develop a proposal to include delivery plan and impact benefit plan. This work is to be undertaken for all Staffordshire CCGs.	Accelerate planning process Hard target pan Staffordshire Respiratory programme plan development – Jan 2017 Full analysis and benefits realisation profile to be completed – Jan 2017
	Community Hospitals	Consolidate plans for Community Hospitals by undertaking defined reviews of each hospital including; • Activity • Flows • Alternatives • Options • Develop recommendations report • Reflect in operating plan/align to CCG plans (NCH)	Q1 2017/18
	Back Office - CCG	Consider option for full integration of all CCG functions	

For each of the acceleration schemes, programme leads are reviewing timescales and implications for bringing forward actions identified within previous business cases or project initiation documents (PIDs). The implications for actions to be undertaken by the CCGs are outlined within the following sections.

Strategic Commissioning

CCG Commissioners across Staffordshire have recognised the benefits from working collaboratively. Whilst initially the focus of this work was to ensure that a consistent approach to commissioning was applied to all providers, increasingly the CCGs have worked through mutually agreed commissioning lead arrangements, examples of which include a single lead CCG for the management of Continuing Health Care and the Transforming Care Partnership. More recently, the CCGs agreed to move to a single contract for their main Community provider; this being led by a single CCG which works to ensure a collaborative approach is adopted across all other CCGs.

CCG Commissioners recognise that further integration would be beneficial, both in terms of sharing expertise and releasing commissioning capacity. In addition, they also need to provide sufficient resources to ensure delivery of the STP, and to support the change of emphasis from the competitive approach of commissioner and provider, to the alliance approaches required to deliver the STP. As the future function of strategic commissioning is becoming clearer, senior officers are actively considering the future form a commissioning organisation may take.

Must do: Finance

Our allocation has been confirmed for a two year period in order to support the medium term financial planning process. We have received an allocation of £600.5m in 17/18, representing 2.1% growth, and £611.0m in 18/19, representing an additional 1.7% growth. Control totals have also been confirmed for the 2017-19 planning round, the total deficit control total for the three CCGs is £8.7m in 17/18, in18/19 the control total is a surplus of £0.4m. The plans submitted reflect a £13.0m distance from control total in 17/18 and £12.6m in 18/19.

The financial plan is compliant with the NHS England business rules, set out in the planning guidance, including:

- The identification of a 0.5% uncommitted contingency
- 1% non-recurrent expenditure, made up of
    - 0.5% risk reserve fully uncommitted
    - 0.5% utilised non-recurrently
- The assumption of 2.5% CQUIN delivery for all applicable providers with no assumed benefit to the bottom line for the 0.5% as part of the national risk reserve.

Furthermore, the CCGs can confirm adherence with the national must dos and are investing in mental health services to make progress towards parity of esteem. Moreover, the CCG plan includes anticipated investment of £3 per head as set out in the GP Five Year Forward View.

For the 2017-19 planning round, the following key assumptions have been used in preparing the CCGs medium term financial plan:

- Population (demographic) growth has been included, based on ONS estimates and adjusted to account for service utilisation for each POD.
- Non-demographic, service demand growth has been modelled by POD, in an internally produced model using activity data from the past 5 years, weighted to take greater account of most recent observations. This has been applied to acute providers.
- CHC and prescribing growth rates have been calculated through analysis of historic trends and discussion with service leads.
- Modelling of the impact of HRG4+ has been undertaken on M1-M4 16/17 data, re-priced by at the Planning Tariff rates for 17/18. This suggests the net impact of the tariff for acute PODs is 0.2% which has been factored into our plans. For non-acute NHS contracts, a 0.1% net inflator has been planned for. For 18/19, 0.1% additional net inflator has been applied across the entire contract portfolio.

The plan includes a net QIPP target of £22.9m in 17/18, which amounts to 3.8% of the CCG allocation. The QIPP target can be broken down into £19.9m identified QIPP and £3.0m unidentified QIPP. The identified QIPP target is supported by worked up QIPP plans.

The summary above is to be read in conjunction with the CCG Financial Recovery Plan and the 2017/18 and 2018/19 Financial Plans. Our plans demonstrate how the CCG's will deliver both their individual control totals, and in turn how this will contribute to achieving a local system financial control total:

- Implementing local STP plans to achieve local targets to moderate demand growth and increase provider efficiencies
- Demand reduction measures include: Right Care; elective care redesign; urgent and emergency care reform; supporting self-care and prevention; new models of care; medicines optimisation; and improving the management of continuing healthcare processes.
- Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

Activity

The recently published planning guidance (https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf) clearly sets out that STPs should form the basis for operational planning and contracting. Moreover, the guidance outlined the expectation that the CCG financial plans within an STP footprint should balance back to the overarching STP plan. Based on this national steer, all six Staffordshire CCGs have adopted a consistent approach to planning for 17/18 and 18/19. While it is recognised that each individual CCG will be required to submit individual sets of activity plans, the ambition is that a common methodology underpins the starting point behind local CCG level discussions to set final plans.

Determination of activity growth assumptions

The local Commissioning Support Unit (CSU), were commissioned to produce a Staffordshire demand growth model to support a rigorous and consistent approach to setting two year operational plans and contracts for 2017/18 and 2018/19. The model extrapolates current levels of activity to year end and into 2017/18, using a composite seasonal profile derived from multiple years' historic data, weighted to give greater significance to more recent observations, and adjusted to account for waiting list movements (thereby giving a better assessment of underlying demand). This analysis has been carried out at CCG and Point of Delivery (POD) level to derive total growth percentages (i.e. demographic and non-demographic).

To separate the demographic element of the total growth percentages, ONS estimates of population projections per CCG have been used. The population projections have been split by CCG and age band. These projections have then been overlaid with analysis of service utilisation by POD by age band. These two factors have been consolidated to derive demographic growth percentages by CCG, then by POD, based on population changes and reflecting differential service utilisation by different cohorts of the population.

To identify the non-demographic element of the total growth percentages, the demographic growth figures, calculated using the methodology outlined above, have been deducted from the total growth percentages previously calculated to ensure no double counting.

The common growth methodology is used to inform the acute contract negotiations for which Staffordshire CCGs are the lead (i.e. University Hospitals of North Midlands NHS Trust and Burton Hospitals NHS Foundation Trust) and a Staffordshire wide growth proposal is put forward by the lead CCGs. Where CCGs have material contracts with acute providers outside of Staffordshire, we have recommended that the Staffordshire wide growth proposal is put forward to the lead commissioner and this has been followed up by Staffordshire representatives in contract negotiations.

These are the growth assumptions based on historic demand for 2017/18 and 2018/19 for our CCGs: The table shows the total growth based on demographic and non-demographic projections.

Total growth for 2017/18

EM PoD	CC	SESSP	SAS
DC/EL Spells	2.41%	1.50%	0.41%
Emergency Admissions	1.62%	4.62%	2.57%
A&E Attendances	3.20%	3.21%	3.20%
1st OP Attends	6.00%	2.85%	4.08%
Other OP Attends	0.64%	-0.44%	0.41%

In determining the activity to commission from our providers, the following adjustments and assumptions have been made.

- We have assumed that the % annual growth for 2017/18 and 2018/19 are the same
- We have only factored in demographic growth where there is a positive value that outstrips projected demand based growth.
- We changed the weighting given to different years for Cannock Chase CCG to compensate for the effects of the Mid Staffs dissolution, which caused non-recurrent step changes in activity for some services
- Identified the levels of Acute Emergency Centre (AEC) activity at UHNM and retrospectively added that onto EM05 & EM11 to months pre October 2015
- A&E activity for Cannock Chase and Stafford and Surrounds CCGs at UHNM for July and August, used a practice derived Commissioner; rather than using the official one; activity with no commissioner uses the original commissioner code.

Tariff analysis:

- Work has been undertaken by the CSU contracting hub to analyse the impact of the proposed 17/18 and 18/19 tariffs on CCG plans. While the planning guidance refers to a headline 0.1% net inflator between 16/17 and 17/18 and a further 0.1% net inflator between 17/18 and 18/19, it has been recognised by the CCGs that this figure reflects the national average predicted impact of the tariff. Therefore, given the variations at CCG population level and in individual provider coding practices, it is appreciated that there is a need to analyse the predicted impact of the tariff at an individual CCG level. Moreover, it is recognised that the contracting information on the financial planning templates requires a more granular understanding of the tariff impact at POD level.

- To provide the level of planning detail required, the CSU have used M1-M4 16/17 data and re-run it using the 17/18 planning tariff grouper. The percentage price change has been calculated for each CCG and at POD level. These figures have been used as a proxy measure to inform the contracting information on the financial planning templates. In order to inform the top level acute financial planning analysis, a weighted overall tariff impact by CCG has been calculated by analysing the overall price change between the 16/17 tariff and the 17/18 planning tariff by CCG. For community and mental health contracts, the 0.1% overarching net inflator has been used.

- In addition to the CCG POD level analysis of the tariff impact, the CSU have also analysed the data at provider level. This information has been used to inform the acute contract negotiations for which Staffordshire CCGs are the lead (i.e. University Hospitals of North Midlands NHS Trust and Burton Hospitals NHS Foundation Trust).

- It is important to explicitly recognise that the 17/18 planning tariff sees the introduction of HRG4+ from the HRG4 system used in the most recent acute tariffs. This change will result in a movement from just under 1,400 national prices to almost 2,500 prices. The increase in the number of prices is reflective of the introduction of a complexity and comorbidity (CC) score in HRG4+, enabling a more granular reflection of costs associated with varying levels of acuity. While the tariff analysis conducted by the CSU applies the HRG4+ grouper, it is unable to account for any changes in coding practice which may be incentivised under the new payment system.

QIPP

The QIPP Schemes are evidence based and developed with reference to published analysis including Commissioning for Value and RightCare and will be further enhanced by local intelligence plus a CCG cross-check against the NHS England QIPP Library. Continued use of transactional, QIPP-style savings will enable headroom for transformational change. The CCG has agreed with both UHNM and Burton that the transformation agendas will be contractualised via Service Development Improvement Plans. Subsequent activity and finance adjustments will be subject to a contract variation order as they become live.

Sum of Adjusted QIPP reductions	Column Labels					
	NHS Cannock Chase C		NHS South East Staffs		NHS Stafford and S	
Row Labels	201718	201819	201718	201819	201718	201819
E.M.7a - GP Referrals (G&A)	- 1,833	- 1,601	- 2,047	- 1,918	- 797	- 797
E.M.7b - Other Referrals (G&A)						
E.M.08 - Consultant Led First Outpatient Attendances (Specific Acute)	- 1,833	- 1,601	- 2,047	- 1,918	- 797	- 797
E.M.09 - Consultant Led Follow-Up Outpatient Attendances (Specific Acu	- 1,386	- 1,386	- 2,496	- 2,496	- 379	- 379
E.M.10 - Total Elective						
E.M.11 - Total Non-Elective	- 372	- 189	- 398	- 297	- 418	- 295
E.M.12 - Total A&E Attendances (Excluding Planned Follow-Ups)	- 285	- 240	- 495	- 495	- 288	- 288
Grand Total	**- 5,709**	**- 5,017**	**- 7,483**	**- 7,124**	**- 2,679**	**- 2,556**

Must do: Primary Care

General practice is the foundation of health care delivery in the NHS and the CCG recognises its importance as part of its short, medium and long term plans, in line with supporting the delivery of the Staffordshire STP and the Staffordshire-wide primary care strategy.

The resilience and sustainability of general practice is of immediate focus, with actions identified within the primary care work streams to address this. The actions relate to a number of areas such as workforce development / education, a coordinated digital work stream programme, quality improvement programmes in general practice and actions associated with the GP Five Year Forward view (GP 5YFV), which is a key enabler to support and invest in general practice sustainability. This includes the 10 high impact actions to release time to care and practice transformational support and we will ensure that the local investment in these programmes meets, if not exceeds the required levels. Further detail of investment in relation to the GP 5YFV can be found in appendix 1.

In the medium to long term, the primary care development work further aligns to the Staffordshire STP focusing on the introduction of a new model of enhanced primary and community care, prioritising out of hospital care for the frail elderly and the identification and management of those

patients with long term conditions. The new models of care have been developed in order to deliver a sustainable, high quality general practice which moves away from organisational boundaries and provides more proactive, effective patient care.

The CCGs acknowledge the significant amount of innovative work that has taken place within general practice and intend to build upon this further. Examples include the extension of the Prime Ministers Challenge Fund (PMCF) in Cannock Chase Town practices, around extended access at scale and the work of the Tamworth and Lichfield localities in the formation of networks. This demonstrates grass roots support and enthusiasm for the direction of travel for the future of general practice, where work will be undertaken to ensure that this approach informs the structure of the new models of care.

The engagement of our membership continues to be positive with good representation at the membership / locality boards. However, this will be continuously reviewed, particularly in light of the 360 survey which shows a slight deterioration on engagement with the relevant boards across the wider practice footprint.

Recently all of the CGGs, with support of their members, agreed to apply to NHS England to assume responsibility for level 3 delegated commissioning of general practice. The appropriate governance and oversight is currently being developed to enable its introduction by April 2017 if the applications are successful. This decision has been ratified by the Governing Bodies. We will receive detail regarding our application from the National Team in January 2017.

Key deliverables for 17/18 and 18/19

Must Do	Key Deliverables	Timescales
1. Workforce development and education	• As a member of the Staffordshire and Shropshire primary care workforce group, the CCGs will contribute to and implement the Pan-Staffordshire workforce strategy (currently in development and utilising the recently collated workforce survey data). This will support the future workforce and skill mix within general practice (clinical taking into account GPs, Nurses, Urgent Care Practitioners, Physicians Associates, clinical pharmacists, mental health therapists, medical assistants, physiotherapists etc. and also non-clinical) and expansion of workforce capacity in line with the GP forward view. The strategy will include a number of key milestones to work towards that will be monitored as part of this group and will initially cover: ➢ The retaining of GPs in general practice ➢ An ongoing plan for the diversification of the workforce in general practice ➢ Mentorship for new roles ➢ Patient communication around workforce in general practice • To contribute to and implement the clinical pharmacist phase 2 Programme via a task and	Strategy in place from Q1 2017/18 Key milestones will be in place annually (to be determined)

	finish group supporting the Staffordshire aim of doubling the number of clinical pharmacists working within general practices by March 2018 (this will be included as part of the workforce strategy above) • To continue to support the delivery of protected learning time sessions across all CCGs for GPs and Nurses in general practice ensuring that upskilling and educational needs are being met for the general practice clinical and nursing staff.	Q4 2017/18 Ongoing
2. Delivering the general practice development programme		
2.1 Practice transformational support	• Alignment of the transformational support funding through the GP forward view to support the plans as part of delivering primary care at scale and the new models of care. ➢ Investment of £1.50 per head of population to define locality care hubs including core service offer with a focus on enhanced integrated primary & community care designed around complex patients and which has a strong focus on partnerships ➢ Locality hubs to develop business plans to personalise care demonstrating improvements in population health ➢ Investment of a further £1.50 per head to implement further improvements and continuing to develop incentivise planned care management at a locality hub level Investment and timeframes are attached as per 5 year forward view plan	Q1 2017/18 Q4 2017/18 Q1 2018/19
2.2 Delivery of the 10 high impact actions	• To develop a detailed overarching plan working with the locality hubs on the 10 high impact actions releasing time to care. Ensure the investment addresses the needs of the practices in supporting sustainability: • To deliver the detailed plans in line with the investments ensuring they meet the needs of the localities and the patient populations that they serve	Q1 2017/18 Q2 2017/18 onwards
2.3 Improving primary care access / extended hours	• To develop a detailed plan that ensures the primary care investment into extended hours is utilised effectively (both PMCF and non-PMCF sites) and addresses equitability for the whole population of the CCGs. • To ensure that practices are offering extended hours across evening, weekends (Saturday and Sundays) by 2020 either as practices or on a locality or federated basis. • Review outcomes of current extended access pilots.	Q1 2017/18 Q1 2020/21

	• Need to review the demand required for town and rural practices on a Saturday and Sunday utilizing information of activity within MIU's, OOHs and A&E. • To deliver the plan in regards to ensuring extended access is delivered in all locality areas. • Rugeley Locality hub – establish a joint locality clinic offering appointments until 7pm weekdays and Saturday mornings – on a pilot basis with winter pressure resources • Great Wryley and Villages Locality hub – Establish a joint locality clinic offering appointments until 7pm weekdays and potentially Saturday mornings – on a pilot basis with winter pressure resources	Q1 2017/18 Q1 2017/18 Q2 2018/19 Q1 2017 Q1 2017
3. Practice infrastructure		
3.1 Digital work stream	• As part of the Staffordshire and Stoke on Trent Local Digital Roadmap, the CCG's are leading on the delivery of the ten universal capabilities which will see all practices receive electronic discharges from acute providers, increased usage of electronic prescriptions, growth in referrals made electronically and work with other areas of the health economy to ensure they have information they need to deliver effective end of life care and social care. • Working with locality hubs to ensure they have the right clinical system infrastructure to allow them to deliver against their national GMS contracts and further extended services • Following a successful bid via the estates and technology transformation fund the CCG's is leading the development of an integrated care record that will enable patient record sharing between GP practices, acute, mental health and community trust. This programme is called Staffordshire Connected and is the one of four core programmes designed through the Local Digital Roadmap. • The CCG continues to invest in Map of Medicine to support practices with national and local clinical pathways which has received positive feedback from CQC inspectors across Staffordshire. This product also allows the CCG to provide up to date referral forms for practices to use and further supports the move to electronic referrals. The CCG is reviewing the usage of Map of Medicine in 2016/17 and outcome of the review will be shared	Q4 2017/18 Q1-4 2017/18 Q1 2017/18 onwards Q1 2017/18 onwards

	with CCG memberships when complete. • The CCG continues to support practices to migrate onto a managed network/domain – known locally as the COIN – this ensures practice data is securely backed up off site each night; machines are centrally managed allowing for faster more effective support and a larger network link is installed in most cases which supports practices use of multiple systems across their sites. This migration also allows the CCG to provide practices with a wireless access point which is useable by both staff and patients.	Q1 2017/18 onwards until completion
3.2 Estates	• Support the delivery of the outcomes of the Estates and Technology Transformation Fund • Work with the pan Staffordshire Local Estates Forum to ensure that all necessary schemes are identified and are worked up in conjunction with local partners.	Q1 2017 onwards until completion Ongoing
4. Delegated commissioning	• The overall objective of delegated commissioning is to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations. The benefits include: ➢ Improved provision of out of hospital services for the benefit of patients and local populations; ➢ A more integrated healthcare system that is affordable, high quality and which better meets local needs; ➢ More optimal decisions to be made about how primary care resources are deployed; ➢ Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; ➢ A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges. ➢ Primary care that is supported locally. ➢ Redirecting resources from secondary care into primary care to improve services locally. ➢ Learning from other CCGs and do things once, using current resources more efficiently e.g. IMT, primary care support services, shared	Awaiting confirmation from national team and following CCG internal financial due diligence

	learning ➢ Allowing the CCG to further support local implementation of new models of care. Under Delegated Commissioning the South Staffordshire CCGs of South East Staffordshire & Seisdon Peninsula, Cannock Chase and Stafford and Surrounds CCGs, intend to operate under a "Committees-in-Common" style approach, with each participant making its own decision on the issues in question as they face their own unique local geography or community. The CCGs have a shadow Primary Care Committee which has been in operation for six months. The voting members of this Committee are all Lay members and a development programme is nearing completion to ensure members are fully aware of the Primary Care agenda and the future for delegated commissioning. This was a request of the membership when the shadow Primary Care Committee was set up. This Committee will become fully functional from the 1st April 2017 and will report directly to the CCGs Governing Bodies. In order to continue the pan Staffordshire approach, the current Staffordshire Joint Commissioning Committee will relinquish its current delegated authority, and a Pan Staffordshire Primary Medical Services forum will be put in place. This forum will support the CCGs in the early stages of full delegated commissioning; providing strategic overview from the Sustainability and Transformation Plan (STP), and to work to continue to develop consistency of approach where possible.	
5. PMS reinvestment	We will continue to develop services, in conjunction with Member practices, that re-invests the PMS funds back in to all General Practice ensuring equity within each CCG area.	
6. Primary Care Contracts	• We will continue to invest in General Practice through local standard contracts where this makes sense in terms of supporting out of hospital care and care closer to home. • We will undertake a review of the local primary care standard contracts currently provided to ensure that they are fit for purpose and meet the needs of our local population..	Ongoing Review complete by Q4 2017/18
7. Quality premium		
7.1 E-referrals	The CCG is working closely with practices on an ongoing basis to support the use of e-referrals. It is also addressed in CCG membership agreements to support practice time to develop processes to support	Deliver 80% of 1st OPA by March 2018 with

	usage. Member practices are asked to increase the percentage of elective referrals sent to providers via e-referrals 20% or achieve at least 80%, whichever is higher. Practices that are already achieving 80% e-referrals are asked to maintain activity levels and increase usage where possible. This will be supported via updates to membership board and network meetings throughout the CCG. Support for practices will be provided through regional e-referrals support team, CSU e-referral support and the CCG Locality team. The CCG actively encourages practices for feedback issues with e-Referrals so that these can be addressed with regional NHS Implementation Team, providers and contractors to help ensure services provided on e-Referrals meet the needs of patients and referrers. Regular meetings are being held with providers (RWT, UHNM and BHFT) patient access teams and action plans have been developed to improve the service and extend the number of services available on e-Referrals. The CCG plans to promote the use of e-Referrals via: ➢ PLT sessions to support digital capacity within workforce ➢ Roadshows – national events and local events to support and bring best practice into area to support development and delivery. ➢ Practice visits Risks ➢ Providers not making polling sufficient appointment slots, therefore patients unable to book an appointment at their preferred provider ➢ Providers are reluctant to release appointments too far ahead as they need to balance managing demand whilst maintain RTT waiting times, otherwise they will incur contract penalties for failing RTT waiting times. RTT targets seem their priority at the moment. ➢ Providers need to ensure that all consultant led services are available via e-Referrals (not all currently on	100% achieved by April 2020

	system). ➢ 2WW – Reluctance by providers to release 2WW referrals via e-Referrals. This varies across the patch and nationally. ➢ Urgent slots – reluctance by providers to release urgent slots due to demand pressures and they want to protect these slots (they feel GP's may book into these inappropriately). ➢ Practices not using the system and continue to refer via another route • The use of e-Referrals is also one of the ten universal capabilities within the Local Digital Roadmap so this will also be used as a vehicle to deliver e-Referrals as the main referral route for practices/providers in the next two years. This will include reporting to the Staffordshire Digital board to ensure delivery of this capability. The CCG will continue to monitor monthly activity reports and communicate/work with practices to ensure this is the default referral route.	
7.2 Patient experience	We will continue to hold discussions with practices regarding the results of the national GP patient survey during practice visits or other opportunistically measures and support practices to encourage their patients to complete the survey and utilize appointment systems appropriately	Survey results released annually in July and ongoing review
7.3 Antibiotic prescribing	• Antibiotic prescribing will be in accordance with the Staffordshire-wide antibiotic prescribing guidelines. • Practices will be monitored against the prescribing indicators as set out with the Quality Premium guidance on a monthly basis to ensure an overall reduction in the level of inappropriate prescribing. In addition to the antibiotic prescribing the Medicines management team will undertaking a number of reviews in relation to the following areas: •Oral nutritional prescribing improvements •Asthma/COPD prescribing management reviews •Nursing home clinical pharmacy reviews •Continued implementation and use of Scriptswitch	Monthly reporting
8. Quality in primary care	• We will continue to develop the processes for improving and monitoring quality in general	Ongoing

	practice working closely with the NHS England team, CQC and other stakeholders. • We will develop approaches to general practice quality assurance for when the CCGs assume delegated commissioning responsibilities also working closely with the CCGs quality team and other stakeholders. • We will work with GP practices on the processes for logging internal incidents and soft intelligence which will support learning and sharing across the CCGs. • We will commit to a programme of practice support and engagement visits to GP practices providing the opportunity to have collaborative discussions regarding their data and other intelligence as well as share issues and offer support.	Ongoing Q4 2017/18 Programme to be put into place by Q3 2017/18
9. Case management – supporting the management of long term conditions	• To establish better working relationships with primary, community and mental health and social care breaking down barriers and opening up better lines of communication. This will be carried out by arranging OD sessions/workshops and exploring myth busting between providers • Align the community staff to the established locality hubs • To use the risk stratification RAG rated tool aritstotle to identify patients with long term conditions with the potential to benefit from case management, particularly those at risk of unplanned admissions. • GP practices to establish monthly multi-disciplinary team meetings with the relevant healthcare professionals present to determine the case management plans for the patients identified • Primary/community care in each locality to agree a standard operating procedure to follow for MDT's	Q1 2017/18 Q1 2017/16 Q1 2017/18 Q2 2017/18 Q2 2017/18
10. New models of care	The New Models of Care Programme has been developed in order to deliver a sustainable, high quality general practice which blurs organisational boundaries and provides more proactive, effective patient care. • Develop Locality Care hubs • Develop an OD programme for defining the locality hubs • Locality care hubs to develop business plans including priorities and core service offer • Integrated, multi-specialty community (MCP)	Q1 2017/18 Q1 2017/18 Q2 2017/18 Q4 2017/18

	teams A project initiation document is currently in development for the new models of care across the STP, the following actions are for all CCGs: Create virtual Multi-speciality Providers • Agree definition of Virtual MCP • Define ToR and membership of virtual MCP • Define virtual governance structures for the MCPs • Establish Virtual MCP Boards	
11.Enhancing care in care homes	• A local improvement scheme aimed at supporting high quality and proactive care for people in nursing homes (extending to residential homes) to be offered to all practices • Practice to consider zoning the nursing homes ensuring that multiple practices are not visiting the same nursing home ensuring better continuity of care for patients and better relationships between the practices and the homes	Q1 2017/18 Q2 2017/18

Must do: Urgent and Emergency Care

An overarching goal of the STP work programme is to ensure the simplification of the urgent and emergency care pathways to ensure that people receive the right care, in the right place, at the right time, and with the right level of clinical expertise to meet their needs. The approach set out within the STP acknowledges that commissioner and provider co-production and clinical and public engagement will be required in order to inform and identify a range of final options for consultation prior to any service transformation changes. The principles that will inform the option appraisal will include consideration of the access points of emergency care, responsiveness of services, delivery of urgent care in the community including mental health crisis response, supporting the development of services within primary care, access to minor injuries services and the role of walk-in centres, GP urgent appointments, NHS 111 and other urgent and response services in providing access to urgent care.

Key to the changes will be a recognition that highly responsive urgent care services will be available outside the traditional A&E setting, and that those with serious or life threatening emergency care needs will receive treatment in centres with the right facilities and expertise to maximise survival and recovery. The critical success measures for this work assume:

- A simplified urgent and emergency care system for the public and patients to navigate
- Patients treated in appropriate care settings
- Consistent and ongoing achievement of the NHS Constitution A&E targets
- Reduced Delayed Transfers of Care, in particular; reduced delays in discharge especially for those awaiting specialist health or social care assessment and care

Working collaboratively, commissioners and providers have identified a number of key initiatives which can be rapidly implemented to help create changes that will mean greater stability and act as a foundation for change. These changes in system delivery will occur during 2017/18 and include:

1. Streamlining of urgent care access points

The streamlining of urgent care access points is pivotal in starting to better manage the demand and presentation of urgent and emergency care needs. As part of the New Model of Care for Urgent and Emergency Care, an emerging approach for delivery of clinical hubs has been agreed, and we will start to progress to engaging with the emerging Primary Care Clusters, to define the local implementation of the new approach. As part of that programme, early discussions are in hand to review the current arrangements for non-emergency urgent care capacity at Minor Injury Units (MIUs) with the intention of creating a greater integration with local GP and community services and presenting the population with greater clarity and signposting for their simpler urgent care needs. As part of this work, the options to reduce the number of MIUs across the South Staffordshire Health Economy is being explored, and if appropriate these options will be set out in a case for change and subject to consultation.

2. Integrated Prevention Model (Exemplar Front of House)

The Integrated Prevention Model, also known as the Exemplar Front of House Rapid Response model is being implemented in full, in conjunction with the Discharge to Assess model. Exemplar Front of House seeks to identify those patients presenting in A&E who could be better managed with their urgent care need in the community, thus avoiding admission. As we identify those resources in the community to better meet their needs, we will build up those community services in conjunction with the Primary Care Clusters to create a workforce and system which manages patients in their own home rather than in an acute setting wherever possible.

We are engaging with all partners in these activities and as we see a greater proportion of urgent care managed in the community setting, as well as seeing a reduction in admissions, we also anticipate a reduction in both the number of emergency ambulance call outs and conveyances.

3. Discharge to Assess

The STP has instigated, and partners are now rapidly developing, a model of Discharge to Assess, which will over time see most health and social care assessments being undertaken out of the acute hospital setting, with the target for 90% of patients to be returned home with appropriate care for assessment, and 10% receiving a bed based assessment in a community setting in line with best practice. As well as significantly reducing the potential for a delay in transfer of care (DTOC), this transformation will see a re-direction of resource from the acute setting into community based teams; those same teams who are initially focusing on patients attending A&E unnecessarily, who will ultimately be better managing patients in their own home.

4. Review and re-design of bed utilisation

With the development of both the Integrated Prevention Model (Exemplar Front Door) and Discharge to Assess we anticipate significant reduction in the demand for acute hospital non-elective bed capacity. This will play into the broader STP discussion around required and available capacity to meet the health system's needs as a whole. From an urgent and emergency care perspective, it provides an opportunity to review the future role of smaller acute and community hospitals in regard to their role in the delivery of healthcare to the their local community, and where possible and sensible, re-utilisation of community bed capacity will be considered as part of the overall long term demand for bed based community care provision. In particular, options will be considered for the use of both Tamworth and Lichfield Community Hospitals to support their local populations better in the South East of the County. We will need to work with our out of area partners in Wolverhampton to better understand the opportunities and changes required in relation to the populations in Cannock and Stafford.

5. Integration of physical and mental health care

The STP has established joint working across the urgent and mental health work streams to ensure that the needs of patients with mental health presentations in an acute setting receive the same level of care for that need as for their physical need. In so doing, the requirements of the 5 Year Forward View for Mental Health, as they relate to Urgent Care, have been incorporated into the new model of care and will be developed as part of both the collaborative working with the Primary Care Clusters Clinical Hubs, as well as in A&E Departments and acute ward based services in hospitals.

CCG delivery of urgent and emergency care

To support the delivery of the milestones for Urgent and Emergency Care, the East and West Staffordshire A&E Delivery Boards are developing plans to recover the National Target of 95% of Patients within 4 hours.

Working alongside the A&E Delivery Boards, this plan set out how we will implement the five elements of the A&E Improvement Plan to deliver Urgent and Emergency standards. It also demonstrates how we will meet the four priority standards for seven-day hospital services for all urgent network specialist services by November 2017. We will implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health by March 2020 and support the STP to initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis. Our plans support the development of a clinical hub that supports NHS 111, 999 and out-of-hours calls. We aim to deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.

Must Do	Key Deliverables	Timescales
A & E Delivery Plan	• Implementation of Ambulatory Emergency Centre (AEC), frailty pathway, SAFER, simple & timely discharges, integration of NHS 111, mental health crisis pathway	Q1 to 4 17/18
Streaming at front door	• Implementation and mainstream of Exemplar Front Door • Internal Track and Triage to be implemented • Procurement of an integrated OOH and GP front of house service • Recruitment of staff to support extension of Ambulatory Emergency Care to 7 days per week.	Q1 17/18 Q1 17/18 Q1 17/18 Q1 to Q2 17/18
NHS111	• Maintenance of existing good performance. • Improvement trajectory to reduce ambulances to A&E including increase in Hear and Treat, See and Treat	Q1 to 4 17/18 Q1 17/18
Ambulance	• Paramedic on every vehicle • Additional training for staff • Project team re: “Safe on Scene” to look at how much time is spent per patient per call out as part of capacity planning • WMAS are starting to challenge inappropriate health care professional referrals via a low level audit • Continue to improve the see & treat and See & refer rates. • Review the learning and impact of the ARP • Reduce incidents at source of transfer • Full implementation of Pathfinder • Review pathways and effectiveness of HALOs (re-	Q1 to 4 17/18 Q1 17/18

	specification)	
Improved flow	• Progress consistent delivery of SAFER across UHNM • Implementation of Stranded Patient initiative • Implementation of 'OK to Ask' initiative • Complete bi-annual seven day audits • Increase utilisation of discharge lounge	
Improved discharge	The Discharge to assess 'at scale' programme includes three key elements: • Reducing unmet demand, • D2A choice policy • Discharge to assess pathways. Service specification for full implementation.	Q1 17/18
Four Priority Standards for seven day hospital services Timely consultant review; Improved access to diagnostics; Consultant directed interventions; Ongoing review in high dependency areas	• The standards have been translated into the acute contract SDIPs with on-going monitoring of metrics and monthly updates to Contract Review Board. • Review of provider Seven Day Services Self-Assessment Tool (7DSAT) results to determine the priorities for developmental work. • Reporting against the CQUIN to Supporting Proactive and Safe Discharge.	Q1 to Q4 17/18 Q2 17/18 Q1 to 4 17/18
Paramedics at home	• Development of a plan to agree what functionalities of EPR will be implemented from 18/19 (e.g. patient records/ flagging system) to support crews to making more informed decisions about care management and the ability to see and treat. • Implementation of additional EPR functionality. • Following the publication of the ARP evaluation, CCGs will review recommendations prior to the implementation of change revisions to national and contractual standards/targets.	Q1 to 4 17/18 Q1 18-19 Q1 to Q2 17/18
Mental health crisis including	• On-site Liaison Psychiatry in place at RSUH from 7am to 11pm with overnight, off-site support being delivered by the Mental Health Access service and Home Treatment Team.	

waiting time standard of one hour	Current standard in service specification to achieve 1 hour waiting time standard	
Supporting self-care	• Extension of the size of High volume users cohort • Review models to use with long term conditions, benchmarking against best practice sites	Q1 17/18
Independent care sector	• Roll out of Intermediate Care to the targeted Care homes and communications around the intermediate care scheme • Realisation of benefits of pilot areas of care home strategy	Q1 17/18 Q4 17/18

Sitting outside the main STP plans the CCGs have commissioned a small innovative project through Health Navigator Ltd. This Randomised Controlled Trial (RCT) is part of the national research programme and is an extension of the programme established through the Vale of York CCG. The learning from the programme has been adopted and the research extended to South East Staffordshire & Seisdon Peninsula and Cannock Chase CCG, who will be starting a two year RCT in conjunction with Wolverhampton CCG, Royal Wolverhampton Hospital Trust and Health Navigator Ltd. The intention is that 75 patients per CCG will be recruited into the intervention group, and they will receive proactive health coaching, the aim of which will be to reduce the number of A&E attendances and non-elective admissions. Recruitment is currently in progress for the Health Coaches, and it is anticipated patients will be randomised in to the control group and receive the intervention from February 2017.

Must do: Elective care and Referral to Treatment Times (RTT)

Delivery of the NHS Constitution standard 'that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment' (RTT) will be demonstrated by individual CCG planning trajectories submitted to Unify. These plans will show delivery of the Constitution standard as required, with any excess activity required to meet the 92% standard identified at the individual CCG level.

As of December 2016, one of the major Staffordshire providers (University Hospitals of North Midlands) RTT performance indicates that it is unlikely to meet its RTT trajectories (2016/17) within a number of specialties. Of concern are orthopaedics, general surgery and ophthalmology. An outsourcing plan has been agreed with NHS England to ensure the Trust will recovery its RTT trajectory as soon as possible. These arrangements will remain under review and any additional actions will be agreed by the Trust and both regulators.

Delivery of patient choice of first outpatient appointment will also be met by individual CCG planning trajectories for metric EP1 (e-Referral coverage), which will all be set to meet the minimum requirement of 100% e-Referral Service usage by April 2018 in line with CCG plans for CQUINs in 2017/18 with elective care providers.

The aims of the STP elective and planned care programme are to:

- Reduce patient waiting time and improve healthy life expectancy.
- Improve productivity, streamline pathways and reduce costs.
- Improve E referral to treatment ratios, minimising inappropriate referrals.
- Provide support for patient initiated follow up appointments.
- Improve patient, carer and staff satisfaction.
- Deliver high quality, efficient inpatient care with 7 day access.
- Deliver a clinically and financially sustainable planned care service.

In the medium to long term, the STP strategic direction is to consolidate high volume elective care into surgical hubs to enable staff and theatre utilisation rates to be maximised. Through this approach, there will be a net financial gain to providers, although local pricing and changes in patient clinical pathways should also yield a direct benefit to commissioners.

Elective and planned care QIPP plans for 201718 and 2018/19 that will focus on reducing the level of service utilisation, have been planned to be delivered in two phases:

> Phase 1 - Smoothing Variation in referrals from primary care – reducing first outpatient demand across all specialties
>
> Phase 2 – Outpatient redesign. This will target high volume specialties and look at local pricing, community provision and effective streamlining of pathways with the aim of avoiding unnecessary follow ups, thereby reducing unnecessary costs whilst increasing capacity to support RTT.

Our plans demonstrates how we will deliver the NHS Constitution standard, so that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment. We will work with the planned care STP work-stream to streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.

Must Do	Key Deliverables	Timescales
18 wk RTT NHS Constitution standard - 92%	• Continue to deliver and develop outpatient target divert trajectories to support ongoing delivery of the local RTT outsourcing plan. • 2017/18 contracting baselines to consider demand in addition to activity trends to gain a more realistic picture of capacity and allow CCGs to understand level of outsourcing required early on to ensure delivery against plan. • Reductions in the numbers of GP Referrals to achieve best quartile nationally. • Reductions in First to Follow up Ratios to meet best quartile nationally. • Gynaecology: introduce Tier 3 service to include clinical triage at start of pathway & investigations prior to appointment. • Ophthalmology: enhance the offering from the community optometrists to provide a triage service for a wider range of eye conditions – particularly paediatric vision, Glaucoma, cataract and minor eye conditions. • For chosen specialties that are deemed to have a capacity/demand mismatch, pathways will be redesigned to ensure that conditions or part conditions are treated in the community that do not require a Consultant intervention (Tier 3 services).	Q1 17/18 Q1 17/18 Q1 17/18 Q1 17/18 Q1 17/18 Q1 17/18 Q1-Q4 2017/18 Q1 onwards
100% use of e-referrals by April	• Work with GPs to ensure that all practices are aligned and competent in the usage of e-referrals for all	Q1 17/18

2018	specialties and sub specialities (Quality Premium). • Work with the Trusts to ensure that there are sufficient slots available for patients and GPs to book directly on e-referral (CQUIN) • To achieve 80% performance of GP referrals via e-referral. • Achievement of 100% performance of GP referrals via e – referral.	Q1 17/18 Q4 17/18 Q4 18/19
Smoothing variation in referrals from primary care – reducing first outpatient demand	• Clear and consistent referral criteria and pathways for all of our high volume specialties. This will be informed and delivered through map of medicine which has now got clinical engagement across the CCGs. In Stafford & Cannock 12,950 referral forms have been accessed between April – October and 779 pathways have been viewed. • Advice and guidance uptake to be increased through E-Referral. This will require improved response times and availability from Providers and will be supported by the national CQUIN. The CCGs will also review the use of Consultant Connect again following reported benefits from Solihull CCG for added specialist guidance via telephone. • Self-help material will be made available for certain conditions and the use of social media campaigns will be used focusing on key conditions such as back pain and eye conditions. Commissioners will work with the IM&T boards to look at what apps may be available to promote self-help at a primary care level. • Peer review will be undertaken across the practices throughout the year and commissioners will work with the primary care teams to ensure effective peer review is available. This will require investment. • Education and PLT events will continue to be promoted and consultants from our top specialties will be invited to present education events for our GPs. The use of NICE's Clinical Knowledge Summaries will be promoted amongst our GPs to enhance the education offering for primary care. • A primary Care Analyst will be employed by the CCG and will be dedicated to working with individual practices and will support this area of work.	Q1 17/18 Q3 17/18 Q3 17/18 Q2 17/18 Q1 17/18 Q1 17/18
Streamline elective care pathways avoiding unnecessary follow-ups	• To enhance the patient pathway to minimise unnecessary follow up appointments at the trust by increasing the number of telephone follow up for patients who do not require a face to face consultation. • Deliver a Tier 3 Weight Management Service which will complement the Bariatric Pathway. • The continuation and implementation of the Prioritisation and PoLCV programme • Implement the National Spinal Pathway	Q1 17/18 Q4 17/18 Q1 17/18 Q1 17/18

	• Review the Ophthalmology services available in the community • Review of orthopaedic pathways • Review the Dermatology, ENT and Gynaecology pathways with a view to introduce tier 3 services at a local price • Review the gastroenterology pathway within secondary care and the triage pathway for direct access. • Review Urology pathways within secondary care • Review General Surgery pathways • Review Paediatric pathways • Review the cardiology pathway • Review direct access provision and what could be made available at a primary care level.	Q1 17/18 Q2 17/18 Q3 17/18 Q3 17/18 Q4 17/18 Q2 17/18 Q1 17/18

Must do: Cancer

As described earlier in this plan, the STP is underpinned by a number of key programmes. The following sections set out the additional national 'must do's' as required in national guidance. The aim of the cancer programme is the creation of a fully integrated Staffordshire-wide cancer service incorporating all NHS and non-NHS providers. We will implement the cancer taskforce report and deliver NHS Constitution cancer standards. The programme will deliver:

- Improved awareness and early detection by increased uptake of screening and timely access to diagnostics. This will increase one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Through care co-ordination and planning, a patient-centred approach will be followed to improve patient experience and quality of life for patients and their loved ones.
- Development of consistent and evidence based "survivorship" services, encouraging supported self-care but with rapid, seamless access to clinical services where cancer recurrence is suspected
- Ensuring stratified follow up pathways for breast cancer patients are rolled out and extended to other cancer types
- The commissioning of all elements of the Recovery Package, including holistic needs assessment and care plan at the point of diagnosis
- Treatment summaries sent to the patient's GP at the end of treatment and cancer care reviews completed by the GP within six months of a cancer diagnosis.

These improvements will be incentivised by the use of an outcome based service specification.

The Programme will not deliver direct cost reduction but will support improved efficiency and allow incidence/prevalence growth up to 10% to be affordable within the existing cost envelope by supporting 'left shift' i.e. more early interventions provided at home/in the community and less reliance on and time spent in hospital.

Must Do	Key Deliverables	Timescales

Implement the Cancer Taskforce Report	• Active membership of West Midlands Cancer Alliance (structures/mechanism to be confirmed by NHSE (Specialised Commissioning). • Enhance 5 year local plan to deliver the Cancer Taskforce Report in line with the delivery plan of the West Midland Cancer Alliance	Q1 17/18 Q1 17/18
Deliver the NHS Constitution cancer standards	• Understanding demand - including consideration of contexts issues such as ageing population, demographics in order to plan capacity effective (in conjunction with SCN) • Continued GP Education and support in use of straight to test, Map of Medicine, NICE guidance supported by implementation of Macmillan GPs and Primary Care Nurse • Implement regional breach allocation policy • Performance management using contractual levers • UHNM Roll out of commissioning cancer activity discreetly from non-urgent activity to support capacity planning (UHNM): Breast. SDIP for further pathways (agreed in JI Oct 16) • UHNM Implement colorectal pathway redesign • UHNM Implement breast pathway breast pain clinics • UHNM Implement urology pathway redesign • UHNM Diagnostics: increase endoscopy capacity (part of STP work stream) • UHNM Continue systematic system-wide approach to ensuring patients prioritise attendance at appointments (plan devised Oct 15) • UHNM Systematic review of pathways with a view to stream lining, increased use of skill mix and use of technologies in order to utilise capacity effectively For those Trusts which are outside of Staffordshire we are working collaboratively with CCG colleagues to understand the work programmes which align to the Wolverhampton and Birmingham & Black Country (B&BC) STPs. • We will work with B&BC STP to gain greater clarity on their work programme and commitment to standardise cancer pathways. • Continue to work with Birmingham Cross City CCG to support delivery of the Cancer Services Transformation Plan (applicable to HEFT and UHB) to improve productivity or implementing plans to close immediate gaps in diagnostics.	Ongoing Q1 17/18 Q1 17/18 Ongoing Q1 17/18 Q1 17/18 Q1 17/18 Q1 17/18 TBC Ongoing Q2 17/18-Q4 18/19 Q1 2018/19 Ongoing
One-year survival rates by	Macmillan GPs and Nurses will have a systematic programme of support to Primary Care to raise awareness & early diagnosis, supporting uptake of screening & variation in 2ww referrals &	Ongoing

Early diagnosis	reducing emergency cancer presentations at A&E Work with PH/NHS Health Checks providers locally to support awareness & early diagnosis, supporting uptake of screening through their engagement in the Cancer Local Implementation Team. The CCGs are supporting a West Midlands-wide approach (led by the Cancer Alliance) to bid for Cancer Transformation monies to support; early diagnosis, care during and after cancer treatment - "Recovery Package" and care after cancer treatment.	Ongoing
Follow-up pathways & Recovery Package	• UHNM Extension of the current plan for roll out of eHNA (CQUIN) • UHNM Implement plan for roll out of treatment summaries – UHNM • UHNM Commission cancer 6 month review (based on current options appraisal) NB not incentivised by QOF 17/18 • Standard information requirements developed and put forward for contracts to ensure baseline and performance monitoring against all contracts • Birmingham Cross City CCGs Cancer services transformation plan (applicable to UHB, HEFT). Commissioners and providers to develop a work programme to achieve implementation of risk stratified follow up for breast by 31st March 2018 and prostate and colorectal by 31st March 2019 • Birmingham Cross City CCGs Cancer services transformation plan (applicable to UHB, HEFT). Ensure all patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment and ensure that a treatment summary is sent to the patient's GP at the end of treatment. • RWT –SDIP to be developed to deliver 5 Year Forward view for Cancer. • Burton – SDIP TBC	Q4 17/18 Q4 18/19 Q1 17/18 Q1 17/18 Q1 17/18 Q4 17/18 Q4 18/19 Q1 17/18 2017/18
Patient experience	• Plan in place to ensure that service users are engaged in the co-design of all pathways • Develop mechanism of monitoring patient experience across the pathway	Q1 17/18 Q1 18/19

Must do: Mental Health

Mental Health is considered an essential cross cutting programme within the STP. It will therefore be embedded as part of comprehensive holistic care pathways, integrated with physical health services in primary care, community services, for long term conditions, the frail elderly and in urgent care. The Transformation Programme for Mental Health will focus on two programme priorities, which will support the delivery of the overall STP 1) Mental Health (MH) integration within the STP footprint 2) Specialist MH services, where there is an expectation that a collaborative approach to commissioning

with specialised services, will align resources/pathways and investments going forward to take a place based approach.

STP key steps to delivery & milestones -

- Develop and agree the integrated work programme to support the MH input into the System Priority Programmes with a particular emphasis on supporting the "left shift" (a move to early intervention and prevention, patient taking more responsibility for their own care and management of conditions)
- Agree and deliver links with early intervention models within LTC and prevention pathways supporting admission avoidance and links with preventative mental health and public health
- Develop and agree a Transformation Plan for Adult MH Out of area placements
- To work with other work streams (Urgent Care, EPCC and LTC) to identify new models and skills required (e.g. crisis, 7 day working, liaison services)
- Transformation Plan which will align itself to the priorities of the 5 Year Forward View (5YFV), Child Adolescent Mental Health Services and Learning Disability Transformation Plans for all age mental health provision 24/7.
- A system wide review of specialised commissioning services to develop services in partnership and collaboration, which place people closer to home with access to the right care at the right time
- Programme management approach agreed and implemented to oversee delivery of the 5YFV.

Our plans will ensure that 19% of people with anxiety and depression access IAPT treatment by 2019/20, rising from the current 15%, with the majority of the increase from primary care. We will ensure that more than 53% of people experiencing a first episode of psychosis begin NICE recommended treatment within two weeks of referral. Individual placement support for people with severe mental illness in secondary care services will increase by 25% by April 2019.

Our plans ensure continued delivery of 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. We aim to eliminate out of area placements for non-specialist acute care by 2020/21. We will continue to work with Local Authority colleagues to reduce suicide rates by 10% against the 2016/17 baseline.

We will commission mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019. We will also commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases.

Must do	Key deliverable	Timescale
CAMHS	• Increase access to therapeutic support for young people with severe mental illness • Implementation of the CAMHS Transformation plan. • Reduce admissions to tier 4 care • Extend participation of children &Young people in the planning and delivery of services • Develop THRIVE model across LTP/STP footprint	Ongoing By 2020
CYP eating disorder services	• Develop eating disorder services in line with national guidance	Ongoing
Perinatal mental health care	NHS England currently commission inpatient provision at The Brockington unit (provided by SSSFT) for women and babies across South Staffordshire. This service also provides outreach support for 3 months following discharge from the inpatient unit (The CCG's fund the community provision).	

	In 2016/17 SES & SP CCG provided funding via the District Partnership in Lichfield, to provide the Birth Wellbeing Buddies service. This service has been extended for a second year. The intention is that within 2017/18 this service will also cover the Tamworth area as well as Lichfield. Further actions we will take forward include: • Increase access to evidence-based specialist perinatal mental health care. • Baseline exercise against upcoming competence framework and workforce plan developed • NHSE bid for transformation funding for tertiary service was unsuccessful. • Perinatal Mental Health Sub-group to be established out of the Pan Staffordshire Local maternity System. Group to look at perinatal/maternity pathway – unify approach for wave 2 bid during 2017/18. • Have an established mother and baby unit which will continue to deliver community specialist perinatal mental health care, alongside inpatient facility which is commissioned by NHSE. • Specialist Perinatal Mental Health midwife role to be reviewed and developed. • Engage with the third sector to explore the possibilities of delivering low level care.	
IAPT	• Develop Options Appraisal of the options for expanding IAPT service i.e. expand current services or new tender to focus on LTC • Develop Service Specification(s) to retender current contract and buy additional activity. • Commence procurement or service transformation plan • Self-referral to be included in the model • Links into integrated LTC pathways • Implement new service specification(s)	2016-17 Q3 2017-18 Q2Q4
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within two weeks of referral	• CCG assurance that in the next development of the provider's information system there will be an EIP dashboard that will contain the relevant information to accurately determine if a nice recommended package of care has been delivered with the 2 week time frame. • An agreed training plan is in place for all EIP staff. All EIP staff to be trained in Family Intervention training through Meridian. EIP Staff are being trained on CBTp but they will not be qualified for 2 years. All staff to have received training in APT modules so they are able to re-inforce the CBT model. • All current access and waiting times standards are monitored monthly. We will develop a DQIP in the new contract to ensure ongoing data compliance for 20/21 ambition. • All EIP staff will be trained in the use of SNOMED codes and how they map to therapeutic interventions. This will provide the CCG assurance that a full package of NICE recommended care is being delivered through the electronic care record submitted via MHDS.	Q1 17/18 Q1 17/18

	Workforce requirements: to ensure there are sufficient numbers of appropriately trained staff to deliver the key interventions recommended by NICE, particularly psychological therapy (cognitive behavioural therapy for psychosis and family intervention) by 2020/21. In South Staffs (71 new episodes of Psychosis annually and the management of a caseload of 213 with a maximum of 15:1 Care Coordination) North Staffs & Stoke (69 new episodes of Psychosis annually and the management of a caseload of 207 with a maximum of 15:1 Care Coordination)	

Must do	Key deliverable	Timescale
Suicide	• Work with Public Health, Local Authorities and partners to deliver reduction in suicides by 10% from 2016/17 baseline by 2020/21 • Aim to achieve reduction level of 7% across Q4 18/19 for all CCGs • Produce Joint Staffordshire and SOT Suicide Prevention action plan	Q4 18/19 Q1 17/18
CRHTT	• Continue to commission effective 24/7 Crisis Response and Home Treatment Teams as an alternative to inpatient admissions • Capacity and demand analysis to be undertaken to ensure services at all sites are cost effective and meet demand • Undertake a quality review against the CORE standards.	Q1 to Q4 Q2 17/18
Out of Area Placements	• Eliminate of out of area placements for non-specialist acute care. • Out of Area placements have been identified as a Priority Programme by the MH STP Steering Group including those with complex care/long term placements • Crisis respite bed based provision currently commissioned will be redesigned and linked team to reduce the numbers needing to be placed out of area	Q2 17/18 Q1 17/18 Q2 17/18
Integrated services	• Deliver integrated physical and mental health provision to people with severe mental illness. • CQUIN within SSSFT contract	Q1 17/18 onwards
Psychiatric liaison **'Core 24'**	• Ensure that UHNM continues to work towards meeting the 'core 24' standard for mental health liaison including support at County Hospital • RAID/liaison psychiatry services are provided on site at RSUH from 7am to 11 pm and then supported by CRHTT. At County site services are provided Mon-Fri 9am-5pm and then supported by CRHTT. • A review of capacity and demand will be undertaken to ensure commissioned services are able to deliver prompt and quality care (UHNM/County and Burton)	Q2 17/18
Individual placement Support	• Staffordshire County Council commission IPS Centre of Excellence 'Work for You' service in partnership with all Staffordshire CCG's • Increase access to the commissioned provision by fully integrating with the mental health clinical teams.	

Must do: Dementia

The CCG continues to be concerned with the length of time it is taking to consistently deliver the national target for the identification of patients with dementia. An improvement trajectory has recently been submitted to NHS England for Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs (Cannock CCG is achieving the target).

The ambition is to achieve and maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

Must do	Key deliverable	Timescales
Diagnosis rates	• Agree CV with provider to amend clinical system template to ensure dementia diagnosis correlates to Read codes on GP Practice systems. • Identify list of patients diagnosed but Read code not included in diagnosis letter • Primary Care facilitators to update systems for missing patients • Review investment into Section 256 schemes with Staffordshire CC • Any funding released from above to be invested into community based dementia services. • Develop dementia friendly society (in conjunction with Alzheimer's Society) • Continue bi-annual review of Practice clinical systems to identify all patients on Dementia medication and ensure they are on Dementia register • Practice nurse PLT session • Ensure all care homes are aware of dementia pathway. Undertake a targeted communications campaign, which outlines the pathway/local commissioned services and third sector support groups. • SES&SP: Contact local 'grant funded' third sector organisations to ascertain case numbers by practice. On receipt of this, request activity/caseload information. • SAS & CC: Practice Pharmacists are to undertake a review of medications prescribed, to ensure patients on this medication, also have a dementia diagnosis on the clinical system	Q4 16-17 Q3 16-17 Q4 16-17 Ongoing Q1-Q4 17/18 Q2 17/18 Q4 16/17-Q1 17/18 Q4 16/17 Ongoing
Dementia Care planning and post diagnostic support	Patients diagnosed with dementia are expected to be offered annual face-to-face appointments specifically to review their diagnosis and/or their care plan or advanced care plan. Practices are reimbursed via the QOF system. Current data shows variation between the numbers of patients being reviewed annually (50-100% of patients on the Dementia registers). We will review current achievement levels as part of the practice visits throughout 2016/17.	Throughout 2017/18

Must do: People with Learning Disabilities

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

We have established a Staffordshire and Stoke on Trent Transforming Care Partnership (TCP) to develop our plan together. Our TCP includes the six Clinical Commissioning Groups (CCG's), two Local Authorities and NHS England Specialised Commissioning. The TCP meets quarterly and the Operational Steering Group on at least a monthly basis. An overall Joint Transformation Plan has been developed by the TCP and is being implemented to achieve the vision and objectives set out in 'Building the Right Support' and the 'National service model' (October 2015) which are to reduce in patient bed capacity and enhance community provision for people with learning disabilities and/or autism. By March 2019, Staffordshire and Stoke on Trent will only have a maximum of 13 CCG commissioned in-patient beds and no more than 22 NHS England secure beds. The local TCP Joint Transformation Plan is available at: www.staffordsurroundsccg.nhs.uk. The TCP has locally structured the three year programme Implementation Plan (2016 – 2019) against the four target/ambitions areas in the national reporting structure:

- Co-production
- Bed Closure
- Developing a new service model
- Funding arrangements

TCP's provide a monthly Milestones Report for NHS England against the workstream areas in the overall Implementation Plan on activity completed in each workstream and action to be completed in the next period.

The focus for 2017/18 moves on to:

- development of the market to support the Transforming Care Cohort and other people with complex needs through the establishment of a Dynamic Procurement System (DPS)
- workforce development to ensure there are appropriately qualified workforce to support people with dignity
- Development and agreement of a financial risk share proposal across the TCP
- Scoping the new service models with service users, carers and wider stakeholders
- Commissioning and re-design of new service models including emergency respite, community forensic services

The focus for 2018/19 is on:

- Embedding and delivery of new service models in line with national requirements.

Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

The Staffordshire CCG's have a strong, focused and well established service through the team of Clinical Nurse Specialists (CNS) in Primary Care across Staffordshire who continue to work with GP practices in the CCG locality area to promote and support access to annual health checks and in the development of Health Action Plans for people with learning disabilities on GP registers. In 2017/18 and 2018/19 the team will:

- Continue to deliver training and support to staff through the CNS's structured education training programme delivered to health and social care staff and on an individual basis.
- Working with Commissioners continue to encourage the continued uptake and monitoring of annual health checks in GP practices where required recording activity and monitoring of GP practices where health checks are not currently undertaken.

Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

The Clinical Nurse Specialists in Primary Care continue to provide education and training for health and social staff on supporting people with learning disabilities to access mainstream health services.

In 2017/18 and 2018/19, GP practices and care quality teams will continue to be supported to make reasonable adjustments to meet the specific needs of their patients. We will work towards mapping the provision of 'reasonable adjustments' by service providers and through Commissioners review the requirement to include the provision of reasonable adjustments in contracts.

In response to one of the key recommendations of the Confidential Inquiry into Premature Deaths of people with Learning Disabilities' (CIPOLD), the national Learning Disability Mortality Review (LeDeR) Programme 2015 – 2018 will be rolled out across Midlands and East in the spring of 2017. Locally we will consider the implications and approach to this recommended quality work programme.

Must do: Quality, Safety & Improving organisations

Ensuring the delivery of compassionate, high quality care focused on outcomes is at the very heart of our clinical values. By establishing a shared understanding of quality and a commitment to place it at the centre of everything we do, the CCG has a unique and important opportunity to continually improve and safeguard the quality of local NHS services for everyone, now and in the future.

The safety and quality of the services we commission are essential and as a CCG, we will ensure that our local population will receive high quality, safe health care, close to home or at home, delivered by staff with appropriate skills. Feedback from patients and carers will continue to be actively sought and used to improve these services. People's views and experiences, whether providers (such as GPs, hospitals) or receivers of healthcare, will continue to be listened to, collated and analysed. This information will continue to be used to make measurable improvements in the areas of quality care that patients, carers and staff have identified as being the most important.

The CCG have strong and well established systems and processes to assure and improve the quality and safety of all commissioned services and these continue to evolve as learning from previous occurrences is translated into improvement practice. These include the following:

Joint Quality Committee (JQC) the JQC meets on a monthly basis to review submissions relating to all key quality and safety areas including provider reports but also focussing on other important quality matters such as medicines management, primary care, safeguarding adults and children and infection prevention and control. The CCG has operated two separate JQCs over the past year and options for integrating these into one are currently being considered by the membership of each respective committee.

Key Deliverable – reduce duplication in relation to quality and safety reporting through a review of the two current JQCs (April 2017)

Quality Strategy – the CCG Quality Strategy is currently in the process of being updated to reflect significant developments both locally and nationally in relation to current approaches to the quality and safety of care but also to reflect the current CCG structure. Once finalised this will also include a Quality Improvement Plan which will detail how the CCG will continue to work with providers to drive continuous improvement.

Key deliverable: The updated quality strategy will be launched in early 2017 and the associated improvement plan will be monitored via the monthly JQC.(April 2017)

Quality Schedule – the quality schedules of the standard NHS contract have been continuously enhanced to ensure the spread of learning from the various commissioned services which have previously failed to achieve the expected standard. The Quality Schedule also incorporates any national matters relating to the quality and safety of services, such as those published by the National Quality Board, National Institute for Health and Clinical Excellence (NICE) and regulatory bodies such as the CQC and professional bodies. In addition, monitoring of mortality is included in the quality schedules and discussed at CQRMs and this includes regular review of avoidable deaths.

Key deliverable: The quality schedule of the contract will continue to be updated and where appropriate contract variations will be made in year to ensure that the CCGs are able to access information relating to current and emerging matters without delay. (Ongoing)

Clinical Quality Review Meetings (CQRM) – these take place on a monthly basis for the majority of providers and are the forum through which the CCG closely monitor and scrutinise all aspects of the quality schedule and all local and national quality related key performance indicators. Provider quality strategies and their associated improvement plans are also reviewed in these meetings, along with any action plans relating to reviews by regulatory bodies such as the CQC.

Key deliverable: CQRMs to continue but continuous review of CQRM performance and frequency to be undertaken to ensure best use of the resources required to undertake these meetings (mid-point review October 2017).

Key deliverable: Review of contract values and risk areas, to ensure all relevant providers are subjected to quality reviews and to ensure that the frequency of meetings is appropriate to the value and risk of the individual contract to which the CQRM applies (May 2017).

CQUINS - The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of a provider's income to the achievement of local quality improvement goals. A KPI may be used in the following year in the provider's quality schedule to consolidate the initiative or where continuing improvement may be required. There is a robust 2016/17 plan within our CCGs, to align CQUINs with our QIPP ensuring where we can we apply a 'double lock' type approach to tie in QIPP and CQUINs that aims to enhance the patient pathway by increasing Provider productivity, improving quality and safety whilst impacting effectively on cost.

Key deliverable: All relevant providers are offered strong CQUINs which utilise the "double lock" approach whilst driving and rewarding relevant, visible and measureable improvements in quality and safety (on-going).

Quality Impact Assessments (QIAs) – the CCGs have developed a strong process for undertaking Quality Impact Assessments and all commissioners are required to undertake a full QIA before progressing key commissioning decisions. The CCGs have established a QIA subgroup of the Joint Quality Committee (JQC) which meets regularly to ensure that QIAs do not slow progress in relation to key commissioning decisions.

Key deliverable: comprehensive programme of QIAs completed for all commissioning decisions (on-going programme throughout 2017)

Key deliverable: all commissioning staff to undertake QIA training as part of a wider suite of mandatory training programmes to ensure they are up to date with the current requirement, methodology and reporting arrangements (on-going programme in 2017).

STP – The quality team are actively involved in the current work programme for the STP, with a quality lead aligned to each of the work streams. The quality team are also leading work to roll out the CCGs current QIA methodology to the wider Staffordshire area and to the STP to ensure consistency in approach. The Executive Director of Nursing, Quality and Safety is a member of the STP Clinical Leaders group and is actively participating in work to advance the relevant programmes of work.

Key deliverable – all STP system wide changes have a consistent and auditable QIA completed by the relevant CCG lead (throughout 2017/18).

Key deliverable – the identified quality lead for each STP work stream is regularly updating all JQCs in respect of key decisions impacting upon the quality or safety of services (commence April 2017 and run throughout the year).

Nursing Homes – the CCGs remain committed to monitoring the quality and safety of commissioned services at all stages of a patient's life span. Staffordshire has a large number of nursing and residential homes and many patients receive NHS funded nursing care in the nursing homes across the County. For this reason, the CCGs are working closely with Local Authority to ensure that systems and processes for monitoring the quality and safety of care are continuously developed, to ensure they are achieving the standards expected from other providers of NHS care.

Key deliverable: Nursing home quality assurance sub group of JQC to be re-launched to ensure focus on the quality and safety of NHS funded care outside of NHS hospitals and community services (April 2017)

Key deliverable: Review of CCG resource available to undertake targeted reviews of NHS funded beds to be completed, linked to the Safeguarding Vulnerable Adults agenda (April 2017)

Care Quality Commission (CQC) – the CCGs quality team will continue to work with regulatory bodies such as the CQC to ensure that matters relating to quality and safety which are highlighted through the CQC's programme of inspections are reported to JQC and Governing Body and that monitoring of progress in relation to these findings are regularly reviewed. Where the CQC find that a provider is not achieving the required fundamental standards, the CCGs will work with other commissioners to ensure that the JQC and governing bodies are kept up to date with progress.

Primary Care Quality Assurance – as the CCGs inherit additional responsibilities for primary care under Delegated Commissioning, the quality team will play an active role in establishing systems and processes, similar to those used with other key providers, to ensure that areas of concern in relation to primary care can be identified, addressed and acted up as soon as possible to minimise risk to patients and ensure rapid sharing of learning across neighbouring GP practices. This will include increased liaison with the CQC as the regulator of primary care.

Key deliverable: systems and processes to ensure regular reporting of primary care to JQC will be established and rolled out across the CCG(s). (Throughout 2017)

Key deliverable: the quality team will work closely with the primary care team to ensure that a programme of visits to practices is established to include key quality indicators (June 2017).

Key deliverable: best practice from individual CCGs will be rolled out across the area to ensure maximum opportunity to enhance monitoring of primary care quality to include consideration of replicating systems to report and monitor GP avoidable incidents, GP live reporting of incidents, increased "live" use of DATIX to report incidents and soft intelligence and other key developments considered appropriate (throughout 2017/18).

Must do: Maternity

We will work across Staffordshire and Stoke on Trent to design and deliver maternity services improvements in line with the recommendations in the national maternity review, Better Births. In addition we recognise that the review by NHS England into maternity services at the County Hospital will need to be considered and actioned.

Must Do	Key Deliverables	Timescales
Implement national maternity services review, Better Births, through local maternity systems.	• Establish a local Maternity System across Staffordshire – to meet quarterly • A delivery plan based on the recommendations and gap analysis of the Better Births National Maternity Review. (see overarching commissioning priorities) • Maternity Services Liaison Committee (MSLC). • Transport – SDIP with provider to establish local baseline • Term admissions – SDIP with provider to review all term admissions and identify actions of improvement • High risk mothers – SDIP with provider to implement clinical guidelines • Safer care – SDIP with provider to implement guidance for consistent reporting • Mortality Review - SDIP with provider to implement guidance for standardised review	April 2017 April 2017 Sept 18 Sept 18 Sept 18 Sept 18 Sept 18
Six national clinical priorities	• A delivery plan based on the recommendations and gap analysis of the Better Births National Maternity Review. • A communication and engagement plan to focus the promotion of choices. • A recruitment plan to increase the membership of pregnant/new mothers to form part of the MSLC.	April 2017 April 2017 April 2017
	• A delivery plan based on the results of the provider review of the Saving Babies Lives Care Bundle. • Establish data requirements with maternity services to support referral rates for pregnant women who want to stop • Reduction in the number of pregnant women smoking at time of delivery	April 2017 April 2017 April 2017

	• A delivery plan based on the recommendations and gap analysis of the Better Births National Maternity Review. • A recruitment plan to increase the membership of pregnant/new mothers to form part of the MSLC.	April 2017 April 2017

Children's Services

The CCGs are currently awaiting the Report from the Royal College of Paediatrics and Child Health. The outcomes of this report will shape the way we commission paediatrics and children's services over the next two to five years.

	Key Deliverables	Timescales
	• We have reviewed and revised the specification for the community children's nursing services including the provision of services to vulnerable children in looked after care. This will be implemented from 1st April 2017. • We will commission the specialist school nursing service from 1st April 2017, and in year review the service provision by all providers to ensure efficient and effective service delivery of paediatric care. • We will respond appropriately to the findings and recommendations of the Royal College of Paediatrics service review. The report is due imminently.	Q1 17/18 Q1-Q2 17/18 TBC

Must do: Wheelchair access

The National guidance is to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. Commissioners have reviewed the wheelchair service across Staffordshire. A new service specification has been developed and will be in place from April 2017, which is underpinned by a CQUIN supporting delivery of children's wheelchairs in 12 weeks. The new service will be closely monitored to ensure delivery of the trajectories set for each CCG.

Must do: Diabetes

Must Do	Key Deliverables	Timescales
National Diabetes Prevention Programme	The National Diabetes Prevention Programme is being rolled out in phases across the country and Staffordshire has not been part of the early phases of implementation. In order to deliver the Must do's for diabetes, the Staffordshire CCGs will phase the introduction of pre-diabetic intervention programmes, including a review of bariatric surgery to manage Long Term Conditions.	By 2020

GP national diabetes audit	A Community Specialist Diabetes Service specification has been developed which has been approved by Membership Boards in Stafford and Cannock, and the Seisdon Locality Board in October 2016. The service specification outlines the tiers of support, most of which are delivered in Primary Care or via the Community Specialist Diabetes Service provider. Key aspects include: • the Provider upskilling identified Practice Nurses and GPs to deliver the minimum standards for Diabetes Care to enable the specialist service to focus on the more complex patients • Annual Protected Learning Time sessions to GPs and Practice Nurses, delivered by the Provider General Practice will: • Undertake initial and subsequently annual reviews to patients with Diabetes including checks such as blood glucose, blood pressure in the line with the Quality and Outcomes Framework and the minimum standards for Primary Care • Contribute to and participate in the National Diabetes Audit (NDA) - NHS England's new Clinical Commissioning Group Improvement and Assessment Framework for 2016/17 rated all three CCGs as having the greatest need for improvement / poor participation. This was mainly based on low NDA participation (less than 25%) so this is a key area for improvement. This will form a part of Membership Agreements for 17/18 The Provider will deliver: • Accessible Type 1 Patient Education via an accredited programme (in line with NICE Guidance) • Accessible Type 2 Patient Education via an accredited programme (in line with NICE Guidance) • Bite-size tasters sessions (2 hours) to promote greater take-up of the Type 2 Patient Education accredited programme • As above-delivered in East Staffordshire through the contracted prime contractor outcomes	

Within the 2017/18 planning guidance, it was announced that for Diabetes, CCGs will have the opportunity to bid for a share of national funding of approximately £40m per year, to promote access to evidence based interventions - improving uptake of structured education; improving access to specialist inpatient support and to a multi-disciplinary foot team for people with diabetic foot disease. It will also focus on improving the achievement of the NICE recommended treatment targets whilst driving down variation between CCGs. It is our intention to put in a bid around structured education across the three South Staffordshire CCGs, which has been identified as a priority area. The application process is likely to commence late November, with bids to be submitted before Christmas 2016.

Must do: seven day services

Building on the delivery of the four priority standards for seven day hospital services last year, we will work with providers to implement a further 25% of the population by the end of 2017/18. Our vision of a seven-day service is primarily focused on the high standards of care and treatment our patients should expect to receive, no matter what day of the week they happen to be in hospital.

Must Do	Key Deliverables	Timescales
7 day services to 25% population	• Delivery of the A&E Recovery Plan workstream around Improved Flow and Improved Discharge Processes. • On-going monitoring of delivery of the SDIP relating to 7 day services and associated metrics at Contract Review Board. • Review of provider Seven Day Services Self-Assessment Tool (7DSAT) results to determine the priorities for developmental work.	Q1/4 17/18 Q2 17/18 Q2 17/18

Must do: Personal health budgets

A Personal Health Budget is 'an agreed amount of money to support a person's identified health and wellbeing needs, the use of which is planned and agreed between the individual, their representative, or, in the case of children, their families or carers and the funding organisation/provider'. Personal Health Budgets are not new money, but it is money that would normally have been spent by the NHS on the person's care being spent more flexibly to meet their identified needs.

The vision for personal health budgets is to enable greater choice, flexibility and control over the health care and support which appropriate cohorts of people receive.

There is a national ambition for CCGs to increase access to PHBs to 0.1 – 0.2% of the local population by 2020. The table below details the proposed trajectories per CCG.

Trajectory to achieve NHSE Ambition by 2020

CCG	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020
Stafford & Surrounds	15	80	120	150
South East Staffordshire & Seisdon Peninsula	45	145	160	210
Cannock	10	65	105	140

Personal health budgets were piloted across England between 2009 and 2012. One of the central findings of the evaluation was that personal health budgets led to an improved quality of life and a reduction in the use of unplanned hospital care. In response to the evaluation findings, the Government announced a phased approach to introducing personal health budgets, starting with those people who have higher levels of need.

Currently, adults and children in receipt of Continuing Healthcare (CHC) funding have a 'right to have'

a Personal Health Budget. By April 2016, in addition to this cohort of the 'right to have', NHS planning guidance states (2), that personal health budgets or integrated budgets across health and social care should be an option for people with learning difficulties and children with special educational needs. However, the expansion of personal health budget is not restricted to these groups. The groups of people which national evaluation suggests could most benefit are those with higher needs including those who make ongoing use of mental health services.

Staffordshire CCGs have already agreed that the first stage of rollout of PHBs is to the following identified cohorts:

a. All patients in receipt of domiciliary care packages under CHC.

b. Children in receipt of CHC / jointly agreed (with Local Authority [LA]) packages.

c. Patients in receipt of joint health and social care, who have gone through CHC but have not, met the fully funded criteria.

d. Learning Disability and/or Autism and challenging behaviour patients in receipt of joint health and social care packages, which have gone through CHC but have not, met the fully funded CHC criteria.

e. S.117 mental health packages jointly agreed (with the local authority) in the community.

We will work with the pan-Staffordshire PHB team to ensure we align with mandate commitments to achieve a minimum of 0.1% of the population being on a personal health budget by 2020.

Must do: Continuing Healthcare

Midlands and Lancashire Commissioning Support Unit (MLCSU) are currently commissioned to provide the Continuing Health Care (CHC), Funded Nursing Care (FNC) and Children's Continuing Care (CCC) Services on behalf of the 6 Staffordshire CCGs. The average active caseload across all 6 CCGs consists of 2,000 CHC (including Fast Tracks and joint funded packages) plus 1,800 FNC, therefore a total caseload of 3,800 across all 6 CCGs.

MLCSU implemented the *'adam'* Dynamic Procurement System (DPS) on 1st February 2016; to monitor and streamline the current buying process for CHC Nursing Home Placements. MLCSU are currently liaising with Domiciliary Care provider services to expand this to commission care packages for delivery within the person's home.

MLCSU routinely evaluate the service, with the aim of increasing efficiency and performance and managing the administration effectively; to improve the patient experience. The CCGs and MLCSU have identified areas that would benefit from a redesign of the current service delivery model; which would ensure a clear patient pathway for CHC and FNC assessment processes in community settings. In addition, this will improve the operational approach to completing reviews of patient's needs and reviews of care packages commissioned. A project proposal is currently being developed.

All CCG's are required to submit monthly data reports to NHS England, which enables them to collate and report CHC and FNC national data on a quarterly basis. The purpose of the mandatory data return is for NHS England to monitor application of the National Framework and be assured of compliance with the NHS England Operating Model and Assurance Framework for NHS CHC.

In addition to the above, the national benchmarking reports enable CCGs to compare activity and growth data with other similar areas across the country; and identify any areas for improvement required locally to ensure there is equity of access to CHC and FNC assessment and funding.

In addition to the above reporting systems, CCGs are required to report specific information relating to operational policies and processes to NHS England on a quarterly basis. The 6 Staffordshire CCGs have commissioned an electronic system called the 'Continuing Health Assurance Tool (CHAT) to facilitate the reporting of evidence and data required. This data is analysed by NHS England, to provide assurance that the CCG processes are robust and delivered in line with the National Framework for Continuing Health Care and Funded Nursing Care (2012).

Must do: Better Care Fund

Whilst the Staffordshire BCF is currently still in discussion, the Stoke BCF has recently been formally approved. CCGs will be continuing to work with Staffordshire County Council and Stoke-on-Trent City Council to develop BCF plans at Health and Wellbeing levels, which will also complement the STP.

In line with national guidance, we are expecting to work towards a two year BCF plan with a reduced number of national conditions and to be measured on the following:

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Long term support needs of older people (aged 65 and over) by admission to residential / nursing care homes per 100,000 of the population
- Delayed Transfers of Care per 100,000 population (attributable to NHS, social care or both)

The current expected deadline is for plans to be in place and signed off by March 2017, although this is expected to be confirmed through the guidance when published.

Prevention

This programme recognises that the greatest gains in health and well-being are achieved through influencing the environmental, economic and social determinants of health rather than individual interventions. In addition, our populations need to take greater responsibility for their own health through their lifestyle choices. Where individuals are at risk of a reduced life expectancy or are deemed vulnerable, targeted interventions will be offered with increasing levels of intervention to groups with increasing risk of ill health or dependency.

To inform this programme we have worked with Staffordshire and Stoke on Trent Public Health services, to understand the current approaches to prevention, quantify the impact of further funding decisions over the course of the next two years and reviewed the evidence base around specific interventions. The purpose of these reviews is to be able to identify schemes that would have a positive impact in the short or medium term, and to support the justification for additional investment. By working with Staffordshire and Stoke on Trent Public Health, a joint set of programme priorities have been agreed and translated into an action plan.

A joint implementation group has been formed and is meeting quarterly to review progress against the agreed action plan, the key elements of which are as follows:

- The development of a healthy policy framework by the Local Authorities e.g. planning, licensing, housing, healthy work places.
- Extending schemes that build local community capacity to support health and well-being.

- Establish a low level information, advice and signposting resource moving away from offering generic lifestyle interventions to low risk individuals .
- Apply a risk stratification approach to identify high risk communities and individuals and reprioritise available investment to focus on these groups.
- Utilise NICE guidance to inform the type, level and funding of targeted prevention services to manage risks including lifestyles, falls and social isolation.
- Where appropriate embed preventive activities into existing services, including primary, community and secondary care services funded by the NHS.
- Support improvement of the health of the NHS workforce.

STP key steps to delivery & milestones – 6, 12 and 18 months

- **6 months –** Healthy policy framework complete; community capacity building programme live; update of Staffordshire Carers website as primary access point and establishment of information, advice and signposting resource live; risk stratification complete; evidence base for targeted prevention services established; inclusion of workplace health in acute trust contracts; options appraisal for SCC National Workplace Health Charter; Disabled Facilities Grant (DFG) pathway development; cost benefit analysis for bariatric surgery; training of GP practice nurses to offer lifestyle advice through Every Contact Counts approach

- **12 months –** Strategy to support recovery from mental ill health co-produced with provider; exit contract from universal lifestyle services in Staffordshire and go-live of targeted prevention services; continued implementation of teenage pregnancy prevention and healthy lifestyles for Stoke-on-Trent; award contract for DFG; commissioning decision point on bariatric surgery

- **18 months –** Obesity prevention in high risk individuals (inc. Children); begin secondary prevention of diabetes by targeting those at risk.

Stafford and Surrounds, Cannock Chase and South East Staffordshire and Seisdon Peninsula CCGs will develop a prevention implementation plan by the end of Q1 2016/17, which will outline the prevention priorities by CCG with timelines for delivery during 2017/18 and 2018/19.

Workforce

The STP workforce work stream has identified the following as its top priorities and outcomes to achieve a sustainable and efficient workforce. This work is occurring in conjunction with workforce leads assigned to each clinical pathway, challenging workforce assumptions and highlighting best practice.

1. Reduction in temporary staff spend through exploration of bank efficiency and agency usage.
2. Enhanced entry level recruitment and innovation, e.g. in domiciliary care and healthcare navigation. Leading to reduced pressure on patient flow and professional workloads through smarter take-up and development roles.
3. Sustainable workforce. This sustainability plan will initially focus on primary care. It will then proceed to ensure mental health, social care and community workforce planning aids efficient development of EPCC and Urgent care pathways.
4. Development of training new roles within academic centres across the county, in order to develop a sustainable pipeline of new roles.

5. Shift of focus and development to navigation/signposting, prevention, parity of esteem and well-being. Aiding reduction in demand for urgent care and increase in citizen self-care, community capacity and empowerment.
6. Linking workforce to IT developments, allowing improved communication and reduced duplication between organisations.
7. County-wide recruitment campaign to make health and social care more attractive and lower vacancy rates.

Risks and mitigations of delivering the Operational Plan

Please note that for each business case which has been developed through the STP programme groups, programme and projects risks and mitigations have been identified.

Risk to Delivery	Mitigating Actions
Financial risk to meet/deliver control totals and financial plans	Financial risk are managed and reviewed by a number of formal committees of the CCG. These arrangements will continue and will be reviewed as necessary to ensure that they are able to provide the appropriate accountability and assurance to the CCG Governing Body and its regulators.
Capacity for commissioners to work through an alliance approach to deliver service change	The CCG will continue to review its priorities to ensure that they are aligned to the STP priorities and those of this Operational Plan, Commissioning capacity will be maximised by extending the alliance approach and pan Staffordshire CCG working, each commissioning team will have a clear set of priorities with lead directors being accountable for the team's performance and delivery. Where appropriate teams will have an agreed pan Staffordshire lead. A more formal review of delivery capacity will take place at M6 (2017/18).
Governance/Governing Body support for the Operational Plan and progress.	The Governing body has confirmed the direction of travel set out within this plan. The Governing Body will receive regular updates on this plan and will review each of the business cases that will be required to ensure this plan is enacted appropriately.
Non delivery against NHS constitutional standards	NHS Standard Contract processes and levers used as with existing providers. These will be applied through standard procedures and an agreed governance structure that is in line with the NHS Standard Contract 17/18
Capacity and resource to deliver the STP programme particularly in light of other CCG organisational demands this could have a detrimental impact upon pace of delivery.	Execution of the programme is aligned to corporate objectives and therefore deemed to be business as usual.
Buy in to changes required across Staffordshire	• Extensive communications and

from patients, providers and commissioners.	engagement plan to be developed and deployed taking a population based approach to ensure engagement across all segments of the population in receipt of care. • Development of options appraisal based on evidence and engagement collated. • Alignment of contract incentives to obtain provider buy in and support the behaviour change required.
The current STP plan does not fill the estimated financial gap and actions required to do this may be unpalatable to the public and partners	The financial benefit of this Operational Plan will be continually reviewed against the stated financial assumptions, with additional actions and mitigations taking place if the delivery falls behind the financial trajectories.

Primary Care

Risk to Delivery	Mitigating Actions
Critical primary care workforce issues are identified and managed within an appropriate timescale.	Working with NHSE team to ensure key workforce risks are identified and a range of solutions developed and implemented.
GPs and practices do not engage.	Robust engagement strategy with use of localities to enable good communication and engagement.
Failure to engage extended primary care team and other stakeholders.	Staffordshire-wide Clinical Advisory Group in place with representation from all stakeholder organisations and professional networks.
Patients and public unaware to change.	Full public and patient involvement strategy being implemented, utilising existing forums such as Patient Participation Groups and the CCG Patient Board.
Failure to develop agreed future primary care models of provision for example 7 day working.	Models developed with full engagement of members and LMC. Use of evidence based models and expertise developed through the prime ministers challenge fund supported by NHSE.
Unable to implement agreed STP model.	All partners through the STP work stream actively engaged in both development of strategic primary care framework and development of a local strategy.
Key Enablers to achieve success will not be aligned to delivery of outcomes.	Programme management approach implemented alongside development of a strategy to ensure success.

QIPP

Risk to Delivery	Mitigating Actions
The Programme fails to deliver the planned savings.	• Ensure that each scheme is phased in alignment with operational delivery. • Monthly review/reporting/assurance through the Finance and Performance Committee • Ensure programme of work to continue the review of opportunity. • Ensure each scheme is delivering against PID plans. Where a scheme is off track ensure approved action plan is in place to recover performance and is executed within the agreed timeframes.
The savings target for the Programme increases.	• Ensure continued programme of work is in place to review the potential opportunities in Right Care, benchmarking, contractual performance data, feedback from membership and patient engagement. • Explore within the STP the opportunity to accelerate all work stream transformational plans.

Appendix 1: **GP Five Year Forward View (Stafford and Surrounds, Cannock Chase and South East Staffordshire & Seisdon Peninsula CCGs).**

Introduction

General Practice is the foundation of the NHS, however, services are under significant pressure both locally and nationally.

The General Practice Five Year Forward View (GP FYFV), published in April 2016, outlines a 5 year plan to sustain and transform General Practice. It commits to an extra £2.4 billion a year to support general practice services by 2020/21, supplemented by a national sustainability and transformation package and additional funds from clinical commissioning groups.

The resilience and sustainability of general practice is of immediate focus, with actions identified within the primary care work streams to address this. The actions relate to a number of areas such as workforce development / education, a coordinated digital work stream programme, quality improvement programmes in general practice and actions associated with the GP Five Year Forward view, which is a key enabler to support and invest in general practice sustainability. This includes the 10 high impact actions to release time to care and practice transformational support and we will ensure that the local investment in these programmes meets, if not exceeds the required levels.

In the medium to long term, the primary care development work our CCGs are undertaking aligns to the Staffordshire and Stoke on Trent Sustainability and Transformation Plan (STP) focusing on the introduction of a new model of enhanced primary and community care. This model prioritises out of hospital care for the frail elderly, as well as, the identification and management of those patients with long term conditions.

The CCGs acknowledge the significant amount of innovation that has taken place within general practice and would wish to build upon this further. Examples include; the Cannock Town Network Surgery and the Stafford and Surrounds extended access pilot where practices are working together to provide same day urgent access and extended appointments in the evening and weekend. In the Lichfield and Burntwood locality, practices have agreed a manifesto which outlines collaboration and partnership working.

Rugeley has secured Primary Care Home (PCH) status in the first wave of applications, followed by localities in Lichfield and Burntwood, as well as North Stafford. PCH is a national programme supported by the National Association of Primary Care which aims to provide place based care through.

These examples demonstrate grass roots support and enthusiasm for the direction of travel for the future of general practice. The CCG will ensure the outcomes from these new ways of working inform the future model of primary and community care.

In December, the CGGs, with support of its members, agreed to apply to NHS England to assume responsibility for level 3 delegated commissioning of general practice. This decision has been ratified by the Governing Bodies. The appropriate governance and oversight is currently being developed to enable its introduction by April 2017. The commissioning of General Practice will allow the CCGs to align the funding streams with service delivery and is regarded as a key enabler for sustainable General Practice and the delivery of the GPFV.

The CCGs are committed to ensuring that local investment in these programmes meet, if not exceeds the required levels. This plan describes how the CCGs in South Staffordshire will deliver the investment and support described in the GPFV.

This plan will be revised in February 2017 when further implementation guidance is released from NHS England.

GP 5YFV Plan

1. Care Redesign

The Staffordshire and Stoke on Trent Sustainability and Transformation Plan describes the need to enhance primary and community care. The plan describes placed based care built around groups of GP practices serving a distinct population with practices working collaboratively with community, social, voluntary and independent partners.

The programme aims to dissolve traditional boundaries between primary care, general practice, mental health, community services and hospital services through the development of a Multi-Speciality Community Provider (MCP) model of service delivery. The key deliverables are:

- To sustain General Practice
- To develop Locality Care Hubs
- To establish Virtual Multi-Specialty Community Provider built around the needs of localities

A project initiation document is currently in development for the new models of care across the STP which will outline the key actions and timescales for delivery.

2. Transformational Support

The CCG will align transformational support funding (CCG Core allocation: £3 per head during 2017/18 – 2018/19) through the GP forward view to support the plans as part of delivering primary care at scale and the new models of care.

We will continue to work closely with our member practices to identify how this investment can best be utilised to support 'primary care at scale'. There is a need to ensure that the pace of the transformational support matches the capacity and capability of the members to develop a federation/cooperative model. We aim to support the development of the continued development of localities during 2017/18.

Investment of £1.50 per head of population per annum will support practices to define the core offer of locality care hubs with a focus on enhanced integrated primary & community care designed around complex patients and which has a strong focus on partnerships. Localities will develop business plans to personalise care demonstrating improvements in population health.

3. Online consultations

The CCGs will review the national specification for online consultations when this is made available and will commence an engagement process to seek the population views on the use of online consultations, in order to inform our implementation plans and procurement strategy (Additional monies 0.17p per head of population for 2017/18 & 2018/19).

4. Care Navigators and medical assistants

The care navigation programme will support signposting to ensure patients are seen by the most appropriate professional.

The additional resource, of 0.17p per head of population for 2017/18 & 2018/19, will be used collectively to commission appropriate engagement, training and education to deliver care navigators and medical assistants.

The CCGs are currently exploring systems to provide a directory of services to practices to allow Navigators to access information about local health and care services. The CCGs aim to have as a minimum 20% of our practices using a care navigation service in during 2018-19 with a further 50% practices using a care navigation services by 2019-20 and having full coverage by 2020-21.

5. Improving access

There will be additional funding of £6 per head in 2017/18 for extended access pilot sites and £3.34 per head from 2018/19 to support improving access in general practice.

The CCGs will assess the population demand for improved access through consultation with local patient participation groups and the wider population during March-May 2017. We will develop our specification in order to meet the minimum core requirements and exploring how this will support and build capacity general practice during June-August 2017. From September 2017 we will follow the appropriate procurement process to commission improved access from April 2018.

From April 2018, the CCGs will commission at least an additional 69.5 hours of improved General Practice Access for on the day and pre-bookable appointments from 6:30pm and at weekends, that meets the local population needs.

Stafford and Surrounds practices and Cannock Town Network Surgery currently provide extended access for their registered populations. The CCGs will continue to work with these practices to continue to deliver extended access and use the learning to inform the procurement process.

6. General Practice Resilience Programme

The CCG will continue to support vulnerable practices and will work those practices to provide support. The intensive Support Team will also work with practices who want to share best practice and learning.

7. Workforce Plan

The CCGs are members of the Staffordshire and Shropshire primary care workforce group. We will contribute to and implement the Pan-Staffordshire workforce strategy (currently in development and utilising the recently collated workforce survey data). This will support the future workforce and skill mix within general practice (clinical and non-clinical) and expansion of workforce capacity in line with the GP forward view. The strategy will include a number of key milestones to work towards that will be monitored as part of this group and will initially cover:

- The retaining of GPs in general practice
- An ongoing plan for the diversification of the workforce in general practice
- Mentorship for new roles
- Patient communication around workforce in general practice

To contribute to and implement the clinical pharmacist phase 2 Programme supporting the Staffordshire aim of doubling the number of clinical pharmacists working within general practices by March 2018 (this will be included as part of the workforce strategy above).

We will undertake a baseline assessment of the current general practice clinical workforce using the national data collection information (March 2016) and a localised 5 year forward view workforce survey (October 2016). This information will be used as part of the workforce development plans which link to the STP workforce plans. This information will inform the recruitment and retain initiatives. In May 2017 we will seek the population views on the use of clinical skill mix, in order to inform our local workforce development plans.

8. Estates and Technology

As part of the Staffordshire and Stoke on Trent Local Digital Roadmap, the CCG's are leading on the delivery of the ten universal capabilities which will see all practices receive electronic discharges from acute providers, increased usage of electronic prescriptions, growth in referrals made electronically and work with other areas of the health economy to ensure they have information they need to deliver effective end of life care and social care.

Working with locality hubs to ensure they have the right clinical system infrastructure to allow them to deliver against their national GMS contracts and further extended services.

Following a successful bid via the estates and technology transformation fund the CCG's is leading the development of an integrated care record that will enable patient record sharing between GP practices, acute, mental health and community trust. This programme is called Staffordshire Connected and is the one of four core programmes designed through the Local Digital Roadmap.

The CCG continues to invest in Map of Medicine to support practices with national and local clinical pathways which has received positive feedback from CQC inspectors across Staffordshire. This product also allows the CCG to provide up to date referral forms for practices to use and further supports the move to electronic referrals. The CCG is reviewing the effectiveness of Map of Medicine in 2016/17 and outcome of the review will be shared with members when complete.

The CCG continues to support practices to migrate onto a managed network/domain – known locally as the COIN – this ensures practice data is securely backed up off site each night; machines are centrally managed allowing for faster more effective support and a larger network link is installed in most cases which supports practices use of multiple systems across their sites. This migration also allows the CCG to provide practices with a wireless access point which is useable by both staff and patients.

The CCGs have worked with practices to identify the current and the future requirements for the primary care estate. These plans will inform the Staffordshire Primary Care Estates Strategy.

9. Time for Care Programme

The CCG will identify a senior person to lead local work to release staff capacity in general practice. These leads will champion the 10 High Impact Actions to release time for care, support the planning of care redesign schemes and act as a lead with NHSE development leads. They should also support local practices in submitting expressions of interest for the £30 million Time for Care and 300 free places per year on the General Practice Improvement Leaders programme programmes. In addition to this CCGs should have clear plans for how they will support the panning and delivery of a local Time for Care development programme and will work with practices to identify priority areas for their practice and localities.