

**Countywide and Local Deliverables to Support Delivery**

Strategic Theme	Objectives	Executive Lead and Committee Responsible	Q1 Deliverables	Q2 Deliverables	Q3 Deliverables	Q4 Deliverables
<p align="center"><b>Transform</b></p>	<p>1. Transform Out of Hospital Care, developing a new model of care which delivers a connected system, designed and delivered around local people and located in natural neighbourhoods</p>	<p>David Mehaffey - Director of Strategy, Transformation and Planning</p> <p>Mick O'Donnell - Director of Strategy</p> <p>Clinical Executive</p>	<p>By June 16, the Sustainability &amp; Transformation Plan documenting the agreed model of care to be delivered from April 17 onwards will have been published.</p> <p>By June 16, a frailty forum to lead the development and implementation of a comprehensive multi-agency frailty pathway will have been established.</p>	<p>By the end of Q2, the Sustainability &amp; Transformation Plan will have been published, documenting the agreed model of care to be delivered from April 17 onwards</p> <p><b>Local Deliverable:</b> By the end of Q2, the clinical model and governance framework for delivering shared care will have been approved and options appraisal for establishment of Integrated Community Hub for Worcester City will have been developed</p>	<p>By the end of Q3, the CCG Operational Plan documenting the model care will have been developed</p> <p>By the end of Q3, a revised delivery model that integrates Health &amp; Social Care recovery services, will have been developed and agreed and a full implementation plan developed</p> <p>By the end of Q3, details of the potential MCP contractual opportunities for 17/18 will be agreed and shared with providers</p> <p><b>Local Deliverable:</b> By the end of Q3, a pilot testing a new model of care for the management of care home residents will have been initiated in Worcester City</p> <p><b>Local Deliverable:</b> By the end of Q3, a revised Hospital at Home Service model in Worcester &amp; Droitwich localities will have been delivered</p> <p><b>Local Deliverable:</b> By the end of Q3, detailed plans for a new model of care for Malvern Town will have been developed and agreed ready for testing</p>	<p>By year end, a multi-specialty, person centred pathway of care to support patients living with frailty will have been developed and implementation will have started</p> <p>By year end, assessment, care planning &amp; advance care planning will be carried out consistently for all patients diagnosed as living with frailty</p> <p>By year end, a new payment approach will be ready for use, supporting plans agreed in the STP and local plans for use of the MCP contract from April 17 onwards</p> <p>By year end, integrated health &amp; social care recovery services supporting patients' needs at home will be delivered in all localities.</p>

# Transform

<p>2. Transform the Urgent Care &amp; Patient Flow system by delivering on six key urgent care system priorities, thereby ensuring that patients access urgent care and reducing delays in the patient journey.</p>	<p>Mari Gay, Interim Chief Operating Officer, SWCCG</p> <p>Quality Performance &amp; Resources Committee</p>	<p>By the end of Q1, a review of the GP in ED scheme will have been undertaken</p>	<p>By the end of Q2, the GP in ED scheme will be incorporated as part of OPAL team and funding arrangements for post September 2016 will have been explored</p> <p>By the end of Q2, a plan and timelines will have been drafted for the Minor Injuries Unit review</p>	<p>By the end of Q3, the identified provider will commence delivery of the new Worcestershire 111 and Out of Hours Service</p> <p>By the end of Q3, the review of the Patient Flow Centre, trustees assessment and pathway 1,2 and 3 will have been completed and improvements implemented</p>	<p>By year end, the six key urgent care system priorities will have been delivered, which will act as an enabler for the achievement of constitutional standards improvement trajectories in 17/18.</p> <p>By year end, the agreed improvement trajectories in respect of the four hour EAS will have been delivered, supported by delivery of the urgent care key system priorities.</p> <p>By year end, the requirements contained within the patient flow CQUINs will be delivered.</p> <p>By year end, work will have been undertaken with providers to deliver four of the ten key priorities in respect of seven day working</p> <p>By year end, the proportion of urgent care needs that can be met at MIUs, will be increased maximising their role and improving access for patients</p>
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	<p>3. Transform the assessment and review process of those with Continuing Healthcare needs through in-housing and development of a brokerage function to ensure the patients who are eligible for NHS Continuing Healthcare funding receive high quality, cost effective care in their preferred setting.</p>	<p>Lisa Levy - Interim Executive Nurse/Director of Quality</p> <p>Jo Galloway - Chief Nursing Officer</p> <p>Quality, Performance &amp; Resources Committee</p>	<p>By June 16, the in-housing of the CHC function relating to H&amp;CT AND the in-housing of the fast track function will have been undertaken.</p> <p>By June 16, the CHC Business Case will have been submitted to NHSE for approval.</p>	<p>By October 16, the transformation of continuing health care services will have been undertaken through in-housing and the completion of a thorough review of systems and processes.</p> <p>By October 16, a wider brokerage function will be provided by the local authority to cover all areas of CHC. By October 16, TUPE arrangements to facilitate the transfer of 20 members of staff will have been finalised.</p>	<p>By January 17, a review of the new service will have been undertaken and the resource requirement of the transformation team will be scaled back.</p> <p>By the end of Q3, sign-off of the PHB local offer by the Health &amp; Wellbeing Board will have been obtained</p>	<p>By the end of Q4, further areas where scope for QIPP savings will be explored, within the remit of CHC</p> <p>By the end of Q4, further refining of the service to maximise efficiency and effectiveness will have been undertaken</p> <p>At the start of Q4, the adoption of the revised patient choice and resource allocation policy will be in place</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Improving Care &amp; Quality</p>	<p>4. Improve performance against NHS constitutional indicator targets, with focus upon achievement of improvement trajectories for A&amp;E, RTT, cancer 62 day target, dementia and IAPT to ensure patients receive timely, high quality care</p>	<p>Mark Dutton/Paul Sheldon - Chief Finance Officers</p> <p>Quality Performance &amp; Resources Committee</p>			<p>By the end of Q3, 91% of patients will have met the 4 hour EAS standard</p> <p>By the end of Q3, the 92% RTT 18 week incomplete standard trajectory will continue to be achieved</p> <p>By the end of Q3, the 67% dementia diagnosis rate target will continue to be achieved</p> <p><b>Local Deliverable:</b> By the end of Q3, 86% of South Worcestershire CCG patients will have met the cancer 62 day target</p>	<p>By the end of Q4, the 92% RTT 18 week incomplete standard trajectory will continue to be achieved</p> <p>By the end of Q4, 91% of patients will have met the 4 hour EAS standard</p> <p>By the end of Q4, the 67% dementia diagnosis rate target will continue to be achieved</p> <p><b>Local Deliverable:</b> By the end of Q4, 85% of South Worcestershire CCG patients will have met the cancer 62 day target</p> <p><b>Local Deliverable:</b> By the end of Q3, 13.5% of South Worcestershire CCG patients will be receiving access to</p>
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# Improving Care & Quality

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<p>5. Improve the quality of services in providers through implementation of the Quality Strategy, thereby reducing avoidable harm and improving the experience of access to timely health care</p>	<p>Lisa Levy - Interim Executive Nurse/Director of Quality</p> <p>Jo Galloway - Chief Nursing Officer</p> <p>Quality, Performance &amp; Resources Committee</p>	<p>By the end of Q1, a countywide quality strategy will have been drafted</p>	<p>By the end of Q2, the CCG will have commenced implementation of the quality strategy</p> <p>By the end of Q2, a review of all clinical quality review meetings will have taken place. This will facilitate more in depth discussions and enable greater assurances to be sought regarding key areas such as RTT, performance in challenged specialties and 12 hour trolley waits</p> <p>By the end of Q2, the way in which quality assurance visits are conducted will be adapted, thereby ensuring that efforts are focussed upon the key areas such as RTT, performance in challenged specialties and 12 hour trolley waits</p>	<p>By the end of Q3, the CCG will enable a reduction in the percentage of open serious incidents that are overdue for care homes</p> <p>By the end of Q3, the incidence of avoidable pressure ulcers will have reduced against the planned trajectory</p> <p>By the end of Q3, there will be a reduction in the number of serious incidents returned to the provider following submission, due to report quality issues</p>	<p>By year end, the key 16/17 priorities contained within the quality strategy will have been implemented</p> <p>By year end, the countywide mortality action plan will have been implemented AND primary and secondary mortality review target will have been met.</p> <p>By year end, the bed capacity of patients with learning disabilities will have been reduced, which will contribute towards a target reduction of 50% by the end of 2018/19</p> <p>By year end, further development of the Enhanced care service to support discharge planning and prevent hospital admissions will have been undertaken</p> <p>By year end, a review of health gaps and unwarranted variation will have been undertaken through the use of commissioning for value and right care data. This will subsequently identify priority areas for 17/18.</p> <p>By year end, reductions in the incidence of avoidable pressure ulcers for those who access NHS funded care will have been achieved, against the planned trajectory</p>

Sustain

By year end, Quality Impact Assessments will be completed and inform 100% of relevant service transformation and redesign programmes prior to the implementation of change.

6. Sustain financial resilience underpinned by delivery of QIPP to ensure overall achievement of CCG financial and efficiency obligations by March 2017

Mark Dutton/Paul Sheldon - Chief Finance Officers  
  
Quality Performance & Resources Committee

By May 16, a joint programme of CIP/QIPP will be agreed by both main providers

By the end of Q3, the 18/19 outline QIPP plan will have been devised for submission with commissioning intentions.

By year end, the CCG financial plan will have met the required financial control totals AND the CCG will have continued to improve its underlying surplus.

By Q4 we will have approved a detailed final plan for 17/18 AND high level outline plan for 18/19 to 20/21.

By year end, QIPP savings will have been delivered in line with agreed trajectories, supported by successful implementation of the transformation programme

7. Sustain clinical services including the development of STP and delivery of FOASHW to ensure the delivery of safe, high quality and sustainable patient care

Lucy Noon - Director of Corporate & Organisational Development  
  
Clinical Executive

By the end of Q1, we will have worked with the West Midlands Clinical Senate to obtain positive assurance of the proposed FOASHW clinical model.

By Q2, the approval of NHSE will have been sought to move to public consultation.

By August 16, the consultation plan and documentation relating to FOASHW proposals will have been prepared.

By the end of Q3, NHSE England Assurance will have been obtained, subsequent to which a formal report will be produced

By the end of October 16, the CCG will have clarified and published a strategy for the future Worcestershire Care Model within the STP.

By the end of Q4, the proposed model will have been implemented.

By 31st March, a delivery plan will be in place for the implementation of the STP strategic priorities for 2017/18 and beyond.

By 30th June, the CCG will have contributed to the development and submission of the Herefordshire and Worcestershire STP

	<p>8. Sustain primary care through sustainable general practice models to ensure resilience, release of capacity and delivery of new models of care</p>	<p>Lynda Dando - Associate Director of Primary Care</p> <p>Primary Care Commissioning</p>		<p>By the end of Q2, a countywide primary care strategy will have been developed.</p> <p>By the end of Q2, a single, unified primary care quality subcommittee will have been implemented, which will make decisions regarding primary care commissioning priorities</p>	<p>By the end of Q3, primary care capacity will be released through harnessing the skills of healthcare professionals and technology to implement 10 high impact areas of change</p> <p>By January 17, a local primary care estates strategy will have been developed, which includes a list of potential premises developments and prioritisation criteria.</p> <p>By the end of Q3, a clear quality and sustainability plan will have been developed, which will support the delivery of the STP</p>	<p><b>Local Deliverable:</b> By year end, the primary care 8 point commissioning plan will have been successfully delivered; subject to resources continuing beyond June 16.</p> <p><b>Local Deliverable:</b> By year end, improved primary care outcomes will have been delivered through IQSP, with particular focus upon frailty, stroke, hypertension, diabetes and COPD and asthma.</p> <p><b>Local Deliverable:</b> By year end, the CCG will have successfully delivered the key actions contained within the Primary Care Workforce Plan.</p>
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Develop	<p>9. Develop organisational capacity and capability to facilitate effective countywide working</p>	<p>Lucy Noon, Director of Corporate &amp; Organisational Development</p> <p>Clinical Executive</p>	<p>By April 16, the new commissioning support arrangements will have been mobilised.</p> <p>By June 16, through working with Worcestershire CCGs, a single management team will have been implemented.</p> <p>By the end of Q1, an updated</p>	<p>By October 16, a cross CCG Organisational Development Plan will have been agreed.</p> <p>By the end of Q2, new joint committee structures will have been agreed and committees will have commenced to meet in shadow form</p>	<p>By November 16, progress and impact of management team arrangements will be reviewed.</p> <p>By January 17, a governance framework will have been developed and new constitutions created, in readiness for implementation in April 2017</p> <p>By January 17, management structures and plans for 2017/18 will have been agreed.</p> <p>By January 17, a plan will be developed detailing how CCG resources are deployed in new</p>	<p>By year end, the new joint committee structure will have been embedded and mobilised.</p> <p>By year end, HR processes will have been established to facilitate the appointment of staff to structures from 1st April 2017.</p>
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			communications and engagement strategy will have been produced to identify the development roles of localities.		functions and roles, in order to enable delivery of strategic areas of focus	
	10. Develop system wide infrastructure to ensure successful utilisation of digital technologies	Mark Dutton/Paul Sheldon - Chief Finance Officers  Clinical Executive				<p>By year end, the key themes set out within the NHS Local Digital Roadmap will have been delivered, thereby improving processes within information sharing, access to services, resource optimisation, patient and resource protection; and digital skills and literacy</p> <p><b>Local Deliverable:</b> By year end, the potential opportunity to utilise technology to improve the efficiency of general practice will have been explored with particular focus upon appointment management, self-care and the clinical contact centre and, subject to resources, implemented where appropriate</p>