The Forward View into Action in South Worcestershire

NHS
South Worcestershire
Clinical Commissioning Group

Operational Plan

2015/16

South Worcestershire

Clinical Commissioning Group

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South Worcestershire CCG – Operational Plan on a Page – 2015/16

In 2012/13 the CCG set out a set of overarching strategic priorities. These include: Improving quality and safety; Greater independence for the frail and those with long term conditions; Better and faster urgent care; and Reducing health inequalities. Each year we build on our long term ambitions and align our annual priorities to reflect our local requirements and national directives. The vision set out nationally for 2015/16 onwards in the *Five Year Forward View*, aligns with our goals. This year we will embrace the development of new models of care, continue to meet our statutory obligations and step up our contribution to tackling prevention in a proactive way.

Three key areas of focus for the 15/16 operational plan are to:

- Ensure urgent care services provide effective and safe care to meet patient needs in the right place.
- Work with practices to transform the future of how Primary Care is delivered (focusing on long terms conditions, access and proactive care for the frail)
- Develop new models of care that promote greater integration and reflect the changing nature towards "out of hospital care".

Corporate Objective: Improving Care

Access

A&E	To deliver the recovery plan to meet maintain the 95% 4 hour standard
Winter Resilience	To undertake year round demand / capacity modelling and commission accordingly. To have effective escalation plans in place during peak periods. Ensure patient safety is never compromised at times of highest pressure
RTT	To deliver the recovery plan to meet and maintain the 3 RTT standards
Cancer	To improve performance in order to meet and maintain the 9 standards and as well as maintaining or improving 14/15 performance
Diagnostics	To maintain performance against the 99% standard
IAPT	• To continue to meet the national access standard of 15%. • To maintain the 50% recovery rates • To improve waiting times to 95% within 18 weeks and 75% within 6 weeks
Dementia	To improve diagnosis rates to 67% in 15/16
Early Intervention	To maintain standard of 95% receiving treatment in 18 weeks
Primary Care	To improve on the positive experiences that patients have with Primary Care.

Outcomes

We intend to improve the outcomes of patients across the 5 domains and 7 outcome measures:

- Potential Years of life lost – to improve our rate from 1,995 to 1,717 in 2015
- Health related quality of life for people with LTC – to improve on our current rate of 75.7 to one of 75.9
- IAPT Roll out – to continue to achieve the national access standard of 15%
- Avoidable Emergency Admissions – To achieve a rate of 1,695 by 2015 and a continued reduction
- Patient Experience of hospital care – to improve the overall experience to 116.1 in 2015 from our current 109.1
- Patient experience of primary care – to reduce the number of negative experience from 5.20 to 4.65 in 2015.
- Hospital Deaths attributable to problems in care: to see a continued reductions and elimination.
- Proportion of older people who are still at home 91 days after discharge – to increase the numbers.
- Improving health – We will remain focused on delivering NHS constitution and outcome standards.
- Reducing health inequalities - in line with our corporate priority, we will continue to target effort on closing the gap between those with the best and worse health outcomes.
- Parity of esteem – for the second year running we will increase spending on mental heath by a greater proportion than our allocation increase.

Quality

Patient Safety	Reduce the number of CDifficile infections to 64 in 15/16 and eliminate all MRSA cases.
Patient Experience	1. To maintain Friends and Family Test performance at >95% for recommended and <5% for not recommended across acute care. 2. Seek more patient insights through dedicated interviews and patient stories. 3. Expansion of Integrated personal Health budgets to give more people control of their health
Compassion in practice	Continue with 6C's and develop CQUINs and initiatives across all providers to promote compassionate experiences - e.g. "Small things make difference"
Staff satisfaction	Improve performance of staff Friends and Family Test across all providers .(Lisa to check measure)
Seven day services	Introduce at least 5 out of 10 clinical standards for 7 day working .
Safe staffing and right care, right place	1. Monitoring care contact time standards. 2. Ensuring patients are discharged through effective care pathways 3. Quality Impact assessment of all future plans for acute services reconfiguration

Corporate Objective: System Sustainability and Value for Money

- Continue to deliver a 1.1% surplus and improve the underlying surplus to 2.5%
- Hold a 1% transformation reserve and a 0.5% contingency reserve
- Demographic uplift of 2%, Prescribing growth of 4% and CHC growth of 7%.
- The BCF contribution of £16.866m
- A QIPP requirement £7.8m (2.3%)

Corporate Objective: Delivering Transformation

- Procure new contracts for Out of Hours and NHS111
- Expand the Urgent Care Centre and improving patient flow in A&E
- Redesign planned care pathways jointly with secondary care
- Develop a new model of out of hospital care
- Extend work to promote health and deliver more effective prevention
- Deliver integrated recovery project
- Improve use of community hospitals, supported by Integrated Physicians
- Commission effective Primary Care

INTRODUCTION AND CONTEXT

Introduction

Last year, we set out in our two year operational Plan our priorities to improve health outcomes and the quality of health and care services for people in South Worcestershire.

This document refreshes that plan for 2015/16. It updates performance in year one of the plan and responds to new national planning guidance released in support of the financial year 2015/16.

Our operational plan has been developed to underpin and support the five year strategic priorities that we established a in 2012/13.

- ***Improving Quality and Safety***
- ***Greater independence for the frail and those with Long Term Conditions***
- ***Better and faster Urgent Care,***
- ***Reducing Health Inequality***

Each year we build on our long term ambitions and align our annual priorities to reflect our local requirements and national directives.

The vision set out nationally in the *NHS Five Year Forward View* provides the foundations from which we can develop our commissioning plans. This year we embrace new models of care, we aim to continue to meet our statuary obligations and step up our contribution to tackling prevention in a proactive way.

Our Plan on a Page provides a summary of our current position and also sets out our priority focus areas for the next year:

- ***Transforming urgent care***
- ***Commissioning primary care***
- ***Developing a new care model for care out of hospital***

The Worcestershire Health and Care Economy

SWCCG has a strong relationship with the other CCGs in Worcestershire and remains committed to joint working. Effective joint working is shown in the following areas:

- Single contracts with our two main NHS providers
- A single out of hours GP contract
- A single Integrated Commissioning Unit with the County Council
- A shared commissioning and contracts team
- A shared lead for urgent care
- A shared medicines commissioning team
- A shared communications and engagement team
- A co-ordinated quality programme and quality support team
- A joint monthly management team

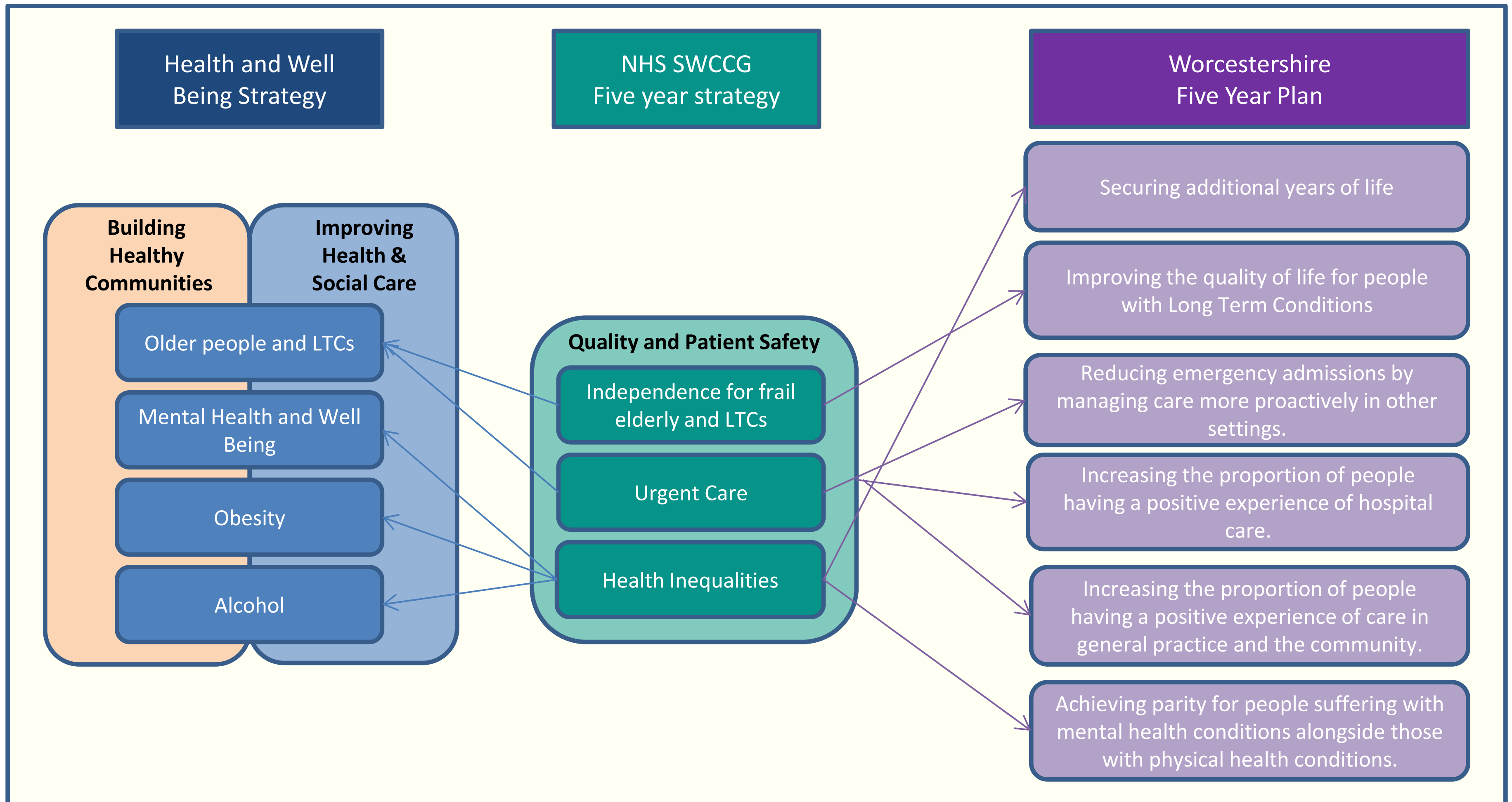
In addition to this local CCG focus, there is also the ***Well Connected*** Programme which supports the delivery of a number of the strategic priorities – in particular Independence and Urgent Care. SWCCG hosts the employment of the Programme Director and Clinical Lead.

During the past 24 months the CCG has been, and remains, an integral partner in the Future of Acute Hospital Services in Worcestershire (FoAHSW) review. We have been clear that our priority for the future configuration of acute services is to ensure sustainable high quality acute services for the whole of Worcestershire, not just our own resident population.

On patch we have two significant NHS providers – Worcestershire Acute Hospitals NHS Trust and Worcestershire Health and Care Trust. Both organisations are currently in the Monitor pipeline for Foundation Trust status. The CCG will support these applications only if we believe the ultimate achievement of Foundation Trust status will be the best outcome for our resident population.

How Our Plans Map to the Wider System

For the population of South Worcestershire, our existing five year strategy sits at the heart of our service delivery plans and maps directly to both the Health and Well Being Strategy, particularly the theme of improving health and social care, and the NHS Outcomes being sought through the Worcestershire Unit of Planning strategy.



Success regime measures

Our health and social care economy faces a difficult year with a number of very significant challenges to overcome. In 12 months time, when we look back on the delivery of this operational plan, to class the year as successful we will need to have addressed the following "success regime" issues, many of which are directly linked to our winter resilience planning:

Financial

- Whilst the CCG financial plan is based on a challenging yet solid foundation, our main acute provider faces significant financial challenges. Closing 2014/15 with an annual deficit in excess of £25m and planning for another significant deficit in 2015/16, working with partners and regulators to mitigate the risks associated with this will be critical. Success will be defined by ensuring the financial challenges do not impinge on quality and patient safety.

Quality and safety

- There are a number of key quality concerns that need to be addressed in 2015/16 and we will continue to take appropriate action to protect the quality of services. We will need to work closely with regulators and partners to ensure that appropriate recovery actions are agreed and delivered in response to the various reviews and reports that have been delivered during 2014/15. Success will be defined by ensuring a robust and effective response is agreed and implemented so that there is no repeat in 2015/16.

Performance

- There are a number of key areas of performance that need to be improved during 2015/16 to ensure that we meet our constitutional requirements. Success will be defined as improved performance against these key areas, in particular: A&E standards, RTT delivery, cancer waiting, dementia diagnosis and access to mental health services.

KEY AREAS OF FOCUS FOR 2015/16

Focus areas for 2015-16 – Urgent Care

Radical improvement and transformational change in urgent care remains one of the very highest priorities for South Worcestershire CCG in 2015/16. Already one of the four strategic priorities for the organisation and an area that gets rigorous focus in almost every key meeting, the pressures of this winter have clearly highlighted that further significant improvement is required.

Worcestershire now have, for the first time, a system wide agreed urgent care strategy. During the first year of implementation we focused on four top priorities:

- ***Developing the urgent care centre***
- ***Establishing the patient flow centre***
- ***Implementing discharge to assess pathways***
- ***Developing mental health services***

Following on from our recent quality walk through, our focus in the second year will move onto the following priorities:

- ***Continuing to embed the Urgent Care Centre and improving access to emergency portals***
- ***Continuing to embed the Patient Flow Centre and discharge to assess pathways***
- ***Developing a dementia pathway***
- ***Developing seven day, integrated urgent care health and care services***

Focus areas for 2015-16 – Transforming Primary Care

Co-commissioning provides the CCG with a unique "one-off" opportunity to shape primary, community and out of hospital services. Practices will retain their existing GMS contract and be offered the opportunity to provide a number of quality improvement schemes and services, outside of their core contract. There is an expectation that the PMS premium will be retained in South Worcestershire for re-investment in primary care to support these improvements.

We intend to set out a new Primary Care offer that will focus primarily on a set number of critical outcomes and key performance indicators. These will be identified through a process of co-production with patients, practices and other stakeholders. Our ambition is that the following areas will be translated into a new contract to deliver :

- ***Proactive Care for frail and elderly patients***
- ***Excellent personalised long term condition care for Hypertension, CHD, Asthma, Stroke, Dementia, Atrial Fibrillation***
- ***Focus on national priorities such as mental health and learning disabilities***
- ***Effective use of resources– making quality referrals and through medicines optimisation schemes***
- ***Accessible, timely and responsive care***
- ***Health improvement such as immunisations and screening***

These outcomes will serve as Primary Care Commissioning Intentions from 15/16 onwards which will be embedded in the new contractual arrangements. We recognise that some practices will prefer and need to work collaboratively to deliver at scale and the outcomes set. This will mean adoption of new ways of working across primary care teams. We are actively promoting practice innovation, collaboration and networks and will support local arrangements by ensuring future contracts meet local needs.

A detailed project plan is in place led by the Primary Care Co-Commissioning Working group to deliver this transformational programme of work over the coming year.

Focus areas for 2015-16 – New models of care

Worcestershire submitted a Vanguard expression of interest for three multispecialty community provider (MCP) models, one in each of Worcestershire's CCG localities. The expression of interest was made by the Worcestershire Health and Social Care economy, working together through *Well Connected.*

Despite not being selected as a national pilot, we are committed to developing this model of care and we will continue to work towards this goal across the three CCGs.

All three community models reflect the needs within different localities for local working within a countywide framework. South Worcestershire's ambition is to create a sustainable, flexible model based in communities that draws upon specialist skills and expertise to reduce the reliance on hospital care, bring down emergency admissions, levels of delayed transfers and to create a model that can support the demographic challenge of year on year increases in the number of frail and vulnerable patients living in the county.

Integrated working, shared outcomes, proactive interventions and real time communication of information with health and social care partners across traditional hospital and community boundaries will become the norm. These models will integrate voluntary, primary, community, social and secondary care provision and be an extension of hospital based services for patients who are at risk of rapid deterioration and subsequent unscheduled care.

Focus areas for 2015-16 – New models of care

South Worcestershire has secured £2.8 m from the ***Prime Minister's Challenge Fund (PMCF)***. The focus locally is on accelerating delivery of one of key primary care outcome - "accessible, timely and responsive primary care". In South Worcestershire this will mean the development of a service model for primary care that will transform access to routine and urgent care appointments across 32 practices.

By July 2015 we aim to ensure :

- ***Primary care is accessible outside normal working hours and at the weekend as the norm (seven day working)***
- ***There is a visible emphasis on self care and technological enablers such as use of Skype and email consultations***
- ***Strong partnerships between community pharmacists and General Practice to support skill mix and service availability.***

Funds have been awarded nationally to the Stay Well Healthcare Ltd, our local GP federation established in South Worcestershire in 13/14, who will managing the transformation plans set out for Primary Care. This is a significant opportunity that the CCG recognises in the Primary Care contribution to the wider urgent care challenges we face locally and described in this plan.

We support a system wide response to ensuring people receive the right care at the right place in a timely manner whether it be in a routine or an urgent situation. Growing demands on Primary Care are evident across the country as the population demographics change and more people are living with complex health and social care needs. This new model will enable the nursing, medical and allied works force across routine and urgent Primary Care to be redesigned thus enabling skills and capacity to be used more efficiently to deliver the new primary care contractual offer locally in South Worcestershire.

Focus areas for 2015-16 – New models of care

Locally within South Worcestershire, we have set out a firm foundation for enhancing out of hospital care in the future. This is a transformational step change for us and a real opportunity to challenge current practice across both acute, primary and community care. The national expression of interest submitted at county level will serve to accelerate our local work if successful.

Community / Primary Care Alliance Board

A strategic partnership has been established between our local Primary Care providers - **Stay Well GP Federation and Worcestershire Health and Care Trust** to oversee the implementation of proactive community models using the £5 per head funding made available for vulnerable patients over the age of 75. In 2015/16 the Alliance Board will have an extended role in developing integrated models or working across community and primary care nursing teams.

Acute / Primary Care Joint Venture Initiatives

To support delivery of integrated out of hospital care and using the contractual levers now available to move towards capitated tariffs, we have identified a number of planned care specialities where care can be delivered in the community. These include dermatology, ENT, urology and diabetes.

A Joint Venture is our preferred delivery vehicle between **Worcestershire Acute Trust and local Primary Care providers.** Encouraging this will involve bringing together relevant budgets and to support an increased focus on community based interventions, using specialist workforce appropriately. There is a strong locality commitment from our member practices to take forward this work in 15/16 maximising use of community facilities and working closer with acute clinicians.

Focus areas for 2015-16 – The Better Care Fund

The Better Care Fund provides as delivery mechanism to deliver Worcestershire vision, values, principles and expected outcomes that are set out in our *The Five Year Health and Care Strategy*.

Worcestershire's Better Care Fund Plan for 2015/16 was signed off by the Health and Well-being in September 2014. To implement the plan for 2015/16, partners are establishing a Section 75 Agreement which incorporates commissioning arrangements for the identified schemes.

The Section 75 will incorporate the Better Care Fund Plan for 2015/16. The Section 75 Agreement is viewed in the context of our longer term ambitions for integration as a set out in the Five Year Health and Care Strategy:

- ***Segment the population using a predictive risk model***
- ***Identify the 'high risk / high spend population***
- ***Develop a capitated budget and commissioning strategy for this population, ensuring patient and carer engagement in designing the service models***
- ***Commission fully integrated services that focus on prevention and care at home in order to avoid hospital admissions, based around primary care and recognising the contribution of the voluntary and community sector.***

During 2015/16, we will be modelling the contract mechanisms needed to commission on the basis of the above with a view to recommending changes to the Section 75 Agreement for 2016/17.

QUALITY, SAFETY, INNOVATION AND ENGAGMENT

A Focus on Quality and Safety

High quality care for all is a fundamental component of improving patient outcomes and experiences of care. Our quality priorities set out opposite support the development and delivery of our five year vision and annual plans.

We are committed to delivering quality, safety and patient experience across all services we commission.

We seek to continue to build and embed "a culture of quality" in everything we do looking both internally at the quality of care provided by our member practices and externally across all our community and secondary care providers.

In 15/16 we will build on the success to date with an ambition for our patients to experience high quality care right across the patient journey from diagnosis through treatment to discharge.

Our key priorities for 2015/16 include:

- Implementation of the agreed actions in response the Keogh Report, Frances, Berwick and Winterbourne View across the CCG and with providers
- Winter resilience and year round capacity and demand monitoring
- Coordinated workforce planning and review to ensure consistency with our commissioning intentions
- Continue to improve the quality of nursing home care provision and home based care
- Reduce avoidable harm and continually improve patient safety
- To reduce unwarranted variation in care across all providers - including primary care
- Consistent delivery of Compassion in Practice across all providers
- Secure delivery of seven day working
- Work with partners across the county to ensure safeguarding standards are met
- Support the implementation of the national 5 year Antimicrobial Resistance Strategy

A Focus on Quality and Safety

Frances Berwick and Winterbourne View

- Working with neighbouring CCGs we have implemented the National Transfer of Care agenda across Worcestershire.
- By the end on 2015/16 we will ensure there are no inappropriate placements for individuals with learning disability by commissioning locally based community solutions.
- We will continue to analyse the clinical workforce across providers and secure robust plans including monitoring care contact time standards.

Patient safety

- We are reviewing the governance arrangements for patients safety and establishing a Patient Safety Collaborative across Worcestershire in 2015/16. We will be encouraging all providers to join the "Sign up to Safety Campaign".
- We plan to adopt the national CQUIN for sepsis and acute kidney injury in provider contracts when available.
- Implementation of a new Tissue Viability Strategy in 2015/16 to reduce avoidable pressure sores and incidence of leg ulcers.

Antimicrobial resistance

- Maintain the improvement already delivered in reducing antimicrobial prescribing and prescribing variation.
- In 2015/16 we need to identify areas for further improvement in line with Quality Premium requirements within primary care, work with secondary care providers to validate their data and continue with patient education as part of the national campaign.

A Focus on Quality and Safety

Seven day working

- Delivering seven day working has been identified as one of our key strategic priorities within our Urgent care Strategy. The principle of delivering seven day working across the health economy is to ensure 'Equality of treatment or clinical outcome regardless of the day of the week'.
- Key services to be delivered seven days a week are those that focus on: Admission prevention, Early diagnosis and intervention and Early supported discharge.
- We have identified the following Keogh standards as priorities to be delivered in 15/16 with our acute providers supported by local implementation plans:
  - Standard 1 : Patient Experience
  - Standard 4 : Shift Handovers
  - Standard 5 : Diagnostics
  - Standard 6 : Intervention/Key Services
  - Standard 10: Quality Improvement

Improving patient flow and safe emergency services

- We now have an established Patient Flow Centre across Worcestershire and we will continue to review and embed pathways to ensure care is given at the right place and at the right time. We intend to utilise local CQUINs to support and incentivise pathway improvements across providers.
- We plan to integrate Health and Social Care functions into the Patient Flow Centre during 2015/16.
- Following the quality and system review of the acute trust emergency services during 14/15 we recognise that the size of the challenge ahead facing emergency services locally. We have set out an transformational plan to address the major patients flow issues in 2015/16. We will be developing alternative pathways for emergency assessment and aligning services to best practice which will include optimising usage of the new urgent care centre in Worcestershire.

Winter Resilience

- Detailed planning was undertaken by the Worcestershire System Resilience Group (SRG) from 2014/15 onwards. Complex discharge planning was prioritised for improvement together with establishment of the Patient Flow Centre – Three discharge to assess pathways have been agreed and implemented.
- A two day system wide evaluation event has highlighted where further work is required to fully embed the pathways within the local health economy. The Best Practice Urgent Care Committee is currently managing the delivery of a complex discharge action plan to implement the agreed changes.
- A new DTOC Board is managing the delivery of an action plan, agreed by the SRG to improve DTOCs. The System has benefited from the support of the care at home national team, who have provided some feedback on the causal factors associated with delayed transfers of care.
- The British Red Cross and Age UK led an innovative ***home from hospital*** winter discharge scheme, which helped people return to their home, freeing up acute hospital beds. This scheme has continued into April, and is currently being evaluated for on-going implementation.
- Escalation management processes are being reviewed by SRG and a number of interim changes have already been made for 2015/16, in light of experience over the 2014/15 winter.
- System resilience funds for 2015/16 have been allocated by the SRG with priority given to the Patient Flow Centre, Pathway 1 (discharge to assess in patients homes) and Pathway 3 (discharge to assess in nursing homes).

A Focus on Quality and Safety

Safeguarding

- A county wide Safeguarding Strategy is in place and is in its final of implementation during 2015/16. The strategy supports all the requirements for the accountability and assurance framework for protecting vulnerable groups.
- We have a joint plan with our Health and Social care partners for promotion and delivery of the requirements set out in the Mental Capacity Act across all providers.
- We have a dedicated lead identified across Worcestershire to ensure we meet the standard of the prevent agenda which requires all healthcare organisations to contribute to the prevention of terrorism by safeguarding high risk individuals.

Patient Experience

- We routinely monitor providers performance against the Friends and Family Test along with other patient experience data such as through complaints, PALs, and social media feedback. In 2015/16 we are exploring development of local friends and family pathways following the success of the stroke initiative last year.
- We plan to seek more service specific input from patients and use patient stories to gain a better understanding of experience to drive service improvements particularly in vulnerable groups. We have strong links with our Patient Participation Groups in particular the PPG Group for Long Term Conditions. This is in line with the requirements of the NHS constitution.
- We plan to expand use of personal health budgets in 2015/16 with our local authority partners to include people with special educational needs, learning disabilities and those with mental health on-going needs.

A Focus on Quality and Safety

Primary Care

- We continue to drive quality improvement in primary care particularly in reducing variation in care, sharing best practice and optimising prescribing behaviours. Our IQSP (Improving Quality, Supporting Practices) process introduced over 2 years ago will continue in 15/16 as we move through the transition process towards new contracting models.
- New freedoms through co commissioning will enable us to fully incorporate quality improvement into the new contracts for Primary Care both at practice and locality levels.
- We have developed a transitional framework – our "8 point Plan" to actively promote and incentivise in some areas quality improvement targets. This supports us moving towards a local outcome based approach to primary care delivery.

Staff satisfaction

- We recognise the need for improvement across all providers on the staff satisfaction Friends and Family Test and have adopted a set of improvement areas for each provider which will intend to implement in 2015/16.

Workforce

- We have an established process for reviewing provider workforce plans. This includes a collective review of submissions across quality, strategy, finance and commissioning teams to ensure that consistency between provider plans and CCG commissioning intentions.
- Workforce planning and review is supported by a specialist officer from Arden Commissioning Support.
- We presented our Commissioning Intentions to a regional meeting of the LETC on 19th March 2015.

A Focus on Quality and Safety

Compassion in Practice

- We routinely seek assurance from providers on their delivery of the six action areas for Compassion in Practice through our joint quality review groups.
- In 2015/16 we intend to develop local CQUINs and initiatives across providers such as “Small things make a difference”, to ensure compassionate practice is embedded routinely everyday care.

Reducing tuberculosis incidence

- Worcestershire remains a low incidence area nationally however cases are increasing. We have pockets of high risk populations particularly within migrant and prison communities. An active programme of prevention and early screening interventions are in place together with teaching programmes available to GPs, practise nurses, new entrant doctors, hostel staff and homelessness support services.
- A Tuberculosis team is hosted by the Acute Trust to deliver services across Worcestershire and outbreaks are reported directly to Public Health England.
- During 15/16 we will be working with our Acute and Public Health teams to monitor incidence robustly and implement national directives such as improving access to early diagnosis services , implement new entrant latent TB (LTBI) screening and improve rates of BCG uptake particularly in high risk groups.

Research and Innovation

The CCG understands the role of research and innovative practice as contributing to overall improvement in patient outcomes and experiences of care. We connect with our local health and education partners to promote best practice and involvement in research activity.

We also actively support where possible provider led research activity through our commissioning decisions each year.

Examples currently in place going forward into 15/16 include:

- Support a local Collaborative for Leadership in Applied Research and Heath Care (CLARHC) approved project with the acute trust who are one of a number of national research clinical sites running a randomised control trial on leg ulcer surgical treatment interventions.
- A number of local practicing GP's in South Worcestershire have active links with Worcester University where there is a strong Primary Care programme in place. Worcestershire Health Research Collaborative is a programme which links the University and the local NHS bodies across the county, where we have a number of on-going health based research pilots in place.
- There is pioneering work currently taking place at Worcester University in the shaping future clinical workforce roles in the NHS for example: the Physician Assistant programme.
- We have established a South Worcestershire model for proactive care of the elderly which has lead to establishment of local frailty registers in primary care where patients can be actively supported. This approach has now be taken up nationally.

Engaging with Patients and the Community

Our Communications and Engagement Strategy for 2015/16 sets out the involvement agenda for the next 12 months and articulates how we intend to communicate and engage with the local community and wider stakeholders.

We have established a good relationship with our local Health Watch and actively include community and voluntary membership across all our service focus groups. The main focus of activity is around supporting the wider understanding of our five year strategic aims and our commissioning intentions, which outline the changes we intend to make to local services.

We have identified additional projects and initiatives that we are committed to and we will ensure continued engagement with our communities. These include the Well Connected Programme, the Co-Commissioning of Primary Care and the Future of Acute Hospitals in Worcestershire project.

We also intend to reach out to people with learning disabilities and their families and black and minority ethnic (BME) groups as part of our on-going inequality focus. We will undertake specific programmes with homeless people, lesbian, gay, bisexual and transsexual (LGBT) groups and Gypsy, Roma and Travellers (GRTs) across Worcestershire.

Our strategy sets out how we will be engaging with groups and highlights the need to involve patients throughout the entire commissioning cycle. There is a focus this year on truly 'co-producing' services with patients using services and local citizens living in south Worcestershire.

PERFORMANCE AND OUTCOMES

Meeting the Constitutional Standards

We aim to maintain or improve all our commissioner targets in 2015/16. There are three particular challenges ahead that will require a concerted effort across the local health system to secure and sustain improvement.

Referral to Treatment Times

We are actively working with our providers to ensure that patients access NHS consultant-led treatment within a maximum of 18 weeks from referral. A plan has been developed to improve performance, systems and processes. Through this work we have a better understanding of demand/capacity and factors affecting delivery of the standard in 15/16.

We have introduced the accredited IMAS demand/capacity modelling tool with providers initially in the specialty of gynaecology with significant clinical “buy in” and recognition of the output benefits. The tool is now being rolled out across the Acute Trust; supporting joint development of the 2015/16 elective commissioning plans.

We have developed excellent working relationships with local independent sector (IS) providers, securing additional capacity to treat our long waiters. Capacity in the independent sector will continue to be utilized in 2015/16. Achievements in reducing the admitted backlog during the autumn have unfortunately been lost during the winter months due to cancelled elective work because of emergency pressures. As a result the Trust is unlikely to achieve an aggregate 90% admitted 18-week standard before the end of Quarter 2 as the focus will continue on clearing the long waiters.

Work will also continue to enhance demand management measures in primary care. Modelling work is being undertaken to establish whether elective pathways may need to change explicitly to other providers to sustain 18 weeks. Additionally, supporting Patient Choice, we continue to review and expand our portfolio of healthcare providers.

A&E Waiting Times

The Worcestershire Urgent Care Strategy set out a programme of projects that, when successfully implemented over a three year time period, would represent a radical overhaul of the local urgent care system. Partners have made good progress on implementing the top three priorities for the first year (urgent care centres, patient flow centre, discharge to assess pathways), but we have found much more is needed to address the performance challenges we have experienced in the winter of 2014/15.

The challenge goes beyond just improving performance against the four hour target, we also recognise the need to reduce long waits for admission and to tackle the increasing problem of delayed transfers of care. Investment in our discharge pathways, strong work with community and social care partners and a redesign of the acute phase of the pathway will enable significant improvement in this high priority area.

During 2014/15 we have been working with an independent consultancy to create a system wide demand and capacity model for Urgent Care. We will work with partners early in 2015/16 to agree and run the scenarios to establish the baseline and target point for investment in capacity growth in the areas that will have most impact on performance and quality.

With an agreed approach to addressing future capacity requirements, a programme of work to manage demand at the front door, focus on improving patient flow through the system and an agreed strategy for tackling DTOCs, we will be in a position to agree and implement a trajectory to enable the regular and on-going achievement of the 95% A&E access standard and reduce the number of very long waits experienced in the department.

Cancer Waits

A relatively small number of patients experience long waits for service can lead to the CCG missing a particular standard. To ensure this is not a frequent issue the CCG will work with local and regional providers to improve the pathways for tertiary referrals.

Improving the two week wait for symptomatic breast and 62 day from urgent GP referral to first treatment standards will be prioritised by the CCG. We will agree a proactive plan with our providers, which will include establishment of new pathways to meet the performance target.

During 2014/15 Worcestershire Acute Trust have reviewed all its internal pathways to identify a set of improvement areas for implementation from 1 April 2015. This, together with focused support from ECIST (the Intensive Support Team) will enable the CCG to actively track improvements for all suboptimal performance areas.

A county wide CCG cancer performance group has been established to monitor progress across all acute hospital sites in Worcestershire and approve proposals for service redesign of clinical pathways.

The CCG has actively engaged with Primary Care to review ways in which two week wait pathways can be improved. This work will include working with GPs to increase patient awareness of the importance of attending appointments if a GP refers on a two week wait, instigate a full review of the potential benefits of moving to Choose and Book for cancer two week wait referrals and working with locality clinical teams to review and improve clinical pathways. This work will inform and feed into the county wide performance group.

Meeting the Constitutional Standards

Mental Health Waiting Times

In line with our commitment to work towards parity of esteem between mental health and physical health, we have invested £1.037m – a 3% growth (in line with national guidance) in improving mental health services.

Going into 2015/16 our priority moves from increasing access to improving waiting times. The new planning requirements have identified, for the first time, waiting time standards to mental health services that are in line with waiting times for other services:

- Psychosis - first episode seen within 2 weeks.
- IAPT – 75% of referrals seen within 6 weeks, 95% seen within 18 weeks.

During 14/15 additional investment in psychological therapies enabled us to successfully meet the new 18 weeks national target. This year we plan to maintain this performance and work with our existing providers to establish how current performance can be improved to meet all the standards consistently. In the longer term we are looking to adopt a more strategic approach by incorporating the requirements in the re-procurement of mental health services in clusters 1-4.

Meeting the Constitutional Standards

NHS Constitutional Indicators

NHS South Worcestershire Clinical Commissioning Group

Indicator	Standard	Performance YTD	Delivered	Movement
Cancelled Operations				
All patients who have operations cancelled, on or after the day of admission, for non clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice	95.00%	86.20%	No	↓
A&E Waits				
Patients should be admitted, transferred or discharged within 4 hours of there arrival in an A&E Department	95.00%	92.53%	Yes Partially	↓
Trolley waits in A&E > 12 hours	0	14	no	↓
Cancer Waits - 2 Week Wait				
Maximum 2 week wait for first out patient appointment for patients referred urgently with suspected cancer by a GP	93.00%	93.16%	Yes	↑
Maximum 2 week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was	93.00%	90.10%	Yes Partially	↑
Cancer Waits - 62 Days				
Maximum two months (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.00%	82.15%	Yes Partially	↓
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.00%	90.91%	Yes	↑
Maximum 62 day wait for first definitive treatment following a consultant decision to upgrade the priority of the patient (all	TBC	100.00%	Yes	↑
Mixed Sex Accommodation Breaches				
Minimise Breaches	0	5	Yes Partially	↑
Referral to Treatment waiting times for non urgent consultant led treatment				
Admitted Patients to start treatment within a maximum of 18 weeks from referral	90.00%	85.84%	Yes Partially	↓
Non Admitted Patients to start treatment within a maximum of 18 weeks from referral	95.00%	95.94%	Yes	↓
Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from	92.00%	92.78%	Yes	↓
Number of 52 week waiters on an Incomplete Pathway	0	2	Yes Partially	↑
Diagnostic Test Waiting Times				
Patients waiting for a diagnostic test should have been waiting less than 6 weeks	99.00%	98.87%	Yes Partially	↓
Cancer Waits - 31 Days				
Maximum one month (31 day) wait from diagnosis to first definite treatment for all Cancers	96.00%	96.48%	Yes	↑
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.00%	94.58%	Yes	↓
Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regime	98.00%	99.15%	Yes	↑
Maximum 31 day wait for subsequent treatment where that treatment is a course of Radiotherapy	94.00%	98.90%	Yes	↑
Category A ambulance Calls				
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75.00%	75.47%	Yes	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75.00%	75.37%	Yes	↑
Category A calls resulting in an emergency response arriving within 19 minutes	95.00%	96.61%	Yes	↑
Stroke				
Percentage of patients spending 90% of their time on a stroke unit	80.00%	84.26%	Yes	↑
Percentage of TIA's seen and treated within 24 Hours	60.00%	68.20%	Yes	↑
Mental Health				
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in patient care during the period.	95.00%	98.14%	Yes	↓

The NHS Outcomes Framework

The following section outlines our trajectories and progress on the NHS Outcomes Framework:

Reduce the number of potential years of life lost from conditions considered amenable to healthcare.

Baseline year – SWCCG was amongst the **best 30%** of CCGs for this measure. Our ambition was to achieve a year on year improvement of 3.2% taking us from 1,893 years lost down to 1,717 in 2015/16 and 1,557 by the end of the five year period. Achieving this level of improvement would take us to the position near the current top 10% for CCGs in England (as measured in the baseline year). Unfortunately in the most recent year we have seen our performance slip to 1,995, which maintains our position in the **top 50%** of CCG's, but puts us behind our trajectory.

Improve the health related quality of life for people with long term conditions

Baseline year – SWCCG was amongst the **best 25%** of CCGs for this measure. Our ambition was to improve from 75.4 in the base year to 76.4 after 2 years and then on to 78.0 at the end of five years. Achieving this level of improvement would take us to the position of the current top 10% of CCGs in England (as measured in the baseline year). Latest data shows that SWCC is now amongst the **best 10%** of CCGs for this measure and our current score of 77.7 meets our ambition for 2017/18. We aim to maintain this performance and position of being in the **top 10%** of CCG's over the course of the next few years.

Reduce the number of emergency admissions for conditions that should not require acute health care (composite measure)

Baseline year – SWCCG was amongst the **best 30%** of CCGs for this measure. Our ambition was to improve from 1,737.9 in the base year to 1,694.6 after 2 years and then down to 1,669 at the end of five years. Achieving this level of improvement would take us to the position of the current top 25% of CCGs in England. This ambition is significant given the demographic profile of our population. Latest data for 2013/14 shows a rate of 1683.8 puts us ahead of our trajectory after one year and maintains our position in the **top 30%**.

The NHS Outcomes Framework

Reduce the proportion of people reporting a poor experience of hospital care

Baseline year – SWCCG was amongst the **worst 30%** of CCGs for this measure and one where we wished to see significant improvement. Our ambition was to improve from 155.2 to 144.0 after 2 years and then down to 135.5 at the end of five years. Achieving this level of improvement would take us to the current position of 20% of CCGs in England – a dramatic improvement from the baseline year. Latest information for 2013 shows SWCCG at 109, which is a significant improvement and places the CCG in the **top 30%**.

Reduce the proportion of people reporting a poor experience of care outside hospital in general practice and the community

Baseline year – SWCCG was amongst the **best 20%** of CCGs for this measure. Our ambition was to improve from 4.8 to 4.6 after 2 years and then down to 4.5 at the end of five years. Achieving this level of improvement should enable us to remain amongst the best performing CCGs in England. Latest data for shows that our performance has slipped to 5.19 but because other areas have also fallen our comparative position has improved to the **top 15%** of CCG's. We will seek ways to recover to our trajectory during the course of 2015/16.

Continue to achieve the national access standard of 15% for IAPT services

CCG's were required to set plans to achieve an IAPT access rate of 15% in 2014/15 and then to maintain this into 2015/16. Following significant investment, SWCCG has rapidly improved performance in this area and is currently forecasting an access rate of 18% for 2014/15, which would place us amongst the **best 15%** of CCG's. Our intention is to continue to meet the expected standard in future years.

The NHS Outcomes Framework

Reduce numbers of hospital deaths attributable to problems in care

Awaiting 15/16 publication

Increase the numbers of older people who remain at home 91days after discharge

This indicator is measured at a Local Authority level. Current figures for Worcestershire are that 76.6% of people remain at home 91 days after discharge which puts us in the **bottom 15%** nationally. Our aim is to move into the best 25% which would mean an improvement to 89.4%.

Dementia

We are committed to achieving the 67% dementia diagnosis rate by the end of 20 15/16 and then maintaining that going forward. Currently we are on a improving our performance year on year but at 50.1% there is still some way to go before we will meet the trajectory aim.

C-difficile

We have been set a trajectory of 63 for 2015/16 which is a reduction of 10% on the trajectory of 70 set for 2014/15. Currently forecasting a total of 62 cases for 2014/15 which will see us achieve our trajectory for this year. We have had an excellent track record of achievement year on year since 2012/13.

Our local Quality Premium indicator-

Awaiting 15/16 publication

Improving Outcomes – Prevention and Improving Health

The Worcestershire Public Health Report assessed progress against the **Marmot Review priorities**, and identified 5 principle areas where focus is needed in 2015/16 to reduce the health inequality gap - we will be a integral partner in delivery.

- Intensive on-going support for vulnerable families
- Intensive focus on early years development in priority areas
- Employment opportunities in priority areas
- Change to a place & asset-based approach to commissioning.
- Strengthen and improve prevention of ill-health

Working with our partners through the Worcestershire Health and Wellbeing Board, we have used the five steps in the 'Commissioning for Prevention' to develop our Health and Wellbeing Board strategy and set priorities together with the full analysis of health in the county set out in the JSNA for Worcestershire. Each of the local priorities have a full set of metrics specific to South Worcestershire with prevention is a principle running through each.

There are four priorities:

- ***Older people and the management of long term conditions***
- ***Mental health and well being***
- ***Obesity***
- ***Alcohol***

There are also three groups that will receive particular attention:

- ***Children and young people***
- ***Communities and groups with poor health outcomes***
- ***People with learning disabilities***

Improving Outcomes – Health Inequalities

Alongside the Health and Wellbeing Board priorities, there are also 5 most cost effective high impact interventions recommended by the NAO report on health inequalities:

- ***Increased prescribing of drugs to control blood pressure***
- ***Increased prescribing of drugs to reduce cholesterol***
- ***Increase smoking cessation services***
- ***Increased anticoagulant therapy in atrial fibrillation to support stroke prevention***
- ***Improved blood sugar control in diabetes***

We are taking an integrated approach to promoting widespread adoption across primary care in 2015/16 working with prescribing and primary care commissioning teams to agree improvement targets. These will be included in new primary care contract offers as part our fully delegated commissioning responsibility.

We are working with Public Health to increase numbers of routine and manual workers successfully quitting smoking at 4 weeks and decrease the % of pregnant women who are smoking at the time of delivery. The CCG is working with other commissioners of services to implement a new pathway to support pregnant women more proactively. We have a vision for an integrated commissioning arrangement for primary care working with the local authority on areas such as lifestyle interventions.

Services and resources are not currently responding to some vulnerable groups such as the homeless, LGT and those with multiple or more complex needs (mental, physical and social). We intend to work with partners across South Worcestershire to ensure lifestyle and sign posting services are accessible to groups who suffer health inequalities in Primary Care.

We are developing a locality approach to supporting health inequality based on local needs and rolling out initiatives that have evaluated well across South Worcestershire such as social prescribing, Time to talk and other support services led by community and voluntary sectors across our member practices.

Improving Outcomes – Equality and Diversity

Equality and Diversity

- We have in place an Equality and Diversity Strategy which we strive to continually update and implement. In support of the introduction of the NHS Workforce Race Equality Standard (WRES) the CCG will have due regard to it through proactive arrangements with its providers to demonstrate implementation during 2015/16.
- South Worcestershire has procured an equality and diversity function through NHS Arden CSU and each staff member of the CCG is compliant with training requirements. Within our strategy we have an Equality Delivery System (EDS) which is monitored robustly by the CCG.
- We have adopted the EDS2 framework from an early stage and implementing it to support our work to understand and reduce health inequalities. One of our core strategic objectives is reducing inequality and this is embedded across the organisation. Our commissioning intentions across providers also reflect the EDS objectives and outcomes

Equality Impact Assessments (EIA)

- We routinely undertake EIA's to check how an existing or new service, policy or procedure and the services being commissioned affects groups of people. It allows us to look at evidence or consult as to whether the service or policy is discriminating against particular groups of people. We can then make the necessary changes if there are adverse effects on some groups, or highlight it as good practice if it is having a beneficial effect.
- We strive to fully embed the use of EIA's throughout all key functions. All new and reviewed policies, strategic proposals and significant pieces of work are routinely subject to a full equality impact assessment. NHS Arden CSU provide appropriate support to enable those staff involved in policy, strategy development, or review and service specification to carry out comprehensive assessments.

RESOURCES – Delivering Value and Transformation

Financial Sustainability and Value for Money

The revised 2015/16 financial allocation for the CCG gave an overall budget of £330.9m (including running costs). This was an increase in the overall level of resources that the CCG had originally planned for by £4.6m however this included £1.7m for Winter Resilience. The overall baseline funding the CCG still leaves the CCG below fair share allocation by £3.3m (1.01%), this in an increase of £400k from the allocations published in December 2013.

The 2015/16 financial plan includes delivery against the key financial metrics:

- ***Continued delivery of a surplus (1.1% £3.6m)***
- ***Improve the underlying surplus to 2.5%***
- ***Hold a 1% Transformation Reserve £3.2m***
- ***Hold a 0.5% uncommitted Contingency Reserve £1.7m***

As part of the financial plan for 2015/16 the CCG has modelled:

- ***Demographic uplift for activity increases of 2%, Prescribing growth of 4% and CHC growth of 7% on top of the 2014/15 forecast outturn***
- ***The BCF contribution which has been agreed by the Worcestershire HWB (£16.866m)***
- ***A QIPP requirement £7.8m (2.3%)***

The financial plan currently excludes primary care allocations at this stage and will be included in the next refresh now the CCG has received the approval to commission primary care by NHS England.

The Key financial challenges and risks for the CCG are:

- ***Full delivery of the QIPP programme***
- ***Ensuring funding is received to support the impact of the ETO tariff option (£1.5m)***
- ***Worcestershire Acute Hospitals contract given the significant financial recovery plan the Trust has to deliver***
- ***Managing the continuing demographic pressures faced within a mixed geographical patch***
- ***Agreeing contracts with Providers in line with the CCG plans***

Activity Levels

The table below identifies the activity levels we are planning for in 2015/16 in the four key activity areas:

Activity Area	2013/14	2014/15 FOT	2015/16 Pre QIPP	Potential QIPP	2015/16 Plan
Planned care – Electives and day cases	30,125	31,848	33,997	-672	33,325
Outpatients - First attendances following a GP referral	45,141	46,621	50,014	-493	49,521
Emergency Admissions - Non elective admissions	23,819	23,286	24,234	-392	23,842
Accident and Emergency Attendances	77,182	82,676	88,561	-1,331	87,230

Pre QIPP levels are based on likely growth scenarios modelled through our contract planning process on a "do nothing" scenario. Without mitigating QIPP schemes, these are the activity levels we would be expecting to see.

Planned Care – having developed a Joint Transformation Board with the Acute Trust, we are in the process of agreeing a series of demand management projects and elective pathway redesign projects that aim to reduce the volume of elective and day case procedures by implementing alternative treatments. A gain share agreement will incentivise the trust's consultants to proactively implement change alongside their GP colleagues.

Outpatients – by addressing unwarranted variation across practices and specialties and through successful implementation of our demand management schemes we intend to achieve reductions in demand for secondary care outpatient appointments.

Emergency Admissions – There are a range of plans to support reductions in emergency admissions in 2015/16. Furthermore, the CCG has an established track record in achieving reductions, with emergency admissions falling in each of the last two years. For 2015/16 we will be investing a further £1.5 in community services for the >75s (in addition to the £1.3m last year), invest a further £700k in the urgent care centre, continue the development of our integrated community teams, maintain a rigorous focus on addressing unwarranted variation in emergency admissions through IQSP, invest £170k in a new falls referrals service, work with our partners to develop an expanded community paediatric pathway following the successful pilot and we will continuing investing in the GP on an ambulance scheme. Combined, we anticipate that we will achieve a further significant reduction in emergency admissions in 2015/16.

Transformation and QIPP

CCG Transformation Programme

During 2014/15 the CCG implemented a management reorganisation to create a Transformation Programme Approach. The Director of Strategy was nominated as the Executive Sponsor for Transformation and the CCG created a number of new posts, including: Head of Transformation, a Transformation Support Officer and refocusing of existing service development team members to align workloads to the existing transformation priorities. The Clinical Executive Committee operates as the Transformation Programme Board through its monthly meeting. In taking this approach the CCG has integrated QIPP planning and development into the Transformation programme. For example, urgent care theme on the transformation programme focuses on the delivery of projects that directly support the emergency admissions QIPP programme. All QIPP projects in 2015/16 are included within a work stream of the transformation programme.

CCG QIPP Task and Finish Group (becoming QIPP review board)

During 2014/15 a QIPP review board was formed under the chairmanship of Dr Felix Blaine. The terms of reference for this group were two fold:

1. To identify, review and prioritise the development of the QIPP programme for 2015/16
2. To oversee the implementation and deliver of the projects during the course of the year, feeding into the Transformation Programme Board and Quality, Performance and Resources Committee.

All QIPP programme areas will have confirmed clinical and management leads to oversee development and delivery of the initiative that support achievement of the QIPP targets.

Acute Trust Joint Transformation Board

The CCG has formed, in conjunction with the acute trust, a Joint Transformation Board. This board meets monthly and will oversee the delivery of changes projects that require joint working between both parties. A key function of this group is to agree the programme of pathway redesign projects, to appoint accountable leads for delivering the work and oversee the implementation of change projects. This board will play a fundamental role in identifying, agreeing and overseeing the delivery of initiatives in elective care, outpatients and emergency admissions in support of the QIPP programme.

Alliance Board

The CCG has facilitated the development of an Alliance Board between Stay Well Healthcare (the South Worcestershire GP Federation) and Worcestershire Health and Care Trust (community services provider) to oversee the implementation of the £5 per head investment for integrated community services. This board will play a pivotal role in overseeing the delivery of proactive care services for people over the age of 75. This investment completes the £3.8m investment in enhanced community teams that the CCG has been working towards since approving a business case in July 2013. The business case identified that securing this investment should help to secure a reduction (after accounting for demographic growth) of up to 20% in emergency admissions for patients over the age of 65.

Transformation and QIPP

The QIPP programme for 2015/16 will be £7.8m and will focus on the following areas:

Programme Area	Target Value	Contributing Transformation / QIPP Projects
Reducing Paediatric Emergency Admissions Clinical Lead: Dr Nikki Burger Programme Lead: David Mehaffey	**£302k**	Community Paediatric Pathway Gain share (focus on rapid access to consultant advice) Urgent Care Centre Improved Access to Primary Care over extend hours IQSP
Reducing Emergency Admissions for Adults and the Elderly Clinical Lead: Dr Nikki Burger Programme Lead: David Mehaffey	**£1,441k**	Better Care Fund Plan Integrated Community Teams and care home / GP practice alignment £5 per head investment Ambulance conveyance reduction project and GP WMAS Urgent Care Centre Gain share (focus on surgical ambulatory care) Falls Response Service IQSP Social Impact Bond
Reducing Accident and Emergency Attendances Clinical Lead: Dr Nikki Burger Programme Lead: David Mehaffey	**£275k**	Improved access to primary care Urgent Care Centre Ambulance conveyance reduction project and GP WMAS Re-establish direct access for GP admissions
Reducing Outpatient Referrals Clinical Lead: Dr Felix Blaine Management Lead: Lynda Dando	**£458k**	IQSP and Supporting Quality Referrals Inter-practice referral pilots Dermatology redesign Acute gain share projects (specific areas to be agreed by JTB) Contracting for C2C referrals
Improving Elective Services Clinical Leads: Dr Felix Blaine and Dr David Farmer Management Lead: TBC	**£955k**	Procedures of limited clinical value Efficient commissioning of vasectomies Pain management redesign TKR/THR thresholds Acute gain share (specific areas to be agreed by JTB)

Transformation and QIPP

Programme Area	Target Value	Contributing Projects
Others: Clinical Lead: Dr Anthony Kelly / Dr David Farmer Management Lead: TBC	**£214k**	Reduced direct access to MRIs Acute gain share in relation to Non PbR drug choices and variation in pathology testing.
Other Contracts Management Lead: Mark Dutton	**£1,065k**	Schemes referenced above Effective contract management
Continuing Health Care Clinical Lead: Mari Gay	**£350k**	Review of high cost cases
Community Services Clinical Lead: Dr Jonathan Thorn Management Lead: Nisha Sankey	**£320k**	Procurement of WICU and H@H services Physiotherapy Redesign New community bed contract Incontinence supplies Tissue viability / dressings Outpatient reductions (impact of IQSP, SQR, IPR from prior page)
Primary care and Medicines Optimisation Clinical Lead: Dr David Farmer Management Lead: Jane Freeguard	**£1,700k**	IQSP and Prescribing incentive scheme Enhanced Services Medicines Optimisation services Non-PbR drugs
Integrated Commissioning Clinical Lead: Dr Anthony Kelly Management Lead: Rosemary Williams	**£800k**	Rebasing of S75 budget, incorporating QIPP reductions.
Total QIPP Programme Targeted	**£7,880k**	

Transformation and QIPP

The risks associated with the QIPP programme have been identified and scored, with project leads charged with identifying mitigating actions to reduce the risks wherever possible. We recognise that it will not be possible to mitigate all risks and where that is the case a robust risk management process to will be applied.

The risk scoring criteria applied in identifying these risks are:

A) Development Stage

1 = Developed and in Place

2 = Qualified (being developed, near complete)

3 = Identified (being developed, early stages)

4 = Not identified (gap)

B) Partner buy in

1 = Not required / secured with confidence

2 = Some difficulties to overcome

3 = Significant difficulties

4 = Partners may actively oppose

C) CCG delivery control

1 = CCG control centrally

2 = CCG rely on member practices

3 = Reliant on external partners

4 = Reliant on multiple external partners

D) Delivery complexity

1 = Straightforward

2= Some difficulties but not fundamental

3 = Complex, but key issues identified

4 = Highly complex with multiple challenges

E) Public interest

1 = None expected

2 = Some but not significant

3 = Moderate that may delay implementation

4 = Significant that may put implementation at risk

Each individual project has been assessed against each criteria, with the scores being combined to create the following groupings:

- <9 = Low risk
- 9 to <13 = Moderate risk
- 13 to <17 = High risk
- >=17 = Very high risk

Assessment	Number of projects	Value of projects
Low risk	9	£1.949m
Moderate risk	10	£4.202m
High risk	16	£1.679m
Very high risk	1	£50k
Total		**£7.880m**

The risk strategy that the CCG will apply is to:

- Reduce risks in groups A and B by developing robust schemes and securing partner buy in through the process.
- Mitigate risks is groups C and D through engagement of delivery partners, robust project management and deployment of an effective QIPP PMO and QIPP review board.
- Accept and manage risks in group E through a communications and engagement plan and maximising the role of our existing public and patient involvement.