NHS
East Staffordshire
Clinical Commissioning Group

Delivering the Five Year Forward View in East Staffordshire:

ESCCG Operational Plan 2017-2019

12/01/17 Version 3 NH Submitted to January Governing Body 2017

Introduction

Our 2017/19 Operational Plan sets out our plan to secure delivery of the triple aims of the Five Year Forward View (FYFV) through improving health outcomes and reducing variation, improving the quality and experience of services patients receive and the financial health of NHS organisations locally.

East Staffordshire Clinical Commissioning Group (ESCCG) works very much within a "family" of NHS organisations and wider public service partners; through the Staffordshire and Stoke on Trent Sustainability and Transformation Programme (STP), Health and Wellbeing Board, the South and East Staffordshire A&E Delivery Board, Local Strategic Partnership and the Better Care Fund (BCF) arrangements. We are an integral part of the STP Footprint; however, we continue to work in collaboration with Southern Derbyshire CCG. This is to ensure an aligned commissioner view on the Burton Hospital Foundation Trust (BHFT) and Derby Teaching Hospital Foundation Trust (DTHFT) sustainability plans respectively recognising the size of unplanned, planned and community care delivered by providers in Derbyshire.

The six Staffordshire CCGs have faced a unique set of challenges in commissioning healthcare for their populations; set against a national backdrop of an aging population, rising demand and increasing financial pressure. The health care 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 Burton Hospitals NHS Foundation Trust (BHFT), University Hospitals North Midlands NHS Trust (UHNM), and Royal Wolverhampton Hospitals NHS Trust (RWHT). In East Staffordshire our main providers of care are Virgin Health Care (VC) for unplanned acute, community and out of hours GP services and BHFT and Derby Teaching Hospital Foundation Trust (DTHFT) for acute services outside of the VC contract and South Staffordshire and Shropshire Foundation Trust for mental health services. ESCCG is the lead commissioner for the BHFT contract.

The STP is primarily focused on BHFT and UHNM, its community providers; Staffordshire and Stoke on Trent Partnership Trust, VC (East Staffordshire) and mental health providers; Combined Healthcare NHS Trust and South Staffordshire and Shropshire Foundation Trust. In addition, it recognises the significant patient flows to DTHFT and RWHT. It is acknowledged that our Staffordshire STP will need to link closely with the Derbyshire STPs and Birmingham and Black Country STPs as patient flows in East Staffordshire and South East Staffordshire look to these centres for their acute care.

We recognise that much of our commissioning focus over previous years has been concerned with improving the efficiency in the provision of services from our providers and to a lesser extent managing the demand for services away from the acute sector providing suitable alternatives services in the primary and community setting. It is clear that whilst some progress towards becoming financially stable has been made, further transformational change is required in order to ensure the NHS constitutional standards; the NHS mandate and requirement of the FYFV are met. The STP is the forum to allow our system leaders from 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 outlines how we will achieve the above requirements, with particular emphasis on improving outcomes, reducing inequalities, reducing unwarranted variability and implementing the requirement of the FYFV and its supporting documents for Primary Care and Mental Health.

This plan outlines the following:

- The five strategic transformation programmes established to deliver the FYFV.
- The ESCCG transactional and developmental change plans to deliver improved outcomes and reduced variation within our agreed financial allocations and control total.
- 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 to 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.
- Our plans to ensure we improve outcomes when assessed through the NHSE CCG assurance programme, against the Improvement and Assessment Framework (IAF).

Engagement

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 being taken forward are:

- We have worked with Healthwatch Stoke-on-Trent and Healthwatch Staffordshire to gather together the feedback that patients and the public have provided to CCGs, the council and directly to them over the last couple of years.
- We have undertaken a gap analysis to identify what our next steps should be who we need to talk to and what we need to ask them about.
- We have held a staff event for those who work for NHS organisations across the county, gathered their feedback, and will continue to ask for comments.
- We have held 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:

- MP engagement - ongoing in conjunction with CCGs and councils
- Councillor engagement – ongoing in conjunction with councils
- Media briefings - ongoing as required to a low level at present
- Formation of the Communications and Engagement Steering Group
- 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 will be the STP, and there will be senior managers and clinicians available at each to set out plans and answer questions. These Conversation Staffordshire/Conversation Stoke-on-Trent events will also give local people the chance to provide input on the development of the plans, and all the feedback/suggestions from the event 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.

In addition to the Staffordshire STP engagement activities our ESCCG Communications and Engagement strategy has been key in supporting us locally to achieve our key goals and objectives over the past two years, in particular with regards to our Improving Lives programme. Our approach has been to make sure that all of our stakeholders have understood the challenges we face and patients and carers have been asked for their views on what was important to them. We have made sure that stakeholders have been kept informed, have had the opportunity to be involved and help shape our plans and outcomes, and have been kept up to date with what we were doing, when and why.

To support the transformational changes which will be taking place in ESCCG over the next two years, our local partnership working will continue to include regular stakeholder briefings with our Local MP and councillors and public events. Patients, carers and clinicians will continue to be involved in many ways, including in the co-creation of new long term condition pathways with input from Virgin Care's Citizens' Panel.

We also have a broader communications and engagement strategy which encompasses all the work the CCG is doing. This involves working closely with our Lay Public and Patient Involvement Members and our Patient Board, who are our link to our Practice Participation Groups and voluntary sector and they will be helping to shape our overall communications and engagement plan for the coming year.

Must do: Sustainability and Transformation Plans

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

We recognise that our population access their acute care from other STP areas and for ESCCG we have a significant patient flow to DTHFT. 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 a planning to delivery. In addition, the implementation timescales for a number of key schemes is currently being reconsidered and, where appropriate, brought forward. All of the six Staffordshire 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 e.g. 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 community and primary care settings. NMCs will increase the capacity of primary and community care services and reduce reliance on secondary care services however the delivery of these changes will take time to achieve. Working with its partners 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 the procurement options and its discussion 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
- Influencing the strategic decisions taking place within other STP footprints that will impact on our patients.

Each of the STP priority programmes has a Project Initiation Document (PID) that 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 ensuring achievement of the agreed trajectories against the STP core metrics set for 2017-19.

There are five programmes established to deliver the STP:

- Enhanced Primary and Community Care
- Effective and efficient planned care
- Simplify Urgent and Emergency Care system

- Reduce cost of services
- Focussed Prevention

ESCCG Strategic Commissioning

CCG commissioners across Staffordshire have recognised the benefits of 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 CCG to lead on the BHFT contract (ESCCG) and for the Continuing Health Care and the Transforming Care Partnership, Stafford and Cannock CCGs lead. We recognise that further integration would be beneficial in terms of delivering the STP priorities, sharing expertise and releasing commissioning capacity. In addition, significant consideration needs placing on providing sufficient resources to ensure delivery of the STP and supporting the change of emphasis from a traditional split role of commissioner and providers to the alliance approaches required to deliver the STP.

In East Staffordshire we are using the NHS Right Care approach to support the identification of operational productivity and cost improvements to be made along with improvements in health outcomes for our population.

We have taken forward the STP cross cutting Frail Elderly and Long Term Conditions (LTCs) priority along with urgent and emergency care system priority through an innovative Improving Lives Programme contracted with the VC. As the prime contractor and system integrator of all adult unplanned care services in our East Staffordshire system they are leading an integrated service network of providers and wider partners. The fixed price 7 year contract went live on the 1st May 2016 and VC are starting the early implementation of the strategic model through integrated and collaborative leadership and through aligned goals and incentives; driving a transformation in care models and collaborative relationships. VC are contracted to achieve outcomes, some of which have been co-produced with patients rather than undertake units of activity. This contract is fixed in price for its 7 year duration. It will enable the whole system to focus on doing what adds value to patient outcomes and reduce unnecessary and avoidable admissions into hospital. Success will see health outcomes improved and a reduction in variation, the management of demand and reduction in emergency activity, reduction in avoidable admissions, patient satisfaction and activation increased with system costs reduced.

In their role as Prime Contractor, VC is responsible for driving the change and integration across primary, community and secondary care through:

- Changing cultures, behaviour & beliefs of those working in the local system at all levels
- Integrating, transforming and managing the system across all sectors of provision
- Modernising and innovating, through embracing digital technologies
- Achieving ‘reach’ and providing early support to educate and empower patients and their carers to self-care creating an increase in control of their care and independence.

Detailed implementation plans include:

- Proactive risk stratification of our population and management of patients through a large scale care coordination centre
- Integrated management of patients with a long term condition/multiple conditions and who are frail across primary and secondary care

- Integrated urgent care and emergency department services
- Integrated information and technology management systems across all sectors within health, mental health and social care.

We have taken a collaborative approach in working with Burton Hospitals NHS Foundation Trust (BHFT) to develop and contract for plans to deliver the STP priority of effective and efficient planned care; building on the successful progress achieved in East Staffordshire CCG in 2016/17. In 2017/19 we will focus on executing significant improvements to transform planned care services through the use of innovative CQUINs and through collaborative dialogue with providers to identify and seize 'win: win' opportunities. We have agreed and are in the process of contracting for an underpinning governance structure for this work programme committing both the CCG and BHFT to share and deploy resource to achieve our joint plans. We have together crafted a Transformational Programme that will build on the Trusts existing plans to transform services and enable an acceleration of the transformation and re-design of planned care service whilst managing demand.

Our ESCCG operational plan and the aligned financial recovery plan recognises that we will continue to innovate and support providers to deliver our strategic transformation programmes on unplanned and planned care whilst continuing to deploy a more developmental/transactional commissioning approach that:

- Reduces the cost of acute provider activity and manages demand across the East Staffordshire system.
- Supports 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 deploying this approach continues to strengthen our shared understanding of the nature and cost of the services delivered, the effect of demand and capacity factors within the existing system and an improve provider productivity. This is aligned to the STP priority of reducing the cost of services.

We have made significant progress during 2016/17 towards developing our Local Delivery Plan (LDP) for primary care. It sets out our strategic vision for primary care and key actions to enable the delivery of the FYFV and is fully aligned to the STP Enhanced Primary and Community Care priority. This will include the delegation of primary care commissioning from 1st April 2017.

STP Acceleration Actions

Accordingly, through this plan, and in partnership with the Staffordshire and Stoke on Trent STP, the CCG will be accelerating the pace of transformational change to 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 provision and alternatives of care for patients. Additional infrastructure costs may also be released in the longer term.
- To work collaboratively with our providers to develop a 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 provide system savings over the next two years.

For each of the acceleration schemes, STP programme leads are reviewing timescales and implications for bringing forward actions identified within previous business cases or project initiation documents (PIDs). The table below outlines the acceleration actions the six CCGs will be taking to support delivery of the financial recovery plan; these have been identified from the Staffordshire and Stoke on Trent STP to ensure strategic alignment:

STP Programme	STP scheme	Acceleration Actions agreed	Next steps
Urgent Care	Exemplar Front Door	• Undertake full analysis of data • Review impacts. • Develop proposal to include delivery plan, and impact benefit plan. • North and South in full.	Support to accelerate at pace working with the South and East A&E Delivery Board and ESCCG as lead commissioner of VC our prime contractor for urgent care and BHFT.
	Discharge to Assess: Burton Hospital	• Undertake full analysis of data. • Review impacts. • Develop proposal to include delivery plan, and impact benefit plan. • Review assurance process for D2A.	A health economy Integrated Prevention Model and Discharge to Assess Implementation Group will meet bi weekly throughout the implementation phase. Outline Business Case developed and shared/discussed through South and East A&E Delivery Board and with VC as our East Staffordshire Urgent Care prime contractor. Review of proposal by VC.
	A&E to Urgent Care	• Model baseline and proposed MIU/UCC/A&E/GP OOHs activity against outcomes and specialty.	Accelerated plan to move from 2018/19 to deliver by 31.03.2018 for FYE 2018/19 benefit

		• Confirm delivery leads for South CCGs. • Undertake full analysis of data. • Review impacts. • Develop proposal to include delivery plan, and impact benefit plan. • North and South in full.	needs development. Review of plan by VC as our East Staffordshire urgent care prime contractor. Detailed option appraisal including assumed benefits and forecast savings-as above working with VC. Detailed engagement and consultation plan-as above working with VC.
Planned Care	Orthopaedics	• Undertake full analysis of data. • Develop collaborative proposal between acute and community providers for prime provider model	Review analysis of data against right care MSK priority. Develop East Staffordshire MSK transformational plan Q4 2016/17.
	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, Gastroenterology. • This will include UHNM, Burton and RWHT as well as Rowley Hall Hospital (Ramsey Healthcare Group).	Through 17/19 contract negotiations CQUINS and SDIP with BHFT agree the transformation of key specialities. Q4 2016/17
Enhanced Primary and Community Care	Long Term Conditions	• Review top 5 admitted LTCs – undertake full data analysis. • Review impacts. • Develop proposal to include delivery plan, and impact benefit plan. • North and South in full.	Accelerate planning process. Hard target pan Staffordshire Respiratory programme plan development – Jan 2017. Full analysis and benefits realisation profile to be completed – Jan 2017. All of the above actions will be in discussion

			with VC as our East Staffordshire Urgent Care prime contractor including LTC services.
	Community Hospitals	• Consolidate plan for Community Hospitals and develop a work programme in partnership with the provider.	To be Confirmed.
	Back Office - CCG	• Develop options.	To be Confirmed.

The high level risks to delivery and mitigating actions have been included in Appendix 1.

Must do: Finance (including Activity, Performance and QIPP)

In 2015/16 ESCCG delivered an improvement of £0.3m against the agreed control total of £7.4m deficit, out-turning at a £.7.1m deficit. Our plans for 2016/17 show the CCG to remain on trajectory to deliver an "in year "surplus of £1.5m, with pay back deficit reducing to £5.4m. As part of the planning process for 2016/17 the CCG adhered to the planning guidance business rules in holding a 0.5% contingency reserve and 1% non-recurrent funding. We are working to ensure that we maintain financial sustainability going forward and pay back our cumulative deficit within the 2 year timeframe agreed with NHSE.

CCG control totals for 2017/19 have been published and ESCCG is required to deliver an "in year" surplus of £4.2m 2017/18 and a £2.9m surplus in 2018/19. Delivery of the above control totals would result in the CCG being in a cumulative surplus position at the end of the financial year 2018/19.

For the 2017/19 plan, the following key assumptions have been modelled:

- We have received an allocation of £162.5m for 2017/18, when compared to our 2016/17 plan, giving £3.8m of growth.
- We have moved in our distance from target allocation to -2.94%.
- Delivery of the financial targets requires a net QIPP target of £5.5m for 2017/18, which amounts to 3.58% of the local CCG allocation. It is important to note the main drivers of the QIPP requirements are as follows:
  - growth in continuing healthcare provision circa 12% in 16/17
  - the need to commission additional acute activity to reduce waiting times and maintain the referral to treatment time standard
  - Pay back of CCG historical debt, hence an element of the CCG's QIPP being of a non-recurrent nature.
  - achievement of NHS England Business Rules

Our allocation has also been confirmed for 2018/19 and we will be receiving 2.39% growth therefore our distance from target is reducing to -2.59% and our QIPP will be circa £3.3m.

The summary above is to be read in conjunction with our CCG Financial Recovery Plan and the 2017/18, 18/19 Financial Plans. They demonstrate how our CCGs control total contributes to the achievement of local system financial control totals and how we will be in financial balance in each of 2017/18 and 2018/19 through implementing locally STP plans to achieve local targets to moderate demand growth and increase provider efficiencies.

Activity

The national 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 submit individual sets of plans, the ambition is that a common methodology underpins the starting point behind local CCG level discussions to set these final plans.

We established a Staffordshire wide planning steering group with executive-level input from all six Staffordshire CCGs. A number of task and finish groups were also set up to support the detailed work underpinning the planning process, including one for analytics and one for performance. Membership of the task and finish groups included representatives from all CCGs. These have focused on ensuring the application of a consistent methodology at a detailed working level; in particular, common methodologies and approaches.

Determination of Activity Growth Assumptions

The CCG commissioned its Commissioning Support Unit (CSU) to produce a Staffordshire CCGs 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 extrapolated 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). Analysis was carried out at CCG and at 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 were used. The population projections have been split by CCG and age band. These projections have then been overlaid with analysis of service utilisation by Point of Delivery (POD) by age band. These two factors were consolidated to derive demographic growth percentages by CCG, by POD, as based on population changes and reflecting differential service utilisation by different cohorts of the population by POD.*

- *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 was used to inform the acute contract negotiations for which East Staffordshire CCG is the lead commissioner (i.e. BHFT), with Associate CCG and Staffordshire-wide growth proposals put forward. Where the CCG has material contracts with acute providers outside of Staffordshire, similar growth proposals were put forward to the lead commissioner and followed up by our CCG representatives in contract negotiations.

The growth assumptions from the CSU model were also triangulated during the contract negotiation process for all CCG-held contracts against the key assumptions and plans as covered within the separate CCG Financial Plan submitted to NHS England.

A summary of the demographic "Do Nothing" growth assumptions derived from the CSU model, as sense-checked against local CCG contract monitoring reports and underpinning contract management plans, can be found in the table below. These are the growth assumptions based on historic demand for 2017/18 and 2018/19 for our CCG:

National Planning Metric	% Growth 2017/18	% Growth 2018/19
EM7a: GP Referrals (G&A)	**+2.4%**	**+2.2%**
EM7b: Other Referrals (G&A)	**+2.4%**	**+2.2%**
EM7: Total Referrals (G&A)	**+2.4%**	**+2.2%**
EM8: All 1st Outpatients, Consultant-led (Specific Acute)	**+2.4%**	**+2.2%**
EM9: Follow-up Outpatients, Consultant-led (Specific Acute)	**+1.9%**	**+1.9%**
EM10: Total Elective Spells (Specific Acute)	**+1.5%**	**+1.5%**
EM11: Non-Elective Spells (Specific Acute)	**+4.1%**	**+4.1%**
EM12: A&E Attendances, excluding Planned Follow-ups (Specific Acute)	**+1.4%**	**+1.4%**

A summary of the actual planned growth assumptions net of agreed, contractualised QIPP or other already-contracted transformational / transactional schemes can be found in the table below. It must be noted that the growth in non-elective and A&E attendances have been supplied by VC our prime contractor for all urgent and unplanned care services and will not drive a financial risk to our CCG financial plan as it is a 7 year fixed price contract. These are the growth assumptions submitted in our Unify plans for 2017/18 and 2018/19 for our CCG:

National Planning Metric	% Growth 2017/18	% Growth 2018/19
EM7a: GP Referrals (G&A)	**+0.6%**	**+0.5%**
EM7b: Other Referrals (G&A)	**+0.6%**	**+0.5%**
EM7: Total Referrals (G&A)	**+0.6%**	**+0.5%**

EM8: All 1st Outpatients, Consultant-led (Specific Acute)	**+0.3%**	**+0.2%**
EM9: Follow-up Outpatients, Consultant-led (Specific Acute)	**+0.9%**	**+0.9%**
EM10: Total Elective Spells (Specific Acute)	**-0.8%**	**-0.7%**
EM11: Non-Elective Spells (Specific Acute)	**+0.3%**	**+0.5%**
EM12: A&E Attendances, excluding Planned Follow-ups (Specific Acute)	**+0.3%**	**+0.3%**

Performance against NHS Constitution Standards

Our CCG continues to perform well in terms of delivery of some of the headline Constitution Standards; and we continue to benchmark relatively well against our peers.

Performance Context	Measures On Target	Measures Not On Target
NHS Constitution: latest month (M7)	**10**	**7**
NHS Constitution: year to date (at M7)	**6**	**11**

The table above confirms that the some of NHS Constitution key standards are currently on track, and both the CCG and our major Providers continue to perform well in the main on these.

Where standards are not currently being delivered, we have contractual Remedial Action Plans (RAPs) agreed and in place for all of these. All RAPs are seeking delivery of the necessary performance standards by the end of the year. This is continuously assured through the achievement of planned milestones underpinning performance recovery.

So while our current performance is relatively strong for these measures – with greater detail outlined in the tables below – we continue to have some underlying delivery issues within certain standards: e.g. not achieving the 92% incompletes target in all specialties, or not achieving the national standards for cancer measures in all tumour groups or months of the 2016/17 financial year.

These are described in greater detail as Exception Reports below the tables, which provide summaries of the principal actions the CCG is leading on to improve performance in all areas.

Performance Tables

(a) 18 Weeks Referral to Treatment "Incomplete Pathways" (Standard = 92%):

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD

92.3%	92.7%	91.4%	91.6%	91.8%	91.6%	92.3%	92%

(b) 62 Day Cancer Waits (Standard = 85%):

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
89.7%	78.4%	66.7%	76.2%	69.2%	73.9%	84.0%	77.1%

(c) 31 Day Cancer Waits – from decision to admit to first treatment (Standard = 96%):

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
98.3%	100.0%	97.9%	100.0%	95.7%	98.3%	100.0%	98.7%

(d) 14 Day Cancer Waits – from referral to first outpatient appointment (Standard = 93%):

Standard	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
14d All	96.8%	95.0%	94.2%	96.0%	97.7%	96.3%	96.2%	96%
14d Breast	82.8%	75.0%	87.8%	95.5%	100.0%	93.8%	100.0%	89.9%

(e) Four Hour A&E Waits – from arrival to admission, transfer or discharge (Standard = 95%):

Provider	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
Burton	88.3%	89.1%	90.3%	91.9%	87.6%	91.91%	91.3%	90.1%
Derby	88.1%	90.0%	89.1%	86.0%	91.3%	87.0%	89.6%	88.7%

(f) Six Week Diagnostic Waits (Standard = 99%):

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD
99.7%	99.4%	97.4%	98.3%	96.3%	98.8%	97.9%	97.8%

Performance Issues to Address

(a) RTT Delivery – at all providers, in all months and in all specialties

We have seen three distinct delivery issues across 2016/17 – (1) the RTT standard has not been delivered across all our principal acute providers in every month, meaning CCG-wide performance has sometimes been just below the standard. It should be noted that RTT data from our main provider BHFT was not included in any reporting because of significant issues with data quality driven by the upgrade of their information system. This has now been remedied and from the 1st December 2016 validated

data has been published by the Trust. (2) we have seen certain specialties continue to struggle with delivering the standard: principally General Surgery, Urology and Trauma & Orthopaedics; (3) the performance of our main RTT provider, Burton Hospitals FT, has not been officially reported to national systems, owing to significant operational issues following the Trust's migration to a new IT system.

In the main, most of our commissioned providers representing the largest volumes of ESCCG patient choice are delivering the RTT standard in most months of the year to date, where this is reported to the national Unify system (see below for the position at Burton, our largest provider of choice). This applies to Derby FT, Nottingham University and Independent Sector providers like Rowley Hall, Nuffield and Circle. Certain providers continue to struggle on a regular basis for our patients: e.g. UHNM, University Hospitals Leicester and Royal Wolverhampton. These providers are subject to either RAPs or Commissioner-led Outsourcing Plans, arranged by the Lead Commissioners for these contracts.

General Surgery, T&O and Urology issues affect all our two largest acute providers of choice in terms of volume of RTT activity: Burton and Derby Hospitals Foundation Trusts. These 3 specialties are currently subject to individual RAPs at Burton, with clear actions to address system issues. There are also Waiting List Initiatives in place for these specialties at the Trust, running from October to January 2016/17, which aim to reduce their over-18 week patient backlogs down to sustainable levels as recommended by the Intensive Support Team (IST). This activity is being funded from additional CCG resources in-year. There are no specific RAPs in place at Derby, mostly as the provider is compliant at Trust-wide level (if not for all CCGs). These specialties also utilise the services of Derby Nuffield under a sub-contract arrangement for both pre-breach and breached backlog patients.

As outlined above BHFT did not report RTT data to national systems between April and November 2016. This was as a result of Unify reporting dispensation, agreed with the IST and NHS Improvement. Further to completion of a detailed RTT Recovery Plan (comprised of multiple actions for IT systems, staff training and internal decision-making), the Trust was able to recommence national reporting in November 2016. During the downtime, the CCG liaised closely with Trust operational and senior managers to keep informed of unofficial internal data that provide assurances that the problems were being addressed, resolved and that actual performance was not a high risk, even if this could not actually be reported officially, owing to IST advice.

(b) Cancer Delivery – at all providers, in all standards

- *62 Day Waits from GP Referral to Treatment:* throughout 2016/17, there were a high number of breaches of the standard reported by our two cancer providers: Burton and Derby Hospitals Foundation Trusts. While on occasion Burton reported compliance for individual months, the Trust failed to deliver the 85% standard in the first half of the year. The situation at Derby was of non-compliance in each month of the year. While the majority of breaches are due to clinically-complex pathways, requiring multiple diagnostic testing to inform MDT decision making and treatment planning, there are a number of underlying capacity or other non-clinically appropriate breach issues that need to be addressed by both providers. As such the CCG has agreed a RAP with Burton in December 2016. While Derby has been subject to a RAP / Cancer Transformation Plan with its Host Commissioner for a protracted length of time. However both providers are still aiming within their STF trajectories for delivery rates above 85%. These are also reflected in the RAP recovery trajectories for both recovery plans. The CCG expects full recovery back to standard by the end of 2016/17 by both providers. To further enhance this, we have also addressed the underlying issues within the proposed contract schedules for 2017-19, in order to address the national priority actions as based on the Cancer Strategy 2015-20.

- *14 Day Breast Cancer:* until June 2016, the CCG was not achieving the 93% standard, owing to significant under-performance at Burton Hospital. However further to progression of a RAP with the provider, since then, our data has showed full recovery of this standard. Our cancer commissioning pathways will be changing in 2017/18, through a sub-contract with Derby for Burton patients to see their symptomatic / asymptomatic patients and those from screening services commissioned by NHS England or Public Health England.

(c) Eliminating Mixed Sex Accommodation (EMSA) Standard

This is Constitution standard is expressed as National Quality Requirement within the Burton contract with a zero tolerance target. Performance over 2016/17 to date has been variable: a number of months have been compliant, with no breaches; whereas a number of months have seen a small number of breaches reported by Burton. These are all Critical Care Unit breaches due to delayed transfers outside of the 4-hour CCU to ward bed requirement, usually experienced when the provider is on high escalation levels and experiencing patient flow pressures across the Trust. However the provider and the CCG remain fully assured that patient safety / quality is paramount at all times, and has not been compromised in any of these breaches. Furthermore, no complaints as a result have been recorded for any breaches. The CCG applies the full contractual sanctions for any breaches that are not clinically justified.

(d) IAPT Access and Recovery Rate

Whilst not Constitution standards in themselves; these are national priority measures for assuring "Parity of Esteem". The CCG has experienced particular, historical performance issues at its principal IAPT provider, South Staffordshire & Shropshire Healthcare FT. Owing to local dispute about the true nature of IAPT-compliant services and contractual service specifications; the performance of this provider was not reported at CCG level until January 2016. The provider has since been reporting data to the national repository and in local contract reports; however this was not routinely above the 50% target rate. There has also been a recurrent mismatch between these two sets of data. As a result, the CCG agreed a RAP with the provider to address all of these issues and as a result, fully expects local performance to be fully compliant throughout 2017 and beyond. The CCG routinely exceeds its IAPT access target of 15% of those with anxiety or depression entering treatment; which is also reflected in our plans to increase this to 19% in 2017/18. The CCG has routinely met the 6 and 18-week access standards historically too in line with national expectations.

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 contract hub 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. It is recommended that these figures are used to inform the contracting information on the financial 12/01/17 Version 3 NH Submitted to January Governing Body 2017

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.

In addition to the CCG POD level analysis of the tariff impact, the CSU have also analysed the data at provider level. It is intended that this information 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).

Recognising that this planning round requires 2 year plans to be submitted, for 18/19 plans, it was recommended that 0.1% uplift is applied to the acute, mental health and community trust baselines derived in the 17/18 plans.

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. That is to say, CCGs should be aware that the complexity and comorbidity component of HRG4+ rewards depth of coding and, therefore, may encourage changes in coding practices which cannot be predicted or quantified.

CCG allocations have been adjusted for impact of HRG4, East Staffordshire impact being -£0.8m in total, validation continues to be undertaken but currently this deduction is considered to be high risk for the CCG. In addition further work is continuing to clarify the adjustment required for the transfer of commissioning some specialised services.

QIPP 17/18-18/19

The 2017/18 control total set for our CCG has led to a QIPP requirement of -£5.5M and for 18/19 -£2.2M. Of the 17/18 -£5.5 M there is -£1.4M that is non-recurrent. Our approach to developing robust plans for QIPP has to date included using the right care methodology along with local and STP benchmarking analysis that has consistently demonstrated that we would not be able to balance our finances by being “as good as the best”. Our QIPP programme is fully aligned to four of the STP priorities of:

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

We have therefore set high ambitions for QIPP; going first to and then beyond the current best performers; striving for true excellence and innovation. Our QIPP Programme has been the key delivery vehicle to execute transformational, transactional and developmental improvements required to improve patient outcomes, reduce variation, increase value for money and efficiency whilst reducing costs. Our QIPP Programme supports the delivery of our 2107/18 control total, the ‘Must Do’s’ and tackles unwarranted variation, supporting the implementation of the STP strategic transformation programmes established to deliver FYFV.

Our QIPP schemes for 2017/19 build on the progress we have made locally in 2016/17. We have aligned our QIPP Programme where possible with contractual incentives across our primary and secondary care providers to support the transformational change required in changing cultures, behaviour & beliefs of those working in our system. Our QIPP remains ambitious and is underpinned with a continuous programme of work using the Right Care methodology to identify further opportunities. We have aligned our transformational and some QIPP Programmes where possible with contractual incentives across our local primary and secondary care providers to support the transformational change required in changing cultures, behaviour & beliefs of those working in our system.

The QIPP summary bellow should be read in conjunction with our recent activity and financial plan submission. It reflects QIPP gained from the Improving Lives Programme (transformation of unscheduled care services to simplify urgent and emergency care system and enhance primary and community care), effective and efficient planned care developmental changes (reducing 1st out Patient attendances, reducing follow ups and implementing the Procedures of Limited Clinical Value policy (POLCV)), contractual efficiencies to reduce the cost of services across a range of providers (acute, community, mental health, continuing health care, independent contractors) and medicines optimisation efficiencies. It further includes the additional transactional planned solutions we have been working through over the last 6 weeks in order to ensure we have a robust plan in place to deliver our 17/18 control total. We now have a fully identified QIPP programme for 17/18 and will continue to work up the development of plans for 18/19 to bridge the unidentified gap.

Scheme	2017/18 £	2018/19 £	Rec / NR
Transactional			
SSOTP - Adult Weight Management	-37		Rec
SSOTP - Chronic Pain Management	-85		Rec
Patient Transport	-61		Rec
Medicines Management	-410	-500	Rec
POLCV	-400	-400	Rec
CHC	-250	-180	Rec
Acute Transactions Review	-391		Rec
Transformational			
First Outpatients	-356	-235	Rec
First to Follow-ups	-349	-245	Rec
STP Transformation	-800		Rec
Sub Total - Original Schemes	**-3,139**	**-1.562**	
Additional Solutions - Transactional			
Activity Reduction Burton / Nuffield	-400		NR

LA Expenditure Review	-50		Rec
LA - S256 Expenditure Review	-300		Rec
SSSFT – CHC Stretch Target	-230		Rec
Balance Sheet Review	-200		NR
Primary Care £3 Per Head - Deferred	-200		NR
Budget Line Review	-500		NR
Parity Of Esteem	-150		NR
STP - Withdrawal Contributions	-150		NR
Primary Care 1% NR Utilisation	-170		NR
Sub Total - Additional Solutions	**-2,350**	**0**	
Unidentified		-678	NR
Total	**-5,489**	**-2,238**	

We have a robust programme management structure in place to support the scoping, planning, delivery and performance of our QIPP programme. The programme is fully embedded into our CCG governance structure.

The high level risks to delivery and mitigating actions have been included in Appendix 1.

Must do: Primary Care

General practice is one of the key corner stones of health care delivery in the NHS and the public relies on general practice services for their health and wellbeing and that of their family. Within East Staffordshire CCG we have developed, with our GP membership, our LDP which describes how we intend to address the immediate priorities including; the financial and workload pressures and the increasing challenges in recruiting and retaining GPs and other key health care professionals.

The LDP sets out our vision and a compelling narrative for the future of general practice; our plan was co-produced with our membership and the work streams co-developed. This was facilitated through consultation and discussion with the GP Steering Group, the LMC, GP Cooperative, East Staffs Patient Board and the CCG Governing Body. Our LDP was agreed in June with our GP Steering Group and approved by our Governing Body in the same month.

The GP Forward View (GPFV) describes the step change in the investment model and support for General Practice; making access national resources such as the Practice Development Team and Clinical Pharmacists in general practice, in our plan on a page (Appendix 2) we have described how our plans aim to deliver the GP Forward View and how this is aligned to our LDP vision and priority work streams.

Our medium and long term plans help to develop and shape primary care at scale locally; through ensuring the infrastructure in terms of estates, IT and workforce are developed to support the new models of care as described in the STP strategic priority of Enhanced Primary and Community Care.

Enhanced Primary and Community Care is about establishing care hubs delivering placed based care around groups of GP practices serving a distinct population, is the foundation of the new models of care. Primary Care at scale will comprise of GP practices working collaboratively with community, social, voluntary and independent partners. With the aim by late 2017/18 we will have established virtually integrated care hubs. The new models of care has been developed in order to deliver a sustainable, high quality general practice which blurs organisational boundaries and provides more proactive, effective patient care.

East Staffordshire CCG with support of its members agreed to apply to NHS England to assume responsibility for level 3 delegated commissioning of general practice and the appropriate governance and oversight is currently being developed to enable its introduction by April 2017 if the applications are successful. The CCG is committed to ensuring that local investment in these programmes meets the required levels. This plan describes how East Staffordshire CCG will deliver the investment and support described in the GPFV.

Key deliverables for 17/18 and 18/19

Must Do	Key Deliverables and Timescales for 17/18 and 18/19
Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.	A key vision for the East Staffordshire CCG Local Delivery Plan is supporting practices to build resilience through developing the workforce, redesigning how care is delivered, embracing technologies and developing a sustainable general practice. 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 network of clusters during 2017/18, in order for the clusters to start to take advantage of the nationally available resources: 10 high impact actions for releasing time to care, clinical pharmacist, care navigation etc. on a pilot, test and roll out model. The investment in the practices will be weighted toward 2018/19 which is when the majority of the transformation is planned to commence, we will work with the practices during 2017/18 in order to develop the skills required for the new ways of working for 2018/19 onwards.

Ensure local investment meets or exceeds minimum required levels.	The CCG will continue to consult with the GP membership to develop the investment models in to general practice to support both the individual practices, but more critically linked to building general practice resilience supporting the development of the clusters. The plan will be, during February – March 2017 to consult with the members about the Local Incentive Scheme and other investment streams in order to support the development of the clusters and provide a system which facilitates change. We aim to have a network of clusters and local system leaders by the end of 2017.
Tackle workforce and workload issues.	The pan Staffordshire Workforce Plan will form part of our strategy in implementing our Local Delivery Plan for General Practice (2016-21). **Care Navigators** The CCG plans to commission appropriate engagement, training and education to deliver care navigators and medical assistants. We 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 **Online consultation systems** We will review the national specification for online consultations when this is made available; through the wider engagement during March 2017 and May 2017 about improved access we will seek the population views on the use of online consultations, in order to inform our implementation plans, including our procurement strategy.
Improved Access **By no later than March 2019, extend and improve access in line with requirements for new national funding.**	East Staffs CCG will be assessing the population demand for improved access through consultation with local patient participation groups and consulting with the wider population during March 2017- 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 2017-August 2017. From September 2017 we will follow the appropriate procurement process to commission improved access from April 2018. From April 2018 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.

Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.	During 2017/18 through on-going discussion with the member practices and clusters we aim to test out the model framework for enhanced health in care homes, to enable people to have access to enhanced primary care. This will be a refinement to our current Local Incentive Scheme and provide access to a named GP, wider primary services, medicine reviews and access to urgent out of care are when needed.
IT Universal capabilities	Our IT plans will align directly and actively engage with the STP Pan Staffordshire Local Digital Roadmap. • Substantively deliver against the ten universal capabilities as part of the Staffordshire and Stoke on Trent wide digital roadmap. • Develop a way to share safely clinical records between practices and ensure the IT interoperability in order to support the development of primary care at scale. • Deliver an integrated care record to enable data sharing between GP practices, acute, mental health and community trusts as part of the Staffordshire Connected estates and technology transformation fund bid. • The CCG continues to invest in Map of medicine to support practices with national and local clinical pathways, this also allows for 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.
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.

The high level risks to delivery and mitigating actions have been included in Appendix 1.

Must do: Urgent and Emergency Care

The overarching aim 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 co-production and engagement will be required in order to inform a range of final options for consultation followed by service transformations 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

In East Staffordshire the Improving Lives transformation programme reflects the above STP overarching aims and with our prime contractor VC we will focus on driving change across primary, community and secondary care within our East Staffordshire urgent care system. The implementation plan of the strategic model for the Improving Lives Programme and the collaborative work programme of the East Staffordshire A&E Delivery Board are the key delivery vehicles for achieving the STP priority and the constitutional standards. We have a key leadership role in the East Staffordshire system as the commissioner of all urgent and unplanned care services (VC) and we are the lead commissioner on the BHFT contract for all Associate CCGs.

ESCCG urgent care delivery milestones

Year	Enabling work from the STP	Next Steps	Timescale
2016/17	• Staffordshire Joint workshop with aligned STP work streams undertaken to further develop service model. • Baseline analysis of current service provision produced. • Design service model solutions for urgent and emergency care in primary, community and acute services, social care, voluntary sector and other providers.	• Development of A&E Delivery Board Implementation plans. • Review of STP design service model solutions with prime contractor VC, ESCCG and A&E Delivery Board partners. • Continue to manage the prime contract with VC and monitoring the implementation of the strategic service model, operational plan and the achievement of outcomes.	Q4 16/17 Q4 16/17 onwards Ongoing

	• Gap analysis to map options for delivery of the new service model. • Pre-consultation process.		
2017/18	• Shortlisted potential solutions at a system level to be constructed to include activity flows, workforce, finances and facility assumptions. • Public consultation on reconfiguration of urgent and emergency care system, including MIUs. • Presentation of business cases to NHS England for assurance. • Implement recommendations from review of children's MIU. • Commence service transformation programme.	• Review of STP design service model solutions with prime contractor VC, ESCCG and A&E Delivery Board partners. • Continue to manage the prime contract with VC and monitoring the implementation of the strategic service model, operational plan and the achievement of outcomes. Identify alignment with STP solutions. • Collaborative working with East Staffordshire system leaders to monitor the delivery of the implementation plan.	Q4 16/17 onwards Ongoing Q4 16/17 onwards
2018/19	• Implementation of the preferred options.	• Continue to manage the prime contract with VC and monitoring the implementation of the strategic service model, operational plan and the achievement of outcomes. • Identify alignment with STP solutions and work through the A&E Board to identify interface with the preferred solution. • Collaborative working with East Staffordshire system leaders to monitor the delivery of the implementation plan.	Q1-18/19 onwards Q1 18/19 onwards Q1 18/19 onwards

We have to date taken contractual actions with our prime contractor VC and BHFT regarding the performance failure to meet the constitutional standard of 95% of patients seen with 4 hours of A&E attendance and have a RAP in place with BHFT that reflects the five A&E improvement elements. In addition to support delivery the East Staffordshire A&E Delivery Board has a collaborative plan in place to support the recovery of performance and achieve the five A&E improvement plan elements. The plans set out how collaboratively as a system 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 is implemented 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

Key deliverables for 17/18 and 18/19

Must do	Key Deliverables for the East Staffordshire Urgent and Emergency Care System	Timescales
Streaming at A&E front door	• GP access to discuss urgent referrals. • Rapid Assessment and Treatment embedded process in place. • Integrated OOH and GP front of house service (VC.) • Ambulatory Emergency Care pathways roll out across all specialities. • Rapid response in reach to A&E and GP referral within 2 hours. • Extended psychiatric liaison service-this is not 24/7 7 day service at this point in time 08.30-16.30 with crisis team providing support out of hours. Review uptake and plan for capacity to deliver waiting time standard. • Acute frailty pathway in place. • GP access to speciality wards.	Q3 16/17 Q3 16/17 Q3 16/17 commenced Q3 16/17 Q3 16/17 Q3 16/17 Q4 16/17
NHS111 calls transferred to clinicians	Continue with current plans to maintain existing good performance Improvement trajectory to reduce ambulances to A&E including increase in Hear and Treat, See and Treat.	Q1-4 17/18
Ambulance response programme	• Increase hear and treat rates against current baseline to reduce the proportion of ambulance 999 that result in avoidable transportation to A&E. • Implementation of Nature of Call. • Adoption of clinical call categorisation. • Dispatch on Disposition -ensure most appropriate response for the patient.	Q3 16/17 onwards- monitoring of impact

Improved patient flow	• Progress consistent delivery of SAFER across BHFT • Implement red and green day process at BHFT. • Demand and capacity review for all inpatient beds, short stay and AAC. • Implement care plans to include expected date of discharge and discharge plan to support MDT's. • Full roll out of ward round check list. • Rapid response to home visits (GP AVS service). • Ensure early GP home assessment and transfer to A&E (GP additional access). • Nursing Care home work-step up and down beds-review referral criteria. • Enhance GP support to nursing homes. • Implement internal professional standards for all specialties.	All Q3 16/17 onwards
Improved discharge	The STP has instigated and CCGs are now rapidly developing a model of Discharge to Assess, which will over time see virtually all 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 line with best practice in a community setting. As well as significantly improving the potential for a delay in transfer of care (DTOC) rate, 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 managed in their own home. Discharge to assess 'at scale' programme includes three key elements: reducing unmet demand, D2A choice policy and discharge to assess pathways. STP work to be reviewed by VC prime contractor and A&E Delivery Board.	Q4 16/17 onwards

The high level risks to delivery and mitigating actions have been included in Appendix 1.

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

Elective Care

The STP efficient and effective planned care priority aims 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.
- Reduce length of stay in hospital.
- 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.

The STP strategic vision is to consolidate high volume elective care into surgical hubs to enable staff and theatre utilisation rates to improve. This is a net gain to providers however commissioners anticipate local pricing will produce a direct benefit to them.

In East Staffordshire we are working closely with our primary care and BHFT colleagues to implement transactional and developmental change through the alignment of plans and contractual incentives to deliver the effective and efficient planned care priorities. We have focused on using benchmarking information to identifying clinical specialities that are an outlier for us in East Staffordshire and we are either average or below average when compared with our cluster CCGs. The focus for our programme in the East Staffordshire system is on reducing unnecessary outpatient attendances, follow ups and the continuation of monitoring closely the implementation of our Procedures of limited Clinical Value policy. This is fully reflected in our 17/18 QIPP programme, the contracted BHFT CQUINS, SDIP and our primary care Local Improvement Scheme. We will play an active role in the efficient and effective workstream of the STP and will through our role on the BHFT Transformation Board aim to implement actions locally.

ESCCG elective care delivery milestones

Year	Enabling work/STP delivery	East Staffordshire CCG Actions	Timescale
16/17	Commissioners to undertake a series of service reviews as part of the longer term vision to consolidate a number of high volume services to assure providers of an appropriate level of activity to allow efficiency and productivity gain. The services that will be reviewed are ophthalmology, orthopaedics, gastroenterology, rheumatology and elective endoscopy.	Validation of RTT outturn by provider. QIPP Schemes in place across a range of benchmarked specialities including; Ophthalmology, General Surgery, ENT, Dermatology. SDIP with BHFT includes planned review of demand in relation to endoscopy. SDIP with BHFT includes a governance structure to collaborate	Ongoing Q4 16/17 Q2-3 17/18 Q4 16/17

		and undertake reviews together and develop joint plans to transform care. Primary care Local Improvement Scheme co-ordinated with BHFT CQUINs and SDIP actions to ensure pathways are fully integrated and specialities aligned.	Q4 16/17
17/18	• High level planning assumptions by specialty. • Initial work to define service model, financial assumptions and share gain. • Draft business case • Consultation • NHS assurance Configuration-consultation & decision. • Endoscopy-consultation & decision. • Further specialties-implement productivity & efficiencies. • Commence preparatory work on further specialties. • Delivery of demand Management initiatives, such as : Advice and Guidance, Direct access to Diagnostics (for South CCGs)	Quarterly review of CCG activity plans to confirm RRT trajectories are achievable across all specialities. SDIP with BHFT includes a governance structure to collaborate and undertake reviews together and develop joint plans to transform care. Enhanced Advice and Guidance CQUIN, Transformation CQUIN and E-Referral CQUIN and revised primary care Local Improvement Scheme will commence on 04/16.	Q1-4 17/18 Q4 16/17 Q1-Q4 2017/18
18/19	• Configuration-Implementation & closure/rationalisation • Endoscopy-implementation & closure/rationalization	To be Confirmed.	To be Confirmed

RTT

Delivery of the NHS Constitution standard requiring more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment will be demonstrated by our CCG planning trajectories submitted to Unify. Our plans show full delivery of the Constitution standard as required for every month of 2017/18 and 2018/19.No additional backlog from 16/17 will be carried into 17/18.

As of December 2016, our principal RTT service providers' performance indicates that both BHFT and DTHFT are likely to meet their own RTT trajectories for the Sustainability & Transformation Fund (STF). However that will not necessarily be within all RTT-reportable specialties in every month of the next two financial years.

Of concern at BHFT are Trauma & Orthopaedics, General Surgery and Urology, with Remedial Action Plans in place and an NHS England-agreed Outsourcing Plan to ensure that the Trust will recover its RTT over-18 week patient backlogs down to sustainable levels recommended by the national Intensive Support Team (IST). These will remain under review by Commissioners, and any additional actions regarding the STF will be agreed by the regulator NHS Improvement.

These specialties are also principal concerns at DTHFT, although Plastic Surgery and Ophthalmology also remain volatile. The Trust has agreed that contractual actions will not apply for individual failing specialties. However each is aiming to deliver the requisite standard through non-contractual actions owned by an elective care / RTT Board comprised of multiple stakeholders.

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

Key deliverables for 17/18 and 18/19

Must do	Key Deliverables	Timescales
18 wk RTT NHS Constitution standard - 92%	• Contract management of specialities that are falling below the standard (please see Performance narrative). • Define local 17/18 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.	Q4 2016 onwards Q1 17/18 Q3 16/17
100% use of e-referrals by April 2018	• Work with GPs to ensure that all practices are aligned and competent in the usage of e-referrals for all specialties and sub specialities-this is aligned to the Local Improvement Scheme.	Q1 17/18 Q1 17/18

	• Work with the Trusts to ensure that there are sufficient slots available for patients and GPs to book directly on e-referral. This is aligned to the BHFT CQUIN. • To achieve 80% performance of GP referrals via e-referral. • Achievement of 100% performance of GP referrals via e – referral.	Q4 16/17 Q2 17/18 Q1 18/19
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. • This is fully aligned to the joint transformational plan with BHFT and is supported by a contracted governance structure, transformational CQUIN, enhanced Advice and Guidance CQUIN and the e-referral CQUIN. • This is fully aligned to the Primary care Local Improvement Scheme	Q1 17/18 Q1 17/18 Q4 16/17

The high level risks to delivery and mitigating actions have been included in Appendix 1.

Must do: Cancer

We aim to work in collaboration with all NHS and non NHS providers of cancer services to implement the cancer task force report and deliver the NHS Constitution standard. Our main providers of care in East Staffordshire are BHFT, DTHFT, VC and primary care. We will take learning from our colleagues in the other 5 CCgs in Staffordshire as they progress the Cancer/End of Life Procurement. We have set up a working group in East Staffordshire with membership from the West Midlands Cancer Alliance, BHFT and commissioners in East Staffordshire to focus on:

- Improved awareness and early detection by increased uptake of screening and timely access to diagnostics, 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-centered approach will be commissioned to improve patient experience and quality of life for patients and their carers.
- Delivering the NHS Constitution 62 day cancer standard and applying the appropriate contractual actions if standards are breached. (Please see Performance Section).

- Develop plans to improve one-year survival rates by delivering a year-on year improvement in the proportion of cancers diagnosed at stage1 and 2 and for us in East Staffordshire a focused piece of work to understand the number of cancers diagnosed following an emergency admission.
- The roll out of stratified follow up pathways for breast and other cancer types.
- Ensure all aspects of the recovery package are commissioned including all patients receiving a holistic needs assessment, a treatment summary is sent to the patient's GP at the end of treatment and a cancer care review is completed by the GP within 6 months of diagnosis.

Key deliverables for 17/18 and 18/19

Must do	Key Deliverables	Timescales
Implement the Cancer Taskforce Report	• Work with the West Midlands Cancer Alliance, East Midlands Cancer Alliance (East Staffordshire working Group). • Develop our East Staffordshire 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. • Continued GP Education and support in use of straight to test, Map of Medicine, NICE guidance-this work is underpinned by the primary care Local Improvement Scheme. • Implement regional breach allocation policy. • Performance management using contractual levers.-Please see Performance section. • BHFT Diagnostics: Review endoscopy capacity (part of STP work stream) and BHFT contract SDIP requirement.	Q1 17/18 Q1 17/18 Q1 17/18 Q1 17/18 Q1-4 17/18
One-year survival rates by	• Raise awareness with Primary Care colleagues on early diagnosis, supporting uptake of screening & variation in 2ww referrals & reducing emergency cancer presentations at A&E. Use quarterly practice visits to share benchmarked data on early diagnosis and emergency cancer presentations.	Q4 16/17 to Q4 18/19

Early diagnosis	• 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.	Q4 16/17 to Q4 18/19
Cancer pathways & Recovery Package	• Standard information requirements developed reflecting IAF requirements and put forward for BHFT contract to ensure baseline and performance monitoring against the contract.	Q4 16/17
Patient experience	• Develop mechanism of monitoring patient experience across the pathway.	Q1 18/19

Must do: Mental Health

Mental health will 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 STP for Mental Health will focus on two programme priorities which will support the delivery of the STP 1) Mental Health 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".
- 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, and liaison services).
- Transformation Plan which will align itself to the priorities of the 5YFV, CAMHS and LD 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.

The lead CCG commissioner for adults and children's mental health services for the four CCGs in the south of Staffordshire is South East Staffordshire CCG (SES CCG). We work collaboratively with them to ensure that a consistent approach to commissioning is applied to our main provider SSSFT. Our ESCCG plans align with the STP priorities and will ensure that 19% of people with anxiety and depression access IAPT treatment by 20/19, rising from the current 15%, with the majority of the increase from primary

care. We will continue to monitor closely the RAP in place with our main provider SSSFT of IAPT to ensure the waiting times and recovery standard trajectories are met. Please see the Performance section for further details.

We will further ensure that 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 through our lead commissioner (SES CCG) 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.

Key deliverables for 17/18 and 18/19

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.	Q4 2016-Q4 2019 Q4 2016-Q4 2019 By 2019
CYP eating disorder services	• Develop eating disorder services in line with national guidance so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases.	Q1 2017-Q4 2019
IAPT	• Continue to monitor the RAP in place with our main provider SSSFT to ensure the waiting times and recovery standard trajectories are met. • Self-referral is included in the East Staffordshire model (Burton MIND) • Commission increase to 19% of people with anxiety and depression access treatment with our main provider SSSFT.	2016-17 Q1 2017

Ppeople 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 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 2017/18 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. **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. Across the 4 South Staffs CCGs (71 new episodes of Psychosis annually and the management of a caseload of 213 with a maximum of 15:1 Care Coordination)	Q1 17/18 Q1 17/18
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.	Q1 17/18- 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 from SSSFT. • Capacity and demand analysis to be undertaken by lead commissioner to ensure services at all sites are cost	Q1 to Q4 Q2 17/18

	effective and meet demand. • Undertake a quality review against the CORE standards (lead commissioner).	
Out of Area Placements	• Eliminate 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. • South Staffordshire CCGs currently commissions SSSFT to manage Out of Area placements. Commissioners are considering a change in provider to the CSU Continuing Health Care Team. The approach will be considered on a pan Staffordshire basis with the CHC Team taking responsibility for all Out of Area placements including Transforming Care (LD), and S117 cases. • Crisis respite bed based provision currently commissioned will be redesigned and linked to CRHTT team to reduce the numbers needing to be placed out of area.	Q2 17/18 Q1 17/18 Q4 16/17 onwards 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 BHFT continues to work towards meeting the 'core 24' standard for mental health. • A review of capacity and demand will be undertaken to ensure commissioned services are able to deliver prompt and quality care at BHFT jointly with SSSFT.	Q4 16/17 onwards 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, setting a baseline in 17/18.	Q1 17/18 Q1 17/18
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.	• 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. • Review investment into Section 256 schemes with Staffordshire CC. • Continue bi-annual review of Practice clinical systems to identify all patients on Dementia medication and ensure they are on Dementia register.	Q4 16-17 Q3 16/17 Q4 16/17 Q1 2017

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 2016/17 Q1 2017-Q4 2019

Must do: People with Learning Disabilities

We are part of an established Staffordshire and Stoke on Trent Transforming Care Partnership (TCP) to develop our plans together. Our TCP includes the six Clinical Commissioning Groups (CCG's), two Local Authorities and NHS England Specialised Commissioning. An overall Joint Transformation Plan has been developed by the TCP and 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. The local TCP Joint Transformation Plan is available at: www.staffordsurroundsccg.nhs.uk.

Key deliverables for 17/18 and 18/19

Must do	Key deliverable	Timescales
Deliver Transforming Care Partnership (TCP) plans with local government partners, enhancing community provision for people with learning disabilities and/or autism	The TCP has locally structured the three year programme Implementation Plan 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 on activity completed in each area and action to be completed in the next period. The main focus of the programme from the NHS England perspective is	Q4 16/ Q4 19 Monthly

	the planned 'Bed closure' and progress against trajectories set.	
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.	As Above.	As Above
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 commissioned a service of Clinical Nurse Specialists in Primary Care working across Staffordshire to work with GP practices 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. The team will continue to deliver training and support to healthcare staff and encourage the uptake and monitoring of health checks in GP practices where required. The service will be monitored through routine contract management. 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. 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.	Quarterly reporting Q 17-Q4 18
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.	In response to one of the key recommendations of the Confidential Inquiry into Premature Deaths of people with Learning Disabilities', the national Learning Disability Mortality Review 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 work programme.	Q1 17/18

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 a Joint Quality Committee with South East Staffs & Seisdon Peninsula CCG for the past three years and options for the future of this Joint Committee are currently being considered by the membership of the Committee prior to discussion with the relevant Governing Body.

Key Deliverable – review the arrangements for the current JQC to ensure continued suitability for both participating CCGs (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 2017/2018 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 CCG is able to access and respond to 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 CCG, 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 measurable improvements in quality and safety (on-going).

Quality Impact Assessments (QIAs) – the CCG has worked with neighbouring CCGs and 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 from across the Health economy 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 Chief Nurse 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)

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 Body 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 in partnership with neighbouring CCGs. (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.

Key deliverables for 17/18 and 18/19

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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

In addition the South Staffordshire and East CCG will respond appropriately to the findings and recommendations of the NHS England review of maternity services at County Hospital.

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

Key deliverables for 17/18 and 18/19

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.	To be Confirmed
GP national diabetes audit	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. In East Staffordshire diabetes pathways have been re-designed with primary and secondary care as part of the Improving Live Programme. This 'must do' will be delivered through the contracted outcomes framework with our prime contractor.	Ongoing 17/18 Q1-4 17/18

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.

Key deliverables for 17/18 and 18/19

Must do	Key Deliverables	Timescales
7 day hospital services to 25% population	• Delivery of the A&E Recovery Plan workstream around Improved Flow and Improved Discharge Processes. • On-going contract monitoring of delivery of the BHFT SDIP relating to 7 day services and associated metrics (achievement of clinical standards in the delivery of 7 day services). • 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.

Key deliverables for 17/18 and 18/19: Trajectory to achieve NHSE Ambition by 2020

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CCG	0.1% CCG Population	CCG Targets 16/17	CCG Targets 17/18	CCG Targets 2018/19	CCG Target 2019/20
East Staffordshire	141	10	75	110	145

Personal health budgets (phb) 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 minimum 0.1% of population is on a personal health budget by 2020.

Must do: Continuing Healthcare (CHC)

Stafford and Cannock CCG is the lead commissioner CHC and we work with them through the programme board to ensure our plans are aligned and performance is monitored. The 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 2000 CHC (including Fast Tracks and joint funded packages) plus1800 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 CCG 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 enables 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).

ESCCG has observed a significant growth of circa 12% for 16/17 and is currently working with the lead commissioner to implement mitigation plans to offset the continued growth in long term care. The impact of the plan is being monitored on a fortnightly basis to assess impact and agree further action we will take together.

Must do: Better Care Fund

Whilst the Staffordshire BCF is currently still in discussion the Stoke BCF has recently been formally approval. 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 when published in November 2016 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 being in place and signed off by March 2017, although this is expected to be confirmed through the guidance when published.

Appendix 1

High Level Key Risks to Delivery and Mitigating Actions

ESCCG has set out below its high level assessment of the major risks to delivery of the plan, and the mitigations in place. The CCG will continue to monitor delivery of all elements of our plan to deliver the FYFV through our existing internal governance structure that reports into our Governing Body. This includes a mechanism for identifying and escalating risk through our CCG Risk Register and day to day operational delivery issues through our various Governing Body sub-committees QIPP, Finance and Performance Joint Quality Committee and our Financial Recovery Programme Board which reports into the QIPP, Finance and Performance Committee.

STP/Strategic Commissioning

Risk to Delivery	Mitigating Actions Q4 16-Q4 17/18
Commissioning and provider capacity, capability and resource to deliver the STP programme particularly in light of other CCG and provider 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. • Mitigating actions to offset risk are discussed through internal committees taking a solution based approach. • Organisational development of key teams in the East Staffordshire system who will be leading teams to transform services across commissioner sand providers.
Capacity and capability for commissioners and providers to work through an alliance approach to deliver service change.	• Organisational development of key teams in the East Staffordshire system who will be leading teams to transform services across commissioner sand providers. • Embedding win: win behaviours through role modelling and development. • Shared and agreed understanding of East Staffordshire system priorities and expectations of each partner organisation.
Buy in to changes required across Staffordshire from patients, providers and commissioners.	• Extensive communications and 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.	• Continued development of the comprehensive case for change across each of the priority areas which outlines the improvement in outcomes that exists in the East Staffordshire system.
The potential lack of pace to implement any transformational change.	• Shared and agreed understanding of East Staffordshire system priorities and expectations of each partner organisation. • Organisational development of key teams in the East Staffordshire system who will be leading teams to transform services across commissioner sand providers • Agreed joint implementation plan and governance structure to enable partner organisations to hold each other to account of the delivery of the plan.

Finance/ QIPP/Performance

Risk to Delivery	Mitigating Actions Q4 16-Q4 17/18
The Finance Plan and QIPP Programme fails to deliver the planned savings and our control total.	• Ensure that each scheme is phased in alignment with operational delivery. • Monthly review/reporting/assurance through the Financial Recovery Programme Board. • 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. • Ensure continued programme of work is in place to review our opportunity Right Care, benchmarking, contractual performance data, feedback from membership and patient engagement. • Explore within the STP the opportunity to accelerate all workstream transformational plans. • Alignment of work programmes across primary and secondary care to ensure all stakeholders are focused on key deliverables for the coming year. • Establishment of a joint transformation programme with main providers to realise identified opportunity. • Enactment of penalties and fines where non adherence to contracted policies is identified.

	• Many schemes transactional and contracted for and therefore ongoing monitoring will be undertaken. • Implementation of Right Care programme approach to enable early identification and implementation of changes to realise identified opportunity. • CQUINs which will are linked to delivery of Commissioner QIPP programmes that have both provider/commissioner benefits if change is implemented and realised. • Work with lead CCG commissioner of CHC to ensure ESCCG QIPP scheme is delivered and there is a robust plan in place to manage the increase in growth. • Ensure through contract management team that all contracts are tightly managed and the appropriate contract levers are deployed to deliver performance, manage RTT and activity that will drive an increase in cost. • Ensure that any contractual disputes are managed effectively through using the appropriate contract mechanism.
Providers fail to engage in QIPP programmes due to own financial pressures.	• Identify aligned objectives through STP and implementation at a local level. • Engagement and sign up of joint work programme at senior executive level. • Establishment of joint transformation programme to align work programmes, and identify those areas which are of provider/commissioner benefit and take genuine cost out of the system.
Additional cost pressures arise in year that have not been accounted for within the plan that has an impact on service delivery.	• Horizon scanning. • Anticipatory risk management through established programme board. • Contingency planning for QIPP/service delivery options.
The decisions of lead commissioners from other CCGs impacting negatively on the delivery of our plans.	• Collaborative working via STP workstreams at all levels of the organisation • Act in accordance with the collaborative working agreement and the principles & behaviours outlined within the STP • Development of standard business practices including sharing of business cases, quality impact assessments and risk assessments prior to implementation of initiatives to gauge impact on other organisations.
Attainment of constitutional performance standards does not improve or deteriorates, particularly in areas such as Cancer, A&E and RTT	• Ongoing monitoring of attainment of standards through lead and host commissioner arrangements.

where delivery is already underperforming.	• Contractual levers will be used where there is underperformance against constitutional standards eg. Penalties applied, remedial action plans etc. • Supportive collaborative actions to be taken through the A&E Delivery Board to improve A&E performance and ensure implementation of the 5 mandated areas for A&E. • Outsourcing plans will be developed and implemented where necessary in order to address any issues relating to RTT.
There is as yet unidentified QIPP for 18/19.	• Ensure continued programme of work is in place to review our opportunity Right Care, benchmarking, contractual performance data, feedback from membership and patient engagement. • Review all services under the Section 256 and other jointly funded services with Staffordshire County Council.
Failure to manage activity demand in line with contracted levels.	• Sharing of monthly forecast outturn position with main Providers to highlight any discrepancies between financial position, and anticipatory management of risk and mitigation plans where service issues are identified that were not accounted for early in the year. • Contract management and early exploration and challenge around areas that are above plan. • Implementation of schemes within Primary Care such where patients can be safely and effectively managed within primary care. • Implementation of more cost effective models of delivery in line with STP.

Primary Care

Risk to Delivery	Mitigating Actions Q4 16-Q4 17/18
Workforce.	• Working with NHSE team to ensure key workforce risks are identified and a range of solutions developed and implemented. • Using local intelligence to support practices through the various initiatives such as the

	region vulnerable practices schemes and more localised schemes to be developed in line with the workforce strategy.
GPs and practices do not engage.	Robust engagement strategy with use of localities leaders to enable good communication and engagement.
Failure to develop agreed future primary care models of provision for improved access to general practice.	• Models developed with full engagement of members and LMC. • Supporting the development of the GP membership cooperative, with managerial resource and financial resource. • Use of evidence based models and expertise developed through the prime ministers challenge fund supported by NHSE.
Unable to implement agreed model of co-commissioning.	Working closely with NHSE during the transition year and the development of the delegated commissioning management board to manage a smooth transition during the first year. Learning from early adopter sites for delegated commissioning.
Competing priorities and limited resources in terms of staff, time and resources mean that organisations are not able to work together.	Continuing engagement of all stakeholders through our membership Steering Group plus alignment of strategy to individual organisational aims with intention of delivering whole system outcomes.
Failure to engage extended primary care team and other stakeholders.	Expert 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.
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.

Elective Care and RTT

Risk to Delivery	Mitigating Actions Q4 16-Q4 17/18

RTT delivery is below constitutional standard.	• Waiting list initiatives put in place in key specialities • Contractual levers used to manage provider underperformance eg. Remedial Action Plans • Outsourcing plan will be implemented if necessary • E-Referral implemented and supported by BHFT CQUIN which will support management of waiting lists. • Discussions with BHFT to identify plans to reach 93% in order to provide leeway in 17/18.
E-referral is not implemented by April 2018.	• CQUIN for e-referral is contracted for with BHFT in 17/18 • Plan in place for implementation of e-referral across all services/clinics in 17/18 by Q4 of 16/17 which is ahead of the national CQUIN timeline. • Primary Care Local Improvement Scheme is targeted at use of e-referral in general practice. • All partners signed up to delivery of the local digital roadmap. • Implementation monitored through the CCG IMT board and through the joint transformation programme between CCG and BHFT.
Transformation plans focused on outpatients do not achieve desired impact due to lack of engagement from Providers.	• Joint Transformation Programme established with BHFT to manage demand in 1st OPAs and reduce unnecessary follow ups in the system. This is being led at an executive level by both the CCG and BHFT. • Service Delivery Improvement Plans within the Contract will include detailed joint project plans to achieve anticipated reductions which outline key actions and owners from each organisation. • 17/18 BHFT CQUINs for E-referral, Advice and Guidance and a reduction in first to follow ups are all intrinsically linked to CCG QIPP programmes and delivery of the STP. • Primary Care Local Improvement Scheme is targeted at use of e-referral in general practice. • GP visits, peer review and continued usage of map of medicine will support implementation of changes made to pathways. • Continued delivery of audit programme for Procedures of Limited Clinical Value and deployment of contract mechanism, should any breaches occur. • Collaboration with Southern Derbyshire CCG to align policies and processes in the long term to ensure that there is consistency across boarders and for patients of East Staffordshire accessing services in Derby.

Urgent and Emergency Care

Risk to Delivery	Mitigating Actions Q4 16-Q4 17/18
Urgent and Emergency care delivery is below constitutional standard.	• Contractual levers used to manage provider underperformance eg. Remedial Action Plans with all including prime contractor VC and BHFT to ensure the 5 mandated standards for urgent and emergency care are recovered. • Work with the A&E Delivery Board to support the collaborative action plans that each organisation has developed to support the recovery of the constitutional standard and the delivery of the 5 mandated standards. • Ensure all providers involved in supporting the delivery of the 5 mandated standards and constitutional performance standards are held to account through the appropriate contractual mechanism and collaborative A&E Delivery Board.
Prime Contractor VC fails to deliver their contracted strategic service model.	• Contractual levers used to manage provider underperformance e.g. Remedial Action Plans, information queries, audits etc. • Collaborative dialogue through agreed structures to identify blocks to delivery and identify any win: win opportunities that enable actins to get back on track.
The STP solutions are not aligned to the East Staffordshire urgent and emergency care system.	• Ensure A&E Delivery Board is fully sighted on the STP work through the urgent care STP lead providing briefings at the Board.

Appendix 2

GP FORWARD VIEW - PLAN ON A PAGE

NHS East Staffordshire Clinical Commissioning Group

Our Vision: General practice within East Staffordshire will be vibrant and innovative delivering high quality, clinically effective and integrated care, that is wrapped around the patient and not restricted by organisational boundaries

Local Delivery Plan work streams

Primary Care At Scale

- Strengthen the role of GPs primarily as providers of care, coordinating the delivery of services on behalf of their patients
- Working in collaboration with others to provide joined-up services in the community

Workforce

- Develop a resilient General practice empowered to shape the future of patient services
- Developing sustainable primary care services with a multidisciplinary workforce and delivering quality care in the most appropriate setting

Efficiency in general practice

- Develop a common "East Staffordshire" approach for a number of labour intensive Practice administrative tasks.
- Reduce bureaucracy and reshape demand; through the 10 High Impact Actions to release capacity programme

IM&T

- Improve the digital infrastructure to deliver effective and efficient working that supports clinical to clinical and patient to clinician interfaces.
- Use technology to support staff and patients wellbeing, relive stress and support recovery.

Estates

- Our estate needs to support the future direction of travel for primary care at scale, be of high quality and accessible for the population.
- STP Estates programme is a key enabler for real system change and the development of care hubs

Transformational support CCG Core allocation

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 network of clusters during 2017/18, in order for the clusters to start to take advantage of the nationally available resources: 10 high impact actions for releasing time to care, clinical pharmacist, care navigation etc on a pilot, test and roll out model. The investment in the practices will be weighted toward 2018/19 which is when the majority of the transformation is planned to commence.

Care Navigators and medical assistants Additional monies 0.17p per head of population for 2017/18 & 2018/19

The resource will be used collectively to commission appropriate engagement, training and education to deliver care navigators and medical assistants. We 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

Improving access Additional funding: £3.34 per head from 2018/19

East Staffs CCG will undertake a population needs assessment for improved access through consultation with local patient participation groups, consulting with the wider population during March 2017- May 2017. We aim to ensure that we develop our improved access service in order to improve our population health and address health inequalities. 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 2017-August 2017. From September 2017 we will follow the appropriate procurement process to commission improved access from April 2018.

From April 2018 commission Improved Access for on the day and pre-bookable appointments from 6:30pm and at weekends, that meets the local population needs, aiming to achieve a minimum of 69.5 a week by March 2019.

Care redesign

Staffordshire STP system priorities – Enhanced Primary and Community care is about establishing care hubs delivering placed based care around groups of GP practices serving a distinct population, is the foundation of the new models of care. Primary Care at scale will comprise of GP practices working collaboratively with community, social, voluntary and independent partners. With the aim by late 2017/18 we will have established virtually integrated care hubs.

During Spring Summer 2017/18 to consult with the members about the Local Incentive Scheme, the Local Enhanced Services and the opportunities to redesign the way that care is delivered.

Workforce Plan

We have undertaken 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.

Online consultations additional monies 0.17p per head of population for 2017/18 & 2018/19

ESCCG will review the national specification for online consultations when this is made available; through the wider engagement during March 2017 and May 2017 about improved access we will seek the population views on the use of online consultations, in order to inform our implementation plans, including our procurement strategy.