

# Salford NHS Clinical Commissioning Group 2016/17 Operational Plan (FINAL)

**Start well.**  
**Live well.**  
**Age well.**

OUR SALFORD



## Our Strategic Priorities:

1. Contribute in a leading way to the development and deployment of GM devolution, ensuring all key stakeholders are involved and consulted

2. Drive the further development of integrated commissioning with Salford City Council and as appropriate a NW sector approach to delivery of acute services where single service configuration meet the needs of the population and particularly in the context of planning for Healthier Together implementation

3. Deliver on the 2016/17 objectives and deliverables of the Salford CCG operational plan and associated outcomes including all national requirement within the NHS Mandate and planning guidance and in particular, ensure strong primary care in the further development of community based and integrated care

4. Ensure strong alignment and engagement with all our stakeholders and in particular our local members, partners and populations

## Key 2016/17 deliverables by programme

Strategic Objectives	What will we do in 16-17 to move towards this	Key metrics
<p><b>Quality:</b> Minimise variations in quality and secure continuous improvement</p>	<ul style="list-style-type: none"> <li>• Implement 'Make Safety Visible' programme to tackle causes of patient harm in relation to medication safety, communication &amp; handover and move from analysing past harm to predicting the potential for harm and preventing it</li> <li>• Secure patient safety through improved triangulation of provider assurance with patient feedback and soft intelligence and achieve targets for Clostridium Difficile (CDiff) and MRSA</li> <li>• Implement Research, development and Innovation strategy through integrated Salford Research group and target research plans towards health priorities across the city</li> </ul>	<p>MRSA and CDI/F</p> <p>Patient satisfaction with quality of care</p> <p>Baseline safety incidents in primary and secondary care</p>
<p><b>Community Based Care:</b> Support and invest in primary and community based care services to increase integration and the provision outside hospitals</p>	<ul style="list-style-type: none"> <li>• Agree and implement primary care workforce strategy piloting new staffing models, increasing the use of apprenticeships and mobilising new practice pharmacy services</li> <li>• Develop and implement community based care strategy, reduce variations in the quality of care through implementing the Salford Standards and secure GP extend access 7 days a week in every neighbourhood</li> <li>• Deliver effective primary care delegated commissioning and establish GP Federated Neighbourhood pilots (under Vanguard programme) and provider boards</li> </ul>	<p>Salford standards in all practices</p> <p>Patient experience of primary and OOH services</p> <p>7 day GP access</p>
<p><b>Integrated Care:</b> Support people in retaining their independence and quality of life through integrated health and social care services with partners</p>	<ul style="list-style-type: none"> <li>• Provide a high quality enduring and integrated health and social care services for adults by implementing the primary and acute service vanguard and reduce emergency admissions, re-admissions and delayed transfers of care</li> <li>• Complete independent 'Kings Fund' review of integrated commissioning arrangements and implement recommendations</li> <li>• Develop the Salford Integrated Record by incorporating social care, mental health and wellbeing data and play an active role in the work across Salford with regard to "Place", implementing CCG elements of a Neighbourhood working plan</li> </ul>	<p>Emergency admissions</p> <p>Delayed transfers of care</p> <p>Rate of admissions to residential and nursing care homes</p>
<p><b>Hospital Care:</b> Improve patient outcomes and efficiency through systems that assure high quality and reliable care at lower cost</p>	<ul style="list-style-type: none"> <li>• Implement GM 'Healthier Together' single service configuration for Salford within the NW sector, and additionally review all acute services across the NW Sector and develop a plan for sector wide reconfiguration where single service configuration meet the needs of the population</li> <li>• Develop robust system resilience plans using learnings from 2015-16 to sustain all national constitutional standards and 7 day services</li> <li>• Develop plans for improved access to cancer diagnostics and implement new cancer referral guidelines to achieve cancer diagnostic, access and waiting standards</li> </ul>	<p>A &amp; E &lt; 4hr waits</p> <p>Cancer and diagnostic waits and treatment</p> <p>National Clinical standards and 7 day</p>

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<p><b>Long Term Conditions:</b> Personalised and patient centred approach to caring for people with long term conditions</p>	<ul style="list-style-type: none"> <li>Develop new models of care for out of hospital provision including remodelling end to end pathways and outpatient clinics to ensure a more integrated approach to care and treatment</li> <li>Deliver reviews to services for Liver Disease, Cancer, Respiratory Disease, Renal Disease, Diabetes and CVD ensuring opportunities for patients to self-manage are secured through awareness of their conditions and providing appropriate tools, emotional and clinical support</li> </ul>	<p>Early diagnosis of cancer and year 1 survival</p> <p>Potential years of life lost</p> <p>Health related quality of life score for people with LTC</p>
<p><b>Mental Health:</b> All residents of Salford will have access to high quality compassionate world class mental health services</p>	<ul style="list-style-type: none"> <li>Implement Salford and GM mental health priorities to ensure EIP and IAPT services meet new access standards from April 2016</li> <li>'Dementia United' - Sustain leading position for early dementia diagnosis (90%) through local promotional campaigns, Salford Dementia Standard and enhance the coordination of care and support by defining clear pathways and transitions of care across acute and community services with an emphasis on home based care models</li> <li>Oversee the transition of mental health service into the Integrated Care Organisation and put in place the required assurance and governance process to ensure service continuity and high quality service delivery</li> <li>Establish rapid access / home treatment team and community eating disorder service (CEDS) for CYP upto 18 years</li> </ul>	<p>Improving Access to Psychological Therapies (IAPT) and recovery</p> <p>Early Intervention in Psychosis (EIP) referral to treatment in 2wks</p> <p>Suicide reduction</p>

## Quality Programme

<b>Aim:</b>	Engage with our members, population and providers to minimise variations in quality and secure continuous improvement
<b>Programme description</b>	<p>Providers and commissioners in Salford have a track record of working together and the emphasis on safety improvement is a key theme underpinning our plans for health and care integration. Harm sometimes occurs where service users move between services or when care is handed over. Errors and omissions in care lead to increased cost across the system and an emphasis on getting things right first time and improving communications will not only lead to improvements in safety, but will also improve efficiency. We will work to an integrated safety improvement plan which describes how we will jointly measure, monitor and improve safety along the entire patient pathway. Indeed, this work has already commenced with Board level commitment across partners to the 'Making Safety Visible' programme. We intend to develop a culture where as well as learning from past harm, we have systems in place that predict whether care will be safely delivered today and use tools to enable us to ensure that new care pathways are delivered safely and reliably in the future.</p> <p>Scrutiny of the quality of care is written into provider contracts and provider quality assurance includes a range of processes to collate and triangulate information gathered from regular inspections and quality walk rounds from within the system and by external bodies such as; CQC, NHS England and Monitor. Salford is one of 3 areas taking part in a new national CQC pilot - 'Quality of Care in a Place'. This is really about increasing that level of openness even further by building a picture of what the whole quality of care is like for people living in a particular area – including how well services are co-ordinated and working together. Soft intelligence including patient experience of care, friends and family tests and a range of patient surveys are also used to give a full picture of the quality of commissioned services.</p> <p>Whilst scrutiny of performance and patient insights provide valuable understanding of experience of care we know that to achieve our aim of becoming the safest healthcare system in the country our listening and involvement has to be much more ambitious. Across commissioners, the Integrated Engagement Team have established a number of joint health and social care forums for engagement including; the listening to people learning disability group, citizens reference group for integrated care, a young people's forum, a community reporter scheme, GP practice and neighbourhood Patient Participation Groups (PPG) and has an active Patient and Citizen engagement panel with over 2,500 members. The incorporation of feedback from these groups is an integral part of our decision making process through the formal structures of the commissioner and provider organisations. Each year the CCG publishes an <a href="#">engagement report</a> which outlines the engagement work and the difference the feedback from patients</p>
<b>5 year priorities:</b>	<ul style="list-style-type: none"> <li>• Work with providers to secure improvements in the quality, safety and safeguarding of commissioned services</li> <li>• Ensure that patients experience of using services is captured and used to drive improvements</li> </ul>

	<ul style="list-style-type: none"> <li>• Developing a culture where the potential for harm is actively considered, processes are embedded for early identification of risks and mitigation strategies implemented to minimise any adverse impact on people using services</li> <li>• Develop a culture of evidence based commissioning and decision making that utilises research evidence, innovation and knowledge translation</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Making Safety Visible</b> Ensure that the learning from undertaking Making Safety Visible is embedded in quality assurance, safeguarding assurance and improvement work</p> <ul style="list-style-type: none"> <li>• Identify key issues that lead to patient harm in relation to medication safety, communication and handover and deliver programme of improvements</li> <li>• Develop processes to ensure the measurement and monitoring of safety to moves beyond reviews of past harm to predicting the potential for harm and preventing it</li> <li>• Scale up and spread the learning from the ‘practices improving the safety of medicines in Salford’ (PrISMS)</li> </ul> <p><b>Quality &amp; Safety Strategy including Safeguarding</b> Ensure that year 3 actions are developed and fully implemented (this will cover quality assurance, safeguarding assurance &amp; improvement as well as quality improvement in primary care)</p> <ul style="list-style-type: none"> <li>• Improve assurance processes in relation to local providers where Salford is not the lead commissioner</li> <li>• Develop quality assurance framework and triangulation with other insights including soft intelligence from staff and commissioned services within Datix</li> <li>• Implement the patient experience strategy</li> <li>• Establish Health Economy Review Group and reduce the incidence of Clostridium Difficile across the Salford health economy through collaborative working across primary and secondary care</li> <li>• Develop partnership working across the NW sector and with the city to inform commissioning intentions and feed into quality assurance</li> </ul> <p><b>Research, Development and Innovation</b> Implementation of the Research and Innovation Strategy to underpin the locality plan</p> <ul style="list-style-type: none"> <li>• Develop robust infrastructure and commissioning framework in partnership with CCG and Health and Wellbeing Board commissioning teams</li> <li>• Develop integrated Salford research group focused on population health priorities across the city</li> <li>• Develop intellectual property policy and secure innovation partners to support the testing of technology that underpins our commissioning intentions</li> </ul>
<p><b>2016/17 Outcomes and measures</b></p>	<ul style="list-style-type: none"> <li>• Health Care Acquired Clostridium Difficile</li> <li>• Health Care Acquired MRSA</li> <li>• Mixed Sex accommodation breaches</li> <li>• Patient experience of hospital care</li> </ul>

	<ul style="list-style-type: none"> <li>• Satisfaction with the quality of consultation at GP practice</li> <li>• Satisfaction with the overall care received at the surgery</li> <li>• Satisfaction with accessing primary care</li> <li>• Maintain reduction in the number of antibiotics prescribed in primary care to 2015/16 levels</li> <li>• Baseline year for reporting safety incidents in primary and secondary care to identify areas for improvement</li> </ul>
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<b>Community Based Care Programme</b>	
<b>Aim:</b>	Support and invest in primary and community based care services to increase integration and the provision outside hospitals
<b>Programme description</b>	<p>In Salford, GP practices have been working closely in neighbourhoods to commission health services for several years. This is a sound basis upon which to build community capacity and deliver more specialist services. Investment is planned to scale up modern community-based services including GPs, community pharmacists, opticians and community services in order to increase the scope and scale of care provided outside of hospital. This will require key enablers including high quality premises, improved technology and an increased and sustained workforce.</p> <p>The aspiration is that general practice will operate on a larger scale, on a federated basis possibly at neighbourhood level, and will work in a more integrated way with other services, with general practice being at the hub of local communities and networks of services. It will be important to build upon the strengths of primary care, retaining what is valued by the public and the wider health and social care workforce. A significant area for development will be the “Salford Standard” for primary care which will include incorporating and localising standards from the Greater Manchester Primary Care Medical standards, in order to improve the quality of provision and invest in primary care.</p> <p>The overarching aims of the Standard are to:</p> <ul style="list-style-type: none"> <li>• Reduce unwarranted variation in quality of care across Salford</li> <li>• Overall improve the health outcomes for the people of Salford</li> <li>• Investment in primary care for the future to ensure stability and growth</li> <li>• Reduce avoidable admissions and readmissions to secondary care</li> </ul> <p>In addition, Salford will work to implement good practice from a number of national initiatives such as “Transforming Primary Care” and the National Primary Care Strategic Framework which is currently in development. During 2015/16, Salford CCG has been working with NHS England’s Sub Regional Team under Joint Commissioning arrangements and from 2016 onwards is seeking delegated commissioning responsibility which will ensure greater efficiencies and sharing of values around improving quality in primary care.</p> <p>Salford CCG also has a role to manage locally commissioned contracts with opticians and pharmacists. Through the development of Salford’s Community Based Care Strategy will look to develop opportunities to integrate these providers into community / local neighbourhood networks.</p>



<p><b>5 year priorities:</b></p>	<ul style="list-style-type: none"> <li>• Improve access to primary care services, including improved opening at weekends and the evening and supporting the delivery of 7 day access to health and social care</li> <li>• Facilitate opportunities for practices to work in a federated way with each other or with other services, where this is expected to improve patient experience or be efficient in terms of cost or workforce;</li> <li>• Develop a working relationship with primary care provider organisations in order to identify opportunities to contract for primary care based services at scale, rather than at individual practice level</li> <li>• Invest in the workforce to increase capacity and capability and by building a primary care development and education programme;</li> <li>• Incentivise practices to more pro-actively identify and manage individuals with, or at risk of, illness and improve the quality of provision in primary care</li> <li>• Work with all providers of physical health, mental health and social care services, to develop and invest in out of hospital services, delivered where appropriate at a neighbourhood level</li> <li>• Invest in high quality community premises and improved technology to enable primary care to be the hub of out of hospital care</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Development of the General practice workforce</b></p> <ul style="list-style-type: none"> <li>• Agree and implement a primary care workforce strategy and development plan</li> <li>• Pilot new primary care staffing model and evaluate in one neighbourhood</li> <li>• Evaluate year one of advanced practitioner programme and the role of the paramedic within primary care</li> <li>• Increase the number of apprenticeships within primary care</li> <li>• Mobilise new practice pharmacy services</li> </ul> <p><b>Develop a Community Based Care Strategy</b></p> <ul style="list-style-type: none"> <li>• Agree scope for the community based care strategy and involve partners as appropriate</li> </ul> <p><b>Commission General Practice to implement the ‘Salford Standards’</b></p> <ul style="list-style-type: none"> <li>• Deliver implementation plan and establish Salford Standard review panel</li> <li>• Establish reporting and monitoring mechanisms, dashboard and deliver contract and finance plan</li> </ul> <p><b>Implement a plan to extend access to general practice (outside core opening times)</b></p> <ul style="list-style-type: none"> <li>• Complete review of pilots on extended access and procure provider for GP extended access service</li> <li>• Mobilise GP extended access service including communication plan for patient awareness and evaluate its use</li> </ul> <p><b>Establish and Facilitate and support the federation of general practice (as part of vanguard programme)</b></p> <ul style="list-style-type: none"> <li>• Implement recommendations following independent review of General Practice collaborative working</li> <li>• Establish neighbourhood provider boards and GP federated working pilots and agree specification</li> </ul>



<b>2016/17 Outcomes and measures</b>	<p><b>Work towards implementation of an governance model(s) for general practice</b> working within Salford's Integrated Health and Social Care system</p> <p><b>Deliver effective Primary Care Delegated Commissioning</b></p> <ul style="list-style-type: none"> <li>• Establish primary care commissioning committee and scope of primary care delivery plan</li> <li>• Agree primary care delivery plan for 2016/17</li> </ul> <p><b>Redesign and specification of the Salford Community Children's Nursing Team (CCNT) and Agree pathway for Children &amp; Young People's Continuing Healthcare (CHC)</b></p> <ul style="list-style-type: none"> <li>• Review service provision, agree shared pathway for CHC assessment and commissioning arrangements and governance</li> </ul> <p><b>Undertake Community based care reviews</b></p> <ul style="list-style-type: none"> <li>• Review healthy start vitamins service specification and implement recommendations of the review</li> <li>• Undertake post implementation review of CATs procurement, finalise care homes practice review and recommission or tender</li> <li>• Review specification for Salford Royal podiatry</li> <li>• Review and commission extra GP capacity in Ordsall and recommission or tender the Heights Medical Practice</li> </ul> <p><b>Develop and manage processes to assist in the monitoring and improvement of quality within general practice</b></p> <ul style="list-style-type: none"> <li>• Mobilise and monitor practice based pharmacists</li> <li>• Complete cohorts 1 to 4 for productive general practice</li> </ul> <p><b>Review Local Commissioned Services for Community Pharmacies</b></p> <ul style="list-style-type: none"> <li>• Develop strategic approach to community pharmacists and add local pharmaceutical committee attendance at the community based care group</li> </ul>
<b>2016/17 Outcomes and measures</b>	<ul style="list-style-type: none"> <li>• Delivery dashboard for the Salford Standard (to be developed)</li> <li>• 7 day extended access in each neighbourhood</li> <li>• Composite indicator for patient experience of GP services and GP out of hours</li> </ul>

<b>Integrated Care Programme</b>	
<b>Aim:</b>	Support people in retaining their independence and quality of life through integrated health and social care services with partners
<b>Programme description</b>	Since 2010, Salford's Adult Social Care has transformed its pathway of care and operating model to focus on individual and community capacity, resilience and independence. The transformation has been underpinned by our twin priorities - to support citizens to live independently and enjoy the best possible quality of life through connecting people to the resources in their locality, maintaining relationships and activity levels of

	<p>our citizens to help them be independent and to slow the need for more formal care and support.</p> <p>In Salford, a significant proportion of health and social care expenditure relates to older people and this will only increase as the population continues to live longer. Building on the success of integrated working already taking place across the city, Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust have initiated a formal partnership 'Salford Together' with pooled funding managed through an Alliance Board to transform health and care for older people in Salford.</p> <p>This new, integrated way of working is being expanded to include the whole adult population. The programme will incorporate and enhance existing strategies for mental health, dementia, learning difficulties and carers within the new care model, whilst transforming the way we manage long-term conditions. The ambition is for all care that doesn't require hospital facilities to be delivered at a neighbourhood level and for pathways of care crossing into hospital to be better for patients. Personalised care planning in which the persons' wishes and informed choices will be central and benefit from a multi-professional approach, drawing in specialist expertise and resources as needed. The community based approach will improve individual independence, reduce demand upon services and has the potential to create a more holistic approach to individual health and wellbeing with closer collaboration across other sectors that impact upon health, such as housing, education and employment.</p> <p>Through the Salford Together partnership we are working closely with adult health and social care teams to implement an integrated organisation to provide the residents of Salford with a high-quality and enduring service which fully meets their needs. There is a consensus amongst partners that Salford Royal NHS Foundation Trust (SRFT) is best placed to take the lead role, working in partnership with the whole system. This will involve a combination of health and social care staff transferring to SRFT and sub-contracting arrangements with other providers. The Integrated Care Organisation (ICO) would be responsible for adult hospital, community and mental health, and social care in Salford. The ICO does not include children's services or primary care services. People who use our services, clinician, practitioners, other staff and stakeholders will be involved in the development of the ICO. Regular updates on Salford's integrated care work can be found <a href="#">here</a>.</p>
<p><b>5 year priorities:</b></p>	<ul style="list-style-type: none"> <li>• With local partners, develop and implement a vision, objectives and deliverables for a place based system of care, joining up communities, services and resources maximising the potential benefit to people's health and wellbeing</li> <li>• Realise the anticipated benefits of transforming adult health and social care services provided by the Integrated Care Organisation (ICO)</li> <li>• Test and evaluate the impact of Salford's Primary and Acute Care System (PACS) Vanguard Programme, including a new model of delivery for general practice</li> <li>• Develop personalised care planning for older people and adults moving care which doesn't require hospital facilities to be delivered at a neighbourhood level</li> <li>• Develop a 'centre of contact' single point of entry to the health and</li> </ul>

	<p>social care system and a single point of contact for intermediate care, social care and district nurses</p> <ul style="list-style-type: none"> <li>• Through integrated health and social care services enable older people to retain their independence and quality of life and take a more active role in their own health care slowing the need for more formal care and support</li> <li>• Embed the use and effectiveness of multidisciplinary groups to jointly assess individual needs and plan care including moving towards identification of individuals who may benefit from early preventative intervention.</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Play and active role in the work across Salford with regards to “Place”</b></p> <ul style="list-style-type: none"> <li>• Agree plan with health partners and develop objectives for Integrated Place, neighbourhood working and implement CCG elements of neighbourhood working plan</li> </ul> <p><b>Explore options to expand integrated commissioning governance and structure</b></p> <ul style="list-style-type: none"> <li>• Complete independent King’s Fund review of CCG and Council health and social care commissioning arrangements and agree next steps to implement</li> </ul> <p><b>Undertake a series of service reviews on services within the adult pooled budget</b></p> <ul style="list-style-type: none"> <li>• Implement recommendations from the service reviews in; community continence, community dietetics, Adult Community Speech &amp; Language Therapy and implement recommendations of the Greater Manchester review of community neuro rehab services</li> <li>• Review the tissue viability service, occupational therapy and equipment arrangements across the ICO</li> <li>• Review the need for a specialist sensory adult social care team and review procedures and role of the extra care team</li> <li>• Develop and deliver commissioning strategy for housing and housing support and local all age learning disability service in light of GM Transforming Care Partnership Plan</li> </ul> <p><b>Engage in a leading way in the Salford new models of care vanguard programme</b></p> <ul style="list-style-type: none"> <li>• Produce and approval all business cases for the vanguard Programme and pooled budget</li> <li>• Develop contracting and quality assurance arrangements with regard to the ICO contract</li> </ul> <p><b>Produce and Implement the service &amp; financial plan for health &amp; social care for Adults</b></p> <ul style="list-style-type: none"> <li>• Design and deliver an integrated care system dashboard of KPIs for commissioners that assists with monitoring of the ambitions of the plan</li> </ul> <p><b>Embed the agreed new integrated commissioning governance arrangements with the city council, including an Organisational Development Programme for the Integrated Health and Care</b></p>

	<p><b>Commissioning Joint Committee</b></p> <p><b>Develop the Salford Integrated Record</b> by incorporating social care and mental health data</p> <p><b>Develop and deliver a new Carers' Strategy</b> (children and adults)</p> <ul style="list-style-type: none"> <li>• Review the financial policy and process regarding support available to individual carers through Direct Payments and Carers Personal Budgets</li> </ul> <p><b>Develop opportunities for integrated care for children's services across the CCG and Salford City Council</b></p> <ul style="list-style-type: none"> <li>• Undertake service reviews into: speech and language therapy services, children with disabilities, emotional health and wellbeing.</li> <li>• Implement recommendations from business cases</li> </ul> <p><b>Undertake work in relation to Section 75 with Public Health</b></p> <p><b>Undertake a review of the local personalised health budget</b> – process for continuing care</p> <ul style="list-style-type: none"> <li>• Complete audit of all offers for PHBs (NHS continuing health care patients only) identify where improvements can be made and implement as appropriate</li> </ul> <p><b>Specific commissions with schools and third sector providers</b></p> <ul style="list-style-type: none"> <li>• Complete implementation of 2<sup>nd</sup> year of £1m fund to community and voluntary sector</li> <li>• Implement and evaluate health schools 2<sup>nd</sup> year fund</li> </ul>
<p><b>2016/17 Outcomes and measures</b></p>	<ul style="list-style-type: none"> <li>• Emergency admissions for acute conditions</li> <li>• Emergency admissions for children with lower respiratory tract infections</li> <li>• Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</li> <li>• Unplanned hospitalisation for chronic ambulatory care sensitive conditions</li> <li>• Delayed transfers of care</li> <li>• Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</li> <li>• Reduce rate of permanent admissions to residential care and nursing care homes</li> </ul>

<h2 style="text-align: center;">In Hospital Care Programme</h2>	
<p><b>Aim:</b></p>	<p>Deliver improvements in patient outcomes and efficiency through systems that assure high quality and reliable care at lower cost</p>
<p><b>Programme description</b></p>	<p>Salford Royal NHS Foundation Trust (SRFT) is the principal provider of acute health services within Salford and was recently rated "outstanding" by the Care Quality Commission. The Trust has an ambition to be the safest healthcare provider in England and to contribute to Salford being the highest quality, safest, and most productive health and social care system. As part of the Integrated Care Programme and development of</p>

an Integrated Care Organisation, we will fully integrate health and care services within Salford. This will see more acute care delivered in a community setting, with long term conditions and elderly care specialists increasingly working on an outreach basis within Salford's neighbourhoods.

Greater Manchester's '[Healthier Together](#)' programme and the reconfiguration of Major Trauma services provide the blueprint for the way care will increasingly be provided for patients that have complex needs – both in Salford and across the wider conurbation. SRFT has been designated one of four high acuity sites in Greater Manchester and the principal receiving centre for Major Trauma patients. A sector based approach is being taken for complex surgery and urgent care, with Salford Royal, Bolton NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust working together to create 'single shared services' for the combined populations of Salford, Bolton and Wigan. Building on this approach, the three Foundation Trusts and three Clinical Commissioning Groups are also exploring the potential to establish joined-up surgical, medical and clinical support services. Any reconfiguration of services will be subject to public engagement.

As part of the national [acute care collaboration vanguard](#) programme, Salford Royal and Wrightington, Wigan and Leigh NHS Foundation Trusts are working together to test the concept that a standard operating model delivers standards-based care more effectively and reliably than current models. This will then be deployed through a Group model of healthcare organisations. This is consistent with NHS England's Five Year Forward View and Greater Manchester Devolution transformation proposals, recognising that the delivery of high quality, reliable hospital care will increasingly depend upon partnership working and operating at a scale much larger than any single organisation can achieve.

This Group arrangement builds on the successful track record of the two Foundation Trusts, and their experience in delivering joined-up services. The principal purpose of this partnership is accelerate improvements in outcomes and efficiency through a focus on standardisation (i.e. reducing unwarranted variation) and increased use of digital technologies that enable the application of evidence-based care guidelines and protocols and the most effective deployment of healthcare resources to meet patients' needs. This will be underpinned by new governance arrangements that enable the two organisations to share decision making, create shared standards and where appropriate share each other's services. Working together in this way will mean that quality, safety and patient experience standards can be achieved more reliably, and at lower cost, across Salford and Wigan.

Subject to testing the concept between Salford Royal and Wrightington, Wigan and Leigh NHS Foundation Trust, it is our ambition to extend this approach to other hospitals, delivering economies of scale and ensuring that the benefits of reliable and high quality care are shared across the wider conurbation.

The Group arrangement complements our strategy to integrating health and social care services in Salford and to closer working with partners within the North West sector, and beyond, to ensure more resilient and sustainable services. Our plans to radically upgrade how we prevent ill health and transform care do not compromise our commitment to the

	<p>highest standards of care. National constitutional targets on access to care, waiting times, outcomes following treatment, and quality of care are a given. With our population predicted to grow faster than the national average, ensuring we continue to meet and exceed these standards whilst transforming care is fundamental to the success of our plan.</p>
<p><b>5 year priorities:</b></p>	<p>In addition to our transformation programmes for integrated and community based models of care, our priorities for in hospital care are focused on improving outcomes and experience of patients in an acute setting.</p> <ul style="list-style-type: none"> <li>• Ensure that acute care provided to Salford patients within a Greater Manchester acute provision meet NHS constitutional standards including the recommendations of the Independent Cancer Taskforce</li> <li>• Save more lives by improving the quality of hospital care and reducing variation through ensuring national priority clinical standards are achieved 7 days a week and implementing the Greater Manchester Healthier Together programme</li> <li>• Ensure resilience of acute services through a risk based approach to system resilience involving all partner and providers in a Salford patient's care</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Implement the 'Greater Manchester Healthier Together' Programme</b> recommendations for Salford and the Northwest sector</p> <p><b>Review all acute services across the North West Sector and develop a plan for sector wide reconfiguration</b> where single service configuration meet the needs of the population</p> <ul style="list-style-type: none"> <li>• Complete breast surgery service review and agree provider</li> </ul> <p><b>Develop and manage system resilience plans</b> Working with health and social care partners</p> <ul style="list-style-type: none"> <li>• Evaluate 2015/16 winter resilience plans and use learning to develop and implement robust 2016/17 plan</li> <li>• Establish appropriate representation into the GM Urgent and Emergency Care Network and complete a review of the local urgent care system in line with national guidance</li> <li>• Secure assurance that SRFT are working towards implementation of all of the 10 clinical standards and 7 day service standards in line with national guidance</li> </ul> <p><b>Undertake Hospital based specialty reviews</b></p> <ul style="list-style-type: none"> <li>• Complete year 1 review of orthopaedic services and Manchester Orthopaedic centre</li> <li>• Establish governance structure and associated sub groups to enable review of commissioning GP referred Outpatient Neurology Services within Greater Manchester</li> <li>• Establish the governance structure and associated groups to enable review of Dermatology specialty and understand the current position for Dermatology commissioning, contracting and patient flows</li> <li>• Manage the 'safe landing' of Bariatric Services commissioning when responsibility is transferred from NHSE to CCG's Bariatric service review</li> <li>• Implement recommendations of intermediate care review</li> </ul>



	<p><b>Discharge from hospital</b></p> <ul style="list-style-type: none"> <li>Review provision of the Take Home Tuck Up innovation scheme and make recommendations around future provision</li> </ul> <p><b>Complete local review of maternity provision</b> in the light of the national maternity review</p> <p><b>Develop plans for improved access to cancer diagnostics</b> and implement new cancer referral guidelines</p>
<p><b>2016/17 Outcomes and measures</b></p>	<ul style="list-style-type: none"> <li>A &amp; E waiting times &gt;4 hrs</li> <li>Ambulance Cat A within 8 minutes (R1 and R2)</li> <li>Ambulance Cat A 19 minute transportation and response time</li> <li>Ambulance handover time &gt; 30minutes and &gt; 60 minutes</li> <li>Referral to treatment incomplete pathways including 52wk</li> <li>Cancer waiting times 2wk, 31days, 62 days</li> <li>Diagnostic test wait times &gt; 6wks</li> <li>Trolley waits in A &amp; E &gt;12 hours</li> <li>Cancelled operations and urgent operations cancelled for a second time</li> </ul> <p>2016/17 Clinical priority standards:</p> <ul style="list-style-type: none"> <li>Emergency admission consultant assessment within 14 hours of arrival</li> <li>Consultant directed diagnostic tests (7 days a week), within 1 hour for critical patients, 12 hours for urgent patients, 24 hours for non-urgent patients</li> <li>24/7 access to consultant directed interventions for hospital inpatients</li> <li>All patients on AMU, ICU, SAU and high dependency areas reviewed twice daily by a consultant</li> </ul>

<h2 style="text-align: center;">Long Term Conditions Programme</h2>	
<p><b>Aim:</b></p>	<p>Achieve a more personalised and patient centred approach to caring for people with long term conditions</p>
<p><b>Programme description</b></p>	<p>One in three people currently have one or more Long term condition (LTC) and this is predicted to rise to one in two over the next 25 years. In Salford this equates to just over 76,000 people rising to around 125,000 when we factor in the predicted growth in our population. People who suffer from a LTC are classified as “people who have an illness that cannot be cured”, but who can be supported, treated and cared for in a way that minimises the impact of that illness both on the individual and their families and / or carers.</p> <p>Over the next 5 years we aim to maximise the improvement in the prevention, early diagnosis and treatment of conditions which cause the majority of life lost. For Salford these include Diabetes, Cancer, Cardiovascular Disease, Kidney Disease, Dementia, Liver Disease, Lung Disease (chronic obstructive pulmonary disease (COPD) and asthma); and End of Life Care</p>
<p><b>5 year priorities:</b></p>	<ul style="list-style-type: none"> <li>Maximise improvement in the prevention, early diagnosis and treatment of conditions which cause the majority of years of life lost</li> </ul>



	<p>using health checks, screening and lifestyle advice and fully embedding the concept of “Making Every Contact Count”;</p> <ul style="list-style-type: none"> <li>• For Salford these conditions include: <ul style="list-style-type: none"> <li>◦ Diabetes, Cancer, Cardiovascular Disease, Kidney Disease, Dementia, Liver Disease, Lung Disease (chronic obstructive pulmonary disease (COPD) and asthma).</li> </ul> </li> <li>• Move towards more of a primary care focus for the proactive management of patients with long term conditions (LTCs) involving multiple professionals working in a more integrated way across physical health, mental health and social care.</li> <li>• Better enable patients to self-manage and make changes through being fully aware of their conditions and providing them with appropriate tools, emotional and clinical support</li> <li>• Reduce inappropriate admissions by ensuring that patients understand and can help themselves during a crisis, e.g. patient has rescue medicines to hand or is able to understand how to cope with exacerbations better and reduce the impact of further deterioration; and</li> <li>• Support patients to have a dignified death by offering help and support during the last days of life and supporting their decision to die in their preferred place of death.</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Long term conditions – service reviews:</b> Undertake a series of reviews and projects related to services for Liver Disease, Cancer, Respiratory Disease, Renal Disease, Diabetes and CVD</p> <ul style="list-style-type: none"> <li>• Agree business case and implement recommended option for self-testing and self-management for people taking Vitamin K antagonists</li> <li>• Implement recommendations of Anti-Coagulation service review</li> <li>• Review management of Chronic Kidney Disease in primary care and review renal services, focusing on potential for development of community based delivery models of care</li> <li>• Expand Cancer CANmove service to take referrals for all cancer groups</li> <li>• Implement recommendations of local Cancer needs assessment</li> <li>• Complete Chronic Airways Support Team (CAST) Service review</li> <li>• Complete Asthma Needs Assessment and implement recommendations</li> </ul> <p><b>Develop new models of care for out of hospital provision</b> (e.g. remodelling of end to end pathways ; outpatient clinics to a more integrated approach to care and treatment)</p> <ul style="list-style-type: none"> <li>• Agree business case and implement recommended option for a new model for Integrated CVD care</li> <li>• Review outcomes for Integrated CVD care and develop options for a new integrated model for all LTCs</li> <li>• Review Heart Failure community service, revise specification and implement recommendations of review</li> </ul> <p><b>Diabetes prevention</b> - Undertake a programme of work related to Diabetes, to include participation in the National Diabetes Prevention Programme and the DUK Healthy City initiative.</p> <p><b>Develop and implement a 24/7 end of life support service</b> and education for general practitioners on end of life care</p>

	<ul style="list-style-type: none"> <li>• Implement recommendations of review of DNA/CPR policy (Do Not Attempt Cardio-Pulmonary Resuscitation)</li> <li>• Review outcomes of first year of implementation of the new specification for 24/7 Lead Provider for End of Life Care Support to commence end November 2016</li> </ul> <p><b>Develop a CCG policy for implementation of personal health budgets</b> (areas beyond continuing health care)</p>
<b>2016/17 Outcomes and measures</b>	<ul style="list-style-type: none"> <li>• Potential years of life lost</li> <li>• Cancer 1 year survival rate</li> <li>• Improve proportion of cancers diagnosed at stage 1 and 2</li> <li>• Reduce proportion of cancers diagnosed following emergency admission</li> <li>• Health related quality of life score for people with LTC including mental health</li> <li>• Emergency admissions for alcoholic liver disease</li> </ul>

<b>Mental Health Programme</b>	
<b>Aim:</b>	To ensure that all residents of Salford will have access to high quality compassionate world class mental health services
<b>Programme description</b>	<p>Each year one in four British adults experience at least one diagnosable mental health problem. Salford has a higher prevalence of mental health than other parts of the UK with around 36,500 adults and 6,000 children estimated to have some kind of mental wellbeing need. Our <a href="#">Integrated Mental Health Commissioning Strategy 2013-2018</a> invests in the region of £45m each year on mental health service provision and our vision is that all residents of the city will have access to high quality, compassionate world-class mental health services.</p> <p>The commissioning strategy has a primary focus on adults – but will also address issues concerning the mental health of young people making the transition to adulthood and adult services. In parallel to this, an Emotional Health and Wellbeing Strategy for Children and Young People (2013-2015) has been developed by the Children and Young People’s Emotional Health and Wellbeing Partnership, which reports to the Children and Young People’s Trust (CYPT).</p> <p>Salford makes a significant financial investment in mental health services and has long-standing and effective joint commissioning arrangements across NHS Salford CCG and Salford City Council which ensures an integrated approach to commissioning across the city. Health and social care services can be expected to be operating in a stringent financial climate over the life-time of this Plan and there will be an ongoing need for efficiencies in health and social care services through the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme and the reduction in funding for councils arising from the Government’s medium term financial planning resulting in lower levels of funding through the local government settlement process.</p> <p>We will ensure that we target our resources at the most effective ways to support people with mental health needs and through commissioning arrangements that secure value for money from all contracts and service providers. Despite the ongoing financial constraints within which mental</p>

	<p>health services are likely to be operating, mental health services are, and will continue to be, a key priority in Salford. We are committed to protecting effective services and developing new services wherever possible. This will require an increased focus on building resilience for communities and individuals, together with prevention and early intervention in mental health services to meet rising demand with the resources available. This is central to our commissioning intentions.</p>
<p><b>5 year priorities:</b></p>	<ul style="list-style-type: none"> <li>• Early intervention – meeting needs early and preventing the escalation of mental health problems (including transition planning from children’s services)</li> <li>• Addressing the stigma and discrimination that surrounds mental health, dementia and suicide</li> <li>• Rapid and convenient access at all times (and in all services, and relevant settings)</li> <li>• Fair access, based on people’s needs, not who they are, or where they live in Salford</li> <li>• Recovery – with service users returning to full health, moving through services, and being discharged where clinically appropriate</li> <li>• Recognition of the links between physical health and mental health, and the government pledge to achieve parity of esteem</li> <li>• Support to remain in your own home and to live independently for as long as possible</li> <li>• The lowest possible number of people placed out of area (outside of Salford)</li> <li>• The best possible outcomes for service users, their carers, and their families (including fewer symptoms of ill-health, the ability to lead as normal a life as possible, and maintain contacts with family, friends and local communities)</li> <li>• The lowest possible number of complaints and untoward incidents and excellent value for money</li> </ul>
<p><b>Key Deliverables for 2016/17</b></p>	<p><b>Engage with commissioners across GM regarding the development of a GM mental health strategy</b>, GM-wide mental health KPIs and CQUINs and GM-wide strategic initiatives regarding mental health (e.g. Employment; Crisis Care Concordat)</p> <ul style="list-style-type: none"> <li>• Evaluate and review the pilot Mental Health GMP Triage post</li> </ul> <p><b>Respond to the Dementia Greater Manchester Devolution programme ‘Dementia United’</b> by implementing the agreed programme objectives</p> <ul style="list-style-type: none"> <li>• Ensure a more consistent and planned GP review process for Patients with dementia (PWD) and their Carers through monitoring the implementation of the Salford Dementia Standard</li> <li>• Develop the key worker / care coordinator model for dementia</li> <li>• Secure early identification and diagnosis through local promotional campaigns and the implementation of the Salford Dementia Standard.</li> <li>• Improve and enhance the coordination of care and support by defining clear pathways and transitions of care across acute and community services with an emphasis on home based care models</li> <li>• Develop an acute pathway for People With Dementia in SRFT and review transition arrangements for people with dementia from SRFT and develop action plan</li> </ul>

	<p><b>Establish a clear, strategic suicide prevention approach</b> to reduce suicides for people under mental health services</p> <ul style="list-style-type: none"> <li>• Develop Salford suicide prevention strategy and play local work on suicide prevention into wider GM dialogue</li> </ul> <p><b>Oversee the transition of mental health service into the Integrated Care Organisation</b> and put in place the required assurance and governance process to ensure service continuity and high quality service delivery</p> <ul style="list-style-type: none"> <li>• Hand over lead commissioning responsibility for the multilateral contract to Bolton or Trafford CCG</li> </ul> <p><b>Ensure Salford meets new Mental Health access standards in 2016-17</b></p> <ul style="list-style-type: none"> <li>• Ensure the Early Intervention in Psychosis service has capacity to meet access standards</li> <li>• Engage with patients and carers to feedback on service developments and develop an outcomes framework to monitor activity and outcomes</li> <li>• Implement IAPT Shared Point of Access (SPA) across Salford and complete evaluation of patient experience regarding access following SPA</li> </ul> <p><b>Autism and Attention Deficit Hyperactivity disorder (ASD and ADHD)</b> Complete procurement exercise for ASD / ADHD local service</p> <p><b>Implement Children and Young People’s CAMHS Transformation Plan</b></p> <ul style="list-style-type: none"> <li>• Establish a community eating disorder service (CEDS) for CYP upto 18 years in conjunction with Manchester CCGs in line with the ‘Access and Waiting Time Standard for Children and Young People with an Eating Disorder’</li> <li>• Establish a rapid access / home treatment team for CYP upto 18 years in conjunction with Manchester CCGs</li> <li>• Complete phase one of the National CAMHS School Link pilot and evaluation of lessons learnt.</li> <li>• Agree the service specification and commission provision of mental health support within the Bridge</li> </ul>
<p><b>2016/17 Outcomes and measures</b></p>	<ul style="list-style-type: none"> <li>• IAPT waiting times (6 and 18 week)</li> <li>• IAPT recovery rate</li> <li>• IAPT access – roll out</li> <li>• Dementia diagnosis rate (65+)</li> <li>• Potential years of life lost to conditions considered amenable to healthcare</li> <li>• Early intervention in psychosis treatment from referral (2 week)</li> <li>• Care programme approach reviews</li> <li>• Health related quality of life for people with an LTC including mental health</li> <li>• CYP Eating disorder access and waiting time (treatment to start within 1 week for urgent and 4 weeks for routine)</li> <li>• Suicide rate</li> </ul>

<b>Effective Organisation Programme</b>	
<b>Aim:</b>	Develop our systems, processes and people to deliver high quality, value for money services
<b>Programme description</b>	The effective organisation programme supports the CCG's clinical programmes by ensuring appropriate enabling work is in place to achieve each of the programme aims.
<b>5 year priorities:</b>	<p>The Effective Organisation programme will support the CCG to deliver its strategic objectives by:</p> <ul style="list-style-type: none"> <li>• Developing robust financial planning and management of provider contracts and performance to ensure continuity of patient care and a sustainable balanced budget</li> <li>• Ensuring effective use of resources (including estates, staff, shared services, technology, equipment and policies and processes) to support the CCG's strategic aims and maximise public value</li> <li>• Developing the professional capabilities of staff and members, recognising contributions and ensuring their health, safety and wellbeing</li> <li>• Actively engaging, listening and communicating to internal and external stakeholders and using feedback to continuously improve services and patient satisfaction</li> <li>• Ensuring the CCG operates in accordance with the law and its values including equality, Diversity &amp; Human Rights, sustainability and social value</li> <li>• Ensuring robust arrangements are in place and tested regularly to manage strategic risks, business continuity and resilience</li> </ul>
<b>Key Deliverables for 2016/17</b>	<p><b>Deliver the priorities from Equality Strategy</b> ensuring the CCG maintains a focus on reducing health inequalities</p> <ul style="list-style-type: none"> <li>• Complete an audit of 2015/16 Equality Assessments and embed equality analysis process within CCG planning</li> <li>• As GMSS EDHR lead develop work plan for the service and for Salford CCG</li> </ul> <p><b>Deliver the priorities from the OD Strategy</b> ensuring staff effectiveness and satisfaction including but not limited to:</p> <ul style="list-style-type: none"> <li>• Embed organisational values and behaviours within CCG through staff away day and revise the PDR process</li> <li>• Develop staff TNA and talent management approach and implement appropriate staff development programme</li> <li>• Develop and begin implementation of development programme for Governing Body members based on training needs analysis, involving embedding coaching culture if appropriate</li> <li>• Explore opportunities for OD with partners across Salford and as GMSS OD lead develop work plan for the service and for Salford CCG</li> <li>• Develop a two year OD plan to support the CCG for developing an effective organisation</li> </ul> <p><b>Deliver the priorities from the Communication and Engagement Strategy</b> including but not limited to:</p>

- Develop and implement revised CCG communications and engagement strategy and 2016/17 delivery plan
- Launch CCG intranet, extranet and explore options for innovative new ways of communicating key messages
- Explore the idea of creating a bank of community health advocates for heard to reach communities
- Use learnings from high performing CCGs (through 360 feedback) to develop further innovative ways of delivering engagement with young people and targeted groups

**Deliver the priorities from the Sustainable Development Plan** including Social Value

- Develop CCG plans for Sustainable Development and Social Value as part of locality plan implementation with partners

**Deliver EPRR requirements**

- Review, update and publish the BC Policy and plan and deliver 2016/17 training plan
- Relocate incident coordination centre, test its operation and produce new oncall policy

**Develop effective corporate systems and process for emergent / changes**

- Review process of Conflict of Interest with members and embed Member's register gaining 90% completion
- Complete implementation of accommodation review and review administrative function regarding effective working practices
- Complete full review of CCG constitution
- Implement new policy database and ensure all CCG policies are upto date

**Implement integrated performance, planning and risk reporting system** – Covalent and internal audit finds significant assurance it meets needs of CCG and effectively implemented

- Incorporate 2016/17 planning, risk register(s) and CCG balanced scorecard within Covalent. Develop appropriate dashboards and reporting for each programme and commissioning group
- Agree further Covalent development areas with CCG teams to reduce duplication and improve work planning and management
- Review and publish a revised CCG risk strategy giving due consideration to integrated commissioning and the Salford Locality Plan.

**Salford Locality Plan – 16-17 implementation** - monitor, review and develop new governance structures relevant to locality plan

- Produce joint year one implementation plan for the Salford Locality Plan
- Define and introduce proportionate progress reporting within new governance structures
- Develop and agree the joint Locality communications and engagement approach and implement year one priorities
- Launch 'OneYou' campaign and new approach to flu campaign



	<p><b>Update the CCG's 5 year financial plan</b> to identify the level of resources available for the CCG's commissioning strategy</p> <ul style="list-style-type: none"> <li>• Update the five year financial planning model to take account of changes to business rules, the recurrent impact of investments approved by the governing body / programme management group during 2016/17 and maintain the schedule of committed developments in reserves in order to identify future commitments to be incorporated into the financial plan.</li> </ul> <p><b>Ensure Robust contract management</b></p> <ul style="list-style-type: none"> <li>• Ensure signed and agreed contracts with; SRFT, GMW, Oakland, Voluntary, Primary Care and Care Homes and any in year variations</li> </ul> <p><b>Ensure the CCG delivers the 2016/17 objectives outlined in the CCG's strategic estates plan</b></p> <ul style="list-style-type: none"> <li>• Progress schemes including; Little Hulton and Lower Broughton and determine the scope for Irlam development</li> <li>• Work with providers (SRFT, CMFT, GMW) on better utilisation of existing estate and progress transfer of services to community estate</li> <li>• Review the utilisation of LIFT buildings at the end of 2016/17 to assess improvement in utilisation against previous exercise undertaken in 2014/15</li> </ul> <p><b>Develop and implement Business Intelligence Strategy and Salford Locality IM&amp;T plan and contribution to digital roadmap</b></p> <ul style="list-style-type: none"> <li>• Develop and agree CCG BI strategy and implementation plan including the establishment of a data warehouse with community and mental health and social care data sets</li> <li>• A standard reporting tool accessible to managers within the CCG and further development of BI tools for use by GPs.</li> <li>• Develop a forum to further develop any future programmes to support the digital roadmap . Support CCG CHC and Safeguarding teams to move to paper light processes in lines with principles of paper free at at point of care</li> <li>• Review opportunities for further joint working with BI teams within SRFT and SCC/Public Health for Salford and wider GM and NW sector.</li> </ul> <p><b>Review the effectiveness. adequacy of existing shared service products for each product by lead</b></p>
<p><b>2016/17 Outcomes and measures</b></p>	<ul style="list-style-type: none"> <li>• CCG assurance rating (good or outstanding)</li> <li>• Staff survey participation and satisfaction index</li> <li>• 360 stakeholder survey participation and index</li> <li>• Staff attendance</li> <li>• Mandatory training completion</li> <li>• Finance: CCG surplus target, CCG running costs target and paying suppliers within 30 days (95%)</li> <li>• Emergency preparedness resilience and response rating</li> <li>• Audit outcomes (75% at significant assurance)</li> <li>• Citizen perception survey</li> </ul>



