

NHS Salford Clinical Commissioning Group (CCG) 2017 -19 Operational Plan

Start well.
Live well.
Age well.

OUR SALFORD



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Introduction to the plan

Our city is growing. More people are living in Salford and more money is coming into the city. But Salford is a city of contrasts - 70% of our patients live in highly deprived areas. We have 12,000 children in poverty and nearly 10% of the working population is long-term unemployed. Salford has some of the worst health in the country - people in poorer areas of the city live up to 14 years less than those in our richer neighbourhoods.

Public services are under a lot of financial pressure. More of us are living longer and often with complicated health conditions. This means more people need help to stay well. In Salford, we spend £485 million on health and social care. If we carry on doing the same things in the same way, by 2021 we will be £157 million in debt.

The Salford Locality Plan is the 'blueprint' for our health and social care. It explains how the CCG and other NHS providers and commissioners; Salford City Council and voluntary and community sector will build on what is already in place so services work better and cost less.

This Operational Plan has been developed in consultation with clinical and executive leads to underpin the Salford Locality Plan. It outlines Salford CCG's high level priorities and strategic programmes from 1st April 2017 until 31st March 2019.

It is not the purpose of this document to detail all of the services we commission and how they will be delivered; it is intended to outline our strategic programmes, how our priorities link to the Salford Locality Plan, what delivery work streams will help us achieve these priorities, how we will measure performance and what risks we face in delivering our operational plan.

Figure 1 below shows the context for this operational plan and how it fits in with wider partnership arrangements as well as national and local planning requirements.

Figure 1 – Planning Context

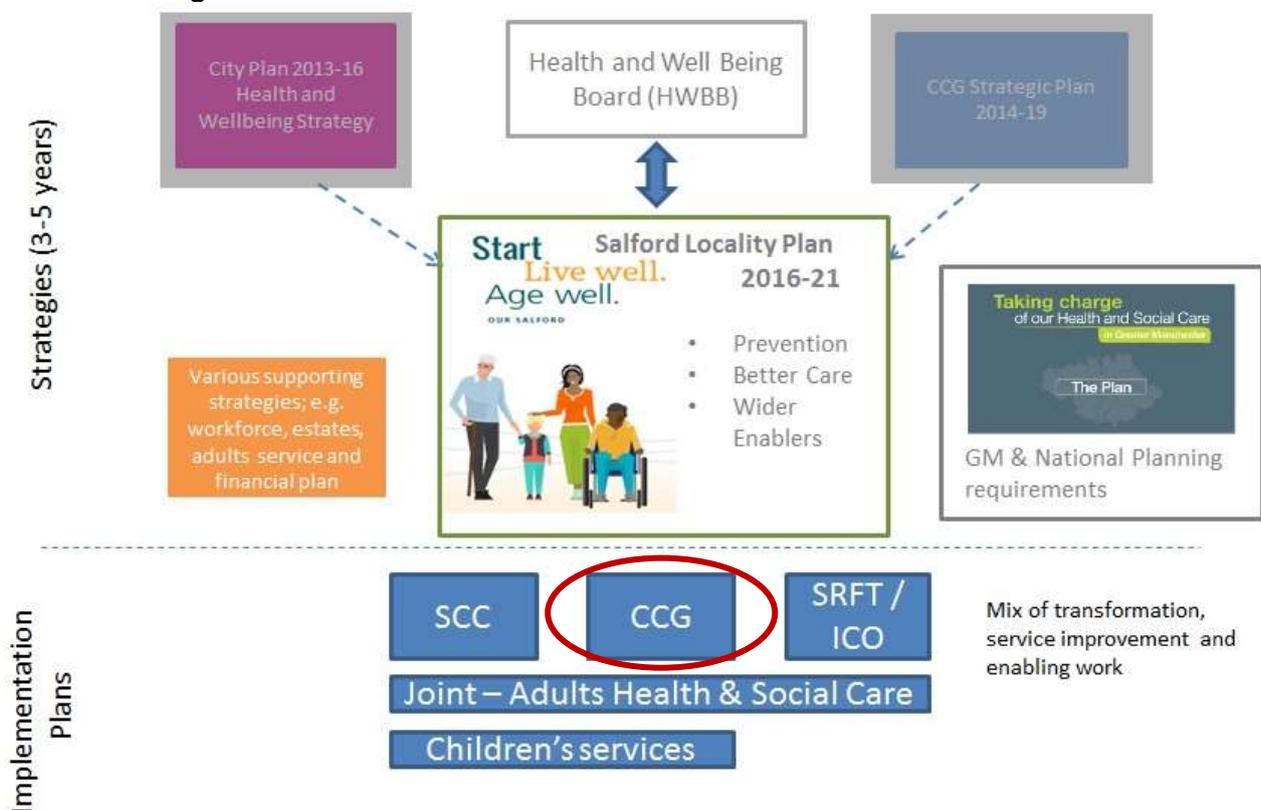


Figure 2 overleaf summarises this Operational Plan including our strategic aims and values, in the form of a plan on a page.

Figure 2 - Strategic Plan on a Page 2017-2019

NHS Salford Clinical Commissioning Group (CCG) Plan on a Page 2017-19										
LOCALITY PLAN	Vision	Salford people will start, live and age well- People in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a par with the current "best" in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before.								
	Locality Plan Transformation Themes / Strategic Programme Objectives	1. Quality of Care To be the safest healthcare system in the country, commissioning and providing high quality health services and care that enable our population to live longer healthier lives.								
		2. Population Health and Prevention Upgrading population health, prevention and self-care.								
		3. Integrated Community Based Care and Long Term Conditions				4. Transforming and Standardising Acute and Specialist Hospital Care				
		<ul style="list-style-type: none"> To support people in retaining their independence and quality of life through integrated health and social care services with partners. To make Primary Care will be the focal point of out of hospital and integrated care, built around natural communities. To achieve a more personalised and patient centred approach to caring for people with long term conditions. 				<ul style="list-style-type: none"> To deliver improvements in patient outcomes and efficiency through systems that assure high quality and reliable care at lower cost. To reduce unacceptable variation, delivering highly reliable patient centred care at lower cost and closing health, quality and financial gaps. 				
		5. Mental Health To ensure that all residents of Salford will have access to high quality, compassionate world-class mental health services.								
6. Enabling Transformation (Effective Organisation) To provide outstanding 'back-office' services that underpin our strategic programmes and support the delivery of new models of care, quality outcomes and financial benefits.										
CCG OPERATIONAL PLAN 2017-19	CCG Aims and Values	Improve Healthcare Quality	Improve health and wellbeing outcomes	Reduce health inequalities	Prevent ill health	Collaborate	Innovate	Integrity		
	CCG Priorities 2017-2019	<ol style="list-style-type: none"> Contribute in a leading way to the implementation of GM devolution through the Health and Social Care Partnership, ensuring all key local stakeholders are involved in and consulted upon service transformation 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 Deliver on the 2017/18 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 embedding of community based and integrated care Ensure strong alignment and engagement with all our stakeholders – both locally and at Greater Manchester level - and in particular our local members, partners and populations 								
	CCG Delivery Workstreams	Quality, Safety and Innovation Safer Salford including Care Homes, Medicines Optimisation, Patient Experience, Quality Assurance, Safeguarding, Innovation and Research.	Integrated Care System Adult pooled budget, Personalisation, GM transformation fund (integrated care), Health and Social care integration, Salford Together, service and financial plan (Domains 1 – 4*), Continuing Health Care (CHC).	Primary Care Primary Care Commissioning, Salford Standard, GP Forward View, Primary Care Workforce, Primary Care IM&T, Primary Care Estates.	National Clinical Priorities Cancer, Dementia, Diabetes, Learning Disabilities, Maternity, Mental Health.	Children and Young People Children and Young People Plan being jointly developed by Salford City Council and Salford CCG.	Hospital Services - North West Sector North West Sector and Healthier Together.	Greater Manchester (GM) Lead Responsibilities GM Weight Management Pathways, Dermatology, Neurology, Neuro Rehabilitation.	Urgent Care and Waiting Times A&E, Ambulance, Referral to Treatment Times (RTT), Diagnostics and Urgent Care Pathways redesign.	Other Commissioned Services Non-pooled budget, Voluntary / Third Sector, Public Health, Social Value.
Link to Locality Plan / Strategic Programme Objectives	1 2 3 4 5 6	1 2 3 4 5 6	1 3 4 5 6	2 3 4 5	2 3 4 5	4	4	4	2 3 6	

* Domain 1: Prevention, Early Intervention and Self Care, Domain 2: Care Navigation, Co-ordination and Transfers, Domain 3a: Neighbourhood Community Based Care (Service Design), Domain 3b: Neighbourhood Community Based Care (General Practice Organisation), Domain 4: Quality and Safety

1. Quality of Care

Strategic Leads	
Executive Lead	Francine Thorpe
Clinical Lead	Jeremy Tankel
Lay Lead	Alison Kelly

CCG Delivery Workstreams
Quality, Safety and Innovation Integrated Care System Primary Care

Locality Plan Priorities over the next 5 years:

- Work with providers to secure improvements in the quality, safety and safeguarding of commissioned services
- Ensure that patients experience of using services is captured and used to drive improvements
- 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
- Develop a culture of evidence based commissioning and decision making that utilises research evidence, innovation and knowledge translation.

CCG Priorities 2017-19

- Safer Salford Programme including Care Homes,
- Medicines Optimisation quality programme,
- Patient Experience Strategy implementation,
- Extend the use of our quality assurance framework,
- Adhere to safeguarding assurance and accountability framework,
- Support Salford Safeguarding Adults and Safeguarding Children's Board in agreed priorities,
- Innovation and Research Strategy implementation,
- Develop a collaborative approach to quality assurance and improvement in conjunction with Salford City Council (SCC).

Performance Measures:

Currently under development.

- Health Care Acquired Infections
- Referral to Treatment Times (52 Weeks)
- Mixed Sex accommodation
- Antibiotic prescribing in Primary Care
- Gram negative blood stream infections

Risks to the programme:

- Salford CCG has failed to meet the national targets for CDIFF in the last 2 years. If we fail to improve performance in 2017 the CCG will continue to see costs rise as a financial impact.
- If we fail to deliver expected outcomes as part of 'safer Salford', services delivery may not be safer for the population of Salford which could result in patient harm.

2. Population Health and Prevention

Strategic Leads	
Executive Lead	Karen Proctor Jennifer McGovern David Herne
Clinical Lead	Tom Tasker
Lay Lead	Paul Newman

CCG Delivery Workstreams
Quality, Safety and Innovation Integrated Care System National Clinical Priorities Children and Young People Other Commissioned Services

Locality Plan Priorities over the next 5 years

- To use behavioural approaches towards the achievement of population scale prevention and self-care.
- To support the social movement for change by developing an integrated, place-based approach to achieving improvement to people's wellbeing in the City.
- To raise aspirations and put in place support which will enable young people to achieve their potential in life, as well as reduce demand for services in the medium to long term.
- To put in place public health programmes which will promote, support and enable healthy lifestyles at all ages, in order to improve health outcomes and reduce demand for primary and acute care.
- To put in place programmes, activities and services which will promote, support and enable good mental wellbeing at all ages, in order to improve health outcomes and reduce demand for clinical care.
- To increase the effectiveness of screening and early detection programmes so that disease can be detected early, more effectively and treated with the minimum need for expensive and aggressive treatments.
- To work with partners to reduce the harmful impact of the social, environmental and economic conditions in which people live on their health and wellbeing.

CCG Priorities 2017-19

- Be an active and committed member of the Salford Locality Population Health Work Programme.
- Identify and deliver specific opportunities within CCG workstreams to maximise ill-health prevention and promote health improvement.
- Manage the CCG's £1million pound fund for voluntary, community and social enterprise (VCSE) providers via Salford Community and Voluntary Services (CVS).
- Provide funding for innovation schemes aimed to address specific priorities within the Locality Plan relating to; Start Well, Live Well & Age Well.
- Implement the new Healthy Living Centres service specification and outcomes framework.
- Deliver various public awareness campaigns to promote self-care and health improvement.

Performance Measures:

Currently under development.

- Flu Vaccinations

Risks to the programme:

- Changes in patient behaviour fail to materialise resulting in ongoing health inequalities and ever increasing demand for services.

3. Integrated Community Based Care and Long Term Conditions

Strategic Leads		CCG Delivery Workstreams
Executive Lead	Karen Proctor Jennifer McGovern	Quality, Safety and Innovation Integrated Care System Primary Care National Clinical Priorities Children and Young People Other Commissioned Services
Clinical Lead	Tom Regan	
Lay Lead	Brian Wroe Paul Newman	

Locality Plan Priorities over the next 5 years

- Implement the integrated care system (ICS) to enable the achievement of the Integrated Care Programme improvement targets by 2020.
- Through the integrated care organisation, redesign person centred services through integrated pathways, workforce alignment and supply chain arrangements.
- Develop and agree a vision, objectives and deliverables to extend the benefits of integrated care to children, young people and families.
- Receive a comprehensive evaluation (National Institute of Health Research) on the effectiveness of the integrated care programme by 2017.
- Design and implement the Integrated Care System new model of care within a neighbourhood footprint by 2017.
- 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.
- 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;
- 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.
- Invest in the workforce to increase capacity and capability and by building a primary care development and education programme;
- 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.
- 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.
- Invest in high quality community premises and improved technology to enable primary care to be the hub of out of hospital care.
- Move towards more of a primary care focus for the management of patients with LTCs as a first step towards our ambition for community based care with greater integration across community areas and a shift towards more proactive care with patients better enabled to self-manage care needs.

CCG Priorities 2017-19

- Commission in line with the Service & Financial Plan for the pooled budget for adult health and social care services,
- Manage a series of 'test case' health and social care pilots for 0-25 year olds,
- Implement the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan,
- Work with partners to deliver a Transformation Programme for adult health and social care (using the Greater Manchester Transformation Fund),
- Develop a policy on Personalised Health Budgets,
- Commission in line with Salford's Primary Care Strategy,
- Support the second round of the Productive Practice Programme,
- Undertake an extensive review of the General Practice Salford Standard contract,
- Deliver a Primary Care Workforce Programme,
- Deliver an IM&T Programme,
- Deliver a community & primary care Estates Programme,
- Carry out a series of community service reviews,
- Undertake a series of priority workstreams relating to diabetes, CVD, cancer, dementia,
- Achieve targets for the Transforming Care for Adults with Learning Disabilities Programme,
- Develop a single palliative and end of life care service specification.
- Implement recommendations in relation to 'Better Births' as part of the National Maternity Pioneer Programme.

Performance Measures:

Currently under development.

- Extended access (evening and weekends) at GP services
- Personal Health Budgets
- Continuing Health Care (CHC) assessments and decisions
- E-referrals

In addition to the above, there is also a comprehensive Integrated Care System (ICS) Dashboard that includes (but is not limited to) the following performance measures:

- Flu Vaccination uptake
- Dementia Diagnosis
- Admissions (non-elective, emergency, care home, elective planned)
- Attendances
- Long Term Conditions - Health related quality of life
- Proportion of people that die at usual place of residence
- Care Programme Approach (CPA)
- Injuries due to falls
- Carer assessments

Risks to the programme:

- There are a number of sources of potential variation including, varying performance against the standards at practice/neighbourhood level, delivery of the elements within the standards and disengagement due to the expected performance thresholds.

4. Transforming and Standardising Acute and Specialist Hospital Care

Strategic Leads		CCG Delivery Workstreams
Executive Lead	Steve Dixon	Quality, Safety and Innovation Integrated Care System Primary Care National Clinical Priorities Children and Young People Hospital Services – North West Sector Greater Manchester (GM) Lead Responsibilities Urgent Care and Waiting Times
Clinical Lead	Tom Regan	
Lay Lead	Chris Babbs	

Locality Plan Priorities over the next 5 years

Development of a Standard Operating Model

- Governance model for Trusts which form part of Group
- Improved and more effective decision making
- Delivery of Outcomes Based Healthcare – based on the Porter model of value based healthcare
- Delivery of the digital health enterprise – delivering efficiency and a reduction in spend through digital transformation
- Deliver a model which is replicable at a local, regional and national level

Emergency Department (ED):

- Reduce time to patient assessment and increase the percentage of patients seen by a senior decision maker
- Increase the percentage of A & E attendances waiting less than 4 hours

Acute Medicine:

- Reduce length of stay and patients admitted from acute to other wards
- Improve mortality rates

General Surgery:

- Improve mortality rates and emergency general surgery patients seen by a consultant 24/7
- Reduce length of stay, re-admission and achieve consistent and timely access to theatre, critical care and diagnostic services

Paediatrics:

- Reduce admissions whose needs could be met in the community or at home
- Improve mortality rates and emergency admissions seen by a consultant paediatrician within the first 24 hours of admission

Increase patient satisfaction and hospital staff satisfaction

CCG Priorities 2017-19

- Implement the model of care for Healthier Together across the North West Sector,
- Undertake service reviews to ensure local services meet the quality standards for the following priority areas: neuro rehabilitation, breast surgery, paediatrics, dermatology, neurology and elective orthopaedics,
- Review the GM Weight Management Pathways,
- Ensure local services achieve the NHS Constitutional Standards for A&E, Ambulance services, Referral to Treatment Times (RTT) and Diagnostics,
- Develop and oversee implementation of an action plan to ensure local services are resilient, particularly through the winter period,
- Review of Urgent Care Pathways to include GP streaming in A&E and the Out of Hours services.

Performance Measures

Currently under development.

- Delayed Transfers of Care (DTC)
- Referral to Treatment Times (<18 Weeks)
- Diagnostic Test Waiting Times
- A&E Attendances, Waiting Times and Trolley Waits
- Cancer Waiting Times
- Ambulance Response Times
- Cancelled Operations
- Elective Spells

Risks to the programme:

- Partnership working including arrangements such as Healthier Together (covering in hospital care) do not deliver shared plans

5. Mental Health

Strategic Leads		CCG Delivery Workstreams
Executive Lead	Jennifer McGovern	Quality, Safety and Innovation Integrated Care System Primary Care National Clinical Priorities Children and Young People
Clinical Lead	Tom Tasker	
Lay Lead	Edward Vitalis	

Locality Plan Priorities over the next 5 years

- Early intervention – meeting needs early and preventing the escalation of mental health problems (including transition planning from children’s services)
- Addressing the stigma and discrimination that surrounds mental health
- Rapid and convenient access at all times (and in all services, and relevant settings)
- Fair access, based on people’s needs, not who they are, or where they live in Salford
- Recovery – with service users returning to full health, moving through services, and being discharged where clinically appropriate
- Recognition of the links between physical health and mental health, and the government pledge to achieve parity of esteem
- Support to remain in your own home and to live independently for as long as possible
- The lowest possible number of people placed out of area (outside of Salford)
- 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)
- The lowest possible number of complaints and untoward incidents
- Excellent value for money

CCG Priorities 2017-19

- Review the delivery of the redesigned Community Engagement Recovery Team (in 16/17) and agree recurrent delivery model.
- Continue to monitor Improved Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP) access standards and targets.
- Evaluate and review local arrangements regarding Criminal Justice Liaison, Diversion and Triage in light of Greater Manchester wide contract award.
- Asylum seekers service review.
- Launch Suicide Prevention Strategy.
- Review and implement outcomes from the Dual Diagnosis innovation project.
- Ensure that Salford commissioned services are aligned to the development of the GM specialist perinatal community service.
- Review and progress arrangements re individual placement support for people with severe mental illness (SMI).
- Review current arrangements regarding people on standard care in CMHTs with a view to exploring alternative methods of providing support and improving the interface with primary care.
- Implementation of Child and Adolescent Mental Health Services (CAMHS) Transformation Plan and Emotional Health & Well Being work as part of 0-25 programme with City Council.

Performance Measures

Currently under development.

- Improved Access to Psychological Therapies (IAPT) Recovery Rate, Waiting Times and Roll Out
- Dementia
- Care Programme Approach
- Improve access rate to Children and Young People Mental Health Services (CAMHS)
- Waiting Times for Eating Disorder Services

Risks to the programme:

None identified.

6. Enabling Transformation (Effective Organisation)

Strategic Leads		CCG Delivery Workstreams
Executive Lead	Hannah Dobrowolska Steve Dixon	Quality, Safety and Innovation Integrated Care System Primary Care Other Commissioned Services
Clinical Lead	Tom Tasker	
Lay Lead	Edward Vitalis	

Locality Plan Priorities over the next 5 years

- Streamlining, joining up and sharing responsibility and budgets for commissioning of services.
- Streamlining, joining up and sharing responsibility and budgets for 'back office' commissioning support.
- Maximise the opportunities to achieve efficiency through the use of digital technology.
- Rationalise the use of public sector estate to achieve efficiencies and effectiveness in delivery across all sectors and allow provision of a range of accessible settings.
- Enable a suitably skilled workforce and working conditions in order to achieve transformation and new ways of working.
- Work collaboratively with VCSE and other local providers to maximise reach, outcomes and impact beyond statutory provision.
- Build from Salford's successful innovation and research programme to test and embed new ways of working to support our transformation aims.
- Radically change engagement practice from consultation to involvement of the public in an equal conversation

CCG Priorities 2017-19

- Agree and implement a Salford approach to health and social care commissioning between the CCG and Salford City Council, in line with the Greater Manchester Commissioning Review.
- Agree and implement our approach to 'back office' commissioning support liaising with a range of Greater Manchester and Salford based partners, to ensure changes are in line with the Greater Manchester Commissioning Review.
- Support CCG staff to develop and adapt to the changing commissioning landscape, ensuring personal resilience drives continued effective delivery of improved outcomes for the people of Salford.
- Review the CCG's approach to Diversity and Inclusion, linking better with partners within the Locality and increasing the profile of this work.
- Continue to implement our Engagement and Communication Strategy, using innovative and collaborative approaches, giving even more attention to engaging with all parts of Salford's population and ensuring that CCG decision making is guided by the views of local people.
- Further build on the increasing integration of planning and performance across health and social care commissioners.

- Review governance arrangements within the CCG to continue to meet all national requirements and adapt as changes are made locally, ensuring transparency and public accountability in decision making.
- Implement the Locality IM&T Plan,
- Update the CCG's 5 year financial plan to ensure the statutory financial duties are achieved, the business planning rules are met and to identify the level of resources available for the CCG's commissioning strategy,
- Lead the annual contract negotiation process, in line with Greater Manchester and National planning requirements, ensuring CCG and City Council contracts are developed, negotiated and signed to quality standards and timelines,
- Ensure the CCG delivers the 2017-19 objectives outlined in the CCG's strategic estates plan.

Performance Measures:

Currently under development.

Risks to the programme:

- Future stability of GM Shared Service as a result of organisational changes including the base location (Salford to Oldham)
- If there is a disruption to the IM&T service then there may be delays and/or failures in the communication of clinical data so patient harm may occur.
- If partner organisation's budgets come under increased pressure then they may need to cut services so more pressure may be experienced by NHS services.
- Potential impact of local/national political changes including changes to public services
- If our main contracts overspend in year then the CCG may not achieve a balanced financial position so CCG authorisation could be called in to question by the LAT.
- Latest trust monitoring shows that the financial reserve set aside for 2014/15 is sufficient to cover trust over spend
- A breach of Information Governance or data security processes may result in the release of Patient Confidential Data, Patient Identifiable Data, confidential corporate data or other highly sensitive information.
- If the CCG does not effectively engage with its members it will be unable to gain sufficient support to shape and implement its strategic plan and as such improvements to health and healthcare for Salford people will not be maximised.
- Insufficient engagement with patients and the public on commissioning decisions, service usage, campaigns, service quality, and equality and diversity matters may result in CCG decisions not being sufficiently informed by the views of the public in Salford
- CCGs are likely to get the funding and responsibility for specialist commissioning in 2016/17 but;
 - Capacity - do we have sufficient staff to undertake this work?
 - Capability - require specialist skills and knowledge to commission these services
 - Finance - we don't know what funding will transfer and whether this will be sufficient to cover current costs. In addition, these services are high cost and demand is growing

Delivery Dashboard 2017/18

Currently under development.