

# Health and Well-Being Board 10<sup>th</sup> July 2012

## Role of the H&W Board in the authorisation of CCG commissioning plans

### Background

As a result of the Health and Social Care Act 2012 passing through parliament, Clinical Commissioning Groups (CCGs) need to go through an assurance process to become a statutory body which will take on the commissioning responsibilities for its population. CCGs are new, clinically-led organisations coming into being for the first time, the thresholds for authorisation reflect CCG development. They are set in the context of a longer-term vision, where CCGs are supported to develop as they mature as organisations post-authorisation. The authorisation process should not be seen as an end in itself, but as a first step on a journey towards continual improvement.

The authorisation process covers the following six domains:

1. A strong clinical and multi-professional focus which brings real added value.
2. Meaningful engagement with patients, carers and their communities.
3. Clear and credible plans which continue to deliver the QIPP (Quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.
4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible.
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support.
6. Great leaders who individually and collectively can make a real difference.

Appendix 1 shows the subdomains of the above and the evidence CCGs will need to demonstrate or submit in relation to the Health and Wellbeing Board (HWB).

Each CCG is expected to develop a "Clear and Credible" Plan (CCP), which is a three year plan outlining the CCGs vision, strategic direction and commissioning intentions. The CCPs will need to integrate with wider planning arrangements such as local authority plans and health and well-being strategies. This underpins the importance of being able to demonstrate locally how the first year of the CCPs are being delivered (i.e. turning strategic CCP content into pragmatic Operating Plans for 2012-13). These plans will continue to be refined and developed.

### Role of the Health and Wellbeing Board

The HWB will play a significant role in informing CCGs of health and social care need, working with CCGs to develop their strategic thinking and shape their developing plans for the future. The HWB plays a part in the authorisation process, key areas are as follows:

- Taking part in a 360 degree survey on each CCG within its footprint
- Receiving and commenting on the vision and key priorities of each CCG within its footprint
- Working with CCGs, using refreshed JSNA ,to develop joint health and wellbeing strategy, to enable integrated commissioning where it is most useful on an on-going basis
- Ensuring that Quality, Innovation, Productivity and Prevention (QIPP )is integrated within all plans on an on-going basis

The key questions within the 360 degree survey that will be asked of the HWB can be seen in Appendix 2.

Vision and key Priorities of each of the six CCGs within Lancashire's HWB can be seen in Appendix 3.

A copy of Greater Preston's Clear and Credible Plan (CCP) can be seen in Appendix 4.

### **Recommendation**

Members are asked to:

1. Note the key questions within the 360 degree survey
2. Consider the vision and priorities of each of the six CCG's, acknowledging that these will develop over time
3. Note and input into the draft Greater Preston Clear and Credible Plan

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## RELEVANT CCG AUTHORISATION DOMAINS

## APPENDIX 1

<b>1.4</b>	<b>Communicating a clear vision of the improvements it is seeking to make in the health of the locality including population health and health inequalities</b>	
<b>1.4a</b>	A clear clinically led and delivered vision and priorities for improving quality, access and health outcomes to the communities it serves.	
I.	CCG can demonstrate that it has taken steps to communicate its vision and priorities to partners, via its clinical leadership, through the local health and wellbeing board.	Health and wellbeing board minutes. <i>NHSCB-led assessment</i> <i>Desk top review</i> Health and wellbeing board members views <i>NHSCB led assessment</i> <i>360</i>
<b>2.1</b>	<b>Ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards, local authorities and other stakeholders.</b>	
<b>2.1b</b>	Engaged in health and wellbeing boards, the refresh of the JSNA and the development of the joint health and wellbeing strategy.	
I.	CCG has engaged Local Authority/ties in establishing its organisational boundaries.	Configuration agreement <i>Pre-application</i>
II.	CCG is engaged in shadow health and wellbeing board, is participating in refresh of JSNAs and in development of the joint health and wellbeing strategy.	Commitment to working with others to develop joint health and wellbeing strategy and to enable integrated commissioning <i>Application</i> Health and wellbeing board meeting minutes and reports. <i>NHSCB led assessment</i> <i>Desk top review</i>
III.	CCG commissioning plan aligns with joint health and wellbeing strategy and enables integrated commissioning, depending on local time frame.	Draft JSNA <i>NHSCB led assessment</i> <i>Desk top review</i> Draft joint health and wellbeing strategy <i>NHSCB led assessment</i> <i>Desk top review</i> 2012-13 integrated plan and draft commissioning intentions for 2013-14. <i>NHSCB led assessment</i> <i>Desk top review</i>
<b>3.1</b>	<b>Credible plans to deliver continuous improvement in quality, reductions in inequalities in access to healthcare and healthcare outcomes, financial balance, and QIPP across the local health system, which also meet NHS Constitution requirements</b>	
<b>3.1a</b>	Clear and credible plans <sup>1</sup> that set out how CCG will take responsibility for service transformation that will improve quality within available resources.	
I.	QIPP is integrated within all plans. Clear explanation of any deviations from existing QIPP plans.	Draft Joint health and wellbeing strategy <i>NHSCB led assessment</i> <i>Desk top review</i>
II.	CCG plan supports delivery of joint health and	2012-13 plan and draft commissioning intentions for 2013-

	wellbeing strategy and integrated commissioning, depending on local timeframe.	14 <i>NHSCB led assessment</i> <i>Desk top review</i>
<b>4.2</b>	<b>Able to deliver all their statutory functions, including strategic oversight, financial control and probity, quality improvement, innovation and managing risk.</b>	
<b>4.2c</b>	Reducing health inequalities in access and reduce health inequalities in outcomes of healthcare across main business areas.	
I.	Through involvement in JSNA and development of joint health and wellbeing strategy, CCG has identified opportunities to reduce inequalities and has used tools and resources to identify effective and cost-effective interventions to reduce inequalities.	Draft JSNA <i>NHSCB led assessment</i> <i>Desk top review</i> Draft joint health and wellbeing strategy <i>NHSCB led assessment</i> <i>Desk top review</i>
<b>5.2</b>	<b>Strong leadership with local authorities to develop health and wellbeing boards.</b>	
<b>5.2a</b>	CCG is fully engaged in the shadow health and wellbeing boards.	
I.	CCG has collaborated in the development of a shadow health and wellbeing board.	Health and wellbeing board meeting minutes <i>NHSCB led assessment</i> <i>Desk top review</i>
	CCG commissioning plans reflect JSNA and CCG align priorities with those identified in health and wellbeing board, and joint health and wellbeing strategy.	
II.	CCG has collaborated in the refresh of the JSNA and in the development of the joint health and wellbeing strategy, depending on local timeframe.	Draft JSNA <i>NHSCB led assessment</i> <i>Desk top review</i> Draft joint health and wellbeing strategy <i>NHSCB led assessment</i> <i>Desk top review</i>
III.	CCG can demonstrate understanding of accountability and decision-making processes in health and wellbeing board.	Health and wellbeing board meeting minutes <i>NHSCB led assessment</i> <i>Desk top review</i>
<b>5.3</b>	<b>Strong arrangements for joint commissioning and cooperation with local authorities to enable integration and deliver shared outcomes and fulfil statutory responsibilities, drawing on public health advice.</b>	
<b>5.3a</b>	CCG collaborates with local partners to shape local commissioning plans to enable integration of services/ pathways.	
I.	Where the need for integrated commissioning and has been identified by the health and wellbeing board and in the joint health and wellbeing strategy, CCGs are collaborating with the local authority (ties) to develop shared plans.	Health and wellbeing board meeting minutes <i>NHSCB led assessment</i> <i>Desk top review, 360</i> Joint health and wellbeing strategy <i>NHSCB led assessment</i> <i>Desk top review</i> 2012-13 integrated plan and draft commissioning intentions for 2013-14 <i>NHSCB led assessment</i> <i>Desk top review</i> Joint commissioning agreements or plans, including pooled budgets, joint appointments, Section 75 agreements where appropriate. <i>NHSCB led assessment</i> <i>Desk top review</i>

## APPENDIX 2

### KEY QUESTIONS WITHIN THE 360 DEGREE SURVEY RELATING TO THE HWB

**Q. To what extent do you agree or disagree with the following statements about the clinical leadership of the (CCG)?**

**Please select one answer only**

Strongly agree

Tend to agree

Neither agree nor disagree

Tend to disagree

Strongly disagree

Don't know

- A. There is clear and visible clinical leadership of (CCG)
- B. I have confidence in the clinical leadership of (CCG) to deliver its plans and priorities
- C. The clinical leadership of (CCG) will be able to deliver continued quality improvements
- D. I have confidence in the clinical leadership of (CCG) to involve other clinical colleagues providing health services locally

**Q. How active, if at all, would you say the clinical leaders of (CCG) are as members of your health and wellbeing board?**

**Please select one answer only**

Very active

Fairly active

Not very active

Not at all active

Don't know

**Q. How well, if at all, would you say the clinical leaders of the (CCG) have communicated its vision and priorities to the health and wellbeing board?**

**Please select one answer only**

Very well

Fairly well

Not very well

Not at all well

Don't know

**Q. How consistent, if at all, is the vision that (CCGs) clinical leaders have communicated with the health and wellbeing board's priorities?**

**Please select one answer only**

Very consistent

Fairly consistent

Not very consistent

Not at all consistent

Don't know

The following questions ask about integrated commissioning between the local authority and the CCG. By integrated commissioning, we mean the arrangements for joint commissioning and cooperation with the local authority to enable integration of services/pathways, deliver shared outcomes and fulfil statutory responsibilities. This would include for example pooled budgets, Section 75 agreements, joint teams etc.

**Q. Has a need for integrated commissioning between (CCG) and the local authority been identified by your health and wellbeing board and in the joint health and Wellbeing Strategy (JHWS) or not?**

**Please select one answer only**

Yes, it has been identified  
No, it has not been identified

Not sure, I have not been involved in my position  
Don't know

**Please answer the next question if a need for integrated commissioning has been identified**

**Q. How well, if at all, would you say (CCG) and the local authority are working together to develop shared plans for integrated commissioning?**

**Please select one answer only**

Very well  
Fairly well  
Not very well

Not at all well  
Don't know

### VISION AND KEY PRIORITIES FOR EACH CCG

#### Chorley and South Ribble CCG

##### Vision

Our aim is to ensure equitable access to quality services that represent good value for our population. We aim to reduce health inequalities, address the needs of the vulnerable and promote safe, efficient, evidence based care. Public partnership and consultation will be an integral part of achieving this objective.

##### Mission Statement

As a Clinical Commissioning Group, we shall use our expertise to improve the health and wellbeing of the people of Chorley and South Ribble through the progressive development of integrated, quality-led health care commissioning and responsible utilisation of our financial resources.

In achieving its mission the group will:

- ensure that improving the health and wellbeing outcomes for patients and the local population remain central to its goals
- continually strive to improve the quality of care and to maximise value for money
- wherever possible, commission care close to where people live
- effect change and improvement through high quality clinical leadership
- promote co-operation and integration before competition and fragmentation.
- operate with transparency and build trust in its relationships with others
- adopt a 'can do' approach, focusing on innovation and solutions rather than problems
- ensure that planning and service redesign are guided by needs, safety and effectiveness
- promote empowerment, responsibility and accountability
- endeavour to support the local economy in its commissioning plans
- develop a valued workforce which is inspired and motivated by improving health outcomes for patients
- support colleagues in carrying out their responsibilities
- maintain financial balance

##### Clear and Credible Plan Goals

The following goals will be set by the CCG for the period 2012 to 2016

- Improve end of life care
- To improve mental health and dementia services
- To develop a sustained reduction in non-elective activity
- To ensure the safe and cost effective use of prescribed medicines
- To reduce Orthopaedic Referrals and interventions so the rate lies closer to the/ to within the national average

- To reduce cardio-vascular disease (CVD) mortality by commissioning more effective interventions open access to investigations and by commissioning more effective primary and secondary health promotion.
- To reduce the incidence of preventable cancers and make sure any cancer is diagnosed at the earliest opportunity possible
- To develop a local referral gateway for all referrals
- To improve community services better access/more appropriate services/by centering care around the patients and by having integrated pathways across primary and secondary care
- Develop integrated pathways across primary and secondary care – better use of hospital beds and reduction in overall secondary care capacity



# NHS Chorley & South Ribble CCG Business Plan Summary

Context	Vision	Strategies	Objectives	Outcome Aspirations	Programmes	Initiatives	Cross Cutting Initiatives
Excess Deaths	The aim is to ensure equitable access to quality services that represent good value for the population.	Prevention	Early identification and prompt treatment Reducing alcohol admissions / deaths related harm	Improved Health & Well Being of the population Reduce smoking in high risk groups by 5% Stop the rise in alcohol admissions	Obesity Smoking Alcohol	<ul style="list-style-type: none"> <li>Early cancer identification/ screening awareness</li> <li>CVD identification and management</li> <li>Evaluate Alcohol services</li> <li>Review stop smoking and healthy lifestyle services</li> </ul>	<b>Workforce</b> <b>Strengthen the Primary Care Infrastructure / Develop Primary Care Services</b> <b>Improved Communication and Information systems across all providers</b>
No £ growth			Reduce CVD and Cancer deaths Early identification and prompt treatment	Improved public partnership consultation Standardised Pathways Migration of care closer to home	Cancer Community Services	<ul style="list-style-type: none"> <li>Review and reform of community Services</li> <li>Wider LTC reform linking into QIPP programme</li> <li>Risk Stratification</li> <li>Review pathways development of GWPSI services for headache / epilepsy</li> </ul>	
High Hospitalisation Activity	Reduce health inequalities address the needs of the vulnerable and promote safe efficient evidence based care.	Planned Care / Long Term	Improve the care of diabetes Identification and management Improve access to diagnostics	Reduction in outpatient referrals for diabetes and cardiology by 30% Reduce variation in practice Increase in services within primary care for long term conditions with improved access to diagnostics	CVD Diabetes Planned Care	<ul style="list-style-type: none"> <li>Development of Virtual Clinics</li> <li>Outpatient Cardiology Triage Pilot</li> <li>ESD model for stroke</li> <li>Diagnostic Services within community</li> <li>Integrate primary / community / Secondary care pathways</li> <li>Reform community services ( physio/podiatry)</li> </ul>	
Increased Population (increased Elderly Population)			Reform urgent care and improve admission avoidance and Reablement services	Reduce ambulatory care sensitive admissions Reduce Non Elective admissions and length of stay Reduction in delayed discharges	Urgent Care Reablement	<ul style="list-style-type: none"> <li>Implementation of Urgent Care Dashboard</li> <li>Implement 111 Service</li> <li>Development of 24/7 Services admission avoidance service</li> <li>Single Point of access /reform intermediate</li> </ul>	
QIPP		Safe Quality Services Care Closer to Home	Reform mental health Services with a focus on Dementia Care	Reduced deaths in hospital for patients with a diagnosis of dementia Improved access to services within primary care	Mental Health	<ul style="list-style-type: none"> <li>Review the whole pathway for dementia</li> <li>Better collaboration with third sector</li> <li>Improve advance planning</li> <li>Increase community infrastructure from psycho geriatricians</li> </ul>	
			Improve the end of life pathway	Increase deaths outside hospital by 5% Improve End of Life planning across the whole sector	End of Life Care	<ul style="list-style-type: none"> <li>Establish model of care for GP support within Nursing Homes</li> <li>Work to improve advance planning with a focus on Nursing Homes</li> </ul>	
			Ensuring effective safe and cost effective use of prescriptions	Implementation of QIPP efficiency plans and overall reduction in cost	Prescribing	<ul style="list-style-type: none"> <li>Formulary review across QIPP level 2/3 pathways</li> <li>Sip feeds / gluten free prescribing policies and formulary</li> </ul>	

# East Lancashire CCG

## Vision

“East Lancashire Clinical Commissioning Group will commission high quality, safe and effective health services that meet patients’ needs and improve their health”

## CCG Principles

The CCG intends to be a reputable organisation which operates with integrity and trust as core principles. For this reason it has adopted the ‘Seven Principles of Public Life’ which will be the core that runs through everything that it does.

The principles of Public Life are outlined in the ‘Nolan Principles’ which are available at [www.public-standards.gov.uk](http://www.public-standards.gov.uk) and are:

- Selflessness
- Integrity
- Objectivity
- Leadership
- Accountability
- Honesty
- Openness

## Strategic Objectives

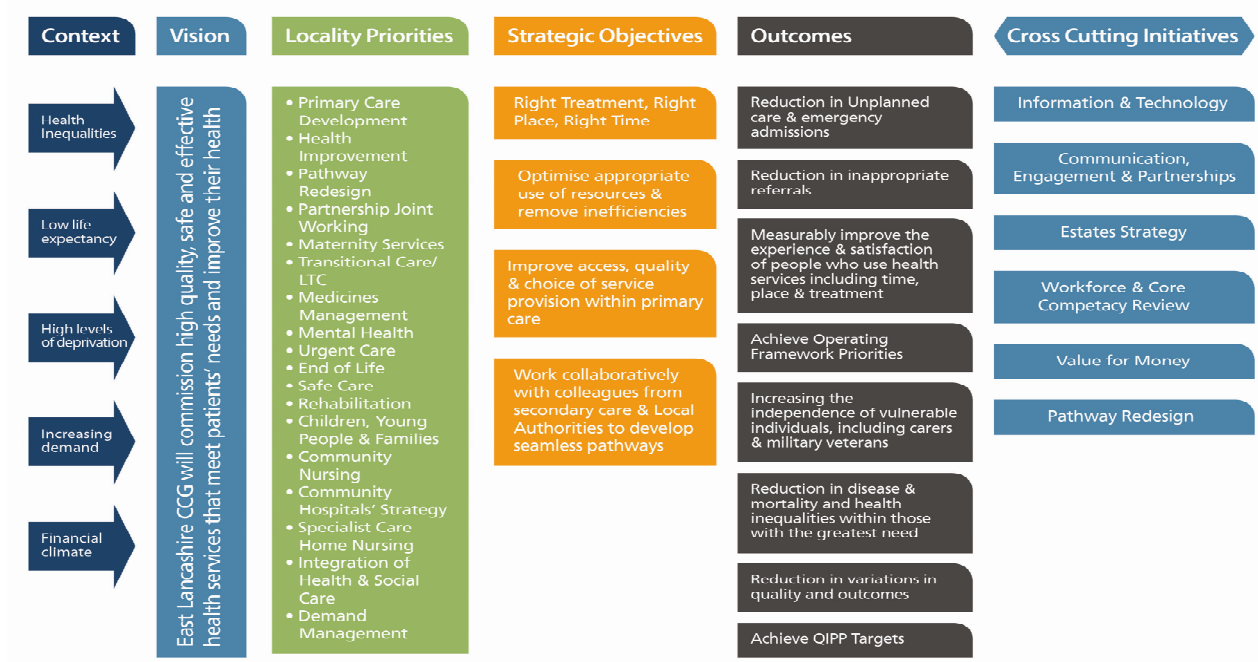
The CCG has four strategic objectives:

1. Commission the right services for patients to be seen at the right time, in the right place by the right professional
2. Optimise appropriate use of resources and remove inefficiencies
3. Improve access, quality and choice of service provision within primary, community and secondary care
4. Work with colleagues from secondary care and local authorities to develop seamless care pathways

## What do we want to achieve?

- An engaged population – where people are motivated to look after themselves and work with health professionals to use NHS services appropriately. This is critical if we are going to direct services to support those in greatest need. An example of this is patients who frequently attend Urgent Care Services when their need relates to social circumstances.
- We will work with East Lancashire Hospitals NHS Trust and Lancashire County Council to identify the support that they need.
- Engaged GPs - in each locality who will contribute to developments, and help us create the strong local focus that we need to make commissioning relevant and effective.
- Patients using services appropriately
- Services designed closer to people’s homes to promote independence and strengthen local services
- Through organisational development – the CCG becomes a highly effective and efficient CCG that is highly regarded by all its members, those who work with it, and, most importantly, the population we serve high quality services delivering improved clinical outcomes
- High levels of patient satisfaction

## East Lancashire 'Plan on a Page'



## Health Challenges & NHS East Lancashire CCG Priorities 2012/13

<b>ACUTE TRUSTS</b>	<ul style="list-style-type: none"> <li>➤ Urgent Care</li> <li>➤ Demand Management</li> <li>- Ophthalmology</li> <li>- Orthopaedics</li> <li>- Pain Management</li> <li>➤ Cancer</li> </ul>
<b>MENTAL HEALTH</b>	<ul style="list-style-type: none"> <li>➤ Inpatient Reconfiguration</li> <li>➤ Dementia</li> <li>➤ IAPT</li> </ul>
<b>COMMUNITY SERVICES</b>	<ul style="list-style-type: none"> <li>➤ Intermediate Care (Virtual Ward)</li> <li>➤ Diabetes</li> <li>➤ COPD</li> <li>➤ Learning Disabilities</li> </ul>
<b>MEDICINES OPTIMISATION</b>	<ul style="list-style-type: none"> <li>➤ Hospital at Home</li> </ul>
<b>CHILDREN'S SERVICES</b>	<ul style="list-style-type: none"> <li>➤ Health Visitors</li> </ul>

### Consultation Process

NHS East Lancashire CCG has robustly consulted with key stakeholders and the public by means of one to one meetings with Councillors and local GPs, public meetings and events as well as the inclusion of a supplement in local newspapers.

# Fylde and Wyre CCG

## Vision

We will commission appropriate high quality care delivered in a timely and effective way in the right place and time for the benefit of all our patients

## Key priorities

We have built on the priorities developed by NHS North Lancashire, which are based on the health need as well as extensive consultation with local people, to develop a set of priorities. These focus on three areas:

- Supporting people with long-term conditions
- Preventing ill health
- Commissioning safe, quality services

### 1. Supporting people with long-term conditions

This includes:

- Developing more socio-medical model of care (ie where social and environmental factors are considered as well as medical ones)
- Reducing hospital admissions
- Reducing cancer deaths
- Improving outcomes for people who have had a stroke
- Improving diabetes services

### 2. Preventing ill health

This includes:

- Ensuring a better start in life for children
- Reducing the number of children who are obese
- Reducing the number of mothers who smoke

### 3. Commissioning safe, quality services

This includes:

- Improving urgent care services
- Provide better care at home and in the community for at-risk patients
- Improving access to a GP
- Ensuring equality of access and choice to patients undergoing planned procedures
- Improving mental health and dementia services
- Improving end of life care, with more choice and better information for patients and carers

Fylde and Wyre CCG's Plan on a Page

Context	Vision	Strategies	Objectives	Outcomes and aspirations	Programmes	Initiatives	Cross cutting Initiatives		
<p>Preventing people dying prematurely Enhancing quality of life for people with LTC Little or no growth in financial resources Increasing pressure on secondary services</p>	<p>Fylde and Wyre ---Fit and Well</p>	<p>Appropriate high quality care delivered in a timely and effective way in the right place and time for the benefit of all our patients</p>	<p>Long Term Conditions</p>	<p>Move away from pathways of care to a more socio-medical model Keep patients out of hospital</p>	<p>Reduce emergency attendances and hospital stays by at least 15%engage all Professionals and the patient in a shared model</p>	<p>AqUA LTC Programme REACT Programme Winter planning COPD</p>	<p>Telecare/Telehealth Carer support service Community based heart failure service Reviewing and developing disease registers</p>	<p>CCG's neighbouring or pan Lancashire Patient and Practice engagement; Patient access to medical records</p>	
				<p>Reduce cancer deaths, improve TIA outcomes, Improve stroke rehab., Move intermediate Diabetes care out of acute &amp; into community setting</p>	<p>Increase life expectancy Reduce tobacco use reduce obesity in adults Improve diabetes care</p>	<p>Smoking cessation; Link with the Drug and Alcohol team ; Obesity awareness programmes</p>	<p>Cardiac specialist nurse appointed Alcohol service , linked with DaT Diabetes integrated care model being developed NAED Brest cancer screening for the over 75's &amp; Bowel cancer national programme</p>		
		<p>Safe, quality services, delivered in the most appropriate place within the available resources</p>	<p>Prevention</p>	<p>A better start in life for children, More informed mothers and parents Improve the health and wellbeing advice to young people</p>	<p>Reduce the level(18%) of year 6 children who are obese Encourage the 20% of mothers who smoke in pregnancy to quit</p>	<p>Partner with schools to bring HWB advice to children and young adults Obesity awareness Smoking cessation D&amp;A programmes</p>	<p>North West Utilization team review (A&amp;E) Review of Child Health systems across the Fylde Coast Embedding 'your welcome' leaflet in relevant contracts</p>		<p>Review of hospital services across the Fylde Coast 'Right place, right care, right time.</p>
				<p>Re- Profile urgent care Provide better care at home and in the community for at risk patients, Improve access to GP services</p>	<p>Better understand the routes by which people access emergency services/hospital. Reduce pressure on A&amp;E services</p>	<p>AqUA LTC Programme Establish single point of access for clinicians (REACT) Drug and Alcohol</p>	<p>Research into routes into A&amp;E Community based discharge teams Red Cross Chloe Care Accurate and timely information Increased Community Matrons DN review with new access formula</p>		
			<p>Provide equality of access and choice to all patients undergoing planned procedures</p>	<p>Achieve over 90% of practices using C&amp;B. Give patients accurate and honest information</p>	<p>Enhanced recovery programme Expanding straight to test initiative</p>	<p>MSK Triage Service(METCAT) Dermatology one stop Rheumatology rapid access Commissioning to PLCV Guidelines</p>			
			<p>Continue to improve GP prescribing /reduce costs</p>	<p>Reduced costs, better outcomes</p>	<p>Practice Pharmacists joint work with secondary care</p>	<p>Using peer review to manage oversubscribing practices</p>			
			<p>Improve mental health services across the CCG</p>	<p>Develop an effective dementia service Increase access to CBT in practices Commission a 'no break' service from children to adults</p>	<p>Develop a better understanding of MH services, Contribute to the MH In-patient review</p>				
			<p>Improve end of life care with more choice, more honest information on expected outcomes</p>	<p>Fylde Coast EoL group</p>	<p>Pilot end of life nurse Integrated IT system to identify EoL</p>				
			<p>Developing primary care clinical leads to work both with F&amp;W CCG and with neighbouring or pan Lancashire CCG's</p>	<p>Developing primary care clinical leads to work both with F&amp;W CCG and with neighbouring or pan Lancashire CCG's</p>					
			<p>Developing primary care clinical leads to work both with F&amp;W CCG and with neighbouring or pan Lancashire CCG's</p>	<p>Developing primary care clinical leads to work both with F&amp;W CCG and with neighbouring or pan Lancashire CCG's</p>					

## Greater Preston CCG

### Vision

The Greater Preston CCG aims to be responsive to the health needs of the local population, and commission quality services in a timely and cost effective way.

### Clear and Credible Plan Aims

The CCG expects to deliver the following areas in the period 2012 to 2015

- To constantly improve the quality of care through active engagement with all stakeholders and leadership within the commissioning processes
- To support member practices to work together and to share best clinical practice
- To developing a strong communication framework
- To work with NHS Lancashire to ensure the smooth transfer of responsibilities
- To develop strong working relationships with all local healthcare providers
- To actively participate as a member of the local Health and Wellbeing Board
- To develop, where appropriate, relationships with other CCGs to achieve economies of scale and large scale strategic change
- To be fair, open and transparent in procurement, in line with EU Procurement Legislation

### Clear and Credible Plan Goals

The following goals will be set by the CCG for the period 2011 to 2016

- Improve end of life care
- To improve mental health and dementia services
- To develop a sustained reduction in non-elective activity
- To ensure the safe and cost effective use of prescribed medicines
- To reduce Orthopaedic Referrals and interventions so the rate lies closer to the/ to within the national average
- To reduce cardio-vascular disease ( CVD ) mortality by commissioning more effective interventions open access to investigations and by commissioning more effective primary and secondary health promotion.
- To reduce the incidence of preventable cancers and make sure any cancer is diagnosed at the earliest opportunity possible
- To develop a local referral gateway for all referrals
- To improve community services better access/more appropriate services/by centering care around the patients and by having integrated pathways across primary and secondary care
- Develop integrated pathways across primary and secondary care – better use of hospital beds



# NHS Greater Preston CCG Business Plan Summary

Context	Vision	Strategies	Objectives	Outcome Aspirations	Programmes	Initiatives	Cross Cutting Initiatives
Excess Deaths	Improve the quality of care through active engagement and leadership within the commissioning processes	To be responsive to the health needs of the local population, and commission services in a timely and cost effective way	Prevention	Early identification and prompt treatment Improved health information and literature	Improved Health & Well Being of the population	Obesity	<ul style="list-style-type: none"> <li>Early cancer identification/ screening awareness</li> <li>CVD identification and management</li> <li>Evaluate Alcohol services</li> <li>Review stop smoking and healthy lifestyle services</li> <li>To develop initiatives in partnership with local authority and the voluntary sector to reduce alcohol intake and promote smoking cessation</li> </ul>
No £ growth				Reduce CVD and Cancer deaths Early identification and prompt treatment	Reduce smoking in high risk groups by 5%	Smoking	
High Hospitalisation Activity	Ensure healthcare services commissioned for population are robust enough to withstand the needs of today and the challenges of tomorrow	Planned Care / Long Term	Improve the care of diabetes Identification and management Improve access to diagnostics	Reduction in outpatient referrals for diabetes and cardiology by 30% Reduce variation in practice	Cancer	<ul style="list-style-type: none"> <li>Review and reform of community Services</li> <li>Wider LTC reform linking into QIPP programme</li> <li>Risk Stratification</li> <li>Review pathways development of GWPSI services for headache / epilepsy</li> </ul>	
				Increase in services within primary care for long term conditions with improved access to diagnostics	Standardised Pathways Migration of care closer to home	Community Services	
Increased Population (increased Elderly Population)		Safe Quality Services Care Closer to Home	Reform urgent care and improve admission avoidance and orthopaedics services	Reduce ambulatory care sensitive admissions Reduce Non Elective admissions and length of stay Reduction in delayed discharges move towards national average for orthopaedics across a range of comparator thresholds approximately 17.6% decrease	CVD	<ul style="list-style-type: none"> <li>Development of Virtual Clinics</li> <li>Outpatient Cardiology Triage Pilot</li> <li>ESD model for stroke</li> </ul>	
				Reform mental health Services with a focus on Dementia Care	Reduced deaths in hospital for patients with a diagnosis of dementia  Improved access to services within primary care	Diabetes	
QIPP			Improve the end of life pathway	Increase deaths outside hospital by 5%	Urgent Care	<ul style="list-style-type: none"> <li>Implementation of Urgent Care Dashboard</li> <li>Implement 111 Service</li> <li>Development of 24/7 Services admission avoidance service</li> <li>Single Point of access /reform intermediate care</li> <li>MSK tier 2 service</li> <li>Review arthroscopy pathway</li> <li>Develop and implement schemes to reduce follow-ups</li> </ul>	
				Improve End of Life planning across the whole sector	Orthopaedics	<ul style="list-style-type: none"> <li>Review the whole pathway for dementia</li> <li>Better collaboration with third sector</li> <li>Improve advance planning</li> <li>Increase community infrastructure from psycho geriatricians</li> </ul>	
			Ensuring effective safe and cost effective use of prescriptions	Implementation of QIPP efficiency plans and overall reduction in cost	Dementia	<ul style="list-style-type: none"> <li>Establish model of care for GP support within Nursing Homes</li> <li>Work to improve advance planning with a focus on Nursing Homes</li> </ul>	
					End of Life Care	<ul style="list-style-type: none"> <li>Formulary review across QIPP level 2/3 pathways</li> <li>Sip feeds / gluten free prescribing policies and formulary</li> </ul>	
					Prescribing		
							Workforce
							Strengthen the Primary Care Infrastructure / Develop Primary Care Services
							Improved Communication and Information systems across all providers

# Lancashire North CCG

## Vision

We aim to secure safe, high quality

The initial 6 areas are:

health services in partnership with professionals and patients to give local people the best opportunity to live longer and healthier lives.

## Key priorities

Lancashire North CCG ensure that commissioning of care, treatment and support, monitoring delivery, and managing finances are functions underpinned by strategic goals, moving services forward in the most important areas for local people.

We have proposed 6 main strategic areas. These will now be tested in debate with local partners, local people, and their representatives.

- Inequalities
- CVD / Cancer
- Acute Care
- Mental Health
- Shift to intermediate care
- Developing primary care

A full summary of the evidence and intentions that support our strategic objectives can be found in our Commissioning Plan.



## West Lancashire CCG

### Vision

By working with local people and our partners in West Lancashire and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services.

### Key Priorities

Short term	Medium term	Long term
<b>Stroke/ transient ischaemic attack (TIA)</b>	Integrated Care Organisation /Community Services	Respiratory Health
<b>Heart Failure/Cardio vascular disease (CVD)</b>	Urgent Care	End of Life
<b>Mental Health/Dementia/ADHD/CAM HS</b>	Sexual Health	
<b>Orthopaedics</b>	Medicines Management	
<b>Diabetes</b>	Referral Management	
<b>Dermatology</b>	Admission avoidance including elderly frail/care homes	

West Lancashire Clinical Commissioning Group: Plan on a Page – Draft March 2012

Context	Vision	Aims	Health priorities	Outcome Aspirations	Programmes	Initiatives	Cross Cutting Initiatives
Poor quality of life	By working with local people and our partners in West Lancashire and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services. Improve the quality and length of life of the population of West Lancashire.	Ensure safe and effective services are provided when and where they are needed most, making sure that the quality of those services matches local people's expectations. Encourage consistent two-way communication with local people to listen to their needs and views on West Lancashire's health services. Provide the population with the information they need to take more control over their health and health services. Make the most effective use of technology to improve our effectiveness and efficiency. Make the best use of evidence based practice to help us to make objective decisions concerning health care and health services.	CVD	Achievement of TIA national target Reduce acute admissions in end stage heart failure Increase uptake of cardiac rehab	Stroke / TIA Heart Failure CVD	<ul style="list-style-type: none"> <li>TIA pathway development</li> <li>Redesign heart failure pathway</li> <li>Redesign cardiac rehabilitation service</li> </ul>	Strengthening Infrastructure – IT and estates (review utilisation of current estate) Medicines Management ICO / Community Services – contracting and service pathway development and redesign
High hospitalization			Dementia / Mental Health	Earlier access to dementia diagnosis Reduction in admissions	Dementia Mental Health	<ul style="list-style-type: none"> <li>Implement dementia strategy</li> <li>Pan-Lancs reconfiguration of inpatient services</li> <li>Develop IAFT services</li> </ul>	
Growing elderly population			Long Term Conditions	Reduction in admissions	Diabetes	<ul style="list-style-type: none"> <li>Develop pathway based on map of medicine</li> <li>Improve education of patients and practitioners</li> </ul>	
			Planned Care	Reduction in referrals to secondary care	Dermatology	<ul style="list-style-type: none"> <li>Adopt Tier 2 Dermatology service</li> <li>Develop Tier 2 MSK service</li> <li>Scope Manchester Referral Gateway model for referral management</li> </ul>	
				Reduction in referrals to secondary care	Orthopaedics		
Urgent Care			Reduction in admissions	Referral Management	<ul style="list-style-type: none"> <li>Develop case management approach</li> <li>Implementation of Urgent Care dashboard</li> </ul>		
No £ growth expected			Lifestyle & risk taking behaviours	Improve access to sexual health services	Sexual health	<ul style="list-style-type: none"> <li>Development of sexual health service specification</li> </ul>	
			Readmission avoidance	Reduction in readmissions	COPD	<ul style="list-style-type: none"> <li>Development of Home Oxygen service</li> <li>Development of LACE tool – stratification</li> <li>Patient education</li> </ul>	
				Reduction in unplanned admissions			
End of Life			Increase in the number of people dying in their preferred place	End of Life	<ul style="list-style-type: none"> <li>Review end of life pathway</li> </ul>		
Children's services	Improve access to CAMHS	CAMHS	<ul style="list-style-type: none"> <li>Development of ADHD services</li> </ul>				

## **APPENDIX 4**

### **GREATER PRESTON CCG'S CLEAR AND CREDIBLE PLAN**

Please refer to attached document