	Aim	Objective	2016-17 deliverable	2020 Goal	Existing Dashboard	New	Health & wellbeing	Health & Wellbeing Workshop key
1	Better commissioning, improve local & national health outcomes, particularly by addressing poor outcomes &	1.1 CCG performance	Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure progress on priorities set out in the mandate & the NHS planning guidance including overall Ofsted-style assessment for each of cancer, dementia, maternity, mental health, learning disabilities & diabetes, as well as metrics on efficiency, core performance,	Performance of CCGs against new CCG assessment framework.	Indicators	CCG New metrics – timelines for release	strategy	Addressing health inequalities  Developing the prevention agenda
2	Create the safest, highest quality health and care service	2.1 Avoidable deaths & seven-day Services	as metrics on efficiency, core performance, technology and prevention.  Implement agreed recommendations of the National Maternity Review  Rollout of four clinical priority standards Publish avoidable deaths per trust annually	Reduce rate of stillbirths, neonatal & maternal deaths & brain injuries that are caused during or soon after birth by 50 percent by 2030  Achieve a significant reduction in avoidable deaths  Roll out of seven-day services in hospital  Improvement in antimicrobial prescribing and resistance	Infant Mortality (Rt per 1000 live births)  Amenable/ preventable Deaths	Brain injuries rate per 100 000 children  Agree significant reductions Avoidable Death  To reduce Agree antimicrobial prescribing & emergency admissions and	mortality To promote healthy pregnancy  To reduce avoidable deaths  To reduce emergency admissions and direct admissions	Reducing Alcohol Harm (limited scope)
			Establish global & UK baseline & ambition for antimicrobial prescribing & resistance rates		Mortality from causes considered preventable (rts per 100,000 Males & female)  NHS Health Check Offered & Uptake		to residential care settings	
		2.2 Patient Experience	Produce a plan with specific milestones for imp patient choice by 2020, in maternity, end-of-life personal health budgets.  Develop proposals about how feedback, partice maternity services, could drive improvements t (clinical & ward levels)	e daee & budget or integrated personal budget  ularrypirove patient choice, including in	Patient experience of GP out of hours service  Patient experience of hospital care  Overall satisfaction of	Numbers of people with personal health or integrated personal budget.  Inpatient, outpatient, emergency care & GP survey on satisfaction		

					carers with social services % satisfaction of people using services & support			
		2.3 Cancer	Achieve 62-day cancer waiting time standard.  Achieve measurable progress towards the national diagnostic standard of patients waiting no more than 6 weeks from referral to test.  Agree trajectory for increases in diagnostic capacity required to 2020 and achieve it for year 1  Invest £340 million in providing cancer treatments not routinely provided on the NHS through the Cancer Drugs Fund	Recommendations of Cancer taskforce review  Significantly improving one-year Survival to achieve 75 percent by 2020 for all cancers combined  Patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.		One-year survival from all cancers  Agree trajectory for diagnostic capacity Diagnostic Test Waiting Times		
3	Balance the NHS budget & improve efficiency and productivity	3.1 Balancing the NHS budget	NHS balances its budget, with commissioners & providers living within their budgets Roll-out of second cohort of RightCare methodology to a further 60 CCGs  Securing £1.3 billion of efficiency savings through implementing Lord Carter's recommendations & collaborating with local authorities on Continuing Healthcare spending  Measurable improvement in primary care productivity, including through supporting community pharmacy reform	Achieve year on year improvements in NHS efficiency and productivity (2-3 percent each year),		NHS efficiency & productivity  Better Care, Better Value indicators		
4	Lead a step change in the NHS in preventing ill health & supporting people to live healthier lives.	4.1 Obesity diabetes  4.2 Dementia	Agreed child obesity implementation plan.  Wider action to achieve year on year improvement trajectory for the % of children overweight or obese  10,000 people referred to the Diabetes Prevention Programme  Maintain a minimum of two thirds diagnosis rates for people with dementia.  Agree implementation plan for the PM's challenge on dementia 2020, including to improve the quality of post-diagnosis treatment and support	Reduced child obesity  100,000 people supported to reduce their risk of diabetes  Measurable reduction in variation in management and care for people with diabetes.  Deliver on PM's challenge on dementia 2020, including:  • maintain a diagnosis rate of at least 2/3  • Increase the numbers of people receiving a dementia diagnosis within 6 weeks of a GP referral	Children aged 4-5 & 10-11 classed as overweight or obese  Estimated diagnosis rate for people with dementia  People feel supported to	Agree- obesity plan & trajectory  QOF – 13 indicators on Diabetes  Agree on reduction in variation in care and management of diabetes  Dementia waiting times  QOF Establishes and maintains a register of patients diagnosed with dementia  The % of patients diagnosed with	To reduce childhood obesity To support children with long term conditions To manage long term conditions To manage Dementia	Childhood obesity
				<ul> <li>Improve quality of post- diagnosis treatment &amp; support</li> </ul>	manage their long term condition	dementia whose care has been reviewed in a face-to-face review		

				for people with dementia & their	Loneliness &	in the preceding 12 months		
				carers	isolation in adult carers	The % of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, Survey/ care plans on post		
5	Maintain & improve performance against core standards	5.1 A&E, ambulances & Referral to Treatment (RTT)	Improvement trajectory and deliver year 1 for A&E.  Implement Urgent and Emergency Care Networks in 20% percent of the country designated as transformation areas, including clear steps towards a single point of contact.  Agree improvement trajectory & deliver the plan for year 1 for ambulance responses; complete Red 2 pilots and decide on full roll-out.  Meet the 18-week referral-to-treatment standard, Reduce unwarranted variation between CCG referral rates to better manage demand	95% people attending A&E seen within 4 hours; Urgent & Emergency Care Networks rolled out to 100% of the population. 75 percent of Category A ambulance calls responded to within 8 minutes. 92 percent receive first treatment within 18 weeks of referral; no-one waits more than 52 weeks		diagnosis treatment & support  A&E Waiting Times – Total time in the A&E department  Ambulance clinical quality – Category A (Red 1) 8 minute response time  Ambulance clinical quality – Category A (Red 2) 8 minute response time  Ambulance clinical quality – Category A 19 minute transportation time  Patients on incomplete nonemergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	To reduce emergency admissions and direct admissions to residential care settings	
6	Improve out-of- hospital care.	6.1 New models of care & general practice	<ul> <li>NMC covering the 20% of the population designated as being in a transformation area to:         <ul> <li>Provide access to enhanced GP services, including evening and weekend access and same-day GP appointments for all over 75s who need them</li> <li>Make progress on integration of health and social care, integrated urgent &amp; emergency care, electronic record sharing.</li> </ul> </li> <li>Publish practice-level metrics on quality of and access to GP services and benchmarking.</li> <li>New contract for GPs (Multidisciplinary Community Provider contract) implementation 2017-18.</li> </ul>	100% of pop access to weekend/evening routine GP appointments.  Measurable reduction in age standardised emergency admission rates & emergency inpatient bed- day rates; more significant rates through the new care model programmes covering at least 50% of population.  Significant measurable progress in health and social care integration, urgent and emergency care (including single point of contact), and electronic health record sharing, in areas covered by the NCMP  5,000 extra doctors in general practice	Emergency admission rates for	Agree measureable reduction in emergency admissions & inpatient bed rates  Agree measurable progress in health & social care integration, urgent and emergency care & electronic health record  HEE target – Doctors in general practice	To reduce emergency admissions and direct admissions to residential care settings	Strategic Leadership Adult Care Market
		6.2 Health &	Implement the Better Care Fund (BCF) in line	Achieve better integration of health			To promote	Develop & Embed

	gration	with the BCF Policy Framework for 2016-17.  By March 2017, each area has plan for better integrating health and social care.  Accelerate integration in the transformation areas, by sharing electronic health records and making measurable progress towards integrated assessment and provision.  Agree and support implementation of local devolution deals.  Agree a system-wide plan for reducing delayed transfers of care with local government and NHS partners implement year 1 of this plan.	and social care with improvements in performance against integration metrics within the new CCG assessment framework.  Graduate from the Better Care Fund programme management once demonstrated movement beyond its requirements.	Measure in new CCG framework  Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services  Delayed Transfers of care per 100,000 population (attributable to NHS, social care or both)  Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	independence  To support carers and families  To reduce social isolation	place based integrated teams  Adult Care Market
healtl	th, ning bilities & sm	50% of people experiencing first episode of psychosis to access treatment within 2 weeks. 75% of people with relevant conditions to access talking therapies in 6 weeks; 95% in 18 weeks.  Increase in people with learning disabilities/autism being cared for by community not inpatient services, incl implementing the 2016-17 actions for Transforming Care.  Agree & implement a plan to improve crisis care for all ages, include investing in places of safety.  Implementation of locally led transformation plans for children & young people's mental health, (improve prevention & early intervention activity)  On track to deliver national coverage of the children & young people's Improving Access to Psychological Therapies (IAPT) programme by 2018.  Implement agreed actions from the Mental Health Taskforce.	Close the health gap between people with mental health problems, learning disabilities and autism and the population (defined in Mental Health Taskforce).  50% of people experiencing first episode of psychosis to access treatment within 2 weeks;  75% of people with relevant conditions to access talking therapies in 6 weeks; 95 percent in 18 weeks	Agree the health gap IAPT Waiting Times - The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*  IAPT Waiting Times - The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*  Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral  Reliance on inpatient care for people with a learning disability and/or autism*	To improve outcomes for people with learning disabilities  To promote mental wellbeing and healthy lifestyles  To support vulnerable families & children  To support children with long term condition	
innovation & growth. and g	growth	Implement the agreed recommendations of the Accelerated Access Review including developing ambition & trajectory on NHS uptake of affordable & cost-effective new innovation  Minimum of 10% of patient's actively accessing	Implement research proposals & initiatives in NHS England research plan.  Measureable Improvement in NHS uptake of affordable and costeffective new innovations.  Support delivery of the National	Agree – measureable improvement  Agree measurable improvement	LCC Digital work	Digital first
7.216		primary care services online or through apps,	Information Board Framework	on the new digital maturity index	stream	orgical fill of

	and set trajectory and plan for achieving a significant increase by 2020.  From April, ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available.  Robust data security standards in place and being enforced for patient confidential data.  Make progress in delivering new consent-based data services to enable effective data sharing for commissioning and other purposes for the benefit of health and care.  Significant increase in patient access to and use	'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care.  95% of GP patients to be offered econsultation and other digital services  95% of tests to be digitally transferred between organisations.	and achievement of an N is paper-free at the point  GP Survey/Data – on offer consultation  Agree on measurement for being digitally transferred	of care. ring e or tests	
7.3 Health & Work	of the electronic health record.  Continue to deliver & evaluate NHS England's plan to improve the health and wellbeing of the NHS workforce.  Work with Government to develop proposals to expand and trial interventions to support people with long-term health conditions and disabilities back into employment	Contribute to reducing the disability employment gap. Contribute to the Government's goal of increasing the use of Fit for Work.	Long term unemployment Gap in the uneployment rate: between those with a long- term health condition and the overall employment rate  for those in contact with secondary mental health services and the overall employment rate	To promote healthy settings, healthy workforce and economic development	Making Every Contact Count