

CCG objectives 2015/16

- 1 North East Hampshire and Farnham CCG has a well developed operating plan for the local health system for 2015/16. Our CCG objectives describe the action we will take within the CCG to deliver our plans for the local health system. The table overleaf summarises the CCG objectives for 2015/16 and schedules on the subsequent pages describe the priority actions relating to each objective.
- 2 The objectives have been developed in a similar style and format to the CCG objectives for 2014/15, grouped in five themes, describing the work we will undertake to:
 - i. improve services, outcomes and care quality for our population
 - ii. drive system reform to create sustainable local health services
 - iii. engage with local people, practices and partners to deliver our strategy
 - iv. create financial sustainability
 - v. develop our people and organisation to operate effectively.
- 3 The objectives are developed in the context of:
 - The need to ensure sustained performance and consistent delivery of the constitutional targets in 2015/16, in a challenging financial environment
 - The opportunity to accelerate the pace and scale of service improvement and public sector transformation, including through the selection of the North East Hampshire and Farnham health and social care system as a 'Vanguard site' to improve care for local people
 - The potential to begin to change the way that care is commissioned and contracted (moving to longer term outcome and capitation based contracts) and to change the way providers work together (increasingly forming networks and partnerships to deliver joined up care) in order to better meet the needs of local people within the available resources.
- 3 The CCG Chair and Chief Officer are accountable for the delivery of the objectives. Director lead responsibilities for each objective, and Governing Body GP lead responsibilities for the six CCG Improvement Programmes have been identified and are set out in this document. In parallel to the work to finalise the operating plan and to develop the Vanguard programme with partners, the roles of Governing Body GPs and other clinical lead roles in 2015/16 are being finalised.
- 4 Each objective is underpinned by a series of measurable actions and milestones, which provide clarity about our priorities and work programme for 2015/16 and against which progress in delivery of the objectives can be measured. These organisational objectives form the basis of personal objectives for all staff in the CCG.

Action for Governing Body

- 5 The Governing Body are asked to:
 - a) Approve the CCG objectives for 2015/16
 - b) Note that progress against delivery of these objectives will be monitored and managed by the Senior Management Team and reported to the Governing Body on a routine basis during 2015/16

CCG Objectives for 2015/16 (as at 1 April 2015)

Theme	Objective
Improved services, outcomes and care quality for our population	<ol style="list-style-type: none"> 1. Deliver the actions within our six improvement programmes, as set out in our strategic and operational plans, to improve service quality, outcomes and performance. 2. Ensure that all constitutional standards are achieved for the North-East Hampshire & Farnham population. 3. Ensure local people receive high quality services that are safe, improve outcomes for people and are delivered with kindness and compassion. Where care does not meet required standards, take action to improve the quality of these services.
System reform	<ol style="list-style-type: none"> 4. Develop and deliver the system wide PACS vanguard programme to accelerate the pace and scale of delivery of new models of care with local people, and establish new arrangements between providers to integrated service delivery in North-East Hampshire and Farnham. 5. Develop, agree and put in place a strategy to pool budgets and undertake joint commissioning with NHS England and Local Authority partners, and develop revised contracting and payment mechanisms to support delivery of the CCG strategy.
Engagement and Partnerships	<ol style="list-style-type: none"> 6. Strengthen and embed robust processes to engage with the local community that directly influences CCG priorities, plans and delivery 7. Further improve and embed the arrangements through which member practices operate within and contribute to the work of the CCG, in order to accelerate planned service improvements 8. Further develop and strengthen the partnerships we need to deliver our six improvement programmes, improving health and health services for our population 9. Fully discharge our responsibilities as lead commissioners for children's services and for mental health and learning disability services
Financial sustainability	<ol style="list-style-type: none"> 10. Continue to refine and implement our five year financial plan which ensures the sustainability of services for our population and ensures that CCG has the resources and resilience it needs to deliver its strategy 11. Deliver our annual financial plan, achieving our financial obligations, meeting financial business rules
CCG people and organisation	<ol style="list-style-type: none"> 12. Refresh and implement our organisational development plan, developing our people, culture and clinical leadership to enable innovation and excellence, managing within our running costs 13. Ensure that the necessary internal systems, processes, constitutional and governance arrangements are in place to enable the CCG to deliver its duties and responsibilities

The table below sets out the measureable priority actions for 2015/16 to deliver the objectives

Objective	2015/16 Priority Actions	Lead
1. Deliver the actions within our six improvement programmes, as set out in our strategic and operational plans, to improve service quality, outcomes and performance.	a) Programme 1: Empowering individuals to take control of their own health <ul style="list-style-type: none"> ▪ Engaging primary care and integrated care teams in promoting self-care & self-management ▪ Strengthening communities to tackle inequalities and promote health & wellbeing ▪ Targeting specific populations at risk or in need, with self-care and self-management support ▪ Targeting diseases and Long Term Conditions that are amenable to intervention, with self-care & self-management 	Dr Olive Fairbairn and Sarah McBride
	b) Programme 2: Targeted prevention and earlier intervention <ul style="list-style-type: none"> ▪ Deliver an agreed series of targeted prevention activities to reduce the incidence of disease, including improving the physical health of people with severe mental illness, increasing uptake of vaccination programmes and weight loss programmes ▪ Deliver an agreed series of actions to detect disease and intervene earlier, including early support for children with emotional and mental health problems, increasing uptake of NHS health checks, and improving early diagnosis of cancer and dementia 	Dr Olive Fairbairn and Sarah McBride
	c) Programme 3: Introducing new models of integrated health and social care <ul style="list-style-type: none"> ▪ Implement the new model of integrated delivery in each locality, establishing multi-disciplinary teams in Yateley, Aldershot, Farnborough, Fleet and Farnham focussed on meeting the needs of local people with complex needs ▪ Redesign the system wide services that support the integrated delivery model, including reviewing community bed provision for the local population ▪ Deliver the Better Care Fund efficiency savings ▪ Deliver key enablers to integrated care, in particular enabling the sharing of clinical information across the system 	Dr Jane Dempster and Sarah McBride
	d) Programme 4: Establishing new models of urgent and emergency care <ul style="list-style-type: none"> ▪ Deliver a single 'first port of call' for health services for the local population ▪ Implement new service models to reduce demand on urgent and emergency care, and implement the A&E sustainability plan including improving hospital discharge processes and flow 	Dr Peter Bibawy and Sarah McBride
	e) Programme 5: Improving quality and productivity of planned care <ul style="list-style-type: none"> ▪ Support the strategic development of primary care ▪ Refreshing the planned care strategy and market approach ▪ Explore a new contractual relationship with providers for planned care ▪ Use referral information to reduce variation and evaluate the effectiveness of referral management systems ▪ Enhance medicines optimisation and management 	Dr Steven Clarke and Sarah McBride
	f) Programme 6: Improving specialist care for our population <ul style="list-style-type: none"> ▪ Prepare for co-commissioning specialised services ▪ Understanding and influence existing specialised activity flows ▪ Redesign the discharge process from specialised services to local services 	Dr Steven Clarke and Sarah McBride

Objective	2015/16 Priority Actions	Lead
2. Ensure that all constitutional standards are achieved for the North-East Hampshire & Farnham population.	<ul style="list-style-type: none"> a) Ensure focussed and sustained performance of key constitutional standards including for waiting times in A&E; dementia diagnosis rates; access to diagnostics and mental health treatment, and referral to treatment times. b) Ensure robust processes are in place to provide early warning if system performance begins to deteriorate and ensure remedial action is taken promptly to address any issues c) Further improve the regular performance reporting to all relevant groups and committees 	Sarah McBride and Roshan Patel
3. Ensure local people receive high quality services that are safe, improve outcomes for people and are delivered with kindness and compassion. Where care does not meet required standards, take action to improve the quality of these services	<ul style="list-style-type: none"> a) Develop new approaches and frameworks to measure, improve and publish information on quality in local health and social care that reflect emerging innovative models of care and that bridge organisational and service boundaries b) Develop leadership and skills across the system to ensure quality is everybody's business and build systematic processes to ensure patient voice and experience at the heart of our work c) Continue to embed learning from recent failures (e.g. Francis, Berwick and Winterbourne) in the NHS and develop a local system that listens and learns and that everyone in the system can raise concerns, share ideas and lead quality improvements. d) Develop and support the local health and social care nursing workforce, to be able to deliver high quality compassionate care, first time and every time e) Continue to embed robust systems and processes that safeguard vulnerable people in the local population 	Emma Holden
4. Develop and deliver the system wide PACS vanguard programme to accelerate the delivery of new models of care and new arrangements between providers to integrated service delivery in North-East Hampshire and	<ul style="list-style-type: none"> a) Design and deliver, with the full engagement of local people and local partners, a programme of system wide service redesign that enables the introduction at pace and scale an integrated Primary and Acute Care System (PACS) – involving primary, community, mental health, acute and social care services and third sector organisations operating as a fully integrated system b) Establish, with local providers and commissioners the resources, infrastructure and governance arrangements to successfully deliver the PACS vanguard programme c) Support providers, including acute, community, mental health, primary care and care home providers, to determine the most appropriate formal and informal partnership required to enable delivery of the new models of care 	Sarah McBride

Objective	2015/16 Priority Actions	Lead
Farnham.		
5. Develop, agree and put in place a strategy to pool budgets and undertake joint commissioning, and develop revised contracting and payment mechanisms to support delivery of the CCG strategy.	a) Prepare a business case to extend the pooling of commissioning budgets with Hampshire County Council, Surrey County Council and NHS England, expanding the scale of joint commissioning of health and social care for the North-East Hampshire and Farnham population b) Determine the contracting and payment mechanisms, including the outcome and capitation based contracting models that will best support the delivery of the CCG strategy c) Develop a plan to agree and put in place the preferred mechanisms.	Sarah McBride and Roshan Patel
6. Strengthen and embed robust processes to engage with the local community that directly influences CCG priorities, plans and delivery	a) Implement the 'Be Part of Something Important' engagement plan that that sets the CCG's approach to and plans for engagement with the local community, based on the key principles identified as a result of the 2014 engagement b) Provide assurance on delivery of the engagement plan through the Patient and Public Sub-committee c) Embed engagement and co-production as the CCG's approach to service redesign d) Further develop the use of social media to engage with patients and the public	Ros Hartley
7. Further improve and embed the arrangements through which member practices operate within and contribute to the work of the CCG, in order to accelerate planned service improvements	a) Continue to engage with member practices through a range of mechanisms which include: scheduled meetings with Practice Council Chair, Secretary and Locality Leads (informal and formal), b) Further improve the effectiveness of the GP Forum as a key route through which the CCG and individual practices have dialogue about local clinical issues c) Continue to support the development of locality meetings	Ros Hartley

Objective	2015/16 Priority Actions	Lead
8. Further develop and strengthen the partnerships we need to deliver our six improvement programmes, improving health and health services for our population	a) Continue to refine the CCG's five year strategy, taking into account the views of stakeholders and partners, and the changing external context b) Further strengthen the CCGs relationships with other public sector bodies in order to enable system wide transformation and service improvement for local people c) Establish a stakeholder management plan within the CCG, undertake an annual stakeholder survey and act on its findings d) Put in place robust mechanisms through which the CCG receives regular feedback from key stakeholders with regards to partnership working, and implement actions as appropriate e) Review and assess the strategic partnerships and collaborations required to ensure the longer term sustainability and resilience of the CCG as a commissioning body	Ros Hartley
9. Discharge our responsibilities as lead commissioners for children's services and for mental health and learning disability services	a) Manage the collaborative arrangements to ensure that the CCG effectively commissions children's and maternity services on behalf of Hampshire CCGs, working to provide the best possible start in life through high performing maternity and children's healthcare from pre-birth to adulthood b) Manage the collaborative arrangements to ensure that the CCG effectively commissions mental health and learning disability services on behalf of Surrey CCGs, working to achieve parity of esteem for mental health, to improve the health and wellbeing of adults with mental health or learning disabilities and to ensure that high quality services that are equally accessible to all.	Dr Olive Fairbairn and Ros Hartley
10. Continue to refine and implement our five year financial plan which ensures the sustainability of services for our population and ensures that CCG has the resources and resilience it needs to deliver its strategy	a) Work with partners to develop and agree robust activity planning assumptions for each sector of the health system for the next five years b) Further refine the CCG five year financial plan ensuring full alignment of the CCG strategy and the CCG financial plan c) Develop robust financial plans supporting each of the six improvement programmes, quantifying the contribution that each programme will make to the overall sustainability of the local health and care system and ensuring these financial efficiencies are realised d) Ensure that the estate for which the CCG is responsible provides best value for local people and for the CCG	Roshan Patel
11. Deliver our annual financial plan, achieving our financial obligations and generating the	a) Ensure that the organisation achieves the delivery of the planned QIPP programme of £7.4m b) Work with joint commissioners to manage existing contracts to deliver the CCG ambitions and achieve best value for money c) Ensure planned new investment funds are spent to support achievement of CCG objectives d) Generate agreed surplus and meet financial obligations through effective cash, contract, budget and risk management	Roshan Patel

Objective	2015/16 Priority Actions	Lead
required surplus	e) Ensure that the CCG manages within its running costs allocation of £4.7m	
12. Agree and implement our organisational development plan, developing our people, culture and clinical leadership to enable innovation and excellence, managing within our running costs	a) Implement the key findings from the organisational development plan 'Developing Our Organisation: Supporting Our People and Teams' which is supported by an action plan with named leads b) Implement the training needs analysis c) Ensure that all staff receive the required statutory and mandatory training d) Refresh the organisation's vision, values and principles e) Consider the feedback from the Staff Survey and respond to themes as identified f) Review and re-model the CCG clinical leadership framework	Ros Hartley
13. Ensure that the necessary internal systems, processes, constitutional and governance arrangements are in place to enable the CCG to deliver its duties and responsibilities	a) Ensure that CCG governance arrangements continue to work effectively and meet all external governance requirements throughout the year b) Make significant progress with the implementation of the plans to introduce a paperless CCG office, including the introduction of technology to support the paperless management of meeting documentation and agendas c) Ensure that the Scheme of Delegation, Standing Financial Instructions and Standing Orders are fit for purpose for the CCG d) Ensure that CCG policies and processes, making revisions as necessary are fit for purpose and embedded in the organisation e) Strengthen systems of internal control to further improve oversight of risk and performance management f) Manage the internal and external audit processes for the organisation	Roshan Patel

Priority Actions in relation to Children’s and Mental Health Collaborative Commissioning

As described in objective 9 above, our CCG is also responsible for commissioning children’s and maternity services on behalf of Hampshire CCGs and mental health and learning disabilities services on behalf of Surrey CCGs. The table below summarises the priority actions in relation to these two Collaborative Commissioning Functions.

Collaborative	2015/16 Priority Actions
<p>Children’s Collaborative: Working in partnership provide the best possible start in life through high performing maternity and children’s healthcare from pre-birth to adulthood</p>	<ul style="list-style-type: none"> a) Review all antenatal and postnatal maternity pathways to ensure timely access to maternity services and ensure appropriate safe infant feeding practices are applied consistently across the county b) Empower parents to help them manage minor childhood illness through effective education programmes c) Design locally based models of integrated paediatric care across the community and acute providers d) Working in partnership commission responsive and flexible mental health, learning disability and autism services that are supported by early intervention services e) Implement the requirements of the Children & Families Act ensuring families have access to a single Education, Health & Care Plans; timely and relevant information promoted through the Local Offer; development of personal budgets and ensure the process is supported by designated medical officers within the Acute Trusts f) Establish a Transitions steering group to implement Transitions protocols and implementation of the Preparing for Adulthood strategy
<p>Mental Health Collaborative: Working in partnership to achieve parity of esteem for mental health and improve the health and wellbeing of adults with mental health or learning disabilities across the Surrey and North East Hampshire populations through high quality services that are equally accessible to all.</p>	<ul style="list-style-type: none"> a) Discharge our responsibilities as lead commissioner for the Surrey and North East Hampshire Integrated Commissioning Strategy for Emotional Wellbeing and Adult Mental Health b) Deliver the Mental Health Crisis Care concordat plan with the roll out across the collaborative of Crisis Cafes, development of urgent integrated/single point of access and completion of the adult mental health bed review c) Complete the review of SABP LD inpatient and community services and initiate the service redesign that aims to prevent inappropriate admissions by providing intensive support in a crisis d) Work with our local authority and NHSE partners and providers to develop appropriate robust co-commissioning arrangements around the delegated, Section 117, and specialist areas of mental health and learning disability e) Develop and implement plans that will deliver against the new access requirements for mental health f) Source the data to enable commissioners to report against the new framework for people with learning disabilities